

Trauma Review Exercise

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 or group of clients. The space can be anywhere you provide care: an office, clinic, hospital, community center, or 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 do it mentally. Here’s what to do:

1. Enter your space; make sure to visit all client-facing areas, including washrooms.
2. Put yourself in your clients’ “shoes” and ask yourself what it might be like for them to be in this space.
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 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 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 here and to find? How much effort have you had to make to get here?
- 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?
- What do you notice as you approach the building? Enter the building? What does this look and feel like?
- As you enter, who is present? What do you observe about people? What do you notice about people’s facial expressions, their posture? What stands out for you? For example, is it loud or quiet? Hectic or calm?
- Who is speaking and with whom? How are people communicating? What is their tone of voice?
- If you work in people’s homes, how do you present yourself when you arrive? How do you enter and interact in their space?



THINK ABOUT IT

- What is welcoming or unwelcoming as you enter? [Or, how do you act when you enter a home?]
- 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 who they encounter here?

WELCOME



2 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 is privacy and confidentiality managed?
- How are they greeted? How do staff begin to establish rapport and trust through a phone call?



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

- Is there a reception area? Where is it located? How do you know where it is and how you are supposed to go there? Are there physical barriers between you and staff members (e.g., glass wall or bars)?
- How are you greeted and by whom? 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, words.
- What makes you feel comfortable, or not, in this first contact? Who would feel most comfortable? Are different people treated differently and if so in what way and by whom? Based on what?
- 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?



THINK ABOUT IT

- When staff engage with clients, do they consider how hard it might be to get to your service, or even call?
- 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 the staff take into consideration client age or physical ability? For example, how do they speak with elderly clients? Are clients able to sit at reception or are they standing? Are they often put 'on hold'?
- How do staff engage with people who seem to have trouble focusing on questions being asked?

3 Waiting areas and Other Spaces for Groups

Now imagine what it's like to be in waiting areas or other community settings where group work occurs, especially for people who aren't used to groups:

- 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 waiting area?
- What does it look like? What is there for people to occupy waiting time?
- 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?
- What do you notice about the other clients waiting here? Do they seem comfortable?
- Notice who is helping people in the waiting area. Who is talking to clients? Who is helping if someone appears distressed or uncomfortable? Do some people seem uncomfortable? Why?
- What do you see that is relevant to people's privacy, their identity and/or their health issue(s)?



THINK ABOUT IT

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

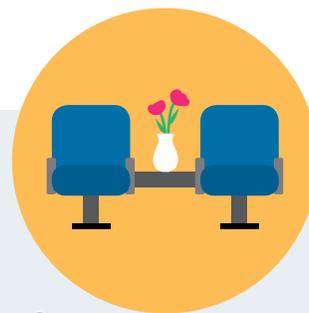
4 Examination/Treatment/Meeting Rooms or Home Visit Encounter

- 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 they 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 or therapeutic encounters (e.g., physical examination, procedure, counselling or educational session)? What are staff doing and saying? What actions do staff take to ensure your 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 with you? Do they see if you have 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 spaces more welcoming?



Other Considerations

- Washrooms
 - Are they available, accessible, well-signed and cleaned/provisioned regularly?
 - Is a key needed – if so, is this obvious?
 - 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 you in relation to the client? How do they shape your perspective of power/authority?
 - What do the forms guide you 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!

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