

Trauma-Informed Practices for Women in Treatment

Moving from Awareness to Responsive Care

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Safety • Trust • Choice
• Collaboration •
Empowerment

A Trauma-Responsive Learning Space

Participation

Choose what participation level is most comfortable and useful.

Passing is always an option.

Awareness & Needs

Step out, pause, stretch, or ground yourself as needed.

Privacy

Do not share patient-identifying details.

Care

Discuss difficult content without graphic detail.
Reach for support when needed.

Model the same safety, predictability, and choice that we want patients to experience.

Learning Objectives

1

Guiding Principles

Explain the differences among trauma-informed, trauma-responsive, and trauma-specific care.

2

Recognize

Identify possible trauma responses and practices that may unintentionally retraumatize.

3

Apply

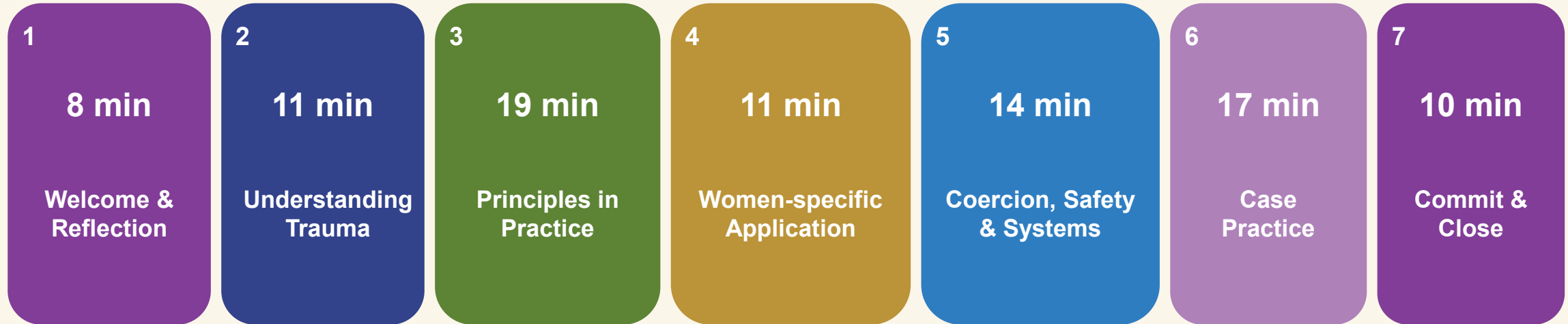
Apply safety, trust, choice, collaboration, and empowerment in common treatment situations.

4

Advocate

Name system-level barriers and practical advocacy strategies for women in treatment.

90-Minute Roadmap



Discussion is built into the session—this is not intended to be lecture-style only.

What helps a woman feel safe enough to participate honestly in treatment?

Environment

What does she see, hear, and experience when she enters?

Relationship

How do staff communicate power, respect, and predictability?

System

Where do policies create choice—and where do they remove it?

What Is Trauma?

Trauma can follow an event, series of events, or set of circumstances that is experienced as harmful or threatening and has lasting effects.

Effects may involve mental, physical, social, emotional, or spiritual well-being.

Key Idea

The event alone does not define trauma.

The person's experience and the impact matter.

