

Violence, Abuse and Mental Health Network

What is needed for a Trauma Informed Approach to be effectively implemented across all relevant public service settings?

Background and overarching question: Implementing Trauma Informed Approaches

SITUATION

A large proportion of the population suffer trauma and abuse in their lifetime, which has a profound impact on their mental and physical health.



COMPLICATION

Despite the existence of Trauma Informed Approach (TIA) principles and guidelines, they are not being adopted in all public service settings and survivors continue to be retraumatised in the way they experience these services.



QUESTION

What is needed for a Trauma Informed Approach to be effectively implemented across all relevant public service settings?

What is trauma?

There are many varied definitions of trauma but they usually encompass the experience of a life-threatening or harmful event. Two definitions often cited when defining trauma are listed below:

**American
Psychiatric
Association's (APA)
DSM-V:**

*Trauma requires
“actual or threatened
death, serious injury,
or sexual violence”*

SAMHSA

*“an event, series of events, or set of
circumstances that is experienced by an individual
as physically or emotionally harmful or life
threatening and that has lasting adverse effects
on the individuals and mental, physical, social,
emotional or spiritual well-being.”*

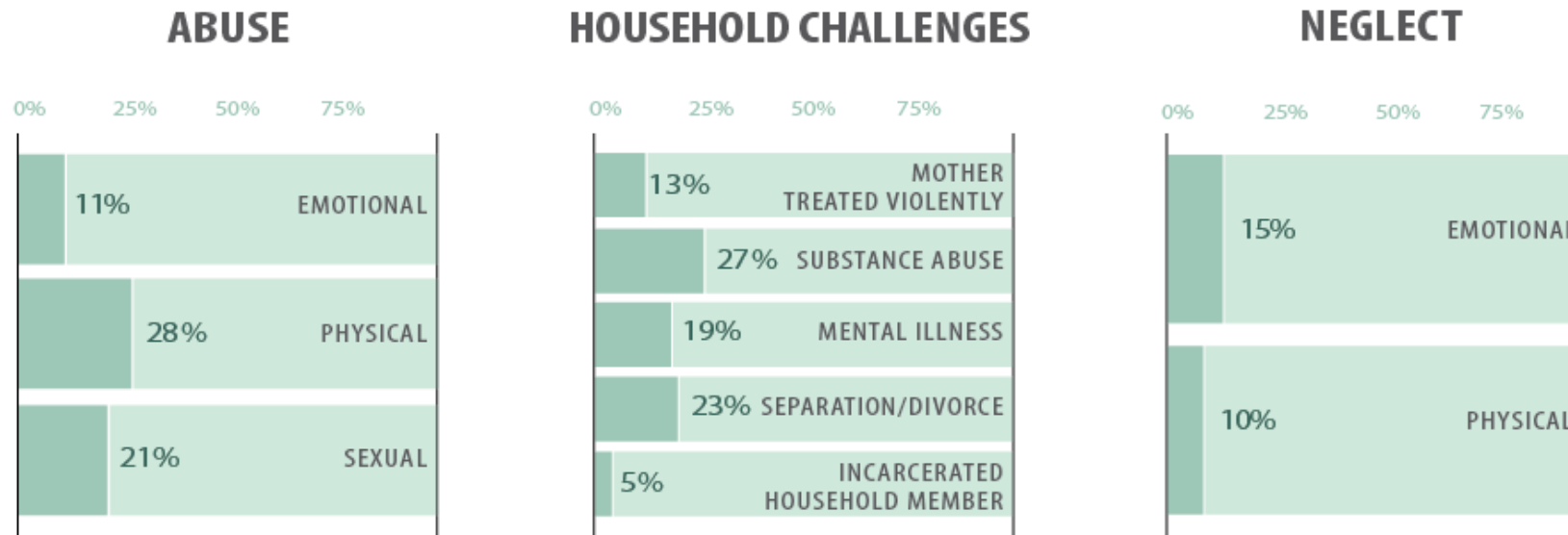
The majority of the population have experienced trauma

It is estimated that around 60% of the UK population has been directly or indirectly exposed to at least one traumatic event in their lifetime (including actual or threatened death, serious injury or sexual violence).

