



Trauma-Informed Approach to Adult Support & Protection: Series Brief 1- What is it?

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 (<https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/> Trauma Informed Practice, A Toolkit for Scotland).

Adverse Childhood Experiences (ACEs) can shape how we respond to things as adults - watch this short video to understand more: Click here <https://www.youtube.com/watch?v=VMpli-4CZK0> to go to a Youtube Video about Adverse Childhood Experiences.

What is Trauma-informed Practice?

Trauma-informed Practice is a model that is grounded in and directed by a complete understanding of how trauma exposure affects service user's neurological, biological, psychological and social development.

Trauma-informed practice seeks to avoid re-traumatisation, which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past. Re-traumatisation is generally triggered by reminders of previous trauma, which may or may not be potentially traumatic in themselves

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.

Being 'Trauma Informed' is underpinned by the 5 R's

- **Realisation** – It is important for everyone to have an understanding of trauma and how it impacts on people, as well as realising it's common occurrence across the human experience.
- **Recognition** – It is also important for everyone to have an understanding of the signs and symptoms of trauma for adults, but also, for individuals known to them, that staff have an awareness of the signs and symptoms of trauma that they might experience.
- **Response** – Your organisation, and those who work in it, should respond to others in ways that are in keeping with a knowledge of trauma.
- **Resist re-traumatisation** – Re-traumatisation can occur when a current experience triggers the same, or similar, emotional, psychological and/or physiological response as an original, traumatic experience.
In resisting re-traumatisation your organisation should support adults in a way that ensures that they are not re-traumatised by their experience of Adult Support and Protection processes.
- **Recognising** the central importance of Relationships.

Adopting a trauma informed approach means doing the opposite of what occurs when trauma is experienced and building a relationship based on the 5- trauma informed principles: Safety, Collaboration, Trust, Empowerment and Choice.

Key principles of trauma-informed practice and how might they relate to Adult Support and Protection contexts/ processes.

Principal	Description	Why	Outcomes for adult
<p>Safety</p>	<p>Efforts are made by practitioners and organisations to ensure that adults at risk of harm are safe and free from harm. Supporting adults at risk of harm is of paramount importance. This includes ensuring reasonable freedom from threat or harm; and remain alert to the possibility of undue pressure, in our attempts to prevent further re-traumatisation.</p> <p>Article 2 of the Human Rights Act gives a positive obligation to prevent a death; and Article 3 of the Human Rights Act provides a duty not to be tortured, suffer degrading treatment or punishment.</p>	<p>Experiencing trauma fundamentally disrupts a person's ability to feel safe at any given moment and they may be more sensitised to stress.</p> <p>People who identify as part of a minority group, for example LGBTQ+, may feel particularly unsafe in mainstream services.</p> <p>Services have historically been structured and delivered in ways that actively re-traumatise survivors through relationships that mirror the powerlessness of traumatic experiences.</p>	<p>'I feel safe and understood. I can begin to trust people again.'</p> <p>'They are not like the people that hurt me.'</p>

	<p>ASP Inquiry activity- make sensitive enquiries about trauma histories.</p> <p>Asking about trauma and abuse presents a societal shift in the visibility of childhood trauma; and the willingness of many survivors to share their story when offered a safe and validating opportunity. It also opens up new possibilities for dialogue between adult trauma survivors and the professionals who work with them.</p> <p>Limit the amount of people that an adult has to repeat their traumatic history to.</p> <p>Understand the way in which service policies (for example, around risk management) and power differences between practitioners and adults can re-traumatise all involved, and take steps to reduce re-traumatisation.</p>	<p>Be sensitive, timely and well-paced. Possibly open with something like: “Other people we work with have sometimes had difficult childhoods, is that something you recognise in your own life?”</p> <p>Practitioners and other professionals can attend to trauma and its impact without focusing on it.</p>	
<p>Trustworthiness</p>	<p>Transparency exists between the practitioner and the adult, with the objective of building trust. Practitioners are more likely to</p>	<p>Survivors may have had experience of being let down by the institutions whose role is to protect them (for example,</p>	<p>‘I feel valued, and I have a Worker I can rely on.’</p>





