

# Implementing Trauma-Informed Care in All Spaces

by Jennifer Benner\*

*The term “trauma-informed” is being used with greater frequency these days, thanks to research and more frequent discussion in the popular and scientific media of the harms that emerge from traumatic experiences, especially during childhood. This raising of trauma awareness, obviously, is of the greatest concern to organizations and agencies that serve trauma survivors. It is easy to imagine what a trauma-informed clinician ought to look like; however, creating a trauma informed organization is more complex and requires considerably greater effort and expertise to achieve. In this article, author Jennifer Benner offers a blueprint for ensuring that agencies serving survivors of sexual abuse do so in a trauma-informed manner.*

## SEXUAL VIOLENCE AND TRAUMA

Sexual violence is committed against people of all ages: children, teens, adults, and older adults. According to the recent National Intimate Partner and Sexual Violence Survey, nearly one in five women and one in 71 men have experienced rape at some point in their lives. Most victims know the person who assaulted them, and more than half of female victims reported at least one current or former intimate partner as the person who perpetrated sexual violence (Black et al., 2011).

Sexual violence can include both physical and emotional violations that can result in fear, powerlessness, and hopelessness. It can strip a sense of

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control, connection, and meaning from survivors, resulting in trauma that overwhelms a person's normal coping mechanisms (Proffitt, 2010). Experiencing it can affect how the brain and body work together.

Sexual violence is often traumatic, and experiencing it can affect how the brain and body work together. During any traumatic event, the body goes into crisis mode and processes memories and reactions very differently. The brain releases chemicals that control how a person will react to the event and alter how a survivor experiences and/or remembers the violence that happened. How a person reacts is not a conscious choice, survivors can experience automatic reflexes that make them immobile and unable to fight or flee (Wilson, Lonsway, Archambault, & Hopper, 2016).

Trauma refers to both the event and the response to the event. Not everyone reacts to trauma in the same way, and what may be traumatic to one person may not necessarily be traumatic to another (Proffitt, 2010). It is important to remember that each survivor reacts to sexual violence differently, influenced by culture, context, and unique life experiences.

Some common effects of trauma can include the following:

- Isolation from others;
- Feeling powerless or helpless;
- Change in world view, or view of self;
- Fear and loss of safety and trust;
- Feelings of shame, guilt, or blame.

(Proffitt, 2010).

Since trauma impacts how survivors seek and receive services (National Sexual Assault Coalition Resource Sharing Project & National Sexual Violence Resource Center, 2013 (hereinafter "Coalition, 2013")), trauma-informed service delivery, as well as creating a space that reflects these principles, is important to survivors. When we think about creating trauma-informed service delivery, all aspects of services must be evaluated.

## **CREATING TRAUMA-INFORMED SPACES**

Experiencing trauma influences how a survivor will approach and respond to services. Therefore, it is important for service providers to think about how a survivor may experience their services by analyzing their services through a trauma-informed lens. Trauma-informed service delivery is not designed to treat trauma, but to evaluate the context of trauma and how violence impacts a survivor's everyday life in all components of service delivery. A trauma-informed approach looks at the survivor as a whole and integrates an understanding of the survivor's history, cultural context, and lived experience into service delivery (Coalition, 2013). Being a trauma-informed organization means not only understanding trauma, but also having an awareness of trauma's effects on survivors as well as providing an environment that acknowledges trauma's impact and creates safety (Proffitt, 2010).

Sometimes, the first step is creating a welcoming and trauma-informed physical space. Making simple organizational changes to the physical environment as well as creating standards for how staff members interact with survivors can create trauma-informed spaces. The most important aspects of creating a trauma-informed organization are support, buy-in, and action from staff and leadership. This will include planning and training that involves both management and board members to create buy-in and to create a realistic plan for change and implementation of trauma informed practices agency-wide. Examples of how to create change can include reviewing policies and procedures to see what works for survivors. One way this can be done is to invite survivors who have used their services to share their experiences. Organizations can also foster a trauma-informed space by learning more about trauma and the impacts of trauma on both survivors and those who work with survivors. Ensuring continuous learning around trauma-informed care will allow for greater changes in policies and services, thus creating better services for survivors in a trauma-informed way (Coalition, 2013). This type of organizational change is important to successfully creating a trauma-informed space. Without it meaningful change is unlikely, and services to help and support survivors could suffer.

It is important to understand that organizations serving sexual assault survivors may not be able to eliminate all potentially triggering cues from their space, mainly because triggers are unique to each survivor. It is also important, however, that organizations recognize how trauma influences a survivor's access to services and attempt to minimize re-traumatization. This does not need to be complicated or involve expensive changes. It can include simple changes in practices or to the environment where services are offered to make survivors feel safe, welcomed, and supported in their healing while avoiding re-traumatization (Coalition, 2013).

The core principles of trauma-informed service delivery include (Coalition, 2013):

- **Safety.** Ensuring physical and emotional safety of survivors;
- **Trust.** Building trust between survivors and service providers;
- **Choice.** Prioritizing survivors choice and decision making;
- **Collaboration.** Collaborating and sharing power with survivors;
- **Empowerment.** Identifying survivor strengths, and promoting survivor skills for healing and growth;
- **Cultural Competence.** Ensuring services are culturally appropriate.

Evaluating current service delivery and incorporating these six principles can help ensure survivors receive trauma-informed services.

## CREATING TRAUMA-INFORMED SPACES FOR SURVIVORS

Consider the following questions when evaluating your organization and thinking about how to improve trauma-informed service delivery. Does my organization:

- Have a variety of materials and resources that reflect diverse populations (men, teens, LGBTQ, multiple languages, etc.)?

