TRAUMA-INFORMED APPROACHES

An Actionable Toolkit for International Development Practitioners

December 2023 | Nada Raslan and Shauna Aron Caria

Accessible guidance and tools to support the mental well-being and resilience of communities, staff and stakeholders in development programs

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CONTENT GUIDANCE: Please note that this document refers to trauma, traumatic incidents, mental health concerns, and other types of distress. The guidance, tools, and references included are for informational purposes only and are not a substitute for specialized diagnoses, mental healthcare, and health assistance provision.

For additional support, or to connect with mental health services in your area, contact your local healthcare or emergency services.

For national U.S support services, call SAMHSA's National Helpline at 1-800-662-4357.

Table of Contents

Table of Contents

Acronyms and Key Definitions

FCAS	Fragile or conflict-affected settings
GBV	Gender-based violence
GESI	Gender equality and social inclusion
IASC	Inter-Agency Standing Committee
IDP	Internally displaced persons
IFRC	International Federation of Red Cross & Red Crescent Societies
IMC	International Medical Corps
IOM	International Organization for Migration
ISTSS	International Society for Traumatic Stress Studies
LMIC(s)	Low- and middle-income countries
MEL	Monitoring, evaluation, and learning
MHIN	Mental Health Innovation Network
MHPSS	Mental health and psychosocial support
NCMW	National Council for Mental Wellbeing
PFA	Psychological first aid
PSS	Psychosocial support
PTSD	Post-traumatic stress disorder
RIMS	Referral Information Management System
SAMHSA	Substance Abuse and Mental Health Services Administration
SDQ	Strengths and Difficulties Questionnaire
SHEA	Sexual harassment, exploitation, and abuse
TIA	Trauma-informed approaches
UNICEF	United Nations Children's Fund
USAID	Unites States Agency for International Development
WASH	Water, sanitation, and hygiene
WHO	World Health Organization

01.

Introduction & Background

1.1 Socioeconomic Impacts of Trauma

Mental health concerns are prevalent in nearly every global community. Statistics show that more than **70% of adults experience at least one traumatic event in their lifetime.**[1] Yet, there is both stigma and limited awareness of the physical and social costs of trauma and development factors that may exacerbate trauma and mental health concerns. Communities and individuals may experience a higher incidence of more severe mental health conditions such as post-traumatic stress disorder (PTSD), depression, addiction, or severe anxiety when exposed to increased levels of toxic stress, deprivation, or violence. The World Health Organization (WHO) estimates that the prevalence of mental health disorders is nearly double the global average in fragile and conflict-affected settings (FCAS), with one in five people living in FCAS exhibiting symptoms of PTSD, complex-PTSD (c-PTSD), depression, anxiety, bipolar disorder, or schizophrenia.[2,3]

The impacts of trauma and mental health conditions can be problematic if left unresolved. According to USAID, more than **80% of individuals with mental health conditions have limited to no access to support services.**[4] At the individual level, traumatic incidents can be associated with severe emotional, physical, cognitive, behavioral, and developmental reactions, as well as chronic disorders such as depression, personality disorders, anxiety disorders, suicidal tendencies, developmental disorders, health issues, or substance abuse. These chronic conditions have long-term impacts for individuals and communities.

> **“Disasters, conflicts, and health problems have severe mental health consequences. The emotional wounds may be less visible than the destruction of homes, but it often takes far longer to recover from the mental health impact than to overcome material losses.”**
>
> **— USAID**

Researchers and mental health practitioners are increasingly aware of the links between the larger socioeconomic environment and the health of communities and individuals. Unaddressed trauma and mental health concerns have been associated with **cyclical negative social impacts that can significantly impact individual and community-level development, resilience, and recovery**. Poor mental health is linked to chronic illnesses and poorer health outcomes, substance abuse, suicide, gender-based violence, and negative education and employment outcomes. Global crises such as climate-related shocks, forced displacement, and health pandemics (such as COVID-19) have negatively impacted mental health, limiting an individual’s ability to respond to shocks. Left unaddressed, mental health conditions can impede the ability to work productively and contribute to the community. Economically, it is estimated that depression and anxiety — two of the most common mental health conditions — and their associated effects cost the global economy nearly **$1 trillion every year**, with depression projected to be the top global mental health condition in 2030.[5,6] Addressing trauma, and improving mental health and psychosocial support (MHPSS), are not only critical to the health and well-being of individuals, but also key to meeting global development outcomes.

[1] SAMHSA, Practical Guide for Implementing a Trauma Informed Approach, 2023
[2] SAMHSA, Trauma-Informed Care in Behavioral Health Services, 2014
[3] World Health Organization, Mental Health in Emergencies Fact Sheet, 2019
[4] USAID, Mental Health and Psychosocial Support, Inclusive Development, 2023
[5] World Health Organization, Mental Health Factsheet, 2022
[6] United Nations, Mental Health and Development, 2016

Incorporating a trauma-informed approach can benefit everyone, regardless of their mental well-being and experience with traumatic incidents. While trauma-informed actions are especially important for those who have experienced trauma, the approach prioritizes safety, choice, and empowerment — which is beneficial to all stakeholders

1.2 Rationale for Trauma-Informed Approaches (TIA) in International Development

Defining a Trauma-Informed Approach to Development Programs

A trauma-informed approach to international development recognizes and addresses the potential for trauma and its effects on individuals and communities within development programs, ensuring that interventions are sensitive and responsive to any potentially existing trauma. TIA is based on an understanding of the experiences of trauma survivors, including the prevalence and physical, social, and emotional impact, and prioritizes restoring the survivor's feelings of safety, choice, and control.

Incorporating TIA in international development leads to more effective, equitable, and sustainable interventions that promote healing, empowerment, and positive social change. Bilateral and multilateral donors include MHPSS as a **crosscutting issue** relevant to all development contexts and commit resources to improving staff capacity and integration of MHPSS interventions across all sectors and programs at each stage. The Inter-Agency Standing Committee (IASC),[7] WHO, USAID, and other leading humanitarian and development agencies find that addressing mental health needs during and after crises provides opportunities to introduce mental health activities that can be scaled up to integrated, locally sustained MHPSS systems.[8] The United Nations includes mental health in target 3.4 of in **Sustainable Development Goal 3 on Good Health and Well-Being** (SDG 3).

Importantly, incorporating TIA benefits everyone, regardless of their mental well-being and experience with traumatic incidents. While trauma-informed actions are especially important for those who have lived experience with trauma, TIA prioritizes safety, transparency, choice, and empowerment, which are beneficial to all stakeholders. Incorporating organizational and programmatic commitments to operationalize a commitment to mental health is a best practice to reap the highest benefits.[9]

TIA benefits development programming and increases overall program effectiveness by:

- **Prioritizing the safety and well-being of all stakeholders, participants, and staff.** By understanding the impacts of trauma and responding in a way that promotes healing and empowerment, practitioners create safe and supportive environments that foster positive outcomes and resilience for all stakeholders involved.

- **Addressing the root causes of trauma.** Trauma can be caused or exacerbated by disasters or conflict, as well as systemic and structural inequities such as social exclusion, deprivation, poverty, discrimination, or violence. Through TIA, development practitioners identify, understand, and address the underlying causes of or contributors to trauma and develop prevention measures and sustainable solutions that promote social justice and equity.

- **Avoiding retraumatization.** All interventions have the potential to unintentionally retraumatize individuals who have experienced trauma or distress. Through TIA, development practitioners minimize the risk of retraumatization and promote healing and resilience.

- **Increasing localization and broadening stakeholder engagement.** TIA emphasizes the importance of centering local stakeholder engagement and participation in program design and implementation. By prioritizing the voices

[7] The Inter-Agency Standing Committee (IASC), 2023
[8] World Health Organization, Building Back Better, 2013
[9] MHPSS Minimum Services Package (MSP), 2022

and perspectives of traditionally underserved participants and understanding the diverse impacts of trauma on mental health and well-being, development practitioners are responsive to the unique needs of diverse populations, thus improving overall program effectiveness and sustainability.

- **Improving disaster preparedness, response, and recovery.** Being prepared to respond to the needs of individuals in the aftermath of crisis can prevent longer-term MHPSS issues. Mental health research shows that nonspecialized psychological crisis interventions including lay counseling or psychological first aid (PFA) in the immediate aftermath of distress can be more effective at building resilience than immediate multi-session counseling and therapy.[10] While longer-term counseling and therapy play a role in mental healthcare needs, being trauma-informed and trained in crisis intervention techniques such as peer support or PFA can be preemptively valuable for staff and communities in post-disaster situations.

Beyond these benefits, positive outcomes of effective MHPSS activities on communities — including mainstreaming approaches like TIA — include improved resilience, greater social connectedness, higher educational attainment, reductions in violence, improved future planning and positive thinking, and reduced stigmatization of particular groups or individuals exposed to trauma and toxic stress.[11] For example, educators who applied TIA in Northern Syria found that acknowledgement of trauma and its root causes not only improved educational outcomes for children with disabilities, but also supported their caregivers, teachers, and the larger community (see box).[12]

TIA helps development practitioners identify when there is a need for general or specialized mental healthcare to prevent unintended retraumatization and maximize overall mental well-being. Lastly, TIA reduces stigma by framing mental health positively. Since mental health can be a sensitive or stigmatizing topic, being trauma- or mental health-informed equips both development practitioners and communities to address issues more sensitively, more transparently, and with more resources to advocate for mental well-being.

Adopting a Trauma-Informed Approach to Education in Northern Syria

Manahel, or the Syria Education Programme, considers the unique educational needs of every child in a region affected by more than 12 years of conflict. The team adopted a TIA early in the design stage and continually adapted it during implementation. Manahel focuses on engaging community members and underrepresented groups – including caregivers, teachers and children with disabilities. Stakeholder-driven activity design, adaptive implementation practices, community-focused activities, and a high degree of learning through community engagement and empowerment have provided an opportunity for children with disabilities and their caregivers to be heard. As a result, various aspects of the curriculum have been adapted to incorporate accommodations that not only improve learning outcomes at school but also reduce the stigma associated with children with disabilities - often due to lack of information and limited engagement with their peers and the community. For more information on Manahel, see Subsection 3.1. of this toolkit.

[10] George S. Everly Jr. and Jeffrey M. Lating, The John's Hopkins Guide to Psychological First Aid, 2022
[11] SAMHSA, Trauma-Informed Care in Behavioral Health Services, 2014
[12] Chemonics, The Syria Education Program, Incorporating a Trauma-Informed Approach in Primary Education Programming in Northwest Syria, 2023

“A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively resist retraumatization.”

Substance Abuse and Mental Health Services Administration (SAMHSA), Practical Guide for Implementing a Trauma-Informed Approach, 2023

1.3 About the Toolkit: Audience, Purpose, and Definitions

Audience

Mental health is a crosscutting issue and applies to all development contexts. Even in cases where trauma and distress are not apparently present, adopting TIA supports improved mental health of staff and community members, safeguards against the advent of potential mental health issues, and promotes MHPSS integration across sectors.

This TIA Toolkit is intended to inform and empower **non-specialized development practitioners**, or those who are not experts in MHPSS. TIA can be applied at any stage of the project life cycle and is useful for staff of all levels, functions, and sectors. While some activities and individuals may require specialized support, the positive outcomes of basic trauma-sensitive activities can increase resilience and can potentially prevent the development of MHPSS issues associated with stress, distress, or trauma.[13] Not all mental health concerns require specialized care or training. Although the toolkit includes tools to effectively safeguard individuals while implementing TIA actions, there will be situations where support from a MHPSS specialist, psychologist, or psychiatrist is necessary. This toolkit will indicate when professional expertise is required or advised.

Importantly, TIA interventions and strategies should be locally led, **stakeholder centered, context appropriate**, and strongly **rooted in diverse local systems and networks**. The toolkit includes strategies for development practitioners to support meaningful and active engagement with local communities to integrate TIA and maximize sustainability beyond the project implementation period.

Purpose

The TIA Toolkit is an actionable resource to support the creation of trauma-sensitive strategies and action plans.[14] Each section includes tools, guides, and resources to fit specific needs for development practitioners to adapt a people- or survivor-centered approach to their specific context. A condensed Trauma-Informed Approaches Checklist serves as a crosscutting resource as well. This toolkit can support development practitioners to:

- **Learn about and advocate for the importance of TIA and mental well-being in development programs.** Practitioners will be able to (1) develop a more inclusive and comprehensive understanding of trauma-related principles, frameworks, terminology, and considerations when working in international development and (2) understand the importance, relevance, and nuances of MHPSS and trauma for any context, as well as the positive outcomes of being trauma-informed when supporting the development of a TIA action plan or integration strategy at any stage of programming.

- **Integrate TIA at the assessment, activity design, implementation, and monitoring, evaluation, learning and adaptation (MEL) stages of any project.** Practitioners will be able to (1) identify needs and gaps and learn how and where trauma may be present within communities and among peers; (2) identify the strategies and tools to best support the needs of underrepresented and historically marginalized groups where trauma or gaps exist; and (3) identify entry points and design population- and sector-specific activities more effectively, with the aim of maximizing the mental well-being, resilience, and overall benefit to both local populations and staff when implementing programs.

- **Avoid unintended harm or retraumatization.** Practitioners will be able to avoid unintended harm of trauma-affected populations, partners, or peers and apply the Substance Abuse and Mental Health Services Administration (SAMHSA) trauma-informed care principles throughout the project life cycle for in-person interactions and external communications.

- **Incorporate TIA in organizational capacity building and in support of colleagues and local partners.** Practitioners will be able to (1) support accountability practices, such as obtaining leadership buy-in and securing the resources and expertise needed to deliver trauma-informed and MHPSS support services; (2) establish or refine protocols to effectively implement a TIA at all levels; and (3) deploy cost-effective strategies for trauma-informed leadership and best practices for staff well-being and self-care.

[13] World Health Organization, Mental Health in Emergencies, 2020.
[14] See Annex 4.28 for a TIA Action Sheet: Considerations and Actions

Key Terms

Distress	Used to describe a range of experiences that result in unpleasant emotions or cognitions that may interfere with an individual's well-being.[15]
Dysfunction	A mental disorder characterized by clinically significant disturbances to an individual's cognition, emotional regulation, or behavior that reflect a dysfunction in psychological, biological, or development processes underpinning mental functioning. Impedes an individual's ability to function day to day.[16]
Mental Health	Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act, and helps determine how we handle stress, relate to others, and make choices.[17]
Post-traumatic stress disorder (PTSD)	A trauma- and stress-related disorder that develops in relation to a traumatic event or events that create psychological trauma.[18]
Psychological first aid (PFA)	An immediate or initial disaster response intervention intended to promote safety, stabilize survivors of disasters, and connect individuals with support resources. Delivered by mental health professionals and other trained individuals, the purpose of PFA is to assess the immediate concerns and needs of an individual in the aftermath of a disaster, not to provide onsite therapy.[19]
Survivor-centered	An intervention approach or actions that prioritize survivor rights, needs, and wishes and place their inputs and experiences at the forefront.
Toxic stress	A persistent and/or prolonged state of stress and activation of the stress response system beyond tolerable limits.[20]
Trauma	An emotional or physical response to one or more physically harmful or life-threatening events or circumstances with lasting adverse effects on mental and physical well-being. Trauma can refer to a single event, multiple events, or a set of circumstances experienced by an individual as physically and emotionally harmful or threatening and having lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.[21]
Trauma-informed approaches (TIA)	A trauma-informed approach recognizes signs of trauma in individuals and the professionals who help them and responds by integrating knowledge about trauma into policies, procedures, practices, and settings and by seeking to actively resist retraumatization. TIA is based on an understanding of the vulnerabilities and experiences of trauma survivors, including the prevalence and physical, social, and emotional impact. TIA prioritizes restoring the survivor's feelings of safety, choice, and control. Programs, services, agencies, and communities can be trauma-informed.[22,23]
Safe Space	A place or environment in which a person or group of people can feel confident that they will not be exposed to discrimination, criticism, harassment, or any other emotional or physical harm

[15] See TIA Tipsheet: Identifying Mental Distress, Trauma, and Dysfunction for more information
[16] Adapted from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), 2022
[17] What is Mental Health? Mental Health, SAMHSA, 2023
[18] Definition of PTSD, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), 2022
[19] American Psychiatric Association (APA), What is Psychological First Aid? 2023
[20] Harvard University's Center on the Developing Child, Key Concepts: Toxic Stress, 2023
[21] Adapted definition of trauma from concept, principles and guidance for a trauma-informed approach, SAMHSA, 2014
[22] SAMHSA, SAMHSA'S Concept of Trauma, 2014, and Practical Guide for Implementing a Trauma-Informed Approach, 2023
[23] U.S. Department of State, 2021 Trafficking in Persons Report, 2021

Defining Trauma, Mental Health and Psychosocial Support, and Staff Specializations

In this toolkit, **trauma** encompasses a variety of potential physical, mental, and social concerns that may result from emergencies, extreme adversity, toxic stress, or distressing incidents. **Trauma-affected populations** refers to crisis-affected individuals or communities who may have experienced or been exposed to traumatic events or circumstances that have had a significant impact on their mental, physical, or emotional well-being. It is important to note that these populations are diverse, and it is not advisable to refer to an entire group as "traumatized." The term trauma-affected populations is used for communities who have experienced conflict, displacement, or other forms of crisis and who may have a higher likelihood of being exposed to traumatic experiences and resulting effects. References to mental distress and dysfunction are also included to differentiate between these states and to help identify individuals who may need emergency intervention or professional psychological support.

Mental health and psychosocial support (MHPSS) encompasses a combination of social and psychological concerns that may be preexisting, emergency-induced, aid-induced, or a result of other social factors. While the interplay between preexisting social and psychological problems in FCAS or among underrepresented populations may overlap, it is important to note that proactively applying an MHPSS-sensitive lens in any emergency context can maximize project impact and protect staff, individuals, and communities, regardless of their mental health state.

Psychosocial support (PSS) includes any form of MHPSS support that is non-clinical, including PFA, lay counseling, psychological referrals, establishment of friendly or safe spaces, and peer-support networks. PSS refers to interventions that relieve stress and can help prevent mental conditions. Most PSS can be provided at the community or group level, or via media.[24]

Psychological support or **psychiatric support** refers to the care provided by specialized professionals trained in delivering psychological and/or psychiatric counseling. Being trauma-informed and adopting a TIA does not necessarily require a set of specialized skills, knowledge, or experience to effect positive change. Incorporating a TIA can involve skill sets ranging from **non-specialized** and **semi-specialized** to **specialized**, depending on need and context, as discussed below.

1. **Non-specialized staff.** Development practitioners at any level, with any range of experience, may have little or no knowledge about trauma or MHPSS. Non-specialized staff will benefit from coaching or supervision relating to MHPSS/TIA activities but can safely conduct very general assessments, interact with or be part of communities, and contribute to research and learning on MHPSS. Roles may range from support staff to technical staff of all disciplines.

2. **Semi-specialized staff.** Semi-specialized staff or stakeholders are those with basic knowledge, training, or certifications relating to trauma awareness, mental or physical health, social inclusion, or related fields. They may serve in specialized technical roles, such as gender equality and social inclusion (GESI) specialists, health or MHPSS specialists, trauma-informed MEL staff, or specialists in conflict awareness, lay counseling, or community engagement. These individuals can provide advice on non-clinical trauma-informed assessments, activities, indicator selection, operational considerations, overall strategy, adaptive management approaches, and capacity building needs. They can contribute to learning and research and help identify the root causes of toxic stress and distress on a given population They need supervision or specialized training for more advanced MHPSS engagement.

3. **Specialized MHPSS or mental health professionals.** These individuals are certified to implement assessments, analyses, or activities that directly engage mental health patients or those with diagnosable mental or physical health conditions. Mental health expert(s) must be engaged to conduct or supervise clinical mental health assessments, recommendations, treatments, case management, referrals, and any interactions with individuals requiring treatment. These experts also support the development of related indicators and questionnaires. Specialized professionals can oversee MHPSS programs, coach or support semi-specialized or non-specialized staff, and conduct any specialized clinical research or learning associated with mental health.

Activities or recommendations that require a specialized mental health expert, psychologist or professional are indicated with the symbol to the right:

[24] Adapted from USAID's definition of PSS, Mental Health and Psychosocial Support, Inclusive Development, 2023

02.
Guiding Principles and Framework

Applying TIA is a process of continuous reflection and learning. The TIA Toolkit applies a holistic method of integrating TIA in the project life cycle based on two internationally renowned concepts in a complementary approach, as shown in Exhibit 1. The "Trauma-Informed Approaches to International Development" framework underpinning each section adapts SAMHSA's Six Guiding Principles to a Trauma-Informed Approach and the IASC's MHPSS Intervention Pyramid.[25, 26]

2.1 Trauma-Informed Development: A Combined Approach

A trauma-informed approach to international development recognizes and addresses the potential for trauma and its effects on individuals and communities within development programs, ensuring that interventions are sensitive and responsive to any potentially existing trauma. Being trauma-informed in international development programs begins with understanding foundational principles to guide trauma-informed behaviors that are applied across a range of activities — from basic to specialized MHPSS — throughout the project life cycle.

In this toolkit, a TIA to international development is underpinned by the six SAMHSA principles and identifies the contextual stressors and effects of trauma that impact individuals' and communities' ability to participate in and benefit from development programs. The MHPSS Intervention Pyramid presents a tiered set of recommended activities ranging from basic to specialized MHPSS support.

The principles and the framework combined provide a holistic approach to trauma-informed development. For example, responding to community needs by providing basic food and shelter (an example of the first tier of the MHPSS Intervention Pyramid) also exhibits SAMHSA Principle 1, encouraging a feeling of safety.

Exhibit 1. Concepts in Action

25 Centers for Disease Control and Prevention, Infographic: 6 Guiding Principles to a Trauma-Informed Approach, 2020
26 IASC, Guideline on Mental Health and Psychosocial Support in Emergency Settings, 2007

2.2 SAMHSA's Six Guiding Principles to a Trauma-Informed Approach

SAMHSA outlines six essential TIA principles, as illustrated in Exhibit 2 and described below. When applied, the principles promote an understanding of trauma, operationalize Do No Harm approaches, and guide programs to consider the effects of trauma at all stages of the project life cycle. These principles increase responder awareness of the impact of trauma on individuals and communities using practices that consider and prioritize the needs and preferences of the survivor.[27]

Exhibit 2. A Conceptual Framework: The SAMHSA Principles

NOTE: Adapted from the Center for Disease Control Office of Public Health Preparedness and Response (2018)

Principle 1: Safety

In responding to traumatic events, an essential first step is for the survivor to feel a sense of safety. This could mean physical safety — the absence of physical threat of harm — or psychological safety, whereby an individual is able to express one's thoughts, feelings, and emotions without fear of reprisal or judgment. It can also mean a sense of internal safety, in which those experiencing ongoing trauma or traumatic stress are able to sense and understand their emotions, as well as manage and control their emotional responses. Creating external and internal environments that promote safety is critical to enable coping with and healing from traumatic stress.

Principle 2: Trustworthiness and Transparency

Promoting transparency and trustworthiness can be key to increasing feelings of safety in relationships with and among trauma survivors. Traumatic stress reactions can include hyper-arousal to perceived threats and hyper-awareness or suspicion of individuals or institutions perceived to be dishonest or ingenuine. Communicating clearly and often, avoiding surprises, and acting with honesty and integrity are essential to mitigating responses to traumatic stress.

[27] Chemonics, Trauma-Informed Approaches to Development Checklist, 2020

Principle 3: Peer Support

Promoting mentorship, meaningful social connections with peers, and opportunities to control whether, when, and how to communicate freely about their experiences can make a significant difference in an individual's ability to cope after experiencing trauma. Feelings of loneliness or social isolation can exacerbate post-traumatic stress symptoms. Evidence has shown that individuals who have support from employers, supervisors, and especially peers cope better with traumatic stress than do those who feel alone in their experience.[28]

Principle 4: Collaboration and Mutuality

Partnering and addressing power imbalances are important when creating a TIA. Building collaborative relationships in development work goes beyond ensuring ownership and appropriate design — it is an active component of trust-building. Deep understanding and rebalancing of the nuanced power dynamics within a specific context, including those which may exist between a donor or implementing partner and local stakeholders, is essential to creating mutuality. According to SAMHSA, sharing power and decision-making builds self-determination and empowerment and encourages healing through the reinforcement of collaborative relationships.

Principle 5: Empowerment, Voice, and Choice

Increasing the ability to voice opinions and preferences without fear of reprisal or losing resources, to make choices to participate in development activities, and to drive initiatives forward is central to creating safe and secure environments where survivors can thrive. During traumatic events, individuals are disempowered, choice and voice are taken away, and people are forced to endure experiences in which they are unable to control their own emotional or physical safety.

Principle 6: Cultural, Historical, and Gender Issues

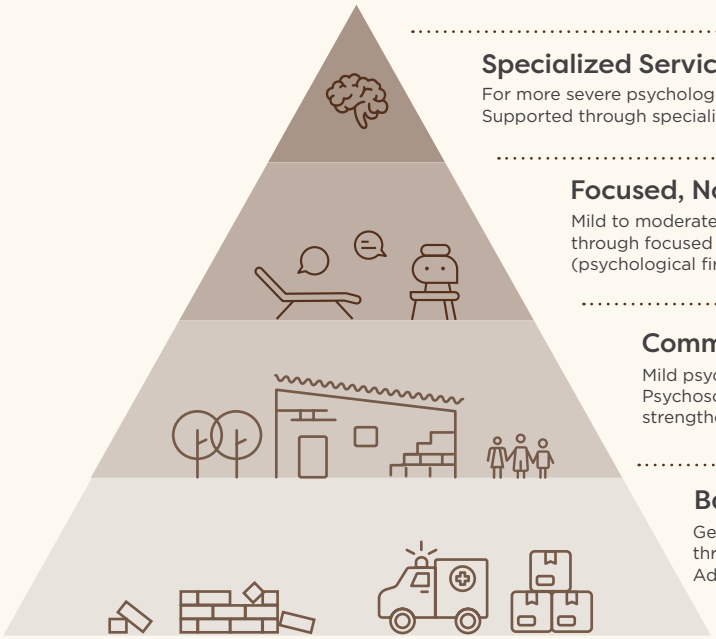
TIA must intentionally consider the interrelationship of cultural, historical, and gender factors in a given context to respond with appropriate, relevant, and effective solutions. Traumatic events often occur within a complex web of cultural, historical, and gender intersections. Social context and norms are not static and may both cause traumatic stress or be shaped by it.

[28] Bonaiuto et al, Journal of Workplace Learning, Perceived organizational support and work engagement: the role of psychosocial variables, 2022

2.3 IASC's MHPSS Intervention Pyramid

IASC's MHPSS Intervention Pyramid (Exhibit 3), developed in 2007, categorizes and guides mental health intervention planning in all sectors. The levels of intervention provide a common language and framework for analysis and interventions across development contexts and sectors, help practitioners establish minimum standards, and align levels of intervention.[29]

Exhibit 3. An Activity Framework: The MHPSS Intervention Pyramid



Specialized Services
For more severe psychological needs, where daily functioning is impacted. Supported through specialized and/or clinical psychiatric interventions.

