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Creating safer places. Together.

Supporting Victim-Survivors

Handbook

Introduction

This handbook complements the webinar, containing case scenarios, discussion questions, and polls used throughout.

The course is grounded in trauma-aware practice and applies across all four UK nations. Where policies or resources differ by nation, this is clearly noted.
This handbook is a reference tool—not meant to be printed or read cover-to-cover. Use the contents page to find what's relevant to you, and revisit sections as needed.

Supporting those affected by abuse and trauma is key to effective safeguarding. It requires understanding and intentional action due to trauma's complexity. This course aims to deepen your awareness and help you apply trauma-informed principles in your support work. It is not a substitute for trauma counselling or therapy training.

We recognise that some participants may have personal experiences of trauma. If this applies to you, please prioritise your wellbeing while engaging with the materials. Seek support from your community, professionals, or the organisations listed in this handbook. Feel free to contact our team with any questions.

We look forward to supporting you as you support others.

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Suggested Pre-Course Preparation

This course involves reflecting on the effects of abuse and trauma and the long-term impact that these experiences can have on a child or adult. The primary aim is to equip you to support others who have had these experiences safely and well. Whenever we engage in these subjects, either in the context of supporting others or in training courses like this one, there is a chance that it will bring to mind painful experiences from our own lives. It may even be the first time we have thought of our experiences in terms of being adverse, traumatic or abusive. This can be a vulnerable position to find ourselves in. For this reason, you may find it helpful to undertake a couple of activities ahead of the session so you can reflect on this at a time and place that feels safe for you and come to the webinar knowing what to expect. However, there is no obligation to complete either exercise.

Activity One: ACEs Questionnaire

The first activity is a questionnaire about Adverse Childhood Experiences (ACEs). This may be a familiar term or a new concept for you. In brief, it refers to difficult experiences that a person has before they are 18 years old. We will discuss ACEs in the webinar and there is a further section on the topic later in this handbook.

The questionnaire[1] asks you to consider whether you experienced any of the given circumstances during your childhood (up to the age of 18). The number of questions that you answer 'yes' to is your 'ACE score'. Difficult experiences in childhood are very common. It is likely that in any group attending this webinar, at least half of the participants will have an ACE score of at least one and others will have a higher number.
You won't be asked to share your ACE score during the webinar, though obviously you can if you wish. The reason we recommend completing the questionnaire ahead of the session is so that you have chance to consider your own experiences before engaging with the subject in training or in your support of other people.

[1] The questionnaire is based on the original ACE test, developed as part of a 1995 study by The Centers for Disease Control (CDC) and the Kaiser Permanente health organisation, which had 10 questions. Our questionnaire, like many recent versions, includes additional questions to acknowledge the experiences associated with particular environments,

Questionnaire

At any time in your childhood (before you were 18 years old):

1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?

2. Did you lose a parent through divorce, death or any other reason?

3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?

4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?

5. Did your parents or adults in your home ever physically harm, or threaten to harm, each other?

6. Did you live with anyone who went to prison?

7. Did a parent or adult in your home intimidate or humiliate you?

8. Did a parent or adult in your home ever physically hurt you?

9. Did you feel that nobody in your family loved you or thought you were special?

10. Did you experience unwanted sexual contact?

11. Were you harassed or mistreated by anyone due to your identity (such as your race, ethnicity, sexual orientation, gender identity, or religious beliefs)?

12. Did you witness violence between individuals in your neighbourhood, school, or community?

13. Was a family member or loved one deported, or were you worried about that happening?

Questionnaire (continued)

14. Did anyone at school repeatedly harm you or bully you?

15. Did you experience an extreme illness or injury that negatively impacted you?

16. Did anyone in your house live with a serious or life threatening long-term physical illness or condition?

17. Did you personally witness violence related to war or political conflict?

18. Did you experience a global pandemic (before the age of 18)?

19. Did you ever see someone get killed or see a dead body (not including at a funeral)?

20. Did you experience a natural disaster (like a hurricane, flood, fire, or major earthquake) in which you thought you or someone you loved was in danger of being injured or killed?

21. Did you experience homelessness?

22. Did any event happen that you consider to be traumatic that hasn't been asked about yet?

ACE Score (number of questions answered 'yes') =

Activity Two: Trauma Informed Practice Video

This video has been created by NHS Scotland and is designed as an awareness tool for staff in health and social care settings. However, it explains the principles of trauma and the impact it can have in a clear and helpful way. The video is 8 minutes long and shows animated characters voiced by actors. They represent people who experienced childhood sexual abuse, physical abuse and domestic abuse. It shows the impact that this abuse has on them in interactions with other people. Please be mindful of your own wellbeing when watching this video and seek support if you need it.

Trauma video

Questions and Exercises in the webinar

Throughout the webinar there will be opportunities to have discussions, share knowledge and participate in activities to apply our learning in context. These are included here for reference only. There is no need to work through anything in advance.

Part 1: Who are we supporting?

Discussion: What might supporting victim-survivors involve in your context?

Pause and consider: Are you aware of any social identities or life experiences that mean someone is more likely than their peers to have experienced harm and abuse?

Pause and consider: How would you define T/trauma?

Poll: What level of trauma support is being described by each of the following definitions? (Choose from: trauma aware / trauma informed / trauma specific)

a) Trauma-focused services and therapies that exist to help an individual process their own trauma and work towards recovery.
b) Recognising that trauma is prevalent and can affect people in different ways. This enables us to have a compassionate and understanding approach.
c) Professionals in a variety of contexts are trained about the complex effects of trauma, to identify trauma triggers and respond appropriately.

Discussion: What helps keep you safe and well while you are supporting someone?