Event + Experience + Effect

1

EVENT

What happened

+

2

EXPERIENCE

How it was perceived and
understood

+

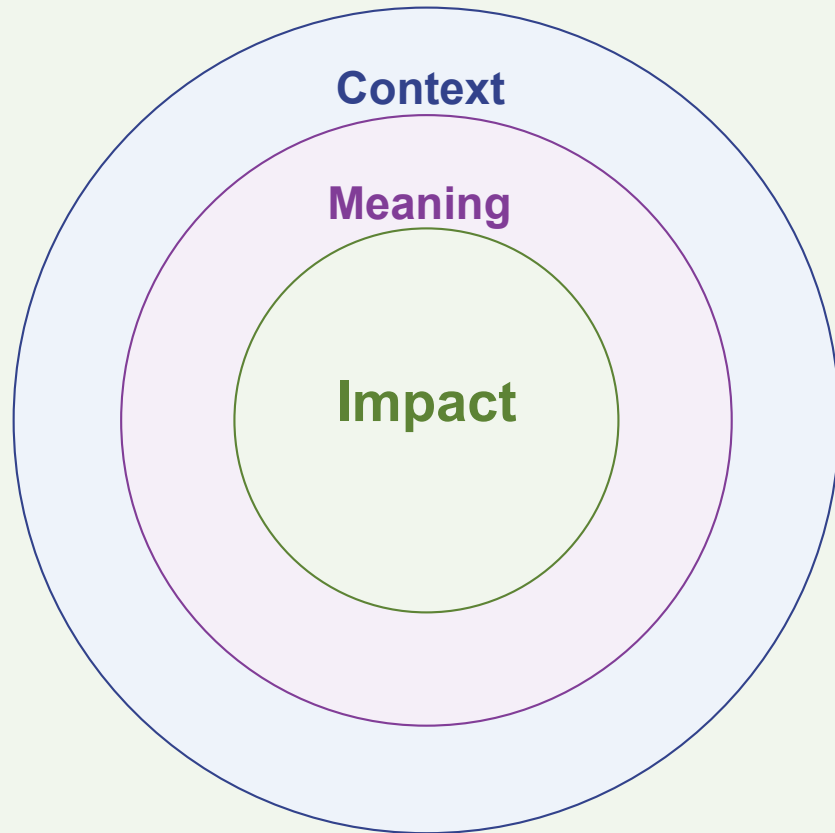
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EFFECT

How it continues to affect
the person

Trauma-responsive care attends to all three.

Trauma Is Individual



- The same event can affect people differently.
- Prior experiences, identity, support, and perceived safety shape the response.
- A person's needs can change over time and across settings.
- Curiosity is safer than assumption.

Ask: “How has this affected you?” rather than deciding what the event should mean.

Types of Trauma

Acute

- One-time event
 - eg: accident, disaster, sudden loss

Chronic

- Repeated or ongoing
 - eg: violence or ongoing stress

Complex

- Multiple interpersonal traumas, often beginning in childhood, with broad effects