Focused, Non-Specialized Services
Mild to moderate emotional or mental health disorders supported through focused PSS activities, with trained/supervised workers (psychological first aid, basic mental health care).

Community and Family Supports
Mild psychological distress, or natural reactions to crisis impacts. Psychosocial support carried out through activated and strengthened community and family networks.

Basic Services and Security
General population affected by crisis. Support provided through fulfillment of basic needs, and provision of security. Advocacy for best practices and PSS awareness.

NOTE: Adapted from the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

The lowest tier of the pyramid showcases basic support to affected populations such as food, shelter, and safety, among other positive influences on mental health and psychosocial well-being. Most people's needs fall under this category. Moving up, needs and activities become more specialized, and fewer people will fall into each category. Moving toward the top of the pyramid, staff require more preparation and formal training. The services at the top require formal clinical and psychological training.

Below, we present additional information on the various tiers of the IASC's MHPSS pyramid and potential associated activities.

Tier 1: Basic services and security. The well-being of all people should be protected through the (re) establishment of security, adequate governance, and services that address basic physical needs (food, shelter, water, basic healthcare, and control of communicable diseases). In most emergency or development contexts, specialists in sectors such as food, health, and shelter provide basic services. An MHPSS response to the need for basic services and security may include advocating that these services are put in place with responsible actors, documenting their impact on mental health and psychosocial well-being, and influencing development actors to deliver services in a way that promotes mental health and psychosocial well-being. Basic services should be established in participatory, safe, and socially appropriate ways that protect local people's dignity, strengthen local social support systems, and mobilize community networks.

[29] IASC, Guideline on Mental Health and Psychosocial Support in Emergency Settings, 2007

Tier 2: Community and family support. The second layer represents the development response for people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family support. Most crises involve significant disruptions of family and community networks due to loss, displacement, family separation, and fear and distrust. Even when family and community networks remain intact, people in emergencies benefit from help in accessing community and family support. Useful responses in this layer include family tracing and reunification, assisted mourning and communal healing ceremonies, mass communication on constructive coping methods, supportive parenting programs, formal and non-formal educational activities, livelihood activities, and the activation of social networks such as women's groups and youth clubs.

Tier 3: Focused non-specialized services. The third layer represents the types of support necessary for people who require more focused individual, family, or group interventions by trained and supervised workers (although these workers may not have had years of training in specialized care). For example, survivors of gender-based violence might need a mixture of emotional and livelihood support from community workers. This layer includes PFA and basic mental healthcare by primary healthcare workers.

Tier 4: Specialized services. The top layer of the pyramid represents the additional support required for individuals whose suffering, despite the types of support already mentioned, is intolerable and who may have significant difficulty in basic daily functioning. This assistance includes psychological or psychiatric support for people with severe mental disorders whenever their needs exceed the capacities of existing general health services. Such cases require either referral to specialized services if they exist or initiation of longer-term training and supervision of primary healthcare providers. Although specialized services are needed only for a small percentage of the population, in major emergencies, this group can comprise thousands of individuals.[30]

Colombia's Embera women that are part of a reforestation and economic empowerment activity showcasing the sustainable growth of organic cocoa, through the Paramos y Bosques program

[30] IASC, Guideline on Mental Health and Psychosocial Support in Emergency Settings, 2007

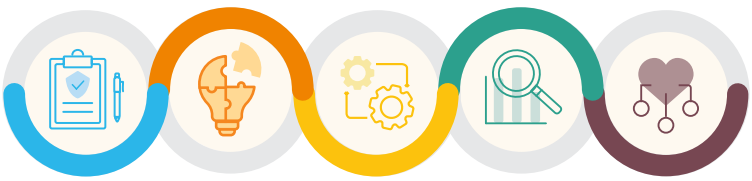
03.

Integrating Trauma-Informed Approaches Throughout the Project Life Cycle

We divide the project life cycle into four main stages (assessment, design, implementation, and MEL, with staff care and engagement as a crosscutting section), and further divide the stages into primary activity components. Within each stage, trauma-informed actions and tools are presented to align with SAMHSA's Trauma-Informed Principles and IASC's MHPSS Intervention Pyramid, as shown in Exhibit 4.

Exhibit 4. The Project Life Cycle: Stages and Components

NOTE: Adapted from the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings



3.1 Assessment Stage

WHY INTEGRATE TIA INTO ASSESSMENTS?

The assessment stage of an activity or project serves as the foundational evidence base and justification for design and modification throughout the project life cycle. Assessment includes a set of activities required to understand the project's operating context. Applying TIA from the earliest project planning stage integrates knowledge of local community needs, builds trust among stakeholders, improves project performance and development outcomes, and mitigates retraumatization or unintended harm in subsequent project activities.

Integrating TIA during the assessment stage helps address the diverse needs of trauma-affected populations from the start and maximizes the effectiveness of activities that follow. Conducting a semi-specialized or specialized trauma assessment benefits and informs subsequent research and MHPSS activities and may be needed depending on the community context, population, or type of work. The steps to conduct a trauma assessment can be found in Annex 4.3, Guide to Conducting a Trauma Analysis.

KEY CONSIDERATIONS FORTRAUMA-INFORMED ASSESSMENTS

Conducting assessments requires a degree of engagement and exchange with target populations living in the community. Key issues to consider prior to conducting assessments are how to deliver safe, transparent, inclusive assessments that account for power differentials both in the community and on the assessment team. Specifically, consider how to:

Prioritize safety and transparency at every stage. Keep in mind all ethical and compliance requirements when planning and conducting assessments. This includes enabling all respondents to provide fully informed consent and ensuring complete transparency about all available options, the purpose of the assessment, the assessment process, and data management procedures.

Be mindful of inclusion. Inclusive community assessments prevent exclusion of underrepresented groups during implementation. Being inclusive begins with structuring an inclusive team. Having a diverse team with many identities and community representation, paired with peer support and opportunities for everyone to provide their inputs, can ensure that best cultural practices are upheld throughout the assessment. Including local organizations that are aware of the varying experiences in response to trauma for different social groups in their communities respects cultural dynamics.

Pause and Reflect: Trauma-Informed Principles Checklist for Assessments

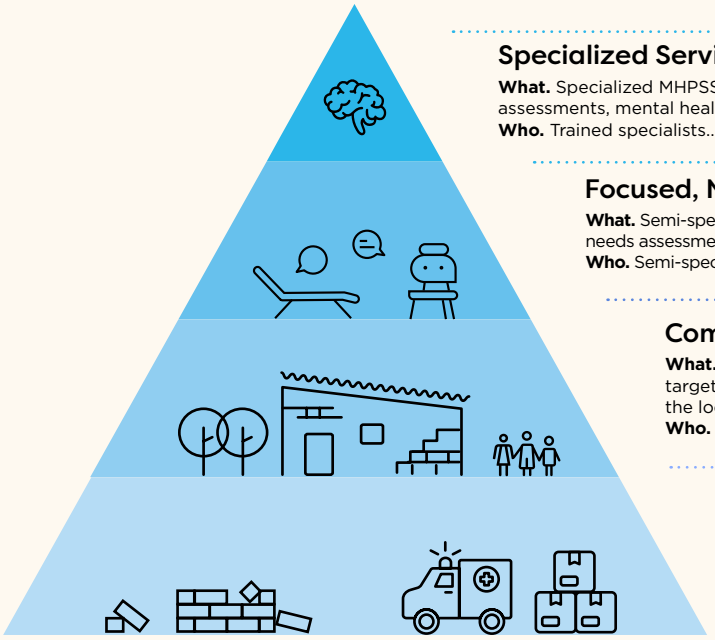
SAMHSA's Six Guiding Principles to a Trauma-Informed Approach can be practiced at every step of the assessment stage. For a brief checklist and reflection questions on where activities stand, see Annex 4.1, Principles in Practice: Checklist and Reflection.

HOW TO INTEGRATE TIA INTO ASSESSMENTS

Trauma-Informed assessments should be locally led and supported by a trauma-informed individual — someone who is trained in TIA and aware of the local context as it relates to mental health. Trauma-Informed assessments require planning and coordination, dedicated resources, and a defined scope.

Assessments should be relevant and necessary to ensure that the priorities expressed by identified populations are integrated in programming. Exhibit 5 shows the types of assessment activities that are appropriate at each tier of the MHPSS Intervention Pyramid. This is useful to determine what type of assessment activity is needed and who is qualified to conduct it.

Exhibit 3. An Activity Framework: The MHPSS Intervention Pyramid



Specialized Services

What. Specialized MHPSS or mental health assessments, including psychiatric assessments, mental health diagnoses, and psychological disorder mapping..
Who. Trained specialists..

Focused, Non-Specialized Services

What. Semi-specialized assessments, including MHPSS research and needs assessments and general large-scale mapping..
Who. Semi-specialized staff, with support from mental health specialists.

Community and Family Supports

What. General and some semi-specialized assessments; more targeted assessments that take mental health and well-being of the local population into account..
Who. Non-specialized to semi-specialized staff.

Basic Services and Security

What. General assessments of basic safety and security needs; situation reports, desk research, and contextual assessments of the well-being and circumstances of the local population.
Who. Non-specialized to semi-specialized staff.

The tables on the following pages list trauma-informed guidance to integrate at each component of the assessment process: **(1) planning and designing the assessment, (2) data collection, and (3) data analysis, management, and communication.**

Within each component of the assessment process, the guidance is organized by the different MHPSS Intervention Pyramid tiers. Activities in different tiers are interdependent, with each subsequent tier building upon the actions presented in the preceding ones.

1 PLAN — 2 COLLECT — 3 ANALYZE

Component 1: Planning and designing the assessment.

The table below provides guidance to integrate TIA in assessment planning and design. The actions are categorized by the MHPSS Intervention Pyramid tiers, which offers tailored guidance based on the type of assessment you are conducting – a general assessment, semi-specialized or specialized assessment.

ACTIONS	TOOLS	
• **Identify the assessment type.** Identify the appropriate assessment type and level (general, semi-specialized, and specialized). The assessment level is important to plan for and resource your assessment. • **Assemble an inclusive team.** Assemble an experienced and inclusive data collection team. An informed team with a variety of skills and social identities that represents the population is most effective at safely engaging members of the target community.	• TIA Tipsheet: Guide to determining the assessment type and level • Sample scope of work for a general or MHPSS staff member • Tier 1 trauma-informed sample questionnaire: PSS and Violence Prevention in Emergencies and Recovery (IFRC)	TIER 1: BASIC
• **Incorporate trauma and risk assessments.** Embed iterative trauma-assessments and trauma-informed risk assessments. All activities should be assessed for their potential to do harm, including whether they will stigmatize, retraumatize, or create any trauma-related risks for the population in question • **Map and engage MHPSS actors.** Identify and engage with local MHPSS coordinating bodies prior to planning or conducting any assessments. Contact and establish regular communication with relevant MHPSS actors. • **Co-create, test and adapt tools.** Co-create and test assessments, methods, questions, and tools for cultural appropriateness with key representatives from target communities before carrying out assessments.	• Guide to conducting a trauma analysis • Guide to creating a trauma-informed risk assessment • A "how to" coordination tool for Who is Where, When, Doing What (4Ws) in Mental Health and Psychosocial Support (IASC) • Tier 2 sample trauma-informed questionnaires: A Toolkit for Assessing MHPSS needs and resources (WHO, UNHCR)	TIER 2: COMMUNITY
• **Align with MHPSS best practices.** Coordinate with specialists and health sector actors to align with national and global standards, ensuring MHPSS evidence-based best practices are being met. • **Identify referral pathways.** Identify and coordinate with local mental health facilities and related services. Aim to have direct trauma-specific treatment or adequate referral systems in place for staff and stakeholders prior to conducting any assessments to provide referrals as needs are identified.	• MHPSS Assessment Guide (IASC) • Tier 3 trauma-informed sample questionnaire: Strengths and Difficulties Questionnaire (SDQ) • Referral Pathway Example (GBV AoR)	TIER 3: FOCUSED
• **Include MHPSS expertise.** Include a mental health specialist on the team who has experience in trauma or anxiety-related distress. Specialists design and implement specialized mental health assessments that include designing trauma-informed questions that identify MHPSS needs and the root causes of distress or toxic stress while avoiding retriggering respondents.	• Sample scope of work for an MHPSS Specialist • Tier 4 trauma-informed sample questionaire: The Harvard Trauma Questionnaire	TIER 4: SPECIALIZED

Component 2: Data Collection.

The table below provides guidance to integrate TIA during data collection with stakeholders when conducting the assessment.

ACTIONS	TOOLS	
• **Obtain informed consent.** Those affected by trauma may have difficulty processing information, and it is essential to be clear and transparent about the intentions of the assessment. Communicate that participants have the right, at any time during the assessment, to withdraw consent or not answer questions. • **Continously collect feedback.** Develop an anonymized feedback system for respondents before data collection. Use inclusive methods and open-ended, reflective questions to elicit genuine feedback. Establish secure feedback mechanisms and inform respondents about them. • **Use safe data collection protocols.** Prioritize and implement trauma-informed safety protocols for data collection. Staff and enumerators should be trained in trauma-informed data collection practices. Be sensitive in timing assessments and interventions by ensuring appropriate wait times following traumatic incidents and avoid over-assessment. Have a secure offline and online data collection tool.	• Trauma-Informed Consent form template • Trauma-Informed Feedback form template • E-Learning on the principle of do-no-harm (USAID) • Public MHPSS and trauma-related trainings • TIA Tipsheet: Identifying mental distress, trauma and dysfunction • Trauma-Informed Evaluation: Tip Sheet for Collecting Information (Wilder) • Identifying and responding to triggers • Safety/Security-Sensitive and Trauma-Informed Stakeholder Consultations with Members of Marginalized Groups (USAID)	TIER 1: BASIC
• **Train data collectors.** Those engaging directly with the community should be trained in locally informed trauma sensitivity, including identifying potential triggers, mental distress, trauma or dysfunction, how to mitigate power differentials before data collection. Train staff in TIA, PFA, or a related lay counseling skill. Identify and provide support resources for enumerators and staff involved in the assessment. • **Engage stakeholders inclusively.** Engage diverse members of the community in data collection and encourage transparent, open-ended communication. Follow best practices to conduct safe consultations with members of marginalized groups. Depending on the scope, disaggregate data by gender, age, location, or other identity factor (e.g., migratory status, language spoken, etc.) as appropriate.		TIER 2: COMMUNITY
• **Hire qualified enumerators.** Enumerators conducting semi-specialized assessments should be trained to collect sensitive data and skilled in communication, de-escalation strategies, and emotional modulation. Engage mental health specialists or train staff in more advanced counseling or TIA prior to data collection. • **Identify referral pathways.** Identify and ensure healthcare facilities are accessible. Immediate referral pathways to medical or mental health facilities should be available throughout the assessment process.	• A Guide to Data Collection Using Trauma-Informed Interviewing Skills (SAMHSA) • Strategies for Trauma Awareness and Resilience (STAR) Training • Sample referral information form	TIER 3: FOCUSED
• **Engage qualified experts.** Engage licensed mental health specialists to conduct specialized assessments or analysis related to mental health conditions. Engage a third party, as needed, to conduct specialized assessments and indicate if there are intersectional needs that would build trust with the community in question (e.g., gender, linguistic inclusion, or other criteria). 	• Evaluation services through The Konterra Group	TIER 4: SPECIALIZED

Component 3: Data analysis, management, and communication.

The table below offers guidance to analyze and manage collected data and communicate findings in a trauma-informed manner.

ACTIONS	TOOLS	
• **Share results in a trauma-informed manner.** Use trauma-informed communication practices and share overall trends, findings, and best practices with partners and assessed communities where possible to enhance collaboration and avoid duplication or assessment fatigue. Ensure data security, follow local laws, and adhere to best practices in data management, especially of sensitive mental health information. • **Provide follow-up referrals.** Follow-up to provide participants with locally relevant and appropriate information and/or direct referrals for services and safe spaces based on needs identified during data collection.	• Best practices for trauma-informed communication • Considerations for using data responsibly (USAID) • Inter-Agency Referral Guidance Note for MHPSS (IASC) • Sample referral information form	TIER 1: BASIC
• **Define local MHPSS concepts through assessments.** Identify parameters and definitions around MHPSS through the assessment process. This includes understanding healing practices, and local well-being priorities. When conducting stakeholder analyses, map community healing practices, distress causes, and trends. Analyze for appropriate any entry points and gaps in trauma-informed initiatives for diverse marginalized groups. • **Identify needs for safe spaces.** Through the analysis, identify areas where safe spaces might be needed. Examples include spaces that are child-friendly, family-friendly, LGBTQI+ or elderly-safe. Community and family-level assessments can help identify the most at-risk groups for additional follow-up.	• Creating a Trauma-Informed Safe Space: A 10-Step Checklist • Mental Health Terminology (USAID) • TIA Tipsheet: A guided discussion on defining mental health concepts • Cultural considerations and analysis of mental health and trauma for underrepresented groups • Manual on Community-Based MHPSS in Emergencies and Displacement (USAID & IOM)	TIER 2: COMMUNITY
• **Analyze data contextually.** Analyze data through a trauma-informed lens. Consider the impact of trauma on individuals' lives and experiences, including how trauma can affect qualitative information. Review data through the lens of how trauma affects different groups to identify patterns and themes related to trauma and mental well-being. Consider engaging an MHPSS expert to analyze data.	• TIA Tipsheet: Trauma-informed data interpretation • Trauma-informed evaluation: Tipsheet for collecting information (Wilder Foundation)	TIER 3: FOCUSED
• **Engage mental health experts.** Engage MHPSS expertise to assess and supervise specialized assessments, especially when reporting on diagnosable conditions. Trained medical professionals should handle communications about mental health conditions or diagnoses to respondents, communities, and stakeholders. 	• Trauma-Informed Care Screening and Assessment Toolkit (NCMW) • Specialized trauma assessments (ISTSS)	TIER 4: SPECIALIZED

PROJECT SPOTLIGHT: TRAUMA-INFORMED ASSESSMENTS IN SYRIA

Manahel, or the Syria Education Programme, supports various schools across conflict-affected Northwest Syria. Manahel applies a trauma-sensitive approach at every stage of project implementation and exemplifies all six of the SAMHSA Principles throughout. Manahel's TIA starts with assessments that take place before, during, and after every school semester to track student and community resilience levels. Activities are adapted based on assessment results and consider feedback from caregivers, teachers, and designated safeguarding focal points.

Lesson 1: Select the right tool. The Manahel team tested various assessments to find the best fit, critically selecting tools in response to student and teacher needs. As a staff member recalls:

> **"We tested another assessment [before our current one] at one point during implementation, conducted in the same way with the same schools and communities. After critically looking at the results, we realized the assessment didn't fit the patterns we were seeing. The results were too positive, and we then realized that the questions were not open enough and didn't allow for actual reflection. It was a lesson learned, and we pivoted to a more suitable assessment tool. It's important not to have false positive outcomes that might skew the results or paint a different picture than the reality."**

Honest reflection on limitations in assessment outcomes is crucial to prevent skewed results. It prioritizes the well-being of respondents by listening when they voice their needs, demonstrating two of SAMHSA's trauma-informed principles: Empowerment, Voice, and Choice, and Trustworthiness and Transparency.

Lesson 2: Listen and learn. Manahel uses the Strengths and Difficulties Questionnaire to assess the needs of students, caregivers, and teachers. The assessment is carried out by a trusted and trained safeguarding officer who is familiar with the community and students. This prioritizes SAMHSA's Safety principle and the Trustworthiness and Transparency principle by using a qualified individual to conduct the assessments who listens to stakeholders.

> **"After the earthquake [that hit northern Syria and southern Turkey in February 2023], we paused our normal assessment schedule and did not use the SDQ as we usually would. We knew that the results would be irrelevant, and we did not want to cause any harm by asking such questions at that time. We also needed to focus our energy on emergency response and support to the communities impacted by the earthquake. We didn't necessarily attend to the schools that were directly physically impacted, but to the communities that suddenly saw a rise in IDP numbers and levels. We also used this time to update our vulnerability criteria and ask for student, caregiver, and teacher feedback on what they needed from us as an education programme."**

Responding to community needs beyond what is immediately visible or assumed is an example of three SAMHSA Principles in action: Safety; Collaboration and Mutuality; and Cultural, Historical, and Gender Issues. The project's adaptability highlights the Empowerment, Voice, and Choice principle and the Collaboration and Mutuality principle by tailoring educational and PSS interventions based on the context and consideration of the needs and feedback from students, caregivers, and teachers.

A student from a Manahel-supported school engaged in reading sessions in Northwest Syria

For more information about Manahel, see this brief on Incorporating a Trauma-Informed Approach in Primary Education in Northwest Syria.

“Those outside the mental health professions, who may regularly interface with the public, can contribute substantially to community healing.”

International Organization for Migration, 2003

3.2 Design Stage

WHY INTEGRATE TIA INTO DESIGN?

The design stage offers an opportunity to integrate the well-being of communities and staff into the core of a project. The design process — understanding the problem and establishing a useful theory of change, clear project objectives, and activity parameters based on an initial assessment — is a foundational aspect of the program management cycle. Design informs how and where resources and time are invested, provides a foundation for community-based partnerships, underpins the program strategy, and selects activities that leverage opportunities and mitigates risk or threats. Designing activities to integrate a TIA helps inform safer, and more trauma-sensitive activities, mitigates safeguarding risks, and is more cost-effective than pivoting once implementation has started. Particularly in FCAS contexts, incorporating trauma-informed activities can benefit both the affected communities and staff in challenging circumstances – as mental health often takes a secondary priority despite these areas exhibiting the highest need for MHPSS. FCAS are areas where the highest need for integrated TIA is present, as well as windows of opportunity for behavior change and incorporation of positive coping methods and resilience building.

Since initial project activities influence and inform the direction of subsequent stages (further assessments, implementation, and MEL), integrating trauma-informed tools and approaches from the outset can ensure that the needs of trauma-affected populations are considered, and the project remains accountable to trauma-affected communities during the program.

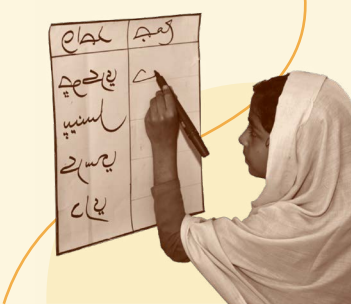
KEY CONSIDERATION FOR TRAUMA-INFORMED DESIGN

A well-informed activity design process is evidence-based and rooted in collaboration with local communities from the outset of the program. Resilience-building activities that support community solidarity, prioritize safety, and take varying social identity considerations into account are some of the most important aspects of trauma-informed activity design. During the activity design phase, it is important to:

Prioritize co-creation and long-term stakeholder empowerment. Design activities that are strongly rooted in evidence and consult with an array of local voices to prevent unintended harm such as retraumatization or stigmatization. Activities and communications should always be locally vetted to ensure cultural, historical, and gender-appropriate interventions. Applying a strengths-based, inclusive lens of stakeholder empowerment for every planned activity can inform the design process and contribute to longer-term resilience building, which in turn safeguards against ongoing, future, or unexpected incidents that cause distress or expose communities to trauma.

Pause and Reflect: Trauma-Informed Principles Checklist for Design

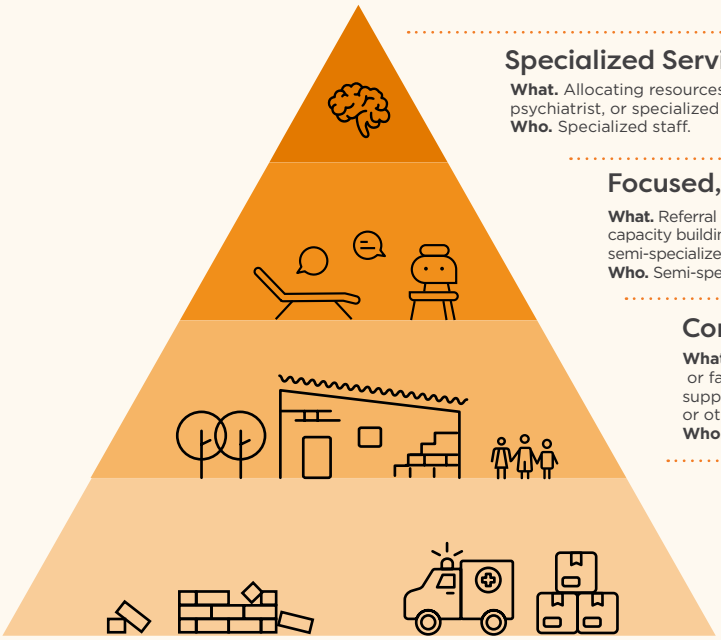
SAMHSA's Six Guiding Principles to a Trauma-Informed Approach can be practiced at every step of the Design Stage. For a brief checklist and reflection questions on where activities stand, see Annex 4.1 Principles in Practice: Checklist and Reflection.



HOW TO INTEGRATE TIA INTO DESIGN?

The activity design stage is when a TIA is integrated into all aspects of the activity plan, from establishing partnerships and co-design to activity prioritization and budgeting. Using a TIA strengthens activity design and program outcomes because it considers the safety, well-being, and empowerment of communities and staff from the start. Exhibit 6 shows the types project-level activities that are appropriate at each tier of the MHPSS Intervention Pyramid. This is useful to determine what type of project activities are most appropriate, who is qualified to conduct them, and what additional resources are needed.

Exhibit 6. Types of Design Activities at Each Tier of the MHPSS Intervention Pyramid



Specialized Services

What. Allocating resources for psychological interventions or hiring a psychologist, psychiatrist, or specialized MHPSS and trauma team.
Who. Specialized staff.

Focused, Non-Specialized Services

What. Referral network activation or utilization; designing activities that include capacity building for doctors, community health workers, PSS specialists, or semi-specialized staff providing PFA, lay-counseling, or related activities.
Who. Semi-specialized staff.

Community and Family Supports

What. Activities to engage, empower, activate, or build community or family networks; advocacy within communities for trauma awareness; supporting or establishing child-friendly, female-friendly, or other safe spaces; activities or centers that promote resilience..
Who. Non-specialized to semi-specialized staff.

Basic Services and Security

What. Establishing basic safety and security; establishing referral networks and service mapping to ensure quick and immediate action in the case of safety concerns for survivors; advocacy for basic services.. **Who.** Non-specialized to semi-specialized staff.

1 INTEGRATE 2 RESOURCE 3 PARTNER

The tables on the following pages list trauma-informed guidance to integrate at each component of the assessment process: **(1) planning and designing the assessment, (2) data collection, and (3) data analysis, management, and communication.** Within each component of the assessment process, the guidance is organized by the different MHPSS Intervention Pyramid tiers. Activities in different tiers are interdependent, with each subsequent tier building upon the actions presented in the preceding ones.