Questions and Exercises in the webinar

Part 2: Supporting well

Part 2 is framed around 5 principles of trauma-awareness based on research into Trauma-Informed Practice: Safety, Trust, Choice, Collaboration and Empowerment.

Principle: Safety

Pause and consider: What does ‘safe’ mean for you?

Case Scenario 1 – Zahra (Part 1):
Zahra has come to your drop-in youth club for the first time this evening. She’s been invited by one of your regular young people, Mina. Zahra’s 13 years old and newly arrived in the UK. She seems quiet but generally content, mainly talking to Mina in Pashto but also with a couple of the other girls in English, using their phones to translate sometimes. She’s kept her coat and bag on, rather than putting them in the corner where many of the other young people leave their things. Every so often you notice her looking round the room but whenever you catch her eye she smiles and re-joins her conversation.

1. Are there any indications that Zahra feels unsafe?
2. What might help increase her sense of safety?

Case Scenario 1 – Zahra (Part 2):
Halfway through the session, the fire alarm sounds for its routine test. Most of the young people just ignore it but a couple mock-scream then run around laughing. Once the noise has stopped and you’ve settled the other young people back into their activities, you notice Mina crouching down by a table in the corner. Zahra is under the table with her knees drawn up to her chest and her hands over her ears.

1. What might have caused Zahra’s reaction?
2. What would you do next?

IF YOU DO NOTHING ELSE: Find out what each person needs to feel safe during support.

Principle: Trust

Discussion: How are the following statements problematic?

- "Call me anytime."
- "I'm here for whatever you need."
- "I'll be in touch again soon."

Case Scenario 2a – Shona:
Shona is 8 years old. She's been in a long-term foster placement with the same family since being removed from her birth family when she was 2. She has been having supervised contact with her birth mother throughout the last six years, but these meetings have become more inconsistent recently. She is due to move up to the next age group of your kid's club in a few weeks' time.

1. What challenges might this pose for Shona?
2. What support could you offer?

Case Scenario 2b – Obi:
Obi is 35 years old. He has recently returned to live in your area and the church he attended as a child. After he had been at church for a couple of weeks, he spoke to the safeguarding lead and disclosed that twenty years ago he was emotionally and physically abused by one of the leaders who used to be involved in children's work. This person is no longer working directly with children but is now one of your trustees. The safeguarding lead supported Obi to report to the police and the investigation is ongoing. The trustee has been stepped down and the safeguarding process is being followed. The church has appointed you as a support person for Obi.

1. What barriers to trust might Obi have?
2. How can you support Obi with the principles of safety and trust in mind?

IF YOU DO NOTHING ELSE: Set clear and realistic expectations and honour them.

Principle: Choice

Pause and consider: What meaningful choices can we offer the people we are supporting in our contexts? What impact might this have?

IF YOU DO NOTHING ELSE: Enable someone to exercise meaningful choice.

Principle: Collaboration

Case Scenario 3 – Elis:
Elis is 22 and has joined your latest cohort for your young leaders' training programme. When he came for interview, he was enthusiastic and made a really good impression. Last night was the first session with this new group. Elis sat at the back and appeared to be looking at his phone through most of the introduction. When the first group task began, he started to vape. You went over and asked him to wait until breaktime, but he carried on. When one of the other people in the group challenged him, he stood up and shouted, "Who do you think you're talking to?!", pushed the table and walked out.

1. What do you notice about Elis' behaviour?
2. What might collaboration look like in this situation?

Discussion: What are the key elements of active listening?

IF YOU DO NOTHING ELSE: Listen and collaborate, don't assume we know best.

Principle: Empowerment

Case Scenario 4 – Joyce:
Joyce is 64 years old. She has been coming to your community group for a couple of months. Yesterday, she stayed after everyone else had left and said she's been wanting to tell you something for a while now. She tells you that when she was a child her stepfather sexually abused her for 5 years. He died recently and it's brought a lot of memories back and she's having trouble sleeping. Sometimes she loses track of time and will burst into tears without warning. She doesn't know what to do.

1. What might a disempowering response to Joyce involve?
2. What might an empowering response involve?

Reflection for after the course: *"Survivors' justice demands that when a person has been harmed, the first duty of the moral community is to support and care for them. When the community embraces the survivor, justice is served."[1]*
What would it mean for your community to 'embrace' victim-survivors? How would this serve justice?

[1]Judith L. Herman, Truth and Repair – How Trauma Survivors Envision Justice p 131

IF YOU DO NOTHING ELSE: Offer support that gives control, voice and agency to victim-survivors

Adverse Childhood Experiences and Adverse Community Environments:

Adverse Childhood Experiences (ACEs) are stressful experiences that occur during childhood. They include experiences that directly harm a child (for example, abuse and neglect) and those that affect the environment in which they live (for example, parental substance misuse). Around half of all adults in the UK have experienced at least 1 ACE and between 9 – 15% have experienced 4 or more.[1]

The term 'Adverse Childhood Experiences' was first used in a study conducted in the US in the mid 1990s. This original study identified ACEs as: • physical abuse • sexual abuse • psychological abuse • physical neglect • intimate partner violence (IPV) • emotional neglect • parental mental illness • parental substance abuse • losing a parent (through separation or death).

This list has since been expanded to recognise include deeply impactful but less universal experiences such as experiencing war or natural disaster (see the ACEs Questionnaire in the Pre-Course Preparation section of this handbook).

This study, and other international research since, shows that ACEs can have negative impacts in five areas across the course of someone's life:

- **Physical health:** ACEs have been linked to certain health problems in adulthood such as heart disease and diabetes.
- **Emotional and Mental health:** ACEs increase the risk of someone developing anxiety, depression and post-traumatic stress, for example.
- **Social outcomes:** Adverse experiences can affect a child's ability to engage in education and therefore can affect qualifications and future earnings. ACEs have also been linked to health-harming behaviours such as drug and alcohol dependence.
- **Executive functions:** The skills we use to plan, focus and manage our daily lives aren't automatic, they are developed as we grow. Adverse experiences in childhood can disrupt the development of these functions.

