



Northern Ireland
Assembly

Research and Information Service Briefing Paper

Paper 51/25

30/05/2025

NIAR 114-2025

Trauma-informed Approaches

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This Briefing Paper provides an overview of the definition of a trauma-informed approach, what a best practice approach looks like, the limitations of the approach and four case studies of how a trauma-informed approach has been used in the Redress Schemes in comparable jurisdictions.

This paper contains references to sexual, physical and emotional abuse, including in relation to children.

This information is provided to Members of the Legislative Assembly (MLAs) in support of their duties, and is not intended to address the specific circumstances of any particular individual. It should not be relied upon as professional legal advice, or as a substitute for it.

Key Points

- Trauma-informed approaches have become increasingly common in the healthcare, justice and social care sectors. They have also been used extensively in the redress schemes of other jurisdictions.
- Traumatic events can have a long-lasting impact on individuals. Trauma can be defined as the traumatic event that took place, the individuals experience of the event and the effect of the event.
- A trauma-informed approaches is grounded in four key assumptions; realisation; recognition; response; and resisting re-traumatisation.
- There are six principles of a trauma-informed approach, including safety, trustworthiness, choice, collaboration, empowerment and inclusion/cultural considerations.
- The Scottish National Trauma Transformation Programme provides detail on what 'best practice' looks like when an organisation implements a trauma-informed approach. Elements include the need to ensure effective organisational leadership and power-sharing with victims/survivors.
- Trauma-informed approaches have recognised benefits for victims/survivors. However, the evidential base of the approaches impact is limited.
- Trauma-informed approaches have been used in comparable redress schemes. Themes of these approaches have included accessibility of the scheme, collaboration/co-production with victims/survivors and the principle of 'do no harm'.
- A trauma-informed approach was used by the Scottish Parliaments Education, Children and Young People Committee, during its scrutiny of the Scottish Redress Bill.

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Introduction

This briefing paper has been developed as part of the Committee for the Executive Office's ('TEO Committee') scrutiny of the Truth Recovery Bill. As requested by the TEO Committee, this briefing paper will provide an overview of what a trauma-informed approach is, as well as some case study examples.

The use of trauma-informed approaches has become increasingly common across a range of sectors (including healthcare, justice and social care) and in policy and legislative environments. The main objective of a trauma-informed approach is to ensure the physical, psychological and emotional safety of individuals who have experienced a traumatic event. It is intended to prevent the re-traumatisation of victims/survivors when they recall their experiences.

This briefing paper will breakdown the fundamentals of what a trauma-informed approach. This includes an analysis of what trauma is, the key assumptions of the approach; the six principles of the approach; and examining what is good practice when implementing a trauma-informed approach.

Four case studies explore the practical use of a trauma-informed approach. Three of these are similar redress schemes; the Redress for Survivors Scheme in Scotland; the Mother and Baby Institutions Payment Scheme in the Republic of Ireland and the Redress for Victims of Child Abuse Scheme in Australia. Finally, it will cover the approach taken by the Education, Children and Young People Committee in the Scottish Parliament, during their scrutiny of the Redress for Survivors Scheme Bill.

Please note that 'victim(s)/survivor(s)' will be used as an all-encompassing term throughout this briefing paper, except when using direct quotations from other sources. Victim(s)/survivor(s) is used to describe all individuals who suffered physical and/or mental abuse in care settings, laundries etc. The Scottish Parliaments Education, Children and Young People Committee used the same terminology.

1 Defining a trauma-Informed Approach

Trauma-informed approaches have become increasingly prevalent across policies, inquiries and practices as a method for reducing the negative impact of traumatic experiences. They are also used in support of improving mental and physical health outcomes.¹

1.1 What is Trauma?

1.1.1 Event, experience of event and effect

The Office of Health Improvement and Disparities (a government unit within the Department of Health and Social Care in England), defines trauma as an emotional response following “an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening.”² Whilst the experience of trauma is unique to every individual, it can lead to adverse and lasting effects. These effects can include limiting an individual’s ability to function and harmful mental, physical, social, and emotional impacts.

The Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the United States Department of Health and Human Services, developed the three “E’s” of trauma.³ The three ‘E’ are intended to define what trauma is.

- **Event(s).** Events (and circumstances) can include the threat of physical or psychological harm. An event also includes severe or life-threatening neglect for a child that can impact healthy development. Events can be a single occurrence or happen repeatedly, over a length of time. Traumatic events can include:⁴

¹Office for Health Improvement & Disparities. [Working definition of trauma-informed practice](#). 2022.

² As cited immediately above.

³ Substance Abuse and Mental Health Services Administration. [SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach](#). (2014). Pg8.

⁴ Safeguarding Board for Northern Ireland. [Trauma Informed Toolkit: Embedding a Trauma Informed Approach within Organisations and Systems](#).

- Racism
 - Violence
 - Institutional abuse
 - Sectarianism
 - Road traffic accidents
 - Drug and alcohol related abuse
 - Poverty
 - Paramilitary violence
 - Adverse childhood and organisational experiences
 - Isolation
 - Discrimination
 - Sexual exploitation
 - War
- **Experience.** An individual's experience of an event may determine whether it is a traumatic experience. It is important to note that an event may be traumatic for one person, but not for another. How an individual assesses and gives meaning to an event often determines whether it is traumatic. The experience of an event can be linked to a range of factors, including a person's cultural beliefs, the availability of support and their developmental stage.
 - **Effect(s).** Adverse effects of a traumatic event may begin immediately or have a delayed onset. Effects can last from the short to the long term. Individuals may not recognise the connection between a traumatic event, and the effects it led to. Adverse effects are varied and can include; a reduced ability to cope with stress; a lack of trust; an inability to regulate behaviour and managing cognitive processes (i.e. memory and attention span).

The Safeguarding Board for Northern Ireland (SBNI) further defines trauma as not what happens to an individual, but what happens inside them because of the traumatic event. Trauma is “the response to a distressing or disturbing event(s), that overwhelms the ability to cope.”⁵

⁵ Safeguarding Board for Northern Ireland. [Trauma Informed Toolkit: Embedding a Trauma Informed Approach within Organisations and Systems.](#)

1.1.2 The Impact of Trauma

The impact of trauma can place a burden upon individuals, families, communities and services. SAMHSA found that whilst some people who have experienced trauma, will go on to lead normal lives without any lasting negative effects, other individuals will experience more difficulty.⁶ The report states that exposure to traumatic events and traumatic stress reactions can lead to; impaired neurodevelopment and immune system responses; increased health risks such as chronic physical pain and behavioural health disorders; and can increase the risk of mental disorders and substance abuse.⁷

1.2 Definition of trauma-informed approaches

Engagement with victims/survivors should consider the impact of trauma and the lasting impact that trauma can have on an individual. The processes used in a trauma-informed approach, when engaging with victims/survivors, should ensure that re-traumatisation (where a victim/survivor relives a traumatic experience) does not take place. SAMHSA's concept of a trauma-informed approach is grounded in **four key assumptions**.

