

How-to note

Taking a trauma-informed approach (TIA) in programming

The Resource and Support Hub (RSH) has developed this how to guide to support all organisations who may face trauma in their work. The “trauma-informed approach” (TIA) is a term being increasingly used in the humanitarian and development space. It discusses the terminology of trauma, how a TIA can work alongside survivor-centred approaches, why organisations should apply a TIA, and, importantly, how they can do so. The note is inspired by work conducted in the Middle East and North Africa (MENA) region.

Trauma is an emotional or physical response to an event, series of events, or set of circumstances that is experienced by an individual as harmful or life-threatening and usually beyond their control.¹ Traumatic events may include, but are not limited to, sexual or physical abuse or assaults, attacks by armed groups, war, natural disasters, traffic collisions, serious accidents, fires, kidnap, death of a close friend or family member (especially if sudden and unexpected), painful or frightening medical procedures.²

No two people will experience the same event in exactly the same way. Everyone’s identity characteristics (gender, age, disability, ethnicity, religion etc.), personal circumstances, life history, previous experiences of trauma and pre-existing vulnerability will be unique to them and affect the way that they relate to a traumatic event. They may have different abilities to cope in a particular context or may be differently able to access support, which can then affect the level of trauma they experience.

Trauma can also be caused by neglect or failure to act; for example, a person may be traumatised because they were denied urgent medical care due to discriminatory behaviour by service providers.

Despite these complexities around how trauma is both caused and experienced, there are common effects of trauma. These signs and symptoms include limitations on a person’s ability to function and find mental, physical, social, emotional and spiritual health and well-being.

Retraumatization is a conscious or unconscious reminder of past trauma that results in re-experiencing the initial trauma event, bringing with it the emotional responses of the original event. It can be triggered by a situation, an attitude or expression, or by specific environments that replicate the dynamics (loss of power/control/safety) of the original trauma.³ When

¹ [Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/working-definition-of-trauma-informed-practice)

² [Trauma - UK Trauma Council](https://www.uktraumacouncil.org/)

³ [Preventing Retraumatization: A Macro Social Work Approach to Trauma-Informed Practices & Policies - SocialWorker.com](https://www.socialworker.com/trauma-informed-practices/)

organisations are working with individuals or populations that have experienced trauma, they can intentionally or unintentionally retraumatise people because of how they behave, or because the settings they create to engage with people may remind them of past painful experiences. Understanding the nature of the trauma is important so that the risk of retraumatisation is minimised.

Revictimisation is the act of making someone who has less power and control, and who has already suffered harm, a victim again by disempowering them and holding power over them. This is especially important to consider when engaging with victims/survivors of Sexual Exploitation and Abuse (SEA), child abuse and domestic violence, as statistically victims/survivors are more likely to become victims again. When abuse happens again, it is important to not revictimise them by doubting the possibility that it could happen again. Victim blaming and questioning undermine the victim/survivor's efforts to regain their power and disclose. Not only does this make them the victim of an accusation of lying, but it also makes organisations complicit in handing power back to perpetrators⁴ and undermines a survivor-centred approach.

Both retraumatisation and revictimisation are contrary to our commitment to uphold the "Do no harm" principle as actors in the humanitarian and development sector.

Duty of care is about the obligations employers have around maintaining the safety, security, physical health and psychological well-being of their personnel and any family members in the workplace.⁵

A trauma-informed approach is, therefore, people-centred and requires us to recognise specific traumas in context and consider how these may be present in the populations we work with and our staff. Using a TIA lens calls on us to consider how to tailor our programmes, practices, procedures and organisational culture to ensure that our work is the most healing, safe and empowering for all. Adopting a TIA helps to mitigate the risk of retraumatisation and revictimisation. This is relevant not just for the communities we serve, but also for our staff, who are usually drawn from those same communities and for whom we have a duty of care. We need to think about people's different **intersecting identities** (gender, age, disability etc.) to understand their different experiences of trauma. Was one group targeted because of their identity, and did they become the victims/survivors of something specifically traumatic to them?

How does a trauma-informed approach differ from taking a survivor-centred approach?