	<p>have a positive effect on the adult being harmed & their situation when they are clear about their role and responsibilities.</p> <p>Through the consistent communication of empathy, warmth, being treated with respect; being listened to; and encouraging/ promoting hope, can aid the development of a trusting relationship.</p> <p>Trust is crucial to a post incident conversation- Investigative Interview. Survivors need a relational context. Take a compassionate approach incorporating an ability to adapt and modify your approach and the questions/topic covered. Caution- where the adult is required to re-live and explain what happened at the time of the alleged, this can potentially be harmful if this retriggers the emotive event. This should be undertaken with great care and skill on the part of the practitioner.</p>	<p>Police, Social Work), making it difficult to trust and engage with services.</p> <p>Trust needs to be earned. It can be difficult for those who have experienced trauma to establish trust. We cannot expect a person to automatically trust us because we are a professional.</p> <p>Relationships are at the heart of healing. Many people find it difficult to disclose. Trauma-informed conversations are an important way of working with people who have been through trauma which is affecting their life and preventing them from achieving their life goals and improving their mental health and wellbeing. Entering into a trauma-informed conversation is a way to support the person's understanding and to be a catalyst for change.</p>	<p>'When they say they will do something they do it.'</p> <p>'They thought about me as a unique person. Me as a whole person.'</p>
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<p>Choice</p>	<p>The adult's views and wishes are central to ASP, which is in keeping with the principles of the Act. Every effort should be made, at each stage of the process, to ensure that barriers to the adult's participation are minimised. Adults have meaningful choice and a voice in the decision-making processes of ASP.</p> <p>Investigative Interviews- Ask the adult where they would prefer to talk about the alleged harm-should an Investigative Interview be required. Be conscious of individual preference for setting and location.</p> <p>Ensure people understand the limits to confidentiality before sharing their trauma history.</p>	<p>Survivors often find accessing trauma-specific support very difficult. There needs to be the option for survivors to access trauma-specific treatment from specialist services (if they wish to), when the time is right for them.</p> <p>Survivors should be signposted to, and supported to access, trauma specific treatments (where they desire)</p> <p>Re-traumatisation may also occur when professionals make decisions on a person's behalf.</p> <p>We should avoid situations that replicate the powerlessness that occurs when an adult's beliefs and choices are side lined or ignored.</p> <p>It is critical that Investigative Interviews are done in a way that maximises the sense of control a person has over the process and minimises the risks of re-traumatisation.</p> <p>Equally, for those people who talk about their trauma history spontaneously, it is critical they</p>	<p>'I am an expert in my own life and I have choice in how I work with services.'</p> <p>'I am taking control of my life now.'</p>
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	<p>If adult does not want to talk about the situation where alleged harm occurred, do not prompt too hard for information, as we can use information collated from all other investigatory activity to make a determination as to whether further action is required.</p> <p>Any ASP meetings- Ask the adult where they would like to have at their meeting- if possible; or ask them about the set-up a of a meeting room. Ask the adult what they want from any meeting/s.</p>	<p>do not feel shut down as this reinforces shame and silencing.</p> <p>Pay attention to the impacts of questions. Trauma survivors may convey distress non-verbally.</p>	
<p>Collaboration</p>	<p>It is good practice to consider the best ways to check at various stages with the adult how included they feel and ensure they have the opportunity to highlight if they feel excluded at any point.</p> <p>The adult should be provided with assistance or material appropriate to their needs to enable them to make their views and wishes known.</p> <p>Adults are actively encouraged to contribute to their ASP plan, in addressing needs around safety.</p>	<p>The inherent power imbalance between practitioners and survivors can mirror that of abusive relationships. Having experienced powerlessness in the past can lead to ongoing feelings of disconnection, hopelessness, mistrust, and fear.</p>	<p>'We are working together'</p>

	<p>Explain things in a way they understand and check that they understand.</p> <p>A few days before any Case Conference, arrange to talk to the adult about what will happen. Get everyone to introduce themselves and tell the adult why they are there.</p> <p>Recognise when the adult needs a break.</p>		
<p>Empowerment</p>	<p>The adults existing skills are utilised and they are supported to develop new ones. Empowerment should be prioritised by those working with them. Efforts should be made by practitioners to give adults a strong voice in addressing needs around safety, developing resilience and improving their lives.</p> <p>Advocacy support should be actively promoted and encouraged. It is also good practice to support people to understand what advocacy is, and how it can uphold their rights (provide easy read).</p>	<p>Peer support and the coproduction of services mean that mutuality, empowerment, collaboration, and fairness are part of the response to trauma. A sense of control will have been removed during the time of the abuse. Partnership working allows for control to be returned to the survivor.</p>	<p>'I am taking control of my life now; I have a deeper understanding of myself, and my past'</p>

Seeing through a trauma LENS means that there is an understanding and acknowledgment of the links between trauma and the presenting behaviours.

