

MODULE

3

TRAUMA-INFORMED & HEALING-CENTERED CARE

This section offers a brief overview of trauma-informed care, focusing on the way it shapes a program's philosophy, culture, and services. This module will introduce the primary concepts of trauma-informed care with the goal of familiarizing participants with the tenets by which to approach advocacy work. Additional information specific to advocacy practices will be explored later in the training.

LESSON 1: Shifting our Paradigm

- Understanding Trauma
- The Impact of Trauma

LESSON 2: Trauma-informed care in our agency, our services, and ourselves

- Defining trauma-informed care
- Language matters



OBJECTIVES

Participants will be able to:

- Describe what is meant by “trauma.”
- Define trauma-informed and healing-centered care.
- Discuss the five guiding principles of trauma-informed care.
- Describe trauma-informed and healing-centered care’s impact on survivors of sexual violence.



MATERIALS

- Training agenda (if you create one)
- Flipchart paper or dry erase board and markers
- Pens/pencils and paper for each trainee
- Tape
- Copies of your organizational statements and policies related to trauma-informed care
- Copies of “Understanding Trauma: Factors that Influence Trauma” handout (at end of this module)
- Copies of *Building Cultures of Care: A Guide for Sexual Assault Services Programs* (available online at https://www.nsvrc.org/sites/default/files/2017-10/publications_nsvrc_building-cultures-of-care.pdf)
- Copies of SADI Trauma-Informed Care handout (at end of this module)
- Trauma-Informed Care Activity Cards (at end of this module)
- Computer with screen, projector, internet, and audio



TIPS FOR PREPARATION

- A short TED Talk is recommended for viewing during part one of this session. Set up technology in advance and test out the clip to make sure it runs smoothly. This film is about 15 minutes long and requires video and audio.

How Childhood Trauma Affects Health Across the Lifetime

by Nadine Burke Harris

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime/discussion?language=en#t-671093



- Print or otherwise obtain the articles and handouts listed in the Materials section of this module and make copies for participants.
- Review articles, materials, and lessons to be comfortable with the material before the training session.



POINTS TO CONSIDER

- **Don't be afraid to discuss your program's paradigm shift to trauma-informed and healing-centered care.**

For some advocacy programs, an approach that is trauma-informed and healing-centered may be new in concept or practice. For others, it may be an approach that has been central to the agency for some time. Trainers should not hesitate to talk about the evolution of a program's philosophy and growth in their work with survivors. Discussing this shift in paradigm and the program's commitment to growing to better support survivors demonstrates a culture of learning and one that is not afraid of change or growth to benefit survivors.

- **Our words matter.**

Key to a trauma-informed approach to advocacy is shifting away from the dominant narrative of "What's wrong with you?" to instead center the question of "What happened to you?" Language is powerful and can reflect deep intention and understanding. Questions that are deficit-based or that suggest blame are harmful to survivors and do not reflect a trauma-informed approach. When we ask better questions that reflect an understanding of the impact of trauma and honor that survivors are doing the best they can given what they are experiencing, we embody the principles of trauma-informed care. Critical to this shift in paradigm is that advocates practice awareness that their work is always to meet survivors where they are at and be open to whatever survivors do (or do not) want to share. Advocating from a place of seeing survivors as whole people who are dealing with trauma does not require asking for an account of traumatic experiences, but does make space for a survivor to share whatever feels helpful. A trauma-informed approach centers the survivor and their self-identified needs to inform support and resources.

- **Trauma-informed care is the foundation for advocacy work.**

Trauma-informed care will be an underlying framework throughout the training manual. This section helps build a critical foundation for understanding advocacy work. By first understanding the impact of trauma, we can understand what it means for how support and resources are made available to survivors. The tenets of this section should be referred back to, as relevant, to make connections with information learned in future modules.

LESSON 1: SHIFTING THE PARADIGM

UNDERSTANDING TRAUMA

During this session, trainer/s will provide foundational information on trauma-informed care for participants to build a strong base for their advocacy work.

