# Trauma-Informed Services Exploratory Project: Executive Summary

2016

"Trauma-informed - isn't this just another name for what we have been doing all along?" "Finally, science validates the role of advocates!" "I am sure we do trauma-informed services - I just can't describe how." "First responders finally understand what survivors have gone through!" "It's our best hope for having equitable services." "This just feels like the latest craze." Why such differing reactions to the trauma-informed approach? These and other questions remain but there is general agreement that the trauma-informed concept has value for the sexual assault, domestic violence, dating violence, and stalking fields.

The theories about trauma-informed approaches have emerged over the past 30 years, prompted by the aftermath of the Vietnam War. Increased understanding of Post-Traumatic Stress Disorder (PTSD) and of the effects of war on veterans have, over time, contributed to a heightened awareness of similar impact of trauma on survivors of violence including interpersonal violence. Since then, the advocacy communities have begun to examine, develop, and use practices related to trauma-informed care. [1]

Trauma-informed care is not solely about how programs serve or interact with survivors. The concept also calls for a commitment to policies and procedures that ensure effective support for staff, collaborative relationships with allied organizations, active presence in communities, and continued learning and adapting. A commitment to being trauma-informed is an ongoing process requiring constant attention, assessment and work.

In spite of the growing trend across the sexual assault, domestic violence, stalking, and dating violence fields to adopt trauma-informed care frameworks, there remains general curiosity about several aspects:

- Is it a fit for advocacy services?
- Is it fully understood?
- Is it being adopted broadly by advocates working with survivors of interpersonal violence?
- Might it be in conflict with founding principles of the advocacy movements?
- Does it perhaps present other obstacles or benefits?

In response to these unknowns, a cooperative project was designed by the Minnesota Coalition Against Sexual Assault (MNCASA) and the Office on Violence Against Women (OVW) to gather data and experiences from across the country, across diverse advocacy communities, and from all OVW constituency groups in order to assess how the trauma-informed concept is understood and applied.

Multiple methods were used to gather the necessary data including interviews, a roundtable discussion, affinity calls, webinars, and others. A comprehensive literature review provided the basis for the project direction. More than 150 survivors, practitioners, and content experts representing a diversity of experience and opinion participated in project methods.

## Summary of Findings

The methods produced evidence in response to four questions developed jointly by OVW and MNCASA staff to guide the project.

## Guiding Question 1: To what extent is there consensus about the trauma-informed concept among OVW constituencies (i.e. sexual assault, domestic violence, stalking, and dating violence)?

**Trauma-Informed Definition**: There was general agreement that this definition, with some specific editing, provides a likely start for our purposes: *"Trauma-informed (TI) is how one thinks about and responds to those who have experienced or may be at risk for experiencing trauma. A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization."*[2] Leading thinkers in the advocacy fields called for critical elements missing from this draft definition to be included in the working definition for advocacy providers. Those additions include: Adhering to a philosophy and skill set grounded in grassroots and survivor-centered models that evolved from the early rape crisis center and domestic violence movements; delivering services that are strengths-based and grounded in an understanding of and responsiveness to the impact of trauma; using a trauma lens that is progressive, diverse, and inclusive of the sociopolitical context of survivors' lives, and addressing themes of oppression and stigma as critical components of trauma-informed care.

**Trauma Definition:** The following definition of trauma similarly needed editing to be acceptable to the interpersonal violence fields: "Trauma is understood as the emotional disruption in the aftermath of what is perceived by a survivor as a life-threatening event." There was general agreement that survivors may more often perceive events as *life-altering* instead of life-threatening. Also, in cases of interpersonal violence there is often a pattern or series of events rather than a single, defining event. Finally, the mention of "emotional disruption" which occurs is best identified as a normal response to the traumatic event(s).

**Trauma-Informed vs. Trauma-Specific Services:** There was some confusion about the differences between "trauma-informed" and "trauma-specific" services mentioned in the literature. Both approaches are informed about and sensitive to trauma-related issues present in survivors but operate with very different types of responses. *Trauma-specific* approaches involve particular practices or treatment protocols to address the trauma experienced by individuals, families, and communities. In contrast, the focus of *trauma-informed* approaches is on creating an environment that acknowledges the impact of trauma and works to create a sense of safety, trustworthiness, and empowerment. Most advocacy organizations are focused on developing *trauma-informed* environments and practices.

**Principles:** The ten basic principles of trauma-informed approaches identified in the literature review include: *Safety; trustworthiness and transparency; collaboration and mutuality; empowerment; voice and choice; peer support and mutual self-help; resilience and strengths-based; inclusiveness and shared purpose; attention to cultural, historical, and gender issues; and change process oriented.* When comparing these 10 trauma-informed principles with commonly accepted advocacy principles, multiple similarities were noted including the following: Attending to safety; being survivor-centered; empowering survivors; actively seeking input from survivors in decisions about agency roles and priorities; and providing services in a culturally responsive way. A key difference between the 10 trauma-informed principles and the core principles of advocacy is the lack of focus that the trauma-informed principles place on the need for advocacy across community systems in addressing oppression and the root causes of interpersonal violence.

## Guiding Question 2: To what extent is there consensus about how and where the trauma-informed concept is applied across agencies serving or interacting with survivors of dating violence, stalking, sexual assault, and domestic violence?

