

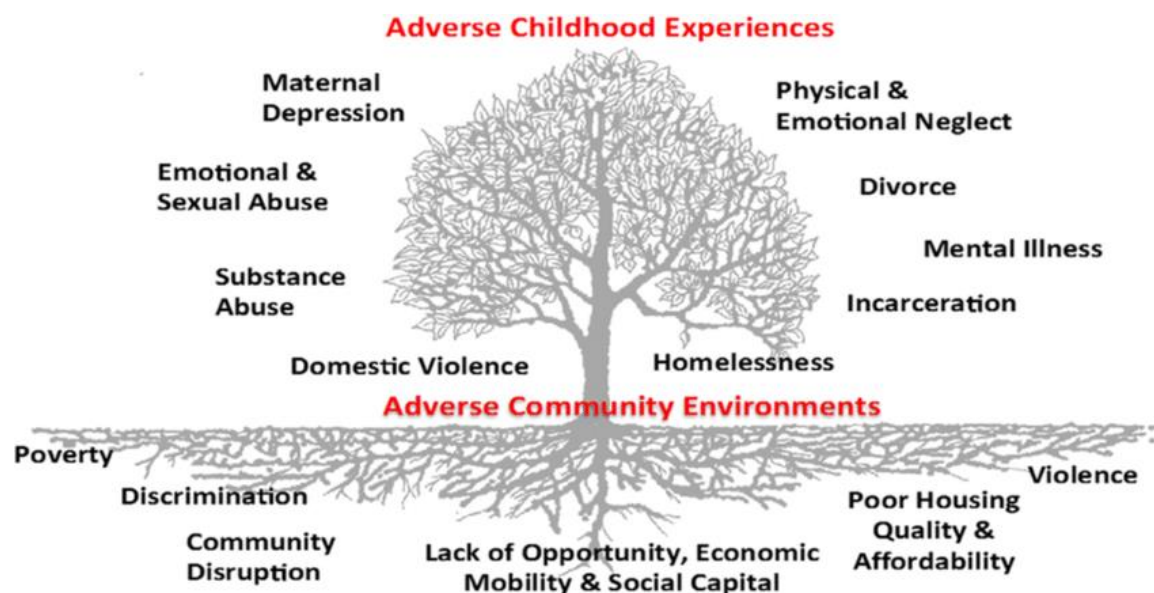
Spotlight on Trauma Informed Practice

Why is this important for us?

Responding to trauma is, now more than ever, a public health priority. COVID-19, the restrictions put in place, and its legacy significantly increased the risk of people experiencing trauma and re-traumatisation. There is growing national and international evidence that embedding a trauma-informed approach in the re-mobilisation of services, systems and workforces can support Scotland’s long-term recovery and renewal. A new framework has been developed for Creating Trauma-Informed Change: What, Why and How. Click on the link here to hear from Dr Sandra Ferguson from NHS Education for Scotland (at 5 minutes), Shumela Ahmed, Managing Director of the Resilience Learning Partnership (at 21 minutes), and Laura James from the Improvement Service (at 36 minutes) But for a moment, let us think about what we mean by Trauma-Informed Practice.

What is trauma and what has ACEs got to do with it?

Trauma is often defined as “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening” . This could be a single incident such as rape, suicide and sudden bereavement or a serious accident, or complex trauma that takes place over a prolonged period of time, such as child abuse, neglect, human trafficking or different forms of gender-based violence, including domestic abuse. This ‘Pair of ACEs tree’ (Ellis, 2020) helps illustrate the range of issues that are known as adverse childhood experiences, and the complex relationship with community environments which can impact on someone’s resilience.



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How common is trauma?

Psychological trauma, including adverse and traumatic experiences in childhood and adulthood, is more common than is often assumed. Understanding the prevalence of trauma means that we know there is no ‘them’ and ‘us’ — anyone of us can be affected by trauma. Research tells us that around 20% of women and 5 to 10% of men have experienced child sexual abuse, but we know from services’ experience that this is an underestimate. Around 75% of people using substances have experienced trauma previous to the substance use starting, domestic abuse affects 1 in 3 women and 1 in 5 children. 50 to 70% of people using mental health services have experienced trauma. 90% of women in prison have experienced significant trauma and we know that those who perpetrate offences have also had trauma in their lives.

Why do we need to respond in a trauma informed way?

There are some predictable outcomes – including for example, higher risk of preventable diseases for people who have experienced higher levels of trauma, difficulty engaging with education, and research tells us that half of children experiencing trauma will go on to have further difficulties later in life. Many people will recover without the need for professional therapy or treatment, but if those affected are not supported, it can have a range of negative consequences. In particular, growing up with adverse childhood experiences can have a long-lasting effect on people's lives. Where people who have experienced trauma are triggered by something that reminds them of a traumatic event (triggers could be a word, a phrase, a look, something about the physical surroundings), they don't just remember it, they relive that – what you see in the moment may feel disproportionate to the outsider, but this is very real to the person. The person can be ‘wired for threat’, expressing strong emotions. People use a whole range of strategies to manage these strong emotions, which are the things that create difficulties in life and bring people into contact with services – for example, alcohol use, substance use, offending. This is where the principles of how we respond come in - **Safety, Choice, Collaborate, Empower and Trust.**

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What does a trauma informed workforce look like?

Because of their complexity, organisations often have the potential to work in ways that are often unintentionally re-traumatising, cause more harm, and create barriers for people to access support. But – adversity is not destiny – that is where Trauma-Informed Practice comes in. The principles that we know are being key to being trauma informed when engaging with people we work for and people we work with are known as the ‘traditional R’s’ of trauma informed practice:

- Realise how common the experience of trauma and adversity is;
- Recognise the different ways that trauma can affect people, and how strong emotions come out in different situations;
- Respond by taking account of the ways that people can be affected by trauma to support recovery, and recognise and support people’s Resilience; and
- Recognise the central importance of Relationships. **Trauma happens in relationships and recovery happens in relationships . We all potentially have a role to play in offering a different kind of relationship which can help people in their role to recovery.**

Want to read more?

[Opening Doors: Trauma Informed Practice for the Workforce on Vimeo](#)

[Sowing Seeds: Trauma Informed Practice for Anyone Working with Children and Young People on Vimeo](#)

[A piece of the puzzle: Trauma Informed Practice in dementia care on Vimeo](#)

[National Trauma Training Programme - Home](#)

[Adopting a Trauma-Informed Approach | Improvement Service](#)

[Domestic abuse- and trauma-informed practice: companion document \(improvementservice.org.uk\)](#)

[Alcohol and drug use and trauma-informed practice: companion document \(improvementservice.org.uk\)](#)

[Mental health and trauma-informed practice: companion document \(improvementservice.org.uk\)](#)

[Adverse Childhood Experiences \(ACEs\) and Trauma - gov.scot \(www.gov.scot\)](#)