The Politics of Trauma in Chicago:
Building Dialogue for Trauma-Informed Outreach and Training

Michaela Voit
Preceptor: William Feeney
The University of Chicago

Abstract

The Chicago Health Department's implementation of the SAMHSA-funded ReCAST Institute, which works across neighborhoods and institutions to implement trauma-informed practices, requires significant cross-sector communication. In order to mitigate the effects of trauma for Chicagoans living in communities most vulnerable to civil unrest, ReCAST must successfully enter dialogues with: implementers, first responders, police officers, service providers, community leaders and residents. **To succeed, ReCAST should seek to create an aligned understanding of what it means to be "trauma-informed" for these various audiences and stakeholders.** Through a set of semi-structured interviews with Chicago-based nonprofit service providers, implementers, and community leaders, this case study (instead of seeking abstract, placeless, inflexible definitions) seeks to analyze a set of ongoing trauma dialogues in Chicago with which to plan trauma-informed training, public outreach to decrease mental health stigma, and identify potential physical reforms of institutional spaces to facilitate further dialogues on trauma in the city of Chicago.

Introduction

Under the Chicago Department of Health, the goals of the ReCAST Institute are[4]:

1. **To deliver trauma-informed training to agencies and first responders**
2. **To carry out a public awareness campaign against mental health stigma**
3. **To link together community leaders from neighborhoods most impacted by community violence and "civil unrest"**

ReCAST implementers must align understandings of what "trauma-informed" systems and practice means for multiple stakeholders. The following collaborators must all be aligned in communication, or else ReCAST's goal to collaborate towards a "trauma-informed" Chicago might never be realized:

- Agency partners,
- First responders and street-level implementers,
- Institutional and/or bureaucratic actors,
- Nonprofit providers,
- and Chicago residents across neighborhoods.

How do we align these discussions of trauma towards effective collaboration?

- ReCAST must impact ingrained institutional practices across variable systems.
- Past literature suggests that strict definitions may not be enough to enact collaborative practice change across systems[1,2,3].
- Rather than seeking to assemble another definition of "trauma-informed," this study looked to catalog exemplary dialogues on trauma. This dialogue might inform and align institutional support for a "trauma-informed" Chicago.

Qualitative Methods

How are service providers and stakeholders in Chicago creating a dialogue around "trauma," in their own words? Eight (8) participants took part in a series of semi-structured interviews, including individuals who were:

- Direct service providers at South Side nonprofits
- Implementers in the Chicago Department of Health
- Executive directors of nonprofits who seek to mitigate the impacts of trauma and community violence in their neighborhood

Of the participants, 88% worked in organizations based on the South Side, 88% were female, and 67% were African American.

Results

1) Trauma-Informed Training Language Strategies: Participants in these semi-structured interviews modeled trauma-informed dialogues, which resembled those used in training. Trauma-informed dialogue, or trauma dialogues, first required an alignment appeal to begin. Before training dialogue can start, let alone impact practice, this appeal works to both engage and challenge the trainee's expectations about the communicative event of the training. Appeals demonstrated by the participants included:

- **Rhetorical questions,** which activate recognition in the trainee for the particular ways in which community and childhood trauma impacts the trainee's work.
- **Specific anecdotes,** which secure buy-in from institutional actors who are frequently experience scarcity of resources and time
- **Self-interrogation techniques,** which use a series of self-directed questions and answers to model self-questioning practices for the trainee, who can internalize these self-interrogations to challenge their own stigma and internalized assumptions in practice and in crisis

Interviewees also modeled the practice of including community narratives and expertise in trauma dialogues:

- Participants argued that **by sharing expertise that stems from both academic *and* community sources, trauma dialogues can and should legitimize and empower community voices.**
- Inclusion of resident, family, youth, and community voices in the conversation for planning implementation was framed as a pre-requisite to trauma-informed practice.
- By grounding training and outreach conversations in diverse information sources, from ACEs research to community narratives, democratic trauma dialogues could prepare consensus-building practices and tools for institutional actors and first responders on the street-level.

2) Closing Gaps in Service to Speak Collaboratively with Residents:

- Service gaps exacerbate outreach, impeding attempts to collaboratively discuss trauma in Chicago.
- Participants discuss how funding inconsistencies cause service disruption in communities most impacted by community violence.
- **Service disruptions break community trust, harming communicative relationships between communities and the agencies that serve them,** and in some cases rendering trauma dialogues untenable.
- Long-lived institutions (e.g. CPS and the CPD) must overcome fraught legacies of failure to perform outreach with Chicago's residents.

