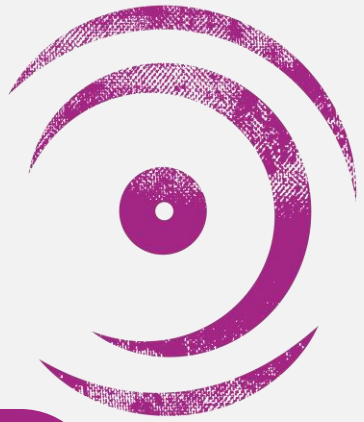
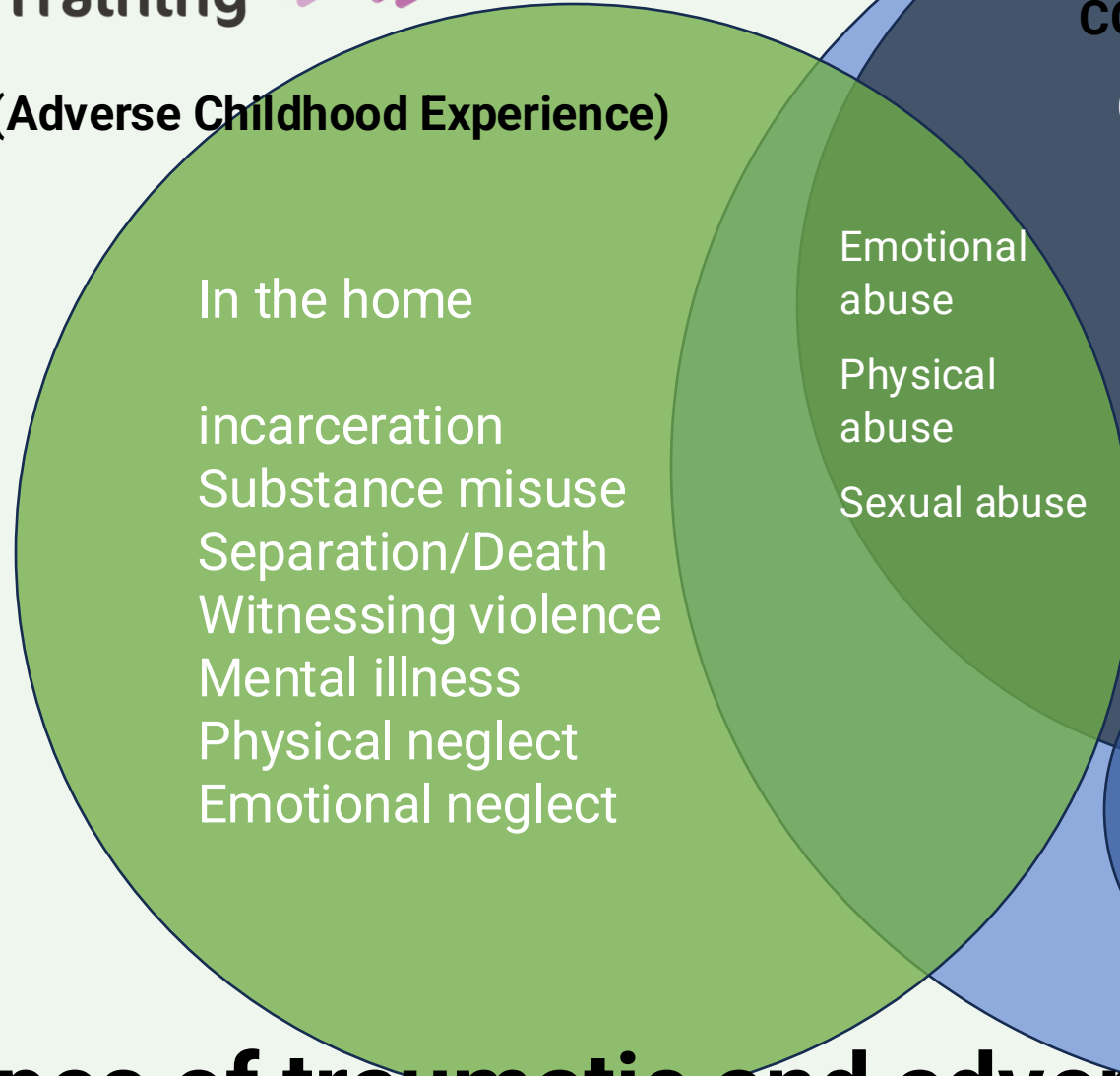


