



Trauma-Informed Care: A Primer for Refugee Service Providers

Trauma-informed care is a practice that requires constant attention, awareness, sensitivity, and transformational change within organizational cultures.¹ While there is no simple checklist or one-size-fits-all approach, common principles and guiding practices of trauma-informed care can inform resettlement and integration services. This information guide describes some of these key principles and practices for refugee service providers, including case managers or those in similar roles, seeking to integrate trauma-informed care into their work.

What is trauma?

Trauma is a complex concept with many definitions. Essentially, trauma refers to the psychological, emotional, or physical responses to an event that is deeply disturbing, frightening, or life-threatening. Traumatic experiences can overwhelm an individual's ability to cope, leaving short-term or long-term negative physical, emotional, psychological, and/or spiritual impacts.

To better understand trauma, it is helpful to be aware of the **fight/flight/freeze response**. When a person experiences a potentially traumatic event, the body initiates an automatic response to protect them from danger and threat. Through these instinctive responses, the brain instructs the body to react in a way that is most likely to ensure survival—through fighting back, running away, or staying extremely quiet and still to avoid detection. When the threat has passed, the body then initiates a cycle of release and restoration.

¹ SAMHSA's Trauma and Justice Strategic Initiative. (2014, July). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Substance Abuse and Mental Health Services Administration (SAMHSA).
<https://store.samhsa.gov/sites/default/files/sma14-4884.pdf>

When the body is unable to complete its stress cycle, or when activated too frequently, trauma can get “stuck” or become unresolved, potentially creating long-term impacts like post-traumatic stress disorder (PTSD) or depression. Individuals who have unresolved trauma experiences are also more likely to experience this same type of trauma response when enduring things like stress, uncertainty, and frustration.

People who have experienced trauma can be very resilient, live productive lives, and contribute to their communities. When working with refugee clients, it is important to note that every person is unique. What may be traumatic to one person may not be traumatic to another.

Trauma and the Refugee Experience

Researchers have coined the term **Triple Trauma Paradigm** to describe the stressors and traumatic exposures that refugees have endured. The term describes the phases of traumatic experiences during migration: (1) pre-flight, (2) flight and displacement, and (3) resettlement.

It's important for service providers to recognize that trauma may not end after migration. People may be relieved, excited, or even happy to be resettled; yet they can still find resettlement, adjustment, and integration a very difficult process. Acknowledge this dichotomy to clients. You might say, *“It’s really hard to come to a new country and rebuild your life. It can be very stressful.”* Ask clients, *“What parts of resettlement and adjustment are going well? What parts are the hardest for you and your family?”*

Complex trauma refers to a series of traumatic events that occur repeatedly and cumulatively over a period of time.² Examples of complex trauma related to the refugee experience include surviving armed conflict, prolonged displacement, torture, violence, and repeated persecution. Over time, a person's beliefs and actions can be influenced by these experiences. The brain and body can become acclimated to trauma.

For example, if a person has lived through several years of war and violence, they may appropriately view and respond to the world as a dangerous place that requires staying on high alert. If this person then moves to a safer environment, at a minimum, it will

take time to adjust. As a result, their brain and body may react to a certain event with a heightened response that appears disproportionate to the situation. It is important for providers to recognize that this response is due to complex trauma so that they can respond compassionately and effectively.

What is trauma-informed care, and why is it important?

Trauma-informed care (TIC) is a philosophy that guides service providers and organizations to create safe and supportive environments by recognizing and understanding trauma while protecting against re-traumatization.

Cultivating trauma-informed care practices is important when working with refugees because it helps service providers recognize the prevalence of trauma in newcomer clients; understand how trauma may impact their emotions, behavior, and functioning; and utilize skills that can help prevent further traumatization of clients during the resettlement process.

While trauma-informed care can benefit clients by reducing re-traumatization and improving relationships with service providers, it also has advantages for staff and organizations. Staff satisfaction and long-term retention, as well as improvements to the overall organizational climate, are some of the additional potential gains.³

Trauma-informed care can be integrated into refugee service provision at various levels:

- **Organizational/agency level:** Governance, operations, policies, and procedures;
- **Program/office level:** Office layout and day-to-day direct service operations, including safety committees and staff care teams;
- **Personal level:** Individual interactions among staff, and staff-client interactions.