Much like how **a survivor-centred approach (SCA)** is critical to good safeguarding work, adopting a TIA is also an ethical standpoint that is both person-centred and a practical way of working. The difference is that while an SCA is focused largely on the 5 phases of the

⁴ [Revictimization: What It Means and How It Happens \(healthline.com\)](https://www.healthline.com/health/revictimization)

⁵ [OCHA-Duty-of-Care-Framework_PSMC-endorsed.pdf \(undac.org\)](https://www.undac.org/ocha-duty-of-care-framework-psmc-endorsed.pdf)

safeguarding cycle (identify, prevent, report, respond, learn) and ensures that victims/survivors' rights, needs and wishes are at the centre of all safeguarding actions and mechanisms, a TIA in its current form in humanitarian and development work is broader as it applies to programmes, operations and organisations.

A TIA emphasises both understanding trauma and then not retraumatising, adding new traumas or revictimising people. The SCA and the TIA blend in case handling, where a survivor-centred approach is by nature trauma informed. A TIA can, however, be used to think about how to design a whole programme, how to set up an office space, how to deliver a project at a site in the community, or it can even be used when reflecting on budgets for programme activities.

Adopting a TIA calls for deeper sensitivity to the places, spaces and faces organisations engage with to ensure that each interaction is not just safe but potentially healing and empowering. Using a TIA is one approach to improving the quality, impact and sustainability of aid organisations' work.

Why does the trauma-informed approach matter for organisations?

The MENA region, as well as others, has been the site of numerous life-threatening events from violent episodes during political uprisings, occupation, international sanctions, conflicts including both civil wars and international invasions, natural disasters and catastrophic accidents over the course of modern history until now. These traumatic events are felt not just at the national, regional, community, household and/or individual levels, but intergenerationally, between family members who are experiencing multiple forms of trauma together during protracted and/or complex crises.

Given the history of the MENA region, **trauma is likely to be experienced widely by the general population and rarely isolated to one experience.** People living in this context do not have a "post" trauma moment to heal in; they continue to live with trauma daily, with each traumatic event adding to the last.

A case study from the Türkiye–Syria earthquake showed that staff working in these contexts are not immune to trauma. When the earthquake struck in February 2023, its epicentre was close to Gaziantep, Türkiye, where the humanitarian response to the Syrian refugee crisis was already operating from. Hundreds of staff were already working close to burnout. Being faced with personal trauma and witnessing others' trauma posed real risks to these staff. Staff are often moved around the region to respond to different emergencies which can put them at higher risk of secondary (or vicarious) trauma – experiencing the trauma of others as though it were your own. It can also create compassion fatigue – feeling emotionally numb, withdrawn and indifferent to others' suffering following excessive exposure to trauma. Staff can find it difficult to find steady routines that might support their well-being. Their work can quickly shift between humanitarian response, when a situation escalates to an emergency level, and more development-focused work in quieter times. This also means emergency responses do not

progress from response to early recovery. Not seeing positive change as a result of long hours and commitment can become demoralising, compromising the staff's ability to cope.

The need to understand and appropriately respond to trauma is vital to **curb the effects of trauma for future generations and lay the foundations for development** during more stable times, and also to **build resilience over time so that populations are better able to withstand the impacts of instability, crises and conflicts**. This is where organisations have not only an active and critical role to play in understanding and addressing trauma but also a moral and ethical responsibility to do so.

What can you and your organisation do to become more trauma informed?

What works to support people experiencing trauma works positively for everyone. Have a look at the 6 principles of the TIA below and consider if your organisation aligns with them.⁶

Safety. Secure the emotional and physical safety of project participants and staff, including by ensuring freedom from threats of or actual harm and by making attempts to prevent retraumatisation.

Trustworthiness. Create transparent policies and procedures that are aimed at building trust amongst staff, project participants and the wider community.

Choice. Offer meaningful choice and voice in the organisation's decision-making processes and the services it provides.

Collaboration. Value all staff and project participants' experiences in attempting to overcome challenges and improve the system, including through the use of formal or informal peer support groups or communities of practice.

Empowerment. Share power, give project participants and staff the opportunity to influence decision-making.

