

Trauma



Survivor Scotland Strategic Outcomes and Priorities (2015-2017) publication

Our overarching aims are to:

- Raise awareness of childhood abuse and its long term consequences.
- Improve resources and support services for survivors to enhance the health and wellbeing of survivors.
- Develop a national approach to training and skills across the workforce to enable them to respond to the needs of survivors.

Commissioned NES to develop a National Trauma Training strategy

- 'Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce'

'Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce'

NES developed a framework for use by

- workers
- managers
- organisations
- education and training providers and
- people affected by trauma, their families and supporters

Currently consultation process regarding National Trauma Training Framework.

Based on scientific evidence and research with people with lived experience

Key themes

- Building trust was the primary need
- Safety was a physical need for people affected by trauma and adversity
- Professional boundaries
- Positive communication skills valued by the survivors
- Continuity was valued
- The needs for some technical knowledge

Framework

4 levels

- Trauma informed
- Trauma skilled
- Trauma enhanced
- Trauma specialist

Framework

- Aim is for people to have the correct knowledge and skills for the level they are working at
- Trauma Informed Practice Level describes the baseline knowledge and skills required by everyone in the Scottish workforce

Framework

- **Trauma Skilled Practice Level** describes the knowledge and skills required by all workers who have direct and/or substantial contact with individuals (children and adults) who may be affected by traumatic events, whether or not trauma is known about.
- This level is likely to be relevant to staff from statutory services such as health and social care, justice staff, emergency services and third sector organisations.

Framework

- **Trauma Enhanced Practice Level details the knowledge and skills required by workers who have more regular and intense contact with individuals (children and adults) who are known to be affected by traumatic events, and who provide specific supports or interventions and/or who direct or manage services.**
- **This level likely to be relevant to services and organisations that deliver services to children and adults affected by trauma, and include third sector, mental health and substance misuse services, and prison and homelessness services.**

Framework

- **Trauma Specialist Practice Level details the knowledge and skills required by staff who, by virtue of their role and practice setting, play a specialist role in directly providing evidence-based psychological interventions or therapies to individuals affected by traumatic events and /or in offering consultation to inform the care and treatment of those affected by trauma and/or in managing trauma-specific services and/or in leading in the development of trauma-specific services and /or in coordination multi-agency service-level responses to trauma**

Trauma Informed Practice Level

Outcomes:

- The widespread occurrence and nature of trauma is realised
- The different ways in which trauma can affect people are recognised
- People affected by trauma are supported to recover and avoid unnecessary or unhelpful 're-traumatisation' and trauma related distress
- Workers are well supported when responding to trauma