**Areas of General Consensus**: In large part, the trauma-informed concept is gaining heightened importance and acceptance in the interpersonal violence fields and holds promise for enhancing the focus of advocacy organizations. Yet "trauma-informed" seems to have become, for some, a catch phrase with different meanings to different people, lacking a common definition and with inconsistent or uneven implementation of practices. Some felt that the concept does not reliably address the relationship of interpersonal violence to oppression or the role of advocates as agents of systems change. Given that the trauma framework comes from the field of psychology, others are concerned that the approach will pathologize survivors rather than assist in creating safe avenues to healing. Even so, the *lack* of a trauma-informed approach may certainly be linked to potential re-traumatization when service providers do not have an understanding of the different types of interpersonal violence, the contexts in which this violence occurs, its impact on victims, and how to respond.

**How it is being applied**: Practitioners implementing trauma-informed approaches highlight creating physically and emotionally safe spaces, prioritizing practices that honor the survivors' voice and choice, and recognizing that becoming fully trauma-informed in practice is not a one-time effort but a process of ongoing growth and change for an organization. For example, increased training about the neurobiology of trauma, such as Russell Strand's Forensic Experiential Trauma Interview (FETI) technique, is enhancing trauma responses from community resources in ways that do not re-traumatize victims.

**Benefits to survivors:** Survivors express benefits in terms of how they have been treated by service providers. They voice a greater level of comfort, feelings of validation, not feeling judged, and being able to verbalize their experiences and be heard. These benefits are not inconsistent with the historical goals of grass roots advocacy.

**Benefits to providers:** Many practitioners agree that the trauma-informed framework gives validation to the historical survivor-centered basis for advocacy work and protects against re-traumatization and exacerbation of trauma symptoms for survivors and practitioners alike. Attention to policies and procedures that apply trauma-informed principles to staff and community relations also provide opportunity for organizational growth.

**Benefits to systems:** Practitioners see that the trauma-informed concept assists allied professionals in all areas reframe their perception of victim/survivor reactions and behaviors and adjust their practices and procedures accordingly.

**Challenges:** Differences in ideological and theoretical frameworks that cannot be easily bridged, implementation issues, and logistical barriers are the most frequently cited challenges. Some practitioners voiced concern that the trauma-informed approach can shift the focus away from social oppression models as a root cause of violence against women or may serve to pathologize survivors with another mental health-related label. Additionally, programs may not understand how to implement trauma-informed practices or may call themselves "trauma-informed" without fully understanding or committing to the definitions, principles or practices. Some participants also raised concerns that culturally specific practices that fit within the trauma-informed framework may not meet funder guidelines. And finally, others expressed the issue that mandated reporting laws and the criminal legal system are inherently adversarial and not easily adaptive to the needs of a trauma survivor.

## Guiding Question 3: To what extent can the trauma-informed concept be flexible or portable enough to be useful for all distinct victim/survivor populations across all service contexts?

Key informants, for the most part, agreed the trauma-informed concept is helpful for most disciplines and that it should be something that everyone understands, even those working outside of the fields of interpersonal violence.

Practitioners working with traditionally underserved survivors or communities identified that programs that function from a well-implemented, operationally sound trauma-informed approach hold promise for ensuring that survivors in those communities have authentic access to effective and culturally appropriate services. Even so, current gaps in service provision specific to the needs of underserved populations leave many survivors without effective resources. This is especially challenging when programs describe their services as trauma-informed but miss the mark with underserved communities.

For the trauma-informed concept to be portable to all communities, models must be able to integrate culturally responsive practices and must be attentive to how the intersectionality of oppressions affects the experience of survivors. Survivors in most underserved communities are also affected by generational trauma, community trauma, and historical trauma, all of which may compound their experience with interpersonal violence**.** Those aspects of trauma, it was noted, must also be attended to.

## Guiding Question 4: What does a mature trauma-informed service program/gold standard services program look like in the areas of domestic violence, dating violence, stalking, and sexual assault?

Creating a trauma-informed program or organization is a very complex undertaking and needs to take place on multiple levels and dimensions including the mission, staffing, policies, protocols, procedures, culture, and the physical environment. Becoming an organization committed to trauma-informed advocacy requires more intention than merely creating a "checklist" culture. It requires on-going conversations throughout all levels of the organization and across the service sectors. The practice of continual self-assessment and reflective supervision strengthens the growth and learning processes for these organizations. A mature program or organization is one in which people realize that the process is ongoing and have adopted procedures for organizational and individual practitioner assessment, self-reflection, knowledge building, and implementation monitoring.

The advocacy field's long standing commitment to addressing the root causes of interpersonal violence, the priority of engaging the voices of survivors in program development and evaluation, honoring of the resilience and strength of survivors, the 10 principles articulated by SAMHSA and others may represent the "gold standard" against which programs and organizations measure their success.

[1] Wilson, C. Pence, D. M., & Conradi, L. (2013). Trauma-informed care. *The Encyclopedia of Social Work*. Retrieved from http://socialwork.oxfordre.com/view/10.1093/acrefore/9780199975839.001.0001/acrefore-9780199975839-e-1063

[2] SAMHSA (2014). *SAMHSA's Concept of trauma and guidance for a trauma-informed approach*. Retrieved on October 21, 2014 from http://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf

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