

PRINCIPLES OF TRAUMA-INFORMED & EQUITABLE ORGANIZATIONS

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Understanding Trauma & Oppression

Understanding of how inequities in violence and trauma are related to structural oppression. Awareness of how identity shapes beliefs and values that affect how people perceive and react to traumatic events.



Honoring Identity in Healing & Resilience

Understanding that beliefs, values, and practices rooted in identity can often be a source of healing and resilience. Seeking ways to honor identity as part of the work to support healing, incorporating practices that affirm clients' culture, language, and experience.



Naming & Addressing Power & Privilege

Identifying ways that structural racism and other forms of oppression may be manifesting in workplace practices, policies, procedures, and social culture. Creating a climate where issues of power and privilege can be discussed openly, the voices of marginalized groups are prioritized, and there are methods for accountability. When working with clients, considering ways to name and challenge injustice as part of the healing process.



Advancing Equitable Participation

Organizational leadership demonstrates a commitment to equity at all levels. Opportunities for professional development and dialogue related to equity are available to all members of the organization. "Voice & Choice": providing clients with options and inviting clients to be part of decision-making.



Recognizing Intersectionality

Understanding that each client holds many identities that may be marginalized and privileged in various ways and that one identity is not their entire identity. Understanding that sharing identities with clients can be a strength *and* that just because a provider shares an identity with a client or has had a similar experience, they do not necessarily share the same experiences and perspectives.



Building a Culture of Self & Collective Care

Workplace policies and practices demonstrate the belief that care for self is required in anti-violence work and recognizes the impact of personal experiences, identities, and trauma exposure on staff's work. There are ongoing opportunities for individual and collective reflection. Supervisors consider supervisees' capacity before assigning more work and are in ongoing conversation about workload.



Committing to Improvement

Leadership and staff show a commitment to ongoing quality improvement. Quality improvement processes are transparent and findings are shared back with stakeholders. Understanding that antiracist work is a lifelong journey that is never "done" and that there is always more to learn, implement, and reflect on.

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Understanding Trauma & Oppression



Why is this important?

- No group is by nature violent. Inequities in trauma and violence are due to structural oppression.
- Structural oppression can limit access to healing and resources (such as culturally appropriate mental health services).
- Oppression can also be a source of direct trauma across generations (slavery, genocide) and in the present day (displacement, hate crimes).

What could it look like in practice?

- Providers recognize how medical, social services, criminal legal, and other systems perpetuate trauma and mistreat certain groups they serve.
- Providers recognize that they often represent these systems and so trust must be earned through respect, accountability, and transparency.
- Providers challenge others who endorse stereotypes (e.g. “Oh, that’s how that culture is – men are so violent.”) or invalidate trauma (e.g. “What is so traumatic about moving?”).

Honoring Identity in Healing & Resilience



Why is this important?

- Healing and healthy development is often rooted in cultural identity.
- Our identities (race, ethnicity, gender, culture, etc.) often shape our beliefs and values – including how we perceive and respond to traumatic events.
- Someone’s identity can inform how they seek help, how they name and express feelings, and what meaning they make of the events.
- When providers assume there is only one “right way” to respond to traumatic events, be resilient, or heal, this limits their ability to appropriately support someone who responds differently.
- It is important to recognize resilience (in history and present day) of communities and name the strategies utilized by communities to survive and thrive in the face of hardship and adversity.

What could it look like in practice?

- Providers consider and ask clients about their strengths, including their strengths rooted in cultural identity.
- Agencies partner with culturally specific organizations to ensure access to appropriate healing and safety resources for clients and for staff training.
- Providers challenge others who make explicit or implicit judgments, for example: making a face when someone describes a grieving ritual that is unfamiliar; questioning whether someone is “really” impacted because they’re not reacting a certain way; etc.
- Providers reflect on their own cultural identity and how it shapes their approach with survivors.
- Providers explore with clients ways to foster cultural pride and community connectedness as part of the healing process.
- Agencies provide opportunities to celebrate cultural pride and connectedness through culturally relevant visual materials, celebrations, food, naming of history, etc.

PRINCIPLES OF TRAUMA-INFORMED & EQUITABLE ORGANIZATIONS

Naming & Addressing Power & Privilege



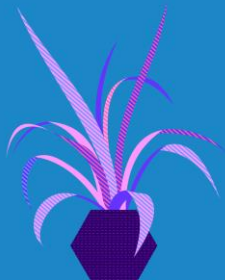
Why is this important?

- Racism and other forms of oppression operate in many ways, including within social services organizations.
- This can manifest in verbal, nonverbal and environmental slights, snubs or insults (“microaggressions”) against members of marginalized groups, inequitable policies and practices that are seen as “just the way it’s done,” and a lack of diverse leadership.
- Without a) naming the ways these oppressive beliefs and values are manifesting in the workplace and harming program outcomes, and b) developing strategies to address them, organizations will uphold oppression (which is the core of violence) instead of dismantling it.
- Survivors may find it empowering and healing to name and identify how oppression is linked to their experiences, rather than blaming themselves.