[1] A 2014 UK wide study by Bellis et al indicated that 47% of adults had experienced at least one ACE, with 9% experiencing four or more. A survey of adults in Scotland in 2020 indicated that 71% had experienced at least one, 15% had experienced four or more, the ACE Hub Wales states that 50% of adults in Wales experienced at least one, 14% had 4+

Adverse Childhood Experiences and Adverse Community Environments:

- **Relationships:** ACEs can affect the way a person interacts with others and builds relationships.

But how can this happen? Experiencing extreme (acute) or long-term (chronic) stress in childhood can change how your body and brain develop. The fight or flight hormones that are usually released as a temporary survival response are in continual use. This would have an impact at any age but when this is experienced in childhood, the release of those hormones has a toxic effect on the formation and development of a growing brain and body.

The impact of ACEs often increases when more are experienced. For example, research shows that someone who has experienced four or more ACEs is twice as likely to have a chronic disease, three times more likely to develop coronary heart disease, four times more likely to develop type 2 diabetes and twenty times more likely to go to prison than peers without these experiences.[1]

[1]Statistics taken from What are ACEs? (safeguardingni.org)

Adverse Community Environments (ACoEs)

More recent research has recognised that the impact of ACEs can be exacerbated by other adversities in the child's environment. These adversities are sometimes called 'Adverse Community Environments' (ACoEs). Examples of ACoEs include: Poverty, racism, discrimination of any kind, community disruption and violence, poor quality housing, lack of affordable housing and lack of opportunity for social mobility. Anyone from any background can experience and be affected by adversity in childhood. However, Adverse Community Environments are an additional source of stress and can also make it harder for someone to access resources to help reduce the impact of ACEs.

Adverse Childhood Experiences and Adverse Community Environments:

Resilience and Reducing Impact

It is important for anyone who supports victim-survivors to have an awareness of ACEs and ACoEs. If we are aware, we can respond with empathy and seek support when we recognise the impact in ourselves or someone else. We can also pass on our concerns to safeguard a child, so they don't remain in a situation of adversity and toxic stress without support. However, experiencing ACEs and ACoEs are just one part of a person's experience, they are not the whole story. People are affected in different ways and to different degrees. Research also shows that the impact of ACEs can be significantly reduced through a variety of positive factors, often termed 'resilience resources'. Resilience resources include:

- Good social support in the community
- Supportive family and a healthy, nurturing home environment
- A trusted, supportive relationship with an adult (whether that be a parent, caregiver or other caring adult or peer)
- Individual self-esteem, ability to recognise own emotions, healthy coping strategies, education and life skills.'[1]

As the ACE Hub Wales states: "ACEs do not define anyone; it is never too late to break the cycle of adversity."

[1] From A practical handbook on Adverse Childhood Experiences (ACEs) Delivering prevention, building resilience and developing trauma-informed systems. A resource for professionals and organisations by World Health Organisation, Public Health Wales and Liverpool John Moores University PHW-WHO-ACEs-Handbook-Eng-18_09_23.pdf (phwwhocc.co.uk)

Related Resources: Adverse Childhood Experiences and Adverse Community Environments

ACE Hub Wales: The ACE Hub Wales seeks to create an ACE Aware Wales and make Wales a leader in tackling, preventing and mitigating ACEs. It has a wide range of information and resources.

Scottish Government ACEs Policy Information: Information on ACEs and Trauma and how the Scottish Government are working to reduce the impact of ACEs.

Safeguarding Board for Northern Ireland ACEs Information: Clear information and helpful resources, including leaflets, infographics and short video.

Free online ACES Training: funded by the Home Office Early Intervention Youth Fund.

How childhood trauma affects child brain development | ChildHub - Child Protection Hub: Video and guide about brain development in children. Helpful and clear, drawing on research from Harvard University and other partners.

T/trauma

This course is based on the principles of T/trauma awareness. In this section we will explore what we mean by T/trauma and how it can affect a person. The UK Trauma Council describes Trauma in this way:

“Trauma refers to the way that some distressing events are so extreme or intense that they overwhelm a person’s ability to cope, resulting in lasting negative impact.”[1]

The charity ‘Mind’ further explains that:
“What's traumatic is personal. Other people can't know how you feel about your own experiences or if they're traumatic for you. You might have similar experiences to someone else, but be affected differently or for longer.”[2]

‘Trauma’ or ‘trauma’
You may have noticed the different ways we write this word. ‘Trauma’ (with a capital ‘T’) generally refers to something that threatens a person’s life or bodily integrity. Small ‘t’ traumas are events that exceed our capacity to cope and cause emotional distress. It could be a single event or a long-term situation.

[1] https://uktraumacouncil.org/trauma/trauma
[2]https://www.mind.org.uk/information-support/types-of-mental-health-problems/trauma/about-trauma/

T/trauma (continued)

A person's physical safety may not be under threat, but 'the individual [is] left feeling notable helplessness.' Both experiences can have a long-term impact on a person. In the subsequent sections we just write 'trauma', but we are referring to both kinds.

How and why does trauma affect a person?
Experiencing physical, emotional, sexual abuse and neglect are examples of traumatic events. This is why an awareness of trauma is essential for any of us supporting victim-survivors.

