

Designing FOR Healing, Dignity, & Joy

v2

*Iterating on the
Trauma-Informed
Design Framework*

SW
SHOPWORKS
architecture

Group 14
ENGINEERING

DU UNIVERSITY OF
DENVER

BRYN MAWR
COLLEGE



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DESIGNING FOR Healing, Dignity, & Joy

Iterating on the Trauma-Informed Design Framework
version 2





INTRODUCTION

In 2017, Shopworks Architecture was invited to attend a trauma-informed care training delivered by experts from Substance Abuse and Mental Health Services Administration, SAMHSA, at The Delores Project Shelter and Apartments at Arroyo Village. SAMHSA is a national expert on trauma and offers extensive training and resources on trauma and trauma-informed approaches to care. Shopworks architects and designers were captivated by the presentation, specifically the research on trauma’s impact on the developing brains of children that suggested the built environment had a role to play in the health and healing of future occupants. Awareness of trauma-informed care set the Shopworks team on a path of inquiry toward “trauma-informed design” (TID). Now, after seven years of TID research and practice, interviews with 2000 end users, and discussions with stakeholders and collaborators around the world, our team has developed a TID conceptual framework for the creation of secure, connected, healthful physical spaces. Further, our team has committed to an ongoing process of reflection and learning, testing and iteration, and a ‘do no harm’ approach to the design of calming and restorative environments.

Our Exploration of TID

At the start of our TID exploration, only a small number of architects, designers, and trauma experts had published on TID. Dr. Jill Pable, founder of Design Resources for Homelessness (designresourcesforhomelessness.org), was one of the first to deeply investigate the relationship between trauma and the built environment through the lens of the experience of homelessness (Pable et al., 2021). Dr. Pable has suggested a definition of TID (building on Hopper and colleagues’ definition of trauma-informed care), which has guided our work: Trauma-informed design encompasses adaptations in the designed built environment that support a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.” (Hopper et al., 2010, p. 133; J. Pable, personal communication, October 7, 2019)

“...our team has developed a Trauma-informed design conceptual framework for the creation of secure, connected, healthful physical spaces.



Assembling our Research Team

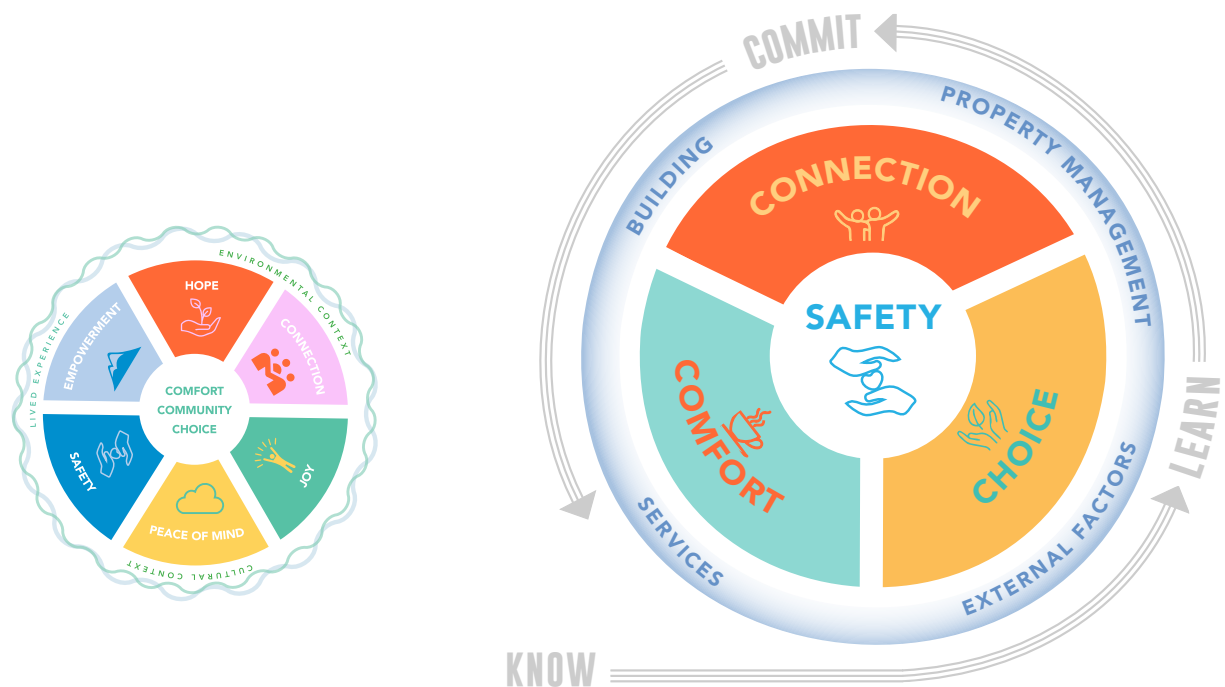
The opening of Sanderson Apartments in Colorado—one of the nation’s first trauma-informed permanent supportive housing communities—in 2017 expanded our team’s understanding of TID. WellPower (formerly the Mental Health Center of Denver) and Davis Partnership Architects thoughtfully designed the 60-unit building to support individuals and couples transitioning from being unhoused into housing. The opportunity to learn about TID from Dr. Pable, WellPower, and other leaders in this space has proven invaluable given our team’s focus on