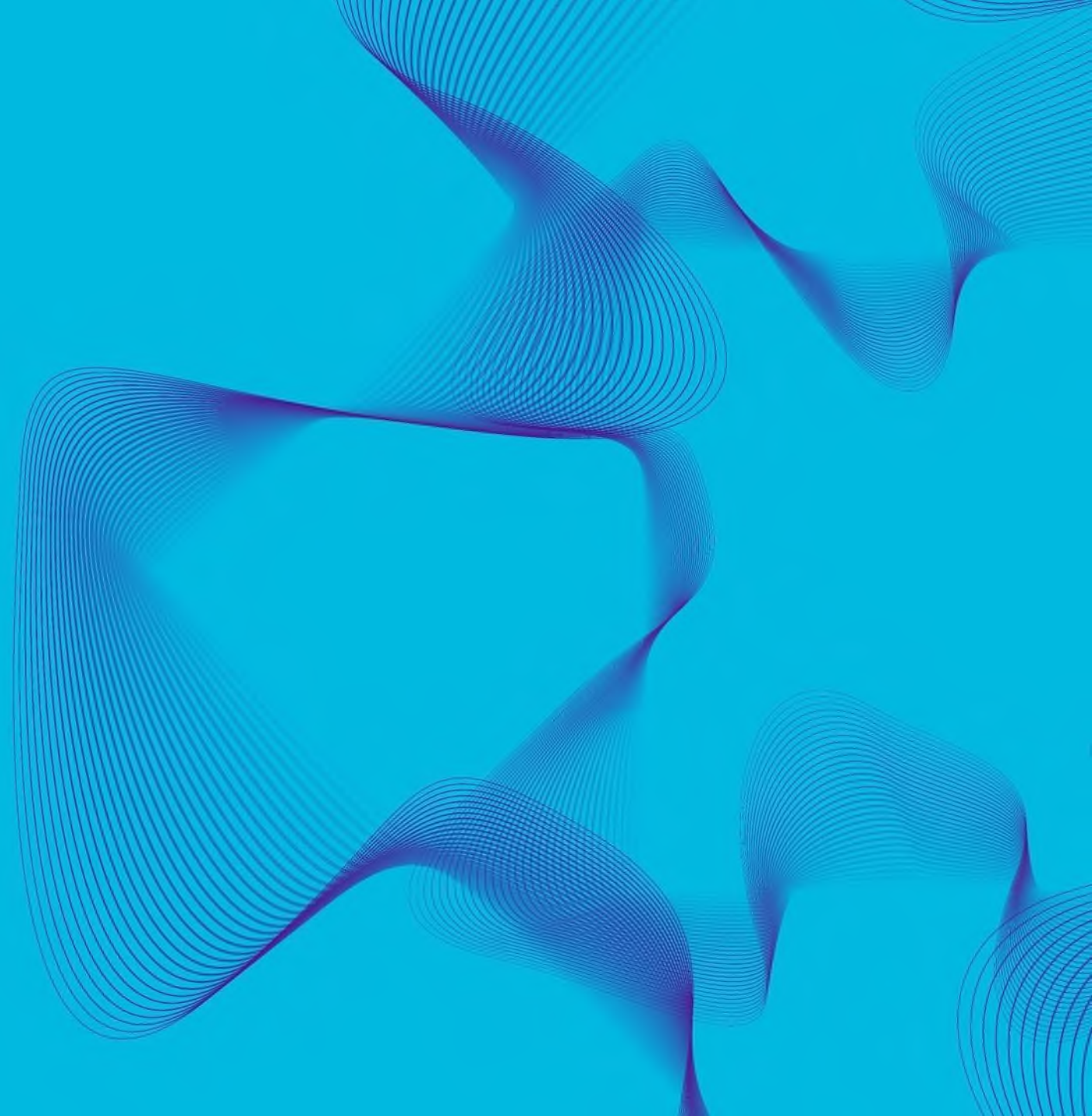


Childhood trauma is also common

The Adverse Childhood Experiences (ACE) study surveyed over 17,000 people. The diagram below shows the prevalence of the different types of ACEs reported. 12.5% of those surveyed had experienced 4 or more ACEs in their life.