Trainer/s should introduce the topic of trauma-informed care as the philosophy and approach that guides the work of the agency. Some participants may be more or less familiar with the concept. It can be introduced by first explaining what is meant when we discuss the word trauma. An explanation of trauma-informed care will follow in the next lesson.

GROUP BRAINSTORM

Invite participants to respond to share aloud with the group what they think of when they hear the word “trauma.”

- **Common examples might include:**

- Pain
- Something bad has happened
- Physical injury/wound
- Car crash
- Post Traumatic Stress Disorder
- Suffering
- Hurt
- Sexual violence
- A desperate need for help
- Abandonment
- Discrimination
- Crying
- Hospital
- A near death experience
- An emergency
- War
- Past struggles
- Abuse
- Loss of a loved one

Encourage the group to reflect on the range of items they included on the list. What do they notice?

LECTURE

There are many definitions of “trauma.” Some rely on clinically grounded criteria, others are more holistically based, and many exist in between.

For the purposes of our work in advocacy, we consider two primary and overlapping definitions of trauma:

- Trauma is an experience or experiences that cause overwhelming stress [Substance Abuse and Mental Health Services Administration [SAMHSA], 2014].
- Trauma is what happens inside of you as a result of traumatic events. It is a loss of connection to oneself and the present moment [Kiloby, 2017].

Traumatic events, such as sexual violence, abuse, neglect, and other forms of violence or harm can be causal factors of trauma. Trauma *is the way we experience* an event or events, physically, emotionally, spiritually, and relationally.

Critical to understanding trauma is knowing that there isn’t one singular way that people will experience something. A similar experience can happen to different people, and based on a series of factors related to their lived context, they may experience the event differently. This is normal — there is no “right” or “wrong” way to experience trauma.

SMALL GROUP ACTIVITY: INSTRUCTIONS

In pairs, using the worksheet provided “Understanding Trauma: Factors that Influence Trauma,” participants can consider the different factors that might affect the way a person experiences trauma. After pairs have had a chance to consider their responses, trainers can debrief the activity as a larger group using the facilitator’s handout.

Themes of discussion:

- There are many factors related to how a person experiences trauma, some in place prior to a person’s experience with sexual violence, others specific to the event itself, as well as those related to their experience after sexual violence.
- Our identities and lived experiences intersect, making it essential that supportive resources for survivors of sexual violence reflect a thorough understanding of the factors that influence trauma and what may or may not be helpful in one’s healing process.
- Future modules will provide additional opportunity to learn about how advocates incorporate this understanding of trauma into advocacy practice. At this time it’s most important that we have awareness that survivors of sexual violence have many different experiences and reactions in response to sexual violence, and that these are influenced by the factors we’ve discussed.

THE IMPACT OF TRAUMA

Discussion of the impact of trauma will be woven throughout the duration of the training, but we must start by rooting ourselves in the magnitude of its impact and what that means for the way we do advocacy work.

Begin by showing “**How Childhood Trauma Affects Health Across the Lifetime**”

- **How Childhood Trauma Affects Health Across the Lifetime**
by Nadine Burke Harris

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime/discussion?language=en#t-671093

GROUP DISCUSSION

Ask the participants to discuss:

- *What were the themes of the video?*
- *How does this shape the way you influence the impact of trauma?*
- *The speaker’s main focus is traumatic stress rooted in adverse childhood experiences. In the context of our work, we know that people of all ages experience adverse experiences, including sexual violence. How do you think Nadine Burke Harris’ message influences advocacy work with survivors of all ages?*
- *What are you taking from the TED Talk?*

Themes of Clip:

Share the following points to wrap up the discussion.

- Research shows that early experiences of trauma, especially in high quantity, have a strong connection to challenges later in life, specifically negative physical and mental outcomes
- Helping professions have the ability to provide much needed support and resources to help lessen negative consequences of trauma
- A holistic approach to understanding wellness is one that recognizes that mental and physical health overlap; these aren't issues that can be compartmentalized
- Many of us are impacted by trauma, across community, socioeconomic status, geographic location, etc., including those in helping professions
- Those in helping professions have a responsibility to build systems and services that acknowledge trauma and help to lessen its impact

LESSON 2: TRAUMA-INFORMED CARE IN OUR AGENCY, OUR SERVICES, AND OURSELVES



TIPS FOR PREPARATION

- Print or otherwise obtain the articles and handouts listed in the Materials section of this module and make copies for participants.
- Review articles, materials, and lessons to be comfortable with the material before the training session.