1.2.1 Realisation

In trauma-informed approach "all people at all levels the organisation or system have a basic realisation about trauma and understand how trauma can affect families, groups, organisations, as well as individuals."⁸ SAMHSA states that organisations should realise that trauma is not just confined to the health sector, but can be an integral issue faced by other systems, including child welfare and criminal justice. Trauma can be experienced across all areas of society.

⁶ Substance Abuse and Mental Health Services Administration. [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#). (2014). Pg2.

⁷ As cited immediately above.

⁸ Substance Abuse and Mental Health Services Administration. [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#). (2014). Pg9.

1.2.2 Recognition

Staff in a system or organisation should be able to recognise the signs of trauma. A trauma-informed approach aims to improve the quality of services by creating “culturally sensitive, safe services that people trust and want to use. It seeks to encourage staff to work in collaboration and partnership with people.”⁹

Literature on trauma indicates that if organisations do not recognise the trauma that a victim/survivor has experienced, this can impact how they engage with others. Organisations and staff should resist having the view of ‘what is wrong with a person’ who has trauma induced behaviours, and instead consider ‘what has happened to you?’.¹⁰

1.2.3 Response

Any organisation or system that intends to work with or support people with trauma, should respond by implementing and applying the principles of a trauma-informed approach to ‘all areas of functioning.’¹¹ SAMHSA indicates that this response should be all encompassing. It includes staff training and a leadership that recognises the impact that trauma can have on individuals. The policies, practices and procedures of an organisation should indicate how that organisation applies and embeds trauma-informed approaches. This includes details on how the organisation is committed to providing a physically and psychologically safe environment.

1.2.4 Resist / prevent re-traumatisation

SAMHSA guidance states that a trauma-informed approach should resist re-traumatising victims/survivors, where “organisations often inadvertently create stressful or toxic environments that interfere with the recovery of

⁹ Safeguarding Board for Northern Ireland. [Trauma Informed Toolkit: Embedding a Trauma Informed Approach within Organisations and Systems.](#)

¹⁰ As cited immediately above.

¹¹ Substance Abuse and Mental Health Services Administration. [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.](#) (2014). Pg10.

[victims/survivors], the well-being of staff and the fulfilment of the organisational mission.”¹² Organisations should be able to recognise how their practices and processes may trigger painful memories and inadvertently re-traumatise victims/survivors.

Re-traumatising actions can include:¹³

- Rigid rules
- A lack of privacy and confidentiality
- Unsafe environments
- Being talked at or talked down to
- Feeling trapped
- Using confusing language or terminology
- Use of force or coercion
- Disrespectful language

1.3 Principles of a trauma-informed approach

There are **six principles** of a trauma-informed approach. Sources indicate that a trauma-informed approach reflects an adherence to these principles. It is not necessarily a defined set of practices or processes used by an organisation.

1.3.1 Safety

The physical, psychological and emotional safety of service users and staff members is prioritised. People who have experienced trauma may feel a lack of safety. According to the SBNI, creating a safe environment means that organisations should be sensitive to the comfort levels of victims/survivors.¹⁴ A safe environment is promoted by:

- Ensuring the environment has reasonable freedom from threat or harm;
- The organisation and staff actively attempting to prevent re-traumatisation.

¹² Substance Abuse and Mental Health Services Administration. [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#). (2014). Pg10.

¹³ Brennen, J., Guarino, K., Axelrod, J., & Gonsoulin, S. (2019). Building a multi-system trauma-informed collaborative: A guide for adopting a cross-system, trauma-informed approach among child-serving agencies and their partners. Chicago, IL: Chapin Hall at the University of Chicago & Washington, DC: American Institute for Research.

¹⁴ Safeguarding Board for Northern Ireland. [Trauma Informed Toolkit: Embedding a Trauma Informed Approach within Organisations and Systems](#).

- Putting policies, practices and safeguards in place.
- Creating predictability and informing victims/survivors about processes;
- Being mindful of tone of voice, verbal and non-verbal communication and facial expression.
- Always ensuring confidentiality, privacy and dignity.

1.3.2 Trustworthiness

Trustworthiness involves ensuring transparency in an organisations policies and procedures. Transparent processes are used to build trust among staff, service users and the wider community.¹⁵ Victims/survivors who have endured a traumatic event can experience a lack of trust. An organisation that creates a culture of openness and transparency can help enable victims/survivors build trusting relationships. Trustworthiness can be improved by:

- The organisations staff clearly explaining what they are doing and why.
- Setting out clear expectations at an early stage.
- The organisation and its staff do not over-promise.
- Committing to open and honest communication.
- Establishing reasonable boundaries.
- Outlining roles and responsibilities from the onset.

1.3.3 Choice

As stated by the SBNI, offering choice is a core principle when engaging with victims/survivors who have experienced trauma. When victims/survivors are offered clear, transparent and meaningful choices this can reduce stress.¹⁶ It is important that their choices are listened to and acted on. By being offered choice, victims/survivors are given a greater sense of control. Organisations can promote choices by:

- Explaining and offering choices clearly and transparently.
- Actively listening to the needs and wishes of victims/survivors.

¹⁵ Office for Health Improvement & Disparities. [Working definition of trauma-informed practice](#). (2022).

¹⁶ Safeguarding Board for Northern Ireland. [Trauma Informed Toolkit: Embedding a Trauma Informed Approach within Organisations and Systems](#).

- Ensuring that victims/survivors have a voice in decision-making processes.

1.3.4 Collaboration

SAMHSA states that “everyone has a role to play in a trauma-informed organisation.”¹⁷ Organisations should proactively engage with victims/survivors, ask them what they need and co-produce (with the victim/survivor) how those needs can be met. Victims/survivors who have experienced trauma “feel valued when [organisations] show genuine interest in their experiences and views.”¹⁸

Collaboration can be supported by:

- The organisation asking victims/survivors what they need, and then collaboratively considering how these needs are met.
- Focus on actively involving victims/survivors in how services are delivered.
- Consider how knowledge can be shared across an organisation.
- Identifying and addressing gaps in partnerships (i.e. victims/survivors representatives and advocates).