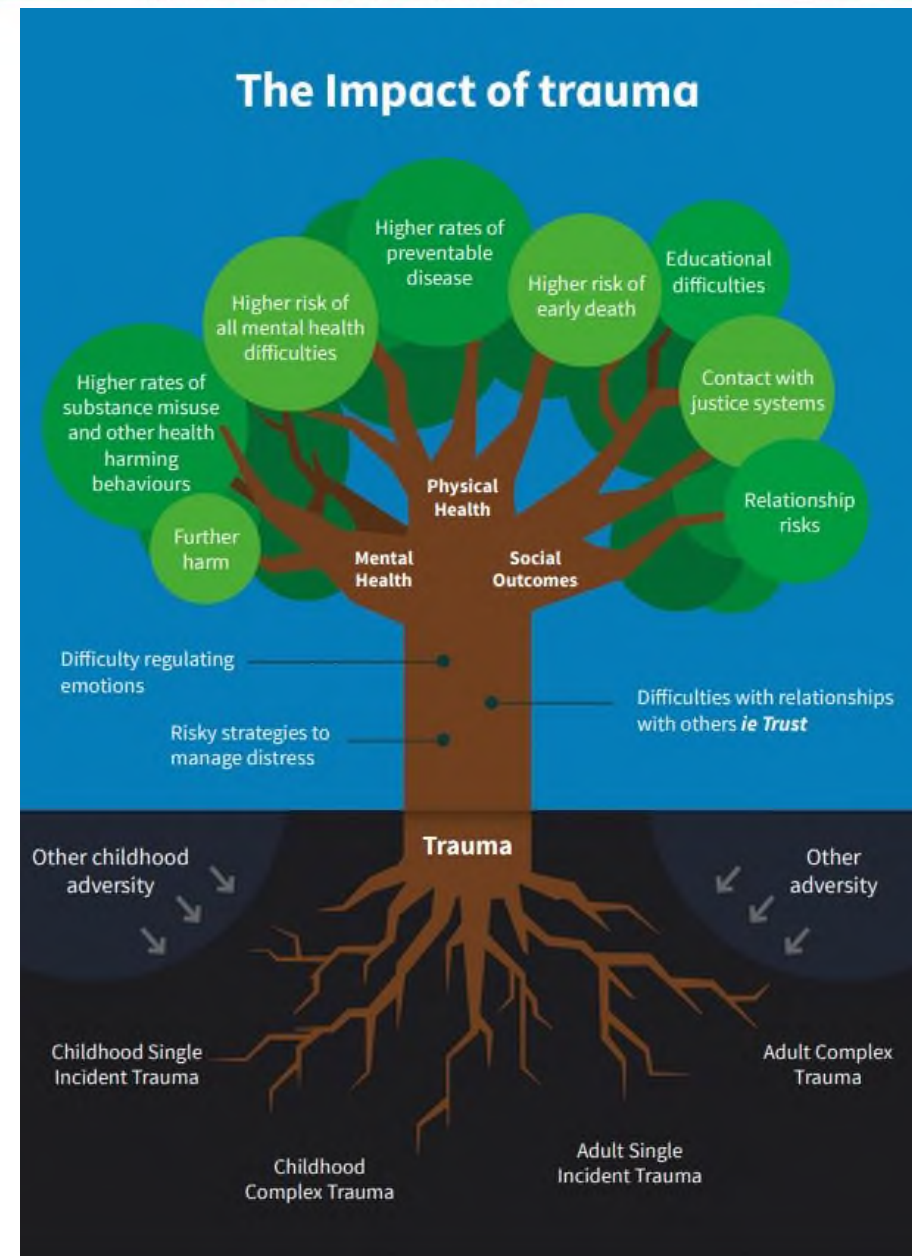
The impacts of trauma



Trauma can impact widely across a person's lifespan

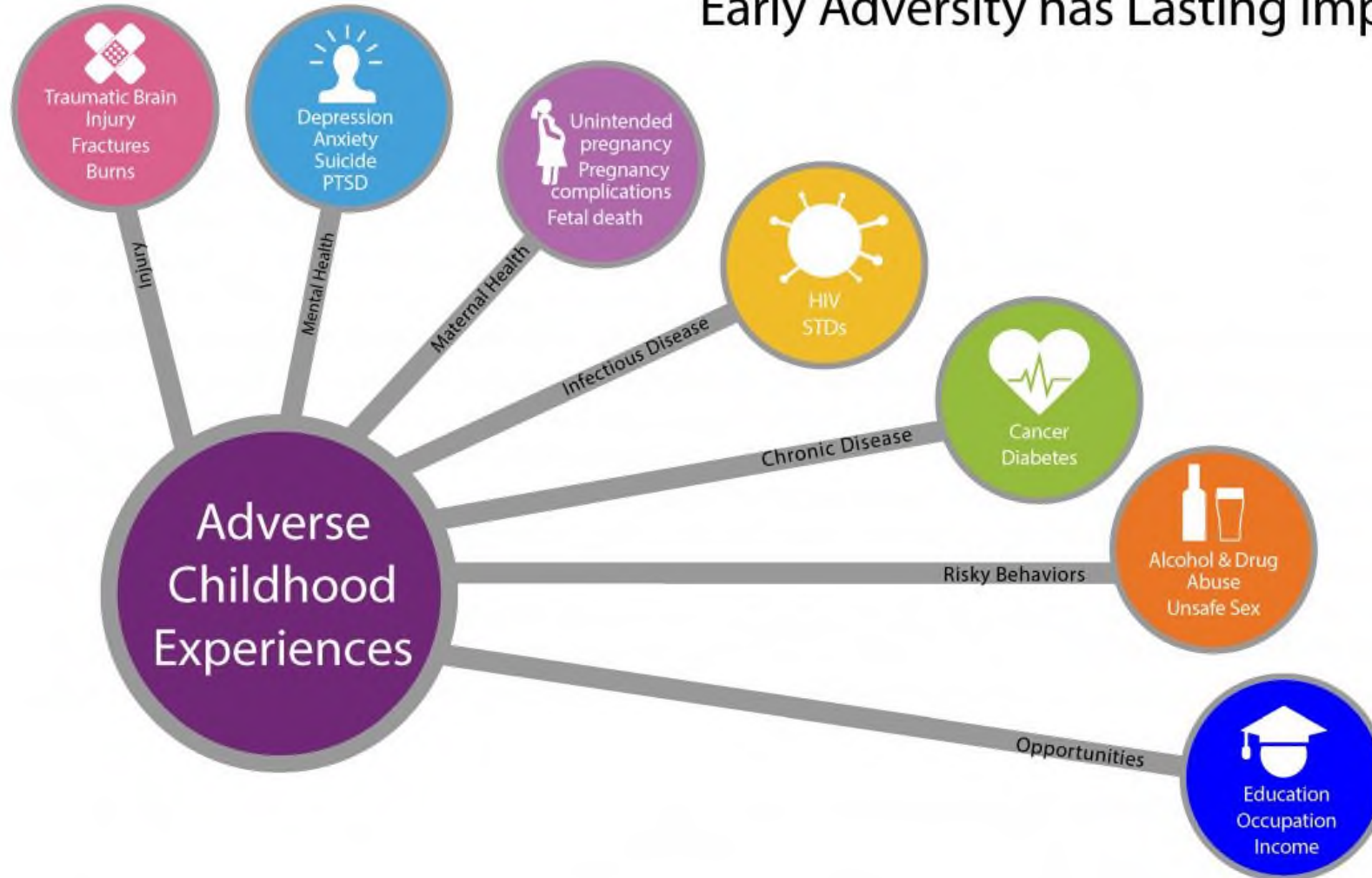
Experiencing trauma can have a wide range of adverse outcomes.

These include poorer mental health, physical health, economic and social outcomes throughout their lives.

