

## 05

# Universal Precautions

*Why trauma-informed practice assumes trauma may be present, whether or not it's disclosed*

## What This Document Covers

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This document introduces a concept borrowed, quite deliberately, from medicine: universal precautions. Understanding it well changes how you approach every single client, student, or service user you work with — not just the ones whose trauma history you already know about.

## Where the Term Comes From

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In medicine, universal precautions refers to treating all blood and bodily fluids as if they carry infectious disease, regardless of a patient's known status — not because every patient is assumed to be infectious, but because it's genuinely impossible to know for certain who is, and the cost of a wrong assumption in either direction is high enough that consistent precaution is simply safer practice for everyone involved.

Trauma-informed care borrows this exact logic. Rather than trying to identify who has a trauma history and adjusting practice only for that specific group, universal precautions means building trauma-informed principles into how you work with everyone, as a baseline — because trauma is common enough (as Document 3's ACE research demonstrated clearly), and disclosure is unreliable enough, that assuming its potential presence is simply the safer, more accurate default.

## Why Disclosure Can't Be Relied Upon

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It would be far simpler, in principle, if practitioners could just ask directly whether someone has a trauma history and adjust their approach accordingly. In practice, this doesn't work reliably, for several genuine reasons worth understanding clearly.

- Shame and stigma mean many people never disclose trauma, even to a therapist, sometimes for years into a therapeutic relationship, or not at all
- Some people don't consciously recognise their own experiences as “trauma” — particularly with more chronic, relational, or normalised forms of adversity, which can feel, to the person who lived through them, like simply “how things were”
- Dissociative responses, covered in real depth in Unit 3, can genuinely limit someone's conscious access to traumatic memories, meaning the person themselves may not have full, readily available knowledge of their own history
- Even where trauma is known to the practitioner, its specific triggers and activating patterns are often not fully known — to the client or the clinician — until they show up unexpectedly

### Pause and Consider

*Have you ever disclosed something difficult to someone — a professional, a friend — only much later than you “should have,” according to how important it later turned out to be? What made it hard to say sooner? What, if anything, eventually made it feel possible?*

## What Universal Precautions Look Like in Practice

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Applying universal precautions doesn't mean treating every single person as an active trauma survivor requiring specialised trauma treatment — that would collapse the important distinction covered in Document 4. It means building a small set of consistent, low-cost practices into standard care for everyone, regardless of known history.

- Offering meaningful choice wherever genuinely possible — where to sit, whether the door is open or closed, how a session begins
- Explaining what will happen in a session or procedure before it happens, rather than assuming compliance
- Avoiding unnecessary physical or situational surprise — sudden touch, sudden loud noise, being cornered or blocked from an exit, even inadvertently
- Watching for signs of distress or dissociation during any conversation, not only ones explicitly about trauma, and being willing to slow down or pause
- Framing difficult behaviour, as covered in Document 1, with curiosity rather than immediate judgement, as a default stance rather than a special exception

## A Story to Make This Real

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Consider a composite scenario drawn from patterns seen in general adult education and training settings, chosen deliberately because it isn't a formal mental health context — universal precautions genuinely apply well beyond clinical practice specifically.

A trainer running a professional development workshop planned an interactive icebreaker activity involving unexpected physical contact — participants would be paired up and asked, without warning, to hold hands briefly while completing a task. One participant, “Zara,” visibly froze during the exercise, and left the room shortly afterward, later explaining privately to the trainer that unexpected touch was a significant, specific trigger connected to a past experience she'd never disclosed to anyone at her workplace.

The trainer had no way of knowing this in advance, and this is precisely the point of universal precautions: not that every activity should be designed around any conceivable trauma history, but that a genuinely trauma-informed default — giving clear advance notice of any physical contact involved in an activity, and always offering an easy, low-attention way to opt out — would have protected Zara, and everyone else in the room with an unknown history, without requiring anyone to disclose anything at all, or the trainer to know anything about anyone in advance.

## What's Next

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The final document in this unit turns to some of the most common misunderstandings about trauma-informed care — including a few we've already touched on — and closes out the unit with recommended further reading.

## A Few Things to Take With You

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- Universal precautions means building trauma-informed principles into standard practice for everyone, not just people with a known or disclosed trauma history
- Disclosure cannot be relied upon — shame, lack of conscious awareness, dissociation, and unknown triggers all limit how much a practitioner can know in advance
- In practice, this means consistent, low-cost defaults: genuine choice, advance explanation, avoiding unnecessary surprise, and a curious rather than judgemental default stance
- Universal precautions apply well beyond formal clinical settings — education, training, and general service delivery all benefit from the same principle

## Before You Move On

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- Can you think of an everyday situation — a workplace, a classroom, a service you've used — that could benefit from a universal-precautions redesign, even a small one?
- Why do you think relying on disclosure alone is genuinely unreliable, even with the best intentions on both sides?
- What's one universal-precautions practice from this document you could realistically start applying in your own work or daily life?