Cultivating a Trauma-Informed Design Practice

Tip Sheet

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What is trauma, and how does it impact us?

1. Trauma is a response to anything that's **overwhelming** and that happens **too much, too fast, too soon, and/or for too long**.

2. Trauma is coupled with a **lack of protection or support**. It lives in the body, stored as sensation: pain or tension—or it is **a lack of sensation**, like numbness.

3. Trauma **does not impact us all in the same ways**. Context is critical to both acknowledge and understand.

*This combined definition is attributed to **Karine Bell, Resmaa Menakem,** and **Bruce Perry.***
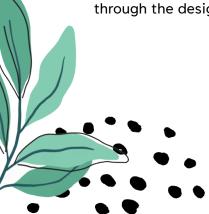
What does it mean to be trauma-informed?

Borrowing a page from the [CDC + SAMHSA](#):

Trauma-informed care is an evidence-based approach to incorporate understanding about the impact of trauma on a person's perceptions and behaviors.

Trauma-informed care promotes healing and recovery and avoids practices that may re-traumatize or cause new trauma to the individual.

Trauma-Informed Design Practice

We recognize the persistence of trauma and commit not to repeat or cause further trauma through the design experience.

Six Guiding Principles of Trauma-Informed Design

Trauma-Informed Care Principles Translated into Design Language	Things We Might Ask Ourselves as Designers
1. Safety or Safe 'Enough' People need to feel emotionally, physically, and psychologically safe—or "safe enough"—to take part in the design process (activities, interviews, etc.) and to take steps toward their own recovery and/or healing.	• How will we create and foster a design environment that is safer—or safe enough (for participants or for our team)? • Do we have a safety plan for before, during, and after conducting design research or co-design? What if things don't go to plan? • Are we intentional about building our own welcoming, intersectional teams with a wide range of perspective?
2. Trust & Transparency Activities and decisions must be transparent (and better yet, shared) to build and sustain trust with all involved, which includes survivors, research participants, team members, and anyone who might use or interact with our work.	• How will we provide transparency? How might we build trust together? • How have teams, partners, or organizations historically connected to this community? Who has benefited most? • What does our (the team's/client's/trusted partners') relationship to the community look like? Are there established or trusted relationships present? Can these be built? (And are we the right team to do this work?) • What will these relationships look like during and beyond the "work"?
3. Peer Support & Community We encourage, invite, and support folks to involve the people they trust most. We recognize that community support is a crucial part of establishing safety, building trust, sustaining healthy relationships, and healing.	• How are we involving a person's trusted support, peer network, or community? • How could we ensure that experiences are supported and encouraged by others, their peers, and their communities? • How might care approaches and design research methods make people feel heard and supported? • What might design activities that include support for these networks look like?

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4. Collaboration & Shared Decision-Making We understand that healing happens in community, through collaboration, conversations and meaningful sharing of power and decision making. We recognize the importance of feeling safe, welcome, and represented. Ensure that those with intersectional identities and perspectives have access and can take part.	• How will we design our processes, materials, and shared time to support agency, accessibility, and justice? • What mechanisms can be introduced to invite and include traditionally overlooked groups and individuals? • How will we ensure that participants and collaborators are centered (over funders or institutions)? • How is power being shared, built, or given up?
5. Lived Experience & Voice We acknowledge that each person's experiences are unique and worthy of being honored. We amplify and uplift the lived experiences of the people and communities we are introduced to or are invited into. We do not ask people to share beyond their comfort. We create and honor boundaries.	• How are design methods or processes centering and honoring people's lived experiences? Are fostering a sense of agency and choice? • In what ways are the voices and experiences of community members and collaborators consistently amplified? • What forms of power are harmful or helpful to these individuals or communities? What are the root causes?
6. Cultural & Historical Context We strive for a culturally responsive, social justice focused design practice. We acknowledge and address the everyday needs and realities of communities and elevate perspectives that are often overlooked, while recognizing the impacts of generational trauma. Change moves at the speed of trust and collaboration.	• What does a "culturally responsive practice" mean in the context of your project? How might we address or challenge systems and structures? • How might we design for a commitment to recovery and healing? • In what ways will we ensure that historically overlooked voices are present and included in sharing lived experiences? • Who else needs to be a part of this work? Whose voices are and are not represented in the room?

What makes a trauma-responsive design practice?

We recognize the persistence of trauma and commit not to repeat or cause further trauma through the design experience, **and we seek to restore a sense of safety, power, and self-worth throughout the process of design and beyond**.

A trauma-responsive design practice must:

1. **Establish a safe-enough space for brave conversations and collaboration.**
   The first thing we must do is to create and hold a space where people feel safe enough to engage. This safety is the most important thing we must strive for as designers and service providers if we hope to collaborate and build trust with people.

2. **Support connection and healing in the community.**
   A collaborative, respectful, and empathic design process strives to be a positive experience. We seek to restore a sense of safety, power, and self-worth throughout the process of design and beyond. We believe that healing happens in the community and support connections (as appropriate) beyond the design process.

3. **Honor lived experience and make way for voice + choice.**
   We honor people's lived experience and understand that it is their choice to share their wisdom with us. We support individuals' agency to voice (or express) their needs and experiences. We engage in ongoing consent, prioritize autonomy, respect boundaries, and hold space for active participation in decision-making.

Resources

Design tools

- *Model of Care for Co-Design* and *Model of Care Expanded* by KA McKercher
- *The Designer's Critical Alphabet* by Lesley-Ann Noel
- *The Racial DeckEquity* by Alvin Schexnider
- *Equity-Centered Community Design Field Guide* from Creative Reaction Lab

Books

- *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies* by Resmaa Menakem
- *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* by Judith Lewis Herman
- *Decolonizing Trauma Work: Indigenous Stories and Strategies* by Renee Linklater

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- *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* by Laura Van Dernoot Lipsky and Connie Burk

- *What Happened to You? Conversations on Trauma, Resilience, and Healing* by Oprah Winfrey and Bruce D. Perry

- *Beyond Sticky Notes, Co-Design for Real: Mindsets, Methods, & Movements* by KA McKercher

Articles

- *An Ethic of Care for Research Participants as Trauma Survivors* by Sarah Fathallah

- *Supporting Survivors: Empowered Allyship + Accomplice-ship* by Jimanekia Eborn, Trauma Specialist and Comprehensive Sexuality Educator via Braver Collective

- *Practicing Without a License: Design Research as Psychotherapy* by Tad Hirsch

- *6 guiding principles to a trauma-informed approach* from the U.S. Centers for Disease Control and Prevention Office of Public Health Preparedness and Response

Podcasts and Videos

- *Notice the Rage; Notice the Silence* by Resmaa Menakem / *On Being* with Krista Tippett

- *Dr. Bruce Perry and Oprah Winfrey book, "What Happened to You?..."* | Super Soul Sunday S10E3 | Full Episode | OWN

- Impact Policy AU Podcast *Ep 12: KA McKercher, CoDesign—Community and Championing Participation*

- *Engaging Young People / Ci3 UChicago & Mary Foyder Design* Young people, in their own words, on engaging in a human-centered, participatory design process.

- Dr. Joy DeGruy explains how trauma can be passed on generation after generation and *how Post Traumatic Slave Syndrome is different from PTSD* for AJ+ Opinion.

- Kimberlé Crenshaw's TEDWomen 2016 talk, *The urgency of intersectionality*

- Tarana Burke and Brené Brown's *Vulnerability Through the Lens of the Black Experience* for The Daily Show