Component 1: Integrating evidence-based activities into project plans.

The table below provides guidance to integrate TIA in activity design, that align to the project's objectives and apply appropriate survivor-centered approaches into the project's work plan process.

ACTIONS	TOOLS	
• **Use survivor-centered design.**[31] Prioritize community-led stakeholder engagement to co-create activities, using the socioecological model to engage with communities.[32] Rather than seeking input directly from trauma survivors, engage with community-based and civil society organizations that represent them to share perspectives, guide activity design, and ground-truth proven approaches. • **Prioritize strengths-based approaches.** Integrate strengths-based approaches exercises, such as Asset-Based Community Development or Appreciative Inquiry into activity design. Focusing on strengths and positive experiences fosters ownership, resilience, and empowerment among participants. • **Mainstream TIA in activity work plans.** All activity work plans should reflect the findings from trauma-informed assessments and integrate measures and commitments to mitigate and respond to them.	• How to Implement a Survivor-Centered Approach in GBV Programming (Making Cents) • Disrupting the Cycle of Violence: Using Trauma-Informed Approaches to Build Lasting Peace (USAID) • TIA Tipsheet: Pocket guide to Strengths-Based Approaches • Sample Trauma-Informed Workplan Outline	TIER 1: BASIC
• **Tailor TIA activities in the work plan.** Design trauma-informed activities to reflect the local context and sector. Be intentional about selecting entry points in the community (e.g., health centers, schools, community centers) to increase trust, effectiveness, and accessibility. • **Build community resilience.** Invest in resilience-building initiatives, community advocates, and indigenous healing practices. Integrate actions like creating safe spaces,[33] improving community centers, and increasing community awareness around well-being and MHPSS. Co-deliver training on resilience and well-being with community members while championing local healing practices (e.g., traditional, religious, arts) to maximize impact. Incorporate long-term independence through capacity and skills building and income generating activities.	• TIA Tipsheet: 30-cost effective trauma-informed strategies and activities • The MHPSS Minimum Service Package activity guide (INEE) • Community-Based Psychosocial Support (IFRC) • IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings	TIER 2: COMMUNITY
• **Incorporate MHPSS or trauma-specific interventions.** Provide semi-specialized (e.g., PSS, PFA, lay counseling, coaching) and specialized (e.g., counseling, therapy) individual or group interventions that directly address the effects of trauma. Explore systems for tracking MHPSS cases by trained managers. Ensure staff and managers have the capacity and specialized resources for support.	• How To Integrate MHPSS Interventions in GBV Programs (Making Cents) • Guideline for remote MHPSS programming (IMC & USAID) • How to set-up PSS after a crisis (IFRC) • Integrating MHPSS into Youth Programming Checklist (USAID)	TIER 3: FOCUSED TIER 4: SPECIALIZED

[31] IASC, Definition & Principles of a Victim/Survivor Centered Approach, 2023
[32] Centers for Disease Control and Prevention, The Socioecological model, 2022. This model considers the operating environment as it relates to an individual and community.
[33] See Annex 4.12, Creating a Trauma-Informed Safe Space: A 10-Step Checklist.

Component 2: Resourcing Activities

The table below provides guidance on how to resource for planned TIA activities during the design stage.

ACTIONS	TOOLS
• **Identify a Safeguarding focal point.** Designate a safeguarding focal point to guide TIA implementation and oversee efforts related to well-being. Display this role in the organizational chart and avoid overburdening them with multiple roles. Allocate resources for staff and community training on MHPSS and TIA basics. Focal points can identify partners, coordinate with specialists, and conduct safety, TIA, or GESI audits. • **Include reasonable accommodations.** Allocate a portion of the budget to provide reasonable accommodations for staff, partners, and community stakeholders with trauma-related needs (e.g., translation, transportation, confidential spaces). Consider the range of safety, accessibility, and well-being needs during budgeting, from providing staff care support services to procuring safe and inclusive meeting spaces.	• Sample Safeguarding focal point scope of work • TIA Tipsheet: cost and budgeting considerations • Budgeting and mobilizing resources for disability inclusion (UNICEF)
• **Conduct participatory budgeting.** Co-create or use particapatory budgeting techniques with diverse local community representatives. Allocate funds for participatory workshops and hold consultations to involve individuals and communities affected by trauma in resource allocation and decision-making processes. • **Conduct a cost-benefit analysis.** Conduct a trauma-informed cost-benefit analysis that considers the short-and long-term positive impacts of activities on the well-being of staff, partners, and participants. This analysis informs what resources are needed to implement a TIA and should be reflected in the activity budget.	• Citizen's Guide to Participatory Budgeting (USAID-LEGIT) • Guide to Participatory Budgeting (World Bank) • Trauma-informed cost-benefit analysis template
• **Hire MHPSS Specialists.** Recruit a mental health specialist or semi-specialist to deliver MHPSS support throughout implementation. Vet candidates to verify adequate field experience, certifications, training, advanced degrees, and demonstrated knowledge of TIA and MHPSS responses in FCAS. • **Budget for specialized partnerships.** Dedicate resources to engage local MHPSS networks and organizations. Budget for ongoing, community-led MHPSS training to develop staff and community resilience and skill building. Allocate project resources for MHPSS partnerships to engage specialized expertise when it is needed. • **Incorporate MHPSS services.** Allocate funds for counseling, therapy, and support groups to address trauma-related needs for staff, partners, and community stakeholders. The type of support and frequency will depend on the scope and needs of the project and the operating context. Regularly solicit feedback on the quality and effectiveness of services and modify as needed.	• Sample Scopes of Work • Planning and Budgeting to Deliver Services for Mental Health (WHO)

Component 3: Developing collaborative local partnerships.

The table below offers guidance to collaborate with partners and other stakeholders to inform activity design.

ACTIONS	TOOLS	
• **Use trauma-informed communications.** Prioritize transparency, trust, and trauma-informed communication practices with partners. This includes clearly communicating goals and all potential impacts of the project. Ensure contact is consistent, dependable, and values the lived experiences of all partners. Add trigger warnings before any sensitive communications and meetings.	• TIA Tipsheet: Trauma-informed meeting facilitation • Talking about mental health and psychosocial support (IFRC)	TIER 1: BASIC
• **Leverage and expand community networks.** Use participatory community mapping exercises to identify new key stakeholders, roles, and relationships. This helps in understanding the social dynamics and identifying potential trauma-informed engagement strategies. Widen the array of partners beyond those already established in the assessment stage using trauma-informed stakeholder analysis. Leverage community strengths to build resilience and empower local networks. • **Engage trusted community liaisons.** Engage trusted community liasons to facilitate stakeholder engagement to identify what the parameters and definitions of trauma, distress, healing, and well-being mean to different communities. These community liaisons may serve as safeguarding focal points during subsequent stages.	• A solution focused community approach, Asset Based Community Development (TransForm) • Sample Safeguarding focal point	TIER 2: COMMUNITY
• **Assess the quality of referral networks.** Collaboratively with partners, identify the strengths and weaknesses of referral networks of specialized and semi-specialized mental health and well-being service providers. Identify opportunities to fill gaps in services in alignment with the activity scope.	• Increasing Effectiveness & Accountability in Referral Pathways (RIMS, Danish Refugee Council, European Union) • Mapping tool: Who is Where, When, doing What (4Ws) in MHPSS (IASC)	TIER 3: FOCUSED
• **Partner with MHPSS service providers.** Partner with or hire a local MHPSS expert early and consult them consistently throughout the project life cycle to ensure activities are trauma-informed, do no harm, and align with policy and well-being requirements. Consultants can inform and support the project with specialized MHPSS activity design and selection.	• The Mental Health & Psychosocial Support Network (MHPSS Net)	TIER 4: SPECIALIZED

PROJECT SPOTLIGHT: TRAUMA-INFORMED DESIGN IN THE DOMINICAN REPUBLIC

USAID's Dominican Republic Criminal Justice System Strengthen Project (CJSSP) improved the quality and effectiveness of prosecutions and increased access to justice for underrepresented communities. CJSSP applied a trauma-informed approach in activity design, resulting in a more inclusive and responsive justice system. CJSSP applied people-centered justice approaches to design interventions that strengthened the effectiveness of the justice system and increased trust among justice system users. CJSSP partnered with civil society experts to deliver locally relevant psychological services to GBV survivors and invested in community-based models that sustained services long after the project ended.

Lesson 1: Put people at the center. CJSSP used a people-centered justice approaches to guide project design, which is critical when engaging with high-risk communities and populations affected by violence and exposed to trauma. The project co-created activities with various underrepresented groups and systematized partnerships to continue the collaboration during implementation. For example, CJSSP created a partnership between the attorney general and the Association of Women with Disabilities. Through partnerships with trusted CSOs, CJSSP safely engaged persons with disabilities, GBV survivors, and LGBTQI+ community representatives to inform training design and delivery for prosecutors and case managers to improve case response and reduce the likelihood of secondary victimization in the justice system. With CSO partners, CJSSP supported a redesign of case management models and protocols for justice system operators to place survivors at the center. This strengthened internal processes and improved coordination among justice, and psychological service providers for a holistic and survivor-centered response. The emphasis on people-centered justice exemplifies the SAMHSA principles of Trustworthiness and Transparency; Safety; and Cultural, Historical, and Gender Issues.

Lesson 2: Invest in community-based MHPSS services. CJSSP partnered with a leading Dominican MHPSS non-profit based to strengthen and expand psychological counseling services for GBV survivors. Project assessments and partner consultations revealed a gap in psychological counseling for survivors. CJSSP partnered with Patronato de Ayuda a Mujeres Maltratadas (PACAM) to expand the offerings of psychological services to 2,800 GBV survivors and their dependents to promote trauma recovery and equip these individuals with the skills and knowledge to advocate for themselves as they navigate the justice system and break cycles of violence. To sustain these services after CJSSP ended, the team supported training for 349 Community Justice House (CJH) personnel and staff psychologists, prosecutors, and staff working at a GBV hotline on psychological counseling, violence detection, and GBV crisis management. Upon impact demonstration, the Ministry of Women's Affairs partnered with the CJH's to expand legal and psychological services, reaching 237,000 people from high-crime communities. CJSSP's investment in community based MHPSS services exemplifies two SAMHSA principles: Collaboration and Mutuality, and Empowerment, Voice, and Choice. For more information about CJSSP, read this brief on Preventing Violence Through Community Justice.

Woman engaged as community leaders in 2021 to support the CJH las Caobas' outreach strategy to promote citizens' rights, civic education, and a peaceful coexistence in the neighborhoods. (Credit: Hilda Pellerano for DR CJSSP)

3.3 Implementation Stage

WHY INTEGRATE TIA INTO IMPLEMENTATION?

Implementation is typically the longest stage of a program, offering opportunities to build resilience with regard to mental health while also addressing the need to mitigate risk related to exposure to trauma. Integrating TIA during implementation improves staff well-being and increases program effectiveness. Centering programming on the SAMHSA principles of Safety and Empowerment, Voice, and Choice improves accountability to staff and participants' well-being, whether or not individuals are consciously affected by trauma. Mainstreaming TIA into all activities, coupled with specialized trauma-focused activities, helps create a safe and empowering environment for staff and stakeholders.

Integrating TIA during implementation strengthens community links and outcomes by promoting healing and resilience, encouraging behavior change related to mental health, and addressing the underlying social determinants of trauma such as poverty, discrimination, or violence. Trauma-informed implementation reduces the stigma around mental health and supports individuals who are coping with mental distress. Being trauma-informed emphasizes collaboration, empathy, and empowerment, increasing trust and building connections between participants and the program. Finally, project interventions must address the risks associated with ignoring mental health concerns in trauma-affected populations as part of Do No Harm. It is a best practice for development programs to develop relevant action plans with dedicated resources to hold individuals and teams accountable for integrating TIA into daily activities.

KEY CONSIDERATIONS FOR TRAUMA-INFORMED IMPLEMENTATION

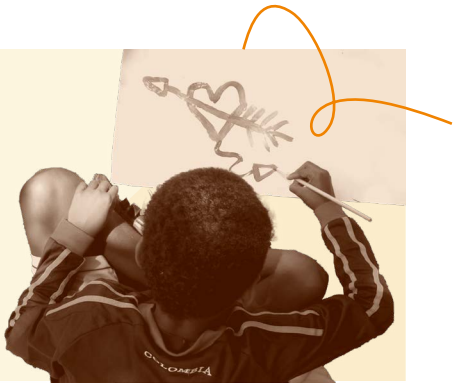
Integrating TIA into development program implementation can promote sustainable, long-term change regarding mental health and overall well-being while creating relationships of trust and transparency among program stakeholders. When implementing activities, It is important to:

Empower staff and cultivate trauma-informed communciation. Equip staff and those interacting directly with community members with knowledge on trauma-informed practices and locally informed communication skills to prevent potential triggers or retraumatization to safeguard communities from unintended harm.

Foster accountability. Establish and maintain transparent lines of feedback and communication among all stakeholders and build trust-based relationships. Establish accountability and reporting mechanisms and include options for anonymized feedback to encourage stakeholders to freely voice their concerns.

Pause and Reflect: Trauma-Informed Principles Checklist for Implementation

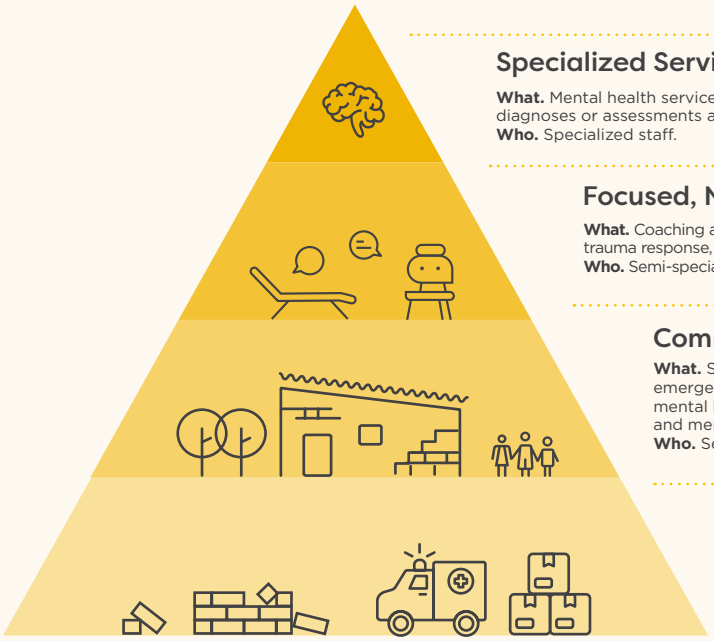
SAMHSA's Six Guiding Principles to a Trauma-Informed Approach can be practiced at every step of the Implementation Stage. For a brief checklist and reflection questions on where activities stand, see Annex 4.1, Principles in Practice: Checklist and Reflection.



HOW TO INTEGRATE TIA INTO IMPLEMENTATION?

During implementation, detailed work planning takes place iteratively and repeatedly throughout the project life cycle to identify and refine activities, manage the budget and staff resources, foster partnerships, and track indicators and measure progress toward results.

Exhibit 7. Types of Implementation Activities at Each Tier of the MHPSS Intervention Pyramid



Specialized Services

What. Mental health services and specialized case management, diagnoses or assessments as needed.
Who. Specialized staff.

Focused, Non-Specialized Services

What. Coaching and training to prepare staff for emergency response, trauma response, or moderate forms of mental health support.
Who. Semi-specialized staff.

Community and Family Supports

What. Standard procedures on safeguarding, suicide, and other emergency response actions; capacity building for local communities; mental health advocacy and dissemination of information on trauma and mental health.
Who. Semi-specialized staff.

Basic Services and Security

What. Mapping of referral networks for services to support staff and communities; activities that mainstream safeguarding and TIA.
Who. Non-specialized to semi-specialized staff.

1 DELIVERY 2 COORDINATION 3 POLICIES

Different components of implementation include ① **trauma-informed activity delivery,** ② **coordination and community engagement, and** ③ **policies and protocols.** Exhibit 7 shows the types of implementation activities that are appropriate at each tier of the MHPSS Intervention Pyramid.

The tables on the following pages list trauma-informed actions and tools to integrate during implementation. The guidance is organized by the different MHPSS Intervention Pyramid tiers.

Component 1: : Activity Delivery.

The table below offers guidance to integrate a TIA in the delivery of project activities.

ACTIONS	TOOLS	
• **Prioritize inclusive and adaptive management.** In contexts where populations may be impacted by trauma, adaptive management offers flexibility to pivot programming to address changing needs for different social groups during implementation. • **Mainstream TIA.** Explore opportunities to embed TIA into existing activities and workplans. This may include incorporating TIA into established policies and protocols, conducting staff training on TIA to increase their knowledge, using trauma-informed tools, assigning a safeguarding or TIA focal point, coordinating with MHPPS organizations, or implementing well-being initiatives. Mainstreaming TIA into existing work plans does not need to be cost-prohibitive.	• Adaptive Management for Resilient Communities (Practical Action) • TIA Tipsheet: 30 Cost-effective trauma-informed strategies and activities	TIER 1: BASIC
• **Advocate.** Provide transparent information to staff, communities, and other stakeholders about mental health services. Advocate for and disseminate culturally appropriate messages on trauma, mental health, and MHPSS to the community and stakeholders. • **Develop educational resilience materials.** Develop or tailor culturally appropriate tools that promote individual coping skills and emotional regulation. Share these materials with staff, partners, and community stakeholders to build resilience.	• Advocacy Package: IASC Guidelines on MHPSS (IASC) • Advocacy Capacity Toolkbox for Resilience (Partners for Resilience, Red Cross, CARE, IFRC, Cordaid, Wetlands)	TIER 2: COMMUNITY
• **Deliver trauma-informed training.** Train project staff to enhance their understanding of trauma, its effects, and mitigation strategies. Ensure a qualified expert delivers the training. • **Create safe spaces.** Establish safe spaces for underrepresented or marginalized groups in need of additional support (e.g., women, children, people with disabilities). Ensure project-related activities occur in spaces that are safe and accessible to different social groups. Consider hosting parallel or separate events for specific social groups if security or safety is a concern.	• Services for Resilience Training and Education on Stress and Trauma (The Konterra Group) • Public MHPSS and trauma-related trainings • Training resources on mental health (MHIN) • Creating a Trauma-Informed Safe-Space: A 10-Step Checklist	TIER 3: FOCUSED
• **Provide specialized service provision.** Build in layered, direct mental health service provision through appropriate entry points, or build the capacity of mental health professionals and spaces. Support the expansion of service provision and invest in locally led mental health facilities for sustainability. • **Deliver MHPSS services.** Hire or engage with a mental health specialist, psychologist, or psychiatrist to work directly with communities. Provide mobile, remote, or in-person psychological or psychiatric counseling services. Integrate specialized mental health service delivery into safe spaces or through various sectoral activities. Integrate the delivery of cost-effective and evidence-based interventions for mental conditions through activities and at service centers. 	• Sample Scopes of Work (SOW) • Guidelines for Providing Remote Mobile MHPSS Services (IMC and USAID)	TIER 4: SPECIALIZED

Component 2: Coordination and Community Engagement.

The table below offers guidance to integrate a TIA in coordination and engagement with project staff and community stakeholders.

ACTIONS	TOOLS	
• **Foster relationships based on transparency and trust.** Apply principles to foster trust when establishing relationships with local stakeholders Maintain open and honest communication about activities to foster trust-based relationships. • **Mainstream TIA in reporting.** Include TIA in progress, successes, and lessons learned in internal learning processes and regular reporting to mainstream mental health and TIA considerations. Ensure all reporting about trauma, resilience, and MHPSS is culturally sensitive and appropriate.	• A Framework for Supporting Sustained Development through Local Systems (USAID) • Trauma-informed success story: Inclusive Education in Syria (Chemonics)	TIER 1: BASIC
• **Learn and share knowledge with MHPSS networks.** Apply best practices through lessons learned and best practices from other MHPSS actors. Continually update and share MHPSS and TIA service provider information and best practices with staff, partners, and the community as appropriate and safe. • **Invest in community-led MHPSS programs.** Regularly engage with community-based MHPSS organizations to align with local practices, as well as national and international standards, throughout implementation. Listen to the voices of trauma-affected individuals and communities, respecting their experiences and perspectives and adapting programming to address their needs.	• Share and learn through The MHPSS Network, (MHPSS Net) • A solution focused community approach, Asset Based Community Development (TransForm)	TIER 2: COMMUNITY
• **Follow through on TIA commitments with partners.** Follow through on promises to foster trust. Employ inclusive decision-making and transparent communications. Identify partner well-being and MHPSS needs, offering appropriate support such as counseling, referrals, and capacity building, depending on the scope of the activity and the partner's mandate.	• Training and Education Services for Staff and Managers (KonTerra) • Inter-Agency Referral Guidance Note for MHPSS (IASC)	TIER 3: FOCUSED
• **Involve local mental health experts in training facilitation.** Engage local MHPSS specialists to provide expert training facilitation on topics related to trauma and mental health during community engagement and coordination.	• Specialist services through The KonTerra Group	TIER 4: SPECIALIZED

Component 3: Policies and Protocols.

The table below provides guidance to integrate a TIA in project implementation that aligns with local government and donor policies and international standards for safeguarding and well-being.

ACTIONS	TOOLS	
• **Codify safeguarding policies.** Ensure the project has appropriate safeguarding, SHEA, mental health, staff care, and crisis response policies and practices in place. Ensure clear reporting and response mechanisms are in place for SHEA prevention, antitrafficking, and other forms of risk or abuse prevention. Disseminate this information to partners, communities, and all stakeholders. Ensure staff are trained and protocols are in place to handle trigger responses, sensitive information or disclosures from community members and staff. • **Foster a supportive workplace.** A TIA prioritizes the safety and well-being of staff throughout implementation. This is reflected in management practices by establishing safety protocols, promoting self-care, and providing well-being support to staff. Trauma-informed protocols should be in place to respond during and after traumatic incidents and emergencies.	• Sexual Harassment, Exploitation, and Abuse: A Toolkit for Building a Prevention and Response Program (Chemonics) • Sample Trauma-Informed Code of Conduct • Identifying and Responding to Triggers	TIER 1: BASIC
• **Develop a TIA policy.** This includes creating an overarching policy or integrating TIA into other policies and protocols such as emergency response, safety and security, safeguarding, SHEA, human resources, staff care and well-being, and reporting. • **Adhere to accountability measures.** Ensuring accountability protocols are upheld during implementation to foster a safe and trust-based work environment. Review project policies and protocols for reporting and staff well-being to ensure they are trauma-informed and do not inadvertently cause harm or retraumatization.	• Sample Trauma-Informed Approaches Organizational Policy • Guide for Service Organizations' Policy Development: Trauma-Informed Toolkit (Manitoba Trauma Information and Education Center)	TIER 2: COMMUNITY
• **Follow MHPSS standards and requirements.** Train project personnel and partners on the importance of, and compliance with, locally informed MHPSS protocols and practices that align with national and international standards. Conduct a policy and systems audit to identify gaps and opportunities to improve the delivery of MHPSS support and services.	• SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (SAMHSA) • Fact Sheet on Mental Health and the Sustainable Development Goals (SDGs) (WHO)	TIER 3: FOCUSED
• **Implement a comprehensive mental health and well-being policy.** Establish protocols for in-house or specialized physical and mental healthcare support. Hire specialists to develop and support the implementation of these policies.		TIER 4: SPECIALIZED

PROJECT SPOTLIGHT: TRAUMA-INFORMED IMPLEMENTATION IN GUATEMALA

USAID Guatemala's Youth and Gender Justice Project (YGJP) strengthened the Guatemalan government's and civil society's capacity to provide justice and related services to respond to the needs of gender-based violence (GBV) survivors. Grounded in strengthening local systems, YGJP improved coordination among actors, building trust-based relationships to help reduce violence and impunity and increase survivors' access to justice. YJGP's commitment to inclusive, survivor-centered, and community-led services resulted in greater access to more holistic support, including MHPSS, for the most marginalized populations.

Lesson 1: Build relationships based on trust. YGJP helped break down traditional barriers between justice sector institutions and civil society to improve access to justice and service provision. To change the dynamic, the project engaged with stakeholders to reimagine how justice can work for vulnerable populations, particularly women, youth, indigenous peoples, migrants, and LGBTQI+ people. YGJP partnered with Lambda, a civil society organization that supports the rights of LGBTQI+ people in Guatemala, to inclusively address and respond to gaps in justice and holistic support services. With YGJP's support, Lambda launched an advocacy campaign called "No Complaint, No Justice" in response to the LGBTQI+ population's lack of trust in security and justice institutions to encourage the sexually diverse population to file complaints. To increase trust between the justice sector and LGBTQI+ survivors, YGJP also supported Lambda-facilitated training for justice sector personnel and first responders on the Yogyakarta principles to increase understanding and application of international human rights law in relation to sexual orientation and gender identity. YGJP's work to build trust-based relationships increased access to justice for LGBTQI+ communities, reflecting the SAMHSA principles of Trustworthiness and Transparency; Collaboration and Mutuality; and Cultural, Historical, and Gender Issues.

A fashion designer and her son visit an event hosted by the Association for Women Weavers of Development (AMUTED) - an organization that supports women entrepreneurs and survivors of violence. (Credit: Dinorah Lorenzana)

Lesson 2: Invest in community-led MHPSS and related services. YGJP partnered with local indigenous organizations to increase access and cultural relevance for indigenous survivors of GBV. YGJP supported a grant to the Association for Women Weavers of Development (AMUTED), an organization led by indigenous women, to support GBV survivors and provide legal counseling, emotional and psychological support, and vocational training AMUTED helped an average of 100 users per month to heal and overcome GBV by applying techniques based on the Mayan worldview, providing services in Spanish and Quiché, a Mayan language. Through another grant to Alta Verapaz Justice Association (ASOJAV), YGJP supported a temporary shelter for Q'eqchi GBV victims in the department of Alta Verapaz. At the shelter, named Ak' Yu'am, meaning "new life" in Q'eqchi, victims received attention in their own language. ASOJAV engaged a multidisciplinary team of legal and MHPSS experts to work directly with survivors on resilience and healing. YGJP's investment in indigenous-led organizations increased access and cultural relevance to services for indigenous survivors of GBV, reflecting the SAHMSA principles of Collaboration and Mutuality; Empowerment, Voice and Choice; and Cultural, Historical, and Gender Issues. For more information about YGJP, read this final report on USAID's Guatemala Youth and Gender Justice Project.

"Cultural expressions of mental health are often gendered. It is important to recognize that appropriate and acceptable ways of expressing mental well-being and mental distress often vary significantly across cultures for men, women, and individuals of diverse gender identity and expression."

USAID & Making Cents International

3.4 Monitoring, Evaluation, and Learning Stage

WHY INTEGRATE TIA INTO MEL?

