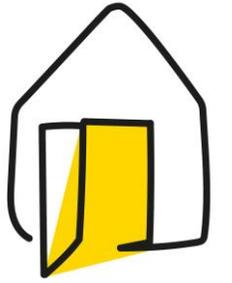
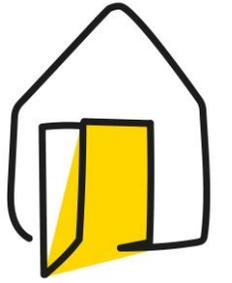




Trauma Informed Design



At Empowered Homes we view the built environment as part of the therapeutic landscape.

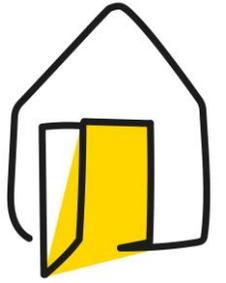


## What is trauma?

Trauma is often the result of going through an extremely stressful, frightening, threatening and distressing event which disrupts:

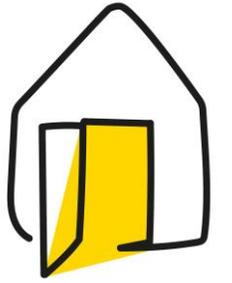
- your sense of safety,
- your sense of self,
- your ability to regulate your emotions,
- Your ability to navigate relationships.

A series of traumatic and abusive events over a prolonged time is often associated with neurological changes leading to **compound/complex trauma** and crippling symptoms.



# Trauma and attachment

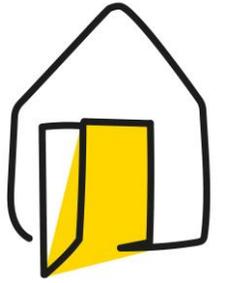
- Secure attachments are formed when our care givers are responsive to our needs and represent a secure base from which to seek comfort and reassurance and to explore connect develop and grow.
- People who have experienced childhood trauma and abuse often develop an insecure attachment style – care givers who should be trustworthy cause harm/abuse, neglect. Emotional development is interrupted through trauma.
- This often means people struggle to regulate emotions, maintain meaningful relationships and trust others. It can often lead to a paradoxical longing for and pushing away of support and connection.
- Compound trauma and abuse creates an internalised threat focused mind - mistrust, worthlessness, danger and disconnect which inhibits the development of the self compassionate mind.



## The design process

Can we create a secure and trusting attachment to the built environment –

- Emotionally and physically safe
- Comfort
- Care
- Shelter
- Reliable
- Consistent
- Predictable
- Boundaries
- Routine



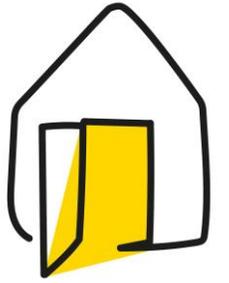
# Learning disability and trauma

At more risk of repeated experiences of abuse and traumatic events:

- Sexual verbal and physical abuse
- Sensory processing difficulties
- Life-threatening illness or injury
- Not included in bereavement process & lack of understanding
- Placements away from home & family
- Restraint / hospitalisation

May find it harder to make sense of and cope with trauma:

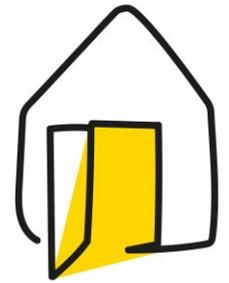
- Difficulties with problem-solving skills
- Difficulties with verbal skills
- Less sexual & financial knowledge
- Less understanding of what is appropriate or inappropriate behaviour of others
- Insecure attachment style - loss of the healthy child & early parental separation
- Less access to support, including online



# Learning disability trauma design considerations

- When you have experienced trauma and abuse your body boundary has been continuously disrespected - clear and strong boundaries can make you feel safe in an otherwise unpredictable world.
- This can be particularly true for people with learning disabilities who are dependent on others & have little control or choice over how they live their lives.
- Designing opportunities for interacting needs to be graded and multi functional – choice re the degree to which they engage, are solitary, seen or hidden and minimises power differentials with staff can empower and restore agency.
- We also need to design community spaces which accommodates the need for interdependence not independence - a blend of dependency and self-sufficiency, the view that growth and development rely on the need for connection, and reliance on others.