1.3.5 Empowerment

Empowerment involves power-sharing and providing victims/survivors a voice in decision-making.¹⁹ A trauma-informed approach provides a framework to listen, validate, acknowledge, support and empower. Empowerment can be delivered by:

- Validating the feelings and concerns of victims/survivors.
- Providing a platform for victims/survivors to feel listened to and understood.

¹⁷ Substance Abuse and Mental Health Services Administration. [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#). (2014). Pg11.

¹⁸ As cited immediately above.

¹⁹ Office for Health Improvement & Disparities. [Working definition of trauma-informed practice](#). (2022).

- Promoting the learning and development of staff, so that they are also empowered to support victims/survivors.

1.3.6 Inclusion / Cultural considerations

Organisations should make efforts to move past cultural stereotypes and biases. As mentioned by the SBNI, Section 75 of the Northern Ireland Act 1998 places a statutory obligation on public authorities “to carry out their function with due regard to promote equality and good relations.”²⁰ Victims/survivors who experience trauma can often feel isolated from society. Supporting victims/survivors feel more included in society can be promoted by:

- Incorporating policies, protocols and practices that are responsive to the needs of victims/survivors.
- Acknowledging cultural stereotypes and biases.
- Understanding, recognising and embracing difference.
- Acknowledging the impact that feeling excluded can have.

1.4 Examples of trauma-informed approaches in the United Kingdom and the Republic of Ireland

In the UK, a range of sectors are adopting trauma informed approaches. These include:

- **Healthcare.** Trauma-informed approaches have been widely incorporated into primary care and community mental health services. However, research from the University of Bristol found that implementation approach in health care systems across the UK is fragmented.²¹

²⁰ Safeguarding Board for Northern Ireland. [Trauma Informed Toolkit: Embedding a Trauma Informed Approach within Organisations and Systems](#). (2024).

²¹ University of Bristol. [Trauma-informed approaches in healthcare: piecemeal implementation needs UK-wide leadership, strategy and evidence](#). (2023).

- **Criminal Justice.** Trauma-informed approaches have been used in national justice policy, including the Female Offender Strategy for England and Wales.²²
- **Education.** The National Education Union has published resources and information to help schools understand the impact of trauma on pupils, provide support and create safe and inclusive environments.²³
- **Social Care.** The adult and children's social care sectors have a recent history of utilising trauma-informed approaches. Social care in Wales has noted that using trauma-informed approaches improved engagement with social services.²⁴

Both Scotland and Wales have introduced policy frameworks to support organisations implement trauma-informed approaches. The [Scottish National Trauma Transformation Programme](#) (NTTP) is a long-term programme aimed at supporting the development of a trauma informed workforce. The NTTPs vision is to support services who “recognise where people are affected by trauma and adversity, and respond in ways that prevent further harm, support recovery, address inequalities and improve life chances.”²⁵

The Welsh Governments Adverse Childhood Experience (ACE) Support Hub produced the Trauma and Adverse Childhood Experience (TrACE) Informed Organisation Toolkit in 2022.²⁶ The Toolkit was designed to help professionals and organisations develop trauma-informed approaches and ensure consistency in its application.

While there does not appear to be a government led trauma-informed framework or policy in the Republic of Ireland, there are several organisations who provide training, resources and implementation support for organisations seeking to introduce trauma-informed approaches. These include:

²² Clinks. [Trauma-informed work with people in contact with the criminal justice system](#). (2020).

²³ National Education Union. [Trauma-informed practice and approach](#). (2024).

²⁴ Social Care Wales. [Trauma-informed approaches](#). (2023).

²⁵ National Trauma Transformation Programme. [What is the National Trauma Transformation Programme \(NTTP\)](#).

²⁶ Social Care Wales. [Trauma-informed approaches](#). (2023).

- **Quality Matters.** This organisation supports organisations across the Republic of Ireland to deliver improvements to social service provision improvement in social services.²⁷ Their programme supports organisations across working across a variety of sectors, including addiction, homelessness, education and community development.
- **Trauma Informed Practice Ireland.** The programme works in partnership with service providers to change how they support marginalised service users.²⁸

²⁷ Quality Matters. [Trauma Informed Care in Ireland.](#)

²⁸ Trauma Informed Practice Ireland. [About us.](#)

2 Best practice to deliver a trauma-informed approach

2.1 What does ‘good’ look like?

According to multiple sources that examine trauma-informed approaches; to embed a trauma-informed approach, an organisation or system requires several ‘good practice’ concepts for it to be successfully implemented. This section makes extensive reference to the Scottish NTTP, as it contains guidance and a roadmap on how organisations can successfully implement a trauma-informed approach.

2.1.1 Organisational culture

An organisational culture “recognises the impact of trauma and sees being trauma informed as a way of working and an approach to everything that it does, rather than a standalone specific intervention or project.”²⁹ The definitions and key principles of the trauma-informed approach should be known and understood by all the staff within an organisation. A trauma-informed organisational culture:

- Recognises the impact and prevalence of trauma, and resists the re-traumatisation of victims/survivors.
- Empowers organisational staff to work in ways that embody the principles of safety, trust, choice and collaboration.
- Uses language that is accessible and reflects an understanding of trauma.
- Acknowledges that working in a trauma-informed and responsive approach, can be challenging.

A key component of the organisational culture, mentioned above and highlighted by the NTTP, is how language is used. The NTTP states that “inclusive language can help people connect and make sense of the world and their experiences. Language can also make people feel judged and blamed . . .

²⁹ National Trauma Transformation Programme. [A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland – Executive Summary](#). (2023). Pg 11.

when the immediate focus is on what is wrong with, rather than what happened to a person.”³⁰

2.1.2 Leadership

The leadership of an organisation should aim to embody “the key principles [of trauma-informed approaches] and builds accountability for long-term improvement.”³¹ The NTTP recommends that there needs to be effective leadership that supports the embedding of new skills and ways of working.

Effective leadership includes ensuring that an organisation has the necessary framework and accountability for implementing a trauma-informed approach. Leadership has a responsibility to help people within an organisation understand:

- how a trauma-informed approach can support existing priorities.
- strengthen engagement with services.
- support wellbeing.
- provide services that uphold human rights and deliver a person-centred approach.

The NTTP recognises that people in positions of leadership may have themselves experienced trauma. People in leadership positions can bring valuable lived experience and knowledge of trauma, where a “responsive organisation values professional and personal expertise.”³²

³⁰ National Trauma Transformation Programme. [A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland - Part one.](#) (2023). Pg 2.

³¹ National Trauma Transformation Programme. [A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland – Executive Summary.](#) (2023). Pg 11.