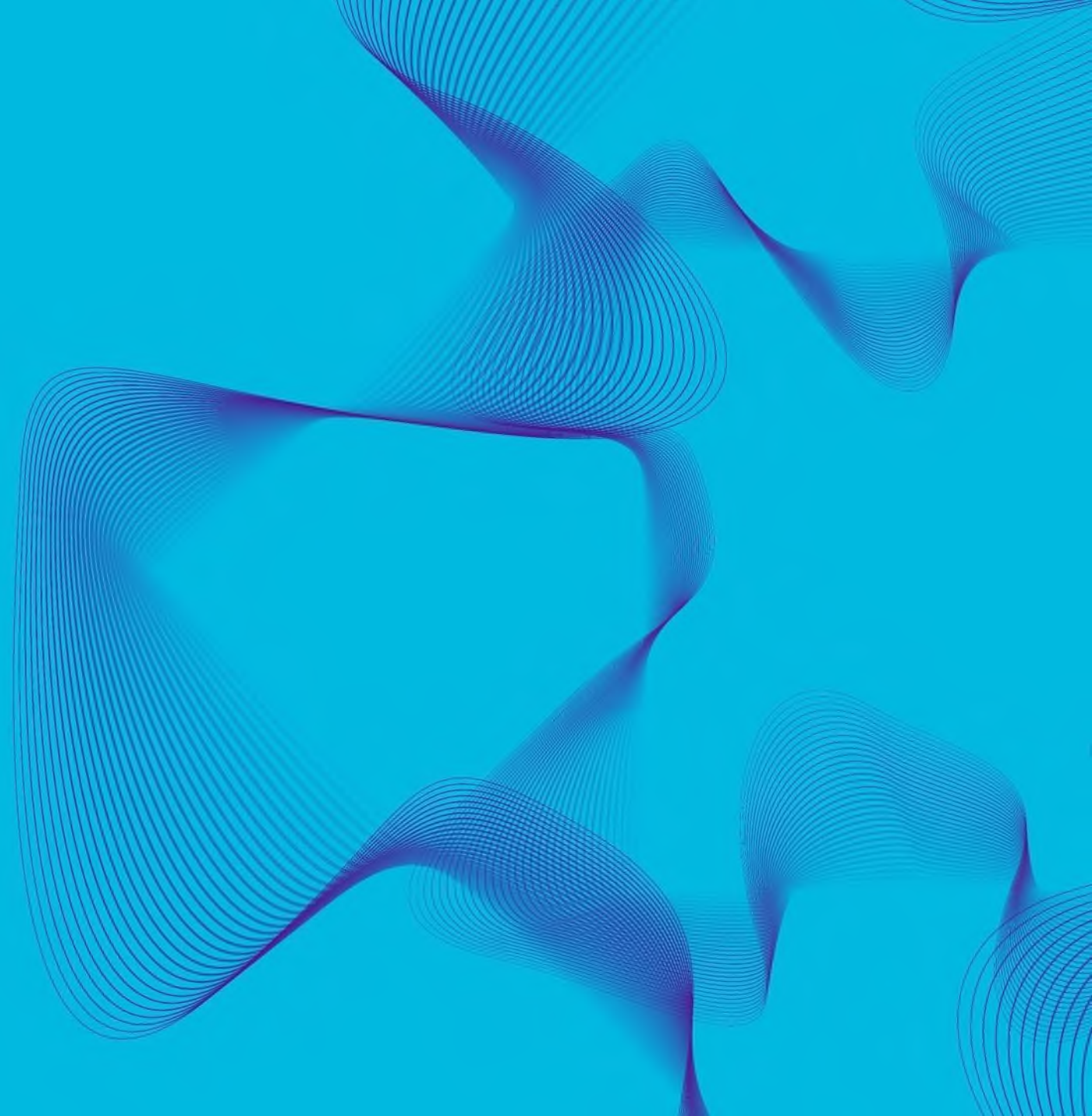


Childhood trauma has lasting impacts

Early Adversity has Lasting Impacts




Trauma, domestic abuse and mental health



Trauma, domestic abuse and mental health are inter-related

There is a bidirectional relationships between experiencing domestic abuse and developing mental health problems



Some studies show a link between having depression and later experiencing domestic abuse.

Conversely, those who have experience domestic abuse are more likely to subsequently experience depression.

Individuals who have experienced **psychological abuse** suffer the same rates and severity of depression, anxiety and PTSD as those who have experienced **physical abuse**, suggesting they could be **equally as mentally harmful**.

Sexual abuse increases risk of mental health problems

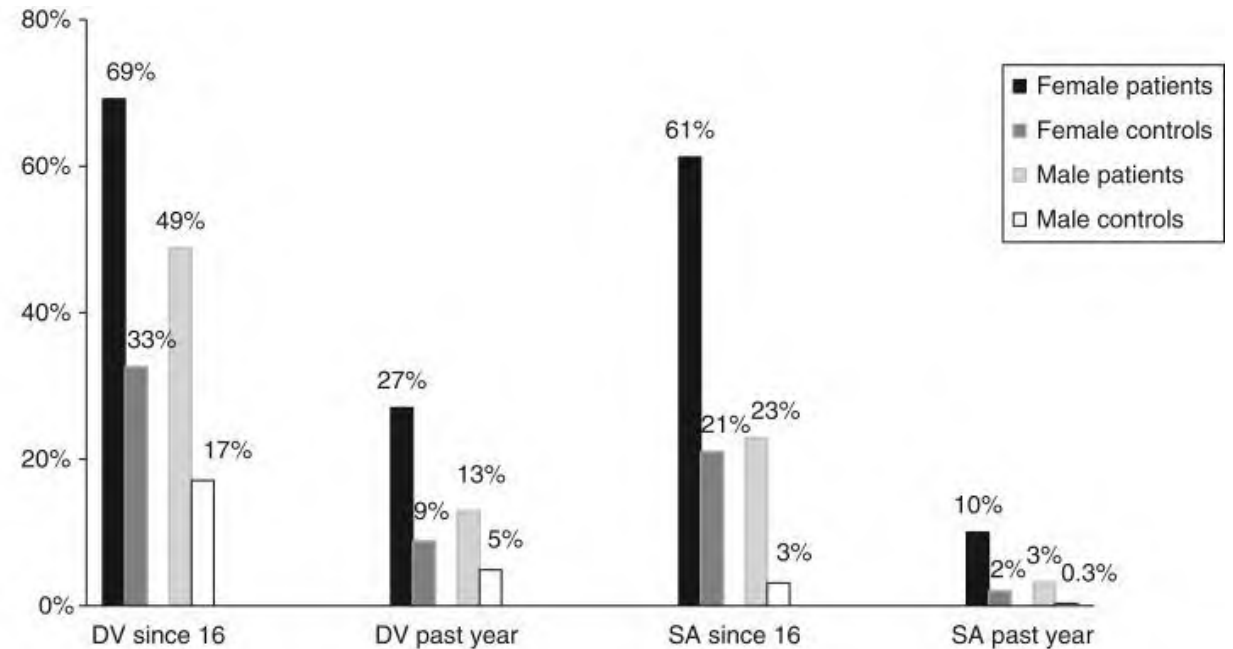
UK survey data shows that:

- People who experience **sexual abuse in childhood** are **3-5 times more likely** than the general population to develop eating disorders and common mental disorders such as depression and anxiety than the general population.
- People who experience **sexual abuse in adulthood** are approximately **2 times more likely** than the general population to develop eating disorders, depression, anxiety and PTSD
- Overall the risk of developing mental health problems is the **highest among people who are revictimized** - experiencing both childhood and adulthood sexual violence.