experiences in shelter and supportive housing. Shopworks Architecture was then joined by Group14 Engineering and the Center for Housing and Homelessness Research at the University of Denver to research TID and contribute to the field’s understanding of the topic. Our research team gathered input from end users—individuals living in affordable housing, navigating the shelter system, and working in these spaces—which led to the creation and ongoing testing of our TID Framework, which we expand on in this paper.

Left: The start of our TID exploration. Arroyo Village with the Delores Project Shelter and Apartments (Denver, CO), designed by Shopworks Architecture with owners Rocky Mountain Communities & The Delores Project. Permanent supportive housing, workforce housing, and shelter for unhoused women and gender nonconforming guests.

Updated Trauma-Informed Design Framework

The first iteration of our framework was released in 2020 with our inaugural TID publication: Designing for Healing, Dignity, and Joy. Extensive research has since informed key aspects of the TID process, which are now reflected in our updated TID Framework:



Initial Trauma-Informed Design Framework released in 2020

Updated Trauma-Informed Design Framework current in 2023



Doing No Harm

As we’ve continued our work, we have come to embrace the nuanced and variable nature of TID. Trauma defines an individualized stress response to a range of distressful circumstances. Coping and somatic regulation are similarly individualized, as people have distinct needs and desires. Thus, with our TID buildings, we respect diverse lived experiences and specific somatic needs by avoiding the suggestion of checklists or sweeping generalizations that create narrow design conventions for all people. Rather, our TID Framework establishes a holistic approach to design that considers a range of experiences and evolving needs that can be addressed through the built environment. Critical to TID is direct input from end users whose experiences of space establish the priorities and values that guide the design. This requires a process of intentional inquiry and the participation of individuals often overlooked and disconnected from the design development process. That being said, there are a few absolutes we stand behind, which bear mention: 1. Trauma is ubiquitous. Most of us have or will experience trauma in our lifetime. 2. The negative impacts of trauma can be mitigated, and healing is possible. 3. As such, we believe that design professionals with great influence and decision-making power have a responsibility to carefully consider the built environment’s impact on all of us and commit to doing no harm.

1

Trauma is ubiquitous. Most of us have or will experience trauma in our lifetime.

2

The negative impacts of trauma can be mitigated, and healing is possible.

3

We believe that design professionals with great influence and decision-making power have a responsibility to carefully consider the built environment’s impact on all of us and commit to doing no harm.