- barnardos tv advert life story
- <https://www.youtube.com/watch?v=DAYLh09JxJE>

Language / terminology

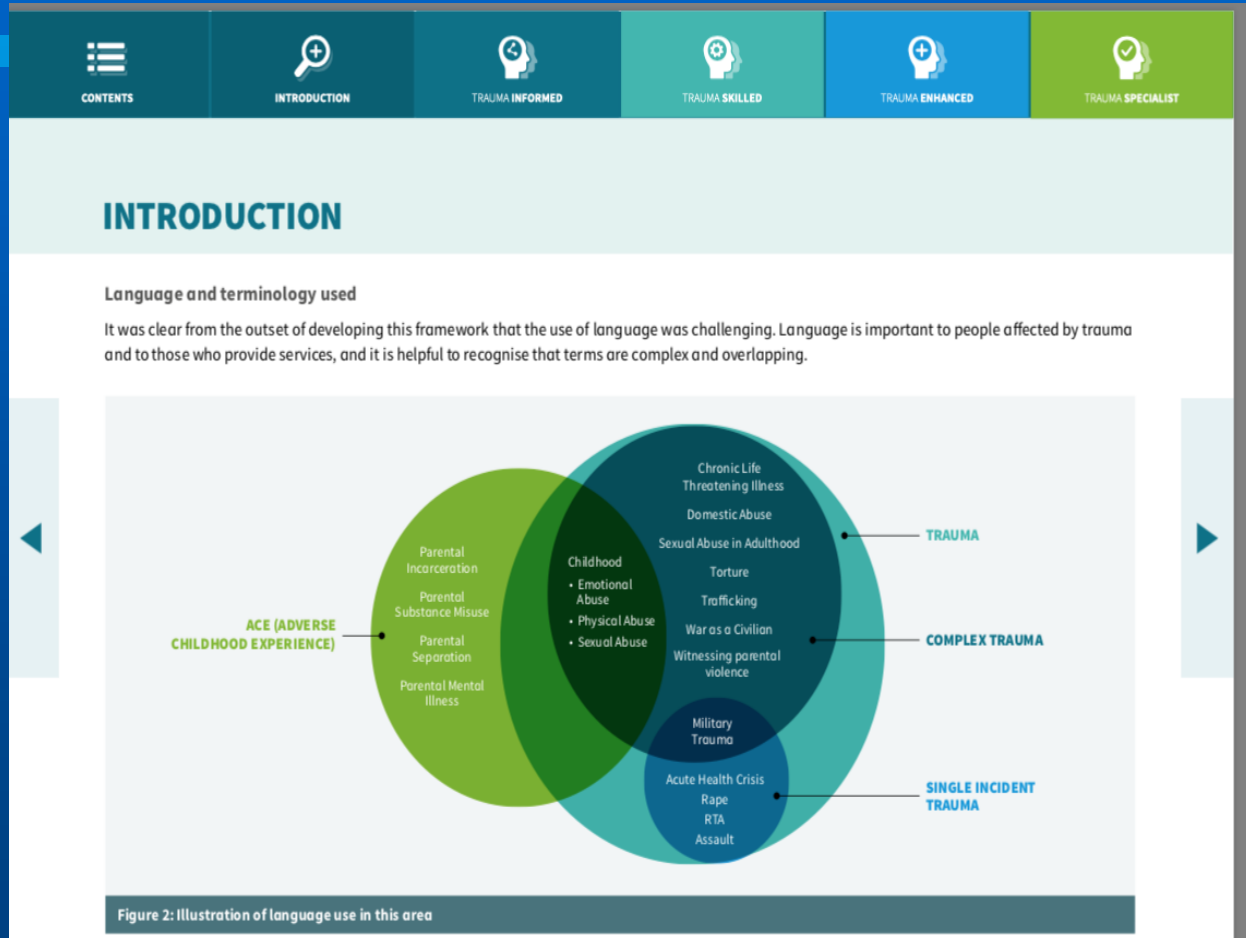
Important that we all understand the language that is being used / what we mean.

- In small groups make a list of what you think might be considered to be trauma

Overlapping circles

Overlapping circles

Overlapping circles



Trauma - This term is widely used but in this context refers to a 'stressful event or situation (either short or long lasting) of exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost everyone' (ICD-10 1994). This is usually subdivided into two types of adverse and abusive life events (Terr 1991).

Type 1 trauma	Type 2 or Complex trauma
Sudden and unexpected events which are experienced as isolated incidents such as road traffic accidents, rapes or terrorist attacks. This can happen in childhood or adulthood.	This term refers to traumatic events which are repeated, interpersonal and often (although not always) occur in childhood. This includes all forms of childhood abuse which is chronic and cumulative such as childhood sexual abuse, childhood physical abuse, witnessing domestic abuse and neglect. Domestic abuse is the most common experience of complex trauma in adulthood.

- ***Survivor*** - Someone who has lived through traumatic events.
- ***Abuse*** - Abuse can take a number of forms; emotional/verbal, physical and sexual but is always something that happens within a relationship, usually with someone who you know. Examples include childhood sexual abuse, childhood physical abuse, neglect.

Adverse Childhood Experiences (ACE)

- An increasingly used term which describes the experience of range of adversity in childhood including abuse, neglect but also parental substance misuse, parental separation or incarceration, parental mental illness and living in care.
- Adverse childhood experiences are experiences that have the potential to cause a child to experience traumatic or toxic stress.
- Stress is experienced as toxic when experiences are prolonged and intense and not buffered by supportive relationships.
- Stress is experienced as traumatic when an experience is so severe that it involves actual or threatened death, serious injury or threat to the physical integrity of the self and / or others.