DEFINING TRAUMA-INFORMED CARE

LECTURE

Trauma influences how people approach and respond to services, making it essential that organizations serving survivors of sexual assault recognize expressions of trauma and acknowledge the role trauma plays in people's lives. This enables organizations to better understand and address the needs of individuals who have experienced sexual violence [Proffitt, 2010]. The goal of this approach, known as "trauma-informed care," is to support the healing and growth of survivors while avoiding retraumatization. Trauma-informed care is a philosophy and a skill set. Its underlying philosophy is grounded in grassroots and survivor-centered models that came from the early rape crisis center and domestic violence movements. Its evolution has made it an approach recognized in many mental health, medical, and advocacy models and settings. It provides a framework for understanding the impact of trauma on survivors, communities, and those that serve them. It also is a reference point for building strong organizations and sexual assault services that are responsive to those needs [Resource Sharing Project [RSP] & National Sexual Violence Resource Center [NSVRC], 2017].

This approach is multidimensional and can be seen throughout the various spheres of an organization, including: organizational culture, services provided, and the individual staff, volunteer, and intern commitment to self-care and growth.

Using the “Trauma-Informed Care” handout (adapted from: Building Cultures of Care (RSP & NSVRC, 2017), explain the six main components of trauma-informed care. These are:

- **Safety**

Throughout the organization, the staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

- **Cultural relevance**

The organization actively values and works to connect survivors with culturally relevant support, including, for mainstream programs, referrals to culturally specific organizations and services. The organization also incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of the survivors served, and recognizes and addresses historical trauma. Similarly, the organization’s internal policies, protocols, and processes for staff reflect cultural awareness and a commitment to equity.

- **Trustworthiness**

Decisions are transparent and people and relationships are prioritized. Building and maintaining trust with survivors, staff, and others involved in the organization is core to the organization’s work.

- **Choice**

Organizations understand power differentials and the ways in which survivors have historically had voice and choice taken away from them. Survivors are supported in the decisions they make and what they identify as needed to help them heal. Staff are also supported to make decisions in how they do their work.

- **Collaboration**

Importance is placed on leveling power differences to meaningfully share power and decision-making, both in advocacy work with survivors and across all levels of an organization.

- **Empowerment**

Advocacy staff and other potential service providers are viewed as potential helpers along a survivor’s healing journey, but not in control of healing. Survivors are encouraged to practice awareness of their strengths and set their own goals for what feels empowering as they heal.

GROUP ACTIVITY

Place the six category cards (Safety, Cultural Relevance, Choice, Collaboration, Trust, and Empowerment) on the wall or board, with space underneath each category that will eventually be filled in by participants' example cards. Using the example cards provided, equally divide cards among participants. Ask participants to read through the examples on their cards and consider the category that the card fits under. After participants have had time to review their cards, instruct participants to place the cards under the category they believe is the best fit.

Debrief the activity.

- *What do you notice about the examples?*
- *Was there anything you were surprised to see? Or need more explanation about?*
- *What themes do you notice?*
- *Do you notice overlap with any of the examples and categories?*

Themes

- Trauma-informed care is present throughout an organization.
- It's both philosophy and practice. These are concrete ways that organizations, services, and staff, volunteers, and interns embody trauma-informed care.
- A trauma-informed practice values survivors as their specific needs; there is no "one way" or "right way"
- Trauma-informed care prioritizes care for staff, volunteers, and interns as well as care for survivors

LANGUAGE MATTERS

LECTURE

Language is powerful in shaping how we see a topic. The philosophy behind our work should always be easy to understand in our language, meaning: our words matter. How we talk about things should reflect the trauma-informed, survivor-centered approach to advocacy.

We strive to use person-first language. This means we focus on the person rather than a characteristic about them or an event that has happened to them.

