

# Creating Trauma-Informed Services

A Guide for Sexual Assault Programs  
and Their System Partners



**WCSAP**  
Washington Coalition of  
Sexual Assault Programs

**Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.**

*From the National Center for Trauma-Informed Care*

## What are Trauma-Informed Services?

Service providers from all disciplines – medical and mental health, law enforcement, the courts, education, child welfare, and advocacy – can offer trauma-informed services to those they serve. Trauma-informed services approach people from the standpoint of the question “What has happened to you?” rather than “What is wrong with you?” It is important to note that providing trauma-informed services does not mean service providers must determine exactly what has happened to an individual. Rather, organizations and providers should examine the way in which they conduct business and make modifications based upon an understanding of how a trauma survivor might perceive what is happening.

The advocacy field has used the term “survivor-centered services” for years to describe how we approach our work. Survivor-centered services use many of the concepts of trauma-informed services. However, the practice of trauma-informed services makes these principles accessible across disciplines, and is broader in scope. Survivor-centered services seek to meet the needs of identified individuals who have been victimized, in a respectful manner, whereas trauma-informed services acknowledge the high proportion of survivors, identified or not, served by professionals in the health, human services, and criminal justice arenas. Providers are challenged to offer all services in a manner that would support and empower survivors.

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## Trauma Throughout the Lifespan

Clients of advocacy programs serving survivors of sexual abuse and assault may have experienced recent trauma. It is important to consider, however, that many survivors have been victimized multiple times in their lives; many of them may have experienced physical or sexual abuse in childhood as well as during their adult years. They may also have experienced more than one form of adult abuse. For example, an estimated 68% of women who have been physically assaulted by an intimate partner have been sexually assaulted as well (McFarlane & Malecha, 2005). Experiencing multiple terrifying events can lead to “complex trauma,” which may affect many aspects of survivors’ ability to function.

The effects of early trauma are dramatically demonstrated by the national Adverse Childhood Experiences study. The Washington State Family Policy Council has developed a “train-the-trainer” PowerPoint that can be used to educate advocates and system partners about the effects of early trauma (see Resources, page 9).

## Trauma Can Create Barriers

Trauma survivors sometimes (although certainly not always) present as “difficult” clients. Perhaps it is hard to understand why a particular survivor seems hostile or reluctant to trust you. Also, sometimes people who have experienced trauma use drugs or alcohol to cope and to numb the intolerable feelings that accompany the memory of what happened; sometimes they “tune out” in other ways. For example, a sexual assault survivor may have a difficult time describing bodily sensations to a health care provider, because she has learned to disconnect from the feelings of her body. Advocates, who are experts in dealing with trauma survivors, can offer partner agencies information and training about the effects of trauma and can join in brainstorming how to create a more trauma-informed environment.

## Working With Survivors to Overcome Barriers

When we understand the long-term effects of trauma, it becomes clear that advocates need to offer support to survivors far beyond the immediate aftermath of victimization. For example, a woman who experienced sexual abuse as a child or teen may be terrified of receiving medical care and dealing with the experiences of pregnancy and childbirth. A sexual assault advocate can help her develop a psychological safety plan for medical encounters, accompany her to appointments, and refer her to a childbirth educator, doula, and lactation consultant who have been trained to work with survivors.

The website Pandora's Project (<http://www.pandays.org/quickinfocards.html>) has cards that survivors can present to health care providers, dentists, and even Transportation Safety Administration (TSA) screeners, requesting special consideration, such as "I would be more comfortable with a female in the room," or "Could you please explain what you are doing before you do it?" The website also offers tips for dealing with OB/GYN appointments, dentist visits, and surgery.

## Teens and Trauma

Trauma-informed services are of particular importance in working with teen survivors. Teens often reveal the aftermath of trauma through difficult behaviors – such as substance abuse, anger, or lack of cooperation with services. Traumatic experiences can have a particularly devastating effect on youth, whose important developmental milestones may be interrupted by the need to cope with difficult situations. Advocates who have good working relationships with educators can offer trauma-related information so survivors will have a better school experience. Trauma affects an individual's world-view and perceptions, and teens may have learned not to trust adults in general or service providers in particular. Professionals must approach teens who have been victimized with compassion and honesty. Limits to confidentiality, such as mandated reporting obligations, should be described in a straightforward and accessible manner at the beginning of any interaction between a teen and a professional.

## Creating Trauma-Informed Services

Trauma-informed services “incorporate knowledge about trauma – prevalence, impact, and recovery – in all aspects of service delivery, minimize re-victimization, and facilitate recovery and empowerment” (Fallot, Wisconsin Trauma Summit, 2007, as cited in Hudson, n.d.). The good news is that trauma-informed services are good for every client, not just those who have been traumatized. When you impart knowledge about trauma, even if the client has not experienced that particular event, you assist members of the community to look out for one another. For example, a teen who has not experienced sexual coercion most likely has a friend who is dealing with that issue. Treating people with respect and enhancing their sense of effectiveness in handling painful issues in their lives is a worthwhile approach no matter whom you are helping.