This information guide primarily focuses on applying trauma-informed care on the personal level. To learn more about initiating change efforts that support trauma awareness in your organization or program, see the [Trauma-Informed Care Screening Tool](#) from Trauma-Informed Oregon.

² Courtois, C. A. (2008). Complex trauma, complex reactions: Assessment and treatment. *Psychological Trauma: Theory, Research, Practice, and Policy*, S(1), 86–100. <https://psycnet.apa.org/doiLanding?doi=10.1037%2F1942-9681.S.1.86>

³ Hales, T. W., Green, S. A., Bissonette, S., Warden, A., Diebold, J., Koury, S. P., & Nochajski, T. H. (2019). Trauma-informed care outcome study. *Research on Social Work Practice*, 29(5), 529–539. <https://doi.org/10.1177/1049731518766618>

The first step to integrating trauma-informed care on the personal level is to develop **trauma awareness**. Trauma awareness is the understanding of how trauma can impact an individual, including physical, social, and emotional impacts.

Principles of Trauma-Informed Care

There are many different definitions, values, and principles of trauma-informed care. The principles below are adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA).⁴ These are not comprehensive but can serve as a good starting point for integrating trauma-informed care into your daily work.

Safety

Create safe and welcoming environments and interactions. This includes both physical and psychological safety.

For example:

- Promote a sense of safety and welcome in your office environments. Post multi-lingual welcome and client rights signage.
- Explain to clients and state in your client rights form that your program serves and respects clients of every race, national origin, ethnicity, religion, sexual orientation, gender expression, age, and ability.
- Avoid triggering or re-traumatizing clients. Do not ask about past trauma unless it is relevant to the work with the client and is appropriate to your role (e.g., if you are a mental health counselor working with a client on trauma symptoms).
- When a client is escalated, work to “down-regulate” the client by validating, listening, and focusing on immediate needs. To learn more, see Switchboard’s information guide [*Preventing Crises and De-escalating Difficult Situations*](#)

Trustworthiness and Transparency

Use clear, reliable, and predictable practices. Aim for staff and client interactions to foster trust through clear communication and shared understandings.

For example:

- Help clients understand confidentiality and its limits. Be transparent about how you will use their information.
- At the onset of services, set expectations with clients by explaining your role and its limitations.
- Be as clear as possible when sharing information on processes, timelines, etc., and break complex processes into smaller steps for ease of understanding.
- Make sure you have appropriate releases of information and consent forms. Review these and all other forms with clients to help ensure they understand them.

Mutual Collaboration

Work to level the power differential by respecting clients’ lived experiences and by recognizing that the working relationship is a shared partnership.

For example:

- Solicit clients’ input for setting goals and making decisions. Ask questions like, “Which of these things is most important to you? What would you like to work on first? What is getting in the way of what you want to accomplish?”
- Remember that while you may be an expert on your program, the client is the expert on their own experience.
- Follow clients’ lead in the way they talk about their needs and what has happened. Don’t assume that just because a client experienced trauma, they are struggling with PTSD or other mental health issues. For example, if a client tells you he is not sleeping at night, don’t assume it is PTSD. It may be because he has a new baby, drinks too much caffeine, or is worried about paying rent. Ask. Don’t assume.
- Validate clients’ concerns and feelings. You might say, “That sounds really difficult. Many people find this process frustrating. It’s normal to feel upset.”
- On the organizational level, engage clients in program design through input and feedback mechanisms.

⁴ SAMHSA’s Trauma and Justice Strategic Initiative. (2014, July). SAMHSA’s concept of trauma and guidance for a trauma-informed approach. Substance Abuse and Mental Health Services Administration (SAMHSA). <https://store.samhsa.gov/sites/default/files/sma14-4884.pdf>

Empowerment, Voice, and Choice

Work to recognize and build on clients' strengths, helping them know and understand their rights, services, and goals. Encourage clients to achieve their goals on their own terms.

For example:

- Build choice into all processes. For example, you might say, *"Please tell me when you would like to take a break. Is it okay to proceed? Do you have any questions? Can you tell me if I got something wrong?"*
- Ask for permission to discuss potentially difficult subjects. You might ask, *"Is it ok if I ask you questions about [your past, your health, your family, your housing...]"*
- Ensure strengths are a regular part of assessment and case planning. You can ask, *"What has worked for you before? What does not work for you? What might work for you in the current situation? Who do you count on or go to for help?"*
- Take time to help clients recognize relevant existing skills and build new skills so they can navigate systems independently.