Developmental

- Early adversity that disrupts development, attachment or caregiving

Secondary

- Indirect exposure through another person's trauma; common in helping roles

Possible Signs and Symptoms

1 Hypervigilance

2 Intrusive memories or flashbacks

3 Severe anxiety

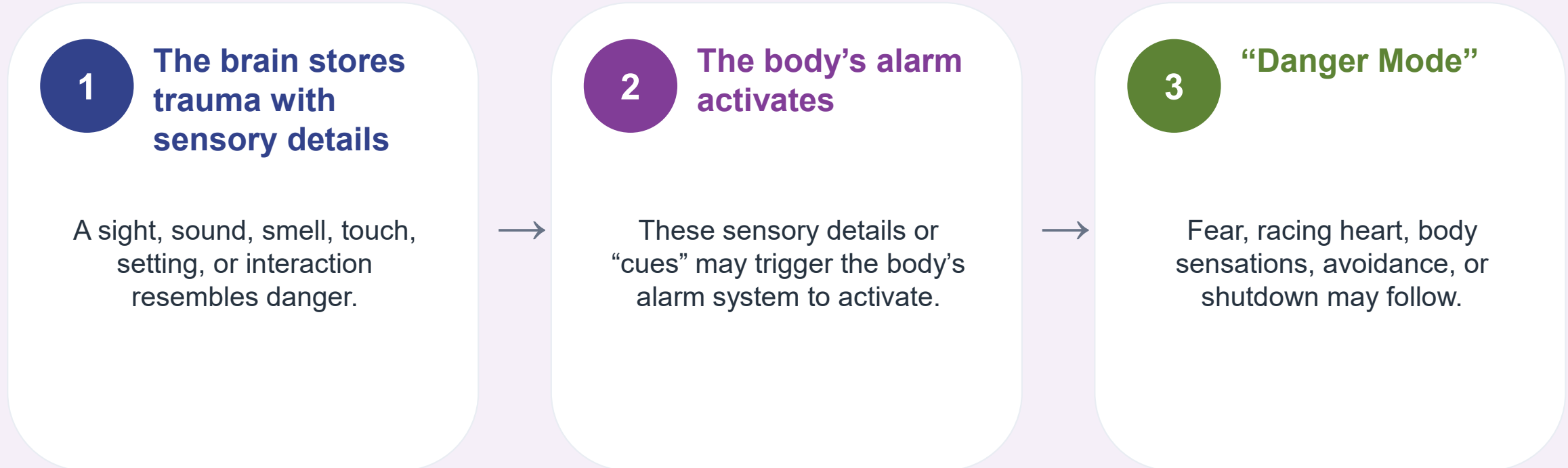
4 Nightmares or sleep disruption

5 Emotional numbing

6 Avoidance

A sign is an invitation to assess—not proof of a trauma history.

Trauma: Mind and Body



When experiencing a trigger, the body may respond as though danger is happening now.

How Trauma May Show Up in Treatment

Avoids or misses

May need safer pacing, practical access support, or reduced pressure.

Appears watchful in groups

May need predictability, choice of seating, and clear expectations.

Shuts down or becomes quiet

May need time, grounding, and permission not to answer.

Questions staff motives

May need transparency, consistency, and follow-through.

Becomes angry when choices narrow

May be reacting to loss of control or perceived threat.

Struggles with sleep or concentration

May need flexibility and support before complex tasks.

Possible interpretation—not a conclusion. Ask, assess, and collaborate.

Reframing the Question

MOVE AWAY FROM

“What is wrong with her?”

“Why won’t she comply?”

“She is just being difficult.”



MOVE TOWARD

“What might this response be protecting?”

“What would increase safety or control?”

“What barrier have we not understood yet?”

02

From Awareness to Action

Trauma-responsive care changes how treatment is delivered—not only what staff know.



Three Levels of Trauma-Related Care

1

TRAUMA-INFORMED

We know trauma matters.

Awareness + understanding

2

TRAUMA-RESPONSIVE

We change how we care because trauma matters.

Action + integration

3

TRAUMA-SPECIFIC

We provide targeted treatment to support trauma recovery.

Treatment + symptom reduction

Examples of Trauma-Specific Treatment

Seeking Safety

Integrated coping-focused treatment for PTSD and substance use.

Helping Women Recover / Beyond Trauma

Gender-responsive curricula addressing substance use, trauma, and recovery.

Integrated PTSD + SUD therapies

Approaches that directly address both trauma symptoms and substance use.

Mindfulness and Return-to-Use Prevention

Trauma-integrated adaptations that support regulation and recovery planning.

Model selection, training, scope, readiness, and pacing still matter.

Five Practice Principles



SAFETY

Calm,
accessible, and
emotionally safe
care



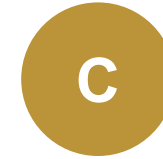
TRUST

Clear, consistent
information and
follow-through



CHOICE

Meaningful
options whenever
possible



COLLABORATION

Decisions made
with –not for– the
person



EMPOWERMENT

Strengths, voice,
autonomy, and
capability

These principles should be visible in the environment, the relationship, and the system.

Principle 1: Safety

S

Guiding question

“What would help this feel safer or more manageable?”

What safety looks like

- Predictable routines and clear expectations
- Attention to physical, emotional, cultural, and relational safety
- Fewer unnecessary surprises and repeated retelling
- Calm spaces and options for regulation

In practice

“Before we begin, I’ll explain what we are going to cover. You can ask for a pause, and you do not have to answer every question today.”

Principle 2: Trustworthiness

T

Guiding question

“Have we clearly explained what will happen, why, and what choices exist?”

What trust looks like

- Plain, consistent information
- Confidentiality limits explained before disclosure
- Clear next steps and realistic timelines
- Follow-through—or prompt repair when plans change

In practice

“I want to explain the reporting requirements before I ask more questions, so there are no surprises. Then we can decide together what to do next.”

Principles 3 & 4: Choice + Collaboration

C

Guiding question

“What can we decide together—and where can we offer meaningful options?”

What this looks like

- Separate what is required from what is flexible
- Offer a small number of realistic options
- Center the person’s goals and priorities
- Revisit choices as needs and safety change

In practice

“The assessment is required, but we can choose whether to begin with substance use, safety, or current supports. What feels most manageable?”

