

## ***Trauma Informed Practice***

Traumatic experiences often involve a threat to life or physical safety, but any situation that leaves a person feeling overwhelmed and helpless can result in trauma.

It is highly likely that a number of vulnerable people involved with the justice system will have a history of trauma having been exposed to overwhelming experiences of violence and abuse on one or many occasions.

Trauma Informed Practice is an approach that recognises that many problems, conditions and disorders are trauma-related. It relies on us having an awareness of the signs and symptoms of trauma and adopting an approach that aims to avoid re-traumatizing the vulnerable person during the investigation.

This is a simple introduction to Trauma Informed Practice and starts by highlighting some of the indicators of trauma that we can look for and then identify some of the simple practices that can be used to help vulnerable people during interviews, statements and giving evidence.

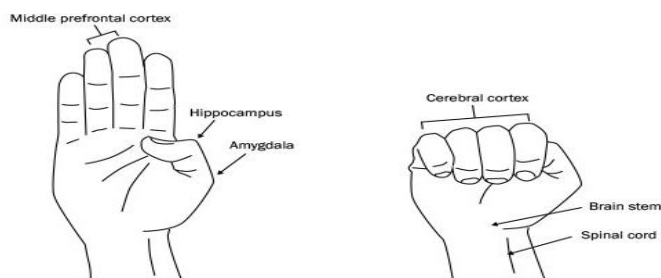
### **Indications of Trauma**

Human beings have defence mechanisms or survival responses that activate in response to a perceived threat. These are;

- Fight
- Flight
- Freeze
- Friend- appeasing with a smile
- Flop- fainting

This is not a conscious reaction but a physiological -body response. A very important nerve called the Vagus Nerve is responsible and this activates the heart, stomach, breathing, bladder and more. Therefore the person has little control over this response and Trauma Informed Practice helps us understand what is happening and what strategies might help.

A small almond shaped organ deep in the brain, called the Amygdala, is like a smoke detector that alerts the Vagus Nerve. When people are in this state of alert, MRI scans of brain activity show that the language centres shut down.



Segal.

The diagram on the right represents the functioning/integrated brain when communication can occur normally. The diagram on the left represents a triggered/shut down/disconnected brain effecting communication.

Both the fight and flight responses will involve obvious physical signs such as increased heart rate and breathing rate, dilated pupils, visible trembling and hyper awareness.

The freeze response may have a fixed gaze, shallow breathing and flat mood. Trying to be 'invisible'.

The friend/or appeasing response can involve the person being overly agreeable to everything or smiling and laughing inappropriately.

The flop/faint response can cause the person to act in a submissive or lethargic manner potentially showing little or no interest in what is happening, stopping breathing or passing out.

All of these reactions are normal responses/defence mechanisms, during and after the incident. When this happens the 'thinking brain' - the frontal cortex can shut down and this affects language and communication.

The effect of trauma can cause a person to exhibit these behaviours after the incident and could be an indicator of emotional trauma and that something is triggering the response.

When investigating an incident or helping someone describe a distressing event – 'the thing that happened', these behaviours may be observed during the interactions with the vulnerable person. This could make it difficult for them to give key evidence or information, as they will find communication quite challenging. They will also find the experience unsettling and unpleasant which is something that we would obviously want to avoid. It also may have been a hidden secret for many years and people can only attempt to verbalise, or show and tell, when they are safe and working within their window of tolerance or comfort zone. This safety is created by rapport

building and attunement. This requires the listener/interviewer/intermediary to be totally present and available.

## **Helpful Practices and Strategies**

The aim is to adopt practices to avoid re-traumatizing the vulnerable person during the investigation or interview. These can be quite simple and easy to apply.

The first step is to keep reminding them that at this point in time they are safe with you. That it is not happening **now**, it happened **then**. This is something that you may need to repeat a number of times. This simple step can help them to stay in the present moment with you free from immediate threat.

Another useful step is to avoid using any questions using the present tense. Always use the past tense when framing a question. It happened then It's not happening now.

It is useful to use visual materials has as symbols, figurines and body maps as we know that language and communication is effected by traumatic experiences.

Finally, if the vulnerable person appears to freeze up or find communication very difficult, use simple visually focused questions to reground them and bring them back in the present. For example *how many fingers am I holding up?* Also using something to fidget with such as blu tac or a rubber band may help them remain present. Likewise, grounding techniques such as gently stamping their feet, pushing down on the arms of the chair, tapping their fingers together etc

By taking some of these simple steps you could make a real difference for a traumatised person and help them to provide key information or evidence which may help to keep them safe.

Useful reference: The Body keeps the score - Bessel Van der Kolk

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