Monitoring, evaluation, and learning (MEL) demonstrates the impact of project activities and helps build an evidence base on what works in a specific technical sector. Integrating TIA into MEL promotes safety and trust among participants, increases engagement and participation by individuals in a community, maximizes accountability, and prevents retraumatization. Integrating TIA into MEL processes helps identify gaps and opportunities to improve interventions, contributing to more impactful and sustainable outcomes.

MEL activities require a high degree of direct engagement with individuals and communities. Particularly in FCAS, data collection teams are likely to engage directly with trauma-affected populations. Trauma-informed data collection practices increase trust and mutual respect between enumerators and communities, leading to better data and evidence through genuine feedback. When MEL staff demonstrate their in-depth cultural and historical understanding of the local community through inclusive and respectful communications, respondents and communities are protected from unintended harm and stigma during data collection. Trauma-informed data collection and analysis reveals information that may not otherwise be directly communicated. Analysis of qualitative data, for example, varies depending on the population being engaged and the level of potential trauma present. Using participatory methodologies safeguards staff and respondents while generating better informed and more honest data to analyze.

KEY CONSIDERATIONS FOR TRAUMA-INFORMED MEL

Developing a trauma-informed MEL plan and learning agenda is critical, given the direct interaction between community stakeholders and staff to complete MEL activities. During monitoring, evaluation, and learning, it is important to:

Build staff capacity and provide support. In a setting where trauma is likely to be prevalent, MEL staff should be trained in trauma-informed practices. Staff who are well trained in trauma sensitivity, PFA, or trauma informed communications are better equipped to deal with a variety of circumstances, including self-care. MEL staff may experience emotional stress during data collection when engaging with trauma-affected populations. Especially when collecting qualitative data, it is important to recognize the potential of secondhand trauma of MEL staff, actively prevent this from happening, and support staff going through the process. Staff who are supported and valued will engage more positively with other staff and the local community. A best practice is to recruit data collectors or MEL team members from the local community, and to recognize that trauma-affected populations may include staff members themselves.

Prioritize the safety and well-being of all MEL staff and community members. Staff should feel supported through peer networks and be able to access organizational resources for self-care. Staff should be aware of existing mechanisms to support themselves and community members engaging in MEL activities, which is empowering by supporting their agency and choice.

Use participatory approaches. Where possible, collaborate on a MEL strategy with community members using participatory approaches to integrate diverse perspectives and cultural definitions in data collection and analysis processes. Test methodologies with local experts prior to launch, and consult with local representatives to ensure MEL approaches are safe and appropriate. Transparent and trust-based communication with community stakeholders at the start will contribute to more effective MEL activities during the life of the program.

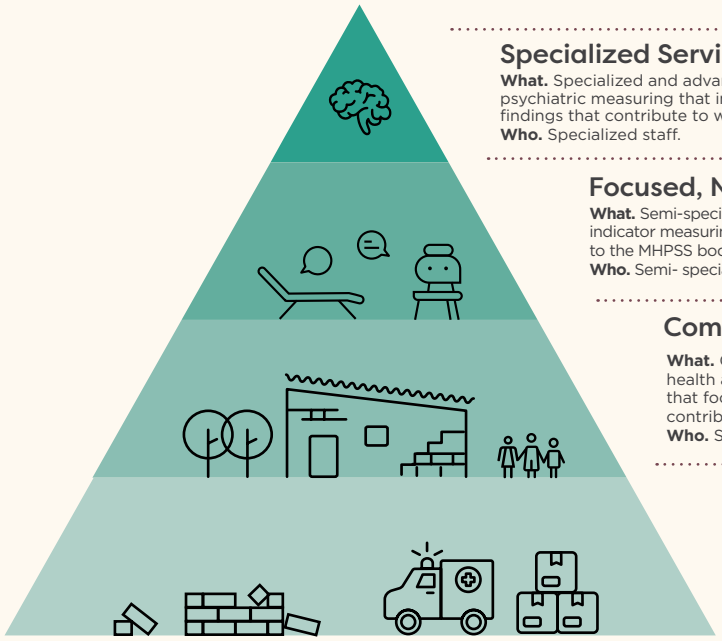
Pause and Reflect: Trauma-Informed Principles Checklist for MEL

SAMHSA's Six Guiding Principles to a Trauma-Informed Approach can be practiced at every step of the MEL stage. For a brief checklist and reflection questions on where activities stand, see Annex 4.1, Principles in Practice: Checklist and Reflection.

HOW TO INTEGRATE TIA INTO MEL

MEL is an ongoing process that often begins prior to implementation and during baseline data collection, after which regular monitoring against targets and the baseline occurs.

Exhibit 8. Types of MEL Activities at Each Tier of the MHPSS Intervention Pyramid



Specialized Services

What. Specialized and advanced MHPSS or mental health MEL activities, including specialized or psychiatric measuring that include mental health diagnoses, and psychological disorder mapping; findings that contribute to wider MHPSS learning, psychiatric evaluations, and case management..
Who. Specialized staff.

Focused, Non-Specialized Services

What. Semi-specialized MEL methods, including focused interviews, semi-specialized indicator measuring, MEL activities focused on PSS or well-being; learning that contributes to the MHPSS body of knowledge and informs wider MHPSS activities.
Who. Semi- specialized to specialized staff.

Community and Family Supports

What. General to semi-specialized methodologies addressing the mental health and well-being of the local population; participatory MEL practices that focus on community enhancement and cohesion; findings that contribute to MHPSS research.
Who. Semi-specialized staff.

Basic Services and Security

What. General training of MEL staff in trauma-informed general assessments, needs assessments inclusive and safe practices, basic ethical and consent practices, prioritizing respondent and staff safety..
Who. Non-specialized to semi-specialized staff.

Different components of the MEL process include ① **designing the project's MEL plan, methodology, indicators and data collection,** ② **using project learnings through data analysis to adapt and** ③ **reporting on findings generated from data to build evidence of trauma-informed implementation interventions.** Exhibit 8 shows the types of MEL activities that are appropriate at each tier of the MHPSS Intervention Pyramid. This is useful to determine what type of project activities are most appropriate and who is qualified to conduct them.

The tables on the following pages list trauma-informed actions and tools to integrate into each component of the MEL process. The guidance is organized by the different MHPSS Intervention Pyramid tiers.

Component 1: Designing a MEL Plan and collecting data.

The table below offers guidance to integrate a TIA in the development of a comprehensive MEL plan, methodology selection, indicator selection, and in data collection.

ACTIONS	TOOLS	
• **Prioritize participatory approaches that align with the SAMHSA Principles.** Prioritize safety, empowerment, voice, collaboration, and peer support that are tailored to the local and cultural context. Consider participatory and narrative-based approaches that offer people agency to choose how and what they share. Non-intrusive methods can include self-report questionnaires or surveys. • **Design inclusive, trauma-informed measures.** Define indicators that are sensitive to the needs of the population and consider exposure to trauma in the community. For example, indicators could measure resilience, social support, or the perception of safety. Create indicators, targets, and data disaggregation strategies to capture variations linked to social identity. • **Obtain informed consent.** Ensure that individuals understand the data collection process and are able to make informed decisions about their participation. It is the responsibility of staff engaging with participants to create a safe environment.	• Guidance note: Participatory Evaluation (USAID) • Sample trauma-informed Performance Indicator Reference Sheet (PIRS) • Monitoring and Evaluation Strategies for Disability Inclusion in International Development (Chemonics) • Trauma-Informed consent form template	TIER 1: BASIC
• **Integrate community feedback and inputs.** Engage community representatives to inform the MEL strategy. Work closely with civil society, faith-based groups, and community-based organizations who represent indivduals who have experienced trauma to provide input on MEL activities. Request input on data collection methods, language and definitions used, and communication practices. Use active listening, empathy, and validation when communicating with trauma-affected individuals.	• TIA Tipsheet: Guided discussion on defining mental health concepts • The Learning Power of Listening: Practical Guidance for Using SenseMaker data collection and anlysis (Voices that Count)	TIER 2: COMMUNITY
• **Engage a specialist to design MHPSS methods and measures.** Engage MHPSS specialists to review Performance Indicator Reference Sheets (PIRS), MEL protocols and tools, and to train the MEL team as needed. Experts can identify specialized MHPSS MEL domains relevant to the project and community context. Domains may include mental health, physical health, social connectedness, or sense of safety. Sub domains may include symptoms of trauma, coping strategies, sense of healing, social support networks, or access to mental health services.	• Underrepresented groups and Cultural Considerations • MHPSS M&E with Means of Verification Version 2.0 (IASC) • A Common Monitoring and Evaluation Framework for MHPSS in Emergency Settings (IASC)	TIER 3: FOCUSED
• **Provide specialized support to staff and stakeholders.** Staff and community participants can be exposed to triggering or difficult circumstances during the data collection process. Offer all stakeholders involved access to counseling services, referrals, or information and resources about community support services. Provide direct support to affected staff and stakeholders. 	• The DIME Program Research Model: Design, Implementation, Monitoring, and Evaluation (Johns Hopkins) • Clinical Assessment Resources (ISTSS)	TIER 4: SPECIALIZED

[34] See subsection 3.1 Assessment Stage for more guidance and tools during data collection processes

Component 2: Data analysis, learning, adaptation.

The table below offers guidance to integrate a TIA in MEL data analysis, learning and adaptation processes.

ACTIONS	TOOLS	
• **Develop staff learning for improved data quality.** Reliable data is rooted in consistent, trauma-informed data collection. Unequal power dynamics negatively impact individuals who have experienced trauma, resulting in skewed data to interpret. Staff should be regularly trained in TIA and be prepared to identify and mitigate power dynamics at any stage. Training topics may include trauma-informed facilitation, PFA, trigger identification and response, de-escalation, or trauma-informed communication.	• Public MHPSS and trauma-related trainings • Psychological First Aid (PFA) Pocket Guide (USAID, JSI and Advancing Partners & Communities) • TIA Tipsheet: Identifying and Responding to Triggers • Strategies for Trauma Awareness and Resilience (STAR) Training • Qualitative Research Methods: A Data Collector's Field Guide (FHI360 and USAID)	TIER 1: BASIC
• **Adapt programming based on feedback and MHPSS data.** Integrate information and feedback from the community regarding MHPSS needs or trauma-related concerns into the project management process. Build in additional prevention, mitigation, and response measures and adapt programming to respond to learning from MHPSS data. • **Interpret data with a trauma-sensitive lens.** Employ a TIA to data analysis, considering how trauma may shape various groups' responses and behaviors. Identify patterns and themes relevant to trauma and mental well-being. Examine data with a contextual perspective, taking into account the influence of trauma on individuals' lives and experiences, especially its potential impact on qualitative data.	• Adaptive management for resilient communities (Zurich, Practical Action) • Adaptive Management discussion note (USAID) • Trauma-Informed Feedback Form Template • TIA Tipsheet: Trauma-Informed Data Interpretation	TIER 2: COMMUNITY
• **Integrate a trauma-informed lens into the learning agenda.** Integrate research and learning questions into the larger learning agenda of the program. Contribute to larger bodies of knowledge in relation to mental health, MHPSS or trauma-informed research where possible.	• "Mental Health Research in Humanitarian and Development Settings" (USAID) • Sample TIA Learning Questions for a Learning Agenda	TIER 3: FOCUSED
• **Engage mental health experts to analyze data.** Mental health specialists (e.g., a trauma counselor, psychologist, or psychiatrist) should analyze clinical or diagnosible mental health data. Allowing non-specialized staff to conduct specialized mental health assessments can do more harm than good to respondents and staff. 	• MHPSS in Emergency Settings: M&E with Means of Verification (IASC) • Sample referral information form • Inter-Agency Referral Guidance Note for MHPSS (IASC)	TIER 4: SPECIALIZED

Component 3: Reporting and Communications.

The table below offers guidance conduct trauma-informed reporting on lessons learned and communicate findings with various stakeholders.

ACTIONS	TOOLS	
• **Use trauma-sensitive language and imagery.** Use language and imagery that is strengths-focused, respectful, and non-stigmatizing when communicating about disability, distress, trauma, and mental health. Avoid language that labels individuals who have experienced trauma, people with diverse abilities, or those with mental health conditions. Ensure language and imagery align with locally-defined and appropriate mental health concepts.	• Best practices for trauma-informed communication • Safety/Security-Sensitive and Trauma-Informed Stakeholder Consultations with Members of Marginalized Groups (USAID) • TIA Tipsheet: A guided discussion on defining mental health concepts	TIER 1: BASIC
• **Use participatory communication practices.** Communicate inclusively and intentionally with a trauma-sensitive lens across all project communications. Train staff in trauma-informed communications and align language and imagery with local cultural norms and frameworks. This will prevent and mitigate the use of culturally inappropriate language, narratives, or other harmful communication practices. • **Implement inclusive dissemination strategies.** Ensure local stakeholders are informed of evaluation findings, and consider technological, linguistic, and physical barriers for respondents to access the information. Close feedback loops and consider genuinely collaborative dissemination or reporting where possible to foster trust.	• Participatory communication: A practical guide (The World Bank) • Guidance note: Participatory evaluation (USAID)	TIER 2: COMMUNITY
• **Contribute to the broader mental health advocacy agenda.** Align MHPSS and health-related indicators with those of stakeholder-information systems. Lead, support, or contribute to existing knowledge and research on trauma, MHPSS, healing, resilience building, or related topics.	• Key messages for external high-level advocacy on MHPSS (IFRC) • Handbook on MHPSS Coordination (IASC) • Share, Review, and Access Resources (MHPSS.net)	TIER 3: FOCUSED
• **Engage an MHPSS specialist in reporting processes.** Mental health specialists are qualified to analyze and report on specialized mental health data. They are trained to properly safeguard clients and participants from harm or unintended stigmatization. Confidentially share specialized mental health trends with the appropriate coordinating bodies, mental or physical well-being service providers, or other national entities as appropriate.	• Sample specialist scope of work (SOW)	TIER 4: SPECIALIZED

PROJECT SPOTLIGHT: TRAUMA-INFORMED MEL IN THE WESTERN BALKANS

The Western Balkans Rule of Law Initiative (WBROLI) is a multi-country program funded by the UK Conflict, Stability, and Security Fund (CSSF) and is delivered in close coordination with the UK Home Office and UK embassies across the Western Balkans. WBROLI implements a trauma-informed approach to MEL by prioritizing collaborative learning and promoting evidence-based and adaptive management. Applying a "What Works" methodology to iteratively refine theories of change generates insights to strengthen programming through learning and collaboration.

Lesson 1: Embed trauma-informed adaptive management. At the start of the program, WBROLI conducted country-level political economy analyses to provide cultural, historical, and gender-related contexts to inform adaptive decision-making. WBROLI's innovative approach to What Works combined interviews, virtual workshops, a literature review, and a large conference that brought the team together with partners and experts to test program and country-level theories of change and generate insights on how implementation could be strengthened. Participatory country-level workshops expanded on interviews to understand what strategies were successful in generating behavior change. During consultations, WBROLI created a safe space and encouraged full and inclusive representation from diverse stakeholders. The team also assessed potential unintended consequences by conducting a crime and conflict sensitivity analysis to put the Do No Harm principle into action and inform WBROLI's adaptive management approach. This iterative, inclusive, and flexible approach to learning reinforces two SAMHSA principles: Trustworthiness and Transparency, and Collaboration and Mutuality.

Lesson 2: Use peer-to-peer support to understand and strengthen capacity. WBROLI works with justice institutions and civil society organizations that support survivors of GBV in Montenegro to strengthen access to justice. Through transparent and trust-based dialogue, WBROLI identified an appetite for more peer-to-peer support and on-the-job training on GBV for partners. What Works sessions identified capacity building needs among police and first responders on topics such as trauma-informed and gender-responsive justice practices. Combining study visits with mentoring and coaching was found to be more effective and sustainable than stand-alone trainings because it offered participants opportunities to put their learning into practice through peer-supported activities. WBROLI's peer-to-peer learning and capacity building approaches reflects the SAMHSA principles of Empowerment, Voice, and Choice; Peer Support; and Trust and Transparency.

Clouds rise over Podgorica, the capital of the mountainous Montenegro

3.5 Staff Care and Engagement

HOW TO INTEGRATE TIA INTO STAFF CARE AND ENGAGEMENT

Working in international development exposes staff to trauma. This may occur through direct exposure to a traumatic incident or indirectly by exposure to traumatic stories and experiences of others through work. Additionally, country-based staff who belong to the local community may be affected by the same distress or traumatic incidents that affect the larger community. Because trauma exposure can have lasting impacts on both mental and physical well-being, it is important to promote self-awareness and prevent burnout or secondary trauma throughout all stages of the project life cycle.[35] Trauma-informed staff care includes providing staff with tools and resources to cope with potential distress or trauma exposure and prevent additional issues from emerging, such as PTSD, depression, anxiety, or toxic stress.

Further, investing in staff well-being strengthens team resilience by providing tools for effective self-management and peer support to prevent burnout, which is especially important in contexts that are challenging and emotionally demanding. Beyond the ethical obligation to staff, integrating TIA into staff well-being and care protocols improves retention and job satisfaction. A demonstrated commitment to promoting staff well-being fosters a positive, supportive, and empowering work environment. This in turn cultivates safety, trust, and respect among staff and between staff and community stakeholders, thereby facilitating deeper community engagement. When staff safely engage with their peers and local community members, it generates open dialogue and leads to more innovative solutions.

Principles in Practice

In response to the earthquake that impacted the Syria Education Program, or Manahel, the project immediately halted standard assessments to ensure the **Safety** and well-being of students, teachers, and staff. **Empowerment, Voice, and Choice** was demonstrated when teacher training was halted and replaced with PSS activities that responded to teachers' voiced needs for tools to handle anxiety around work-life balance, stress related to dealing with displaced students, and teachers' own stress arising from the earthquake. More information on Manahel's adoption of a TIA is in Section 3.1.

[35] See SAMHSA's brief, Key Ingredients for Successful Trauma-Informed Care Implementation, for more information

KEY CONSIDERATIONS FOR TRAUMA-INFORMED STAFF CARE

A trauma-informed approach to staff care promotes the physical, mental, and emotional well-being of all team members. When integrating TIA into staff, prioritize the following actions:

Ensure access to safety and well-being resources. It is important that staff care-related policies prioritize physical and mental well-being. Clear policies that are consistently applied and enforced foster trust by promoting fairness and accountability. Policies and procedures codify commitments to staff, partners, and stakeholders. Ensuring access to resources and information and enabling staff to seek individually tailored support are essential to demonstrate a commitment to TIA.

Foster a trust-based and transparent environment. A transparent, trust-based, and inclusive work environment acknowledges a variety of needs. Trauma-informed communication, active staff participation, clear accountability measures and practices, and physically safe spaces are some components of a trust-based work environment.

Build TIA capacity and support. Staff capacity building strategies include training to increase awareness of the importance of trauma sensitivity, workshops and mentoring to strengthen staff TIA competencies, and forging stronger staff networks and peer-to-peer connections for support. Beyond raising awareness and increasing capacity, integrating TIA into staff care increases trust and promotes empowerment by providing staff with agency make informed choices around their mental health and well-being.

HOW TO INTEGRATE TIA INTO STAFF CARE

1 LEADERSHIP
2 CULTURE
3 SELF-CARE

Integrating a TIA into staff care and well-being is the responsibility of everyone – from the leadership and the organizational culture to the individual. The main components of staff care include **(1) leadership commitments, (2) organizational culture and capacity, and (3) resilience and self-care tools.** Within each component of staff care, the guidance is organized by the different MHPSS Intervention Pyramid tiers.

The tables on the following pages list trauma-informed actions and tools to integrate during staff care.

Component 1: Leadership commitments.

The table below offers guidance to integrate TIA in leadership and management practices. A trauma-informed management approach recognizes the potential impact of trauma on staff and provides appropriate support and supervision to promote healing and resilience.

ACTIONS	TOOLS	
• **Develop a trauma-informed code of conduct and policies.** Establish trauma-informed policies, codes of conduct, and investigation and reporting processes. Regularly communicate and reinforce expectations with staff. This may include a SHEA prevention and response plan. • **Build in feedback mechanisms and flexibility of choice.** Allocate time to review policy documents and solicit feedback from diverse staff and employees on the effectiveness and gaps of each policy and its implementation. Permit staff to opt out of working with trauma-affected individuals or being exposed to traumatic content without fear of consequences.	• Sample Trauma-Informed Code of Conduct • Sample Trauma-Informed Organizational Policy • Sexual Harassment, Exploitation, and Abuse: A Toolkit for Building a Prevention and Response Program (Chemonics) • Toolkit for Trauma-Informed Workplaces (CTIPP)	TIER 1: BASIC
• **Invest in staff well-being.** Allocate resources to support staff well-being and additional resources for staff working directly with individuals exposed to trauma. Allow for flexible working hours or schedules to accommodate individual needs and avoid potential triggers. Encourage regular breaks and provide access to support resources, such as counseling or mental health services, peer support groups, and physical fitness activities. Conduct regular pulse checks to assess whether additional staff care resources are needed.	• Practical Guide for Implementing a Trauma-Informed Approach in organizational leadership (SAMHSA) • Trauma-Informed Approach to Workforce (National Fund for Workforce Solutions)	TIER 2: COMMUNITY
• **Provide trauma-informed supervision.** Supervisors should help set a team up for successful delivery of the best quality support. Examples of trauma-informed supervision include establishing respectful and trust-based dialogue, agreeing on meeting times and work boundaries, co-creating solutions, and showing empathy and active listening. Other examples include offering staff choices about their learning and professional development pathways and creating opportunities for peer support and collaboration.	• Trauma-Informed Supervision: Building Strong Relationships and Organizations (Relias) • A Guide to Trauma-Informed Supervision (PCAR)	TIER 3: FOCUSED
• **Prioritize staff access to mental health and well-being services.** To ensure staff feel supported when they seek help, allocate resources in the budget to staff well-being. This may include in-person or virtual access to mental health professional services. 	• A blueprint for workplace mental health programs (Deloitte) • Trauma-Informed Organization Assessment Manual (National Healthcare for the Homeless Council)	TIER 4: SPECIALIZED

Component 2: Organizational culture and capacity.

The table below offers guidance to foster a trauma-informed organizational culture and strengthen staff capacity.

ACTIONS	TOOLS	
• **Assess and mainstream staff well-being.** Use formal and informal well-being assessments to gauge staff needs. These can inform levels of burnout and compassion fatigue. Solicit anonymous feedback from staff to guide the creation of team care plans and provision of the types of mental health and well-being support they need. Adapt support based on staff input. • **Offer reasonable accommodations.** Recognize and acknowledge that trauma, distress, and resilience manifest differently among different groups and individuals. Clearly communicate existing policies and resources that are available to staff, establish referral protocols that link to existing mental and physical service providers, and dedicate resources to staff safety and well-being. Ensure resources are accessible to all staff and inclusive of diverse abilities, languages, genders, and social identities.	• Professional Quality of Life Staff Assessment Tool (ProQOL) • TIA Tipsheet: 30 Cost-Effective trauma-informed strategies and activities • 7 Tips to Create Cultural Change at Work through a Trauma-Informed Lens (Chefalo Consulting)	TIER 1: BASIC
• **Communicate effectively and promote learning about trauma and MHPSS.** Encourage continual learning and offer opportunities to expand knowledge on topics related to mental health, trauma, well-being, and resilience. Foster a transparent environment that supports work-life balance and flexibility to account for the different ways individuals practice well-being and healing. Create space for group-based and individual coping mechanisms to be practiced inside and outside of work. • **Facilitate opportunities for peer-to-peer support.** Empower staff by establishing peer communities and networks to foster an open, collaborative, and supportive work environment. Peer groups allow staff to raise concerns in a safe space. Provide anonymous reporting options. To foster trust and accountability, follow through on any staff complaints or concerns in a timely manner, respecting confidentiality.	• Psychosocial Support Center and knowledge hub (IFRC) • Resources on Critical Incidents and Traumatic Events (Konterra Group) • Checklist for trauma-informed staff communication (National Council for Behavioral Health)	TIER 2: COMMUNITY
• **Operationalize referral mechanisms for staff.** Communicate the availability of mental or physical health resources and ensure staff can access these resources. Create space for dialogue and develop internal policies that enable anonymized and confidential referrals. Offer staff opportunities to provide feedback on the timeliness and quality of services.	• Developing a Referral Pathway (IMC) • Sexual Harassment, Exploitation, and Abuse: A Toolkit for Building a Prevention and Response Program (Chemonics)	TIER 3: FOCUSED
• **Identify existing networks of specialists.** Connect with existing external networks and communities of MHPSS specialists to build peer support, share expertise, and discuss lessons learned following ethical guidelines and best practices.	• Sample referral information form	TIER 4: SPECIALIZED

Component 3: Resilience and self-care.[36]

The table below offers guidance and tools to build staff resilience and self-care. There are many tools available to support self-care beyond formal counseling or therapy.

ACTIONS	TOOLS	
• **Self-assess well-being regularly.** Conduct self-checks and self-assessments. Take note of your emotional and physical well-being regularly. Learn about any potential triggers for distress and identify strategies to mitigate them. • **Maximize well-being to increase individual resilience.** Prevent accumulation of stress through physical and emotional self-care, setting boundaries, maintaining healthy habits, and maintaining a work-life balance. • **Utilize sensory self- soothing.** Identify and engage in activities to support coping with stress using the five senses.	• TIA Tipsheet: Identifying and responding to triggers • How to Use Your 5 Senses to Manage Stress Levels (Tull & Goldman, PhD) • Understanding and Coping with Vicarious Trauma (Konterra Group) • Self-care Tools (ProQOL)	TIER 1: BASIC
• **Practice deep breathing exercises.** In times of immediate stress, sudden triggers, or intrusive thoughts or distress, engage in deep breathing exercises. Seek a professional for long-term coping mechanisms. • **Seek social support.** Engage with friends, family, and communities of support that are safe and energizing. • **Engage with traditional, religious, or cultural healing practices.** Ancestral ties improve social connectedness, and traditional practices promote healing. • **Practice mindfulness.** This is a process to become more self-aware and focused on the present. Intentionally create reminders to practice mindfulness, which are particularly useful when feeling overwhelmed or in times of stress.	• 7 Tools for Managing Traumatic Stress (National Alliance on Mental Illness) • Mindfulness Exercises and Relaxation Techniques for Stress Relief (Mayo Clinic)	TIER 2: COMMUNITY
• **Engage in art, movement, or sports therapy.** Expressive or therapeutic arts can be guided or free-form to process feelings, thoughts, and emotions. • **Use yoga or meditative practices.** Similar to mindfulness, yoga and meditation promote a sense of being present and support the body's efforts to cope with the physical and emotional impacts of stress, distress, or trauma. Seek a professional for specialized MHPSS support should feelings of severe distress or trauma arise.		TIER 3: FOCUSED
• **Consider counseling or therapy.** Regular counseling or therapy is not limited to the presence of trauma or distress and can be beneficial to any individual. Consider engaging with MHPSS specialists to provide individualized support.	• Support resources for mental health, safeguarding, and misconduct	TIER 4: SPECIALIZED

[36] Please note the recommendations and tools provided are for informational purposes. They are not intended to, and do not amount to or substitute specialized mental health advice of any kind. Ensure you provide this disclaimer in the dissemination of any of the above tools or actions in the absence of a mental health specialist.