As the earlier quote from Mind indicates, traumatic events affect people in different ways and on different timescales. When we feel stressed or threatened, our bodies release hormones to prepare us to respond to danger. These are automatic responses that we have no control over. These automatic responses are sometimes described as:

- 'Freeze – feeling paralysed or unable to move
- Flop – doing what you're told without being able to protest
- Fight – fighting, struggling or protesting
- Flight – hiding or moving away
- Fawn – trying to please someone who harms you'[1]

If we experience trauma, automatic reactions can continue long after the event itself is over. For example, if we're in a situation that reminds us of the trauma (even when no physical danger is present) we might respond in a way that we can't control.

Trauma responses can be emotional, physical and behavioural. For example:

- **Emotional effects and responses** can include anger, numbness, fear, confusion, shame and hypervigilance (being very alert or aware of surroundings in case of danger).

[1]Effects of trauma - Mind

T/trauma (continued)

- **Physical effects and responses** can include headaches, bodily aches and pains, tiredness, sweating, appetite changes, memory difficulties, shaking and visual disturbances.

- **Behavioural effects and responses** can include: withdrawal from relationships and social situations, aggression, alcohol or substance misuse, self-harm and self-neglect.

There are also some specific trauma-related experiences that a person might have. For example:

- Flashbacks (vividly reliving aspects of a traumatic event),
- Panic attacks,
- Dissociation (coping mechanism for overwhelming stress – feeling numb or detached from reality, your body or surroundings),
- Sleep difficulties and nightmares,
- Suicidal feelings,
- Triggers (sensory cues / stimuli that take a person back to a time of pain and can therefore bring back memories, feelings or induce automatic trauma responses)

Types of trauma

Some experiences or events that lead to trauma are sometimes grouped together and given a name. Here are some examples of types of trauma you may have heard about:

Childhood trauma:
Traumatic events that occur in childhood can affect a person into adulthood (as explored in the section on ACEs). It is also possible that the effects of childhood trauma may not actually become apparent until many years after the event itself.

Collective trauma:
Collective trauma is when a traumatic event happens to a large number of people at the same time, for example conflict, natural disaster or pandemic. This doesn't mean that everyone who experienced the event has a trauma response to it, all trauma is individual, but there may be noticeable affects on a society as a whole.

Generational or Intergenerational trauma:
Generational or intergenerational trauma refers to trauma that's experienced across generations of a family, culture or group. There has been research to show that trauma that happened in the past can affect the health and wellbeing of current generations, for example children and grandchildren of Holocaust survivors or those who experienced slavery, colonialism and other forms of oppression. The reason for this impact could be because trauma affects our genes as well as the effects on the environment in which we grew up.

Types of trauma (continued)

Racial trauma:
Racial trauma can be used to describe the impact racism can have on a person's mind and body. Some people use it to mean all the effects that encountering racism can have on how we think, feel and behave. Others use it to describe a specific set of symptoms (such as feeling depressed or angry, hypervigilance, avoidance and self-blame) outlined in Robert T. Carter's 2007 Race-Based Traumatic Stress Injury Model.

Secondary or Vicarious trauma:
The British Medical Association defines vicarious trauma as: "a process of change resulting from empathetic engagement with trauma survivors." It identifies signs such as "experiencing lingering feelings of anger, rage and sadness; experiencing bystander guilt, shame or feelings of self-doubt; loss of hope, pessimism or cynicism; distancing, numbing or detachment or [conversely] becoming overly emotionally involved and having difficulty maintaining boundaries."

If you recognise these signs in yourself as you support Victim-Survivors, pay attention to them. Take care of yourself emotionally, take part in activities you find restful and restorative, take regular breaks and seek social support from community and family members. There is a more in-depth resource here that enables you to score certain statements to identify if you are experiencing secondary trauma.

Re-traumatisation

Being retraumatised means being mentally taken back to a place of pain and trauma and experiencing its effects again. It is not always possible to predict what will retraumatise ourselves or somebody else. However, there are certain things that are likely to retraumatise someone and we can avoid these during our support:

- **Asking somebody to re-tell their account of a traumatic event, particularly in detail or repeatedly.** "To this day it's the worst thing I ever had to do…Having to put myself back in that situation – having to think about what happened – having to force myself back into the worst moment – back where I never want to go."[Letters from the experts]

- **Asking someone to return to a place where a traumatic event happened.** Seeing, smelling, hearing the same things that they encountered during the traumatic event can retraumatise someone. If someone experienced a traumatic event in your building, they should not be required to return there to make a report, receive support or counselling etc.

- **Exposing someone to known triggers.** A traumatic event can hold associations with particular sensory cues, called 'triggers' – smells, words, songs, sounds, materials, colours – these cues are unique to each individual. We can ask if someone is aware of any triggers so we can avoid them in our support interactions.

- **Indicating that we don't believe their account of what happened.** Not being believed can retraumatise someone. When we are supporting, it is not our role to make judgements about what somebody tells us but to listen, accept and take any necessary safeguarding steps.

Related Resources: Re-traumatisation

Mind: Clear and helpful information about trauma including a wide range of signposting for support.

UK Trauma Council: Research and resources focused on supporting those working with children and young people who have experienced trauma. Lots of information and resources about supporting refugees and asylum seekers and others who have experienced conflict.

Young Minds: Information and Resources about trauma and adversity and how they can affect young people.

Post Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) is the diagnosis associated with experiencing acute effects of trauma for longer than a month after a traumatic event. The condition was first recognised in those who had experienced war, but a wide range of traumatic experiences can cause PTSD. Delayed-onset PTSD describes a situation where trauma symptoms emerge more than six months after the experience itself.

PTSD can be described as mild, moderate or severe. This explains what sort of impact a person's symptoms are having on their life, rather than a categorisation of the traumatic event itself. Common symptoms of PTSD include nightmares, flashbacks, intrusive thoughts and physical sensations like nausea or pain.