Trauma Informed Care

Dee Collins



ACE (Adverse Childhood Experience)



COMPLEX TRAUMA

Cohesive control
Chronic illness
Domestic abuse
Sexual abuse
Torture
Trafficking
War
as a civilian

Military
trauma

Acute health
crisis
Rape
Road Traffic
Accident
Assault

SINGLE INCIDENT TRAUMA

Types of traumatic and adverse experience

Psychological trauma can be understood
in terms of the 3 **E**'s:

Everything that's gone before influences how an experience impacts on you. You can't make an objective judgement that something is traumatic. It depends on what the person is bringing to the experience. – the lens through which someone sees and experiences the world is significant.

This is why we are all affected by traumatic events in different ways!



The Origins Of The Trauma Informed Approach

- The trauma informed approach emerged following the ACE study from 1995-1997 in the USA.
- The study identified that 7 of the 10 leading causes of death in the USA could be linked to having 4+ adverse childhood experiences.

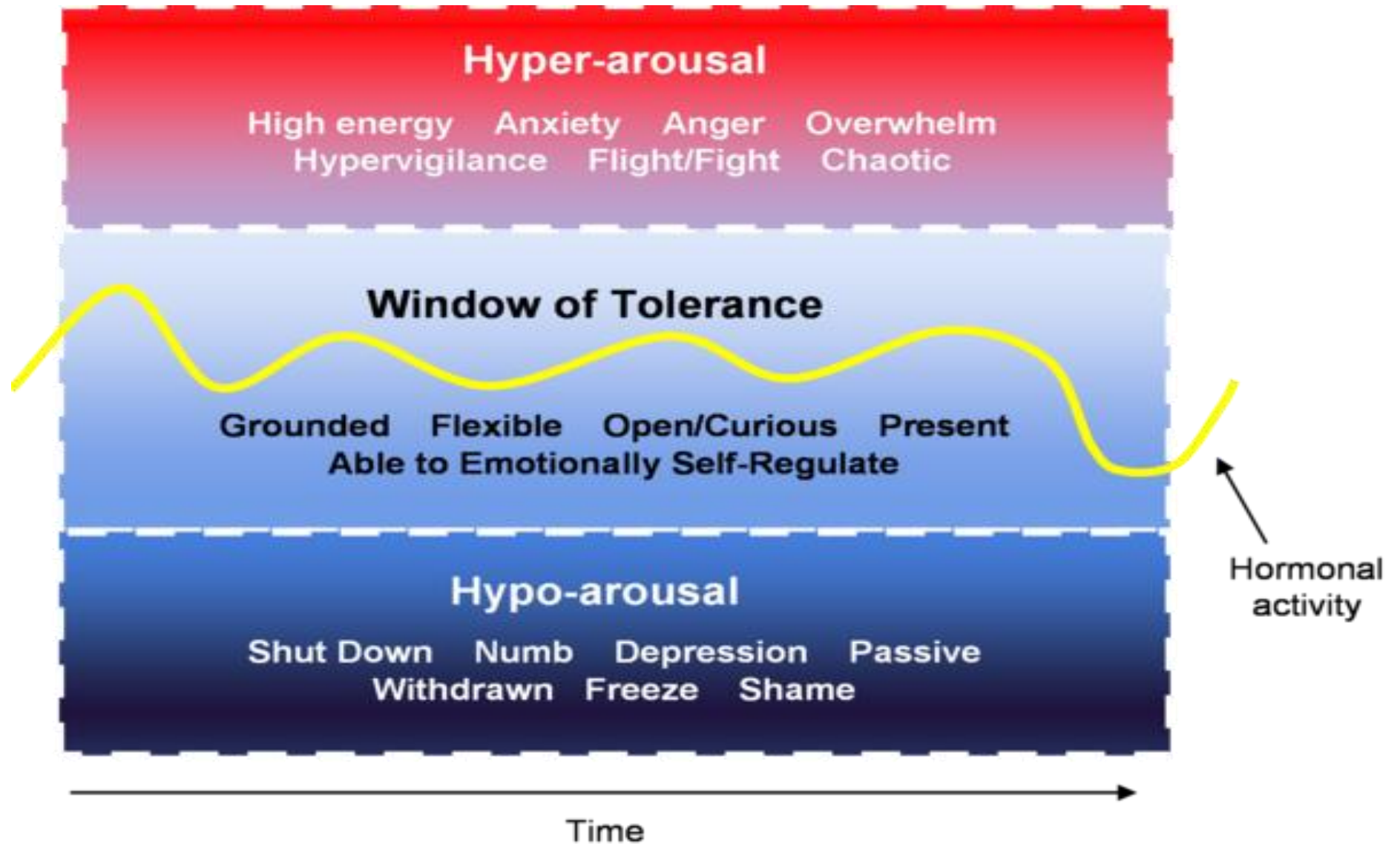
How Common are ACEs?