"Traumatic experiences can lead to positive outcomes: **new coping skills, increased social unity, increased purpose and meaning, and even greater functioning in various domains.** This is often referred to as post-traumatic growth, and such growth can exist alongside negative or unwanted adaptations."

- UNDP, 2022

04.
Annex

4.1 Principles in Practice: Checklist and Reflection

The following questions can encourage additional trauma-informed strategy development at each stage of the project cycle

Assessment Stage

How are we protecting respondents and staff (physically and psychologically) before, during, and after an assessment?

How do we promote transparency and trust during the asessment? How do stakeholders have an opportunity to provide open feedback?

How do we provide peer support and protection before, during, and after the assessment process? How is transparency being upheld with staff? Do we ensure everyone feels heard, and can contribute to the assessment process?

How do we ensure that the local community and trauma-affected individuals are empowered, have their voices truly heard, and are aware of choices or able to make decisions throughout the assessment process?

How do we coordinate, collaboration and foster mutuality before, during, and after assessments with local communities and organizations?

How have we acquired and applied our understanding of the gender and cultural sensitivities, different terminology and approaches around mental health, and relevant social factors before conducting assessments? How do we account for historical issues, conflict, disaster, or other potentially distressing events/ experiences?

Design Stage

How are we prioritizing safety and safeguarding in our project activities? Do any of the planned activities pose a risk to the community and/or staff? How will we respond to the needs of the community in the event of large-scale disaster, toxic stress, or traumatic incidents? How do we account for unintened harm?

How do we continue to promote transparency and trust with the community and staff as an integrated part of our activities? What's the strategy for building trust and continued transparency?

How do we take peer support and engagement into account in activity design? Are there avenues for specialization and development in their areas of interest, including peer support groups, well-being, and staff care?

How do our activities empower local communities? How do we provide genuine opportunities for communities, staff, and other stakeholders to provide feedback and contribute to project design? How is choice integrated into our activities and design processes?

How do we collaborate with local communities and actors, and incorporate their needs? How do we develop or co-create activities with all affected stakeholders? What's the strategy for ongoing collaboration and mutuality?

How do we take cultural, historical, and gender issues into account during the design and planned implementation of interventions and activities? Do we account for all social groups? How do we address root causes of trauma or distress, and inorporate locally-led solutions?

4.1 Principles in Practice: Checklist and Reflection

The following questions can encourage additional trauma-informed strategy development at each stage of the project cycle

Implementation Stage

How do we prioritize safety and security of respondents, staff and stakeholders during implementation? How do we update plans and prepare in case of distressing events?

How are we transparent about our work to communities, donors, and partners? How do we foster trust and collaboration among all stakeholders during implementation?

How do we foster and create an environment of trust, open dialogue, transparency, and peer support in the workplace? How do we adhere to these values throughout the life of the project?

How do we facilitate and enable communities to have their voices heard during implementation and decision-making? How do we respond, alter, or update activities based on feedback? How do we offer stakeholders choices and foster genuine empowerment?

How do we ensure we are collaborating with local stakeholders in a mutually beneficial and impactful manner? How do we prioritize their inputs and ensure collaborative changes and activities are taking place throughout the project life cycle?

How do we incorporate stakeholder feedback and take a diverse range of local considerations into account during impelmentation? How do we acknowledge historical, social, and cultural issues throughout implementation?

MEL Stage

How are we prioritizing safety and safeguarding of staff and communities in the data collection process?

How do we prioritize transparency in our MEL processes, findings, and reporting? How do we ensure we foster transparent data collection and analysis throughout the entire MEL cycle?

How do we support our MEL staff, enumerators, and others that may be engaged in challenging or difficult circumstances throughout the MEL process?

How are we implementing voice and choice in the data collection process? How are we being inclusive in our MEL processes? How will we engage underrepresented or marginalized groups in the data collection and analysis process?

How do we collaborate with local communities and generate mutually beneficial learning throughout our MEL process? How will we contribute to research/statistics/learning on trauma, MHPSS, and other relevant factors while maintaining confidentiality? Have we developed a learning agenda or questions that address the needs of the local population, particularly for those affected by trauma or MHPSS concerns?

Do any cultural considerations need to be taken into account when adopting a TIA into the MEL process, such as cultural beliefs about trauma, stigma, or help-seeking behavior? Do any cultural or social considerations need to be taken into account in the process of data collection, storage, consent acquisition, and the movement of data collection teams?

4.2 TIA Tipsheet: Guide to Determining the Assessment Type and Specialization Level

The various types of assessments fall into three levels, as described below. Different levels of assessments require different resources and are needed at different times. Specialized assessments should be conducted only by trained professionals.

1. 

General assessments. Basic assessments of the operating context can include initial needs assessments, rapid multisectoral assessments, situation reports, stakeholder engagement interviews, local partner engagement, or general desk research. In line with the MHPSS Intervention Pyramid, general assessments can identify the basic psychosocial needs of a trauma-affected population. These assessments can be conducted at any time but are best conducted prior to the activity design phase, as they may identify the need for more specialized assessments.

2. 

Semi-specialized assessment. These include more targeted PSS, GESI or conflict assessments conducted to gain a specific understanding of the sociopolitical, regional, cultural, and other emergency-related dynamics of the operational context. These assessments can be implemented by trained development professionals. A TIA approach to these assessments can inform analysis, recommendations, indicator selection, operations, strategy, and adaptive management. They can also help identify the root causes of toxic stress and distress. These assessments can be conducted at any time in the project cycle but are best conducted early in implementation.

3. 

Specialized MHPSS or mental health assessments. These assessments require the engagement mental health expert(s). Highly specialized mental health assessments are usually conducted on specific individuals or a select population group when a need emerges. These types of assessments can be conducted at any time in the project cycle.

4.3 Guide to Conducting a Trauma Analysis

Conducting a trauma assessment at the assessment stage of the project life cycle can inform subsequent trauma prevention activities. It requires an ongoing commitment to learning, collaboration, and adaptation. It is crucial to **prioritize the well-being and safety** of trauma survivors throughout the assessment process to ensure that their voices are heard and respected. Exhibit 7 lists the 11 steps required to conduct a thorough trauma assessment.

Exhibit 7. An 11-step Trauma Assessment

1. Assemble a Trauma-Analysis Team

Actions: (1) Identify professionals and stakeholders with expertise in trauma-informed practices, including mental health professionals, trauma specialists, project managers, and representatives from relevant departments or organizations. (2)Ensure diversity within the team to incorporate different perspectives and expertise.
Outputs: Stakeholder map for mental health; team roster, organizational chart, or other recruitment documents

2. Define the Scope and Objectives

Actions: (1) Clearly articulate the purpose and scope of the trauma analysis, including the specific goals, target population, and potential areas of impact. (2) Establish clear objectives to guide the analysis process and provide a framework for assessing trauma-informed practices.
Outputs: Assessment objectives, scope, and goals documented

3. Gather Information

Actions: (1) Conduct a comprehensive literature review to understand existing trauma-informed practices, guidelines, and research relevant to the project or industry. (2) Collect all relevant project documents, including project plans, proposals, timelines, and communication materials. (3) Identify any existing trauma-related policies or guidelines within the implementing organization or industry.
Outputs: Literature review; relevant project documents, plans, proposals, work plans, and communication materials; policies and guidelines

4. Identify Potential Trauma Triggers

Actions: (1) Collaborate with trauma experts, trained professionals, and other stakeholders to identify potential triggers or stressors that may impact individuals who have experienced trauma. Consider project activities, communication methods, the physical environment, power dynamics, and interactions with project personnel. (3) Pay attention to potential triggers related to sensory experiences, power dynamics, confidentiality, boundaries, or reminders of traumatic events.
Outputs: Potential triggers documented based on the environmental context and in relation to project activities; relevant risk assessment outcomes listing potential triggers

5. Conduct Stakeholder Interviews or Surveys

Actions: (1) Develop interview or survey questions that address specific project activities, potential triggers, and areas for improvement. (2) Guided by a specialist, engage with trauma survivors, project team members, and other stakeholders through interviews or surveys to gather their insights and experiences. (3) Create a safe and supportive environment for participants to share concerns, challenges, and recommendations regarding trauma-informed practices.
Outputs: Interview questions; interview notes or transcript; attendee or participant lists (kept confidential)

6. Analyze Data and Identify Patterns Around Distress

Actions: (1) Thoroughly analyze the gathered information, interview responses, and survey data to identify common themes, patterns, and potential areas of concern. (2) Look for recurring patterns or specific project activities, communication methods, or environmental factors that may be particularly triggering or stressful for trauma survivors. (3) Consider the unique needs and perspectives of different stakeholder groups, such as trauma survivors, project team members, and organizational leaders.
Outputs: Documented themes, patterns, and areas of concern from (1) staff, including reviews by professionals, from (2) stakeholder feedback, and (3) identified through desk research

7. Assess Potential Gaps, Impacts, and Risks

Actions: (1) Evaluate the potential impact of the identified triggers and stressors on individuals who have experienced trauma. Consider factors such as emotional distress, re-traumatization, potential negative outcomes, and risks to individuals' well-being, participation, or engagement in the project. (2) Analyze how these impacts and risks may influence the project's overall success, team dynamics, and stakeholder satisfaction. (3) Analyze gaps in relation to policies, protocols, practices, services provided, and responses within the project and community.
Outputs: Listed impacts and risks; information from relevant impact evaluations; a matrix or list of gaps and areas of weakness in policies, protocols, practices and services; information from relevant risk assessment documents

8. Develop Trauma-Informed Strategies

Actions: (1) Based on the findings, collaborate with the trauma analysis team to develop trauma-informed strategies and recommendations. (2) Identify specific actions, policies, or modifications that can be implemented to mitigate potential triggers, enhance safety, and support trauma survivors' well-being throughout the project. (3) Develop strategies that focus on creating safe spaces, fostering trust, promoting empowerment, and addressing power imbalances within the project context.
Outputs: Documented recommendations from various stakeholders; a strategy document specifying actions, policies, activity modifications, and next steps

9. Create an Implementation Plan

Actions: (1) Develop a detailed plan outlining the steps, resources, and timelines required to implement the trauma-informed strategies. (2) Define roles and responsibilities for team members and stakeholders involved in the project. (3) Establish mechanisms for ongoing MEL and adaptation of the strategies based on feedback and emerging needs.
Outputs: A detailed, timebound implementation plan; updated organizational chart or other project documentation; new templates or tracking documents

10. Communicate and Train

Actions: (1) Share the trauma analysis findings, strategies, and implementation plan with project stakeholders, team members, and project leadership. (2) Conduct comprehensive training on trauma-informed practices to ensure that everyone involved understands their roles and responsibilities in creating a trauma-sensitive environment. (3) Provide guidance and resources for team members to increase their knowledge and skills in working with trauma survivors.
Outputs: Training materials; training attendee list; pre- and post-training assessments; feedback documentation; trauma-informed one-pagers or refreshers; a communications guide to inform staff of findings and factors to be aware of in relation to the assessment

11. Monitor and Adapt

Actions: (1) Continuously monitor implementation of trauma-informed strategies and evaluate their effectiveness. (2) Collect feedback from project team members, stakeholders, and trauma survivors to identify areas for improvement and make necessary adjustments. (3) Adapt strategies and practices based on contextual changes, ongoing assessments, new research, and emerging best practices in trauma-informed care. (4) Revisit steps iteratively and as needed to update the assessment.
Outputs: Monitoring plan; feedback documents; updated trauma assessment documentation; recurrent meetings, training, or feedback sessions; any relevant or updated templates; context and situation updates

4.4 Guide to Creating a Trauma-Informed Risk-Assessment

Make sure to customize the following forms according to your project's specific needs and context. The information generated should be housed in a living document that is updated as the project progresses, and new information becomes available.

Steps 1 – 4 are outlined using a series of forms below:

Step 1: Trauma-Informed Risk Assessment Cover Form

Project Details: _____

Project Name: _____

Project Location: _____

Project Duration: _____

Assessment Date: _____

Assessment Team: _____

Name and Role of Assessor 1: _____

Name and Role of Assessor 2 (If Applicable): _____

Trauma-Informed Principles Considerations: Consider the items below during the assessment.

Safety: How does the project prioritize physical, emotional, and psychological safety for local communities, staff, and stakeholders?

Trustworthiness and Transparency: How does the project ensure clear and transparent communication with communities and stakeholders while building and maintaining trust?

Empowerment, Voice, and Choice: How does the project provide opportunities for community members and stakeholders to make choices and have control over their participation and engagement in project activities? How does the project empower individuals by providing them with skills, resources, and support to overcome challenges and build resilience?

Collaboration and Mutuality: How does the project actively involve local communities, and stakeholders in decision-making processes, respecting their expertise and experiences?

Cultural Sensitivity: How does the project ensure that its approaches and processes are responsive to the needs of all stakeholders, taking into account existing cultural stereotypes and biases (i.e. gender, sexual orientation, disability, religion, age, ethnicity etc.?

Step 2: Pre- and Post- Risk Assessment Analysis Tool

1. **Identification of Potential Trauma Triggers:** List potential triggers related to the project's activities, environment, and interactions with local communities, taking into account cultural, social, and historical factors. (See here for steps to conducting a trauma-assessment)

2. **Underrepresented Groups:** Identify the most vulnerable groups within the target population, due to project's target population that might be more susceptible to trauma or re-traumatization due to their age, gender, background, or experiences.

3. **Mitigation Strategies:** Outline strategies to minimize the impact of potential trauma triggers and re-traumatization, ensuring that project activities do not inadvertently cause harm.

4. **Staff Training and Support:** Describe the training and support mechanisms in place to help project staff recognize signs of trauma, respond appropriately, and practice self-care.

5. **Community Engagement:** Detail how the project will engage with the local community to gather insights and feedback on the project's approach and potential trauma triggers.

6. **Partner Capacity and Awareness:** Describe how the project will assess for or ensure partner knowledge or capacity to identify and respond in a safe and trauma-informed manner. This includes their ability to assess risks, identify trauma triggers, mitigation strategies, and trauma-informed approaches in activities.

7. **Monitoring and Evaluation:** Explain how the project will regularly monitor and evaluate its activities to assess the psychological and emotional well-being of individuals and make necessary adjustments.

8. **Reporting Mechanisms:** Describe the process for reporting and addressing any incidents related to trauma or re-traumatization that may arise during the project. Describe how stakeholders are made aware of the reporting mechanisms, and how to use and access it for reporting concerns.

9. **Identification of Support Services:** Explain how you or the project plans to identify existing mental health professionals and support service

10. **Collaboration with Local Networks and Services:** Outline how the project will collaborate with local mental health professionals and support services to provide appropriate assistance to individuals when needed.

11. **Continuous Learning and Improvement:** Explain how the project will incorporate lessons learned from the assessment and ongoing monitoring to continuously improve its trauma-informed approach.

Review and Approval:
Signatures of the assessment team members indicating their review and approval of the trauma-informed risk assessment.

Name and position: _____ Name and position: _____

Signature: _____ Signature: _____

Step 3: Example: Risk-Assessment Template with Trauma-Related Risks*[37]

#	Risk	Description	Probability	Severity	Actions to minimize risk
1	**Internal Risks**				
1.1	Direct harm or SHEA related incidents that directly cause trauma for local communities by staff	Staff may directly engage in illicit or harmful activities towards beneficiary communities	**Unlikely**	**Major**	All local communities must be provided with direct reporting of misconduct information prior to engagement. A comprehensive SHEA-PRP will be operationalized and staff will not engage with individuals alone
1.2	Retraumatization of stakeholders as a result of project communications	Project communications may include triggering language, references to traumatic incidents, or directly cause harm through stigmatizing or disempowering langage	**Moderate**	**Moderate**	Staff should be adequately trained in Trauma-Informed Communication practices and protocols, as well as equipped to make referrals in the case of identified distress or trauma
1.3	Retraumatization of stakeholders as a result of data collection practices or language	Participants may be triggered or traumatized by the content, language, questions, or behavior or delivery of content, enumerators and staff	**Almost Certain**	**Moderate**	Staff should be adequately trained in Trauma-Informed data collection methodologies
1.4	Exclusion of certain groups from activities that may result in direct harm	Exclusion of certain underrepresented groups from activities can result in friction between community members, stigmatization, or increased risk of harm for those receiving or being excluded from activities	**Likely**	**Major**	Thorough assessents should be conducted iteratively that includes soliciting feedback, conducting GESI and PEA assessments, etc. to mitigate this
2	**External Risks**				
2.1	Civil unrest may result in violence or harm to certain groups	Staff may engage with certain groups that are directly impacted by disproportionate harm, or now be targetted as a result of their socio-cultural or identity factors.	**Unlikely**	**Catastrophic**	The [project director] will continue to monitor the security situation and prepare a robust response plan to safeguard communities from harm, especially related to project activities. A contingency plan will be prepared in case of civil unrest, such as emergency MHPSS services or mobile clinics in operation.
2.2	Environmental crises that may cause traumatic incidents	Impacts on certain communities as a direct result of project or other activities that can include displacement from natural disaster or direct physical and mental harm from environmenal crises.	**Likely**	**Catastrophic**	The [project director] will monitor the security situation and prepare a robust response plan to safeguard communities from environmental harm, within the scope of project activities. Service mapping, such as emergency MHPSS services or mobile clinics in operation will take place.

Risk Rating Index:

Probability: Remote Unlikely Moderate Likely Almost Certain

Severity: Insignificant Minor Moderate Major Catastrophic

*Template should not be used in place or already established organizational risk assessment templates. The risks noted here should be customized to the context and structured with the Risk Assessment Analysis or Trauma-Assessment outputs taken into consideration when designing the risk items

[37] Adapted from the Practical Tools for International Development, Risk Assessment template, 2022

Step 4: Trauma-Informed Risk Assessment Checklist

Note: Customize the table based on your specific project organization's needs. It's recommended that at least two assessors (A1 and A2) follow the checklist below, indicating in the columns their confirmed review.

Project/Activity Name: *[Provide the name of the project or activity being assessed]*
Date of Assessment: *[Date of when the assessment is being conducted]*
Assessment Conducted By: *[Names and roles of individuals conducting the assessment]*

1. Contextual Analysis	A1	A2
Identified potential triggers within the project context		
Considered contextual sensitivities, such as local customs and historical events		

2. Stakeholder Vulnerabilities or Risks	A1	A2
Identified high-risk groups (e.g., survivors, underrepresented communities).		
Recognized specific vulnerabilities stakeholders may have (e.g., language barriers, disability status, gender-based issues).		

3. Trauma-Informed Activities	A1	A2
Assessed each activity for trauma sensitivity.		
Developed adaptation measures to mitigate potential triggers.		

4. Communication and Support	A1	A2
Established a communication plan that addresses trauma-informed principles.		
Outlined support mechanisms and resources for trauma-affected stakeholders.		

5. Staff and Partner Training	A1	A2
Determined training requirements for staff and partners on trauma-informed approaches.		

6. Monitoring and Feedback	A1	A2
Developed a strategy to monitor trauma triggers and respond appropriately.		
Established feedback mechanisms for stakeholders to raise trauma-related concerns.		

7. Mitigation Strategies	A1	A2
Outlined steps to mitigate identified risks related to trauma triggers.		
Described adaptive responses to unforeseen trauma triggers.		

8. Review and Update	A1	A2
Conducted the Post-Risk Assessment Analysis Form		
Specified the frequency of regular assessments and updates.		
Identified responsible parties for reviewing and updating the assessment.		

Approved by: _____

4.5 Trauma-Informed Consent Form Template[38]

[Organization/Project Name]

[Date]

Dear *[Respondent's Name],*

We are conducting an assessment to better understand [describe the purpose of the assessment]. Your valuable insights will help us improve our programs and services to better meet the needs of individuals and communities.

Before you decide whether to participate, we want to provide you with essential information about the assessment and what it entails. Please take the time to read and understand this document. If you have any questions or concerns, do not hesitate to reach out to us. Your participation in this assessment is entirely voluntary, and you have the right to withdraw at any time without penalty or consequence.

1. Purpose and Scope:
The purpose of this assessment is to gather information about [specific topic or issue]. The data collected will be used solely for [research/assessment of needs] purposes and will be treated with the utmost confidentiality.

2. Confidentiality:
Your responses will be treated with the strictest confidentiality. We will remove any personally identifiable information from the data to ensure anonymity. All data will be stored securely, and only authorized personnel will have access to it. Our data destruction policies are [briefly state policies]

3. Potential Risks:
While we have taken measures to minimize any potential risks, discussing sensitive topics might be distressing for some individuals. If you find yourself feeling uncomfortable or overwhelmed during the interview, please let the interviewer know, and we will adjust the process, or stop as needed. Please be aware that the interviewer is not a specialized mental health professional and cannot provide specialized counselling.

4. Informed Consent:
By signing this consent form, you indicate that you have read and understood the information provided, and you voluntarily agree to participate in the assessment. Your participation is entirely confidential, and you have the right to withdraw at any time without consequences.

[38] Developed using the IASC's Recommendations for Conducting Ethical Mental Health and Psychosocial Research in Emergency Settings, 2014

5. Trauma-Informed Approach:
We understand that individuals may have experienced various life challenges, including traumatic incidents. We want to ensure that this assessment is conducted in a safe and supportive manner. Our interviewers are trained to listen actively, respect your boundaries, and provide non-specialized support throughout the process. If at any point you feel uncomfortable or need a break, please communicate this to the interviewer, and they will accommodate your needs.

6. Support Services:
If participating in this assessment brings up any emotional or psychological distress, we encourage you to seek support. We can provide information on available resources or refer you to appropriate services upon request.

Please indicate your consent by signing and dating this form below. Your signature confirms that you have understood the information provided and voluntarily agree to participate.

Signature: _____ Date: _____

If you have any questions or need further information, please contact:

[Name and Contact Information of the Organization or Point of Contact]

Thank you for your willingness to participate in this assessment. Your contributions are invaluable and will help us improve our efforts to serve our communities better.

Thank you/Sincerely,
[Name and Title of Project Lead]
[Organization/Project Name]

4.6 Trauma-Informed Feedback Form Template

[Organization/Project Name]

[Date]

Thank you for participating in our assessment. Your insights are invaluable and will help us better understand *[briefly describe the purpose of the assessment]*. We appreciate your willingness to share your experiences and perspectives.

We are committed to conducting this assessment in a trauma-informed and respectful manner. Your feedback on the data collection process is essential to ensure that we create a safe and supportive environment for all participants. Please take the time to answer the following questions honestly. You have the option to remain anonymous, your responses will be kept confidential, and they will help us improve our data collection practices.

1. **How did you feel about the data collection process?**
2. **Were there any specific questions or topics during the interview that made you feel uncomfortable or triggered any distressing memories?**
3. **Did you feel that the data collector listened actively and showed respect for your boundaries and emotions?**
4. **Was the data collector understanding and responsive to your needs during the interview?**
5. **Did you feel adequately informed about the purpose and scope of the assessment before participating?**
6. **Were there any aspects of the data collection process that you think could be improved to create a more trauma-informed and supportive environment?**
7. **Do you have any suggestions for how we can better support respondents who may have experienced distress during the data collection process?**
8. **Is there any additional feedback you would like to share with us?**

Your feedback is essential to help us make meaningful improvements to our data collection process and ensure that future participants feel safe and respected. If you have any concerns or require support related to the assessment or your well-being, please do not hesitate to reach out to us.

Your participation in this feedback process is entirely voluntary, and your responses will be kept confidential. Your identity will not be linked to your feedback.

Please return this form to *[Name and Contact Information of the POC or Data Collector]* or use the provided envelope to mail it back to us.

Thank you once again for your valuable contribution to our assessment.

[Name and Title of Project Lead or POC]
[Organization/Project Name]

4.7 Public MHPSS and trauma-related trainings

Psychological First Aid (PFA): A Tool for Empowerment, Voice, and Choice

PFA can be an extremely useful tool for field practitioners, or for anyone living or working in emergency situations or FCAS. Among the many tools and training materials available that can provide useful trauma-sensitive approaches for those engaging with trauma-affected populations, we point out the following open and accessible examples.

1. SAMHSA's PFA Online is an interactive course in which participants learn about PFA by taking on the role of a provider after a disaster.

2. The Psychosocial Center of the International Federation of Red Cross and Red Crescent Societies (IFRC PSS) has various training materials, videos, webinars, tools, resources, and guides on PFA in different contexts.

3. Johns Hopkins University offers a free and certified online course on PFA. It equips learners to provide PFA to people in an emergency by employing the RAPID model: Reflective listening, Assessment of needs, Prioritization, Intervention, and Disposition.

4. Mental Health First Aid offered by Healthy Minds Philly is public education program that teaches the skills needed to identify, understand, and respond to signs of behavioral health challenges or crises. First Aid is given until appropriate supports are received. Certifications are available for adults, youth, and various others available both online and in-person.

5. PFA Guide for Field Workers by World Health Organization, War Trauma Foundation and World Vision discusses how crises impact people, what PFA entails, and the process of applying it.

Below are examples of additional free trainings and training platforms around mental health, MHPSS, and trauma-informed interviewing:

- Mental Health GAP Action Program: These videos have been funded and prepared by International Medical Corps (IMC) for the World Health Organization's (WHO) Mental Health GAP Action Program (mhGAP) Training Package. A full video training package for mhGAP is available in English and French.

- The Basic Psychosocial Skills: training guide for COVID-19 responders was developed by the IASC includes five modules, 1) your wellbeing, 2) supportive communication in everyday interactions, 3) offering practical support, 4) supporting people who are experiencing stress, and 5) helping in specific situations. While developed for COVID-19 responders, the training guide can be applied in numerous contexts for basic PSS skill-building.

- Introducing MHPSS in emergencies is a self-paced online training offered by the World Health Organization (WHO) to support, scale, and build MHPSS support in a variety of contexts. The course includes guidance on how to apply existing practical, evidence-based, scalable tools and practice-led approaches for successful implementation of projects to strengthen MHPSS in emergencies operations, protection from mental health and psychosocial consequences of crises and towards the realization of universal mental health coverage.

- Trauma-Informed Interviewing: Skills and Techniques for Monitors by the OSCE Office for Democratic Institutions and Human Rights (ODIHR), is a certified seven-module course that trains individuals for interviewing people who have witnessed or survived atrocities, particularly designed for human rights monitors. The course discusses challenges, and presents relevant knowledge, skills, and strategies that can individuals to successfully conduct an interview with a witness, gather the information that you need, and protect your wellbeing and the wellbeing of the person you are interviewing. Individuals will learn about the impact trauma has on memory and how to conduct an interview with a person who may be suffering from a trauma.