As well as the physical symptoms, PTSD can affect a person's emotions and behaviour. For example, they might become easily upset or angry, find it hard to concentrate or have difficulty sleeping. A person experiencing PTSD might feel like they can't trust anyone, feel like nowhere is safe or have difficulty coping with change. They might do things to avoid difficult feelings or memories, like using alcohol or drugs or continually keeping busy.

Complex PTSD

Complex PTSD involves a person experiencing some of the characteristic symptoms of PTSD and additional acute and long-term impacts such as avoiding friendships and relationships, feeling as if you are completely different from other people.

A person is more likely to develop complex PTSD if: trauma happened at an early age; it lasted a long time; escape seemed impossible; they experienced multiple traumas; the harm came from someone close to them.

Resources:

Mind: Information and support around PTSD and Complex PTSD

NHS: Information about PTSD including when and how to seek medical advice.

PTSD UK: PTSD Charity regulated by OSCR – information, resources and signposting for support.

Trauma informed practice

As understanding of the effects and prevalence of trauma has grown over recent years, national and organisational policies have sought to respond. You may have heard the term ‘Trauma Informed Practice’ in the context of health and social care or justice systems, for example.

Different organisations and individuals have varying levels of responsibility and expertise when it comes to trauma.
For example, this course is designed to support you to become more trauma aware. When we are trauma aware, we recognise that trauma affects many people and in a variety of different ways. Trauma awareness helps remove the stigma surrounding trauma and enables us to have a compassionate and understanding approach to anyone we encounter.

Other levels of trauma support require professional training. For example, some organisations are **trauma specific** or **trauma specialist**. This refers to services and therapies that have a focus on trauma and exist to help an individual process their own trauma and work towards recovery.

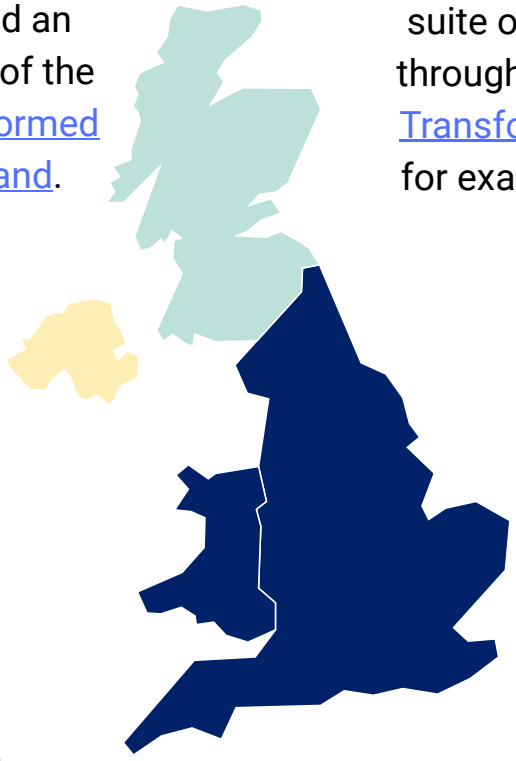
Trauma informed practice (continued)

Trauma Informed Practice is not designed to specifically treat trauma-related difficulties, but to remove the barriers that those who have experienced trauma can encounter when accessing health, support and other services. It takes the understanding of trauma (and a practitioner's training) to a higher level than trauma awareness. Professionals are trained to identify trauma triggers and respond appropriately, and systems and processes are examined and adapted to be more accessible for those who have experienced trauma.

All four nations of the UK are looking to build Trauma Informed Practice into people-centred services.

In 2018, the Safeguarding Board of **Northern Ireland** (SBNI) commissioned a rapid evidence assessment (REA) to 'facilitate and support the adoption of Trauma informed practice across health, social care, justice, education, and community and voluntary systems in NI'. In 2024, SBNI published an evidence report of the impact of the Implementation of Trauma Informed Approaches in Northern Ireland.

Wales has the Trauma-Informed Wales Framework, which 'aims to set out an all-society Framework to support a coherent, consistent approach to developing and implementing trauma-informed practice across Wales, providing the best possible support to those who need it most.'



In 2023, **Scotland** published its Roadmap for Creating Trauma Informed and Responsive Change, building on previous national guidance around Trauma Informed Practice. It is part of a larger suite of resources available through the National Trauma Transformation Programme, for example this informative paper:

In **England** in 2022, gov.uk published a working definition of Trauma Informed Practice and Trauma Informed Practice is part of policy and training in many NHS Trusts and other public services.

Appendix 1: Considerations for Care Experienced Children

The term ‘care-experienced’ refers to anyone who has been or is currently in care or from a looked-after background at any stage in their life, no matter how short. You may be more familiar with the term ‘Looked after children’. This is an official government term, sometimes abbreviated to the acronym LAC by professionals. However, research from the Scottish Independent Care Review (The Promise) and other sources show that use of the acronym and other ‘system’ words made children feel different or stigmatised. ‘Care experienced’ can be a preferred term as it speaks of an individual’s experience rather than labelling a person in terms of someone else’s role.[1]

People who are ‘care-experienced’ include: adopted children, children who have been fostered, children who grow up in kinship care (living all or most of the time with a relative or close family friend), children who grow up with a special guardian, children in residential care, children in need and care-leavers. Also, any adults who experienced these forms of care in their childhood.