Opening doors video

- Physical abuse
- someone with mental health problems
- Parents separated or divorced
- Emotional abuse
- Witnessed domestic abuse
- Live with
- Sexual abuse
- Neglect
- Lived with substance misuser
- Emotional neglect
- Household member in prison

Opening doors video

- <https://vimeo.com/274703693>

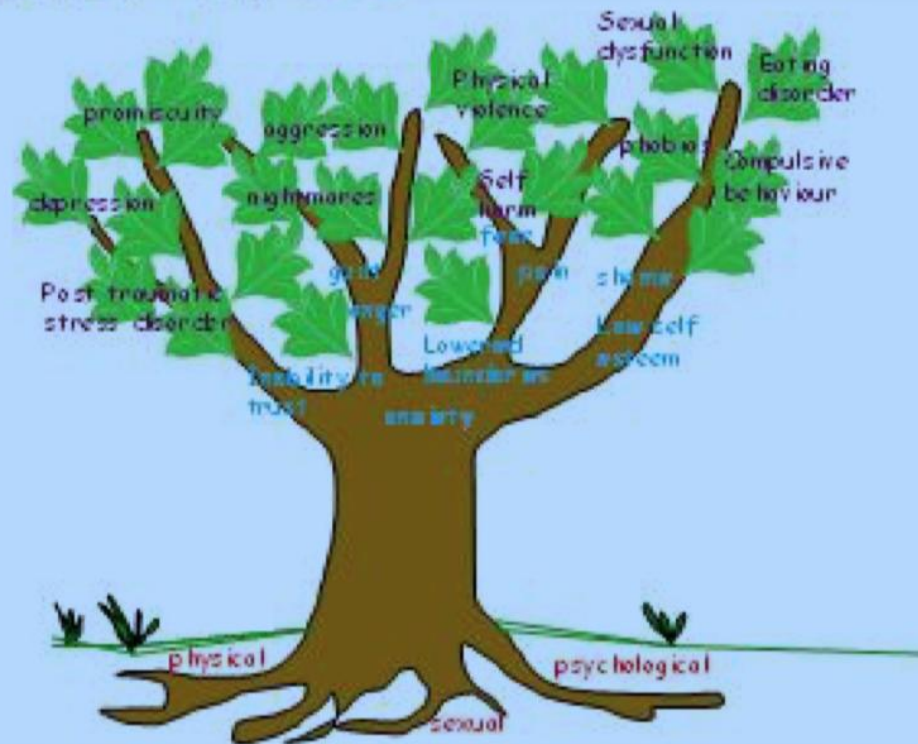
How common is this?

- is more common than often previously recognised.
- 20% of girls and up to 10% of boys experience sexual abuse in their childhood.
- In some specialist services, prevalence rates are often much higher, for instance 75% of women and men in substance misuse services report abuse and trauma in their lives (WHO 2014).

How does trauma lead to long-term difficulties?

- There are a number of ways in which the experience of trauma can affect individuals in ways that may explain these poorer outcomes for some. These include the direct impact of the trauma(s), the impact of trauma(s) on a person's coping responses, and the impact of the trauma on a person's relationships with others and influence this has on help seeking and engaging with services.

Respond Tree



What factors might be protective?

- **Protective factors** are conditions or attributes of individuals, families, communities, or **the** larger society that mitigate risk and promote healthy development and well-being. Put simply, they are **the** strengths that help to buffer and support families at risk.

What factors might be protective?

How many of these are present for people with LD?

- PBS Exercise

Effects

- at higher risk of a range of health, mental health and social difficulties (e.g. [WHO 2014](#), [ScotPHN 2016](#)).
- this does not mean any particular individual survivors will develop these difficulties but that they are at a higher risk
- the more trauma and complex trauma that is experienced by individuals, the higher the risk becomes.
- It is now well recognised that there is a common pattern of mental health difficulties which has been called Complex Post Traumatic Stress Disorder.
- Following many years of research this is to be included in the International Classification of Diseases (ISD-11) which is due to be published in 2017.