The MHPSS Network, Mental Health Innovation Network (MHIN), and IFRC Psychosocial Centre are examples of databases for MHPSS and trauma-sensitive trainings. These include a number of public trainings relating to MHPSS and TIA.

4.8 TIA Tipsheet: Identifying Mental Distress, Trauma, and Dysfunction

Mental distress, trauma, and dysfunction are related concepts that fall along a spectrum, but they have distinctly different meanings, signs, and implications. While mental distress may arise from various causes and can be temporary, trauma can result from and lead to persistent mental distress and can have long-lasting effects on an individual's well-being. Dysfunction reflects a broader and more severe impairment of an individual's functioning that may or may not be directly linked to trauma. Dysfunction requires specialized assistance or care as soon as possible. While an untrained person cannot diagnose mental health conditions, they can observe certain signs that may suggest someone is experiencing distress, trauma, or dysfunction. Below is a list of signs along the spectrum to be aware of when engaging with potentially trauma-affected individuals.[39]

Signs that may indicate mental distress:

1. Difficulty concentrating or making decisions.
2. Excessive worry; ongoing feelings of unease or apprehension.
3. Difficulty managing or regulating emotions.
4. Changes in sleep patterns, such as insomnia or excessive sleeping.
5. Appetite and weight changes.
6. Fatigue or loss of energy.
7. Feelings of sadness, hopelessness, or despair.
8. Irritability, restlessness, or agitation.
9. Social withdrawal or avoidance of usual activities.
10. Physical symptoms without apparent medical cause (e.g., headaches, stomach aches).

Signs that may indicate trauma:

1. Difficulty concentrating or being easily distracted.
2. Social withdrawal or isolation.
3. Sleep disturbances, including nightmares or insomnia.
4. Frequent and intrusive distressing memories or flashbacks.
5. Persistent feelings of fear, anxiety, or panic.
6. Avoidance of situations, people, or places associated with a traumatic event.
7. Heightened startle response, or constant vigilance for potential threats.
8. Emotional numbing or detachment from others.
9. Emotional reactions triggered by reminders of the trauma (such as denial, anger, fear, sadness, shame, confusion, anxiety, guilt, numbness, irritability).
10. Physical reactions triggered by reminders of the trauma (such as sweating, racing heartbeat, fatigue, headache, digestive symtoms).

[39] Adapted from STAR, John's Hopkin's PFA training, Timothy J. Legg PhD, PsyD and Jayne Leonard's 'What is trauma? What to know'

Signs that may indicate dysfunction:

1. Difficulty maintaining social connections or relationships.
2. Inability to maintain personal hygiene or manage basic life tasks.
3. Persistent and intense distress or emotional instability.
4. Extreme mood swings or erratic behavior.
5. Marked changes in personality or behavior.
6. Severe impairment in daily functioning (e.g., work, relationships, self-care).
7. Substance abuse or addictive behaviors.
8. Thoughts of self-harm or suicide.
9. Loss of touch with reality or disorientation.
10. Hallucinations, delusions, or other psychotic symptoms.

Note: Trauma can contribute to mental distress and dysfunction, but not all mental distress or dysfunction are necessarily linked to trauma. Mental health professionals, such as psychologists or psychiatrists, can provide further evaluation and diagnosis to determine the specific causes and appropriate interventions for mental distress, trauma-related conditions, or dysfunction.If you notice these signs in someone, seek professional help from a mental health provider who can provide a proper assessment, diagnosis, and appropriate support and treatment. For mental health hotlines and support resources, see Annex 4.26.[40, 41]

[40] International Suicide Prevention Hotlines: The International Association for Suicide Prevention (IASP) provides a list of helplines worldwide. Visit their website for country-specific helpline information: https://www.iasp.info/resources/Crisis_Centres/

[41] Online Support Communities: Online communities and forums provide a platform for individuals to connect and seek support for mental health concerns. Examples include 7 Cups (https://www.7cups.com/) and The Mighty (https://themighty.com/).

4.9 Sample Referral Information Form

[Organization/Project Name]
[Date]

Thank you for your participation in our assessment. Your valuable contributions are helping us gain valuable insights to improve our programs and services.

We understand that discussing sensitive topics during data collection can sometimes evoke strong emotions. Your well-being is important to us, and we want to ensure that you have access to appropriate support if needed. The following resources are available to provide assistance and care:

1. Emergency Services:
If you are in an immediate crisis or need urgent assistance, please contact the emergency services in your area by dialing [Emergency contact number].

2. Local Health Clinic:
If you require medical attention or have health concerns, we recommend visiting your nearest local health clinic. They can provide a range of medical services, including check-ups, treatments, and vaccinations.

3. Mental Health Services:
If you are experiencing emotional distress, anxiety, or any mental health concerns, we encourage you to seek support from mental health professionals. Here are some options:

- *[Name of Mental Health Organization/Clinic]*
- Location: *[Address]*
- Contact: *[Phone number]*
- Website: *[Website, if available]*

- *[Name of Secondary Mental Health Organization/Clinic]*
- Location: *[Address]*
- Contact: *[Phone number]*
- Website: *[Website, if available]*

4. Support Helplines:
If you need someone to talk to or require emotional support, consider reaching out to the following helplines:

- *[Name of Helpline or Crisis Hotline]*
- *Contact: [Phone number]*
- *Available [hours of operation]*

- *[Name of Another Helpline or Crisis Hotline]*
- *Contact: [Phone number]*
- *Available [hours of operation]*

5. Community Support Groups:
There might be community-based support groups in your area that provide a safe space to share experiences and receive support from others who may have gone through similar challenges.

6. Online Resources:
If you prefer online resources, there are various websites and forums that offer valuable information and support related to health and mental health.

Please know that your participation in this referral process is entirely voluntary, and we are committed to respecting your privacy and confidentiality. If you have any questions or need further assistance, please do not hesitate to reach out to us directly.

We care about your well-being, and we want to ensure that you have access to the appropriate care and support you may need. Take care of yourself, and please feel free to use these resources if you find them helpful.

Thank you for your time and participation in our assessment.

[Name and Title of Project Lead or POC]
[Organization/Project Name]
[Contact Information: Phone and Email]

4.10 Best Practices for Trauma-Informed Communication

Best practices for trauma-informed communications center around being empathetic, informed, and respectful. Below are best practices for trauma-informed communication:

1. **Avoid the term 'traumatized' and avoid potential re-traumatization through distressing language or imagery.** Avoid labelling, and stigmatizing language or attitudes when discussing mental health or trauma. Be cautious about labelling a group or individual as 'traumatized' and use alternative terms such as 'distressed' or 'impacted' as appropriate. Be cautious not to re-traumatize individuals through stories, graphic descriptions or imagery that could be triggering. Be mindful of visual content in communication materials. Use warnings or content advisories for potentially distressing images or videos.

2. **Understand trauma and identify triggers:** recognize the potential impact of trauma on individuals, including its effects on mental and emotional well-being. Conduct a trauma-analysis or conduct guided discussions to define mental health concepts with local communities to learn about potential triggers and how to respond. Stay informed about communication best practices through training and education. Offer training and education on trauma-informed communication to staff and team members. Avoid asking intrusive or distressing questions and be prepared to offer emotional support if participants become upset.

3. **Cultural sensitivity.** Be culturally sensitive and aware of cultural differences in expressing and processing trauma. Adapt direct and indirect communication approaches to align with participants' cultural norms and practices.

4. **Create a safe and supportive environment.** Prioritize safety and trust. Establish trust and rapport first, and make it clear that community or participant well-being is a priority. Store data securely and avoid sharing identifying information without explicit consent. Ensure that communication spaces are welcoming, non-judgmental, and free from potential triggers.

5. **Offer clear and informed consent.** Provide a clear explanation of the purpose of information gathering and what it entails. Explain how the data will be used, and offer reassurance about the confidentiality and anonymity of participants' responses if they choose so. Ensure participants understand the nature of the assessment and the voluntary nature of their participation. Allow participants to ask questions and clarify any doubts before proceeding. Respect participants' boundaries and emotional readiness. Allow them to decline answering specific questions or to take breaks during information gathering if needed.

6. **Listen actively and avoid assumptions.** Practice active listening during discussions. Give participants the space to share their experiences and feelings without interruption or judgment. Practice active listening by giving your full attention. Show empathy and understanding by nodding, making eye contact, and using verbal cues like "I hear you" or "I understand" as appropriate to the local context. Avoid making assumptions about an individual's emotional state, trauma experience, or coping mechanisms. If engaging with survivors directly, allow them to share their experiences on their terms. Engage a specialist as needed.

7. **Respect autonomy and offer support.** Avoid imposing solutions or advice unless requested. Provide information on available support services and resources for individuals or communities who may need additional help. Offer referrals to mental health professionals or support organizations when appropriate, making sure individuals know they have choices. Provide information about support services and resources, such as counseling, helplines, or advocacy organizations.

8. **Normalize emotional reactions.** Normalize emotional reactions during the assessment, bearing in mind that safety is a priority for all participants. Let participants know that it is okay to feel a range of emotions, and validate their experiences without judgment. Respond to disclosures of trauma with empathy and support, and provide support resources as needed.

9. **Use empowering, accessible and trauma-sensitive language.** Use inclusive and respectful terminology and prioritize showcasing empowerment. Use simple and accessible language in all communication materials, including consent forms, interview questions, and feedback forms. Avoid jargon and technical terms that might be confusing or triggering. When writing or creating content, consider the potential impact on trauma survivors. Choose words and phrases carefully to avoid re-traumatization. Assess and replace judgmental language with non-judgmental alternatives. Seek professional support for trauma-informed communications.

10. **Seek ongoing feedback and adapt.** Encourage feedback from individuals and communities to adapt communication strategies and materials to their needs.[42] reflect on your own communication style and seek opportunities for improvement.opportunities for improvement.

[42] Adapted from Wilder's Trauma-Informed Evaluation Tip Sheet and SAMSHA's Practical Guide for Implementing a Trauma-Informed Approach

4.11 Creating a Trauma-Informed Safe Space: A 10-Step Checklist

Creating a trauma-informed safe space requires a comprehensive, tailored and survivor-centered approach. The goal is to foster an environment that is sensitive to the needs and experiences of individuals who have experienced trauma. Below are 10 key actions to create a safe space:

Identify the need, and define the target group: Start by conducting a comprehensive needs assessment, or identify the need for a safe space through community engagement to understand the specific and contextual trauma-related challenges and needs. Engage with stakeholders, community members, and local organizations to gather insights. Keep in mind that different groups would have differing needs, and may need separate spaces and resources.

Form a trauma-informed team: Assemble a team of staff and partners who are trained in trauma-informed approaches and have the skills to create a safe space for the target group. Include at least one specialist. Ensure that team members are committed to the well-being of trauma-affected individuals and communities.

Develop policies and procedures: Establish clear and transparent policies and procedures that prioritize the safety and well-being of individuals who have experienced trauma. These policies should address confidentiality, privacy, and guidelines for handling sensitive situations.

Provide training and capacity building: Offer training to all staff on trauma awareness, trauma-informed practices, and self-care tools. This training should help staff recognize signs of trauma, respond appropriately, and avoid re-traumatization. Training should be locally co-created, and tailored for the target group.

Create a physical safe space: Co-design or scale the physical space depending on the needs of the target group and availability, and ensure it feel safe, welcoming, and non-threatening per the definition of safety to group in question. Consider factors such as the groups unique needs, location, social perceptions, cultural nuances, lighting, seating arrangements, and the overall environment to promote a sense of security.

Establish emotional safety: Foster an environment of trust and emotional safety in the space by encouraging active listening, empathy, and non-judgmental attitudes among team members. Ensure that individuals feel heard, valued, and respected through feedback. Ensure communities are accepting of the space.

Promote survivor empowerment and autonomy: Empower individuals to participate in decision-making processes and activity planning to the best extent possible. Make space for inputs and feedback. Allow users to have a say in how the safe space operates and what services it offers. Incorporate user feedback into activities.

Offer referrals or specialized Trauma-Informed services: Adapt project activities and services to be trauma-informed. This may include providing trauma-informed counseling, PSS, and incorporating trauma-sensitive approaches in education or skills building programs. Ensure referral systems are operational, and in place for more specialized needs and services.

Monitor and evaluate: Incorporate safe space tracking into MEL. Regularly monitor the effectiveness of the safe space. Use feedback from community members and stakeholders to make continuous improvements.

Collaborate, co-create and build partnerships: Collaborate with local organizations, mental health specialists, and community leaders to build partnerships and strengthen the trauma-informed support system. Engage in networking and coordination to ensure a holistic, collaborative approach.

[43] Adapted from SAMHSA's Key Ingredients for Successful Trauma-Informed Care Implementation and TIA Practical Guide

4.12 TIA Tipsheet: A Guided Discussion on Defining Mental Health Concepts

Locally-informed defintions around percetions of trauma-related concepts may vary based on culture and context. It's important to make time to define these concepts as they relate to local stakeholders, both to maximize benefits of project outcomes, and inform various aspects of project activities that range from MEL, to communications, reporting and activity selection.

Hold workshops, focus groups or other information sharing exercises, to understand key definitions. Ask open-ended questions from various representatives that can help you define relevant terms like:

- Mental Health
- Distress
- Trauma
- Dysfunction
- Anxiety
- Depression
- Healing
- Empowerment
- Resilence
- Well-being
- Peace
- Recovery

To elicit answers and inform project activities, below are some questions to consider using during discussion sessions:

- What does [mental health][44] mean to you? What do you think or feel when you hear the term?
- What are the signs you would look for when you think someone is distressed, fearful, or affected by an incident?
- What do you think of when you hear the word 'trauma'? What signs would you look for if someone is affected by trauma?
- What are the signs you would look for when you think of someone healing from a distressing incident? What does healing or peace look like to you (individually and for a community)
- What does empowerment mean? How do you define empowerment? What do you think of when you imagine an empowered [individual/man/woman/child/community]?
- What are the signs you look for if you're to track progress on personal empowerment? Healing and recovery?
- What does resilience mean to you? How do you define 'resilience'? What does a resilient [invididual/man/woman/child/community] look like to you?

[44] Insert key terms as needed

4.13 TIA Tipsheet: Trauma-Informed Data Interpretation

Interpreting data in a trauma-informed way involves approaching the analysis and understanding of data with sensitivity to the potential impact of trauma on individuals. Here are some methods and considerations for interpreting data in a trauma-informed manner:

Contextualize Data: Understand the context in which the data was collected, including any potential traumatic experiences or events that might have influenced the data. Consider how external factors, such as the timing of data collection or the environment, could affect the data's meaning.

Recognize Variability: Acknowledge that trauma can lead to a wide range of responses and behaviors. Individuals may react differently to similar traumatic experiences. Avoid making assumptions or generalizations based on limited data points.

Mindful Analysis: Approach data analysis with empathy and an open mind. Be aware of potential biases and preconceptions. Avoid making judgments or drawing conclusions that stigmatize or blame individuals who have experienced trauma.

Validation and Empowerment: Validate the experiences and feelings expressed in the data, even if they are difficult to understand or challenging. Use the data to empower individuals by highlighting their strengths, resilience, and coping strategies.

Trauma-Informed Analysis Tools: Utilize analysis tools and frameworks that are designed with trauma-informed principles in mind, if available. These tools may help in structuring the interpretation process.

Seek Input and Feedback: Involve individuals with lived experience of trauma in the data interpretation process, if possible. Their insights can provide valuable context and perspective. Solicit feedback from colleagues or experts who are knowledgeable about trauma-informed practices.

Avoid Re-Traumatization: Be cautious not to re-traumatize individuals by discussing or interpreting traumatic details unnecessarily. Focus on the data's broader implications and avoid dwelling on distressing specifics.

Consider Trauma Recovery Stages: Recognize that individuals may be at different stages of trauma recovery, and this can affect how they interpret and respond to data. Be prepared to provide support or resources as needed based on where individuals are in their healing journey.

Ethical Use of Data: Use the data in ways that respect privacy and confidentiality. Ensure that data is de-identified and aggregated to protect the identities of individuals who have experienced trauma. Adhere to all ethical guidelines and legal requirements when using the data.

Trauma-Informed Reporting: When presenting findings or making recommendations based on the data, do so in a way that promotes healing, recovery, and the well-being of individuals affected by trauma.

Continuous Learning and Improvement: Stay informed about the latest research and best practices in trauma-informed care and data analysis. Reflect on your own practices and seek opportunities for improvement in how you interpret and use data in a trauma-informed way.

4.14 TIA Tipsheet: Pocket Guide to Strengths-Based Approaches

Strengths-based approaches (SBAs) focus on identifying and leveraging the existing strengths and assets within communities and individuals, to promote sustainable and empowering development. Rather than only focusing on and addressing deficits or challenges, SBAs empower communities to drive positive change by building on their existing capacities. Below are some examples of strengths-based approaches, followed by a process map with some key elements to successfully implement SBAs:

Locally-Led Development:[45] Shifts decision-making power to the community, allowing them to set development priorities and design interventions. Emphasizes community ownership and empowerment.

Resilience-Based Approaches: Focus on developing resilience in individuals and communities by identifying and enhancing protective factors. Aims to help individuals bounce back from adversity and thrive.

Strengths-Based Gender Approach: Addresses gender disparities by identifying and promoting the strengths and capacities of women and marginalized groups. Empowers women to actively participate in decision-making and community development.

Asset-Based Community Development (ABCD):[46] ABCD starts by identifying and mobilizing local assets, including skills, knowledge, social networks, and physical resources within a community. Encourages communities to take the lead in defining their development priorities and solutions. Aims to build community self-reliance and sustainable development by building resilience through existing strengths.

Rights-Based Approaches: Advocates for the recognition and fulfillment of human rights as a foundational principle in development projects. Empowers individuals and communities to claim their rights and entitlements.

Human-Centered Design (HCD): Involves community members in the design and innovation process to create solutions that address their specific needs and preferences. Prioritizes empathy and iterative prototyping.

Appreciative Inquiry (AI):[47] Focuses on exploring and amplifying the positive aspects and strengths within a community or organization. Also an organizational development approach that seeks to identify and amplify the strengths and positive aspects of an organization. Encourages collaborative exploration of what's working well and how to build on it. Encourages collaborative envisioning of a desired future.

Social Capital Development: Focuses on building and strengthening social networks, trust, and cooperation within communities. Recognizes social relationships as valuable assets for development.

Strengths-Based Participatory Action Research (PAR): Combines strengths-based and participatory approaches to engage communities in research, analysis, and action planning. Empowers communities to address local challenges.

Participatory Monitoring and Evaluation (PM&E): Engages community members in the monitoring and evaluation of project outcomes and impacts. Provides a continuous feedback loop for project improvement.

Positive Deviance (PD): Identifies individuals or groups within a community who have successfully overcome similar challenges with similar constraints. Applies learning from their behaviors and strategies to understand and replicate their positive outcomes. Promotes community-driven solutions based on local success stories.

Strengths-Based Leadership & Coaching: Focuses on identifying and enhancing leadership strengths in individuals and organizations. Promotes a leadership style that leverages personal and team strengths.

[45] USAID, Locally Led Partnerships, 2023
[46] TransForm, Asset Based Community Development (ABCD), 2021
[47] COMPASS, Development Management Associates & USAID, Introduction to Appreciative Inquiry: Training Manual, 2003

Sample Strengths-Based Approaches Process Map

Adaptive Learning

- Develop flexible and adaptive plans that evolve with changing circumstances.
- Embrace feedback and adjust strategies based on ongoing learning.
- Monitor successes and challenges and scale positive solutions

Asset identification

- Foster collaboration between development practitioners, local organizations, and community members.
- Encourage open dialogue to co-create solutions that align with community strengths and aspirations.

Empowerment

- Empower individuals or communities to take ownership of their development
- Support Capacity building initiatives that enhance skills and knowledge
- Conduct asset-based interventions that align with community priorities and strenghts
- Build existing strengths that can address challenges

Collaborative Engagement

- Foster collaboration between development practitioners, local organizations, and community members.
- Encourage open dialogue to co-create solutions that align with community strengths and aspirations.

Mapping with Analysis and Innovation

- Create asset maps to visualize and share community resources and strengths
- Analyze networks for pain-points, challenges and opportunities leverage
- Use these maps to inform decision-making and resource allocation. Collaboratively develop innovative solutions

Positive Framing

- Frame challenges and opportunities positively, emphasizing what can be achieved.
- Use strengths-based language to promote a culture of optimism.
- Recognize and acknowledge challenges, with a solution-oriented mindset and approach to positively frame challenges as opportunities for development

4.15 Sample Trauma-Informed Annual Workplan Outline

Creating an annual workplan with a focus on trauma-informed approaches and elements requires careful planning and consideration. Below is an outline that integrates trauma-informed principles into each illustrative section of a workplan, ensuring that the project's approach is sensitive to the needs and experiences of individuals who may have been impacted by trauma:

I. Introduction

a. Project Background and Trauma-Informed Focus: Provide a brief overview of the project's objectives and emphasize its commitment to trauma-informed development.
b. Current Status: Highlight the project's current status, including any ongoing activities related to resilience building, MHPSS or trauma-informed practices.
c. Goals for the Upcoming Year: Clearly state the specific goals and outcomes expected for the next year, with an emphasis on any resilience building, MHPSS or trauma-informed objectives.

II. Accomplishments to Date and Lessons

a. Trauma-Informed or MHPSS Milestones: Summarize project achievements related to trauma-informed practices, such as training or community engagement efforts.
b. Lessons Learned: Identify key lessons learned in implementing MHPSS, resilience building or trauma-informed approaches, including challenges and successes.
c. Adaptations and Improvements: Explain how lessons learned will guide adjustments and improvements in trauma-informed project activities.

III. Strategic Approaches to Complete Activities

a. Activities: List and describe the main project activities planned for the upcoming year, emphasizing how each will integrate trauma-informed principles, build resilience, or specifically address MHPSS.
b. Trauma-Informed Training: Specify any training or capacity-building activities related to trauma-informed practices for project staff and partners.
c. Incorporating Survivor Voices: Describe how the project plans to actively involve trauma survivors in decision-making and activity planning.
d. Monitoring for Trauma Sensitivity: Explain how the project will monitor and evaluate the incorporation of trauma-informed approaches into each activity.

IV. Cross-Cutting Activities

a) GESI Mainstreaming: Highlight how the project will address gender and social inclusion issues within a trauma-informed framework, promoting collaboration, empowerment, equity and safety.
b) Community Engagement: Describe strategies for engaging with communities in a trauma-sensitive manner, valuing their insights and lived experiences.
c) MEL and Trauma-Informed Data Collection: Explain how data collection and monitoring and evaluation processes will incorporate trauma-informed best practices.

V. Key Components of Exit Strategy and Finalization

a. Trauma-Informed Sustainability: Detail how the project will ensure that trauma-informed practices are sustained or transitioned to local partners and stakeholders.
b. Capacity Building: Discuss efforts to build the capacity of local organizations and institutions in trauma-informed approaches, MHPSS, or resilience building.
c. Knowledge Transfer: Explain how trauma-informed or MHPSS and resilience knowledge, tools, and best practices will be shared with relevant stakeholders in the exit process.
d. Stakeholder Engagement: Describe engagement with local authorities, community leaders, MHPSS service providers, focal points, and trauma survivors in the exit and finalization process.

VI. Project Operational Closeout

a. Administrative Tasks: List administrative tasks required for project closeout, such as financial reporting and contract completion, including any MHPSS or trauma-sensitive reporting.
b. Data and Documentation: Detail the process for safely archiving MHPSS or trauma-informed project data, reports, and documentation.
c. Trauma-Informed Evaluation: Summarize the final evaluation, emphasizing the project's impact on resilience of communities, MHPSS or trauma-informed practices.
d. Recognition and Acknowledgment: Highlight any planned events or recognition for project contributors and partners, incorporating SAMHSA's and other identified trauma-informed principles. Acknowledge community members and MHPSS service providers while prioritizing safety and choice.

VII. Budget and Funding

a. Trauma-Informed Budgeting and Resource Allocation: Provide a summary of the budget for the upcoming year, with specific allocations for trauma-informed activities as identified through a trauma-informed cost-benefit analysis, and trauma-informed cost and budget considerations. How budget resources will be allocated across project activities, including those focused on trauma-informed approaches.
b. Financial Reporting: Describe financial reporting processes and deadlines, prioritizing transparency and accountability.

VIII. Appendices

a. Attach any necessary supporting documents, including detailed workplans for individual activities, staffing plans, trauma-analyses, trauma-informed cost-benefit analyses, risk assessments, and other resources related to trauma-informed practices.

IX. Conclusion

b. Summarize the key points of the workplan, emphasizing the project's commitment to trauma-informed, inclusive, and sustainable development, while recognizing the resilience and experiences of trauma survivors.

4.16 TIA Tipsheet: 30 Cost-Effective trauma-informed strategies and activities

Note: The activities listed below are illustrative. Ensure participants' voluntary buy-in, safety, and cultural appropriateness. Individuals should never be pressured to speak or engage on a topic related to trauma. Activities should be locally-owned, centered around empowerment, resilience, and other subjects as identified by stakeholders. Engage a local mental health expert as needed in the design and selection.

1. **Trauma-Informed Language:** Train staff to use trauma-informed language and communication techniques.
2. **Breathing Exercises:** Teach simple breathing techniques to manage stress and anxiety.
3. **Mindfulness Exercises:** Integrate brief mindfulness practices into project activities to promote relaxation and stress reduction.
4. **Collaborative Art Projects:** Engage communities in art-based activities for self-expression and healing. Showcase art created by local stakeholders in exhibitions. Create murals that depict themes of healing and unity.
5. **Nature linkages:** Organize outdoor activities, such as community or collaborative gardening to connect with nature and promote well-being.
6. **Cultural Practices:** Integrate local cultural practices that support emotional well-being.
7. **Interactive Theater Workshops:** Facilitate interactive theater sessions to explore resilience-related topics.
8. **Mindful Movement Practices:** Incorporate yoga, tai chi, or dance as tools for self-care and stress reduction.
9. **Community Support Groups:** Establish peer-led support groups for stakeholders to connect and share.
10. **Self-Care Workshops:** Teach practical self-care techniques to stakeholders.
11. **Art Therapy Sessions:** Offer guided art therapy sessions for emotional expression.
12. **Storytelling Platforms:** Create online spaces for people to share personal stories, create podcast episodes featuring stories of resilience.
13. **Local Cultural Events:** Organize culturally relevant events that promote healing and connection.
14. **Trauma-Informed Safe Spaces:** Establish safe spaces for open discussions on trauma and well-being.
15. **Writing Workshops:** Facilitate writing workshops for stakeholders to express their emotions.
16. **Social Media Campaigns:** Raise awareness about trauma-informed practices through social media.
17. **Collaborative Music Sessions:** Engage local stakeholders in music-making activities for emotional expression.
18. **Local Wisdom Circles:** Create spaces for sharing cultural wisdom and guidance.
19. **Outdoor Retreats:** Organize retreats in natural settings for relaxation and well-being.
20. **Community Radio Shows:** Air shows featuring discussions on mental health and coping.
21. **Peer Education Programs:** Train community members as peer educators to lead awareness sessions.
22. **Online Learning Modules:** Develop online modules that provide trauma-informed education.
23. **Digital Peer Support Groups:** Establish virtual support groups for community members or stakeholders to connect online.
24. **Trauma-Informed Parenting Workshops:** Host workshops to support parents in understanding and responding to trauma.
25. **Interactive Learning Kits:** Develop kits that include activities, resources, and tools for well-being.
26. **Collaborative Dance Workshops:** Engage community members or stakeholders in dance sessions for emotional expression.
27. **Local Wisdom Workshops:** Facilitate sessions where community members share wisdom and guidance.
28. **Public Speaking Workshops:** Build stakeholders' confidence in sharing their stories and experiences.
29. **Local Music and Dance Performances:** Organize performances that celebrate culture and well-being.
30. **Community Wellness Days:** Host events with a range of trauma-informed activities.