³² National Trauma Transformation Programme. [A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland - Part one.](#) (2023). Pg 6.

2.1.3 Staff care, support and wellbeing

Staff within the organisation should feel confident that their wellbeing is taken seriously. The NTTP indicates that staff should have access to relevant, proactive, protective and reactive wellbeing support.³³

Providing care and support is particularly important for people who are directly supporting, or encounter, victims/survivors who have been affected by trauma. These roles can cause people to face an increased risk of “experiencing vicarious trauma, moral injury and compassion fatigue.”³⁴ Repeated exposure to traumatic events can impact peoples sense of well-being. Therefore, ensuring staff feel supported in their role is crucial.

The NTTP indicates that a trauma-informed and responsive staff care approach involves:

- Creating a shared understanding of well-being across the organisation.
- Proactively de-stigmatising and protecting wellbeing.
- Putting in place measures to ensure proactive prevention of vicarious trauma.

2.1.4 Training, feedback loops and continuous improvement

Policy makers, legislators and other relevant stakeholders should be appropriately trained on how to engage with victims/survivors. The Council for Europe states that training delivered by victim/survivor advocates, with a personal experience of trauma, “are also an excellent resource, as they can convey a trauma-informed understanding of the extent and range of [the traumatic event].”³⁵

³³ National Trauma Transformation Programme. [A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland – Executive Summary](#) (2023). Pg 11.

³⁴ National Trauma Transformation Programme. [A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland - Part one.](#) (2023). Pg 9.

³⁵ Council of Europe. [Guidelines for policy makers on engaging with victims and survivors of child sexual exploitation and sexual abuse.](#) (2024). Pg 17.

Engagement with victim/survivor advocates can also provide first hand insights into the effects of the traumatic event being examined.

Developing feedback loops, to gather the insights from organisational staff working with victims/survivors, will allow an organisation to continually strengthen and improve its trauma-informed approach.³⁶

2.1.5 Power-sharing with people with lived experience of trauma

NTTP guidance states that “power-sharing is about collaboratively developing routine, safe and meaningful processes, so those of us affected by trauma are . . . involved in decision making about how services and systems are designed.”³⁷ Power-sharing arrangements is about developing processes that are designed around the needs of victims/survivors.

2.1.6 Staff knowledge, skills, confidence and capacity

The NTTP states that an organisations staff should also receive the training to appropriately recognise and respond to people affected by trauma.³⁸ This can be delivered through training and implementing support relevant to their role. This includes:

- Supporting everyone within the organisation understand what a trauma-informed and responsive approach is.
- Ensuring staff have ongoing access to training and implementation support relevant to their role.

³⁶ National Trauma Transformation Programme. [A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland – Executive Summary](#). (2023). Pg 11.

³⁷ National Trauma Transformation Programme. [A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland - Part one](#). (2023). Pg 14.

³⁸ National Trauma Transformation Programme. [A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland - Part one](#). (2023). Pg 18.

2.1.7 Policies and processes

The NTTP states that “policies, guidance, protocols and processes provide clear guidelines to staff and people coming into contact with the organisation about how the organisation operates and values it’s culture.”³⁹ A successfully implemented trauma-informed approach needs to be reinforced through embedded policies and practices. This can help establish a trauma-informed approach as part of an organisations mission. Policies and processes should be:

- Designed with an understanding of trauma in mind.
- Balanced with the organisations other priorities and duties.

2.1.8 Budgets

Implementing a trauma-informed approach requires long-term budgetary support. The NTTP indicates that whilst public sector budgets are under sustained pressure, promoting a “joined-up, strategic approach to embedding a trauma-informed approach . . . across the organisation can help ensure that best use is made of existing resources.”⁴⁰ An organisations trauma-informed budget should therefore consider:

- The in/direct costs and resources required to implement and sustain changes.
- The costs that can be saved through a trauma-informed approach (i.e. reduced staff sickness related to work-related stress).

2.1.9 Trauma informed and responsive service design

How a service is designed and delivered is an important part of sustaining a trauma-informed approach. The NTTP recommends that organisations consider their service offering from the point of view of a victim/survivor. For example,

³⁹ National Trauma Transformation Programme. [A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland - Part one.](#) (2023). Pg 19.

⁴⁰ National Trauma Transformation Programme. [A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland - Part one.](#) (2023). Pg 21.

“taking a walkthrough of services provided by your organisation could help . . . people affected by trauma collaboratively identify what the organisation is doing well.”⁴¹

If each aspect of the service is considered through a trauma-informed lens, this can help recognise instances of trauma and resist re-traumatisation.

Responsive service design includes:

- How victims/survivors view the physical environment and communication.
- Taking a collaborative approach to service design (i.e. power-sharing).

2.1.10 Co-production and safety

Ensuring the physical and psychological safety of participants is a vital element of a trauma-informed approach.⁴² Guidance from the Council of Europe indicates that when working with victims/survivors, “it is essential to work with participating victims and survivors to identify their needs and support required in order to create an enabling environment for their participation.”⁴³ This process should be conducted in advance of the victims/survivors participation. Examples of how a safe environment can be developed include:

- The co-production of ‘ground rules’ that are to be used throughout the engagement process.
- Training for those involved in the engagement, particularly on the identification of situations that can lead to re-traumatisation.
- Ensuring the victims/survivors have access to mental health and other forms of support they might need. This support should be available both during and after the engagement process.

⁴¹ National Trauma Transformation Programme. [A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland - Part one.](#) (2023). Pg 23.

⁴² Council of Europe. [Guidelines for policy makers on engaging with victims and survivors of child sexual exploitation and sexual abuse.](#) (2024). Pg 17.

⁴³ As cited immediately above.

2.1.11 Providing peer support

Working with more than one victim/survivor at a time ensures that they do not feel isolated or overwhelmed. Peer support, from victims/survivors who share in the lived traumatic experience, can help overcome a sense of isolation. In practice, this means avoiding engaging with a single victim/survivor, where group meetings can be more effective.⁴⁴

⁴⁴ Council of Europe. [Guidelines for policy makers on engaging with victims and survivors of child sexual exploitation and sexual abuse](#). (2024). Pg 17.

