Purpose
The purpose of Trauma Informed Oregon’s research notes is to share data that we are collecting both formally and informally as we listen to and engage with those of you working to implement trauma informed approaches.

This qualitative data was gathered at several of our most recent community forums 2019/2020. Attendees were asked to think about what trauma informed care (TIC) looks like in leadership, among staff, and at their organization. Trauma informed (TI) leadership characteristics are provided in this research note. Responses are organized by trauma informed principles.  

Question: **What would it look like if organizational leaders model and embody trauma informed care? How would you know?**

**Emotional and physical safety**
48% of the overall responses fell in the category of safety – either physical or emotional. Most of the responses had to do with emotional safety and how leaders can demonstrate TIC through their interpersonal interactions.

The following are the two most common themes.

**Interpersonal interaction:** Trauma informed leaders display authentic warmth. Their body language is open, approachable, and caring. Trauma informed communication is clear and consistent and also warm. They pay attention to their tone of voice and the use of triggering words. They are non-judgmental. Trauma informed leaders greet people with smiles, make eye contact, and treat people the same. Incidentally *greeting people with a smile* was the most common response used to describe a trauma informed leader.

**Professional behavior:** Trauma informed leaders stay calm even when staff or service users are activated. They avoid knee-jerk or reactive responses. They check in on staff wellbeing and use positive methods to motivate (not fear based). They also give plenty of notice for requests and tasks and avoid surprises. They ensure organizational policies and practices promote a sense of safety for all, and they prioritize safe spaces for staff to use.
Empowerment, voice, and choice
25% of the overall responses fell in the category of empowerment, voice, and choice, with more than half reflecting staff empowerment.

Empowerment: Trauma informed leaders accept different ways of doing the work and acknowledge and validate the knowledge people possess. When holding staff accountable, they are constructive and compassionate. They give staff the benefit of the doubt and acknowledge their hard work and decisions. Trauma informed leaders incorporate staff ideas and consider policies, practice, and resources to support staff.

Voice: Trauma informed leaders listen regularly and actively through check-ins and feedback loops. They work to gain a deeper understanding of staff situations and context.

Choice: Trauma informed leaders offer and honor choice for both staff and service users.

Trust and transparency
21% of the overall responses fell in the category of trust and transparency.

The following are two ways to consider trust and transparency.

Being trustworthy as a person: Trauma informed leaders are accountable for actions and outcomes. They communicate with transparency and they are predictable and consistent. They seek to find answers they don’t have, placing trust in staff as well. They also acknowledge their own personal strengths and weaknesses and understand how these can affect staff.

Being trustworthy as an organizational leader: Trauma informed leaders accept a realistic view of the organizational culture even if it’s negative. They also accept a realistic view of services and can identify barriers and challenges. Trauma informed
leaders are transparent with organizational issues and decisions and explain *the why* to staff. When saying no to staff requests, they demonstrate the same transparency.

**Collaboration and mutuality**
Only 6% of the responses fell in the category of collaboration and mutuality. These represented dependability, follow through, and being involved in the trauma informed effort.

Issues related to cultural responsiveness and the use of peer support were not specifically called out in these suggestions, but were captured by the principles of safety, trust, empowerment, choice, voice, collaboration, and mutuality.

**Methods:**
Approximately 100 people supplied responses (n=85) to these questions. They represented a number of systems including: Child welfare, self-sufficiency, healthcare, public Health, behavioral Health, SA/DV, housing, disability services, veteran services, Tribal services (health clinic), early education, judicial, and emergency services and preparedness. Respondents were mostly direct service providers, but administrative or support staff and managers/supervisors also participated.