It is very likely that you have care-experienced people within your community, and maybe care is part of your life and that of your family. This recognition is relevant to our course because, although everyone’s life and experience of care is unique, it will involve elements of trauma.
As Adoption UK explains:
“Making the move to a new home and a new family is a life-changing and traumatic experience for a child, however well managed.”[2]

Considerations for Care Experienced Children (continued)

The National Institute for Health and Care Excellence (NICE) further states: “All looked-after children and young people will have experienced trauma in some way.”[1]

This awareness doesn’t mean we should assume that anyone who has experienced care wants or needs our support. Rather, it enables us to recognise that experience of care is complex, that it can make some aspects of life challenging for some people, and this encourages us to intentionally create safe and trustworthy connections.

There is a common misconception that harm experienced before a child has conscious memories does not have an impact on them. However, research into Adverse Childhood Experiences (the way adverse experiences physically affect the developing brain and body- see earlier section) shows that this is not the case. The list of ACEs includes things that are part of the lives of many care-experienced children, either as the reason they came into care in the first place or integral to the experience itself. For example, being separated from a parent is an ACE. 65% of children come into care because of abuse and neglect, which are also ACEs.

Another thing to consider is **attachment**. Attachment theory describes how babies and very young children learn about relationships through their early experiences of their care-givers. “The first two years of a child’s life are the most critical for forming attachments (Prior and Glaser, 2006). During this period, children develop an ‘internal working model’ that shapes the way they view relationships and operate socially. This can affect their sense of trust in others, self-worth and their confidence interacting with others (Bowlby, 1997).” Care-experienced children may not have had the opportunity to develop these secure attachments. It is helpful for us to recognise this if we are aware that this is part of the life of someone we are supporting.

Considerations for Care Experienced Children (continued)

There has been a recent focus in UK national policies and legislation on recognising challenges faced by care-experienced children and young people, aiming to remove unnecessary barriers and enabling them to thrive. Notably, The Promise in Scotland, which came out of the Independent Care Review, states: "You **will** grow up loved, safe and respected. And by 2030, that promise **must be kept**."

Support and Signposting

Adoption UK Charity Information and support for adopted people, adopters and professionals.

Young people leaving care | Barnardo's (barnardos.org.uk) Information and support for young people leaving care.

Homepage - Kinship - The kinship care charity Information about kinship care and support for kinship carers.

Leaving care - rights4children Information about your rights and available support for young people leaving care.

What we do | Young Futures CIC | Supporting young people leaving care Support for young people leaving care.

Further information:

Care experienced children and young people's mental health | Iriss

Looked after children | NSPCC Learning

Looked-after children and young people (nice.org.uk)

Looked after children | Department of Health (health-ni.gov.uk)

Find out more about what we're doing to help... | Social Care Wales

Appendix 2: Redress scheme

Redress acknowledges that there is a cost to abuse and that this is usually paid wholly by the victim-survivor. Redress schemes seek to take responsibility and meet some of the financial burdens that a victim-survivor may carry on their journey because of their experience.

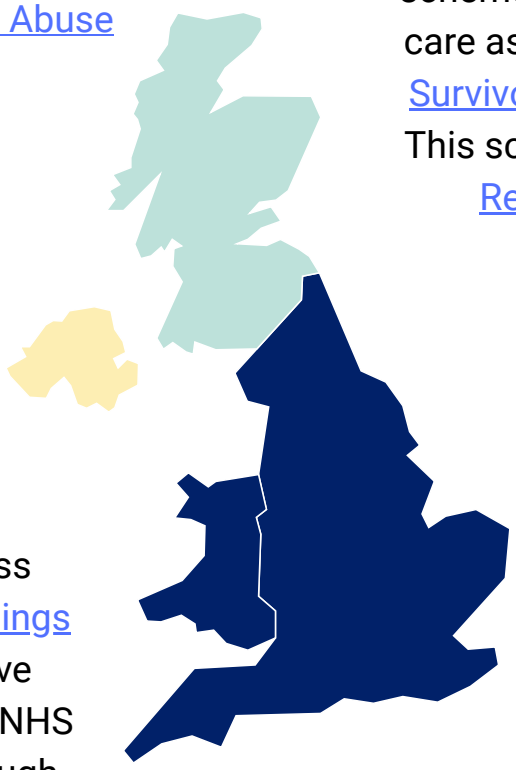
No amount of money can undo the harm caused by abuse. As writer Ashley M Jones expresses: “What, you think all I want is money? What, you think money can ever repay what you stole?” However, financial redress may mean that a victim-survivor can access counselling or other therapeutic support, supplement income, access training or overcome other barriers that the abuse or trauma caused.

Redress schemes are operated by organisations or governments in recognition of harm experienced in national institutions. Giving someone information about these schemes and helping to access them can be part of offering empowering support. There are also charities that can provide financial support and advice for people who have experienced abuse and trauma.

Redress Schemes (continued)

Northern Ireland The Historical Institutional Abuse (Northern Ireland) Act 2019 received Royal Assent on 5 November 2019. The Act provides the legal framework for the establishment of the Historical Institutional Abuse Redress Board.

Scotland has a redress scheme for those abused in care as children: Scotland's Survivor Redress Scheme . This scheme is run through Redress Scotland.



NHS **Wales** has a redress scheme called 'Putting Things Right' for those who have been harmed through the NHS or services provided through Public Health Wales.

England: In May 2023 the government committed to a redress scheme for victim-survivors of child sexual abuse as part of the recommendations from the Independent Inquiry into Child Sexual Abuse (IICSA).
The Church of England National Redress Scheme for survivors of church-based abuse is in development. More information **here**.

Appendix 3: Terminology

In this section, we will highlight some of the terms we will use during the webinar and others you may encounter when exploring this topic further. The words we use matter. When the experience of the person we are supporting can be described in a variety of ways, we should take our lead from them and use their preferred terminology.

