AS THE BACKBONE SUPPORT ORGANIZATION for the Trauma-Informed Community Network (TICN) in Southwest Virginia, United Way of Southwest Virginia (UWSWVA) is leading the region to implement trauma-informed practices across sectors. With support from the Virginia Early Childhood Foundation, the first phase of the project is building a trauma-informed and resilient early childhood system. UWSWVA is convening community provider networks (including the fields of early childhood, mental health, judiciary, law enforcement, government, faith-based, and healthcare organizations) to establish new partnerships and build a common understanding of childhood trauma in Southwest Virginia.

To most effectively influence child outcomes, the region needs a unified plan that can support resiliency-based strategies as effective means to combat Adverse Childhood Experiences (ACEs) in the region. UWSWVA set the stage for this plan by hosting the Rural Summit for Childhood Success and asking registrants to identify barriers to implementing trauma-informed care strategies in their community. The four consistent themes were 1) lack of collaboration, coordination, and communication as well as lack of a backbone organization, 2) lack of knowledge on how to deal with trauma as well as a lack of knowledge on resources, 3) inconsistent trauma-sensitive practices and lack of qualified evidence-based services, and 4) the stigma on trauma and a lack of acceptance for the need for treatment.

United Way of Southwest Virginia fights for the health, education and financial stability of every person in Southwest Virginia because they are the building blocks for a good quality of life. Through an initiative-based cradle-to-career approach, United Way of Southwest Virginia is creating sustainable solutions to address the challenges facing tomorrow’s workforce. United Way convenes cross-sector partners to make an impact on the most complex problems in our region. Through collaboration with government, business, nonprofit and individuals, United Way innovates for positive, lasting social change. With a footprint that covers nearly 20% of the state of Virginia, United Way of Southwest Virginia programs and initiatives serve the counties of Bland, Buchanan, Carroll, Dickenson, Floyd, Giles, Grayson, Lee, Montgomery, Pulaski, Russell, Scott, Smyth, Tazewell, Washington, Wise, and Wythe, and the cities of Bristol, Galax, Norton, and Radford.

For more information about United Way of Southwest Virginia, visit www.UnitedWaySWVA.org.
Community Services Gaps Analysis

The second stage of developing the plan is to conduct a Community Services Gaps Analysis in UWSWVA's 21 county/city service area. To do this UWSWVA distributed a survey to community partners, including parents, professionals who work with children from 0-8 years of age, and community members between June 1-7, 2020. Three hundred and eighty-five (385) individuals responded to the survey.

The purpose of the survey was to assess knowledge of and attitudes about Trauma Informed Practice among all three groups of respondents. Learning the areas of agreement and disagreement of these three constituencies will provide baseline information for the Smart Beginnings Coalitions and Childhood Success Advisory Council to help UWSWVA develop a Region-wide Community Awareness Campaign that will raise awareness of the impact of ACEs and childhood trauma on children, engage the community, and build public will by communicating the vision broadly to promote understanding and commitment for a system response.

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**Set 1 Questions**

“The following questions ask what you know about trauma informed care. Please respond whether you agree or disagree with these statements.”

- Trauma affects our bodies, minds, and feelings.
- Most people have experienced some sort of trauma.
- Trauma can affect a person and their family, even their parents and grandparents.
- A person might use tobacco, alcohol, or drugs because of past trauma or adverse childhood experiences (ACEs).
- Past trauma or adverse childhood experiences (ACEs) might cause a person to have mental health issues.
- A person who experiences trauma might have a hard time trusting people.
- Trauma Informed Practice (TIP) means that a person can recognize the signs that another person has experienced trauma, understand their feelings, and respond to the effects of the trauma.
- A goal of Trauma Informed Practice is to create a safe space that help people heal and recover from trauma.
- Trauma Informed Practice makes people feel safe in their bodies, minds, and feelings.
- Re-traumatization can occur even when we don’t mean to cause more trauma to a person.
- Re-traumatization can occur in our communities and in places like schools, health departments, social services, doctors, etc.

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**Set 2 Questions**

In the second set of questions, respondents were asked to rate their level of agreement with the following definition of Trauma Informed Practice.

“Trauma Informed Practice (TIP) means that a person can recognize the signs that another person has experienced trauma, understand their feelings, and respond to the effects of the trauma.”

- I know about Trauma Informed Practice (TIP).
- I believe in and support the idea of Trauma Informed Practice (TIP).
- I share what I know about Trauma Informed Practice (TIP) with my co-workers.
- I have what I need to engage in Trauma Informed Practice (TIP).
- I would like to receive more training on Trauma Informed Practice (TIP).
Results

Community member respondents were consistently lower in agreeing with the first set of statements compared to parents and community members. This could indicate that the community at large is less familiar with Trauma Informed Practice and needs more education about the effect of trauma on children. Parents had agreement and average scores as high, and often higher, than professionals, with the exception of one statement: “Trauma Informed Practice makes people feel safe in their bodies, minds, and feelings.”

Individuals who knew where to send children for referrals were actually less likely to agree with and score the first set of statements than those who did not know where to send children for referrals, though the differential was very minor and both groups had high numbers in both agreement and average. There was one exception.

"TIP means that a person can recognize the signs that another person has experienced trauma, understand their feelings, and respond to the effects of the trauma."

This statement was one of the lower scoring statements, with 83% of community members, 88% of parents, and 87% of professionals agreeing. Those who did not know where to send referrals had 81% of respondents agreeing with the statement.

Implementing Trauma Informed Practice showed a significant increase in agreeing with and scoring for many of the Set 1 statements. The most significant low point for those who did not implement TIP in the workplace was the statement of: “TIP means that a person can recognize the signs that another person has experienced trauma, understand their feelings, and respond to the effects of the trauma.” Only 74% of those who did not implement TIP in their workplace agreed with the statement. This group also had the lowest average of any statement for any group.

Of the professionals who work with children between the ages of 0-8, consistently, those with 1-2 year of experience in their positions showed high agreement and averages for Set 1 statements. Those with less than one year of experience showed a lot of volatility in their averages, though that appears to be a product of the number of respondents. Experience did not factor into any correlation of increasing or decreasing agreement or averages.

The vast majority of respondents believe in and support the idea of TIP with a very strong agreement, even if they aren’t sure what TIP is. For the other statements, there is a large discrepancy between those who answered “Yes” to those who answered “No” on both questions of knowing where to send referrals and particularly those who implement TIP in their workplace.

One major causation in the data appears in those who do not implement TIP in their workplace. Only 12% indicated they had what they needed to engage in TIP. The question for those individuals is whether they would implement TIP if they had the resources to engage in TIP.

In fact, most who do not implement TIP answered that they did not know about TIP.

We also find that those who are early in their careers had the highest averages for Set 2 statements. Presuming many of these individuals are younger, they may be obtaining awareness of TIP during their collegiate careers. Individuals who previously went through college may not have obtained awareness of TIP as a student at a similar rate.
Next Steps

Using the results of this survey, the Smart Beginnings Coalitions and Childhood Success Advisory Council will develop a region-wide community awareness campaign that will raise awareness of the impact of ACEs and childhood trauma on children, engage the community, and build public will by communicating the vision broadly to promote understanding and commitment for a system response.