- Provide information to survivors about trauma, healing, and possible triggers?
- Have bathrooms that are available and accessible to individuals of varied abilities, gender identities, and body sizes?
- Offer survivors a choice about what services they receive?
- Offer services in languages other than English?
- Have signs that are clear, visible, and in multiple languages?
- Incorporate child-friendly décor and provide age-appropriate spaces for children and teens?
- Allow space for survivor choice? (Examples: provided a variety of services; allow a support person to be present; allow snacks, drinks, etc.)
- Provide private space for staff and survivors to meet?
- Use person-first language rather than labels? (Example: Describe a person as is “involved in sex work” instead of as a “prostitute”).
- Offer alternative healing solutions like yoga, meditation, art, etc.?

## SEXUAL ASSAULT ACROSS THE LIFESPAN

When creating trauma-informed spaces, an organization should also consider how trauma impacts people across the lifespan, including children, teens, and people in later life (those who are aged 60 and older). Reactions to trauma can vary in different stages of life which may impact how survivors seek and obtain services.

### Children

Sexual abuse impacts children in ways they may not be able to express. Some do not disclose sexual abuse right away; it may take weeks, months, or years before they tell anyone about the abuse that happened. Very young children are more likely to accidentally reveal what happened. (London, Bruck, Ceci & Shuman, 2005). Child sexual abuse may not be apparent to parents or caregivers without a disclosure. Some warning signs that a child may have experienced sexual violence may include refusing to be left alone with certain people, displaying inappropriate sexual behavior, and voicing knowledge of sexuality that is not age or developmentally appropriate (Jensen, 2005).

To create a trauma-informed space for children, consider the following suggestions:

- Provide toys, smaller chairs, and art supplies.
- Allow for choice, including what toy they would like to play with or where they would like to sit.
- Talk to children face to face, lowering your body to a child’s level when engaging in conversation.
- While the child should always be your primary focus, it is important to also work with non-offending parent(s) so they can understand

and reinforce your trauma-informed work with the child. Yamamoto (2015) provides extensive guidance for advocates in *The Advocate's Guide: Working With Parents of Children Who Have Been Sexually Assaulted*.

## Teens and Young Adults

Teens and people in their early twenties may express their trauma in ways that adults may not understand and may react to violence differently than adults, such as reaching out for help on social media. Since the teen brain is only about 80% fully developed (Jensen & Nutt, 2015), and is not fully mature until a person is about 25 years of age (Arain, et al. 2013), trauma impacts the adolescent brain differently and in more extreme and damaging ways than it does an adult brain. (Jensen & Nutt, 2015). Teens may be more likely to self-medicate using drugs or alcohol in response to trauma (The National Child Traumatic Stress Network, 2008).

Empower teens and people in their early twenties by allowing them to make choices in their recovery. It is also important to discuss limits to confidentiality and mandated reporting obligations in an accessible and easily understood way. To create a trauma-informed space, consider allowing survivors to:

- Choose which support person is present;
- Discuss the experience in their own words;
- Self-direct the healing process as often as possible by giving options on treatment services and checking in about what recovery looks like for them.

## Older Adults

When working with adults in later life (adults 60 years old or older), it is important to consider how medical and mobility issues could impact their access to your services, or how diseases such as Alzheimer's may impact their memory and cognitive functioning. Some older adults may feel uncomfortable talking with a younger professional who could be their grandchild's age (Ramsey-Klawnsnik & Brandl, 2009). They may also expect a different level of respect or service delivery than that given in interactions with a younger person. Some older adults may have difficulty talking about sex and may be uncomfortable using sexual language or terms for body parts (Klawnsnik & Brandl, 2009). Additionally, they may not talk directly about sexual abuse or may use coded language to talk about what has happened to them.

To create a welcoming trauma-informed space to accommodate these adults, consider the following tips (Ramsey-Klawnsnik, 2010):

- Try to have a diverse staff of various age if possible;
- Provide materials in large font and images of older adults;
- Talk slowly and clearly, not loudly;
- Write out instructions, appointments, etc.;

- Provide adequate space for walkers, wheelchairs, and other mobility devices;
- Allow for choice in appointment times.

## PREVENTION WORK SUPPORTS CREATING TRAUMA-INFORMED SPACES

Sexual violence prevention and intervention work hand in hand, and, working to prevent sexual violence is an important component to providing holistic and victim-centered care to survivors. Prevention work is vital both to survivors and to the community. The public health approach to sexual violence prevention incorporates the social-ecological model, which provides the individual, relationship, community, and societal levels with prevention strategies designed to reach people at each level. Prevention work is best done by addressing the social norms that accept sexual violence as appropriate behavior and accept victim-blaming attitudes and beliefs as normal. When an agency is engaged in meaningful prevention efforts, it is creating a trauma-informed space where a survivor will experience less blame, be less likely to be re-victimized, and be more likely to feel safe in his or her community. Good prevention work essentially extends a trauma-informed environment outside of the program to the community.

Incorporating trauma-informed approaches to an organization's space not only helps individual survivors heal, but also has the potential to help prevent future victimization by decreasing the risk factors that contribute to sexual violence. Considering how sexual violence affects people across the lifespan differently and attempting to meet these unique needs in a trauma-informed way will ultimately help all survivors of sexual violence.

**Note:** To learn more about organizational culture change and implementing trauma-informed changes in your organization see *Building Cultures of Care: A Guide for Sexual Assault Services Programs* (Coalition, 2013).

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