

What is trauma?

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual well-being.

What is trauma-informed practice?

Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.

Working definition of trauma-informed practice

Trauma-informed approaches have become increasingly cited in policy and adopted in practice as a means for reducing the negative impact of trauma experiences and supporting mental and physical health outcomes. They build on evidence developed over several decades. However, there has been a lack of consensus within the health and social care sector on how trauma-informed practice is defined, what its key principles are and how it can be built into services and systems. In November 2022 the [Government published guidance on Working definition of trauma-informed practice](#), which this briefing note is based heavily on.

The working definition of trauma-informed practice asks that practitioners:

- Realise that trauma can affect individuals, groups and communities
- Recognise the signs, symptoms and widespread impact of trauma
- Prevent re-traumatisation

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.

6 Key principles of trauma-informed practice

Safety - the physical, psychological and emotional safety of service users and staff is prioritised, by: people knowing they are safe or asking what they need to feel safe; there being reasonable freedom from threat or harm; attempting to prevent re-traumatisation; putting policies, practices and safeguarding arrangements in place.

Trustworthiness - transparency exists in an organisation's policies and procedures, with the objective of building trust among staff, service users and the wider community, by: the organisation and staff explaining what they are doing and why; the organisation and staff doing what they say they will do; expectations being made clear and the organisation and staff not overpromising.

Choice - service users are supported in shared decision-making, choice and goal setting to determine the plan of action they need to heal and move forward, by: ensuring service users and staff have a voice in the decision-making process of the organisation and its services; listening to the needs and wishes of service users and staff; explaining choices clearly and transparently; acknowledging that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships.

Collaboration - the value of staff and service user experience is recognised in overcoming challenges and improving the system as a whole, by: using formal and informal peer support and mutual self-help; the organisation asking service users and staff what they need and collaboratively considering how these needs can be met; focussing on working alongside and actively involving service users in the delivery of services.

Empowerment - efforts are made to share power and give service users and staff a strong voice in decision-making, at both individual and organisational level, by: validating feelings and concerns of staff and service users; listening to what a person wants and needs; supporting people to make decisions and take action; acknowledging that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth.

Cultural consideration - move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity by: offering access to gender responsive services; leveraging the healing value of traditional cultural connections; incorporating policies, protocols and processes that are responsive to the needs of individuals served.

Acknowledgement/Further information

- This learning brief has been written based on the: [Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](#)
- e-learning for healthcare (but suitable for all practitioners): [All Our Health: Vulnerabilities and trauma-informed practice](#)
- [What is Trauma-Informed Care? - Trauma-Informed Care Implementation Resource Center \(chcs.org\)](#)
- [Home Page \(ladslikeus.co.uk\)](#): "Being Trauma informed isn't a tick box exercise, it's a way of being. Used with professional curiosity, you will save lives. It saved ours" #AskWhy
- [West of Berkshire Safeguarding Adult Board Website](#)

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