Mental illness can increase the risk of experiencing sexual violence

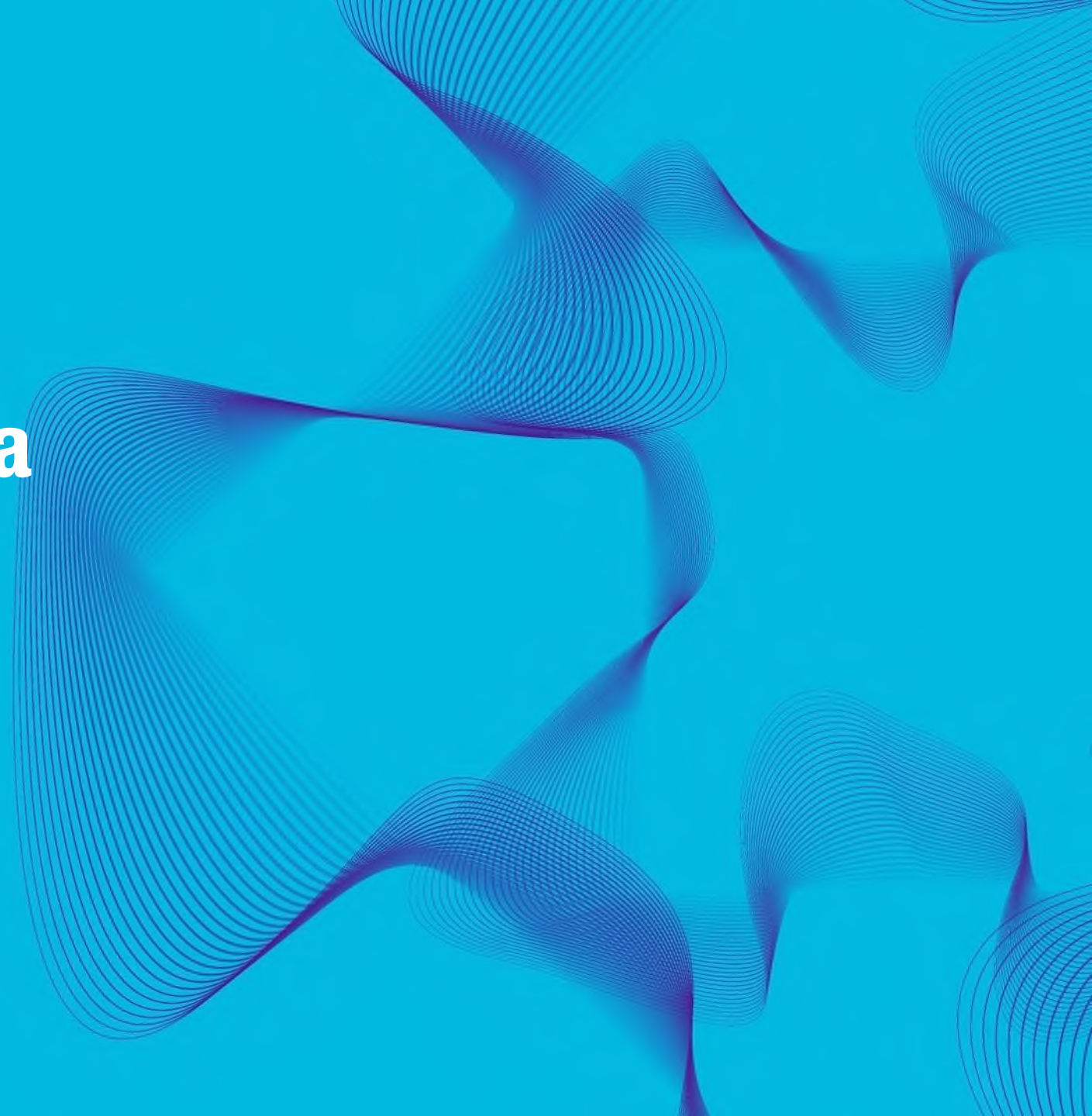
One study surveyed 303 psychiatric outpatients and found that:

- 40% of women and 12% of men with severe mental illnesses had experienced **serious sexual abuse**.
- This is compared with 7% of women and 0.5% of men in the general population.



Graph shows the prevalence of Domestic Violence (DV) and Sexual Assault (SA) experienced in both the past year and since the age of 16 for male/female psychiatric patients vs the general population.

The response of services to trauma



How services respond to trauma is important

In summary, a large proportion of people with mental health problems who access services have experienced trauma in their lifetime.



Therefore services must be designed in a way which will aid the recovery of survivors.



However they often have the opposite effect and cause **retraumatisation.**

Service responses risk retraumatising survivors

Retraumatism occurs when a person experiences something that is reminiscent of a traumatic event from their past. This then triggers the same emotional and physiological responses associated with the original traumatic event.

