**Trauma-Informed Practice Briefing for the North Lanarkshire Community and Voluntary Sector**

**June 2023**

Trigger warning: Please note this briefing refers to domestic and child abuse as well as sexual violence and other traumatic experiences.

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# **Purpose**

The purpose of this briefing is to provide trustees, staff and volunteers in the North Lanarkshire Community and Voluntary Sector (CVS) with an introduction to key information about trauma and trauma-informed practice and sign post them to sources for further information and training.

Many CVS organisations support people who will have experienced trauma even if mental health issues are not the primary focus of the support they provide. It is therefore important for people providing help to others **of any kind** to develop at least a basic understanding of what trauma is and how it can affect people so they can provide more sensitive, trauma-informed support and/or help them access other, specialist trauma support and therapy.

Many CVS organisations also help to reduce the risk of children, young people and adults experiencing trauma – for example by providing family and mental health support.

This briefing has been prepared using information from [NHS Education for Scotland](https://learn.nes.nhs.scot/37896/national-trauma-training-programme) (NES) and the [Scottish Government](https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/12/)

# **Understanding Trauma – Definitions and Causes**

## **Definition**

Trauma refers to the response that people have after one or more adverse experiences, such as natural disasters, car accidents, sexual violence and physical and/or psychological abuse. This response may be perceived as being cold, anxious, aggressive, distant or distracted, among many other behaviours. By being trauma informed, staff will be more understanding of this.

## **Causes**

Trauma can be caused by a wide range of distressing events and experiences including:

* direct experience of or witnessing a distressing event such as a car accident or natural disaster
* direct experience of or witnessing abuse and violence such as childhood sexual abuse, domestic abuse and war
* serious illness

Anyone can experience trauma, but [research](https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/4/) suggests that people from lower socio-economic groups and Black and Minority Ethnic people are more likely to have experienced trauma.

If trauma has occurred when a person was a child, this is known as Adverse Childhood Experiences (ACEs). In Scotland, [one in four adults](https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/4/) have reported four or more ACEs, and people living in the most deprived areas twice as likely to have ACEs.

# **Adults with Trauma**

Adults may have experienced trauma either as a child or in adulthood and can continue to be affected by the trauma long after it happens.

Adults with trauma may have a range of trauma-related behaviours including:

* having trouble trusting others and being extremely cautious around new people. This may mean they seem shy and/or may appear disinterested, cold or unresponsive
* being aggressive and/or violent
* being hyper-sexual (for those who have experienced sexual abuse)
* being unorganised and forgetful (particularly if the trauma is recent)
* struggling to be independent
* feeling ashamed and struggle to get on with their lives
* being easily triggered (for example) by certain objects, sounds, smells, tastes etc.

**Helping adults affected by trauma**

* Be patient and take time to listen to the person. Making them feel **safe**.
* Give them **choices**. For example, the sex of the person they speak to, i.e., a female domestic abuse survivor may feel safer with a woman, rather than a man.
* Give them control and allowing them to **collaborate** in decisions. This makes survivors feel more **empowered**. For example, telling them what you’re going to do before you do it and letting them know you can stop at any time. It may be particularly helpful whilst, for example, giving presentations, that you include trigger warnings. These are statements that warn participants that what you are about to talk about may be triggering. This allows someone who has experienced trauma to make a decision, take control and leave the room/mute the call whilst the triggering issue is being discussed.
* Build **trust** and be as transparent as possible. This means telling the survivor what you’re going to do and not changing your mind without telling them.

**Benefits of trauma-informed practice for adults**

* it supports those affected to be more independent and begin to trust others again
* it may help healing when those who help survivors understand trauma
* it allows survivors to build better relationships with people
* it helps survivors pursue new opportunities to improve their lives and reach their full potential

# **Children and Young People with Trauma**

Childhood trauma is highly complex and there are different types, including:

* single-event trauma, such as an accident or assault
* prolonged and repetitive trauma, such as emotional, physical, sexual abuse, neglect, family violence and war.

The impact of prolonged and repetitive trauma is known as Complex Developmental Trauma and often occurs in care-giving relationships such as parent-child and family member-child.

Traumatised children and young people will show one or more of the following behaviours due to their trauma:

* Feeling that nobody can be trusted. So, they struggle to build safe and supportive relationships.
* Being hyper-alert and react with a fear response of flight, fight or freeze.
* Struggling to concentrate and communicate particularly in school environments, potentially causing them to misbehave.
* Appearing to be clingy, demanding and/or attention seeking.
* Appearing to be sad and fearful about their own and other people’s safety.
* Feeling unwell without there being a known physical cause.
* Being highly sensitive to noise, smell, taste and touch.

**How to help a child or young person affected by trauma**

* Recognising that bad behaviour can be a way of the child communicating that they are upset, distressed or frustrated.
* Going at the child’s pace, being patient and understanding.
* Providing them with **safety**, both in environments and relationships.
* Providing them with **choice**, rather than control.
* Promoting **collaboration**, rather than coercion.
* Promoting **trust.**
* **Empowering** them to make their own choices and involve them as much as possible in what is happening.
* Promoting and ensuring **stability**, **safety** and **consistency** in the child’s environment.
* Having a set routine.
* Being aware that the child’s parents or family may also have trauma.
* Recognising that even when adopting trauma informed principles, it can take time to see changes.
* Sharing information with relevant authorities but only on a need-to-know basis.
* Using the relevant local child protection procedures.

The three R’s are particularly helpful in dealing with childhood trauma. These are:

* **Regulate** – the child’s feelings by giving them ways of coping, i.e. breathing techniques.
* **Relate** - to the child, showing them that you understand.
* **Reason** – with the child to help them to understand why they feel the way they do and what can be done to help the situation.

# **Sources of Support for Trauma-informed Practice**

**National**

The Scottish Government provides helpful online guidance for anyone through its [Trauma Informed Practice Toolkit](https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/pages/12/)

The National Trauma Transformation Programme published its [Roadmap for Creating Trauma-Informed and Responsive Change](https://www.traumatransformation.scot/implementation/) to help services embed a trauma-informed and responsive approach.

NHS Education for Scotland also offers a national training programme which anyone can access – [National Trauma Training Programme](https://learn.nes.nhs.scot/37896/national-trauma-training-programme)

The Improvement Service for local government also provides guidance in its online resource – [Adopting a Trauma-Informed Approach](https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/tackling-violence-against-women/adopting-a-trauma-informed-approach)

**North Lanarkshire**

Within North Lanarkshire public bodies such as NHS Lanarkshire and North Lanarkshire Council provide training for their staff.

Currently there is no tailored training for CVS organisations in North Lanarkshire. VANL and the Health and Social Care Partnership Community Solutions Programme would consider facilitating provision of such training if such a need is identified.

# **Sources of Specialist Support for People Affected by Trauma**

If a person working in the CVS in North Lanarkshire in a paid or voluntary capacity feels that someone they are helping needs specialist trauma support they are advised to encourage the person to ask their GP to refer them specialist support through the NHS.

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