

Statement on Trauma Informed Working

Women's Community Matters seeks to act as a trauma-informed organisation at all times and in our relationships with all of our stakeholders:

- People accessing our service
- Staff
- Volunteers
- Trustees
- Funders and supporters
- Service commissioners
- Partner organisations
- Our wider community

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.

Trauma can affect individuals, groups and communities. Trauma-informed practice is an approach to social care interventions (health, support services etc) which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.

Trauma Informed Practice

Through our trauma-informed practice we aim to increase our awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with our service, our staff and volunteers.

We aim to improve the accessibility and quality of our service by creating a culturally sensitive, safe services that people trust and want to use. We want to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing.

Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?'

We aim to prevent re-traumatisation

We aim to deliver our service in a way that seeks to avoid re-traumatisation which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past. Re-traumatisation is generally triggered by reminders of previous trauma which may or may not be potentially traumatic in themselves.

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 our service.

6 principles of trauma-informed practice:

We aim to follow these 6 principles of trauma-informed practice at all times.

Safety - The physical, psychological and emotional safety of service users and staff is prioritised, by:

- people knowing they are safe or asking for 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.

Trust - Transparency exists in our policies and procedures, with the objective of building trust among staff, volunteers, trustees, people who use our service, other stakeholders and the wider community, by:

- explaining what we are doing and why, as an organisation and our staff within it
- doing what we say we will do, as an organisation and the staff within it
- expectations being made clear and the organisation and staff not overpromising.

Choice – people who use our service 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 people who use our service and staff have a voice in the decision-making process of the organisation and its services
- listening to the needs and wishes of people who use the service 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 the experience of people who use our service 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 people who use our service and staff what they need and collaboratively considering how these needs can be met
- focussing on working alongside and actively involving people who use our service in the delivery of services.

Empowerment - Efforts are made to share power and ensure that people who use our service and staff have a strong voice in decision-making, at both individual and organisational level, by:

- validating feelings and concerns of staff and people who use our service
- 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 – we seek to 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.

References:

Office for Health Improvement and Disparities (2022) [Working Definition of Traum-Informed Practice](#),
[Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](#)