

# Trauma in the SCDDO Eligible Population



Developmental  
Disability Organization  
*Sedgwick County...  
working for you*

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## INTRODUCTION

- Some of the most vulnerable and trauma-prone citizens in our community are those who experience intellectual or developmental disabilities (I/DD).
- Historically, understanding how trauma is conceptualized, particularly in the I/DD service-world, has been limited.
- It was believed that individuals with I/DD may be experiencing higher levels of trauma—both in the number of episodes and in the breadth of events considered traumatic—compared to individuals without I/DD.
- No previous studies, particularly for Sedgwick County, examined trauma in an I/DD population using an expanded framework of what is considered “trauma” or “traumatic.”
- In this context, the Sedgwick County Developmental Disability Organization (SCDDO) partnered with the Center for Applied Research and Evaluation (CARE) within Wichita State University’s Community Engagement Institute (CEI) to investigate the degree to which their clients may have trauma in their backgrounds, and in turn, influence outcomes/behavior.

## METHODS

Figure 1. Evaluation Activities and Flow



## DEFINITIONS

- Definite Trauma** — event/experience that fell into either ACEs categories or resulted in behavioral changes per DM-ID
- Borderline Trauma** — event/experience that appeared in records to be associated with trauma for one individual but no necessarily for others, and not what might typically be conceptualized as “traumatic” (e.g., being dropped off at wrong address)
- ACE-Type Trauma** — falls under one of the nine categories of ACEs
- Non-ACE-Type Trauma** — falls under DM-ID criteria, and not what might typically be conceptualized as “traumatic”

## RESULTS

- A large proportion of SCDDO clients have likely experienced at least one trauma in their lifetime.
- ACE traumas are present, but so are a number of other types of trauma.
- There was a weak relationship between the number of traumas experienced by clients and their behavior scores (BASIS), but the relationship is not likely due to chance.

Figure 2. Trauma Prevalence in SCDDO Population

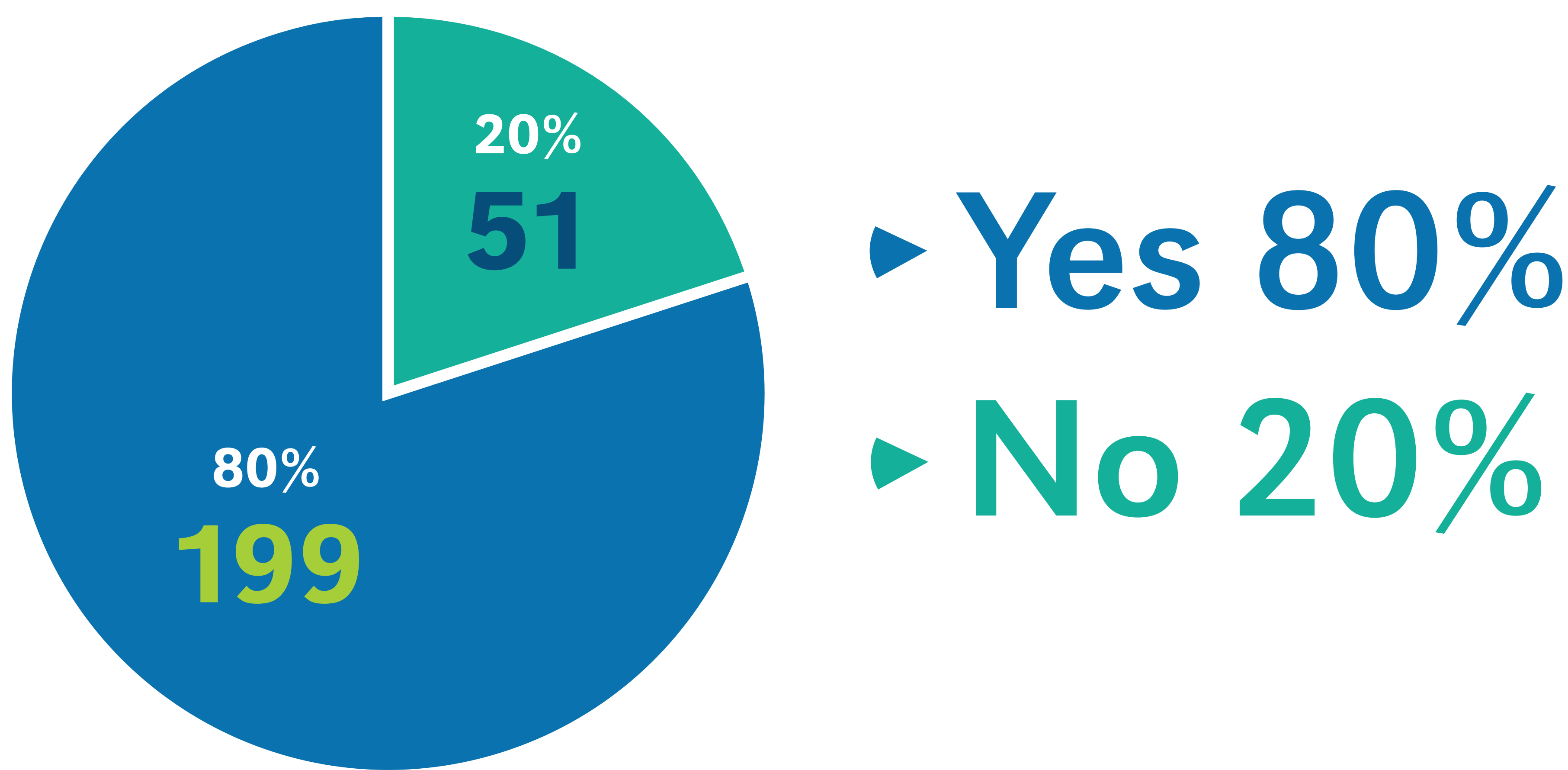


Table 1. Correlation Between Behavior Scores and Number of Trauma Recorded

Recorded Types of Trauma	Average	Strength of Relationship	r <sup>2</sup>
Total # of Traumas	4.7	.24*	0.06
# of Definite Traumas	3.2	.23*	0.05
# of Borderline Traumas	1.5	.22*	0.05
# of ACE-Type Traumas	1.8	–	–
# of Non-ACE-TYPE Traumas	2.9	–	–

\*Significant at  $p < .01$

## CONCLUSIONS/FUTURE DIRECTIONS

- Reviewing records of individuals with I/DD broadened the framework of events/experiences that could be considered traumatic beyond the traditional ACEs framework; showed a need for both recognizing and accounting for various types of trauma.
- The relationship between behavior scores and trauma is present and is not likely due to chance.
- Results indicate evidence for implementing a Trauma Informed Systems of Care (TISC) approach within the I/DD population.



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