Sample SOW for a *[Gender Equality and Social Inclusion or MHPSS]* Officer

[Project title]

Job Title: *[Insert position, such as Gender Equality and Social Inclusion or MHPSS Officer]*
Estimated Period of Performance/Level of Effort: *[Enter anticipated timeline]*

Background:
[Insert project or organization description]. [Insert the details and objectives of the project or organization]

Job Summary:
The *[Gender Equality and Social Inclusion or MHPSS Specialist]* will be responsible for the development and implementation of the program's GESI and trauma assessments and strategy, conducting a Trauma Analysis and ensuring that its recommendations are addressed, as well as ensuring that trauma-informed gender and social inclusion issues are considered throughout project implementation.

Principle Duties and Responsibilities:

- Assist in the creation of the comprehensive project-level trauma-informed GESI action strategy and plan, including the creation of output and outcome targets.
- Identify and invite relevant *[MHPSS/gender and inclusion]* experts to participate in activities, provide lectures and sit on panels.
- Identify activities through which the trauma-informed Gender and Inclusion Strategy can be utilized.
- Evaluate inclusion obstacles within the context of the project and provide recommendations to leadership regarding possible trainings or other actions that would facilitate beneficiary buy-in at the community level.
- In coordination with the [Insert project role leads], draft specific, context driven sub-plans to address MHPSS and gender concerns per activity.
- Ensure that men and women of underrepresented groups benefit equally from program activities.
- Provide briefings on [MHPSS and gender equality and trauma/gender] analysis to grants under contract recipients.
- Perform other duties as required or assigned.

Qualifications:

- University degree psychology, social services, applied research, or other relevant field.
- Minimum of three (3) years of GESI, safeguarding or MHPSS experience
- Experience in implementing mental health and psychosocial support highly desired
- Experience working with [USAID or other donor]-funded programs preferred
- Demonstrated professional excellence and strong analytical skills.
- *[Insert language(s)]* fluency, with excellent presentation skills and strong ability to communicate clearly and concisely in writing in *[insert language(s)]*.
- Ability to build consensus and coordinate with diverse actors, including government, NGOs, civil society organizations, and private sector.

Sample SOW for a *[Gender Equality and Social Inclusion or MHPSS]* Specialist

[Project title]

Job Title: *[Insert position, such as MHPSS Specialist, Psychologist, or Counselor]*
Estimated Period of Performance/Level of Effort: *[Enter anticipated timeline]*

Background:
[Insert project or organization description]. [Insert the details and objectives of the project or organization]

Job Summary:
The [MHPSS Specialist, psychologist, psychiatrist, or counselor] will be responsible for the development and implementation of the program's specilized mental health assessments and strategy, conducting a Trauma Analysis and ensuring that its recommendations are addressed, as well as ensuring that trauma-informed issues are considered throughout project implementation. The MHPSS Specialist will be responsible for ensuring that MHPSS activities are aligned with global guidelines and best practices in the field of MHPSS and for providing supervision and capacity building of [insert details here]. Specialized referrals may be required.

Principle Duties and Responsibilities:

- Assist in the creation of the comprehensive project-level MHPSS Strategy and plan, including the creation of specialized MHPSS output and outcome targets.
- Identify and invite relevant [MHPSS] experts to participate in activities, provide lectures and sit on panels.
- Identify activities through which the MHPSS Strategy can be utilized.
- Evaluate MHPSS obstacles within the context of the project and provide recommendations to leadership regarding possible trainings or other actions that would facilitate beneficiary buy-in at the community level.
- In coordination with local MHPSS service providers and coordinating bodies, draft specific, context driven sub-plans to address MHPSS concerns per activity.
- Ensure that underrepresented groups benefit equally from programmatic mental health activities.
- Provide briefings on MHPSS analysis to grants under contract recipients.
- Perform other duties as required or assigned.

Qualifications:

- *[Advanced/Masters]* degree or higher in mental health, psychology, psychiatry, counselling, or other certified specialized mental health application required
- Minimum of five (5) years of specialized MHPSS-related experience
- Experience in specialized mental health assessment, diagnoses, and implementing mental health and psychosocial support highly desired
- Demonstrated ability to develop, train and build capacity or oversee junior staff on MHPSS
- Experience working with [USAID or other donor]-funded programs preferred
- Demonstrated professional excellence and strong analytical skills.
- *[Insert language(s)]* fluency, with excellent presentation skills and strong ability to communicate clearly and concisely in writing in *[insert language(s)]*.
- Ability to build consensus and coordinate with diverse actors, including government, NGOs, civil society organizations, and private sector.

Sample Safeguarding Focal Point SOW

Safeguarding Focal Point

This generic TORs for Safeguarding Focal Points is designed to be adapted to different operational or program contexts as needed

Background

[Organization Name] is committed to an organizational culture that is respectful, ethical, fair, and free of any form of harm. To deliver on this commitment, and in line with the company's safeguarding policy which focuses on risk prevention, safe and accessible reporting, survivor-centered response, and accountability, [Organization Name] seeks to create a cohort of **Safeguarding Focal Points (SFPs)** to support the effective implementation of its safeguarding policy within operations and programs as a prevention measure.

[Note to user: include a section on how this role is relevant to the project]

Role Description

The **Safeguarding Focal Point** is a *[Organization Name]*'s staff member tasked with supporting safeguarding initiatives in direct coordination with their [Head of Office], both internally and as an active member of any existing safeguarding network in their area of operation. The designation of a SFP is a support role which does not relieve operations of their ultimate responsibility for safeguarding. SFPs will be supported by *[Organization Name]*' *[Senior Safeguarding Advisor]* at *[Organization Name]*-Washington, who will provide them with functional training, guidance, and support.

The SFP designation is a "hat" assigned to existing personnel (not a full-time position or a position) who will be trained and empowered to engage on safeguarding on a as needed basis. To ensure transfer of knowledge and skills that are essential to a safe environment, SFPs should be able to commit to the role for a minimum of 1 year and prepare a briefing for their replacement, as appropriate.

Safeguarding Focal Points do not have an investigative role.
Reporting: The SFP will report *[Insert designation]*

Responsibilities:

Safeguarding Focal Points will undertake the following:

[48] Support available from [Organization Name]'s Safeguarding and [GESI] teams as needed.

CORE ACTIVITIES

Engagement and support

- In coordination with HR or operations teams, conduct awareness-raising activities targeting both personnel and program participants with emphasis on prevention of sexual misconduct, staff reporting obligations and options, and survivor assistance options.
- Where they exist, engage with safeguarding networks for learning, information sharing, best practices and local support. Track and communicate this with other regional SFPs, and *[Organization Name]* and/or GESI platforms.

Prevention

Support their office, particularly Human resources to:

- In coordination with HR, Operations and other stakeholders, co-develop a safeguarding mainstream plan, informed by staff and community engagement, where appropriate, in accordance with *[Organization Name]*' Safeguarding Policy and Code of Conduct.
- Collaborate with Human Resources on induction on Prevention of Sexual Harassment, Abuse and Exploitation, SHEA-PRP, and Bystander Training for new hires.
- Brief, train and support personnel on the safeguarding policy and mechanisms for reporting allegations.

Response

- Where applicable, be available to act as a resource to provide guidance regarding allegations of Sexual and any form of misconduct and report per *[Organization Name]* reporting policy
- Engage with existing service providers that make up local referral system to ensure swift and relevant survivor-centered assistance for survivors of S/GBV, sexual misconduct, or other incidents as needed. Ensure information about service provision is collected, shared and made available to staff and stakeholders.
- Limit sharing of sensitive complaint information to a "need to know" basis, in line with data protection principles and a victim-centered approach.

Tracking, Management and Coordination

- Work with Monitoring, Evaluation and Learning lead and other technical staff to incorporate Safeguarding activity monitoring and considerations are being included where it is appropriate
- Coordinate with colleagues and staff to incorporate Safeguarding activities, achievements and initiatives into quarterly, annual or other reports as appropriate.
- Help raise awareness of [Organization Name]' internal Safeguarding Focal Point network throughout the company, existing regional safeguarding or Preventing and Responding to Sexual Harassment, Exploitation and AbuseNetworks, and where appropriate the community members.
- Represent *[Organization Name]* at local safeguarding Network meetings, and report on any Network progress and lessons learned.
- Coordinate with *[Organization/Project/Team Name]*, other Safeguarding Focal Points, the *[Safeguarding Lead]*, and other teams as needed.

ADVANCED ACTIVITIES

(good practice where possible, considering SFPs formal workload)

Community engagement

- Support project leads to insert Preventing and Responding to Sexual Harassment, Exploitation and Abuse messages in project communications with community members.
- In coordination with GESI colleagues, learn about community preferences in reporting sensitive information, their perspectives of staff behavior, their feedback on the effectiveness of *[Organization Name]*' PHSEA reporting channels, processes and accessibility, and their input on how to speak about Safeguarding and sexual misconduct issues in a culturally appropriate manner.

Prevention

- Document and share any identified information on misconduct, and sexual harassment, exploitation and abuse (SHEA) risk factors and lessons learned (with project leads and Senior Safeguarding Advisor) toward enhancement of prevention strategies.
- Support awareness raising of local partners on *[Organization Name]*' Safeguarding Policy and mechanisms for reporting allegations of SHEA.
- In coordination with relevant fellow Prevention and Response to Sexual Harassment, Exploitation and Abuse Network members (e.g. GESI, local protection working groups) provide PSHEA trainings/briefings for partners.

Response

- In coordination with GESI colleagues and existing Prevention and Response to Sexual Harassment, Abuse and Exploitation network and local social service providers, support the establishment and/or strengthening of local referral pathways to survivor assistance services in line with *[Organization Name]*' survivor-centered approach

[49] Additional guidance and training should be made available when engaging with any cases of misconduct as determined by leadership

Qualifications and Experience:

Desirable competencies of the Safeguarding Focal Point will vary significantly by context. Below is a non-exclusive list intended as a starting point of minimum standards.

Professional experience and background

- Knowledge of the local context and norms related to social inclusion, sex and gender
- Knowledge and understanding of *[Organization Name]*' institutional approach on SHEA-PRP and related policies.
- Compatibility of the Focal Point function with his/her formal position and workload
- Demonstrated experience working directly with local communities
- Experience in protection-centred work is an advantage
- Experience in training-delivery an advantage

Skills

- A Minimum of 2 years relevant technical experience in GESI, Safeguarding, Human Resources, or related field.
- Professionalism (proven integrity, objectivity, and professional competence)
- Communication, facilitation, and inter-personal skills
- Time-management

Behavioral requirements

- Embracing cultural diversity
- Sensitivity to gender and social inclusion issues
- Ability to interact in a sensitive manner with survivors

Languages

- Fluency in local language a strong benefit

Training:

[Organization Name] Senior Advisor, Safeguarding program will support Safeguarding Focal Points to be trained on:

- The definition of PHSEA, including the Six Principles and how they are captured in [Organization Name]' Code of Conduct and Safeguarding policy
- Other forms of misconduct, to enhance the ability to recognize SHEA when mixed with other issues
- Child safeguarding Principles
- [Organization Name]' internal complaints procedures and survivor assistance mechanisms
- Bystander Intervention to promote and achieve [Organization Name]' safe workplace objectives

4.18 TIA Tipsheet: Cost and Budgeting Considerations

Thoughtful costing and budgeting can ensure sufficient resources are available to support all aspects of a TIA throughout the project life cycle. It is important to understand the specific context and needs of the population the project is working with. Some potential budget items to consider are listed below.

1. **Conduct a trauma analysis.** Provide resources to assess the potential impact of the project on trauma survivors or individuals who may have experienced trauma. Identify potential triggers, stressors, or situations that may cause distress or retraumatization. Collaborate with trauma experts, counselors, or mental health professionals to gain insights and guidance during the analysis process.

2. **Prioritize safety measures.** Dedicate a portion of the budget to implement safety measures aimed at minimizing potential triggers and risks for trauma survivors as identified through trauma assessments and stakeholder feedback. Consider the project environment and create physically and emotionally safe spaces. Implement protocols for responding to triggering incidents or emergencies in a trauma-informed manner.

3. **Provide trauma-informed training.** Allocate funds for trauma-informed training for staff and community members to enhance their understanding of trauma and its implications. Hire trauma-informed consultants or trainers who can deliver customized training sessions based on the project's specific needs. Include ongoing training opportunities to ensure continuous learning and skill development for all stakeholders.

4. **Provide mental health and psychosocial support.** Allocate funds for mental health services, counseling, therapy, or support groups to address trauma-related needs. Consider engaging trauma-informed professionals, such as mental health consultants or counselors, to provide guidance and support throughout the project life cycle. Allocate a portion of the budget to cover professional fees and services. Foster collaboration between trauma-informed professionals and project stakeholders to ensure a cohesive and supportive approach.

5. **Promote community engagement and empowerment.** Allocate funds for community outreach, participatory workshops, and empowerment initiatives to involve individuals and communities affected by trauma in decision-making processes.

6. **Support staff well-being.** Allocate funds to support the well-being of staff members who may be working with traumatized individuals. Provide access to supervision, debriefing sessions, or self-care resources. Allow for flexible working hours or schedules to accommodate individual needs. Identify potential triggers, encourage staff to take regular breaks, and provide access to support resources such as counseling services or mental health support.

7. **Ensure TIA accessibility.** Allocate funds to ensure accessibility for individuals with trauma-related needs — for example, by providing translation services, transportation support, or modifying physical spaces to be more trauma-informed.

8. **Collaborate with local partners.** Allocate resources for partnerships with local organizations and experts who have TIA expertise to enable knowledge-sharing and joint initiatives.

9. **Budget for TIA inclusion in MEL.** Allocate funds to develop TIA indicators, collect TIA data, and evaluate TIA impact and effectiveness. Consider engaging trauma-informed professionals to provide MEL guidance and support, and allocate a portion of the budget to cover their fees and services. Budget for participatory or trauma-informed MEL actaivities, which may be more costly than other methods, but which may also improve data quality.

4.19 Trauma-Informed Cost-Benefit Analysis Template

NOTE: Customize this template it to align with project objectives, the specific trauma-informed practices being implemented, and the relevant monetary values and data. Additionally, consider involving relevant stakeholders, experts, and community members in the process of both developing and using this template to ensure that it accurately reflects the measures and potential impacts of trauma-informed practices on the project. It's recommended to conduct trauma-analyses, guided discussions on local definitions of mental health concepts, or other participatory exercises.

Trauma-Informed Cost-Benefit Analysis Template
Project Name: *[Insert Project Name] Date: [Insert Date]*
Project Overview: *[Provide a brief description of the project, its goals, target population, and key activities.]*
Trauma-Informed Objectives: *[List the trauma-informed objectives and outcomes that the project aims to achieve.]*

Benefits:

Benefit Category	Description	Quantifiable Benefit	Monetary Value ($)
Improved well-being	Describe how trauma-informed practices are expected to improve participants' well-being, sense of safety, and empowerment.	*[Quantitative Data]*	*[Monetary Value]*
Enhanced Community Engagement	Explain how trauma-informed approaches can foster stronger community engagement and participation.	*[Quantitative Data]*	*[Monetary Value]*
Reduced Re-traumatization	Outline how trauma triggers will be minimized, leading to decreased re-traumatization instances.	*[Quantitative Data]*	*[Monetary Value]*
Long-Term Resilience	Detail how trauma-informed strategies will contribute to participants' long-term resilience and coping skills.	*[Quantitative Data]*	*[Monetary Value]*
Improved Program Effectiveness	Discuss how trauma-informed practices can enhance the overall effectiveness of the program and its impact.	*[Quantitative Data]*	*[Monetary Value]*

Total Quantifiable Benefits: *[Sum of quantifiable benefits]*

Costs:

Cost Category	Description	Cost ($)
Staff Training	Costs associated with training staff and partners in trauma-informed practices.	*[Cost]*
Resources and Materials	Budget for materials, resources, and tools needed for trauma-informed activities.	*[Cost]*
Expert Consultations	Budget for expert consultations to guide trauma-informed program design.	*[Cost]*
Support Services	Allocation for trauma-informed support services like counseling and therapy.	*[Cost]*
Monitoring and Evaluation	Costs for ongoing data collection, analysis, and reporting to assess impact.	*[Cost]*

Total Costs: *[Sum of costs]*
Net Benefit: *[Total quantifiable benefits - Total costs]*
Qualitative Benefits: *[List any qualitative benefits, such as improved community resilience, enhanced trust, enhanced collaboration, etc.]*
Summary: *[Provide a summary of the overall positive impact of trauma-informed practices, considering both quantifiable and qualitative benefits. Discuss how the net benefit justifies the investment in trauma-informed approaches.]*

4.20 TIA Tipsheet: Trauma-Sensitive Meeting Facilitation[50]

Trauma-Informed meeting facilitation can be an important aspect of managing relationships both internally and externally based on trust, safety, and empowerment. Being trauma-informed for meetings starts before meetings take place, and continue after the discussions conclude:

Pre-Meeting and Preparation

- Training
- Communication
- Choice and Control

Facilitation

- Grounding and Warnings
- Facilitator Sensitivity
- Safety & Ground Rules
- Open-Ended Questions and Reflection
- Acknowledgement and Validation
- De-Escalation and Flexibility
- Supportive Closure and Transition

Post-Meeting and Follow-Up

- Feedback and Continous Learning

The following page details activities in each bucket of pre-meeting and preparation, facilitation, and post-metting and follow-up.

By implementing the following actionable tips, facilitators can create a trauma-sensitive meeting environment that promotes understanding, empathy, and emotional well-being for all participants:

[50] Adapted from Trauma-Informed Oregon's Meeting Guide and CTIPP's Guide to Trauma-Informed Meetings, Discussions and Conversations

Training and Preparation:
Ensure facilitators are trained in trauma-informed approaches, recognizing triggers and the impact of trauma.
Prepare facilitators to manage distress during meetings and discussions.

Pre-Meeting Communication:
Communicate the meeting's purpose, agenda, and potential triggering topics to participants in advance.
Allow participants to mentally prepare and choose their level of engagement.

Choice and Control:
Provide participants with options for contributing, such as speaking, writing, or non-verbal communication.
Respect participants' choices regarding their level of participation.

Grounding Techniques and Content Warnings:
Begin meetings with grounding exercises to help participants stay present.
Provide content warnings for sensitive topics, allowing participants to opt out if needed.

Facilitator Sensitivity:
Facilitate discussions with compassionate language and active listening.
Respond with empathy to participants' emotions and experiences.

Safe Atmosphere and Ground Rules:
Establish ground rules that promote respect and non-judgmental communication.
Create an environment where participants feel safe expressing themselves.

Open-Ended Questions and Reflection:
Encourage open-ended questions to allow participants to share at their own pace.
Introduce moments of reflection during discussions for processing thoughts and emotions.

Acknowledgment and Validation:
Acknowledge and validate participants' emotions, fostering an atmosphere of respect.

De-escalation Skills and Flexibility:
Equip facilitators with de-escalation techniques for managing distressing situations.
Be prepared to adjust the meeting structure if unforeseen triggers arise.

Supportive Closure and Transition:
End meetings with grounding or relaxation exercises for a smooth transition out of the discussion space.

Feedback and Continuous Learning:
Provide opportunities for participants to offer feedback on the facilitation approach.
Facilitators should engage in ongoing learning about trauma-informed practices and adapt accordingly.

4.21 Sample Trauma-Informed Code of Conduct[51]

Note: Portions or all of this Code of Conduct template can be used or incorporated into existing documents. Adapt and customize this template to align with the appropriate terminology, values, mission, and goals of your specific organization. Ensure that the code of conduct is communicated effectively to all staff members, partners, and stakeholders, and that its principles are upheld consistently throughout the organization.

Sample Safeguarding Focal Point SOW

Overview: At *[Organization Name]*, we recognize the potential impact of trauma on individuals and communities. We are committed to fostering a safe, supportive, and empowering environment that promotes healing, well-being, and resilience. This *[Trauma-Informed]* Code of Conduct outlines our expectations for behavior and interactions to ensure that all stakeholders are treated with respect, empathy, and understanding.

By adhering to this Code of Conduct, *[Organization Name]* demonstrates our commitment to creating a culture of sensitivity, understanding, and well-being that contributes to the success and positive impact of our organization.

1. **Respect and Dignity:**
Treat all individuals with respect, dignity, and compassion, actively listening and acknowledging the potential impact of trauma on their experiences and responses. Avoid judgmental language, attitudes, and behaviors, promoting an atmosphere of empathy and understanding.

2. **Safety and Empowerment:**
Prioritize physical and emotional safety in all interactions and activities. Empower individuals to make choices that align with their well-being and preferences.

3. **Inclusivity and Participation:**
Value diverse perspectives and ensure that all stakeholders have the opportunity to voice their opinions and contribute to decision-making processes. Create an inclusive environment where everyone's input is valued and considered.

4. **Communication and Transparency:**
Communicate openly, honestly, and transparently about project activities, expectations, and potential triggers related to trauma. Actively listen and communicate with stakeholders. Respect confidentiality and privacy, handling sensitive information with care and sensitivity.

5. **Trauma-Informed Practices:**
Integrate trauma-informed principles into all aspects of our operations, including program design, implementation, and evaluation. Tailor approaches to accommodate the potential impact of trauma on stakeholders' needs and experiences.

6. **Collaborative Decision-Making:**
Involve stakeholders in decision-making processes that affect them, fostering collaboration and shared ownership in every stage and all aspects of operation and program management where possible. Co-create solutions that promote healing, well-being, and empowerment.

7. **Continuous Learning and Adaptation:**
Engage in continuous learning, reflecting on practices, gathering feedback, and adapting approaches to enhance their trauma-informed nature. Embrace a growth mindset that encourages ongoing improvement.

8. **Support and Referral:**
Provide information and resources for accessing mental health and psychosocial support. Facilitate connections to appropriate services when needed, demonstrating a commitment to holistic well-being.

9. **Ethical Behavior and Accountability:**
Uphold the highest ethical standards in all interactions and decisions. Take responsibility for preventing harm and promoting well-being among all stakeholders.

10. **Reporting and Resolution:**
Report any concerns or breaches of this code of conduct promptly and through appropriate channels. Address conflicts and issues in a trauma-sensitive manner, promoting resolution and healing.

[51] Developed following the guidance of SAMSHA's Practical Guide for Implementing a Trauma-Informed Approach, 2023

4.22 Identifying & Responding to Triggers

'Triggers' are sensory reminders of a traumatic or distressing event or experience, potentially caused by the linkage between our senses and our experiences. These are often intrusive emotional or physical responses that cause feelings such as panic, anxiety, unease, fear, or others relating to stress or distress. Some information about triggers, as well as additional resources can be found below. It's important to note that pre-identifying triggers of trauma can protect against re-traumatization or causing distress to an individual or community before engaging with them.

Types of Triggers:

- Triggers can be sensory, situational or emotional. Any sensory reminder of a difficult memory or traumatic event, and can be soemthing like a word, sight, sound, smell, physical sensation, season, or act that triggers the memory. Situational triggers can be a specific set of events, circumstances or places that remind someone of a specific incident. Emotional triggers can be any feeling, reaction or emotion that replicates what was experienced during the traumatic incident.

Identifying Triggers:

- Consult the experts: It's important to conduct adequate research, or consult with local mental health specialists to note any triggers, and be aware of as many as possible. It's important to take into account any triggers during engagement with trauma-affected individuals or population.
- Understand individuality: recognize that not all individuals respond to trauma in the same way. If a person seems triggered or vocalizes this, avoid judgement or disregarding of their response.
- Recognize cultural differences: Triggers can vary based on socio-cultural history, characteristics of the traumatic event(s), age, gender, significance or impact of the event, and other individual factors

Responding to Triggers:

- Create safe spaces
- Equip staff with trauma-informed trainings, including how to make specialized referrals
- Prepare and anticipate potential triggers in project activities
- Develop crisis response protocols for managing individuals who ar triggered
- Encourage staff and stakeholder to practice self-care
- Establish peer support mechanisms
- Be adaptive, and conduct ongoing learning through feedback

[52] How to Identify and Cope With Your PTSD Triggers (verywellmind.com)

4.23 Sample Trauma-Informed Approaches Organizational Policy[53]

Note: Please adapt and customize this template to align with the appropriate terminology, values, mission, and goals of your specific organization. Ensure that the policy is communicated effectively to all staff members, partners, and stakeholders, and that its principles are integrated into everyday operations and decision-making processes.

Trauma-Informed Approaches Organizational Policy

Policy Statement:

[Organization Name] is committed to integrating trauma-informed approaches into all aspects of our operations. We recognize the potential impact of trauma on individuals and communities and aim to create a safe, supportive, and empowering environment for all stakeholders. This policy outlines our commitment to trauma-informed practices and guides our efforts to promote healing, well-being, and resilience.

1. **Trauma-Informed Culture:**

a) We will foster a culture of sensitivity, empathy, and understanding that acknowledges the potential impact of trauma on individuals' lives.
b) We will prioritize safety, choice, collaboration, and empowerment in our interactions and practices.

2. **Leadership and Training**:

a) We will provide training to staff, volunteers, and partners to enhance their awareness and understanding of trauma-informed principles.
b) We will empower leaders to model trauma-informed behaviors and encourage a culture of support and well-being.

3. **Program and Service Design:**

a) We will integrate trauma-informed principles into the design, implementation, and evaluation of all programs, services, and projects.
b) We will consider trauma's potential impact on stakeholders and tailor our approaches to promote healing and resilience.

4. **Stakeholder Engagement:**

a) We will actively involve stakeholders, including local communities being served, in decision-making processes that affect them, ensuring their voices are heard and valued.

[53] Developed with the SAMSHA Trauma-Informed Principles, CTIPP's Checklist: What Makes a Policy Trauma-Informed, and Chemonics' SHEA-PRP Toolkit

5. Communication and Transparency:

a) We will communicate transparently about project activities, expectations, and potential triggers related to trauma.
b) We will respect confidentiality and privacy, handling sensitive information with care.