Bringing Curiosity

To understand what healing, dignity, and joy mean to individuals, we must bring curiosity to our work and resist the assumption that we experience the world and the built environment in the same way as those for whom we are designing. We must listen deeply to residents, staff, end users, and occupants of these spaces—as they are the true experts of their experience of the built environment. Using great empathy, respect and the TID Framework as a guide, our goal is to understand how end users experience safety, comfort, connection, and choice in the built environment and prioritize their input and guidance in the design of future spaces. Our aim is to not simply create spaces for people, but to co-create intentional environments where individuals and communities can heal, connect, and thrive. We invite you to join us in this work.

We invite you to join us in this work.

Above: Gorman & Company’s The Stella (Denver, CO), designed by Shopworks Architecture. Staff and resident on lease renewal day.



TRAUMA

There are ways to define trauma. For the purposes of this paper, “trauma” will be defined in terms of Substance Abuse and Mental Health Services Administration’s, SAMHSA’s, three E’s: “Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.” (SAMHSA, Trauma and Justice Strategic Initiative, 2012, p.2)

The Shared Experience of Trauma

Research demonstrates that most individuals have experienced some type of traumatic event at least once in their lives. While the exact number can be difficult to identify (no single study asks everyone about trauma exposure; U.S. Department of Veterans Affairs, 2023), research estimates that around 70% of Americans report trauma exposure (National Council for Behavioral Health, n.d.). This number can vary considerably by individual characteristics (e.g., unhoused individuals), with some populations reporting higher rates of trauma exposure (SAMHSA, TIP 57). Trauma is a nearly universal experience for people with mental health and substance use disorders, those living in poverty (Collins et al., 2010), those who have experienced violence (SAMHSA, 2014), and those who have experienced homelessness (Hopper et al., 2010)—the very people likely to be served by shelters, supportive housing, and affordable housing.

70%

Research estimates around 70% of Americans report trauma exposure.

(National Council for Behavioral Health, n.d.)

Bodily Response

Not everyone who experiences a traumatic event will experience adverse consequences as a result. Rather, adverse consequences stem from an individual’s bodily response to the event. One’s bodily response depends on previous experiences, intersectional identities, cultural circumstances, and physical environments, among other factors. While there is a substantial amount of research on how trauma affects the brain and body, at the most basic level trauma is the activation of our stress response systems in which our bodies employ our flight, fight, freeze, or faint responses (Van der Kolk, 2014). Trauma can lead to an overactive amygdala (responsible for activating our stress response system) and a less responsive prefrontal cortex (responsible for calming our stress response system; Van der Kolk, 2014). It can also limit an individual’s ability to engage the prefrontal cortex and access executive functioning skills, such

as concentration, organization, emotional regulation, and self-control (van der Kolk, 2014). Individuals who have been deeply impacted by a traumatic experience or have had severe and/or persistent traumatic experiences can be easily activated into a flight or fight response and remain in a high alert, hyperarousal response resulting in a constant state of tension, suspicion, and panic. This can make it difficult to relax, sleep, digest food, or enjoy simple pleasures. Alternatively, bodies can become stuck in a freeze or faint response, in which individuals collapse or disengage from their environment altogether (Van der Kolk, 2014). There is an additional stress response, fawning, which is not commonly included in the stress response model but has recently garnered attention. Fawning is a response marked by extreme people-pleasing behaviors and prioritizing the needs of others to one’s own detriment (Walker, 2013).