3) Creating Spaces for Collaborative Conversations around Trauma:

- Participants often discussed the spatial impediments to conversations.
- Geographical divides and building designs impact the effectiveness of outreach and of ensuing discussions around trauma-informed practice.
- Spatial factors—neighborhoods, parking lots, front doors, lobbies, and conference room designs—invariably impact trauma dialogues, limiting or expanding the list of people who participate in them and attend them.
- **Even small alterations to institutional spaces impact dialogues and their participants.** This study suggests that space will shape the success of collaboration towards trauma-informed practice across systems.

Implications for TCOM Research

- **TCOM tools can align trauma dialogues and collaborations:** the alignment of cross-sector trauma dialogues would benefit from TCOM's communicative tools. Communimetric reports, measures, and tools could help build a common language for implementation and planning discussions.
- **TCOM tools can help to elevate community voices:** this study indicates an expressed need to elevate community voices in trauma dialogues. TCOM tools include youth and family consensus in scoring, i.e. data collection. The use of TCOM tools might democratize the collection of information to be used in Chicago's trauma dialogues.
- **TCOM outcomes reports can show the impacts of trauma to funders:** trauma informed initiatives require funder buy-in to build relationships with community partners. Without funder support, services and outreach programs are disrupted and/or impeded. Program disruption breaks trust. This broken community trust could be avoided by using TCOM outcome reports to persuade funders to invest consistently in children and families.

Interview Excerpts Display Need for TCOM Tools

"Another last piece is about [being] resilience-oriented. Whatever the little buzz words are, at the end of it, what do you want to build? **I think it's great if we can figure out who's "broken"—using that *loosely*–but I think it's even better if we can figure out how to keep people *healthy*. And in certain instances, conversations about health [are] totally non-existent.** Even the sense that you have the right to be healthy? Does not happen. […] This sense–that happiness and a sense of safety is fleeting for certain people–that is a very deeply embedded perspective, that 'certain people' just don't feel that they will ever have total freedom and access to health, and be able to feel like everybody else. And I think that's deeply concerning. **I think that being trauma-informed gets us some way down that road [to being resilience-oriented], but it doesn't get us all the way there."**

–South Side Executive Director

"People really think 'this is my lane, and this is your lane'–and so **when you start coming into other people's lanes of traffic, you immediately have to address the argument of 'Why should I stop what I'm doing to listen to you?'** And 'this is either leakage, or it's value added.' **[You need] to learn other people's language** to communicate that what you're doing is value added. "

–South Side Advocate for Families

ReCAST Implementation Recommendations

1. **Develop flexible training dialogue techniques:** use standardized definitions only when necessary or under time constraints. More profound impacts are likely to come from a push for dialogue and dynamic interrogation of practice
2. **Prepare for challenges in collaboration** towards trauma-informed neighborhood-level transformations – in outreach and dialogue, the word "trauma" shores up a history of silence around racism, violence, and disadvantage in Chicago conversations
3. **Adapt *physical* aspects of public and private spaces** to make possible the above collaborative dialogues of trauma-informed training, enable community participation, and ease relationship-building challenges

Contact

Michaela Voit
Chapin Hall
at the University of Chicago
mvoit@chapinhall.org
https://www.linkedin.com/in/michaela-voit

References

1. **Charles Briggs**. "Why Nation-States and Journalists Can't Teach People to Be Healthy: Power and Pragmatic Miscalculation in Public Discourses on Health." 2003.
2. **Michael Humphrey**. "The politics of trauma and reconciliation." 2010.
3. **Michael Warner.** *Publics and Counterpublics*. 2005.
4. **Chicago Gets $1 Million Federal Grant To Expand Police Mental Health Training** | Progress Illinois." *Progress Illinois*, September 13, 2016.
5. **Substance Abuse and Mental Health Services Administration.** SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
6. **Edkins, Jenny.** *Trauma and the Memory of Politics / Jenny Edkins*. Cambridge [etc.]: Cambridge University Press, 2003.
7. **Dudley, Richard G. Jr.** *Childhood Trauma and Its Effects : Implications for Police / Richard G. Dudley, Jr., M.D.* New Perspectives in Policing, 2015.
8. **Kleinman, Arthur.** *Social Suffering*. University of California Press, 1997.
9. **Sisco, Hilary Fussell, Geah Pressgrove, and Erik L. Collins.** "Paralleling the Practice: An Analysis of the Scholarly Literature in Nonprofit Public Relations." *Journal of Public Relations Research* 25, no. 4 (August 2013): 282–306. doi:10.1080/1062726X.2013.806869.