Principle 5: Empowerment

E

Guiding question

“What strengths, capabilities, and protective choices are already present?”

What empowerment looks like

- Name strengths and protective factors
- Recognize effort and small, achievable steps
- Support autonomy in treatment decisions
- Build on what is working instead of leading with deficits

In practice

“You have kept returning even when treatment has felt difficult. That persistence is a strength. Let’s build the next step around what has helped you stay connected.”

Trauma-Responsive Conversations

1

CULTIVATE

Compassion

Validate feelings and lived experience.

2

ASK

Permission

Use open-ended questions and explain why you are asking.

3

LISTEN

To understand

Reflect, summarize, and resist rushing to fix.

4

SPEAK

With respect

Use a calm tone, shared goals, and realistic choices.

Language That Reduces Shame

“Noncompliant”



“Experiencing barriers or not yet ready for this part of the plan.”

“Manipulative”



“Trying to meet a need with the strategies currently available.”

“Drug-seeking”



“Reporting pain, cravings, withdrawal, fear, or distress that needs assessment.”

“Failed treatment”



“This approach or level of care did not adequately meet her needs.”

These phrases do not replace clinical assessment; they improve accuracy, dignity, and curiosity.

Supportive Boundaries, Not Punitive Responses

SUPPORTIVE BOUNDARY

- Connected to safety or treatment purpose
- Explained in advance and in plain language
- Applied consistently and respectfully
- Includes choices where possible
- Names the path back to participation and repair

PUNITIVE RESPONSE

- Unexpected or unrelated consequence
- Humiliation, threats, or a display of power
- Applied differently based on staff frustration
- No explanation, choice, or chance to ask questions
- Ends the relationship without repair or follow-up

When Care Is Not Trauma-Responsive

Systems

- Repeatedly retelling the story
- Being treated as a number
- No meaningful choice in services
- Inaccessible or culturally unresponsive practices
- Isolation or exclusion
- Barriers that make services unavailable

Relationships

- Not being seen or heard
- Non-transparency and veiled truths
- Doing things for rather than with
- Punitive treatment, coercion, or oppressive language
- Victim-blaming and microaggressions
- Non-inclusive language or messaging

Staff Regulation Is Part of Care

Our pace, tone, body language, and follow-through influence the client's sense of safety.

1

PAUSE

Notice your own activation.

2

LOWER

Slow the pace and soften the tone.

3

ORIENT

Explain what is happening now.

4

OFFER

Provide one or two real choices.

5

FOLLOW THROUGH

Do what you said—or repair quickly.

Secondary trauma and workplace stress require supervision, support, and organizational attention.

03

Applying the Principles With Women in Treatment

Gender, age, identity, parenting, health, and system involvement can shape both risk and safety.



Women-Specific Considerations

Safety from abuse

Screen safely, offer women-only options when available, and plan for ongoing abusive relationships.

Parenting and family

Address parenting impact, child safety, attachment, and family supports without reducing the woman to a parenting role.

Nonjudgmental empowerment

Reduce shame, support autonomy, and recognize survival and recovery strengths.

Body-based regulation

Offer grounding, sensory regulation, mindfulness, breathwork, or movement within scope and choice.

Gender-responsive care is not one-size-fits-all; ask what safety and support mean to this person.

Pregnant and Parenting Patients

Predictability

Explain drug testing, medications, pain management, feeding, and care transitions before they occur.

Integrated support

Coordinate prenatal, substance use, mental health, and parenting services whenever possible.

Shared decisions

Invite choices about visits, goals, medication, birth planning, and support people.

Strengths + transparency

Document protective factors and explain reporting requirements with no surprises.

“What matters most to you—and what information would help you make the next decision?”

Co-Occurring Mental Health Conditions

- 1 Environment & safety**

Keep routines predictable and create a nonjudgmental space to discuss how mental health and substance use interact.
- 2 Communication**

Use strengths-based language; emphasize safety rather than control or “compliance.” Normalize ambivalence.
- 3 Engagement**

Offer choice in pacing and build coping skills before intensive trauma work.
- 4 Trauma-Responsive Practice**

Screen for triggers, avoid high-pressure confrontation, and integrate trauma and substance use treatment.