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## Do I Really Have to Deal with All This?

While sexual assault advocates are accustomed to dealing with trauma issues, other professionals may think that considering trauma is outside the scope of their work. The people they encounter on a daily basis do not have the luxury of deciding not to consider trauma. As a sexual assault advocate, you can help other service providers understand that for many individuals, traumatic experiences shape their perceptions and current experiences. Trauma’s legacy comes in the form of “triggers” – seemingly harmless events that evoke the overwhelming and frightening emotions a survivor felt during the traumatic event. These triggers can evoke such powerful effects that survivors have difficulty coping with seemingly minor challenges. Trauma affects people throughout their lifespan, and has an impact on their health and behavior.

## Principles of Trauma-Informed Care

*These principles are taken directly from the Trauma-Informed Organizational Toolkit, a public domain document developed by the National Center on Family Homelessness. They use the term “consumer;” if you feel more comfortable with “client,” “patient,” or some other term, feel free to substitute that term. The Toolkit contains a very useful organizational self-assessment.*

### Understanding Trauma and Its Impact

Understanding traumatic stress and how it impacts people, and recognizing that many behaviors and responses that may seem ineffective and unhealthy in the present, represent adaptive responses to past traumatic experiences.

### Promoting Safety

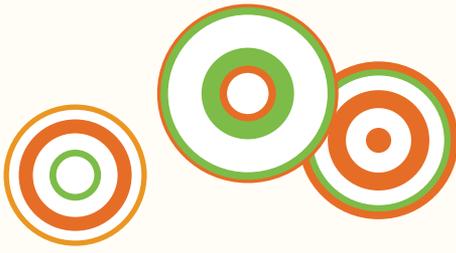
Establishing a safe physical and emotional environment where basic needs are met, safety measures are in place, and provider responses are consistent, predictable, and respectful.

### Ensuring Cultural Competence

Understanding how cultural context influences one’s perception of and response to traumatic events and the recovery process; respecting diversity within the program, providing opportunities for consumers to engage in cultural rituals, and using interventions respectful of and specific to cultural backgrounds.

### Supporting Consumer Control, Choice, and Autonomy

Helping consumers regain a sense of control over their daily lives and build competencies that will strengthen their sense of autonomy; keeping consumers well-informed about all aspects of the system, outlining clear expectations, providing opportunities for consumers to make daily decisions and participate in the creation of personal goals, and maintaining awareness and respect for basic human rights and freedoms.



## Sharing Power and Governance

Promoting democracy and equalization of the power differentials across the program; sharing power and decision-making across all levels of an organization, whether related to daily decisions or in the review and creation of policies and procedures.

## Integrating Care

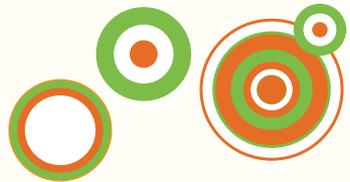
Maintaining a holistic view of consumers and their process of healing and facilitating communication within and among service providers and systems.

## Healing Happens in Relationships

Believing that establishing safe, authentic, and positive relationships can be corrective and restorative to survivors of trauma.

## Recovery is Possible

Understanding that recovery is possible for everyone regardless of how vulnerable they may appear; instilling hope by providing opportunities for consumer and former consumer involvement at all levels of the system, facilitating peer support, focusing on strength and resiliency, and establishing future-oriented goals.



## Developing Trauma-Informed Services

What do you need to do to implement trauma-informed services? The specifics will depend on your profession and your role. However, there are some basic principles to remember:

- A respectful, collaborative approach is more effective than a traditional provider-client relationship.
- Remember that the survivor is the expert on her or his own life and feelings.
- Do not expect instant trust, but do everything in your power to be trustworthy.
- Normalize and validate feelings that come from the trauma experience.
- Ask! Ask the survivor what will help him or her to feel more comfortable and how you can best work with him or her.
- Realize that behaviors that may seem difficult or obstructive have probably served the survivor well in the past. It is hard to give up a behavior that you believe has kept you safe.
- Maintaining appropriate boundaries is always important, but even more so with survivors, as it contributes to a sense of safety.

Remember that you are important. A guiding principle for trauma-informed services is that “healing happens in relationships.” You cannot fix everything or remove the pain of the past, but every positive encounter helps a survivor to develop skills and maintain hope.

The National Center on Family Homelessness offers a *Trauma-Informed Organizational Toolkit* (<http://www.familyhomelessness.org/media/90.pdf>). While it is designed for homeless services, much of the information is applicable to other human service agencies, including advocacy programs. The organizational self-assessment is particularly valuable.