3 Benefits of a trauma-informed approach

Sources indicate that while trauma-informed approaches are a recent concept, there are several agreed benefits to using the approach.⁴⁵ Some of these benefits for victims/survivors include:

- **Improved well-being and engagement with services.** When organisations have an improved awareness of trauma, victims/survivors accessing services feel less judged. Victims/survivors may also have increased motivation to engage with services.⁴⁶
- **Improved family relationships.** Trauma-informed approaches support 'relational and emotionally intelligent practice'. Research found that a long-term outcome of the approach can be a sense of improved family safety, well-being and relationships between victims/survivors and their families.⁴⁷
- **Minimised risk of re-traumatisation.** Services who use a trauma-informed approach can help reduce the risk of re-traumatisation. For example, ensuring that victims/survivors do not have to unnecessarily re-tell the story of their abuse too many times. The approach also means that victims/survivors do not feel judged when explaining their experiences. This can avoid the negative emotions associated with the retelling of a traumatic event.⁴⁸

Research has also identified benefits for the staff who are delivering a trauma-informed approach, including:

⁴⁵ Social Care Wales. [Trauma-informed approaches](#). (2023).

⁴⁶ Asmussen. K, Masterman. T, McBride, T and Molloy. D. [Trauma-informed care: Understanding the use of trauma-informed approaches within children's social care](#) (2022). Early Intervention Foundation. Pg 28.

⁴⁷ Bunting. L et al. Developing trauma informed care in Northern Ireland: The child welfare system. (2019). Queen's University Belfast. Pg 9.

⁴⁸ Social Care Wales. [Trauma-informed approaches](#). (2023).

- **Higher job satisfaction.** The principles of a trauma-informed approach can improve work and job satisfaction.⁴⁹
- **Improved relationships between colleagues.** Trauma-informed approaches help staff members develop empathy and improve trust between colleagues.⁵⁰
- **Knowledge development.** Using trauma-informed approaches can provide an opportunity to ‘significantly improve practitioners confidence’. This is particularly evident when recognising trauma and addressing and supporting victims/survivors.⁵¹

⁴⁹ Asmussen. K, Masterman. T, McBride, T and Molloy. D. [Trauma-informed care: Understanding the use of trauma-informed approaches within children's social care](#) (2022). Early Intervention Foundation. Pg 27.

⁵⁰ Asmussen. K, Masterman. T, McBride, T and Molloy. D. [Trauma-informed care: Understanding the use of trauma-informed approaches within children's social care](#) (2022). Early Intervention Foundation. Pg 30.

⁵¹ Social Care Wales. [Trauma-informed approaches](#). (2023).

4 Limitations and barriers of a trauma-informed approach

Several limitations and barriers to implementing a trauma-informed approach have been identified. It should be noted that the majority of articles discussing the limitations of trauma-informed approaches come from a health and social care perspective.

4.1 Limitations

Research conducted by the Home Office into trauma-informed approaches / practice, concluded that they are not a replacement for specialist mental health services. They should not be used as a method to ‘treat’ anyone suffering from trauma or a related mental health condition.⁵² A trauma-informed approach is a mechanism to enable healing and recovery, but the approach itself is not a way to directly treat trauma.

The Home Office report also noted that despite being seen as an innovative and promising approach to working with the victims/survivors with trauma, the evidential base of its impact remains limited. A study into trauma-informed care by the [Youth Endowment Fund](#) in 2021, examining training and service redesign, found that “there is very little research on the impact of training staff and redesigning systems with the primary aim of recognising and responding to trauma.”⁵³

This finding was supported by research published in [BMC Health Services Research](#) in 2022, where a review into trauma-informed care in community mental healthcare found “limited evidence for its effectiveness in the UK, however it is endorsed in various policies.”⁵⁴

⁵² Home Office. [Trauma informed practice: learning from experience \(accessible\)](#). (2024)

⁵³ Youth Endowment Fund. [Trauma-informed training and service redesign](#). (2021)

⁵⁴ Emsley, E et al. [Trauma-informed care in the UK: where are we? A qualitative study of health policies and professional perspectives](#). (2022). BMC Health Services Research.

4.2 Barriers and challenges to implementation

There is, currently, limited evidence about the barriers to implementing a trauma-informed approach. Research from the Scottish Government did identify some barriers to implementation. However, these barriers came from within the specific context of the Scottish child welfare system.⁵⁵ These barriers included:

- **A lack of commitment to implementing a trauma-informed approach.** The research found that staff exhibited confusion and scepticism about a trauma-informed approach. This led to an inconsistent application of the approach.
- **A lack of practice-based training and refreshers.** There is a need systemic and practice-based training and refresher sessions, to ensure staff know how to practically use trauma-informed approaches.
- **Inadequate resources.** Organisations that lack sufficient resources can struggle to implement and embed trauma-informed approaches.

The same research identified several key challenges in the implementation of a trauma-informed approach.⁵⁶ This included:

- A lack of clarity from staff on what a trauma-informed approach involves. This included limited understanding of the relevance, scope and impact of a trauma-informed approaches.
- A lack of clarity around what constitutes ‘effective training’ on trauma-informed approaches.
- A lack of understanding of the length of time needed to ensure a trauma-informed approach has been effectively implemented.

⁵⁵ Scottish Government. [Enablers and barriers to trauma-informed systems, organisations, and workforces: evidence review](#). (2023).

⁵⁶ As cited immediately above.

5 Case studies of trauma-informed approaches

5.1 Case study 1 – Redress for Survivors – Scotland

5.1.1 Background

The Redress for Survivors (Historical Child Abuse in Care) (Scotland) Act 2021 established a financial redress scheme for the victims/survivors of historical child abuse in certain institutions in Scotland. Institutions include children's homes, penal institutions, residential care facilities and school related accommodation. The Redress for Survivors Scheme (the Redress Scheme) is intended to provide accountability, justice, financial and non-financial redress for victims/survivors who suffered abuse.⁵⁷

The Redress Scheme makes redress payments to people who were abused while in an institution before the 1st of December 2004. It is also available to some next of kin, in cases where the victim/survivor has died. The Redress Scheme also offered non-financial redress, including an apology from the institution the victim/survivor was in, as well as emotional support.

Further details about the Redress Scheme can be found in the RaISe briefing paper 'Response to Historical Abuse in Great Britain', NIAR 316-2024, published in March 2025.

5.1.2 The Redress Scheme's trauma-informed approach

The Redress Scheme is underpinned by three fundamental principles: dignity, compassion and restraint. These principles originate from the 2018 Scottish National Performance Framework. These principles are intended to guide the approach of the Scottish Government and wider public services. Specifically, dignity, compassion and restraint sit under the Human Rights national outcome, and the "Public Services treat people with dignity and respect" indicator.⁵⁸

⁵⁷ The Scottish Parliament. [Redress for Survivors \(Historical Child Abuse in Care\) \(Scotland\) Bill](#). (2021).

⁵⁸ Scottish Human Rights Commission. [Review of the National Performance Framework National Outcomes: Call for Evidence 2023](#). (2023). Pg 8.