Adolescent and Young Adult Women

- 1 Environment & safety**

Provide private, youth-friendly space, predictable routines, and boundaries developed as collaboratively as possible.
- 2 Communication**

Use short, concrete, developmentally appropriate language; validate emotion without assuming trauma.
- 3 Engagement**

Offer choices and creative modalities such as art, music, or journaling; build trust through consistency.
- 4 Trauma-Responsive Practice**

Teach practical regulation skills and reduce unnecessary adult-control dynamics, including unnecessary touch.

Older Women

- 1 Environment & safety**

Keep the setting calm and unhurried; adapt for hearing, vision, mobility, seating, and fatigue.
- 2 Communication**

Use respectful person-centered language, allow processing time, and recognize medical and loss-related reminders.
- 3 Engagement**

Use comfortable pacing, life review, and storytelling while respecting generational norms around stigma and disclosure.
- 4 Trauma-Responsive Practice**

Offer accessible grounding and tailor safety planning for chronic illness, physical limits, and social isolation.

LGBTQ+ Women and Gender-Diverse Clients

- 1 Environment & safety**

Make inclusion visible, provide gender-neutral options where possible, and support voluntary disclosure.
- 2 Communication**

Use chosen names and pronouns; avoid assumptions about identity, partners, bodies, or behavior.
- 3 Engagement**

Offer choice of provider or group format when possible and recognize rejection, bullying, and discrimination as common trauma sources.
- 4 Trauma-Responsive Practice**

Address minority stress, shame, identity, and resilience; adapt safety planning for the person's actual relationships and risks.

04

Coercion, Safety Planning, and Systems

Recognize control, respond without blame, and plan with the person—not around her.



What Is Coercive Control?

Isolation

Limits contact, mobility, or activities

Monitoring

Tracks movement or communication

Gaslighting

Distorts reality and creates self-doubt

A pattern of behaviors used to dominate, isolate, intimidate, and undermine autonomy.

Threats

Uses harm, exposure, or retaliation

Autonomy control

Controls money, choices, or appearance

Emotional manipulation

Uses guilt, shame, humiliation, or blackmail

Substance Use Coercion

Common forms

- Introducing or escalating substance use
- Forced use or forced withdrawal
- Sabotaging treatment access or recovery
- Controlling medication
- Using stigma to isolate, discredit, or threaten
- Blaming abuse on the person's substance use

Validate and affirm

“I believe you.”

“None of this is your fault.”

“You deserve dignity and respect.”

“You are not alone.”

“We can think through options at your pace.”

Responding to a Disclosure

1

BELIEVE

Respond without blame or disbelief.

2

VALIDATE

Name dignity, respect, and the person's lack of fault.

3

CHECK

Clarify immediate safety and whether communication is safe.

4

EXPLAIN

Describe options, confidentiality limits, and required steps.

5

RESPECT

Honor the person's timeline and avoid pressure to act.

6

FOLLOW-UP

Create a concrete next contact and continue checking in.

Safety Planning: Access and Recovery

Safe communication

Phone, telehealth, mail, voicemail, and message privacy

Scheduling

Stalking risk, transportation, and appointment visibility

Continuity

How to stay connected if pressured to leave treatment

CO-CREATE A PRACTICAL PLAN

Medication access

Maintaining safe control of medications

Information safety

Threats to disclose or subpoena protected information

Legal documents

Orders or permissions that another person could misuse

After a Difficult Interaction or Incident

1

Restore safety

Reduce stimulation, address immediate needs, and orient to the present.

2

Listen and validate

Ask what happened from the person's perspective without forcing detail.

3

Clarify next steps

Explain required actions, available choices, and timelines.

4

Document facts

Use observable language; avoid labels and speculation.

5

Review the system

Identify triggers, communication failures, or preventable barriers.

6

Reconnect

Follow up, repair the relationship, and revise the plan.

Repair is part of care.

HHS, Legal, and Regulatory Systems

Partner with systems

- Learn the system's specific concerns and guidelines
- Identify common ground, especially child and family well-being
- Communicate regularly and accurately
- Advocate for coordinated, proportionate responses

Support the parent

- Explain the plan and requirements in plain language
- Help organize achievable next steps
- Name what the parent is doing well
- Prepare for meetings and reduce avoidable surprises

Know agency policy and applicable law. Be transparent about limits; do not offer legal advice outside your role.