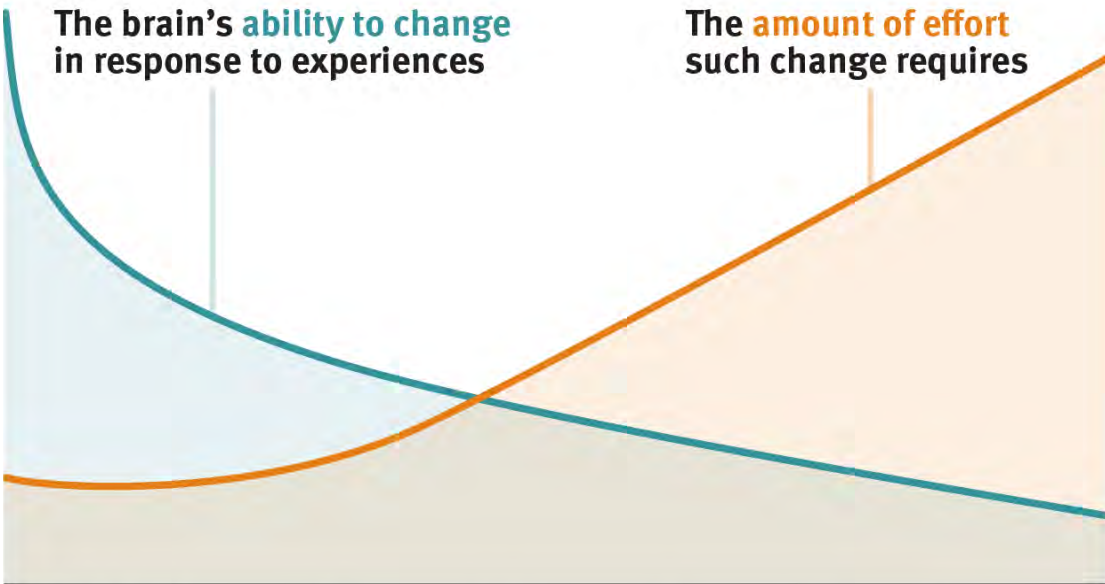
Left: Volunteers of America’s Miremonte (Durango, CO), designed by Shopworks Architecture. Resident enjoying community space where he brings his breakfast every morning to soak in the natural landscape.

Impacts on Children

While these effects of trauma can be observed in individuals even decades after the traumatic event(s), children with experiences of trauma can see the greatest long-term effects. The experience of trauma in childhood can lead to increased risk for severe mental and physical health impairments across the lifespan (McDonnell & Valentino, 2016; Treat et al., 2019). According to the Center on the Developing Child at Harvard University (2023), more than 1 million new neural connections are formed every second during the first few years of life. This is a developmental period when the brain is uniquely vulnerable to new experiences. Research suggests that exposure to childhood trauma increases the risk of a multitude of deleterious consequences, including suicide (Felitti et al., 1998), depression (Kounou et al., 2013), behavioral disturbance (Iwaniec et al., 2006), poor overall health (Felitti et al., 1998), and an impairment in relationships (Cicchetti & Toth, 2005; Hughes & Cossar, 2016). Thus, individuals who experience severe and/or persistent trauma in childhood, which interrupt and impair critical stages of brain development, are more likely to experience deep and lasting impacts that carry into adulthood.

Healing from Trauma

Responding to trauma requires healing the body and the brain while increasing a sense of safety. To heal, people need to become cognizant of their physical sensations and the way that their bodies interact with the world around them (van der Kolk, 2014). Survivors of trauma need to develop a sense of safety not only in their body, but in their surrounding environment as well. This sense of safety can grow by fostering a sense of control and power within the survivor and cultivating a secure living situation (Herman, 2015). Studies also demonstrate that it can be easier to facilitate recovery in youth, due to greater neuroplasticity (that is, the brain’s ability to change and adapt). Healing from trauma requires more than a collection of therapeutic interventions – it is dependent upon the entire environment surrounding individuals. As such, the design of spaces can play a critical role in supporting restoration, repair, and flourishing.



SOURCE: LEVITT (2009)

Center on the Developing Child
HARVARD UNIVERSITY

www.developingchild.harvard.edu

Right: Housing Solutions for the Southwest’s Espero Apartments (Durango, CO), designed by Shopworks Architecture. Stairwell offers joyful, light-filled space with biophilic wood stairs and visual access across floors.