Across these principles, it's important to take gender, culture, and history into account. Views on trauma and healing can be shaped by factors like religion and spirituality, language, gender roles, family and kinship, heritage, history, and many more. Situations like walking home at night or interacting with police may be experienced very differently by clients of different genders, races, or backgrounds. Your integration of trauma-informed care into your daily work should reflect these considerations.

To learn more about implementing strengths-based services, see [Switchboard's information guide Demystifying Strengths-Based Services: Fostering Refugees' Resilience in Resettlement](#).

Implementing Trauma-Informed Care Principles with Children and Families

Taking a trauma-informed approach is important for service providers working with children and families. Consider the following ways the principles of trauma-informed care can be applied to working with young people.

Safety

- Make the child's best interests your highest priority in all decision-making
- Use professional interpreters to address language access needs; do not use children or youth as interpreters
- Show children you are listening to them and reduce power differentials by sitting at eye level and giving them your undivided attention

Trustworthiness and Transparency

- Share information with children so they understand what is happening
- Follow through with actions you say you will take, and don't make promises you cannot fulfill (such as saying "you are safe now" or "that will never happen again")

Mutual Collaboration

- Use age-appropriate, simplified language, and check for understanding
- Consider children's developmental stage and allow for activities, like coloring, or movement during service provision

Empowerment, Voice, and Choice

- Create a collaborative environment and foster autonomy by providing children with choices whenever possible
- Be aware of cultural expressions of distress and leverage traditional, cultural healing practices
- Respect cultural parenting practices, unless harmful

Going Further: Connecting Clients to Mental Health or Trauma Support Services

Beyond taking these steps to integrate trauma-informed care into your work, it is important to know when, where, and how to refer clients for further support outside your role or scope of expertise. Depending on your specific program's needs, staff capacity, and available resources, your program may involve screening clients for emotional distress and trauma. This type of screening requires training and capacity to implement appropriately.

More commonly, programs may connect clients to external providers qualified to screen for trauma and associated mental health conditions. Learn more about creating referral pathways in this [Mental Health and Psychosocial Support Service Mapping](#) information guide from the Center for Adjustment, Resilience and Recovery.

Post-Traumatic Growth

Remember that trauma is not static. Don't discount clients' potential for growth and recovery. Taking a strengths-based approach means keeping in mind that all people have the inherent capacity to learn, grow, and change. The human spirit is resilient. Healing from trauma may even lead to the development of new skills and personal attributes that serve a person well.⁵

Conclusion

Service providers equipped with trauma awareness can better support newcomer clients in their resettlement and adjustment journeys. Working to reduce possible re-traumatization, promoting messaging that increases trauma awareness, and developing policies and practices that are trauma-informed are critical steps. Importantly, remember that growth after trauma is possible. Supporting refugees in their resettlement and integration is one way to foster recovery.

Resources

[Information Guide—Preventing Crises and De-escalating Difficult Situations](#): This Switchboard guide

describes practices that can prevent crisis and stabilize escalated situations.

[Tip 57 – Trauma-Informed Care in Behavioral Health Services](#): This quick guide from SAMHSA is designed to help mental health clinicians implement trauma-informed care.

[Tip Sheet—Trauma Informed Care for Children Exposed to Violence: Tips for Agencies Working with Immigrant Families](#): This Safe Start Center tip sheet provides guidance on trauma-informed services to children and families who were exposed to violence in their home countries.

[Practical Guide for Implementing a Trauma-Informed Approach](#): This guide from SAMHSA expands on conceptualizations of trauma-informed care to include practical strategies for implementation.

[Tip Sheet - Being Culturally and Trauma-Informed While Assisting Displaced Afghan Families](#): This tip sheet from the National Child Traumatic Stress Network (NCTSN) gives practical advice for building trust with Afghan families with trauma-informed approaches.

To learn more about
Switchboard, visit
SwitchboardTA.org.



The IRC received competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #90RB0052 and Grant #90RB0053. The project is 100% financed by federal funds. The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.

This information guide includes contributions from Sasha Verbillis-Kolp, LCSW, MSW.

⁵ To learn more, see Saleebey, D. (2012). *The strengths perspective in social work practice* (6th ed.). Pearson.