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Evidence Base for the Impact of Trauma and Trauma Informed Practice

Higher risk of further harm

Almost half of childhood sexual abuse survivors report experiencing sexual victimisation in the future.[1]

Just one year after implementation, a trauma-informed child welfare system reported a 15% reduction in substantiated reports of maltreatment.[2]

Higher rates of substance use and other health harming behaviours

Childhood maltreatment predicts a 73-74% higher risk of developing substance use problems[3], and a 3.4x greater risk of self-injury.[4]

A trauma-informed substance use service resulted in a 31% lower rate of treatment dropout, with longer treatment leading to improved outcomes.[5]

Higher risk of all mental health difficulties

Ambulance staff exposed to trauma are at a significantly greater risk of developing PTSD, depression, anxiety, and severe psychological distress.[6]

Staff members at trauma-informed practice sites had lower stress levels indicated by lower hair cortisol concentrations and experienced lower rates of exposure to physical aggression after 3 years.[7]

Higher rates of preventable disease

Chronic stress[8], health-related coping behaviours (e.g. smoking, drugs, alcohol, fatty foods)[9], having lower trust in staff and avoidance of healthcare[10] increases the risks of poorer health. In fact, people who reported four or more adverse childhood experiences were more likely to develop diabetes, cardiovascular disease, cancer, liver disease, and respiratory disease[11,12].

Trauma-informed care across a multi-disciplinary health centre led to an improvement in access to preventative care, perceived control and safety, and satisfaction with services[13].

Higher risk of early death

People with six or more adverse childhood experiences died nearly 20 years earlier on average[14].

Implementation of trauma informed practice across a whole hospital network improved health outcomes, engagement with healthcare treatment, increased staff competence and reduced costs.[15]

Educational difficulties

In Scotland, the higher the number of adverse events in childhood, the more likely people were to have no formal qualifications[12]. Trauma, coping by using substances, difficulties managing emotions, and belonging to minority race are associated with dropping out of eduction.[16]

[17]One year after a school-wide trauma informed implementation, disciplinary referrals decreased by 32%, and by 87% at 5 years post implementation.

Relationship risks

Survival responses such as appeasing threatening people, using verbal or physical aggression, freezing or avoiding other people, can create risks in relationships and increase social isolation[18].

A trauma-informed housing shelter for survivors of interpersonal violence showed a 98.9% reported increase in safety and understanding of domestically violent relationships, and survivors retained safe housing at a 3 month follow-up[19].

Contact with the criminal justice system

91% of females in a Scottish prison had experiences of both childhood and adulthood trauma[20].

A trauma-informed juvenile justice facility found that youth misconduct reduced by 6.7 incidents per 100 days; there were reduced assaults and confinement, and a decreased fear for safety[21].

Reduced opportunities

Scottish adults diagnosed with Complex PTSD were found to have a lower chance of being in part- or full-time employment, of being married, and more likely to be living alone[22].

Refugees reported building a sense of community, an expansion of social networks, and support systems following a 3 year trauma-informed resettlement program[23].

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