What could it look like in practice?

- Staff and leadership receive training on micro-aggressions, implicit bias, conflict resolution and restorative accountability strategies.
- When someone in a position of power/privilege has done or said something problematic, it is addressed and processed in a way that centers the needs of those most harmed.
- Members of target groups are not expected to bear the emotional burden of educating their colleagues with privilege or speaking for their entire community.
- When working with a survivor, a provider validates the injustice of systemic violence.
- Providers challenge the use of “coded” language about clients, such as “non-compliant,” “frequent flyer” “manipulative,” or assumptions such as “she must not really want services,” or “there’s nothing we can do for him.”

Advancing Equitable Participation



Why is this important?

- Equity should be at all levels of an organization: it is important for the agency’s leadership, management, administrative and front-line staff to reflect the communities served.
- Equity doesn’t ‘just happen’ – there are strategies related to hiring, retention and promotion that organizations can use to promote equity.
- When policies and programming are developed without the voices of stakeholders and community members receiving the services, they can be misguided and can cause harm.
- During a traumatic event, a survivor is robbed of choice and control over their experience; being supported in making decisions about their lives can be an important part of healing.

What could it look like in practice?

- Supervisors and managers have access to tools and resources to address implicit bias in recruitment, hiring, retention and advancement-related matters.
- There are regular opportunities for staff to provide feedback, raise concerns, and highlight successes with leadership.
- Job postings are sent to diverse networks.
- Hiring committees have multiple members of color and other underrepresented groups.
- Providers do not make decisions on behalf of clients but rather support clients in making their own choices.

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Recognizing Intersectionality



Why is this important?

- Many survivors hold multiple identities (e.g. woman *and* person of color) and so experience privilege and oppression in multiple ways (e.g. experience racism *and* sexism, *and also* hold privilege in immigration status, education, etc.).
- Often organizations, funders, and social justice movements operate in silos and focus on only one group or aspect of someone's experience. To be effective, advocacy and other services need to consider the "whole picture" of clients' complex identities and experiences.
- To promote equity in anti-violence work, organizations must use an intersectional approach, including promoting solidarity across groups and identities.

What could it look like in practice?

- When working with a survivor, providers avoid using "one-size-fits-all" tools, and instead tailor educational materials, safety planning, referrals, etc. based on the unique barriers and strengths of that survivor.
- For example: an LGBTQ/T-focused and immigrant rights-focused agency collaborate to strengthen their services for LGBTQ/T immigrant survivors.
- For example: in an interview with a local newspaper, an agency's media spokesperson is mindful of naming the unique needs and strengths of specific groups, avoiding lumping entire groups together.

Building a Culture of Self & Collective Care



Why is this important?

- Providers who work with survivors of violence are at increased risk of burnout and secondary trauma, which can affect program outcomes.
- Providers may also have a trauma history which, without reflection, can lead to assumptions that their experience is everyone's experience.
- High levels of stress and secondary trauma can increase the likelihood of biased decision-making, lack of empathy, lack of boundaries, and other issues that impact equity.
- In the absence of workplace supports, employees from marginalized groups may experience inequities similar to those they serve, as well as workplace discrimination, which can increase vulnerability to secondary trauma and burnout.
- A workplace that creates a culture of reflection and care—through reflective supervision, individual and group self-care strategies and activities, employee benefits, etc.—can address these issues and improve service quality.

What could it look like in practice?

- Supervisors are aware of the signs of secondary trauma in the workplace, issues of implicit bias, and other stressors, and are able to support staff in culturally appropriate ways.
- Employees have access to regular avenues for peer support and group reflective supervision.
- A provider "slows down" before making a decision about a client and asks herself why she is making a certain decision, what might be coming up for her, and what assumptions she might be making.
- When stressful and upsetting local or national events occur, leadership provides additional opportunities to support emotional health, safety and well being for those employees of targeted groups.

PRINCIPLES OF TRAUMA-INFORMED & EQUITABLE ORGANIZATIONS

Committing to Improvement



Why is this important?

- Creating and sustaining an equitable organization is an ongoing process that requires a commitment to continual quality improvement.
- Quality improvement can be summarized as: “every system is designed to get the outcome it gets.” Systems are often designed (intentionally and unintentionally) in ways that are not equitable. However, this means that systems can also be re-designed to improve equity and remove barriers to safety and healing.
- Quality improvement ensures that the mission and vision is reflected in program outcomes.
- To be trauma-informed and equitable, organizations must be committed to antiracism, and being antiracist requires ongoing learning, action, and reflection.

What could it look like in practice?

- The organization has an advisory committee to review internal policies, programming, and outcomes from a racial equity perspective.
- Demographic data is regularly collected on who utilizes services, who does not, who ‘succeeds,’ referrals, etc. to identify strengths and areas of improvement.
- Measures for program success are developed with input from all stakeholders.
- Findings on the organization’s performance is shared back with all members of the organization, survivors, and other stakeholders.
- Strategies to improve services are developed and piloted with a diverse group, in terms of program, position, race, ethnicity, gender, etc.