

Shelter Pulse

Trauma Informed Care Policy Primer

The guidelines and checklists below provide indicators of best/promising practices from research and serve as recommendations and benchmarks for ongoing policy evaluation and evolution

Policy Primer

The intention of TIC is not to treat symptoms or issues related to sexual, physical, emotional or financial/economic abuse or any other form of trauma but rather to provide support services in a way that is accessible and appropriate to those who may have experienced trauma. Acknowledging ongoing and intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life, TVIA helps to emphasize a person's experiences of past and current violence so that problems are not seen as residing only in their psychological state but also in social circumstances. These broader structural and social conditions, as well as forms of ongoing and/or "institutional violence," require service providers to conduct their work in full recognition of these contexts.

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Policy Checklist (Adapted from: Poole et al., 2013):

The following criteria may be considered in assessing or evolving policy using a Trauma Informed approach:

- Policies include a commitment to trauma-informed principles and practices which are supported by organizational leadership, staff time and other resources (e.g., space, money) required for implementation.
- Policies guide trauma-informed practices that are strengths-based and evidence-informed.
- Policies identify the relationship between trauma and programming, and the implications for service access and design.
- Policies include recruitment of staff with knowledge, skills and abilities to work with people affected by trauma.
- Policies require provision of TIC staff training and resources to enable provider-level and organizational practices. Training may include coping skills, cultural safety, de-escalation strategies, grounding, and emotional regulation techniques.
- Policies address the impact of trauma on staff, including vicarious trauma, ways to minimize its effects, staff self-care, resiliency and personal/professional boundaries.

- Policies address practices to reduce harm and re-traumatization of shelter seekers.
- Policies and procedures are clearly and transparently communicated.
- Policies address confidentiality and privacy of shelter seekers and program participants as a critical priority, and outline practices and protocols for compliance.
- Policies restore power and control to shelter seekers and reduce feelings of powerlessness, disconnection and loss of control through democratic and collaborative decision-making. Policies reduce power imbalances between shelter seekers and staff.
- Policies include evaluation of/feedback on TIC implementation from shelter seekers. Shelter seekers/participants/residents and staff are encouraged to provide suggestions, feedback and ideas, and a structured and transparent process is in place.
- Policies address the connections between violence, trauma, health and behavior: They guide service providers in moving from asking “What is wrong with this person?” to “What has happened to this person?” Policies recognize trauma can trigger shame, helplessness, powerlessness, and intense fear, and threaten a person’s sense of safety, sense of self, and their ability to regulate emotions and navigate relationships. Trauma can result in changes to the brain, compromised immune systems, physical and mental stress, attachment difficulties, substance abuse and other mental health challenges.

- Policies consider accessibility of services to maximize ease of access in the form of accessible and inclusive admissions practices, transportation access, and digital infrastructure such as access to internet and cell phones.
- Policies address meeting the basic needs of survivors and their children (e.g. provision of toothbrush, deodorant, hairbrush and toys for children).
- Policies address the establishment of a safe and peaceful environment. Policies avoid implementing curfews, chores, bans and practices which can hinder and limit shelter users in recovery.
- Policies address advocacy and service coordination and enable shelter staff to support survivors when seeking external services.
- Policies consider appropriate storytelling and sharing to promote healing and is done in a way that is not triggering or retraumatizing.
- Policies consider harm reduction practices, or support partnership with harm reduction organizations to support people who use drugs or engage in sex work, recognizing that abstinence-based policies present barriers to many who are escaping violence. Supervised Consumption Services, safe needle/syringe supply, naloxone kits, opioid substitution therapy, and provision of a safe place for people to store/manage their supplies are examples of harm reduction services that may benefit shelter seekers (Canada HIV/AIDS Legal Network, 2020).

References:

Poole, N., Urquhart, C., Jasiura, F., & Simile, D. (2013). Trauma Informed Practice Guide. Centre for Excellence for Women's Health. <http://dx.doi.org/10.13140/RG.2.1.5116.9122>