L	LOOK 	<ul style="list-style-type: none"> • BEHAVIOUR • BODY LANGUAGE • ENVIRONMENT
E	EXPLORE 	<ul style="list-style-type: none"> • THINK- WHAT MAY HAVE HAPPENED • THINK- HOW CAN YOU HELP • THINK ABOUT SAFETY
N	NEEDS 	<ul style="list-style-type: none"> • BASIC NEEDS • UNDERSTANDING • EXPLANATION
S	SUPPORT 	<ul style="list-style-type: none"> • SUPPORT & PROTECT • SIGNPOST

Sometimes the links between the original experiences and the expressed difficulty may not always be obvious. The relationships between how people express their distress and the trauma they have experienced can elude both the individual concerned, and the people around them. That is why, as practitioners, we need to keep an open lens on the adaptive behaviours we encounter from the people we work with.

Here are some reactions to trauma:

Trauma response	What the adult might be coping with
Fight	Frightened; low or no self-esteem; no reason to trust anyone; hypervigilant; fear driven; have been let down in the past; unable to emotionally regulate; unable to think through consequences of actions; struggles with learning and being curious; afraid of change; cultural differences; poor mental health; depression and anxiety.
Flight	Anxiety; toxic stress; lack of trust; feeling unsafe; hyper avoidance; fear of authority; poor experiences in the past when working with practitioners; or recent staff changes.
Freeze	Fear of relationships; does not feel safe; unable to trust; feels let down; feelings of shame and guilt.

Experiences of adversity can result in a number of different forms of emotional distress and mental health conditions. As professionals, we need to be well attuned and sensitive to presenting patterns of behaviour.

It is not possible to list every single way that the distress can be expressed, so below is some of the more common ones:

- **Dissociation** is when our mind feels disconnected with what is going on around us physically. We can all do it to a certain degree – like escaping into a daydream when we are bored. Under more extreme circumstances, dissociation happens as a way of coping with extreme stress that is out of our control - when the body cannot escape, but the mind can. It can involve feeling unreal, feeling as though others or the world are not real, or feeling very disconnected from the world and others. Often it is not inside a person's control, but everyone's experience of dissociation is different.
- **Self harm and Substance misuse** can be used by people affected by trauma as a way to manage difficult feelings or intrusive memories. They can sometimes be used by people affected by trauma to calm down from the red zone into the green zone, or to become more alert and up out of the blue zone. Self harm and substance misuse can also be used to escape or distract from feelings that are hard to tolerate, like shame or anger.
- **Depression** is one of the most common responses to traumatic events, when a person feels intensely down or hopeless, and has lost interest in doing the things they used to enjoy. There are different kinds of depression, but we know that traumatic events can have a significant impact on the way that a person sees the world, themselves, and on their ability to be active.
- **Anxiety** is another very common response to traumatic events. We all experience anxiety at some point in our lives, and it can be helpful in motivating us to remove stresses. But when it does not go away, and is difficult or impossible to control, then it makes it very hard to get on with life. It can also affect physical wellbeing, causing symptoms like physical pain, racing heart or bowel problems.

- **Personality disorders** are defined by consistent and pervasive patterns of behaving, thinking and feeling that cause problems for a person or those around them across all areas of a person's life. There are a range of personality disorder diagnoses, and some – particularly Borderline Personality Disorder, are associated with having experienced significant repeated traumatic events.
- **Psychosis** is a mental health problem that involves perceiving things that others do not – like hearing voices or seeing hallucinations, and having beliefs that others do not share – for example paranoid delusions that others are conspiring to cause harm. In recent years there is strong evidence to suggest that many people who experience psychotic episodes have also experienced significant traumatic events.
- **Eating disorders** are where a person develops an unhealthy relationship with and attitude to food and body size or weight. There are different types: **Bulimia Nervosa** is when you restrict what you eat, or do too much exercise (or both), and then lose control and eat a lot of food in a short amount of time, and then are deliberately sick or use laxatives. **Anorexia Nervosa** is when you restrict your food intake and exercise to excess in order to keep your weight low. **Binge Eating Disorder** is when you regularly eat large portions of food at once in an uncontrolled fashion, and then feel guilty or ashamed. Experiencing trauma is a risk factor for developing eating disorders, and people who have an eating disorder are more likely than others to also have post-traumatic stress disorder.
- **Hoarding behaviour** can be associated with past experiences of trauma, which can relate to adverse childhood experiences, and stressful life events, that the person had difficulty coping with, such as the death of a loved one, divorce or losing possessions in a fire.

What can you do-

1. Understand how the impact of trauma might affect people's responses to you & your organisation
2. Adapt how you work so:
 - a. you do no further harm
 - b. the impact of trauma does not create a barrier.

All information above has been taken from or adapted from the NES National Trauma Training programme.
For more information: <https://learn.nes.nhs.scot/37896/national-trauma-training-programme>

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