ACEs: Adverse Childhood Experiences (see pages 11-13)

ACoEs: Adverse Community Environments (see page 12)

Attachment: Attachment theory is related to how babies and very young children learn about relationships through their early experiences of their care-givers. If a person doesn't have the opportunity to develop secure attachments when they are very young, this can affect how they relate to people as they grow up.[1]

Care Experienced: The term 'care-experienced' refers to anyone who has been or is currently in care or from a looked-after background at any stage in their life, no matter how short. (See Appendix 1)

Lived Experience: The term 'lived experience' refers to the fact that a particular experience has been part of somebody's life. You might encounter the term 'someone with lived experience of abuse', for example. This term can be preferred to 'victim', 'survivor' or 'victim-survivor' as it speaks of an experience that is one part of a person's life, rather than defining a person. However, for others, the neutrality of the term can be viewed as denying the impact of abuse. When we are supporting someone, it is important that we let them determine any terms used to describe their experience.

Terminology (continued)

Restorative Justice: Restorative justice brings together people harmed by crime or conflict with those responsible for the harm, with the hope of finding a positive way forward. Advocates of restorative justice say that it gives victim-survivors the chance to tell perpetrators the real impact of their crime, get answers to their questions and get an apology. Also, that it helps perpetrators understand the real impact, take responsibility, and make amends. However, others point out the potential for further harm and re-traumatisation for the victim-survivor and the opportunity for the process to be manipulated and misused as a way to avoid more conventional forms of seeking justice. **A restorative justice process should never be embarked upon informally by a community as a way to respond to abuse internally.**

T/trauma: Lasting impact caused by distressing events (see pages 13 – 18)

Trauma Awareness: Recognising the prevalence of trauma and its potential effects on individuals. It helps remove the stigma surrounding trauma and enables us to have a compassionate and understanding approach.

Trauma Informed Practice: Professionals in care, education, health, justice and other people-centred services working with an understanding of the impact of trauma and seeking to reduce barriers to access for people who have experienced trauma.

Trauma Specific Services: Services and therapies that have a focus on trauma and exist to help an individual process their own trauma and work towards recovery.

Victim-Survivor: In this course we have chosen to use the term 'Victim-Survivor' in the title of the webinar for clarity and because: "This term acknowledges the ongoing effects and harm caused by abuse and violence as well as honouring the strength and resilience of people with lived experience."[1]

Appendix 4: Victim-Survivor engagement

One of the most positive developments in safeguarding over recent years has been the shift from a process-driven to a person-centred approach. This means that, instead of a safeguarding being purely a set of processes to be rigidly followed, the focus is on the individual at the centre and what they want and need.

Further, many organisations, from governments to local churches and charities, are recognising the importance of working alongside those who have experienced abuse to co-produce support practices that really meet the needs of victim-survivors. You may have encountered the term 'lived-experience consultants' or 'lived-experience experts'. This means that support is designed 'with' not just 'for' those who have experienced abuse and trauma.

The benefits of this are clear. Someone who has experienced abuse and trauma themselves is more likely to know what might help or prevent someone accessing support than someone who hasn't. For some people, the opportunity to help others who have had similar experiences to them is empowering and helpful.

However, this approach also has inherent risks. Collaboration of this kind needs careful thought and intentional action to ensure it is a safe and empowering experience for those involved. The charity Survivors Voices states: "All work with all people affected by abuse and trauma needs to look unlike and be the opposite of abuse - otherwise it can inadvertently replicate the dynamics of abuse and cause harm." They have produced a Survivor Engagement Charter for organisations who wish to engage victim-survivors in projects, research and service development. The link to sign up and download this for free is here.

Appendix 5: When abuse happened in your organisation

This course is designed to equip you to support victim-survivors who have experienced abuse and trauma in a variety of contexts. There are some additional responsibilities and considerations when the harm occurred within your organisation.

1. **Respond well to the victim-survivor:** If abuse or harm occurred within your organisation, it may have been particularly difficult for the victim-survivor to disclose this to you. Thank and reassure them, tell them you are taking it seriously and explain what you will do next.
2. **Follow your safeguarding procedures:** Follow your organisation's safeguarding procedures as laid out in your safeguarding policy. In emergencies, call 999. In all situations, record and report to your safeguarding lead so that appropriate actions can be taken to prevent further harm.
3. **Record and report non-recent abuse:** If the perpetrator was a member of staff or volunteer it is important to report this to your safeguarding lead (of your organisation or umbrella body) even if the person is no longer in post or has died.
4. **External reporting:** Your safeguarding lead and trustee board may need to report outside of your organisation. For example, to statutory services, Charity Regulator, insurance company, the Disclosure and Barring Service or Disclosure Scotland.
5. **Risk Assessment:** Those with particular responsibility for safeguarding within your organisation may need to risk assess activities and interactions to prevent further harm from occurring.

When abuse happened in your organisation (continued)

6. **Support for the victim-survivor:** The victim-survivor may or may not want support from you or your organisation. If they do, ensure that the person offering support is appropriate and equipped and that they are not the same person who is supporting the alleged perpetrator. If they do not want support from the organisation where the abuse occurred, signpost them to other sources of support.
7. **Apology:** A sincere, meaningful apology is an important part of accepting responsibility for harm and committing to learn from failings. It should not come with pressure on the victim-survivor to forgive and should be communicated in a way that feels safe and helpful for them. There may be times when your organisation has to seek legal advice before issuing an apology but be mindful that its absence may cause further harm.
8. **Redress and financial support:** A victim-survivor may find themselves in need of professional support because of the abuse they have experienced. These services can be costly. Many organisations have redress schemes to meet the costs of therapeutic and other support for victim-survivors who have been harmed by their staff or through their work. Financial support does not take away the harm caused by abuse, rather the organisation meets a cost that would not have been necessary without the harm someone experienced in their care.
9. **Learning lessons:** If abuse occurs within an organisation, honest reflection and review needs to happen to prevent further harm in future. What went wrong? Are there any gaps in policies and procedures such as safer recruitment, codes of conduct, training, accountability etc. Some organisations commission external safeguarding reviews for an extra level of objectivity and accountability.
10. **Support for all:** In relational organisations, the ripples from harm and abuse spread widely. Are other people in need of support?

