

Trauma Review Exercise for the Gender-Based Violence Service Sector

Creating safe and welcoming spaces reduces potential harm for everyone, especially those most likely to feel unwelcome and unsafe. This exercise will help you ‘walk through’ the spaces where you provide care. The goal is to think about how these spaces feel for service users. If you find it helpful, you can imagine being a specific client. The space can be anywhere you provide care: a shelter or other supportive housing, an office or counseling room, community space, or someone’s home and applies to interactions with individuals or groups. Ideally, you will physically visit all the spaces where your clients could be, but if this isn’t possible, you can imagine these spaces and encounters. Here’s what to do:

1. Enter the space; make sure to visit all areas that clients may use, including washrooms.
2. Put yourself in your clients’ “shoes” and ask yourself what it might be like for them to be in this space, especially for the first time. For those leaving recent violence, imagine their state of mind.
3. Use the guiding questions below to think about various aspects of the space.
4. Pay particular attention to things in the environment that might create discomfort, stigma or feeling unsafe.
5. Take some notes about the things that work well, and those that could be improved.
6. Discuss your notes with co-workers and/or leaders after they’ve also done the walk-through.
7. Invite service users to comment on their feelings of comfort and safety.
8. Co-create a plan for improving the physical, emotional and cultural safety of your space!



1 First Contact

What would it be like for people to connect by phone or online? What if they’re not fluent in English or have low literacy, hearing or sight impairment?

- Is the website or phone system easy to use? Is the telephone often busy or the site down?
- Is the website easy to navigate and understand?
- How are privacy and confidentiality managed?
- How are people greeted? How do staff begin to establish rapport and trust through a phone call or online chat?



THINK ABOUT IT

- When staff engage with clients, do they consider how hard it might be to get to your service, or even call? Are people often put on hold?
- How do staff engage with people who do not speak English as a first language, or who have hearing loss or other comprehension challenges? Does anything about their communication change?
- Do staff take into consideration client age or physical ability? For example, how do they speak with children or older clients?
- How do staff engage with people who seem to have trouble focusing on questions being asked?

2 Approaching and Entering the Setting

Think about visiting the setting(s) where you work. As you approach and enter, imagine it's your first visit:



- How easy is it to get there and to find? How much effort have you had to make to get there?
- Is it clear how you are supposed to enter? For example, if there's more than one door, is it obvious which one is for service users? Are security measures explained?
- What do you notice as you approach and enter the building? What does this look and feel like?
- As you enter, who is present? What do you observe about people? What stands out for you? For example, is it loud or quiet? Hectic or calm? Are there things to make people feel welcome?
- Is the space clean and tidy, and free from visible damage? Holes in walls, hanging wires etc. can be a harsh reminder of violence. Clutter can invoke feelings of chaos and lack of control.
- Who is speaking and with whom? How are people communicating? What is their tone of voice?
- If you work in people's homes or in public spaces, how do you present yourself when you arrive? How do you enter and leave?

THINK ABOUT IT

WELCOME

- Keep in mind that women experiencing violence are often very vigilant about their surroundings and safety.
- What is welcoming or unwelcoming as you enter? [Or, how do you act when you enter a home or meet in public?]
- What tone does the signage convey? Who do you imagine decides about the signage, and how?
- Who would feel welcome or unwelcome here? Do **you** feel welcome here? Why or why not?
- What things or people in the space might deter people from engaging with those they encounter?

Ciao

Tansi

Nú

你好

iHola

Welcome

Now imagine the first face-to-face contact with a staff member:

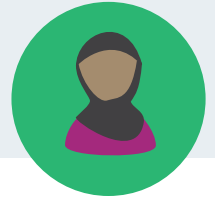
- Is there a reception area? Where is it located? How do you know where it is and that you are supposed to go there? Are there physical barriers between you and staff members (e.g., glass wall)?
- How are you greeted and by whom? Did someone meet you at the door? Do you know the name and role of the staff member who greets you?
- What messages do staff convey? Consider usual facial expressions, tone of voice, body language, and words.
- What questions are you asked and in what order? [Imagine the questions on your intake form if there is one]. What does it draw attention to? From what does it detract attention?



A NOTE ABOUT BOUNDARIES

Especially in shared living spaces, we want to ensure women feel that they “fit in” while respecting relevant boundaries. For staff, this can mean thinking carefully about how, for example, they dress. A few things to consider:

- Your own style and comfort – be yourself; if you prefer to dress casually at work, consider a name tag so people know you’re staff; if you prefer to dress more professionally, this can be a sign of respect for those you serve.
- Your role – if you’re on the floor with sticky children, casual wear makes a lot of sense; if you’re accompanying a woman to court, business attire might feel like a better fit.
- How clothing can convey power – overdressing can be perceived as a form of exerting power, while dressing too casually may convey a lack of respect for the work and clients. It’s all about balance!



Suggested Practices & Strategies

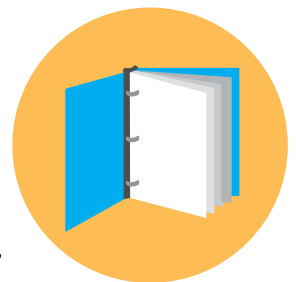
For initial crisis phone line assessment and triage, ensure that clients (and any children) are not at immediate risk of harm, explain the limits of confidentiality, and discuss immediate needs and options.