Examples of person-first language include:

- “Survivor of sexual violence” instead of “Sexual violence survivor”
- “He was hospitalized for mental care” instead of “He got 302’d”
- “A person who is struggling with an eating disorder” instead of “a bulimic” or “an anorexic”
- “A person who uses a wheelchair” instead of “Disabled”

We also strive to use language that is empowering and survivor-centered when relaying information about survivors and their decisions.

Examples of empowering and survivor-centered language include:

- “She chose not to do that” instead of “She was non-cooperative”
- “They are trying to decide what’s best for them” instead of “They are unwilling to make a decision”
- “She is angry and upset that this process is taking so long” instead of “She is hostile and making this difficult”
- “He is not interested in sharing more at this time” instead of “He refuses to be forthcoming”

GROUP DISCUSSION

- *What differences do you notice in the language used?*
- *Why does it matter?*
- *How does person-first language relate to trauma-informed and healing-centered care?*
- *Are there other examples you can think of? If your own life or in this work?*

References

Kiloby, S. [2017, September 8]. *Gabor Maté trauma and loss of connection to oneself* [Video]. YouTube. <https://www.youtube.com/watch?v=78NAEGycyQs>

Resource Sharing Project, & National Sexual Violence Resource Center. [2017]. *Building cultures of care: A guide for sexual assault services programs*. <https://www.nsvrc.org/publications/nsvrc-publications-guides/building-cultures-care-guide-sexual-assault-services-programs>

Substance Abuse and Mental Health Services Administration. [2014]. *Concept of trauma and guidance for a trauma-informed approach* [HHS Publication No.(SMA) 14-488]. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>

BUILDING A CULTURE OF CARE: CATEGORY CARDS

SAFETY

CULTURAL RELEVANCE

BUILDING A CULTURE OF CARE: CATEGORY CARDS

TRUSTWORTHINESS

TRUSTWORTHINESS

CHOICE

CHOICE

BUILDING A CULTURE OF CARE: CATEGORY CARDS

COLLABORATION

EMPOWERMENT

BUILDING A CULTURE OF CARE: EXAMPLE CARDS

Advocates are consistent in how they respond and follow through with survivors.	Advocates listen to survivor’s self-identified needs and respond accordingly.	Advocates meet survivors where they are at.
Staff is provided flexibility to do their work	Organizational leadership and staff practice direct and ethical communication.	Organizational or programmatic challenges are discussed and managed, not swept under the rug.
Advocates share with survivors the values of the organization and their rights as someone seeking support.	The advocacy program involves staff in developing organizational values.	Survivors and staff are informed of grievance procedures, should they have an issue and like to seek remedy.
Advocates support survivors in sharing about the circumstances in which they are most comfortable meeting.	Advocates listen to survivors to understand what makes them feel safe or unsafe.	Advocates offer empathy and work to create space for survivors to feel heard and respected.
Advocacy program demonstrates care and respect for staff by involving staff in policy and protocol development as it pertains to their work.	Advocacy program regularly discusses vicarious trauma and burnout with staff and has practices in place to support staff wellbeing.	Advocates work in partnership with survivors to meet their needs.

Example Cards: pg. 1 of 3

BUILDING A CULTURE OF CARE: EXAMPLE CARDS

Advocates ask open-ended questions to learn what survivors find helpful.	Advocates work with other partner agencies, as relevant, to coordinate support for survivors.	Advocates are knowledgeable about other services and supports for survivors and refer and connect to provide the best care possible to survivors.
Advocacy programs work with the community to create services reflective of each community's needs.	Advocacy programs elicit feedback from staff to inform how the organization does its work.	Advocacy programs are active in the community, supporting intersecting causes and missions.
Services are tailored to meet each person's unique needs.	Staff is reflective of the community it serves.	Services are available in multiple languages.
Advocates support culturally rooted healing practices.	Advocates practice awareness of and challenge their own biases.	Advocates do not push their beliefs on survivors.
Advocacy programs have close partnerships with culturally specific programs and partners.	Staff are supported in bringing their whole selves to work [all identities, experience, and wisdom].	Advocacy programs provide regular learning opportunities to expand staff knowledge and capacity to provide relevant support to a wide diversity of survivors.