Signposting

Please note: These links are accurate at the time of course preparation. Thirtyone:eight don't recommend organisations, but you may find these links useful when looking for support and guidance.

Helplines and Listening Services:

Find a Helpline (helplines.org) Helplines partnership is a database of helplines searchable by area of need.

Samaritans | Every life lost to suicide is a tragedy | Here to listen Free helpline available 24 hours a day, 365 days a year. You can also call the Samaritans Welsh Language Line on 0808 164 0123 (7pm–11pm every day).

SANEline services - SANE SANEline is a national out-of-hours mental health helpline offering specialist emotional support, guidance and information to anyone affected by mental illness, including family, friends and carers. Open every day of the year from 4pm to 10pm on 0300 304 7000

Homepage | Campaign Against Living Miserably (CALM) (thecalmzone.net) helpline 5pm – midnight everyday 0800585858 webchat also available

Shout If you would prefer not to talk but want some mental health support, you could text SHOUT to 85258 available 24 hours a day, everyday.

C.A.L.L. Mental Health Helpline - Community Advice and Listening Line (callhelpline.org.uk) Mental Health Helpline for Wales 24 hours a day, every day – confidential listening and support 0800 132 737 text 81066.

Modern Slavery Helpline Modern Slavery Helpline

Home | Refuge National Domestic Abuse Helpline Domestic Abuse Helpline (nationaldahelpline.org.uk)

Thirtyone:eight Listening Service (thirtyoneeight.org) Paid-for listening service- bookable one hour sessions with a listener, including advice and signposting.

Signposting (continued)

Suicide Prevention:

Samaritans (listed above)

National Suicide Prevention Helpline Uk » Home (spuk.org.uk) Helpline open 6 pm – midnight everyday 0800 689 5652

Papyrus UK Suicide Prevention | Prevention of Young Suicide (papyrus-uk.org) Papyrus Hopeline is available hours a day, every day 0800 068 4141 website has other ways to get in touch too.

Domestic Abuse:

Domestic Abuse Help · National Centre for Domestic Violence (ncdv.org.uk) National Centre for Domestic Violence

Home - Refuge Refuge

I need help - information and support on domestic abuse (womensaid.org.uk) Women's Aid

Male Victim Domestic Abuse Support – Dads Unlimited (dadsunltd.org.uk) DAVE (Domestic Abuse Victim Empowerment)

Modern Slavery:

What is modern slavery? | Anti-Slavery International (antislavery.org) Anti-Slavery International

The Clewer Initiative | The Clewer Initiative The Clewer Initiative

Home - Unseen (unseenuk.org) Unseen

Signposting (continued)

Other Helpful Organisations:

Age UK | The UK's leading charity helping every older person who needs us
Age UK – charity supporting older adults

Hourglass (wearehourglass.org) Hourglass (safer ageing)

Mental Health Support Network provided by Chasing the Stigma | Hub of hope Hub of hope (signposting resource- services by postcode, UK wide)

Join the Dots Organisation helping faith organisations become trauma aware.

Mental Health Foundation | Good mental health for all Mental Health Foundation

Mind Really helpful resources and signposting around T/trauma, PTSD and ACEs

Money Advice Plus Financial support line for Victim-Survivors of Domestic and Financial Abuse

Nacro Charity supporting rehabilitation – "We see your future, whatever the past"

Replenished Charity supporting those who have experienced abuse and trauma in faith contexts

Further Reading: This is a small selection of trauma-related books, chosen for their influence or reflection of recent research

- Truth and Repair- How Trauma Survivors Envision Justice by Judith L Herman (2023)
- The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma by Bessel van der Kolk (2015)

Links Commonly Shared in the Webinar

Please note: These links are accurate at the time of course preparation. Thirtyone:eight don't recommend organisations, but you may find these links useful when looking for support and guidance.

These are shared in the order they're likely to be mentioned during our webinar. Some of these are also included in our signposting section.

Part 1:

Sources of abuse and trauma statistics:
Half a million children suffer abuse in the UK every year | NSPCC
Rape, sexual assault and child sexual abuse statistics | Rape Crisis England & Wales
Domestic Abuse Statistics UK • NCDV
Context | Looked-after children and young people | Guidance | NICE
Statistics briefing on children in care | NSPCC Learning

ACEs:
What are ACEs? (safeguardingni.org)
ACEs-TI-Infographic-Guide-002.pdf (acehubwales.com)
About ACEs and a trauma-informed approach - ACE Hub Wales

Trauma:
Trauma - UK Trauma Council
What is trauma? - Mind
Different Types of Trauma: Small 't' versus Large 'T' | Psychology Today
How childhood trauma effects brain development
Executive Functioning in Adults: The Science Behind Adult Capabilities (harvard.edu)
Vicarious trauma: signs and strategies for coping (bma.org.uk)
STSSwithscoreinterpretation.pdf (sdsu.edu)

Part 2:

Letters from the Experts - Training resources produced by Safer Young Lives Research Centre: Practice Resources | University of Bedfordshire (beds.ac.uk)
Attachment: Attachment and child development | NSPCC Learning
Eye contact in active listening: Eye contact: Don't make these mistakes - MSU Extension
Length of time it can take to disclose abuse:
Faithfull_Paper_Situational_Prevention_Final.pdf and IICSA document page19