Services can retraumatise survivors through both:

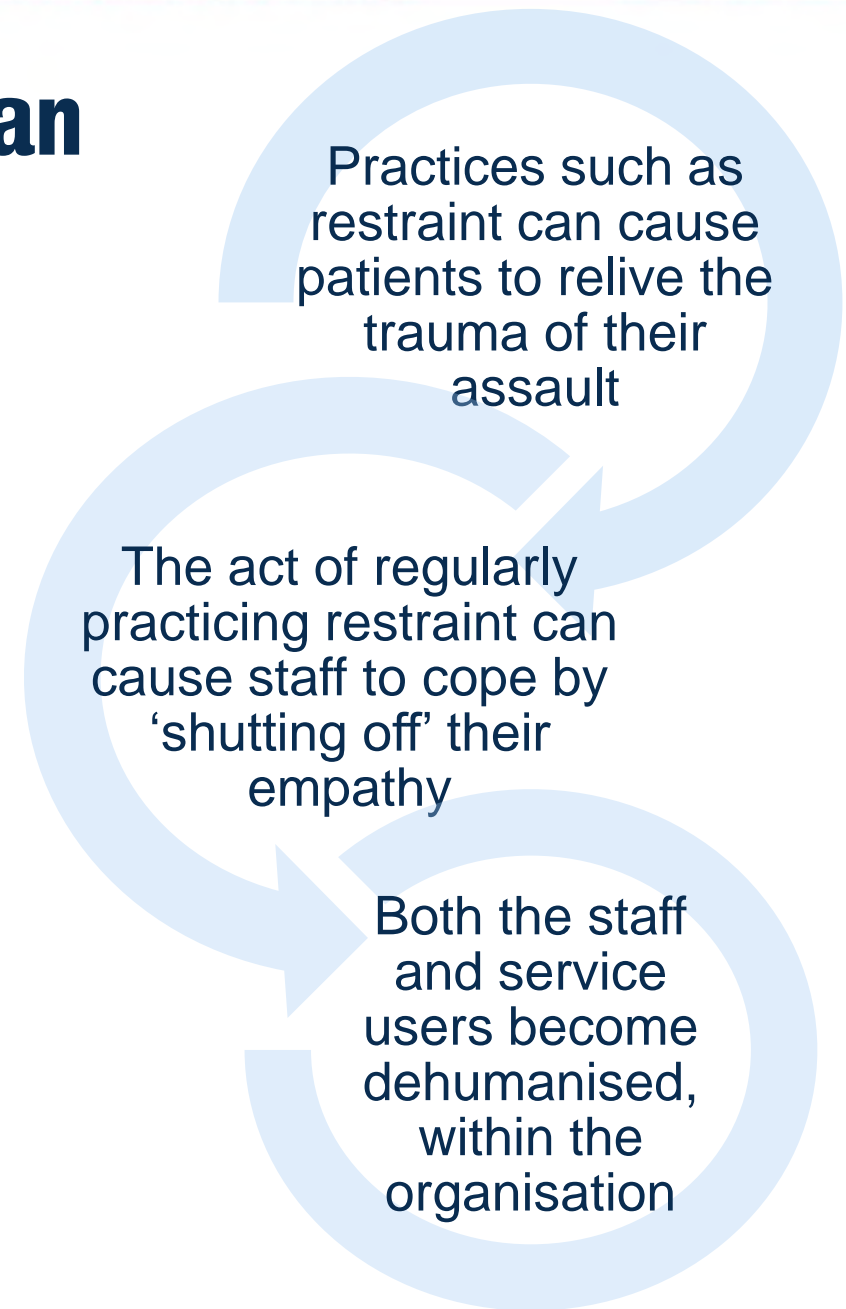
Physical mechanisms of control
such as bodily restraint, seclusion
or forced medication.

&

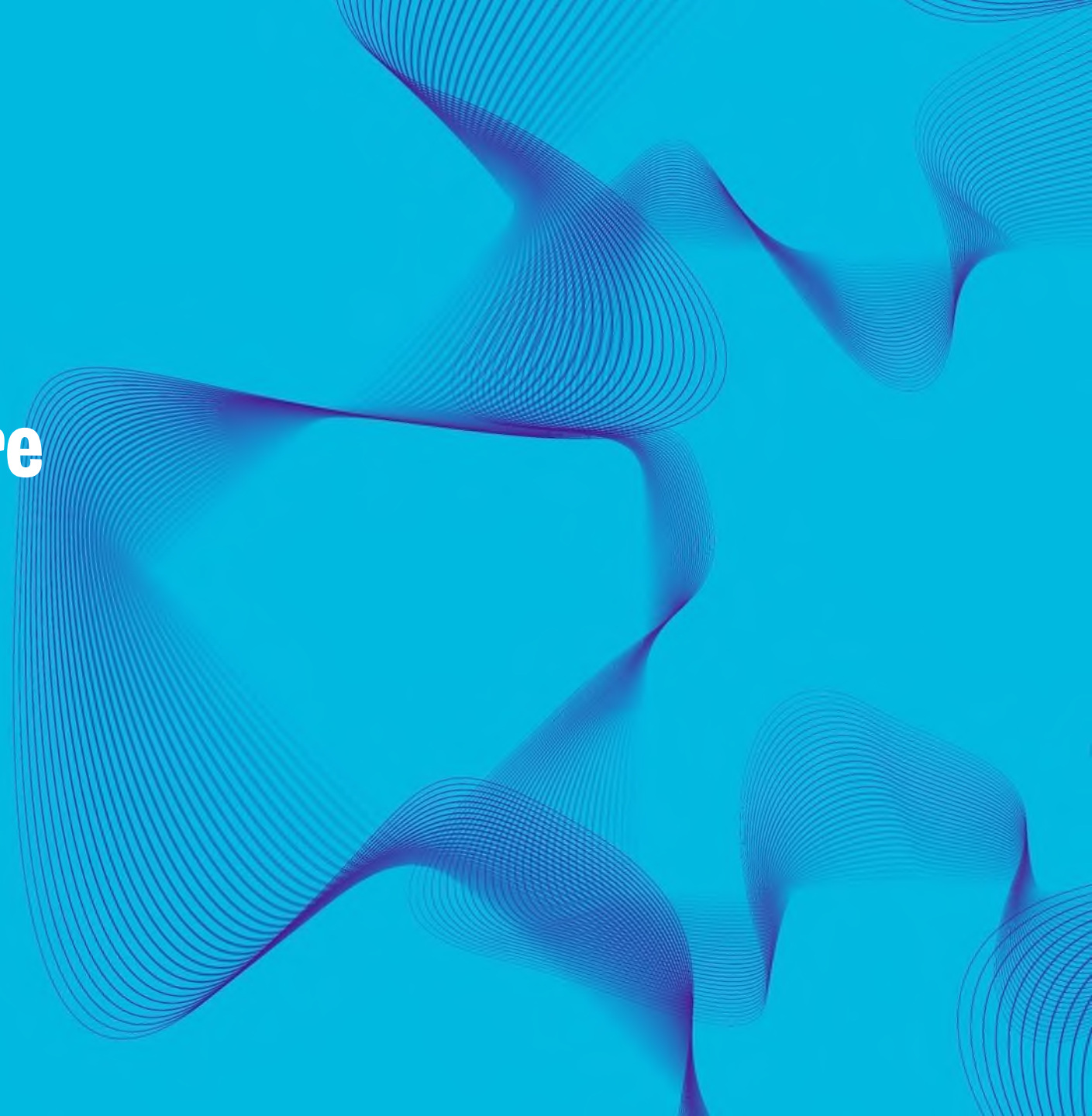
Emotionally coercive behaviour
such as the removal of choice regarding
treatment or dismissive attitudes following
a disclosure of abuse.