Advocacy as Trauma-Responsive Practice

1

AFFIRMATION

Name effort, progress, and what the person is doing well.

2

JUSTICE

Share resources and address barriers or inequities.

3

ACCOUNTABILITY

Model respectful practice and interrupt harmful language.

4

COACHING

Give colleagues practical tools, scripts, and feedback.

5

STRENGTHS

Communicate resilience and capabilities across systems.

Practice Case: Maya

Maya is a 34-year-old woman entering outpatient treatment after increased alcohol and stimulant use. She has missed two appointments, appears watchful in groups, and becomes quiet when asked about family.

She is parenting two children and has current HHS involvement. Maya reports that her partner monitors her phone, controls transportation, and has threatened to tell HHS about her substance use if she continues treatment.

Maya says she wants recovery but is afraid treatment will make things worse at home.

Strengths

- Sought care despite fear
- Protective of her children
- Identifies one trusted sister
- Expresses hope for change

Immediate questions

- Is communication safe?
- Is there immediate danger?
- What must be explained before asking more?
- What can be decided together today?

10 MINUTES

Discuss how trauma-responsive care should shape the next contact with Maya.

- 1 How will you establish immediate safety and trust?
- 2 What will you explain before asking sensitive questions?
- 3 What meaningful choices can you offer?
- 4 How will you respond to the coercion without pressuring Maya?
- 5 What treatment, system, and follow-up priorities come first?

Debrief: Build the Response With the Five Principles

SAFETY

Confirm safe communication, immediate needs, and a private way to follow up.

TRUST

Explain confidentiality and reporting limits before deeper questions.

CHOICE

Offer realistic options for communication, scheduling, and the order of discussion.

COLLABORATION

Co-create the treatment and safety plan around Maya's priorities.

EMPOWERMENT

Name strengths, support small steps, and avoid taking control of the decision.

Avoid: surprise reporting conversations, pressure to leave, contacting the partner, or punitive discharge.

One Practice I Will Change

What is one change you can make in your next shift, session, group, or documentation note?

I will stop...

I will start...

I will
strengthen...

Write it down. Specific and small is more likely to become practice.

Key Takeaways

- 1 **Trauma is shaped by event, experience, and effect.**
- 2 **Awareness matters; responsive care changes behavior and systems.**
- 3 **Safety, trust, choice, collaboration, and empowerment guide everyday practice.**
- 4 **Women's needs are diverse; ask rather than assume.**
- 5 **Coercion is answered with validation, transparency, options, and collaborative safety planning.**

Core References

Primary sources

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- Substance Abuse and Mental Health Services Administration. Trauma and Trauma-Informed Care resources; TIP 57: Trauma-Informed Care in Behavioral Health Services.
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Additional references carried forward

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- Andersen, R. (2012). SAMHSA Trauma and Trauma-Informed Care Experts Meeting. Cited in source deck.
- Griffin, E. (2012). NIDA/ACYF experts meeting on trauma and child maltreatment. Cited in source deck.
- Wilson, C., & Ford, J. (2012). SAMHSA Trauma and Trauma-Informed Care Experts Meeting. Cited in source deck.

National Support Resources

National Domestic Violence Hotline

Call 800-799-SAFE (7233)
Text START to 88788
Chat: thehotline.org

[Official resource ↗](#)

StrongHearts Native Helpline

Call or text 844-7NATIVE
(844-762-8483)
Chat: strongheartshelpline.org

[Official resource ↗](#)

love is respect

Call 866-331-9474
Text LOVEIS to 22522
Chat: loveisrespect.org

[Official resource ↗](#)

RAINN Sexual Assault Hotline

Call 800-656-HOPE (4673)
Online chat available
RAINN.org

[Official resource ↗](#)

Add local resources before presenting: agency contact • local DV program • local sexual assault program • emergency protocol

Questions & Closing Reflection

What is one thing you want your clients to experience more consistently after today?

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Safety
Trust
Choice
Collaboration
Empowerment