TRAUMA-INFORMED CARE

TID is directly informed by trauma-informed care (TIC), a strength-based framework, grounded in the understanding of and responsiveness to the impact of trauma (Hopper et al., 2010). TIC employs a human-centered approach to supporting those navigating services like shelters and supportive housing. TIC is a recognized, evidence-based practice that acknowledges that the trauma people have experienced impacts the way they interact with others and deeply influences the paths individuals take toward healing and resiliency. Although TIC, like trauma, can have many definitions, according to SAMHSA (2012). TIC can be defined as care that involves four key assumptions (or the four R’s):

- Realizing** Realizing the prevalence of trauma and potential paths for recovery;
- Recognizing** Recognizing the signs and symptoms of trauma and how trauma affects all individuals involved with the program, organization, or system, including its own workforce;
- Responding** Responding by putting this knowledge into practices, procedures, and policies; and
- Actively Resisting Re-Traumatization** Actively resisting re-traumatization of clients and staff (SAMHSA, Trauma and Justice Strategic Initiative, 2012).

Further, the practice of TIC is grounded in a set of six key principles (SAMHSA, Trauma and Justice Strategic Initiative, 2012). Guided by these six principles of TIC, we explored TID by asking residents and staff in affordable housing about their experience of safety, connection, and choice. The data collected during our early TID research prompted the first iteration of the TID Framework.

- 1

SAFETY
Ensuring emotional and physical safety as defined by those being served.
- 2

TRUSTWORTHINESS & TRANSPARENCY
Transparency in organizational operations and decisions with the goal to build and maintain trust.
- 3

PEER SUPPORT
Mutual self-help and peer relationships as key tools for establishing safety and hope, enhancing collaboration, building trust, and promoting recovery and healing.
- 4

COLLABORATION & MUTUALITY
Demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making.
- 5

EMPOWERMENT, VOICE, & CHOICE
Fostering empowerment for staff and clients alike with an awareness of power differentials.
- 6

CULTURAL, HISTORICAL, & GENDER ISSUES
Actively moving past cultural biases and stereotypes to offer gender and culturally responsive services that recognize and address historical trauma.

Right: Housing Catalyst’s Oak 140 (Fort Collins, CO), designed by Shopworks Architecture. Third-floor community room features biophilic and neuro-informed design elements with dynamic and diffuse light, biomorphic forms and patterns, multisensory engagement, and porous materials.

ENVIRONMENT

Given limited empirical research on TID, our research team explored adjacent bodies of literature to inform how humans relate to their surroundings. Biophilia—defined as our innate tendency to seek connections with nature and other forms of life—and neuro-informed design became key foundations for understanding the biological relationship that humans have with their environments. The evidence base of these fields offers key insights into how our surroundings and our interaction with those surroundings can be a source of harm or healing.

Healing Spaces

Studies demonstrate that harmful housing—such as housing without access to nature or drab and dreary buildings that feel institutional—leads to maladaptive behaviors, reduced quality of life, decreased social functioning, increased stress and depressive symptoms, and difficulty connecting socially with others (Rollings and Bollo, 2021). Conversely, hundreds of studies have demonstrated that restorative and healing spaces—such as those with access to nature, soft fascination, fractal fluency, and multi-sensory engagement—promote myriad social, emotional, physical, and physiological benefits (Sternberg, 2001). Healing spaces are known to support overall health by lowering blood pressure, strengthening immune functioning, improving mood,

reducing stress, increasing sociability, and improving cognitive performance (Browning and Ryan, 2020). These findings were highlighted in a pivotal study conducted by Dr. Ming Kuo from the University of Illinois Urbana-Champaign who found that residents in Chicago Public Housing who had view of a small grassy courtyard instead of paved streetscapes reported less mental fatigue, greater attentional functioning, reduced incidents of domestic violence and aggression, lowered drug and crime rates, and increased trust among neighbors and feelings of community (Kuo, 2001). The children living in the units facing these courtyards also demonstrated better overall concentration and self-regulation at home and at school (Kuo, 2001).

