

7-minute briefing on Trauma informed approaches

1. What is trauma?

Trauma generally means going through very stressful, frightening, or distressing events; it can also mean how we have been affected by our experiences, both in the short and longer term. Response to trauma is very personal - 2 people might have the same experience but react very differently. It is ok to have these feelings and responses.

Trauma can include events where you feel frightened, humiliated, unsafe, trapped, ashamed, powerless, rejected, unsupported. It's not only about direct impact, but also by seeing harm happen to someone else, or living in a traumatic environment; it can happen through ongoing events or just a one-off incident. MIND has more useful information here: [Click here to go to Mind \(the mental health charity\) page about What is Trauma?](#)

Adverse Childhood Experiences (ACEs) can shape how we respond to things as adults - watch this short video to understand more: [Click here to go to a Youtube Video about Adverse Childhood Experiences.](#)

2. How do we respond to trauma?

There are 5 main types of instinctive response to traumatic events:

- **Fight** (attack verbally or physically)
- **Flight** (getting away / leaving a situation)
- **Freeze** (shutting down, unable to engage)
- **Flop** (dissociation and, or fainting)
- **Friend** (feelings of anxiety and attempting to pacify a perceived threatening person by being overly helpful, supportive)

Our brains remember which of these automatic responses has helped us most in different situations - think about which of these you recognise in yourself when you have reacted to a difficult situation in the past.

3. What is secondary trauma?

Secondary trauma is when you are affected by something that happens to someone else. This can be especially common in health, social care and many other services where we are supporting someone through a difficult episode in their life, seeing their trauma.

The risk of secondary trauma is that we then carry this with us into work with other people, with a negative impact on that intervention, and we can continue to acquire secondary trauma. This can lead to us feeling unhappy at work, leaving jobs and roles sooner, as well as physical and psychological effects. [Click here to visit PTSD UK \(the charity\) page about Secondary Trauma.](#)

4. What does trauma informed practice (TIP) actually mean?

TIP is more well known in children's services but applies to adults too. It's a strengths-based approach looking to understand and respond to the impact of trauma on people's lives, not just on people who we work with, but on us too. There are 4 main points that define trauma informed care:

- Realising that trauma has a widespread impact on individuals, families, groups, organisations, and communities and understanding paths to recovery

- Ability to recognise the signs and symptoms of trauma in the people supported, staff, and others in the system
- Integrating trauma knowledge into policies, programs, and practices
- Seeking to avoid re-traumatisation

(SAMHA) [Action steps using ACEs and trauma-informed care: a resilience model](#)

5. Window of Tolerance

If your work involves people who 'don't engage' (Flight), think about how their life experiences might be affecting their responses – similar for people who are aggressive or argumentative (the 'Fight' response). When working with people in domestic abuse situations – have they learned that 'Friend' removes the threat most quickly?

The key part to understand is that these basic brain responses are instinctive, not intentional – in these moments your brain and body can't tell the difference between a deadly attack and a stressful phone call or meeting - and it is often not until the threat has passed that more complex thinking is possible.

Another way of looking at this involves understanding about the Window of Tolerance – a zone where we are calm, in control and work effectively – but this zone is sandwiched between those basic responses to situations of hypo- (disengaged / depressed) or hyper- (stressful / anxious / aggressive) activation. There two short videos here to better explain the idea: [The Window of Tolerance - YouTube](#) / [Window of Tolerance Reimagined - YouTube](#)

6. Processing trauma in a work context

Working in pressured systems, constant crisis or reactive situations means it is more likely that focus becomes very narrow, shutting down professional curiosity. Working all day with no break may mean that if something urgent comes in late in the day you are less likely manage this effectively.

When we recognise how the biology of trauma prompts automatic responses, we are more able to take steps to prevent it or minimise the impact – for example noticing when we are going into a heightened state, being able to take time out or to think through why that response is occurring may help to calm back down more quickly, moving us back into our window of tolerance.

7. What can we do for ourselves and others?

There is, of course, no magic wand here, and no 'one size fits all' either.

- Seek support / talk to your manager; make use of reflective practice / supervision if you have it to be honest about how you are feeling; be non-judgemental towards others who share their feelings; remember, our own perspective is unique, as are those of the people around us
- Understand the strength in recognising your needs early and acting – think about what triggers your own 'fight/flight/freeze/flop/friend' responses - what does that look like for you, what can you do to disrupt that instinctive response?
- Use preventative strategies – self-care, breathing exercises, physical exercise, mindfulness, time out.

Where a situation has affected several people, think about having a peer or team debrief – a chance for all of you to get together and reflect on what has happened, to unpick what happened, how it made each of you feel, and how to move forward.