

Trauma impact and recovery

What is trauma-informed care and practice?

Every system and organisation is impacted by trauma and would benefit from being trauma-informed. Service organisations are confronted by the signs and symptoms of trauma every day, and yet can sometimes fail to see it and make the necessary connections. Trauma hides in plain view. Every system and organisation has the potential to retraumatise people and interfere with recovery, and to support healing. People affected by trauma from abusive relationships will frequently encounter services that mirror the situations of power and control they experienced in those relationships.

What do we know?

Everyone has a role in creating opportunities for people experiencing trauma or adversity. Trauma-informed service providers, systems, and organisations:

- realise the widespread impact of trauma and understand potential paths for healing
- recognise the signs and symptoms of trauma in staff, clients, patients, residents, and others involved in the system
- respond by fully integrating knowledge about trauma in all into policies, procedures, practices, and settings

What are the principles of trauma-informed care?

- Acknowledgement – recognising that trauma is pervasive
- Safety first
- Emphasis on self-care basic needs
- Trust – maintain a position of solidarity with person
- Choice and control – led by needs of person
- Compassion
- Attitude of respect, positive regard, and genuineness towards person
- Collaboration
- Strengths-based
- Empowerment critical to recovery

When systems and organisations are committed to integrating trauma principles at every level, they should consider the following:

- Power and control – whose needs are being served, and do policies empower those being served or those providing the service (e.g., is emphasis being placed on control rather than the comfort of those being served?)
- Doing *with*, and not doing *to*
- Explaining what, why, and how
- Offering real choices
- Flexibility
- Understanding and being able to identify fight, flight, and freeze responses
- Focused on strengths, not deficits
- Examining power issues within the organisation and promoting democratic principles

Trauma-informed organisations also place a priority on teaching skills in the following areas

- Self-soothing
- Self-trust
- Self-compassion
- Self-regulation
- Limit setting
- Communicating needs and desires
- Accurate perception of others

Types of trauma (interpersonal and external)

Interpersonal trauma: Childhood abuse (sexual, physical, neglect, psychological, witnessing domestic abuse), domestic abuse (physical, sexual, financial, spiritual, cultural, psychological), elder abuse (physical, sexual, financial, spiritual, cultural, psychological), sexual assault (any unwanted sexual contact), loss due to homicide, torture and forcible confinement.

External trauma: War (combat, killing, fear of being killed, witnessing death and extreme suffering, dismemberment); being a victim of crime; sudden death of a loved one, suicidal loss, or loss of a loved one to homicide; sudden and unexpected loss of a job, housing, or relationship; living in extreme poverty; natural disasters; accidents (vehicle, plane, etc.)

Developmental trauma: Child abuse and neglect, witnessing or experiencing violence in the home

The effects of trauma

The effects of being traumatised are very individual. People who have experienced trauma can be impacted physically, emotionally, behaviourally, cognitively, spiritually, neurobiologically and relationally. Trauma can result in:

- changes to the brain
- compromised immune systems
- increased physical and mental stress
- decreased trust
- attachment difficulties and conflictual relationships
- hyperarousal and hypervigilance
- rigid or chaotic behaviour

Key contacts

Ejaye Moran (MBACP-accredited) Clinical Lead/Counselling and Therapeutic Services Manager

My Sisters Place – TIME Programme

Trauma Informed Approaches

Dr Angela Kennedy, Clinical Psychologist and Trauma Informed Care Lead, TEWV