The evidence-base from the field of biophilia and neuro-informed design has proven to be an important conversation partner, alongside trauma-informed care in the development of a conceptual framework for better understanding a trauma-informed approach to design.



TRAUMA-INFORMED DESIGN FRAMEWORK

Drawing from our understanding of TIC and design practices in supportive housing, our research team set out to learn from residents, staff, and other community members about their experiences of safety, connection, choice, and general comfort in shelter and housing settings. This exercise established a foundational practice of TID – listening to those with lived experience and creating pathways for their input to directly inform future design decisions.

Initial conversations informed our first iteration of a TID Framework, which established the key elements for moving through a TID process. Our research team continues to test and iterate on our TID Framework and broader understanding of TID, which has led to an updated version of the framework that accounts for our evolving insights:



Trauma-Informed Design Framework

Not a One-Size-Fits-All Solution

The data we’ve collected over the last few years has consistently confirmed that TID is not a one-size fits all solution. It’s not possible to create a TID checklist that meets the distinct needs of diverse individuals in unique buildings and communities.

This conceptual framework was designed to identify high-level constructs that broadly inform the TID decision-making process and highlight that TID requires an intentional approach to achieve meaningful application on projects.

Framework Overview

We begin with a high-level summary of the TID Framework. The proceeding sections further expand upon each portion of the framework. At the heart of the framework lie the core principles of TID: SAFETY and the three C’s—COMFORT, CONNECTION, and CHOICE.

Safety serves as the primary value and focus of TID. Without some sense of safety, it is difficult to imagine experiences of comfort, connection, and choice being fully realized.

At the heart of the framework lie the core principles of TID: **SAFETY** and the three C’s—**COMFORT**, **CONNECTION**, and **CHOICE**.



Safety and the three C’s live within a larger container describing the TID context. The extent to which these principles are experienced is not only dependent upon the BUILDING itself but also the nature and quality of onsite SERVICES and PROPERTY MANAGEMENT. As such, a trauma-informed approach to both service delivery and property management serves as critical partners to promoting the experience of TID. EXTERNAL FACTORS which include the historical, ecological, and cultural context of the physical and temporal location of the building must also be considered. Ideally, the various context influences are viewed through a holistic and responsive lens that recognizes the interconnectedness of these factors on the health and well-being of residents and staff. The TID Framework is then held and guided by an ongoing process we refer to as KNOW–LEARN–COMMIT, which describes the role and responsibility of designer professionals and other decision-makers in the development process.

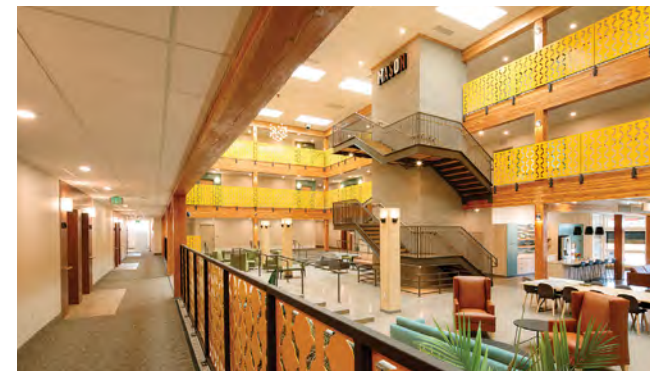


SAFETY



When we talk about safety, we are talking about safety that is both actual and perceived—that is, safety as defined or experienced by an individual. Design elements addressing safety speak directly to our physical well-being as well as the security of our space and belongings. This element of the conceptual framework also refers to our psychological safety, peace of mind, and ability to ground ourselves in the present.

When it comes to safety and security, participants often describe a desire for access to staff and open sightlines from staff areas into common spaces. This was a key lesson in our early TID research. We often hear that spaces without direct visual access are not as readily utilized or comfortable for residents. For example, when designing amenity spaces, it is important to consider actual and perceived safety issues that may arise including visual access to staff, lighting, camera coverage, wayfinding, and exit routes.