# The stress response – the nervous system

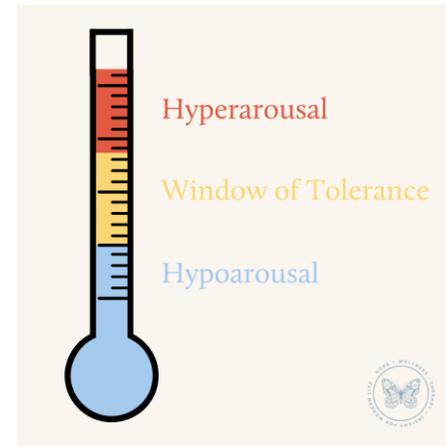


The autonomic nervous system has two main branches:

- sympathetic activates (stress/threat response)
- parasympathetic deactivates (rest/digest/homeostasis)

The two dysregulated states of the autonomic nervous system:

- Hyper arousal (fight/flight/Rage/overwhelm)
- Hypo arousal (shutdown/numb/underwhelm/dissociation)

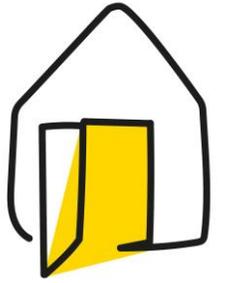


When dysregulated, people are unable to access their thinking brain (reflect, reason, process, problem solve) as they are in defence mode.

Compound trauma and an insecure attachment **locks people in either hyper or hypo arousal as their threat response becomes hyperactive**. This causes:

- Persistent physiological stress – always on high alert / “fizzy”
- Inability to talk (mute), isolation, collapse, hopelessness
- An inability to process stressful stimuli
- Re-traumatization when higher stressors are present
- The social engagement system to be blocked

The window of tolerance is a nervous system state and a way of conceptualizing our bandwidth or capacity to tolerate intense emotions at the sympathetic end and the parasympathetic end.



## Window of Tolerance

### Hyperaroused State

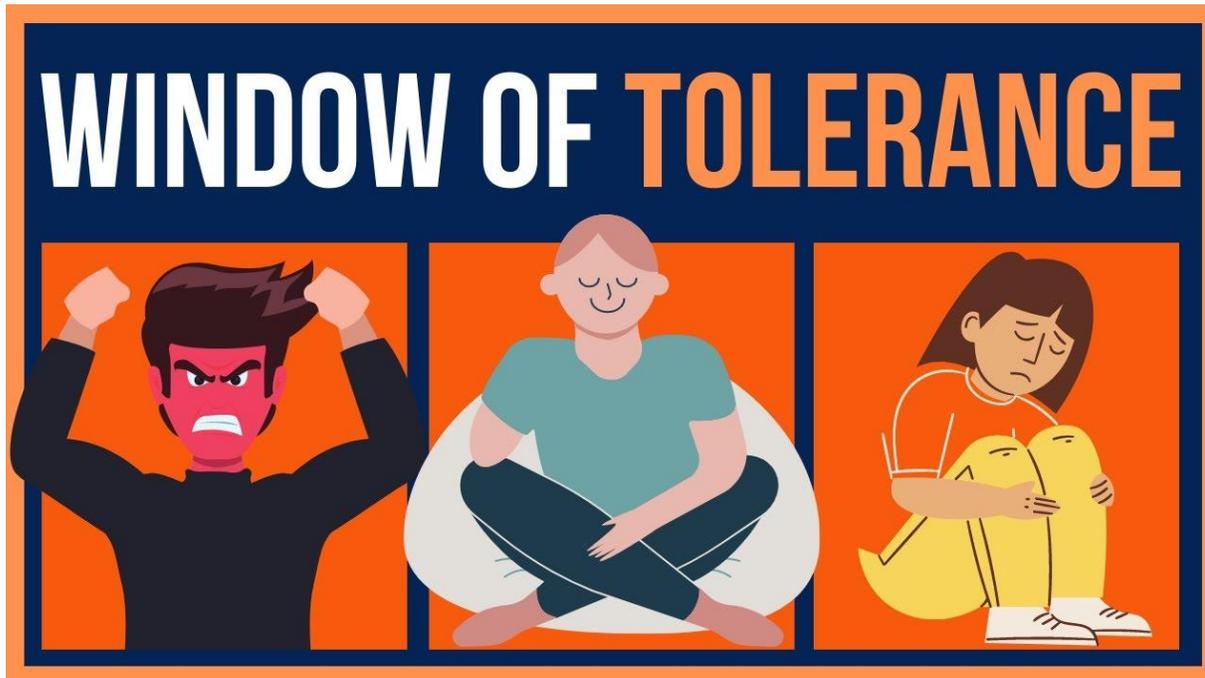
- Fight/flight response
- Emotional reactivity
- Sweaty palms, increased heart rate
- Difficulty concentrating
- Panic, rage
- Hyper-vigilance