Retraumatiation within services can affect both service users and staff

- Vicarious trauma refers to the experience of staff and practitioners when working with traumatised people such as chronic stress and burnout.
- Organisations can exacerbate this vicarious trauma, as described in the figure (right).
- This can lead to the development of unhealthy coping strategies, fatigue and an 'us-and-them' mentality.



Trauma-informed approaches to care



What are Trauma Informed Approaches?

Trauma informed approaches can be defined as:

“a system of development model that is grounded and directed by a complete understanding of how trauma exposure affects service user’s neurological, biological, psychological and social development”

In a trauma informed service it is assumed that people have experienced trauma and it is understood that this may cause them to experience difficulties in feeling safe within services. This is intended to create a “culture of thoughtfulness”.

Key Principles of Trauma-Informed Approaches

SAMHSA outlines **four key assumptions** of trauma-informed approaches:

Recognition

All people in an organisation recognise the signs and symptoms of trauma in service users, staff and all other people within the system.

Realisation

All people in the organisation realise and understand how trauma can affect people, and their behaviour is understood in the context of coping with their experiences.

Response

The organisation acts to effectively integrate knowledge about trauma into policies, procedures, and practices.

Resist

retraumatisation

Steps are taken to prevent further traumatising both service users and staff through focus on recovery of survivors as well as the wellbeing of staff.

Key Principles of Trauma Informed Approaches

SAMHSA further details the **six key principles** of trauma informed approaches:



1. SAFETY

Services should feel physically and emotionally safe to survivors.



2. TRUSTWORTHINESS & TRANSPARENCY

Organisational decisions are conducted with openness to build trust with survivors.



3. PEER SUPPORT

Allows survivors to use their own lived experience to promote recovery and healing.



4. COLLABORATION & MUTUALITY

Partnership between staff and survivors.



5. EMPOWERMENT VOICE & CHOICE

Survivors are supported in taking control of their lives and can cultivate self-advocacy.



6. CULTURAL, HISTORICAL, & GENDER ISSUES

Services are responsive and accessible to people of different cultures and genders.

Implementing Trauma Informed Approaches

SAMHSA have identified 10 domains which, when addressed, may help facilitate the implementation of TIAs.

Governance & Leadership	The culture of an organisation and how the leadership can support the voices of service users who have experienced trauma.
Policy	The written policies that can implement the recognition of trauma and promote recovery and wellbeing
Physical environment	The creation of a physical environment in which service users and staff feel safe.
Engagement & involvement	Transparency and trust built with service users as well as acknowledging the expertise of those with lived experience.
Cross sector collaboration	Identifying community providers and referral pathways.
Screening, assessment, treatment services	Treatment plans which give power and choice to the survivor and minimise feelings of shame and fear.
Training & workforce development	Supporting staff emotionally as well as training and educating them on the impact of trauma and safe strategies to address it.
Progress, monitoring & quality assurance	Actively processing feedback from staff and service users and ensuring mechanism of monitoring quality.
Financing	Appropriate funding for TIA's and the creation of a safe environment.
Evaluation	Appropriate methods of measuring/assessing the success of implementing TIA's

Current barriers to the implementation of trauma informed approaches

Trauma-informed guidelines have not been implemented widely in the UK. Some reasons for the low adoption of trauma informed approaches include:

- Austerity and staff shortages can make it difficult to implement consistent and appropriate trauma informed approaches.
- Frequent changes in public services and the regular employment of new initiatives.
- Lack of staff support leading to vicarious trauma and compassion fatigue.
- Lack of structured supervision for mental health staff.
- Resistance to acknowledging the social and systemic determinants of trauma.

Implementing TIA across different settings: TIAs in action

- 1) *TIAs in Scotland*
 - *Education and training*
 - *Policing*
- 2) *Tees, Esk and Wear Valleys NHS Foundation Trust*
- 3) *One Small Thing*

Implementing trauma-informed approaches in Scotland

In 2015, The Scottish Government published a report detailing their plan to improve resources and support services for survivors.