In a 2014 UK study on ACEs, 47% of people experienced at least one ACE with 9% of the population having 4+ ACEs (Bellis et al, 2014)

Understanding Trauma – ACEs

Compared with people with no ACEs, those with 4+ ACEs are:

- 4 times more likely** to be a high-risk drinker
- 6 times more likely** to have had or caused unintended teenage pregnancy
- 6 times more likely** to smoke e-cigarettes or tobacco
- 6 times more likely** to have had sex under the age of 16 years
- 11 times more likely** to have smoked cannabis
- 14 times more likely** to have been a victim of violence over the last 12 months
- 15 times more likely** to have committed violence against another person in the last 12 months
- 16 times more likely** to have used crack cocaine or heroin
- 20 times more likely** to have been incarcerated at any point in their lifetime



Fight Response

When someone feels threatened, unsafe, or overwhelmed, they may move into **fight** mode. This can look like:

- **Verbal aggression** – shouting, swearing, arguing, defensiveness
- **Physical aggression** – hitting, kicking, breaking objects, invading personal space
- **Controlling behaviours** – trying to dominate conversations or situations
- **Blaming others** – externalising responsibility, criticism
- **Confrontational body language** – clenched fists, tense posture, glaring
- **Refusal to comply** – rejecting support, resistance to rules or boundaries
- **Impulsive actions** – acting without thinking as a way to regain control

Dorsal Vagal Shutdown (Freeze Response)

- **Body's Pause Button:** A natural response to extreme stress or trauma.
- **Energy Conservation:** The body slows down internal processes to preserve energy.
- **Managed by:** The **dorsal branch of the vagus nerve**.
- **"Freeze" State:** Similar to dimming the lights and lowering the volume—reduces movement and arousal.
- **Protective Mode:**
 - Decreases pain signals.
 - Lowers mobility and heart rate.
 - Reduces emotional and physical responsiveness.
- **Subjective Experience:**
 - Feelings of numbness, exhaustion, or disconnection.
 - Sense of detachment from self or surroundings.
- **Purpose:** Acts as a **self-protective mechanism** when escape or action feels impossible.

Mixed State During Overwhelming Stress

- Both **SNS** and **PNS** can be active simultaneously.
- The **SNS** first prepares the body for action (alertness, readiness).
- When escape or confrontation isn't possible, the **PNS** activates to **conserve energy**.
- **Resulting Shutdown Response:**
 - May cause **fatigue**, **dissociation**, or even **blackouts** in extreme situations.
 - The **shutdown** is the body's protective mechanism when stress exceeds coping capacity



Trauma Informed Care

A model that is grounded in and directed by a complete understanding of how trauma exposure affects service user's neurological, biological, psychological and social development.