Above: REDI Coporation's Rhonda's Place (Denver, CO), designed by Shopworks Architecture. View from the front desk offers staff visual access to the entrance, lobby, resident mailboxes, elevator, stairs, staff offices, and courtyard. Direct visual access communicates safety to both residents and staff.

Top left: Housing Catalyst's Mason Place (Fort Collins, CO) | Top right: Second Chance Center's Providence at the Heights (Aurora, CO) | Bottom: Gorman & Company's The Elisabetta (Denver, CO). All designed by Shopworks Architecture.



COMFORT



Comfort describes spatial features that allow a person to somatically regulate and be at ease physically, psychologically, and socially. In building design, Indoor Environmental Quality (IEQ) captures many of the conditions that support personal and collective comfort, including visual, auditory, and kinesthetic experiences impacted by ventilation and air quality, thermal comfort and airflow, artificial and natural light, and acoustical design. Drawing from research on biophilic design, our experience of natural elements in the built environment such as daylight colors, organic patterns, dynamic engagement, sensory cues, clear sightlines, and nested layers plays a significant role in orienting us to our surroundings (Pallasmaa, 2012; Sternberg, 2009). The presence of these elements is evolutionarily linked to an instinctive draw to signals of security, sustenance, and thriving (Falk & Balling, 2010).

Comfort also describes elements that are aesthetically pleasing—sparking joy, surprise, and delight—as well as high-quality items that communicate dignity and worth. This includes beautiful artwork, distinctive finishes, and high-quality furniture—which are often noted by residents as clear symbols of intention, value, and respect.



Above: Gorman & Company's The Stella (Denver, CO), designed by Shopworks Architecture. The lobby features natural design elements that offer a multisensory experience (sight, smell, touch, sound, and proprioception), such as dynamic and diffused light, fractal patterns, cedar wood, natural materials, prospect and refuge.

Top left: Second Chance Center's Providence at the Heights (Aurora, CO) | Top right: Brothers Redevelopment Valor on the Fox (Denver, CO) | Bottom: Karis' Laurel House (Grand Junction, CO). All designed by Shopworks Architecture.

CONNECTION



Connection is important for many reasons. It describes residents connecting with 1) themselves, mind and body; 2) other residents; 3) staff and service providers; 4) the surrounding neighborhood; and 5) the building itself. In our research, **residents and staff describe layers of connection forming throughout the building with different groupings of people, animals, nature, and material belongings.** Residents connect intimately with those inside their apartments such as family members and friends, pets, plants, and belongings including musical instruments and electronic devices. On one's floor, residents connect directly or indirectly with their neighbors through smells, sounds, trash, laundry, and interactions in the corridors or at the elevator. Shelves outside apartment doors allow residents to passively introduce themselves to their neighbors by displaying personal items. Residents connect with staff in designated staff areas but more often via casual interactions throughout the building. Residents also connect with those in the surrounding neighborhood while grilling in the backyard, relaxing on the front porch, parking, smoking, and via exterior design depicting visual representations of cultural and historic touchpoints and other identity anchors held by the community.



Above: Denver Housing Authority's Thrive (Denver, CO), designed by Shopworks Architecture and Flow Design Collaborative. Custom-made fox play structure overlooks an elementary school, anchoring the building to the neighborhood with playful optimism. Local children were engaged in the design of the structure and the final selection of the fox motif.

