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## Trauma Informed and Gender Responsive Working Snapshot Survey

### Introduction

Our vision at One Small Thing is a justice system that can recognise, understand, and respond to trauma. Our core focus is on women and their children because of the additional discrimination and disadvantage they face.

Our vision can only be achieved by affecting change in all settings and systems that inevitably impact on women and children's lives, for example housing, health and social care, policing and the wider prison estate. We have been working to upskill practitioners on trauma informed and gender responsive working since 2015, and increasingly our trauma informed programmes and networks attract a wide range of criminal justice and community sector organisations.

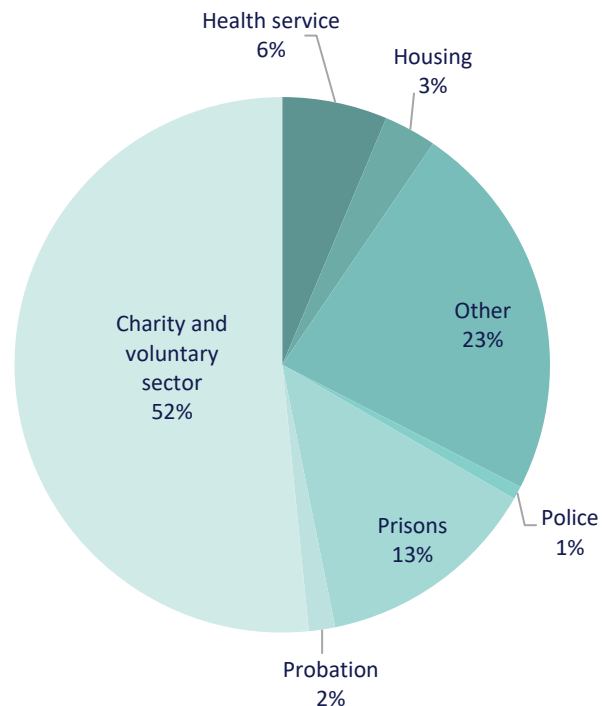
But what do practitioners think these phrases mean today? And what are the barriers that still exist that prevent them working in this way?

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### Summary

We conducted snapshot polling with practitioners through our events and online networks at various points over 2022/23 with response rates of up to 126 people. The questions were co-produced with One Small Thing's Women's Involvement Advisor, who ensures the voices of women affected by the criminal justice system are included across our work.

The largest group of respondents were from the charity sector, followed by justice related statutory roles.



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## Key findings:

- Most practitioners in our networks have a consistent idea of what is meant by trauma informed practice.
- On a scale of 1-10 76% of respondents rated their trauma informed practice between 6-10. Nearly 40% rated themselves with an 8 or higher. However, over half (52%) of respondents had no formal way of monitoring or evaluating their trauma informed working.
- We also asked respondents how they thought *those that use their service* would rate their trauma informed practice. 58% of respondents changed the rating they had already given their trauma informed practice – 69% of whom downgraded the rating they would give from the perspective of a service user.
- The majority of respondents (92%) agree that their organisation recognises that someone's gender impacts their experiences of trauma and is able to provide relevant support. However, only 50% strongly agreed that their organisation recognises and responds to the specific needs of mothers or pregnant women.
- Only 73% of those responding either know from referral or initial assessment whether someone they are supporting is a mother, the remainder do not know or ask in a systematic way.
- When asked the one thing that would help their practice become more trauma informed and gender responsive, the top ask from almost half of respondents was knowledge/training. This was followed by more resources (funding/staffing), then supportive leadership, trauma informed policies/procedures, more lived experience input and a clear definition of trauma informed practice and way to benchmark this work.

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## Trauma Informed Working

Trauma informed practice aims takes into account how trauma may affect the many aspects of someone's life - from their behaviour and relationships, to how they may experience their surroundings and physical environment. Trauma informed working pushes us to move our thinking from 'what's wrong with them?' to 'what's happened to them?'. Services that are trauma informed are designed specifically to avoid retraumatising those they support and should as far as possible embody the six core values of safety, trustworthiness, choice, collaboration, empowerment and cultural competency (adapted from Harris and Fallot 2015).



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## Views on trauma informed practice at an organisational level

We asked respondents how they thought staff in their organisation would rate their trauma informed practice, with 10 being best practice in trauma informed approaches, and 1 being not trauma informed at all.

76% of respondents rated their trauma informed practice 6 and above. Nearly 40% rated themselves with an 8 or higher. The average rating was 7.

However, when we asked respondents how they knew whether they were being trauma informed, the most common answer was that they didn't have a way of evaluating this.

Over half (52%) of respondents had no formal way of monitoring or evaluating their trauma informed working - of those, 70% had no way of evaluating, and the remaining 30% reported that they only knew they were being trauma informed anecdotally.