It is not about eliciting or treating people's trauma but about creating a safe space that enables people to get what they need from their engagement with you.

The Principles of Trauma Informed Care

- Realise That Trauma Can Affect Individuals, Groups And Communities.
- Recognise The Signs, Symptoms And Widespread Impact Of Trauma.
- Prevent Re-traumatisation.
- To See Beyond An Individual's Presenting Behaviours.
- To Ask, 'What Does This Person Need?' Rather Than 'What Is Wrong With This Person?'.

Re-Traumatisation?

- Past medical/system trauma.
- Unable to access treatment they feel they need.
- Power imbalance.
- Disrobing.
- Treatment without consent (mental health)
- Feeling confused and not understanding the language being used.
- Medical records.

Remember....

Be patient! Healing takes time.

- You can't rush healing, no matter how long ago the trauma happened. Be considerate and mindful of this during conversations.

Don't force someone to talk about .

- Making someone talk about a terrible event is asking them to re-live the experience with all its negative emotions. Some people just aren't ready to open up yet.



Cultural
consideration

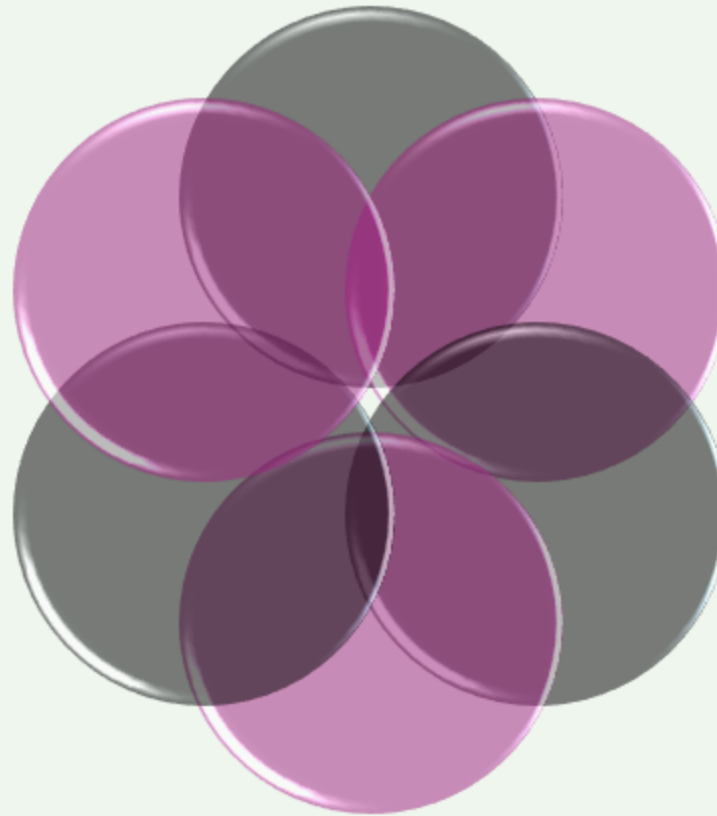
Empowerment

Safety

Trustworthiness

Choice

Collaboration



The Six Key Principles Of Trauma Informed Care

The Six Key Principles Of Trauma Informed Care

Safety: Eye Contact, Consistency, Transparency, And Following Procedure, asking the person what environment makes them feel safe and trying to create an environment that suits that individual.

Trustworthiness: Following Through with what you say you will do and Maintaining Appropriate Boundaries.

Choice: Emphasising The Individual's Choice And Control; obtaining Consent.

Collaboration: Allowing The Individual To Have input into the choices that are made for them and not to feel forced or threatened, think of it as dancing not wrestling.

Empowerment: Providing Tasks Where Individuals Can Succeed, acknowledging successes and not setting people up to fail. Affirmations can be used.

Cultural, Historical, Gender issues: Recognise how people's specific needs are influenced by their gender, their cultural background, or both. It's about giving personalised care and responding to an individual's needs.

***“When a flower doesn’t bloom, you fix the environment in which it grows, not the flower.”
– Alexander Den Heijer***