Dignity is defined as treating others with respect and striving to understand different perspectives. Respect involves recognising that others have different needs and workplaces are inclusive of those needs. Compassion ensures that the Redress Scheme is aware of the impact of trauma on victims/survivors, and how this impacts their behaviour.⁵⁹

As stated by Kate Forbes, the Deputy First Minister in the Redress Scheme's 2023/24 annual report:

"The Scheme aims to empower survivors by incorporating their insights, adopting a trauma-informed approach, and offering an alternative to a possibly adversarial legal process."⁶⁰

The Redress Scheme closely follows the trauma-informed best practice detailed in the NTTP (please see Chapter 2). The trauma-informed approach used in the Redress Scheme does not appear to be set processes or procedure. Instead, it is about ensuring that the key principles of the Redress Scheme are followed when supporting and engaging with victims/survivors and that a trauma-informed approach is a 'way of doing'. The Redress Schemes 2023/24 annual report and Governance documents provide further detail on how the trauma-informed approach was implemented.

How the Redress Scheme was trauma-informed

The Redress Schemes trauma-informed approach has three key elements. These are:⁶¹

- **Relationships matter.** Support should be based on sustaining and developing relationships between victims/survivors and people who are trying to help.
- **Trustworthiness counts.** Trust is built by being predictable, consistent and doing what was promised.

⁵⁹ Redress Scotland. [Annual Report and Accounts 2023/2024](#). (2024). Pg 14-15.

⁶⁰ Scottish Government. [Scotland's Redress Scheme – 2024 Combined Annual Report](#). (2024). Pg 3.

⁶¹ Redress Scotland. [Annual Report and Accounts 2023/2024](#). (2024). Pg 64.

- **What we say and how we say it has meaning beyond the words.**

Using straightforward and open language and communications make it easier to understand what an organisation does.

The extent of the contributors to the Redress Schemes adherence to a trauma-informed approach can be seen in the 2024 combined annual report.⁶² The majority of contributors to the Redress Scheme stated they are providing:

- Trauma-informed/sensitive support for victims/survivors who were abused as children.
- Training to staff on using trauma-informed practices, as well as implementing trauma informed practices across their organisation.
- Ensuring that when archives and records are requested or reviewed, victims/survivors can request specialist support, as reviewing their records can be re-traumatising. For example, the Convention of Scottish Local Authorities (CoSLA) state that “person-centred and trauma-informed approaches to records access is recognised as critical to the support of the unique journey of each person seeking their records.”⁶³

An example of this specialist support is the Access to care records (A2R) – Support Service, operated by the Rees Foundation. A2R is a “unique commissionable service to support people when they come to access their care records”.⁶⁴ The Service guides are trained to have safeguarding knowledge, understand legal frameworks and understand the emotional impact of accessing records.

Several independent organisations were or are currently involved in the design and support provided by the Redress Scheme. These include the Centre for Excellence for Children’s Care and Protection (CELCIS), who work to support organisations deliver organisational changes while supporting vulnerable people. CELCIS were responsible for delivering a consultation with victims/survivors, which supported the co-design, collaboration and power-

⁶² Scottish Government. [Scotland’s Redress Scheme – 2024 Combined Annual Report](#). (2024).

⁶³ Scottish Government. [Scotland’s Redress Scheme – 2024 Combined Annual Report](#). (2024). Pg 13.

⁶⁴ Access to care records (A2R) – Support Service. [Rees Foundation](#).

sharing elements of the Redress Scheme.⁶⁵ The Glasgow Psychological Trauma Service (The Anchor) also supported the delivery of the Redress Scheme. The Anchor is a specialist mental health service, offering multidisciplinary psychological interventions and treatment to individuals who present with Complex Post Traumatic Stress Disorder (CPTSD), following experiences of complex trauma.⁶⁶

The Survivor Engagement Annual Report 2022-24 indicated that the Redress Scheme was successfully engaging with victims/survivors and responding to their feedback. The report stated that “from feedback, we know we are doing well at creating a safe and open environment for survivors who have engaged with us.”⁶⁷ The report highlighted the work the Redress Scheme had done in building and sustaining relationships with victims/survivors, and being open to their feedback.

Governance

The Governance of the Redress Scheme includes several approaches and structures that details how a trauma-informed approach forms an integral part of its operation.

- The Framework document states that the ‘panel members’ (those who are appointed to undertake determinations) will ensure that victims/survivors are treated with respect, dignity and compassion. Panel members should “always take care to minimise potential risk of causing further harm or distress to survivors.”⁶⁸
- The Standing Orders states that the panel proceedings take place fairly, justly and with compassion, whilst having regard to the importance of avoiding re-traumatisation.⁶⁹

⁶⁵ CELCIS. [Financial redress for survivors of abuse in care](#). (2021).

⁶⁶ NHS Greater Clyde and Glasgow. [Glasgow Psychological Trauma Service – The Anchor](#).

⁶⁷ Redress Scotland. [Redress Scotland Survivor Engagement Annual Report 2022-24](#). (2024). Pg 6.

⁶⁸ Redress Scotland. [Redress Scotland Framework Document](#). Pg 4.

⁶⁹ Redress Scotland. [The Redress Scotland Panels \(Standing Orders\)](#). (2022). Pg. 7

Training to panel members and operational staff

The 2024 annual report states that the Redress Scheme's panel members are provided with initial training from experts on the impact of trauma and abuse on victims/survivors. Other training included input on the relevant legislation and statutory guidance. Operational staff are also provided with trauma informed training.

5.1.3 Challenges and lessons learnt with the trauma-informed approach

Following a discussion with staff familiar with the Redress Schemes trauma-informed approach, several challenges and lessons learnt were identified. These included:

- It was recognised that having a clinical psychologist embedded in the Redress Scheme from the beginning would have been beneficial. Having them in post earlier would have allowed the Redress Scheme's staff to co-produce policy and operations with the clinical psychologist.
- While a trauma-informed approach is about supporting victims/survivors, there still needs to be a space for 'sympathetic challenge', i.e. while providing support and understanding, also trying to confront difficult truths and situations with the victim/survivor.
- Having government representatives present in the Redress Scheme would have been useful. Whilst this may have been difficult for some victims/survivors, having government representatives present would have helped to manage expectations.
- Operational staff could experience vicarious trauma. This could lead staff to wanting to 'rescue' victims/survivors. The Redress Scheme is intended to empower victims/survivors, not rescue them.
- The other organisations involved in the Redress Scheme (CELCIS, The Anchor) should have been centrally involved and embedded in the Redress Scheme from the beginning.