Cultural considerations. Move past stereotypes and biases based on gender, age, disability, race, ethnicity, religion, gender identity, geography, civil status and so forth.

Practical tips for using a trauma-informed approach

Safeguarding cycle

- Safeguarding risk assessment and risk management should consider (re)traumatisation and revictimisation risks/mitigations, too.
- Protocols should be established for handling individuals sensitively expressing trauma. These protocols may include active listening, validating their experiences, and, when

⁶ [Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/working-definition-of-trauma-informed-practice)

appropriate, offering a private and safer space for conversation. Additionally, it is essential to be prepared to provide referral services to connect them with the support they need.

- Reporting mechanisms at the community and office/staff levels should be sensitive to localised trauma and appropriate for users, as should communications about these reporting mechanisms.
- Staff handling reports should be trained on the fundamentals of the TIA and be mindful of avoiding triggers or potential risky power dynamics in their interactions with any victim/survivor, including both staff and project participants. Staff members should know how to explain confidentiality and informed consent to victims/survivors, and how to manage their expectations, including explaining when their consent may be overridden or confidentiality breached. This is essential to help victims/survivors feel empowered and in control. Case handling/investigations should note that trauma can cause memory to be lost, patchy, and/or return in episodes or flashbacks. It should be expected that some details may return in time and avoid suggesting that the victim/survivor is making a story up as they go along (revictimising).
- Staff could also be trained in psychological first aid (PFA). This can be administered by people without particular mental health expertise and can help in reducing the likelihood of longer-term traumatic stress. Learn more about [**responding to a report of Sexual Exploitation, Abuse or Sexual Harassment \(SEAH\)**](#).

Programmes and operations

- Context should be analysed through a TIA lens so that specific traumas can be identified.
- Programme design and implementation of activities should consider these identified traumas and ask questions such as: Are spaces child-friendly, private, safe or welcoming enough? Should certain staff or project participants be present in certain activities while it is preferable that others should not be involved? Do the ways of working uphold project participants' dignity and rights and make them feel safe and empowered while interacting with the project?
- Communication with communities and individuals should be clear and concise and be mindful of (re)traumatising or revictimising project participants. Trauma can affect general memory and cause forgetfulness; repetition of messages and the use of multiple methods of communication may be needed.
- Monitoring and evaluation activities should be carried out by trained staff and not require project participants to recall traumatic events repeatedly or take place in inappropriate companies and spaces.
- Staff should be considered a vital resource for consultation on all aspects of programme delivery, from needs assessment, planning, design and set-up to implementation, monitoring and reporting. This will ensure that all phases of the project cycle are trauma informed.
- Project participants should be actively involved in consultations regarding critical elements of programme planning. This includes identifying risks of retraumatisation and determining suitable responses, evaluating the appropriateness of project activities and

design in relation to localised trauma, selecting implementation methods and establishing monitoring procedures. This collaborative approach is crucial to prevent any negative, retraumatising or revictimising impacts on the participants.

- Human resources, logistical support and budget should be allocated to ensure that work can be carried out in the most sensitive, safe and empowering manner, with the project participants central to all decision-making processes.

Staff and organisation

- Policies, protocols and practices should be reviewed to assess the extent to which they incorporate TIAs. It is essential to recognise that institutional violence and system-induced harm can occur when such approaches are lacking. Reasonable flexibility at work should be provided for those who are experiencing trauma or who may need to evacuate families or attend to other related issues in emergencies.
- Leaders should speak about trauma and the risks of secondary trauma as well as compassion fatigue and burnout. They should validate staff members' feelings and express gratitude for their efforts in challenging times so that they feel acknowledged and able to request support. They should make their duty of care known to staff and, in having these conversations, flatten hierarchies to create a more collaborative and empowering work culture.
- Management should ensure that an up-to-date list of referral services for psychosocial support is available to staff and known about.
- The organisation should ensure that staff have clear job descriptions and contracts, and that they are paid on time, to avoid anxiety related to job security. They should also go through regular and predictable formal appraisals as well as routine informal check-ins to enable support to be provided in a timely manner.
- Communication to staff should be clear and transparent, especially recognising that trauma can create some confusion and memory issues for which patience and understanding is required.