6. Continuous Learning and Improvement:

a) We will continuously assess and improve our practices through reflection, feedback collection, and adaptation.
b) We will seek opportunities to enhance our trauma-informed approaches based on research, best practices, and stakeholder input.

7. Support and Resources:

a) We will provide information and resources for accessing mental health and psychosocial support.
b) We will facilitate connections to appropriate services for individuals and communities affected by trauma.

8. Evaluation and Accountability:

a) We will incorporate trauma-informed indicators into our monitoring and evaluation processes to assess the effectiveness of our practices.
b) We will hold ourselves accountable for upholding trauma-informed principles and preventing harm.

9. Collaboration and Partnerships:

a) We will collaborate with partners and stakeholders to promote trauma-informed practices across sectors and initiatives.
b) We will share knowledge and lessons learned to contribute to a broader understanding of trauma-informed approaches.

10. Ethical Responsibility:

a) We will adhere to the highest ethical standards in all our interactions and decisions, recognizing our responsibility to prevent harm and promote well-being.

By adopting this Trauma-Informed Approaches Organizational Policy, *[Organization Name]* demonstrates our dedication to creating a compassionate, inclusive, and healing environment for all individuals and communities we serve.

4.24 Sample Trauma-Informed Performance Indicator Reference Sheet (PIRS)[54]

A Trauma-informed Performance Indicator Reference Sheet (PIRS) assess progress in implementing trauma-informed practices and measuring the impact of these practices on individuals and communities. The PIRS allows for data-driven decision-making to enhance trauma-informed practices. Adapt these indicators to fit the specific goals and activities of your program or project. Below are components for a sample PIRS with some sample indicators and illustrative targets and methods organized by overall objective:

Objective 1: Create a Safe and Supportive Environment

Indicator 1: Percentage of Participants Reporting Increased Feelings of Safety
- Methodology: Pre- and post-program surveys.
- Target: A 25% increase in the number of participants reporting feeling safe.
- Data Source: Participant self-reports.

Indicator 2: Number of Trauma-Informed, MHPSS or Resilience Training Sessions Conducted for Staff
- Methodology: Track number of training sessions conducted.
- Target: A minimum of 10 trauma-informed training sessions per year.
- Data Source: Training records, materials and participant list.

Objective 2: Incorporate Trauma-Informed Language and Practices

Indicator 3: Trauma-Informative or MHPSS Informing Sessions Held
- Methodology: Track number of focus group, consultation or information sessions conducted.
- Target: A minimum of 5 focus groups, consultations, or information sessions per year.
- Data Source: Meeting notes, records, materials and participant list.

Indicator 4: Frequency of Trauma-Sensitive Language Usage in Program Materials
- Methodology: Review program materials (social media, reports, brochures, websites, etc.) and count the use of trauma, empowerment, or resilience-relevant language.
- Target: Achieve a score of 90% or higher for trauma-sensitive language usage.
- Data Source: Document review.

Indicator 5: Implementation of Trauma-Informed Care Practices
- Methodology: Conduct internal audits to assess the implementation of trauma-informed practices.
- Target: Achieve 100% compliance with trauma-informed practices as per organizational standards.
- Data Source: Internal audit reports.

[54] Adapted from A Common Monitoring and Evaluation Framework for MHPSS in Emergency Settings (IASC), MHPSS M&E with Means of Verification Version 2.0 (IASC), M&E Framework for PSS Interventions Indicator Guide (IFRC)

Objective 3: Empower Survivors and Build Resilience

Indicator 6: Percentage of Participants Reporting Improved Coping Strategies
- Methodology: Pre- and post-program surveys.
- Target: A 25% increase in the number of participants reporting improved coping strategies.
- Data Source: Participant self-reports.

Indicator 7: Number of Trauma, MHPSS or Community Resilience and Support Groups Facilitated
- Methodology: Count the number of support groups facilitated.
- Target: Conduct a minimum of 20 trauma-informed support group sessions per year.
- Data Source: Program records.

Indicator 8: Number of Safe-Spaces Created or Supported
- Methodology: Count the number of safe spaces created or supported.
- Target: Support a minimum of 5 safe spaces per year.
- Data Source: Program records.

Indicator 9: Number of MHPSS or trauma-informed awareness/advocacy materials distributed through online platforms or [community centers]
- Methodology: Count the number of advocacy and information materials created and shared.
- Target: Distribute a minimum of 500 advocacy materials per year.
- Data Source: Online and physical information pamphlets, posts or external communications

Objective 4: Directly Support Mental Well-being and Mental Health of Survivors

Indicator 10: Number of people who receive focused or specialized psychosocial/psychological care through psychological centers or online platforms
- Methodology: Track case-files or patient records.
- Target: Minimum of 500 patients or survivors supported.
- Data Source: Online and physical patient case files

Indicator 11: Number of psychologists, psychiatrists, psychotherapists, or specialists who use new skills and knowledge post-trainings for working with a population that has experienced trauma
- Methodology: Track number of training sessions conducted.
- Target: Minimum of 15 training sessions conducted.
- Data Source: Training materials and participant list. Pre- and post-training surveys

Objective 5: Promote Continuous Learning and Adaptation

Indicator 12: Percentage of Staff Completing MHPSS or Trauma-Informed Training Annually
- Methodology: Track staff participation in MHPSS or trauma-informed training.
- Target: Ensure that 90% or more of staff complete MHPSS or trauma-informed training annually.
- Data Source: Training records, materials and participant list.

Indicator 13: Incorporation of Participant Feedback into Program Improvement/Adaptation
- Methodology: Document the number of changes made based on participant feedback.
- Target: Implement at least three program improvements per year based on participant feedback.
- Data Source: Program improvement or feedback records.

4.25 TIP Tipsheet: Sample Learning Questions

CLA is a framework used to guide monitoring, evaluation, and learning (MEL) processes, particularly in the context of development projects and programs. Integrating trauma-informed approaches into CLA can enhance the understanding of how programs affect individuals who have experienced trauma. The process includes the formation of a 'Learning Agenda'. The Learning Agenda includes a series of learning questions that can guide and inform program learnings. Some Trauma-Informed learning questions incldue: Here's a list of trauma-informed learning questions:

Cultural & Contextual Understanding:

- What is the prevalence of trauma and adverse experiences within the project's target population or community?
- How does the broader social and cultural context impact individuals' experiences of trauma in the target population?
- What are the historical and systemic factors that may contribute to trauma among the population?
- How do cultural beliefs and practices related to trauma influence the interpretation of project outcomes, and how can we navigate these sensitively?
- Are there culturally specific trauma-informed practices that should be considered in the MEL process?
- How are concepts like mental health, trauma, well-being, empowerment, healing, and resilience defined in the local context?

Intersectional GESI Understanding:

- How can we examine the intersectionality of trauma with gender, age, and other vulnerabilities within the community?
- What strategies can be implemented to address the specific needs of underrepresented populations who may have experienced trauma?

Program Design and Delivery, Participation and Consent:

- How does the program account for trauma-informed principles in its design and delivery?
- Are staff trained in trauma-informed practices, and how is this training integrated into program activities?
- How can activities be designed to promote resilience and coping strategies among stakeholders who have experienced trauma?
- What steps are taken to respect the autonomy and agency of survivors in project activities?

Learning and Adaptation:

- How are project adaptations and improvements guided by insights from trauma-informed monitoring and evaluation?

Global Human Trafficking Hotline

- Hotline accessible 24/7: 1-844-888-FREE
- help@befree.org

International Mental Health Resources

- Suicide Hotlines and Prevention Resources Around the World | Psychology Today
- International Suicide Prevention Hotlines:
  - The International Association for Suicide Prevention (IASP) provides a list of helplines worldwide. Visit their website for country-specific helpline information: https://www.iasp.info/resources/Crisis_Centres/
  - International Suicide Hotlines - OpenCounseling : OpenCounseling
- Crisis Text Lines: Some countries have crisis text lines that provide support via text messaging. Examples include Crisis Text Line (USA, Canada, UK), Shout (UK), and Kids Help Phone (Canada). Availability may vary by country.
- Befrienders Worldwide: Befrienders Worldwide is an international network of emotional support helplines. They have centers in various countries. Visit their website for a list of participating countries: https://www.befrienders.org/
- Online Support Communities: Online communities and forums provide a platform for individuals to connect and seek support for mental health concerns. Examples include 7 Cups (https://www.7cups.com/) and The Mighty (https://themighty.com/)

4.27 TIA Action Sheet: Considerations and Actions

Applying a trauma-informed approach throughout the project lifecycle requires regular reflection sessions and/or trainings. Use the table below as you have meetings or check-ins at each stage, noting reflections, actions taken, commitments, and additional notes.

Date/Time: _____

Project Stage: _____

Participants: _____

_____

Training taken: _____

Training planned: _____

TIA status, reflections, and activities		
Issues noted	Actions taken (and POC)	Timebound Actions/ Commitments (and POC)

Notes: _____

_____

Follow-up meeting date planned: _____

_____

4.28 Cultural considerations and analysis of mental health and trauma for underrepresented groups

Despite diverse cultural perceptions of mental health, many concepts that underpin mental health diagnosis continue to be driven by a predominately Western understanding of mental health and well-being.[55] This brings to light the fact that many cultural practices, beliefs, or perceptions around trauma or coping mechanisms may not necessarily be recognized, such as more traditional practices of storytelling, community or religious rites, and other forms of healing practices. Additionally, many of the traditionally Western concepts, terminology, and healing practices around mental health and trauma may be perceived as labeling or stigmatizing in various parts of the world or within certain communities. For example, some studies illustrate that minority communities and communities of color in the United States are more likely to express mental health distress through physical rather than psychological symptoms because these symptoms may be more acceptable to express and articulate in these communities.[56] This variance is also true of many global communities. Something that is evident in certain forms of traditional diagnoses or healing may be missed where international interventions are being implemented, posing a risk to the success of these interventions. This is one reason for ensuring that local communities are active participants in every phase of a program, from assessments through MEL.

It is also important to consider the words individuals use to describe their mental health. Language varies by culture and can have a profound impact on the way individuals express themselves and are understood. For example, in Haiti, the word "depression" often means discouragement, while the term depression mentale aligns more with the Western understanding of depression. This often leads to minorities or immigrant populations being misdiagnosed or left behind by providers when they migrate to countries or to practices that apply Western medical practices, since their understanding of mental health and coping strategies after a traumatic event do not match conventional Western understanding of mental health.[57] This illustrates that strong cultural perceptions around mental health play a significant role in influencing the ways trauma-affected populations express themselves and reach out for care.[58] Learning more about an individual's culture and how this may affect the way they communicate about their mental health and the trauma they experienced makes individuals feel more comfortable and helps establish trust between project staff and trauma-affected populations. Taking the time to understand the cultural, historical, sociopolitical, and gender experiences of a community can play a significant role in delivering effective trauma-informed care and prevent retraumatizing underrepresented communities when providing essential services.[59]

While trauma is experienced universally, underrepresented populations including youth and children, women, the LGTBQI+ community, people with disabilities, displaced persons, and indigenous populations may be at greater risk for PTSD symptoms due to previous oppression they have faced. These experiences can manifest as historical or intergenerational trauma.

Historical trauma is the collective trauma experienced by a specific cultural or racial group over time and usually occurs when mass violence is perpetrated against a whole community.[60] Historical trauma can occur in any community that is collectively discriminated against due to their skin color, gender, sexual orientation, or cultural beliefs.[61] Historical trauma passed down to the next generation is referred to as intergenerational trauma. Intergenerational trauma occurs when an individual's parents or grandparents have directly faced a traumatic experience that filters through to the next generation even if an individual has not directly experienced the event.[62] Intergenerational trauma is believed to have both cultural and biological effects. For example, a child may experience the impact of violence and trauma their caregiver experienced through daily interactions with the caregiver. Such children are also more likely to be genetically predisposed to trauma.[63]

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[55] American Institute for Research. Trauma-Informed-Care-for-Displaced-Populations. https://www.air.org/sites/default/files/downloads/report/Trauma-informed-care-for-displaced-populations.pdf
[56] Yasui, Miwa, et al. 'Conceptualizing Culturally Infused Engagement and Its Measurement for Ethnic Minority and Immigrant Children and Families'. Clinical Child and Family Psychology Review, vol. 20, no. 3, Sept. 2017, pp. 250–332. DOI.org (Crossref), https://doi.org/10.1007/s10567-017-0229-2.
[57] American Institute for Research. Trauma-Informed-Care-for-Displaced-Populations. https://www.air.org/sites/default/files/downloads/report/Trauma-informed-care-for-displaced-populations.pdf.
[58] Yasui, Miwa, et al. 'Conceptualizing Culturally Infused Engagement and Its Measurement for Ethnic Minority and Immigrant Children and Families'. Clinical Child and Family Psychology Review, vol. 20, no. 3, Sept. 2017, pp. 250–332. DOI.org (Crossref), https://doi.org/10.1007/s10567-017-0229-2.
[59] American Institute for Research. Trauma-Informed-Care-for-Displaced-Populations. https://www.air.org/sites/default/files/downloads/report/Trauma-informed-care-for-displaced-populations.pdf.
[60] Blanch et Al, Engaging Women in Trauma Informed Peer Support. https://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_REVISED_10_2012.pdf. Pg.9
[61] Johnson, Michelle C. Cultural Trauma Speaking the Unspoken. https://cls.unc.edu/wp-content/uploads/sites/3019/2014/03/SLIDES-M-Johnson.pdf.
[62] Blanch et Al, Andrea. Engaging Women in Trauma Informed Peer Support. https://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_REVISED_10_2012.pdf pg.9
[63] Valeii, Kathi, and Smalls-Mantey Adjoa . How Does Intergenerational Trauma Work? https://www.verywellhealth.com/intergenerational-trauma-5191638.

It is important to acknowledge that underrepresented communities often hold intersectional identities, which may be linked to a higher likelihood of trauma and traumatic experiences taking place. For example, trauma-affected populations could include indigenous populations who might also identify as migrants or youth. Understanding how the root causes of historical marginalization and trauma (for example, colonialism, gender inequality, cultural stigmatization, or violence) affect individuals on a personal level and integrating this understanding into a TIA is critical to developing empathetic and supportive relationships with underrepresented communities.

8.3.1. YOUTH

Additional Risks Faced by Youth

Adolescence is a fragile stage as young people navigate rapid physical, emotional, and social changes. One of the greatest threats facing adolescents is gender-based violence. Female adolescents are more likely than adults to face physical and sexual intimacy violence because of their inexperience in relationships.[64] More than 25% of women age 15-49 report having been in an intimate relationship that resulted in physical or sexual violence.[65] Experiencing GBV and intimate partner violence at a young age can lead to severe traumatic experiences and a deterioration of mental and physical health.

One in seven children age 10-19 are diagnosed with a mental health disorder. Young people are more susceptible than adults to behavioral disorders, anxiety, and depression, and this tendency is exacerbated when youth are exposed to traumatic experiences such as violence and abuse.

The more risks adolescents are exposed to, the more likely they are to experience traumatic events. Youth living in humanitarian and fragile contexts are especially vulnerable to trauma and mental health issues as they experience poor living conditions, are exposed to stigma and discrimination, and lack access to adequate services and support systems. Youth living with additional stressors such as chronic illness, disabilities, pregnancy, early parenthood, or orphanhood are more likely than others to experience trauma due to stigma and exclusion they encounter.[66]

Cultural Considerations for Youth

Children and youth experiencing trauma may lack social skills, making it difficult for them to open up and share how they are feeling. Communication can also be difficult due to prevalent social norms or the culture they come from. For example, boys and men may have a harder time expressing their feelings about the trauma they have experienced due to societal expectations for males to be strong and stoic and live up to hegemonic constructions of masculinity.[67]

Understanding a young person's origin story, how gender and social norms play a role in how they express their symptoms, the negative impact sharing a trauma may cause, and the sources of trauma they are facing is critical to developing a TIA and preventing retraumatization. Considering what type of trauma a child experienced, how this may affect the way they discuss it, and who they would like to have present when they share their experiences can help youth and children feel more comfortable. Active listening and allowing children and youth to communicate what they think is important can help build trust and empower young people to share their experiences more frequently. Asking youth what types of emotional and physical support they need can play a significant role in the way young people heal from trauma by including them as active participants who have agency in the process.

[64] World Bank. Working with Adolescents and Youth to Reduce GBV. https://thedocs.worldbank.org/en/doc/832571571686567453-0090022019/original/WorkingwithAdolescentstoReduceGBV.pdf.
[65] Violence against Women. https://www.who.int/news-room/fact-sheets/detail/violence-against-women. Accessed 4 Aug. 2022.
[66] Adolescent Mental Health. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health. Accessed 4 Aug. 2022.
[67] Equimundo . Masculine Norms and Men's Health . https://promundoglobal.org/wp-content/uploads/2019/02/Masculine-Norms-Mens-Health-Report_007_Web.pdf.

8.3.2. DISPLACED POPULATIONS

Additional Risks Faced by Displaced Populations

With more than 272 million people displaced across the globe since 2019, refugees, IDPs, and asylum seekers are among the most numerous populations at risk of experiencing trauma.[68] Displaced individuals are much more likely to be at risk of depression, anxiety, and PTSD than host communities because of the adversities they must overcome throughout their journeys.

Migrants often face a variety of stressors before, during, and after migration. Before migrants are forcibly displaced, they are often exposed to armed conflict, limited economic opportunities, poverty, GBV, and persecution. During migration, migrants may also be exposed to violence. During migration, detention facilities often fail to provide sufficient access to necessities such as food, water, and shelter. Although resettlement is the last phase of migration, and migrants may feel relieved to reach their destination, they continue to face stressors as they integrate into communities. These include a lack of access to health care facilities, poor living conditions, separation from friends and family, limited economic opportunities due to their legal status, racism and exclusion from host communities, the challenge of navigating new social and cultural norms, and fear of deportation.[69]

Cultural Considerations for Displaced Populations

The relationship between development workers and displaced populations can be unstable. Displaced populations are often unsure of the intentions of humanitarian aid workers and fear exposing their illegal status when conversing with aid staff. Displaced individuals also fear facing stigma if they reveal personal information, such as identifying as a sexual or gender minority or a person with a disability. Unequal power relationships between displaced populations and development workers can also create an unsafe atmosphere for displaced populations and lead to exploitation. Understanding these stressors and acknowledging power differences can help development workers develop a more empathetic approach when interacting with displaced populations.

8.3.3. LGBTQI+

Additional Risks Faced by the LGBTQI+ Community

The LGBTQI+ community across the globe continues to be one of the most underrepresented and at-risk groups for trauma as they are subjected to hostile environments both inside and outside the household due to their sexual orientation and gender identity. They face exclusion within the family, household, and community and among their peers at school. They may also experience harassment in public spaces and be denied access to employment opportunities or services such as health or legal documentation. This atmosphere leads to traumatic experiences and puts LGBTQI+ individuals at risk of developing PTSD, depression, anxiety, suicidal feelings, and feelings of isolation.[70]

[68] Mental Health and Forced Displacement. https://www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement. Accessed 18 July 2022.
[69] Mental Health and Forced Displacement. https://www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement. Accessed 18 July 2022.
[70] National Resource Center for Mental Health Promotion and Youth Violence Prevention. Adopting a Trauma-Informed Approach for LGBTQ Youth. https://healthysafechildren.org/sites/default/files/Trauma_Informed_Approach_LGBTQ_Youth_1.pdf.
[71] National Resource Center for Mental Health Promotion and Youth Violence Prevention. Adopting a Trauma-Informed Approach for LGBTQ Youth. https://healthysafechildren.org/sites/default/files/Trauma_Informed_Approach_LGBTQ_Youth_1.pdf.
[72] 13 Countries Where Being Gay Is Legally Punishable by Death'. WLST, https://www.usatoday.com/story/money/2019/06/14/countries-where-being-gay-is-legally-punishable-by-death/39574685/. Accessed 28 July 2022.

Within the LGBTQI+ community, because they directly challenge traditional gender and social norms, the transgender community is particularly at risk of facing GBV and social stigma from family members, the community, and state actors. Besides violating basic human rights, these factors increase the risk of transgender individuals developing HIV or mental health issues and pushes them into poverty.[71] According to one report in 2022, identifying as LGBTQ or engaging in specific sexual acts is illegal and punishable by death in 13 countries, and same-sex sexual activity is considered a crime in 70 countries.[72] The violence, discrimination, and stigma that permeate all levels of LGBTQI+ life create multiple compounding forms of trauma that have harmful consequences on the productive and positive development of LGBTQI+ individuals.

Cultural Considerations for the LGTBQ+ Community

It is important to acknowledge the historical trauma LGTBQ+ individuals may have faced and the current risk they may be facing in different cultural settings. Understanding the violence and trauma of LGTBQ+ community and keeping their sexual orientation and gender identity confidential can help prevent re-traumatization and build trust between communities. A culture of safety where the LGTBQ+ community feels welcome and is not stigmatized or discriminated against can make a big difference in the way the LGTBQ+ community addresses trauma and engages them as active agents in a manner that is culturally and contextually appropriate for them.

8.3.4. INDIGENOUS POPULATIONS

Additional Risks Faced by Indigenous Populations

While global data around the mental health of indigenous populations is limited, data in the Americas shows higher levels of depression among indigenous communities compared to non-indigenous communities.[73] "Experiences of colonization, racism, cultural and ethnic marginalization, tension between traditional and Western values, and limited access to resources and information also put indigenous [youth] at a greater risk of depression and in some cases suicide."[74] Multiple factors such as extreme poverty, lack of access to education and social services, collapse of the indigenous economy, linguistic exclusion, forced displacement, armed conflict, and loss of homeland and native language contribute to the trauma indigenous populations experience and result in high rates mental health issues among indigenous youth.[75]

Cultural Considerations for Indigenous People

Acknowledging the historical oppression indigenous communities face and providing indigenous communities with a platform to discuss their trauma is critical to developing an understanding of the structural inequalities indigenous populations face and the historical trauma they carry. Adopting practices that promote the rights of indigenous peoples, such as engaging with indigenous communities and understanding trauma from their point of view, can provide rich perspectives, help prevent retraumatization, and strengthen relationships with development workers. Establishing trust and creating safe and respectful relationships can empower indigenous communities to fight against structural inequalities and reduce the risk of additional trauma.[76]

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[73] United Nations Inter-Agency Support Group. The Health of Indigenous People. https://www.un.org/en/ga/69/meetings/indigenous/pdf/IASG%20Thematic%20Paper%20-%20Health%20-%20rev1.pdf. Pg 5.
[74] United Nations Inter-Agency Support Group. The Health of Indigenous People. https://www.un.org/en/ga/69/meetings/indigenous/pdf/IASG%20Thematic%20Paper%20-%20Health%20-%20rev1.pdf.
[75] United Nations Inter-Agency Support Group. The Health of Indigenous People. https://www.un.org/en/ga/69/meetings/indigenous/pdf/IASG%20Thematic%20Paper%20-%20Health%20-%20rev1.pdf. Pg 2.
[76] Policy on Promoting the Rights of Indigenous Peoples (PRO-IP) | Indigenous Peoples | U.S. Agency for International Development. 17 June 2022, https://www.usaid.gov/indigenous-peoples/usaid-policy-on-indigenous-peoples.

8.3.5. PEOPLE WITH DISABILITIES

Additional Risks Faced by People with Disabilities

Despite making up 15% of the population, people with disabilities continue to be stigmatized and excluded.[77] Although "disability" is often used as an all-encompassing term, people with disabilities have individual needs and face a variety of challenges that make them vulnerable to trauma. Categories of disability include physical, mental, sensory, and psychosocial. These disability types affect individuals differently, but they often result in individuals being excluded from social groups, employment opportunities, and access to education and health care.[78]

The percentage of people with disabilities in fragile country contexts is higher than elsewhere because individuals are more likely to develop a physical disability during armed conflict, and individuals with disabilities are more likely to become victims of violence because of their disabilities. For every child killed, in warfare three children are injured and develop a permanent disability.[79] People with disabilities also face higher risks of violence due to stigma, discrimination, lack of knowledge about disabilities in communities, and the lack of social support provided to caregivers who support people with disabilities.

People living with sensory disabilities are vulnerable to violence in institutions such as schools, hospitals and other public spaces that lack communication accommodations for people with disabilities (e.g., sign language) that would enable people with disabilities to report abuse. Studies illustrate that adults with intellectual disabilities are much more likely to face physical, emotional, or sexual abuse than adults who do not have a disability. Individuals with disabilities are also four times more likely to experience violent crime than the general population. The risk of sexual abuse for children with developmental disabilities is twice as high (16.6%) as that of the general population (8.8%).[81]

Data also shows that many people with disabilities also face other challenges and come from underrepresented populations. According to the World Bank, 20% of the world's poorest people have a disability. Gender also plays a role in the way people with disabilities experience challenges. Women and girls living with a disability are particularly vulnerable to trauma caused by violence and abuse.[82] Girls with disabilities are four times more likely than the non-disabled to be sexually assaulted, in part because they do not receive the same level of sexual education as their classmates and may not even be aware that they are experiencing abuse.[83]

Cultural Considerations for People with Disabilities

Recognizing that people with disabilities have multiple identities and face diverse challenges that may contribute to the trauma they are facing is key to developing a TIA. It is important to adopt inclusive communication techniques that accommodate people with disabilities, and to ensure that individuals have adequate access to information and are able to provide informed consent when participating in activities. These techniques help customize support, build trust, and prevent retraumatization. Integrating adequate safeguarding measures in collaboration with people with disabilities ensures their experiences are encompassed and addressed. No one is left behind when people with disabilities are active agents of change and able to decide their own future.[84]

[77] Disability. https://www.who.int/health-topics/disability. Accessed 9 Aug. 2022.
[78] USAID . How USAID's Solicitations and Resulting Awards Include Underrepresented Groups. https://test-chemonics.pantheonsite.io/wp-content/uploads/2019/07/USAID_Solicitations_Awards_Include_UnderrepresentedGroups_05.2019.pdf pg 5.
[79] Factsheet on Persons with Disabilities | United Nations Enable. https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html. Accessed 10 Aug. 2022.
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[83] International Disability and Development Consortium . Inclusive Safeguarding . https://www.iddcconsortium.net/wp-content/uploads/2020/10/Inclusive-Safeguarding-final-report.pdf.
[84] International Disability and Development Consortium . Inclusive Safeguarding . https://www.iddcconsortium.net/wp-content/uploads/2020/10/Inclusive-Safeguarding-final-report.pdf.

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“Substance Abuse and Mental Health Services Administration: Practical Guide for Implementing a Trauma-Informed Approach.” http://store.samhsa.gov, 2023. https://store.samhsa.gov/sites/default/files/pep23-06-05-005.pdf. SAMHSA Publication No. PEP23-06-05-005

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