Additionally, a news report was published in 2022 about the difficulties facing victims/survivors using the Redress Scheme. In a BBC interview, a victim/survivor thought that more support would have been made available

through the Scheme and that re-traumatisation occurred when accessing their records.⁷⁰

5.2 Case study 2 – Mother and Baby Institutions Payment Scheme – Republic of Ireland

5.2.1 Background

The Mother and Baby Institutions Payment Scheme Act was signed into law in 2023, with regulations enabling the Mother and Baby Institutions Payment Schemes (the Payment Scheme) operation signed in 2024. The Payment Scheme is intended to provide financial redress (and an enhanced medical card or health support payment for those who spent six months or more in an institution) to victims/survivors who spent time in in Mother and Baby and County Home Institutions.⁷¹

The Payment Scheme was established following the recommendations made in the 2021 Final Report of the Commission of Investigation into Mother and Baby Homes. The Commission found that the victims/survivors of these institutions should be eligible for a redress scheme, and use a design similar to the Magdalen scheme. The Irish Government estimated that around 34,000 people are eligible to qualify for financial payments.

For further information on the Republic of Ireland's responses to historical abuse, and further detail about the Payment Scheme, please refer to the RalSe briefing paper 'Reponses to Historic Abuse in the Republic of Ireland', NIAR 233-2024, published in November 2024.

5.2.2 The Mother and Baby Institutions Payment Schemes trauma-informed approach

According to the Irish Government, the Payment Scheme is designed to be accessible as possible. For example, the Payment Scheme has adopted

⁷⁰ BBC News. [Child abuse survivors lose faith in redress payment scheme](#). Published 16 November 2022.

⁷¹ Department of Children, Disability and Equality. [Mother and Baby Institutions Payment Scheme – Background and Legislation](#). (2025).

specific processes that make it easier for victims/survivors who ‘may lack capacity’ to apply.⁷² The processes of the Payment Scheme incorporate the principles of ‘kindness’ and ‘do no harm’, and follow a trauma-informed approach.

The grounding principles of the Payment Scheme reflect this trauma-informed approach. These are:⁷³

- **The right to adequate, effective and prompt remedy.** Redress should meet the needs of the victim/survivor and be provided within a reasonable timeframe.
- **Fair procedures and accountability.** Fair and transparent procedures are followed and obstacles for people accessing the Payment Scheme should be reduced. This also involved reducing overly burdensome standards of proof.
- **Proportionality.** Redress should reflect the gravity of the situation and the harm done.
- **Accessibility and Support.** Redress should be accessible; support mechanisms should be incorporated into the process and remedies made to account for any ‘special vulnerabilities.’
- **Participation.** Victims/survivors should be meaningfully involved in the design, development and implementation of the Payment Scheme.
- **The ‘do no harm’ principle.** The processes and outcomes of the Payment Scheme must avoid the re-traumatisation of victims/survivors and their family members. A non-adversarial and holistic approach was therefore adopted.

Other aspects of the trauma-informed approach used by the Payment Scheme include:

⁷² Department of Children, Disability and Equality. [Mother and Baby Institutions Payment Scheme: Government Proposals](#). (2025). Pg 7.

⁷³ Department of Children, Disability and Equality. [Report of the Interdepartmental Group \(IDG\) on the development of the Mother and Baby Institutions Payment Scheme](#). (2021). Pg 18.

- Ensuring that all staff involved in the Payment Scheme are trained in trauma-informed approaches. Refresher training for all staff is currently in progress (as of May 2025). Knowledge and awareness of trauma-informed care principles is of paramount importance. Staff are made aware of the impact the time in institutions has on victims/survivors and the trauma caused by these experiences.
- Avoiding re-traumatisation where possible, by ensuring that the Payment Scheme processes are as efficient as possible for applicants. A suggestion made in the 2021 Inter-Departmental Group (IDG) was that oral hearings should only be considered in cases that are deemed absolutely necessary. Otherwise, oral briefings from victims/survivors should be avoided where possible.
- An array of support mechanisms is available to victims/survivors applying to the Payment Scheme. The Payment Scheme website highlights the varied support that is available both within the Republic of Ireland, as well as support available for international victims/survivors. This includes signposting to advocacy organisations and psychological support.
- The feedback from victims/survivors is continuously reviewed, with the processes for the Payment Scheme being amended and refined since it opened.

Lessons learnt from the Magdalen Restorative Justice Ex-Gratia Scheme (2013 – present)

The principles and processes of the Payment Scheme were informed by some of the lessons learnt during the Magdalen Restorative Justice Ex-Gratia Scheme, which has been in operation since 2013. The IDG report states that “it is important to be aware of the successes and failures of these schemes and apply this learning.”⁷⁴ In relation to lessons learnt around a trauma-informed approach, the report conducted by the Ombudsman of the Republic of Ireland in 2017 into the Magdalen Scheme, found that:

⁷⁴ Department of Children, Disability and Equality. [Report of the Interdepartmental Group \(IDG\) on the development of the Mother and Baby Institutions Payment Scheme](#). (2021). Pg 20.

- Eligibility criteria were established six months after the Magdalen Scheme started and assessments had already taken place. Women who were refused admission because of the eligibility criteria, did not have their position explained to them until after their application was refused. This led to unnecessary distress. The ombudsman concluded this represented maladministration on the part of the Magdalen Scheme.⁷⁵
- There were lengthy delays in providing support to woman who may have lacked capacity.⁷⁶ The report concluded that the Magdalen Scheme failed to consider other options to address delays in payments.⁷⁷
- There were lengthy delays in starting the Magdalen Schemes interview process, with interviews not taking place until a year after the first applications were made. The report noted this meant that it was likely decisions were made without giving the applicants the opportunity to share their account.⁷⁸

The proposals from the Irish Government stated that these lessons learnt were later incorporated into the design of the Payment Scheme.

5.2.3 Challenges and lessons learnt with the trauma-informed approach

Following discussions with staff familiar with the Payment Schemes trauma-informed approach, several challenges and lessons learnt were identified.

These included:

- It was felt that staff training on trauma-informed approaches should have started at an earlier stage. A trauma-informed approach needs to be embedded into what the programme was trying to achieve through redress. This could have been achieved more effectively with earlier staff training.

⁷⁵ Office of the Ombudsman. [Opportunity Lost: An investigation by the Ombudsman into the administration of the Magdalen Restorative Justice Scheme.](#) (2017). Pg 38

⁷⁶ In this context, lacking capacity refers to an adult's inability to make decisions or fulfill personal responsibilities. This may be due to medical issues or a physical and/or mental disability.