Example Cards: pg. 2 of 3

BUILDING A CULTURE OF CARE: EXAMPLE CARDS

Survivors are seen as the experts of their own experiences and are supported in making their own decisions about what's best for them.	Survivors have various options to choose from; advocacy programs are comprehensive in service offerings in an effort to be responsive to a wide variety of needs.	Staff have flexibility with various aspects of their work and are able to make decisions as it pertains to their work.
Survivors are never pushed to pursue one option or another; they are provided with information about options and encouraged regardless of what they decide.	Staff are supported in choosing practices that support their wellbeing, with knowledge that self-care looks different for everyone.	Advocates work to help survivors regain a sense of their own power.
Healing is seen as a process that takes time; advocates recognize that power was taken from a survivor and it may take time for survivors to regain a sense of power and strength.	Survivors are supported in being a voice for change.	Advocacy programs support staff in making decisions about how they do their work.
Advocacy programs recognize staff may also be survivors and work to ensure they feel empowered in showing up as their full selves at work.	Advocacy programs provide staff opportunities for continued learning and growth.	

Example Cards: pg. 3 of 3

BUILDING A CULTURE OF CARE: TRAINERS' ACTIVITY KEY

Many of the examples listed could fall under more than one category. There is often overlap between the trauma-informed care components of trust, safety, collaboration, cultural relevance, choice, and empowerment.

Trust

- Advocates are consistent in how they respond and follow through with survivors.
- Advocates listen to survivor's self-identified needs and respond accordingly.
- Advocates meet survivors where they are at.
- Staff is provided flexibility to do their work
- Organizational leadership and staff practice direct and ethical communication.
- Organizational or programmatic challenges are discussed and managed, not swept under the rug.
- Advocates share with survivors the values of the organization and their rights as someone seeking support.
- The advocacy program involves staff in developing organizational values.
- Survivors and staff are informed of grievance procedures, should they have an issue and like to seek remedy.

Safety

- Advocates support survivors in sharing about the circumstances in which they are most comfortable meeting.
- Advocates listen to survivors to understand what makes them feel safe or unsafe.
- Advocates offer empathy and work to create space for survivors to feel heard and respected.
- Advocacy program demonstrates care and respect for staff by involving staff in policy and protocol development as it pertains to their work.
- Advocacy program regularly discusses vicarious trauma and burnout with staff and has practices in place to support staff wellbeing.

BUILDING A CULTURE OF CARE: TRAINERS' ACTIVITY KEY

Collaboration

- Advocates work in partnership with survivors to meet their needs.
- Advocates ask open-ended questions to learn what survivors find helpful.
- Advocates work with other partner agencies, as relevant, to coordinate support for survivors.
- Advocates are knowledgeable about other services and supports for survivors and refer and connect to provide the best care possible to survivors.
- Advocacy programs work with the community to create services reflective of each community's needs.
- Advocacy programs elicit feedback from staff to inform how the organization does its work.
- Advocacy programs are active in the community, supporting intersecting causes and missions.

Cultural Relevance

- Services are tailored to meet each person's unique needs.
- Staff is reflective of the community it serves.
- Services are available in multiple languages.
- Advocates support culturally rooted healing practices.
- Advocates practice awareness of and challenge their own biases.
- Advocates do not push their beliefs on survivors.
- Advocacy programs have close partnerships with culturally specific programs and partners.
- Staff are supported in bringing their whole selves to work [all identities, experience, and wisdom].
- Advocacy programs provide regular learning opportunities to expand staff knowledge and capacity to provide relevant support to a wide diversity of survivors.

BUILDING A CULTURE OF CARE: TRAINERS' ACTIVITY KEY

Choice

- Survivors are seen as the experts of their own experiences and are supported in making their own decisions about what's best for them.
- Survivors have various options to choose from; advocacy programs are comprehensive in service offerings in an effort to be responsive to a wide variety of needs.
- Staff have flexibility with various aspects of their work and are able to make decisions as it pertains to their work.
- Survivors are never pushed to pursue one option or another; they are provided with information about options and encouraged regardless of what they decide.
- Staff are supported in choosing practices that support their wellbeing, with knowledge that self-care looks different for everyone.