Effects

A recent survey in Wales (2015 Public Health Wales NHS trust), replicated the international research and found that those with 4 or more experiences of adversity and abuse in childhood were

- 4x more likely to be a high risk drinker
- 6x more likely to have had or caused an unintended teenage pregnancy
- 6x more likely to smoke
- 14x more likely to be a victim of violence
- 15x more likely to be a perpetrator of violence
- 16x more likely to have used heroin
- 20x more likely to be incarcerated

Effects

- The development of these high risk health behaviours is easier to understand when viewed through the lens of being a survivor. For individuals affected this is likely to be complex and unique but overall we can start to think about these risky behaviours being a result of the impact of trauma or an attempt to cope with this impact.

Long-term effects

Survivors experience two significant areas of difficulty in relation to their health

1. Increased risk of health and social difficulties because of the direct and indirect consequences of their experience
2. Difficulties accessing services or maintaining access with services

Long-term effects

- Direct impacts might include; difficulties in developing safe and trusting relationships, post traumatic stress difficulties, disruptions to education, lack of capacity to develop skills in managing distress and emotional reactions (due to being subjected to 'insurmountable challenges' which overwhelm survivors coping strategies, particularly for those effected in childhood). Indirect impacts can include; unsafe coping strategies developed to managed their distress, this can include reliance on alcohol or drugs, self harm and an impact on their eating patterns and all of these can have long term health and mental health harming consequences.
- Poorer relationships with others is crucial as we know that safe and supportive relationships are a key predictor of resilience in the face of difficulties that is turning insurmountable challenges into manageable ones (Couper and Mackie 2016).

Long-term effects

- difficulties with trusting staff
- difficulties with procedures that involve touch
- not feeling understood by services and frequent disengagement for instance difficulties attending appointments.

What about people with a LD?

Prevalence rates of abuse in Learning Disability Population
Devon Partnership NHS Trust

- Rates of abuse of all types vary significantly between studies.
- (Jones et al 2012) 21% of children with disabilities victims of physical or sexual violence
- In another study, between 61% and 83% of adult women and between 25% and 32% of men with an intellectual disability report having been victims of sexual abuse (McCarthy & Thompson, 1997).

What about people with a LD?

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What about people with a LD?

- | Mencap's 'Living in Fear' report (2000) found that:
- | 88% of people with a learning disability surveyed had experienced bullying or harassment in the past year
- | Of these, 66% of people were victims regularly and 32% were being bullied on a daily or weekly basis
- | 73% of people had experienced bullying or harassment in a public place
- | 47% of the people surveyed had suffered verbal abuse, and 23% had been physically assaulted.

What about people with a LD?

Discussion Themes - Devon Partnership NHS Trust

- Acknowledgment of wide ranging impact of trauma on all areas of health care (physical and mental health)
- Training package is available to all teams and staff in LD services now.
- Well established person centred approaches couple with systemic ways of working
- Routine enquiry could be improved
- Physical environments where services are located and where individuals live are not designed to reduce re-traumatization. One exception is the creative therapies service
- Limited range of trauma specific interventions accessible for PWLD

Exercise

- What sort of ways might people behave when they have experienced traumatic events?

- **Is this different for people with LD?**
- **What extra complications might there be?**

How can we help?

- As services?
- As individuals?

Avoiding re-traumatising

- **Retraumatization** is a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event.
- It can be triggered by a situation, an attitude or expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma.

- Think about some of the experiences people you support might have had?
- What traumas might they have experienced?

- What situations might be extra difficult for them as a result?
- What can you do about this?

- Individual's experience of abuse
- Respond Tree
- Individual's Tree
- Understanding 'triggers'
- Individual's 'triggers'
- Helpful responses – generally
- Helpful responses for the person
- Positive things about the person

Therapeutic approaches

- Talking therapies - trauma
- Compassion based approaches
- Safety and stabilisation / PE
- Phoebe Caldwell Hidden trauma in learning disability and ASD
- <https://www.youtube.com/watch?v=WmQ6l0mqmFA>