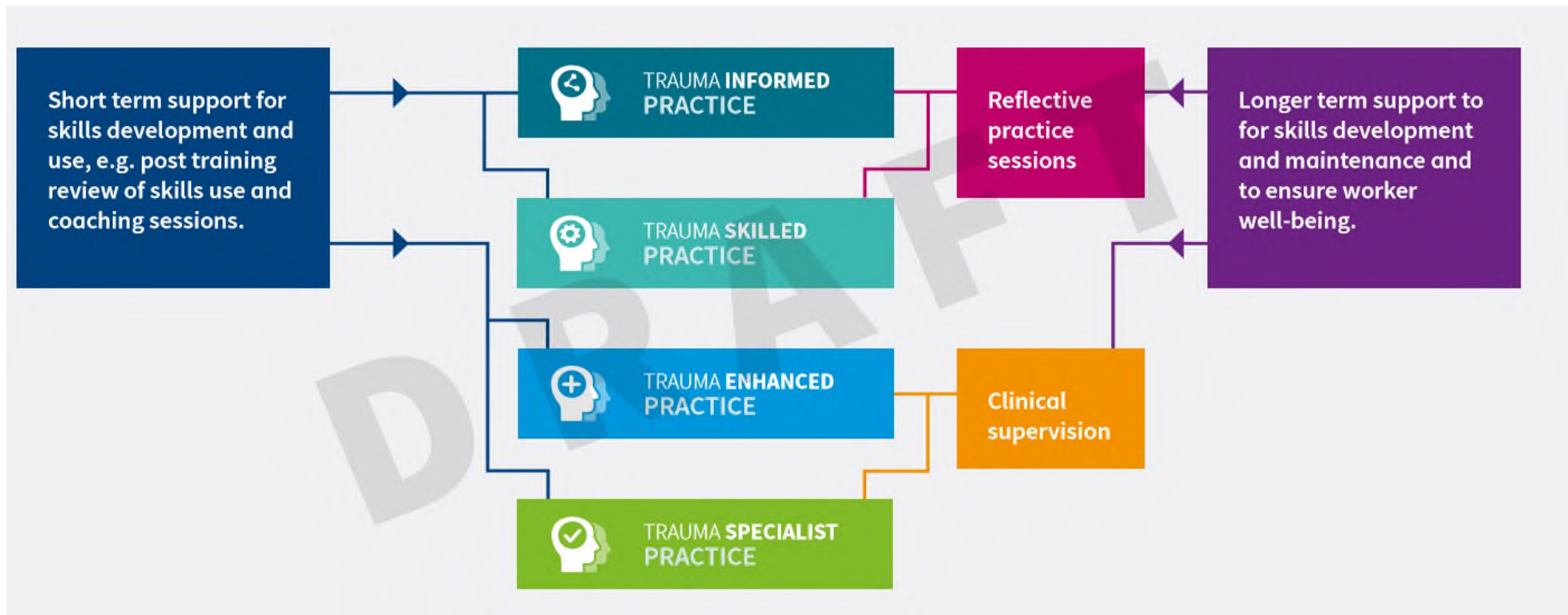
Scotland has since worked to implement trauma informed approaches in a number of settings including education/training and policing.

NHS Education for Scotland outline their **vision**:

“To achieve a trauma informed nation capable of recognising where people are affected by trauma and adversity, capable of responding in ways that prevents further harm and which supports recovery and in ways which address inequalities and improve life chances”

Workforce development: a focus on staff wellbeing

The Scottish Psychological Trauma Training Plan was commissioned by NHS Education Scotland to help individuals in the workforce identify and respond to people affected by trauma.



Workforce development: a focus on staff wellbeing

- This trauma-informed training programme operates under the idea that
“the key intervention is relational, therefore the key resource is staff”
- It aims to ensure that staff have access to the structures that support their wellbeing, and that they can build confidence through coaching and ongoing CPD.
- The staff can then implement their trauma-informed training to create organisational change.
- As of September 2019, 3,000 staff members in the public sector such as nurses, social workers and police officers have used the Training Plan.

Trauma-Informed Policing: Scotland

The Ayrshire Division of Scotland's police has undertaken a pioneering Trauma Informed policing approach.

They accomplish this by:



Showing their officers a documentary on Resilience which details the scientific evidence behind the impacts and outcomes of abuse.



Giving their officers access to a multidisciplinary Q&A session with an expert panel to discuss the Resilience documentary.



Providing officers with the Transforming Psychological Trauma workforce training.



Training with a focus on preventing and reducing trauma through implementing local protocols, education and officer support.

Mental Health Service Providers: Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

TEWV is a trauma-informed trust in North England who have managed to implement trauma-informed care primarily through developing a pathway of care and training staff to effectively implement this pathway.

They achieved this in a number of ways including:



Creating comprehensive resources for staff that focus on their own wellbeing as well as providing practical guidelines for trauma-informed care.



Using local trauma champions in each team facilitated supervision, management and implementation of the trauma-informed guidance.



Developing follow-up training plans to respond to specific areas of need which has been delivered largely by experts by experience.

Criminal Justice System: One Small Thing



- One Small Thing are an organisation that promotes a paradigm shift in the criminal justice system by facilitating and funding trauma-informed programmes for prisons and communities sectors.

“We strive to shift the noise of blame and judgement and shift the ‘*what’s wrong with them?*’ line of questioning to a more effective and healing ‘*what happened to them?*’ approach.”

- They offer trauma informed training to prison staff as well as peer led trauma interventions.
- They are currently piloting a ‘Healing Trauma’ project – a gender-responsive and trauma informed mental health intervention.

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Slide 14

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