Empowerment

- Advocates work to help survivors regain a sense of their own power.
- Healing is seen as a process that takes time; advocates recognize that power was taken from a survivor and it may take time for survivors to regain a sense of power and strength.
- Survivors are supported in being a voice for change.
- Advocacy programs support staff in making decisions about how they do their work.
- Advocacy programs recognize staff may also be survivors and work to ensure they feel empowered in showing up as their full selves at work.
- Advocacy programs provide staff opportunities for continued learning and growth.



TRAUMA-INFORMED CARE

The key lessons from the Sexual Assault Demonstration Initiative are rooted in an understanding of trauma-informed care. Trauma-informed care is a philosophy and a skill set. Its underlying philosophy is grounded in grassroots and survivor-centered models that came from the early rape crisis center and domestic violence movements. Programs using trauma-informed care are strengths-based, look at the effects from all forms of trauma, and are multi-dimensional in their approaches. Trauma-informed care provides a framework for understanding the impact of trauma on survivors, communities, and those who serve them and builds strong organizations and sexual assault services that are responsive to those needs.



Strengths-Based

Recognizes each person is the expert on their own experiences, with resilience as the core focus
Views each person's ways of coping and surviving with curiosity and awe rather than with judgement or as symptoms or problems that need solved



Survivor-Centered

Understands survivors within their family, social, and community contexts and life experiences
Respects each survivor as a whole person and recognizes the entire context of their lives
Includes addressing all forms of trauma past and present including racism, genocide, state violence, homophobia, and religious discrimination



Multi-Dimensional

Includes six core elements: safety, trustworthiness, choice, collaboration, empowerment, and cultural relevance
These core elements are applied throughout the three spheres of an organization: organizational culture, services, and staff

Organizational culture

- Actively addressing all forms of oppression
- Mission statement
- Policies
- Values, beliefs, attitudes about sexual violence & healing
- Safety and comfort of offices & meeting spaces

Services

- Rooted in anti-oppression and empowerment-based frameworks
- Services made available across the lifespan and throughout the healing journey
- Accessible accommodations
- Culturally rooted response
- Available in a wide range of settings

Staff

- Support for staff development
- Caring for staff as whole human beings
- Empowering staff to make decisions & be creative
- Access to regular supervision & debriefing
- Proactively addressing vicarious trauma and building individual and organizational resilience

A trauma-informed framework enables programs providing services to survivors of sexual violence to support each survivor's journey and build healthy and sustainable organizations.

UNDERSTANDING TRAUMA: FACTORS THAT INFLUENCE TRAUMA: WORKSHEET

Each individual's reaction to sexual violence is influenced by the circumstances surrounding the event(s) and the individual's lived experiences. The individual, the event, and the environmental factors shape a survivor's reaction to trauma and the healing process.

Individual factors are specific to each person and are in place prior to a person's experience with sexual violence. What are some individual factors?

Event factors describe the circumstances of the sexual violence. What are some event factors?

Environmental factors describe the context in which the sexual violence occurred. What are some environmental factors?

UNDERSTANDING TRAUMA: FACTORS THAT INFLUENCE TRAUMA: TRAINER'S ACTIVITY KEY

Each individual's reaction to sexual violence is influenced by the circumstances surrounding the event(s) and the individual's lived experiences. The individual, the event, and the environmental factors shape a survivor's reaction to trauma and the healing process.

Individual factors are specific to each person and are in place prior to a person's experience with sexual violence. What are some individual factors?

- Age
- Personality
- Previously developed coping skills
- Previous experience with trauma
- Relationship to the perpetrator
- Resilience
- Developmental stage

Event factors describe the circumstances of the sexual violence. What are some event factors?

- Frequency
- Duration of the event(s)
- Degree of violence or bodily violation
- Extent of terror or humiliation
- Existence of witnesses or bystanders

Environmental factors describe the context in which the sexual violence occurred. What are some environmental factors?

- Location such as home, work, school, social gathering
- Pre-existing support system