When assessing intake to residential services:

- Establish preferred language, including dialect, and offer/arrange appropriate interpretation supports, if requested. Ask about any dietary restrictions or preferences.
- Ask whether the person is actively using alcohol or drugs, including medications, and if so, ask what their plan is while in shelter, including supports they might need to use safely in the context of shared accommodations; explain relevant rules and expectations.
- Ask about accessibility needs, including onsite personal support.

At the residential site:

- If the client is arriving at a set time, consider meeting her outside to welcome her, and introduce yourself by name, occupation and duty (NOD); explain security and other features as you enter together.
- Go at her pace, using open body language and keeping space open between you, and without barriers; follow her lead regarding silence, small talk or “getting down to business”; if children are with her, explain child-specific supports.
- Point out any culturally-relevant practices, including smudging (especially if there is the smell of smoke in otherwise non-smoking spaces), prayer rooms, etc.
- Unwelcome surprises can activate trauma responses. For example, if unknown men will be entering the shelter or other service space, or if noisy repairs are planned, make sure that everyone is informed well in advance.
- Keep an updated binder of relevant information in the shelter common room. This should include the basic information you went over at intake, such as shelter rules and etiquette, as well as a guide to local transit (and how to get bus tokens), coffee shops, grocery stores, school numbers and locations, etc.
 - Women may not remember everything they were told at intake, and posters with “rules” in living spaces may feel controlling or punitive; a binder more discreetly provides key information while keeping spaces more home-like.
 - If you have the IT capacity, this can also be an online binder that the woman can download with a QR code.



3 Waiting Areas and Other Spaces

Now imagine what it's like to be in waiting areas for counseling or in other settings where outreach or group work occurs:

- If you had to describe the space to someone in two words, what would you say?
- What is the strongest feeling you have as you enter the area?
- What does it look like? What is there for people to occupy waiting time? Are there ways to occupy children?
- Are water and washrooms available and accessible? Are the waiting areas clean?
- What kinds of chairs are available for people? Do they seem comfortable? Are they spaced apart or close together?
- Is anyone helping if someone appears distressed or uncomfortable? Are people actively attended to or generally ignored?
- What do you see that is relevant to people's privacy, their identity and/or their safety and well-being?



THINK ABOUT IT

- Who would feel comfortable in this space? Who wouldn't? Why?
- How are privacy and confidentiality protected in this space?

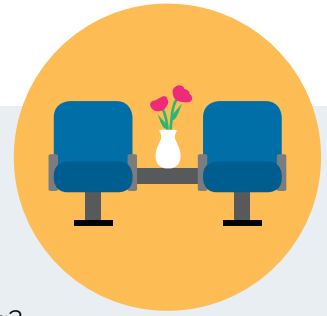
4 Common Rooms, Private Areas and (in shelter or outreach) Counseling Spaces

- What is the layout of this space? How would you describe the feel — warm, cold, welcoming, sterile?
- How do you get to these rooms? Who goes with you? Who is allowed to be with you?
- If people are left alone to wait, is a staff person available if needed?
- Is it clear how staff decide who will be seen first (e.g., order of arrival or some other priority)?
- How do staff speak with people? How do they begin and end a visit? Are some people thought to be easier or harder to interact with?
- What happens prior to and during any assessments, counseling encounters or educational sessions? What are staff doing and saying? What actions do staff take to ensure privacy and comfort?
- Would you feel comfortable in this space? What might make you feel uncomfortable or unsafe?
- How does an encounter end? Do the staff check in and answer questions?



THINK ABOUT IT

- Who is best served by the set up – and who might not fare as well?
- Who would feel respected in this space? Who would not? Why?
- What small thing could be changed to make the space more welcoming?



Other Considerations

- Washrooms
 - Are they available, accessible, well-signed and cleaned/provisioned regularly?
 - Is a key needed – if so, is it obvious where to get it?
 - Is there a safe space to dispose of sharps?
 - Is there a non-gendered bathroom? A baby-changing/nursing area?
- Forms and documentation
 - How are clients referred to? What does documentation draw attention to? What does it overlook?
 - How do forms position staff in relation to the client? How do they shape perspectives of power/authority?
 - What do the forms guide staff to say? Whose interests/concerns are prioritized?
- Charting
 - Where does it happen? Is it designed to protect client privacy?
 - Can the clients see what is being written about them?



THINK ABOUT IT

- Providing a safe and welcoming space isn't just a nice thing to do. It also means that people will feel more calm and respected, leading to better care interactions.
- When in doubt, treat people as if they're guests in your home!

How to cite this document:

Wathen, C.N., Rodger, S. (2025). Trauma Review Exercise for the Gender-Based Violence Service Sector. London, Canada. Available at: gtvincubator.uwo.ca/resources/

Adapted from EQUIP Health Care: Equity Walk Through Questions. Vancouver, BC. Retrieved from: <https://equiphealthcare.ca/toolkit/equity-walk-through/> with thanks to staff from the Women's Rural Resource Centre of Strathroy, Ontario.

See our related tools and learning modules on TVIC, staff well-being, cultural safety, harm reduction and other topics at EQUIPHealthcare.ca or visit GTVincubator.ca for other work on gender, trauma and violence.