



Self-Neglect 7 Minute Briefing

SELF-NEGLECT AND TRAUMA

This briefing is part of a series on self-neglect. Each briefing should be read alongside your Safeguarding Adults Board multi-agency policy, procedures, and practice guidance.

THE ISSUE

The Care Act 2014 introduced self-neglect as an abuse category, recognising that self-neglect is a safeguarding concern for those adults in receipt of, or in need of care and support, when their health and wellbeing is being seriously compromised.

Self-neglect is a complex area with a range of causes. It may involve hoarding, neglect of personal care and/or living environment.

Trauma has been shown to impact on a person's ability to cope, their sense of safety, ability to self-regulate, sense of self, perception of control and interpersonal relationships.

Trauma can occur at any age and result in long-lasting harm. A person's response to trauma can materialise in different ways, over a short time or a longer period.

Several Safeguarding Adult Reviews have identified that childhood and adult trauma can have a significant impact on a person's ability to thrive. Trauma had been a common feature of adults reviewed.

UNDERSTANDING ADVERSITY AND TRAUMA

Adversity and trauma affect all of us. Not all who have experienced adversity will become known to services, but those we support are more likely to have experienced adversity and trauma.

Adversity can be highly stressful and potentially traumatic, events or situations. It can be a single event, or prolonged threats to, and breaches of a person's safety, security, trust or bodily integrity." (Young Minds 2021)

Trauma is not what happens to you, it is what happens inside of you as a result of what happened to you. Nothing overtly dramatic needs to happen to induce trauma: it is sufficient that they are wounded without an immediate capacity to heal the wound. (Dr Gabor Mate).

Examples of adverse situations:

- Experiencing abuse or neglect as a child or adult
- Bereavement and survivorship
- Household/family adversity - substance misuse, homelessness, poverty, family breakdown
- Forced imprisonment or institutionalisation
- Experiencing prejudice
- Being a young carer or involved in child labour
- Adjustment – moving to a new area, asylum seeking



THE IMPACT OF TRAUMA

- Trauma may result from a single event or multiple events, or a sustained event(s)
- Trauma can influence the way a person relates to their situation and to others
- Substance misuse, mental health problems, homelessness, self-harm, being in a domestically abusive relationship, exploited or being in the criminal justice system are often symptomatic of past trauma
- For a person who has experienced trauma, a lack of supportive relationships can result in emotional and learning difficulties, engagement in health-harming behaviour, experience of ill health, disrupted nervous, hormonal, and immune systems, or being involved in violence or a victim or survivor of violence.
- Experience of trauma can manifest in many ways, including angry outbursts, distrust, anxiety, poor impulse control, hypervigilance, addictions, feelings of guilt and shame or perceived hostility in others



A TRAUMA-INFORMED APPROACH



CONSIDER THE APPROACH

- Professionals need to pause and consider the role of trauma and the potential impact on the lives of those we work with.
- Consider whether a different approach needs to be taken, due to a past traumatic event.
- How might we be perceived- judgemental, or removed, authoritative?
- Without the right support, trauma can have enduring negative effects on a person's physical and mental health and well-being and their life outcomes

THE PRINCIPLES OF A TRAUMA-INFORMED APPROACH

- Acceptance and acknowledgement
- Be curious and open minded
- Actively listen
- Be empathic and compassionate
- Be reliable
- Be mindful that what is shared, may impact on you, and ensure you seek support
- Bear in mind that trauma can lead to a "fight or flight" response. This should not be mistaken for disengagement

HOW DO WE BREAK THESE BARRIERS DOWN?

- Support, safety, choice, and control can promote healing
- Take a person-centred, strength-based approach- find out what is working well
- Be mindful of the language used. We should avoid language that could retraumatise or stigmatise
- Validating the person's feelings

WHAT CAN HELP?

- Stability and consistency
- Developing friendships, hobbies, interests, and support networks
- Counselling – Cognitive Behavioural Therapy (CBT), trauma-specific therapy
- Alternative therapies e.g., art therapy, animal therapy, walking therapy and meditation
- A multi-agency approach to meeting a person's needs





TEAM AROUND THE PERSON



- Where possible, identify a professional(s) who will take the lead a key worker(s) who knows or can support the person best.
- Identify who is providing informal support and whether they can continue to provide this. Sometimes assumptions are made about what support is being provided when it is not, or when circumstances have changed.
- It is important that professionals offer flexible and creative solutions. This will promote engagement.
- Be empathic and non-judgemental
- Be tenacious in your engagement. It may take a long time to develop trust.
- Develop a relationship based on trust and honesty.

LINKS TO FURTHER INFORMATION

[Teeswide Safeguarding Adults Board Policies and Procedures linked to Trauma.](#)

- [Trauma Informed Fact Sheet](#)

[TSAB Safeguarding Adult Reviews involving Self-Neglect and Trauma](#)

[TSAB Multi-Disciplinary Guidance](#)

[TSAB Resources Linked to Trauma](#)

- [Training – E-Learning, Workbooks and Courses](#)
- [Safeguarding Explained Video – Trauma Informed Care](#)
- [Trauma Informed Practice Learning Event](#)
- [Newcastle Safeguarding Adults Board Principles of Engagement Tool](#)
- [Newcastle Safeguarding Adults Board Principles of Engagement Video](#)
- [Social Care Institute for Excellence](#)
- [North Tyneside Safeguarding Adults Review – Leigh](#)
- [The New Social Worker – Article on preventing retraumatization](#)

