Fact Sheet on Trauma Informed Practice

What is Trauma?

Trauma is the lasting emotional response that often results from living through a distressing event or set of circumstances that the individual experiences as harmful or life threatening. The experience of trauma can harm a person's sense of safety, sense of self, and ability to regulate emotions and navigate relationships. It can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, and emotional well-being.

Traumatic events can happen at any age, people may have similar experiences but be affected very differently.
Click the link below to see a video on Trauma Informed Care:
https://www.tsab.org.uk/key-information/safeguarding-explained-videos/

Adverse Childhood Experiences

Some people use the term Adverse Childhood Experiences (also known as ACEs) to describe traumatic life events in childhood, including sexual, physical, or emotional abuse or neglect. Research has shown links between these types of experiences and both physical and mental health problems.

What does a Trauma Informed Service Look Like?

Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological, and social development.

Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?'.

Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing.

The purpose of trauma-informed practice is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners. Instead, it seeks to address the barriers that people affected by trauma can experience when accessing health and care services.

The journey towards becoming a trauma-informed organisation will require services to move beyond their traditional models of service delivery. Organisations will need to reframe complex behaviours as potential responses to trauma related triggers and will be required to prioritise the building of trust and mutual relationships. A trauma-informed organisation will have improved the accessibility and quality of their services by creating culturally sensitive, safe services that people trust and want to use.

Trauma Informed Principles

There are 6 key principles of Trauma informed practice:

1. **Safety -** The physical, psychological, and emotional safety of service users and staff is prioritised, by:
   - people knowing that they are safe or asking what they need to feel safe
   - there being reasonable freedom from threat or harm
   - attempting to prevent re-traumatisation
   - ensuring that policies, practices, and safeguarding arrangements are in place

2. **Trustworthiness -** Transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community, by:
   - the organisation and staff explaining what they are doing and why
   - the organisation and staff doing what they say they will do
   - expectations being made clear and the organisation and staff not overpromising

3. **Choice -** Service users are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward, by:
   - ensuring service users and staff have a voice in the decision-making process of the organisation and its services
   - listening to the needs and wishes of service users and staff
   - explaining choices clearly and transparently
   - acknowledging that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships

4. **Collaboration -** The value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole, by:
    o using formal and informal peer support and mutual self-help
    o the organisation asking service users and staff what they need and collaboratively considering how these needs can be met
    o focussing on working alongside and actively involving service users in the delivery of services

5. **Empowerment -** Efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level, by:
    o validating feelings and concerns of staff and service users
    o listening to what a person wants and needs
    o supporting people to make decisions and take action
    o acknowledging that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth

6. **Cultural Consideration -** Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race, or ethnicity by:
    o leveraging the healing value of traditional cultural connections
    o offering access to gender responsive services
    o incorporating policies, protocols and processes that are responsive to the needs of individuals served

Re-Traumatisation

Re-traumatisation is a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by such things as a situation, attitude or an environment and can make an individual feel as though they have lost power, control or safety.

To help minimise the effects of re-traumatisation we need to:

o Remove unnecessary questions, institutionalised environments and anything an individual feels is a trigger
o Reduce the impact of trauma by being mindful of ourselves and how we respond
o Reassure by making individuals feel safe, supported, validated and listened to

What is Vicarious Trauma?

Vicarious trauma can affect anyone who engages empathetically with survivors of traumatic incidents.

There are ways in which organisations and individuals can work to reduce the impact and attempt to prevent vicarious trauma for staff working directly with victims who have experienced trauma.

Self-care strategies for reducing the risk of vicarious trauma can include:

- Practising positive self-care – taking care of your emotional and physical well-being
- Staying connected to others
- Scheduling time for yourself
- Increasing your self-observation, recognise and chart the signs of stress and burnout
- Ask for and know how to seek help if required

Workplace strategies for reducing the risk of vicarious trauma can include:

- Manager Supervision
- Clinical Supervision
- One to one sessions and peer support
- Case Discussions
- Creating a culture of teamwork
- Providing space and time to allow for debriefing
- Ensuring there are appropriate referral mechanisms for external support for staff

Useful Resources
E-learning on Trauma Informed Practice
Find Support in Your Area
Introduction to ACE's Early Trauma Online Learning
Learning from Recent Safeguarding Adults Reviews (SARs)
Molly Safeguarding Adult Review
Molly Learning Briefing
Molly Recorded Powerpoint Presentation
Trauma Informed Practice Learning Event Presentation
TSAB Vulnerable Witness Guidance for Social Workers
Warrington Safeguarding Partnerships – Trauma Informed Practice
Warrington Safeguarding Partnerships - Trauma Informed Practice 7 Minute Briefing

Does your organisation have a Safeguarding Adults Policy and Procedure in place and do all staff know how to report a safeguarding concern?
- Teeswide Inter-Agency Safeguarding Adults Policy and Procedure
https://www.tsab.org.uk/key-information/policies-strategies/
- Report Abuse - https://www.tsab.org.uk/report-abuse/