**Trauma-Informed Approach:**

**Understanding Trauma and its Implications[[1]](#footnote-1)**

**Foundational Principle**

We believe that healing and recovery from trauma and exploitation is possible for each man and woman, regardless of current vulnerability. TMP aims to instill hope by providing opportunities to work in a safe environment and to be involved at all levels of the business. We focus on an individual’s strengths and resilience, and we encourage them to articulate future goals.[[2]](#footnote-2)

**Why does the TMP workplace need to be trauma-informed?[[3]](#footnote-3)**

Many among TMP’s target population have faced multiple traumas, even before their latest experience of trauma or of being exploited or trafficked. Earlier experiences might have included childhood abuse and neglect, separation from family members, abandonment, violent relationships, or witnessing domestic violence. This reality necessitates that we understand the following about trauma:

**Survivors require specific, tailored interventions**

Given the far-reaching impact of trauma and the adaptations that individuals are forced to develop in order to survive, the path to healing requires responses and interventions not typically offered in a place of employment. Healing for trauma survivors is not advanced by offering “one size fits all” services. How a workplace responds to the individual needs of men, women, boys, and girls who have experienced trauma has a significant impact on their process of recovery.

**Trauma impacts how people access available resources**

Men, women, boys, and girls who have experienced ongoing or complex trauma are likely to view the world and other people as unsafe. Those who have repeatedly been hurt by others may come to believe that people cannot be trusted. This lack of trust and a need to be constantly on-guard for danger can make it difficult for individuals to ask for help, to trust care providers, to initiate engagement with supervisors, and to form constructive relationships.

**Responses to traumatic stress are adaptive**

In the face of traumatic experiences, people learn to adapt to keep themselves safe. Responses to traumatic stress may include withdrawing from others, becoming aggressive, dissociating (“spacing out” or disconnecting from certain thoughts, feelings, or memories associated with traumatic experiences), engaging in self-injurious behaviors (e.g., cutting), and abusing substances in an effort to manage overwhelming feelings. While such behaviors are generally not tolerated in the workplace, a trauma-informed supervisor will recognize trauma-related symptoms and behaviors as an individual’s most resilient attempt to cope with and rise above the experience of trauma. These behaviors may have worked in the past but are not working well now. In a conducive work environment, such behaviors can slowly be replaced with healthier alternatives.

**Our Commitment**

As the TMP workplace embraces a trauma-informed ethos, the dignity of each person is reinforced. Committed to instilling a genuine hope of healing, we strive to make healing a tangible reality. The previous dehumanizing experiences of our employees are replaced each day with trauma-informed engagement that demonstrates respect, safety (emotional, psychological, and physical), healthy autonomy, and community.

Creating a trauma-informed organization is a fluid, ongoing process. Demographics of the affected individuals change across time, exposure to specific types of trauma may become more prevalent, and knowledge of evidence-based practices will continue to advance. The TMP workplace will continue to demonstrate a commitment to compassionate and effective practices and organizational reassessments, and we recognize that adjustments will be required to meet the needs of employees with histories of trauma.[[4]](#footnote-4)

**Key Assumptions and Principles of Trauma-Informed Approaches**

We follow the Substance Abuse and Mental Health Services Administration’s concept of a trauma-informed approach, which is grounded in four assumptions and six key principles.[[5]](#footnote-5)

**Assumptions** (the Four “R’s”) about the Trauma-Informed Organization:

1. **Realizes** the widespread impact of trauma (how it can affect families, groups, organizations, and communities as well as individuals) and understands potential paths for recovery.
2. **Recognizes** signs and symptoms of trauma in employees, family members, and others involved with the organization.
3. **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices.
4. Seeks to actively **Resist** re-traumatization.

**Key Principles** of Trauma-Informed Care:

1. **Safety –** Ensure the physical and emotional safety of employees and the people served by the organization. Provide a safe physical setting. Establish a culture where interpersonal interactions promote a sense of safety.
2. **Trustworthiness and Transparency –** Conduct organizational operations and make decisions with transparency and with the goal of building and maintaining trust among employees and others involved with the organization. Continually build trust by making tasks clear and by maintaining appropriate boundaries. *TMP addendum*: Offer employee assistance services (in addition to, but separate from the support of supervisors) to help employees identify and resolve personal concerns that affect job performance.
3. **Peer Support –** Utilize stories and lived experiences to promote recovery and healing. (“Peers” refers to individuals with lived experiences of trauma.) Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, serving as models of healing, and maximizing empowerment.
4. **Collaboration and Mutuality –** Develop true partnerships (shared power and decision-making) across all levels of the business. Create community and recognize that healing happens in relationship. Safe, authentic and positive relationships can be corrective and restorative to survivors of trauma and exploitation.
5. **Empowerment, Voice, and Choice –** Help employees regain a sense of control over their daily lives. Recognize and build competencies that will strengthen their sense of autonomy. Provide opportunities for employees to make daily decisions and participate in the creation of personal goals. Maintain awareness and respect for basic human rights and freedoms.
6. **Cultural, Historical, and Gender Issues –** Actively move past cultural stereotypes and biases, consider language and cultural considerations in providing support, offer gender-responsive services, leverage the healing value of traditional cultural and peer connections, and recognize and address historical trauma. Understand how cultural context influences one’s perception of and response to traumatic events and the recovery process. Respect diversity within the workplace.

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1. Source of most points: Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol, by Roger D. Fallot, PhD and Maxine Harris, PhD, July 2009; <https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf> [↑](#footnote-ref-1)
2. Such goals could include gaining enough experience to create new enterprises or to turn around fledgling enterprises, or even “earning out” the business itself. [↑](#footnote-ref-2)
3. Adapted from list informing services for homeless; <http://www.familyhomelessness.org/media/90.pdf>, p. 18. [↑](#footnote-ref-3)
4. Substance Abuse and Mental Health Services Administration, Trauma-Informed Care in Behavioral Health Services (TIP 57), First Printed 2014. <http://www.ncbi.nlm.nih.gov/books/NBK207201/pdf/Bookshelf_NBK207201.pdf>, p. 160. [↑](#footnote-ref-4)
5. The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. (See p. 9-11, <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>,) As noted on page 39 of the training manual by the National Center for Trauma-Informed Care (<http://www.nasmhpd.org/sites/default/files/TraumaTIACurriculumTrainersManual_8_18_2015.pdf>), SAMHSA’s principles for trauma-informed approaches emerged from a year-long process involving trauma survivors, family members, practitioners, researchers and policymakers. [↑](#footnote-ref-5)