

# Trauma-Informed Care

## What is Trauma?

A traumatic experience is any event in life that causes a threat to our physical or emotional safety and potentially places our own life or the lives of others at risk. As a result, a person experiences high levels of emotional, psychological, and physical distress that disrupts their ability to function normally in day-to-day life, either temporarily, or in some cases, with lasting adverse effects on the individual's functioning and mental, physical, social or emotional well-being.

Examples of potentially traumatic experiences include and are not limited to

- Road Traffic Accidents
- Violence/Prolonged Abuse
- Natural Disasters
- Serious Illnesses<sup>1</sup>

## Impact of Trauma

### *Normal Trauma Response*

It is normal to have strong emotional or physical reactions following a distressing event. Normal responses to a traumatic event may include feelings of distress and increased emotional reactivity, increased anxiety, sleep disturbance, changes to appetite and physical symptoms such as headaches or stomach aches and behaviour regression in children. In most cases, however, these reactions begin to reduce as part of the individual's natural recovery process. Many people feel much better within 3 months after the event, but others recover more slowly and some continue to experience adverse symptoms affecting their daily lives in the longer term. Trauma does not affect everyone in the same way; some people may recover quickly from a traumatic event, whilst the same event may have a severe and long-lasting impact on another individual.

### ***Post-Traumatic Stress Disorder (PTSD)***

After a distressing event, some people find their reactions do not gradually subside and continue to seriously affect their day-to-day functioning. Post-traumatic Stress Disorder (PTSD) is an anxiety disorder caused by traumatic events, whereby the impact of the event continues to cause high levels of stress. PTSD is a diagnosable mental health condition, included in both The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and the International Classification of Diseases, eleventh revision (ICD-11).

Presenting symptoms include

- Intrusions or re-experiencing of the event (such as intrusive memories, repetitive play in which the events or aspects of it are expressed, nightmares, flashbacks, distress triggered by reminders of the event or events).
- Avoidance (such as avoiding thoughts, feelings or memories of the event or events, or avoiding people, places, conversations or situations that are associated with the event or the events).
- Arousal and reactivity or sense of current threat (such as irritability, being overly vigilant, being easily startled, concentration problems, sleep problems). (<https://uktraumacouncil.org/>)
- Additionally, an individual experiencing PTSD may have persistent negative cognitions about themselves, others and the world.

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<sup>1</sup> <https://www.mentalhealth.org.uk/publications/impact-traumatic-events-mental-health>

## Complex Trauma

Complex trauma arises from adverse childhood experiences (ACE's) which are frequently experiences of abuse and neglect. Experience of complex trauma can impact a child's emotional, psychological, social and physical development.

## Prevalence of Trauma

Trauma exposure and PTSD are prevalent in society. Around 1 in 3 adults in England report having experienced at least one traumatic event<sup>2</sup> and research indicates approximately a third of young people have been exposed to trauma by the age of 18 years<sup>3</sup>.

It is estimated that up to 3 in 100 people may develop PTSD at some stage in life<sup>4</sup>. However, the risk of developing PTSD is higher in some groups, depending on different factors such as type of traumatic event, gender, ethnicity, socio-economic background, and previous experiences of ACE.

## ***Importance of Trauma-Informed Care***

Given its prevalence, we acknowledge the importance of a trauma-lens to inform whole service delivery. Trauma-informed care is a person-centred, strengths-based approach which seeks to maximise clients' meaningful engagement with a service, promote client and staff wellness and reduces the likelihood of re-traumatising individuals or families. Support for each client acknowledges their life experience including their culture, ethnicity, gender and identity, with consideration for community-specific trauma.

The aim of trauma-informed care is to engage collaboratively with clients 'as partners, empowering them to help guide their intervention and seeking out the unique path to safety and resilience that will give the clients the capacity to face and overcome trauma triggers and new adversities in the future'<sup>5</sup>.

### Principles of Trauma Informed Care

- Maximise Physical and Psychological Safety
- Partner with Clients
- Identify Trauma-Related Needs of Clients
- Enhance Client Well-Being and Resilience
- Enhance the Well-Being and Resilience of Those Working in the System
- Partner with Agencies and Systems that Interact with Clients<sup>6</sup>

<sup>2</sup> <https://www.mentalhealth.org.uk/publications/impact-traumatic-events-mental-health#:~:text=Around%20in%203%20adults,of%20serious%20harm%20or%20death>

<sup>3</sup> Lewis, S. J., et al (2019), 'The epidemiology of trauma and post-traumatic stress disorder in a representative cohort of young people in England and Wales', *Lancet Psychiatry* 2019; 6: 247–56

<sup>4</sup> <https://patient.info/mental-health/post-traumatic-stress-disorder-leaflet>.

<sup>5</sup> Wilson, C. Pence, D. and Conradi, L. (04 November 2013), 'Trauma-Informed Care'

<sup>6</sup> *ibid*

## References and Further Information

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UK Trauma Council

<https://uktraumacouncil.org/>

Suffolk Mind Matter

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NHS

<https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/>

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