## What System Partners Need to Know

Assisting people who have experienced trauma is difficult and demanding work. Service providers in other fields may avoid dealing with issues of victimization because they feel unprepared to handle the practical and emotional consequences of learning about the victimization of an individual. The practical aspect is simple, but not easy: Service providers need to be willing to educate themselves about the issue and available resources, so they do not have to scramble to provide appropriate help. Sexual assault programs can help by participating in cross-training with other agencies and providing resources and materials to make the referral process easier. Help other agencies in the community to develop clear policies and procedures, and to know what their “next steps” should be when a survivor discloses coercion or abuse.

Some practical examples of this collaborative process might be:

- Offering a workshop to local health care providers on what to do when an individual discloses sexual abuse or assault.
- Providing resource materials on intimate partner sexual violence for law enforcement to give to domestic violence victims.
- Training local educators about the Adverse Childhood Experiences Study and how early trauma affects development.
- Working with dentists to help them understand how they can provide services that are less intimidating to trauma survivors.

The National Child Traumatic Stress Network (see Resources) has information on trauma-informed services for children for a variety of service providers, including:

- Educators
- Law enforcement
- Juvenile justice
- Mental health
- Child welfare
- Medical

While the Network’s focus is on services for children, some of the materials could be adapted to help organizations develop trauma-informed services for adults.

## Suggestions for Cross-Training with System Partners

Other service providers usually welcome information about how trauma affects the people they serve. Here are some suggestions for cross-training:

- Clearly identify the ways in which trauma-informed services help not only those who are being served, but also the service providers. For example, a dentist will find it easier to work with a patient who is not fearful.
- Use experiential learning exercises to build empathy with survivors' perceptions. An excellent example is *In Their Shoes*, the experiential learning exercise about teen survivors from the Washington Coalition Against Domestic Violence (<http://wscadv.myshopify.com> and available in the WCSAP library).
- Be prepared to deal with the concern from law enforcement, educators, and others that "we are not social workers." Help these professionals understand that they are dealing with trauma survivors every day, and trauma-informed services will help them to do a better job.
- Cross-training offers sexual assault programs a more detailed view of how services are provided throughout the community, and thus makes it easier to help survivors navigate these services without feeling re-traumatized.
- Be aware of misunderstandings caused by terminology. Health care providers, for example, may associate the word "trauma" with physical damage.

## Help Yourself to Help Others

The emotional aspects of providing trauma-informed services can be complicated. It can be draining and disturbing to hear about the painful experiences of others. It is important for service providers to have colleagues or supervisors with whom they can "debrief" about difficult situations, while always maintaining appropriate client confidentiality. It is also crucial to incorporate self-care and coping strategies into your routine. *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* (van Dernoot Lipsky & Burk, 2009) offers practical suggestions for self-care for everyone from physicians to police officers.

## Resources

*Adverse Childhood Experiences Response.* University at Albany School of Social Work & Prevent Child Abuse America.  
<http://www.aceresponse.org>

*Breaking the Silence: Trauma-Informed Behavioral Healthcare.* National Council for Community Behavioral Healthcare.  
<http://www.thenationalcouncil.org/galleries/NCMagazine-gallery/NC%20Mag%20Trauma%20Web-Email.pdf>

*Creating Trauma-Informed Systems.* National Child Traumatic Stress Network.  
<http://nctsn.org/resources/topics/creating-trauma-informed-systems#q3>

*The High Cost of Adverse Childhood Experiences.* Washington State Family Policy Council. [http://www.fpc.wa.gov/publications/ace\\_impact.pdf](http://www.fpc.wa.gov/publications/ace_impact.pdf)

National Center for Trauma-Informed Care. <http://www.samhsa.gov/nctic/>

Pandora's Project – Support and Resources for Survivors of Sexual Assault.  
[www.pandys.org](http://www.pandys.org)

*Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* by Laura van Dernoot Lipsky and Connie Burk.

*Trauma-Informed Care 101* by Kathleen Guarino, Homeless Resource Center  
<http://homeless.samhsa.gov/Resource/View.aspx?id=46857&g=ComResPosts&t=423>

*Trauma-Informed Organizational Toolkit.* National Center on Family Homelessness. <http://www.familyhomelessness.org/media/90.pdf>

*When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women* by Penny Simkin and Polly Klaus (book). Penny Simkin also periodically offers a seminar by this name through Bastyr University in Kenmore, WA ([www.bastyr.edu](http://www.bastyr.edu)).

*Widening Our Scope: Meeting The Long-Term Health Care Needs of Survivors.* Washington Coalition of Sexual Assault Programs.  
<http://www.wcsap.org/meeting-long-term-health-care-needs>



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