### Optimal Level of Functioning

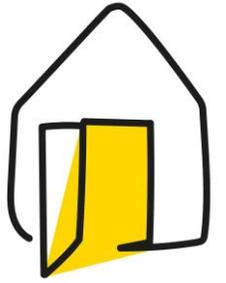
- Present, Calm and Safe
- Can think and respond clearly
- Engaged and alert

### Hypoaroused State

- Freeze response
- Lethargic, low energy
- Numb, Lack of emotions
- Little to no physical movement
- Zoning out, dissociation
- Shut down



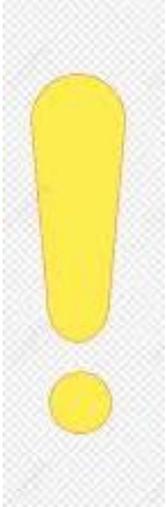
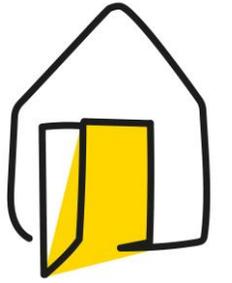
# The design process



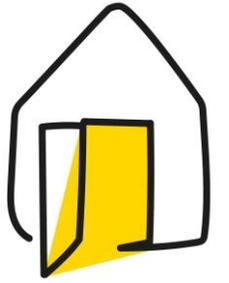
Given what we know about trauma and the nervous system, can we:

- Design in a way that helps people regulate arousal (Biophilia, niches, nooks, nested rooms, clear sightlines (avoiding blind spots), wayfinding)
- Enable the safe release of strong negative emotions
- Modulate sensory input in order to mitigate against triggers (trauma memories are stored through fragments of visual images, smells, sounds, tastes, or touch)
- “Communicative environment” – predictable & comprehensive - use of visual cues to orientate people when aroused/confused and thinking brain is offline

Another interesting way of looking at it is through the lens of ‘co-regulation’ - a warm, calming presence and tone of voice, verbal acknowledgement of distress, modelling of behaviours that can modulate arousal, **and the provision of a structured environment that supports emotional and physical safety.**



People are unable to activate their social engagement system and thus seek meaningful loving connections unless they widen their window of tolerance – relationships are key to healing trauma and insecure attachment styles.



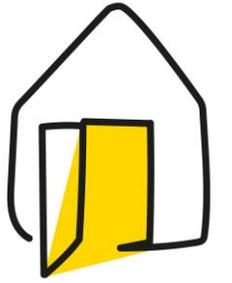
# Widening the window of tolerance through design

## **Self compassion** antidote to trauma threat & shame

– must strengthen self compassion system (be in our optimal safe arousal zone) in order to then manage strong difficult emotions and integrate trauma.

How can we foster an intimate, safe and caring relationship with a building that communicates ‘you matter’ and ‘we care’:

- A home which respects your privacy
- A space which communicates respect, dignity, hope
- Increase choice and agency
- Homely domestic feel – says ‘you matter’ and you belong
- See self positively reflected in physical environment
- Staff spaces – (stay in optimal zone/reflective practice)

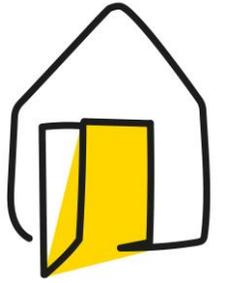


## In summary

1. If the built environment can attend to the nervous system - balance extreme arousal states,
2. & design opportunities for safe graded social interactions,
3. Then the social engagement system can come online.

The environment becomes part of the therapeutic landscape – it is safe caring and regulating contributing towards the conditions needed for meaningful connections and relationships vital for healthy functioning & trauma healing.

Thank you!



Get in touch –

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