Those who rated their trauma informed practice 5 or below were more likely to report having no way of evaluating their trauma informed practice (50%). Although a significant proportion of those who rated their TI practice 6 and above also reported having no way of evaluating it (32%).

We also asked respondents how they thought *those that use their service* would rate their trauma informed practice, with 10 being best practice in trauma informed approaches, and 1 being not trauma informed at all.

58% of respondents changed their rating - 69% of whom downgraded the rating they would give their trauma informed practice from the perspective of a service user.

Although self-reported, the findings from this question suggest discrepancy practitioners consciously acknowledge between how different groups (staff, and service users) may regard an organisations trauma informed practice. The reasons behind this would need further research, however the responses can further reinforce the need for organisations to monitor and evaluate their trauma informed practice, particularly by directly seeking the views of those who use their services.

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## Gender responsive working and working with women with children

A gender-responsive approach needs to recognise the particular form of trauma and abuse that women or men are more likely to have experienced, and to tailor support accordingly. Women are more likely to experience relational trauma, and if a woman has experienced childhood or domestic abuse, then building any kind of trust with authority figures such as police could be a significant challenge. A

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gender responsive approach also must recognise the specific needs of women who are mothers, and often primary carers for children.

## Views on gender responsive practice at an organisational level

The majority of respondents (92%) either strongly agree (49%) or somewhat agree (43%) that their organisation recognises that someone's gender impacts their experiences of trauma and is able to provide relevant support.

## Working with women with children

We asked respondents whether their organisation recognises and responds to the specific needs of women who have children or pregnant women.

Only 50% strongly agreed that their organisation recognises and responds to the specific needs of mothers or pregnant women.

When we asked whether their organisation recognises and responds to the specific needs of mothers or pregnant women from a range of ethnic and cultural backgrounds, those who strongly agreed reduced even further to 31%.

We asked respondents at what stage does their organisation usually find out if a woman they are supporting is a mother (including women whose children no longer in their care).

73% of those responding either know from referral or will ask in their initial assessment whether someone they are supporting is a mother (including for children no longer in their direct care). Considering 92% agreed to an extent that their organisation recognises that someone's gender impacts their experiences of trauma and is able to provide relevant support, you could expect this to be higher.

A significant 13% of those responding reported they don't know or collect data on whether those they are supporting are mothers. On top of this 8% took a less active approach to finding out this information, finding out during casework meetings in the first few months, and waiting for women to tell them if they decided to.

By not asking at all, many women are not having this aspect of their lives recognised. Opportunities to discuss issues such as contact arrangements, or even providing support to grieve the loss of contact with children is missed.

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### Going forward – what does the sector need to help their practice become more trauma informed and gender responsive?

We asked practitioners 'What one thing do you think would help your practice become more trauma informed and gender responsive?'

The most commonly cited top ask by almost half of respondents (54 people) was increased knowledge, often described as through needing more training.

*More refresher training and open spaces to discuss and review.*

*Education surrounding what things could be traumatic for different cultures, genders, and classes and how to support those.*

*More training for the whole staff team and board members*

*Training from those with Lived experience*

*Training specifically around supporting mothers*

The next most common ask was resources, including funding and staffing. Although trauma informed practice is an approach that is designed to be applicable in all support roles and environments, we are very aware that some settings have restrictions in capacity and environment that make delivering all aspects of a trauma informed approach more difficult, such as allowing people sufficient time to feel safe and build up trust.

*Increase staff size to facilitate more response over a longer period of time*

*Enough staff capacity (and therefore enough funding) so they have time to work in a genuinely trauma-informed way rather than fire fighting.*

*Funding and staffing issues prevent us from carrying out this. We have not the money or time. We are deeply failing our clients especially single mothers*

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Following these two top asks there were four more themes that were suggested in fairly equal measure – supportive leadership/governance/organisational culture, having more trauma informed policies/procedures, more lived experience input and a clear definition of TI practice and way to benchmark.

*More co-production with the women we support*

*More understanding of the work by management*

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## Conclusion

This snapshot polling has suggested that although many practitioners have a good idea of what trauma-informed working is, they also identify barriers to implementing this, and often don't have clear ways to understand and evaluate whether the work they do is trauma informed.

The majority say their organisations as gender responsive, however only 50% strongly agreed that their organisation recognises and responds to the specific needs of mothers or pregnant women. This highlights a key gap in practice for further exploration.

This snapshot has provided some useful brief insights for One Small Thing, that can be taken forward through our Educate work strand, which aims to Educate people within the justice system on the impact of trauma, and draw on our knowledge and expertise to help build capacity within organisations.

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