



Trauma Informed Practice

Who are EMPOWER?

EMPOWER is a network of stakeholders delivering services in relation to Violence Against Women and Girls (VAWG) in Leicestershire, Nottinghamshire, and Northamptonshire. This includes statutory bodies including police, crown prosecution service (CPS), local government, as well as third sector organisations that support survivors and perpetrators of VAWG. EMPOWER is a 9-month project (concluding July 2023) identifying issues and co-producing projects to uncover and explore problems and potential solutions to VAWG. Next steps from these mini-projects will seek to ensure the sustainability of the network and undertake co-designed and co-produced research to develop effective solutions to VAWG-related issues.

What key issues have been identified by EMPOWER so far?

Five key issues were prioritised by stakeholders at the beginning of the project. These are:

1. Accessing and engaging in the criminal justice system
2. Multi-agency/Multi-systems working
3. Education (intervention and training)
4. What works (using best-practice/evidence-based working)
5. Culture in the criminal justice system

Each of these issues was explored via a workshop, which led to the identification of mini-projects designed to further explore the issue. This briefing summarises the *Trauma-Informed Practice Project*, developed from workshop 1: Accessing and engaging in the criminal justice system.

What were the key aims of the Trauma-Informed Practice Project?

1. Explore how trauma-informed practice is defined by EMPOWER stakeholders and stakeholder organisations beyond EMPOWER.
2. Identify what data are collected by EMPOWER stakeholders and stakeholder organisations beyond EMPOWER that allows them to assess whether they are working in a trauma-informed way.
3. Gather examples of good and bad trauma-informed practice.

What did we do for this project?

We reviewed sources, identified by stakeholders, to assess what type of data were collected and whether it was publicly available. This included:

- NHS trauma-informed practice toolkit
- CPS Independent Assessor of Complaints
- Overall satisfaction surveys

We searched the literature within academic, practitioner and Government sources, and examples of trauma-informed practice, to gather existing definitions of trauma informed practice.

We gathered seven responses from EMPOWER stakeholders on the two following questions:

- a) How do you define trauma-informed practice within your organisation? Is this linked to a specific organisational policy?
- b) What data do you collect that helps to assess whether you are working in a trauma-informed way?

We had one-to-one discussions with four stakeholders based on their responses to these questions to gather more information.

What did we find?

We gathered 11 definitions of trauma-informed practice. Some definitions included understanding the effect of trauma and accommodating for this in practice. Two organisations did not have a formal trauma-informed practice definition, but worked in a clearly trauma informed way. Broadly, the collected definitions focus upon 5 principles of trauma informed practice (adapted from FalLOT and Harris, 2006¹). These are:

- **Safety** - reflects efforts made throughout an organisation to ensure people feel physically and psychologically safe.
- **Trust** - the extent the operations and decisions of an organisation are conducted with transparency and with the aim of building and maintaining trust among clients, staff and anyone involved in the organisation.
- **Choice** - that clients and staff are supported to make decisions and have meaningful choice and voice in the decision-making processes of the organisation, recognising that giving people choice can address power imbalances.
- **Collaboration** - recognises the value of staff and clients' experiences in improving the system and overcoming challenges. Collaboration is the effort to level power differentials between clients, staff and different staff groups, often implemented through mutual self-help and formal or informal peer support.
- **Empowerment** - involves organisations making efforts to share power and give staff and clients a strong voice in decision making. All levels of the organisation should be designed to be empowering for clients and staff.

We identified 13 different sources of data, mostly accessible through our stakeholders, which include online and face-to-face feedback surveys with survivors, complaints databases, staff surveys and focus groups, internal audits and case management systems. These data sources might be utilised to facilitate future research that examines the extent to which organisations align with the above principles of trauma-informed practice.

We identified examples of good and bad practice, via EMPOWER stakeholders, and the review of online resources. Good practice includes: staff using a "trauma informed lens", having an open-door policy and safe environment for survivors, and staff using reflective practice. Bad practice includes: a

¹ FalLOT, R., & Harris, M. (2006). *Trauma-informed services: A self-assessment and planning protocol*. Washington, D.C: Community Connections.



complaint response from CPS that lacked empathy, staff rudeness, and failures in the court room (e.g., a request for special measures not being adhered to in the court).

What does this mean?

There was consistency among EMPOWER organisations in their working definition of trauma-informed practice. We view this as a good thing, suggesting that EMPOWER organisations are on the same page and potentially informed by similar sources, e.g., survivors, previous experiences, and reflect the 5 commonly-recognised principles of trauma-informed practice.

The data sources collected from the EMPOWER network and external resources will support us to assess the effectiveness of trauma-informed practice in future work. It is clear that EMPOWER organisations are already assessing the effectiveness of their trauma-informed practice and how this may be improved, from the perspective of both survivors and staff.

Based on our good practice and bad practice examples, below are the key things that organisations should promote in their development of trauma-informed practice in their organisation:

1. Use a “trauma informed lens” to help understand people’s responses
2. Reflective practice by staff can be helpful to change and rethink perspectives
3. Embed the knowledge of people with lived experiences into practice.

Thanks to all of our EMPOWER partners who contributed to this work.

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You can find out more about the EMPOWER project here: <https://le.ac.uk/criminology/research/empower>.

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