⁷⁷ Office of the Ombudsman. [Opportunity Lost: An investigation by the Ombudsman into the administration of the Magdalen Restorative Justice Scheme.](#) (2017). Pg 49.

⁷⁸ Office of the Ombudsman. [Opportunity Lost: An investigation by the Ombudsman into the administration of the Magdalen Restorative Justice Scheme.](#) (2017). Pg 44.

- Training to recognise vicarious trauma and the impact on staff was felt to have been particularly important. This would have helped staff recognise the impact of the victims/survivors trauma on them.
- In situations where discrepancies were identified in records, and the victim/survivor's claim was turned down, not all operational staff were comfortable in having those conversations. It was important to identify which staff members were resilient enough to have those difficult conversations.
- Drawing from anecdotal experiences, the Payment Scheme identified instances where other family members were pushing the victim/survivor to go through the Payment Scheme against their will. It was not discussed how often this took place, but it was often enough to warrant mentioning.
- Some processes used by the Payment Scheme have been changed since it started, as they were leading to unintentional harm. For example, the Notice of Determination (stating whether a claim would be progressed or not), was not transparent enough. The Notice now provides more information on how and why a decision was reached.
- The Payment Scheme only engaged with a Special Advocate for Survivors last year, which lead to improved process design. It was felt this could have been done earlier in the design process.

5.3 Case study 3 – Redress for Victims of Child Abuse – Australia

5.3.1 Background

The Australian Government set-up the National Redress Scheme (NRS) in 2018. This was in response to the recommendations made by the Royal Commission into Institutional Responses to Child Sexual Abuse. The Royal Commission inquired into and reported on instances and allegations of child sexual abuse in Australia, with allegations dating back to the early 1990s.

The Royal Commission recommended that a process for redress must provide equal access and equal treatment for victims/survivors. It recommended that the NRS should include⁷⁹:

- direct personal response (where institutions should offer and provide a direct personal response to survivors);
- counselling and psychological care; and,
- monetary payments (\$10,000 minimum payment, \$200,000 maximum payment and \$65,000 average payment).⁸⁰

5.3.2 Trauma-informed approaches in the NRS

The NRS has adopted a trauma-informed approach to support victims/survivors. Part of the approaches implementation involved the development of a standalone service to support victims/survivors throughout the process, the Redress Support Service (RSS). According to the NRS's explanatory document 'You might know or work with someone who is eligible for the National Redress Scheme', the RSS will use a collaborative, victim/survivor-centred approach, aiming to reduce the experience of relived trauma.⁸¹

The RSS is available to support victims/survivors before, during and after their application for redress. The RSS is a free, confidential, trauma-informed and 'culturally safe' service. Specialist services are available for people with disabilities, those from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, care leavers and child migrants.⁸² The RSS can also act on behalf of victims/survivors who want to apply for redress, but who do not want to directly interact with the NRS.⁸³

⁷⁹ Royal Commission into Institutional Responses to Child Sexual Abuse. [Final Report: Recommendations](#). (2017). Pg 73

⁸⁰ As of 19/05/25, 1 Pound Sterling = 2.07 Australian Dollars, according to Exchange-Rates.org.

⁸¹ National Redress Scheme. You might know or work with someone who is eligible for the National Redress Scheme. (2024). Pg 11.

⁸² As cited immediately above.

⁸³ National Redress Scheme. [Discussion Guide](#). (2024). Pg 12.

5.3.3 Issues and challenges with the trauma-informed approach

In 2024 the Inquiry into the Operation of the National Redress Scheme, reported its findings on the redress experiences of victims/survivors.⁸⁴ The Inquiry found that:

- The NRS application form asked for lots of details about the trauma experienced by victims/survivors, noting that this can be a re-traumatising experience. This included specific and explicit detail about the type of abuse the victim/survivor experienced (physical, mental, neglect etc.). The Inquiry found that victims/survivors often struggled to answer questions requiring them to provide details about their abuse.
- The severity of abuse often dictated how much redress money was paid. Victims/survivors who experienced penetrative abuse are entitled to a greater redress than, for example, those who experienced exposure. However, providing details of penetrative abuse could leave victims/survivors feeling ‘ashamed and fearful’. Re-telling these details could also be re-traumatising. This led to a reluctance among victims/survivors to explain what happened to them, and subsequently received less redress than they were entitled to.
- The length of waiting times to assess redress applications averaged around 15 months. The Committee felt that this was problematic as; long waiting times lead to unnecessary stress among victims/survivors; trust was lost in the process; and some victims/survivors were elderly, leading to a fear they could die before receiving their redress.

⁸⁴ Parliament of Australia. [Redress: Journey to Justice – Chapter 3](#). (2024).

5.4 Case study 4 - A trauma-informed approach within a legislative environment – The Education, Children and Young People Committee, Scottish Parliament

The Scottish Parliament's Education, Children and Young People Committee was consulted on the trauma-informed approach they used during their scrutiny of the Redress for Survivors (Historical Child Abuse in Care) (Scotland) Act 2021. The Committee's approach involved:

- Organising a meeting between Committee Members and senior staff at the Scottish Child Abuse Inquiry. This meant firsthand knowledge was shared with Committee Members about following a trauma-informed approach.
- Recruited a Committee advisor who had worked with two survivor groups (these were not named) to advise on the Committee's approach. Officials reported that this led to improved trust in the process.
- Choosing to use the term 'victim/survivor' in reports/correspondence in recognition of how different people wanted to be described.
- Ensuring their correspondence with victim/survivor groups was clear and easy to understand. This recognised that some victims/survivors had missed significant periods at school.
- Offering vicarious trauma training to staff working on the Bill and those MSPs involved in the scrutiny process.
- Ensured from the beginning that the Committee's communications accurately and consistently reflected their role. This was to scrutinise the Bill, not offer emotional support and guidance to victims/survivors. Available support services were signposted in Committee communications.
- Working in partnership with organisations representing survivors, rather than asking individual victims/survivors to present to the Committee. Victims/survivors were given the option whether to present in public or private.
- Making it clear to victims/survivors that the Committee did not represent the Scottish Government.

- Giving ‘careful consideration’ on how written submissions were handled. Particularly where a description of abuse could potentially implicate others (i.e. siblings who were mentioned in submissions). When information needed to be redacted, agreement was sought with the victim/survivor.
- Drafted an easy-to-read summary for victims/survivors who gave evidence, so they knew how their input had made a difference.
- Explained the legislative process to victims/survivors, so they know what the expected timelines and next steps would be. A video explaining the process helped with this. This maintained trust in the process and reduced potential misunderstandings.