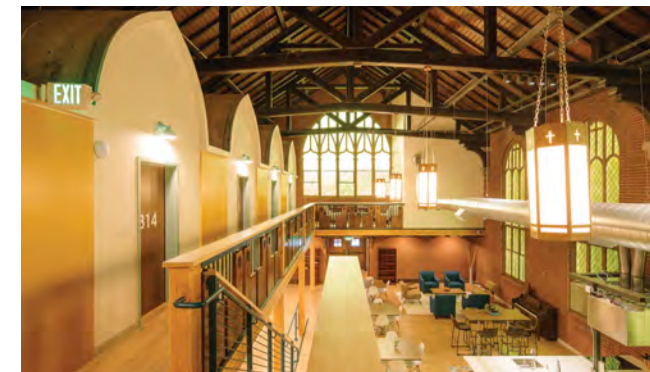


Top left: Gorman & Company's Avenida del Sol (Denver, CO) | Top right: Denver Housing Authority's Thrive (Denver, CO) overlooks Denver Public School grounds. | Bottom: Gorman & Company's Terraza del Sol (Denver, CO). All designed by Shopworks Architecture.

CHOICE



Choice describes the ability to personalize the experience of an environment. Dimmer switches and window shades in apartments, staff offices, and common areas allow occupants to choose natural light or near darkness – a critical consideration for those with migraines or ocular conditions. **Choice describes design elements that allow people to engage at different levels whether that's to be directly in the mix or linger at the periphery.** Varied seating arrangements and observation areas allow people to find a comfortable degree of interaction. With TID, we are mindful of hotspots where bottlenecks and pinch points may contribute to unnecessary tension and conflict. It is important to provide multiple pathways and exit routes through a space, offering opportunities for occupants to connect with or strategically avoid one another, to say, "I'm not ready for that interaction right now." How do we design in a way that supports those who want to be in the center of the action as well as those who are feeling things out, easing into a new setting, or coming back into their bodies from a dissociative state. How are we creating opportunities for gentle interactions at the margins?



Above: Karis' Laurel House (Grand Junction, CO), designed by Shopworks Architecture. Weaving dual paths leading to the entrance provide choice and varied sensory engagement from the audible crunch of crushed granite underfoot, the passing scents of local foliage along the path, and the sensation of a breeze across your face.

Top left: St. Francis Center's Warren Residences (Denver, CO) | Top right: Volunteers of America's Brandon Courtyard (Denver, CO) | Bottom: Karis' Laurel House (Grand Junction, CO). All designed by Shopworks Architecture.

Context

TID operates within, and is impacted by, a larger context that cannot be overlooked. While buildings can be designed in an intentional, trauma-informed manner, other factors will necessarily impact how those spaces are experienced by residents, staff, visitors, and the surrounding community. In addition to the building design, property management plays a significant role in setting the terms and tone of the community—deciding how spaces are used and by whom. For example, an outdoor area designed for pets will be impacted by policies outlining animal ownership in the building. The services and operations of a building play a major role in the nature and quality of space utilization. For example, a computer lab can be designed for residents; however, dedicated training and workshops have the potential to elevate access and the overall experience of the resource. Other external factors, such as a global pandemic or the historic racism of redlining and comparable practices leading to segregation or disinvestment in specific communities, must also be acknowledged as having direct and indirect impacts on the building experience.

Responsive and Evolving

Trauma-informed service delivery and spaces are intended to be responsive to diverse and evolving end user need, including external factors that may shift how buildings are utilized and the nature of human interactions within those environments. For buildings to meet the needs of residents and staff, trauma-informed buildings must work alongside a trauma-informed service approach and trauma-informed property management to fully support restorative, healing experiences in housing.



BUILDING



SERVICES



PROPERTY MANAGEMENT



EXTERNAL FACTORS

Know Learn Commit

The TID Framework is held and guided by an ongoing process we refer to as KNOW-LEARN-COMMIT, which acknowledges the influence held by design professionals and decision-makers and asks those individuals to reflect on their role, experiences, and beliefs. To us, KNOW-LEARN-COMMIT acknowledges the power held by those defining the built environment. **We believe that the KNOW-LEARN-COMMIT process reflects a mindset that values ongoing personal development, awareness, and responsibility to those being served.**

KNOWING relates to:

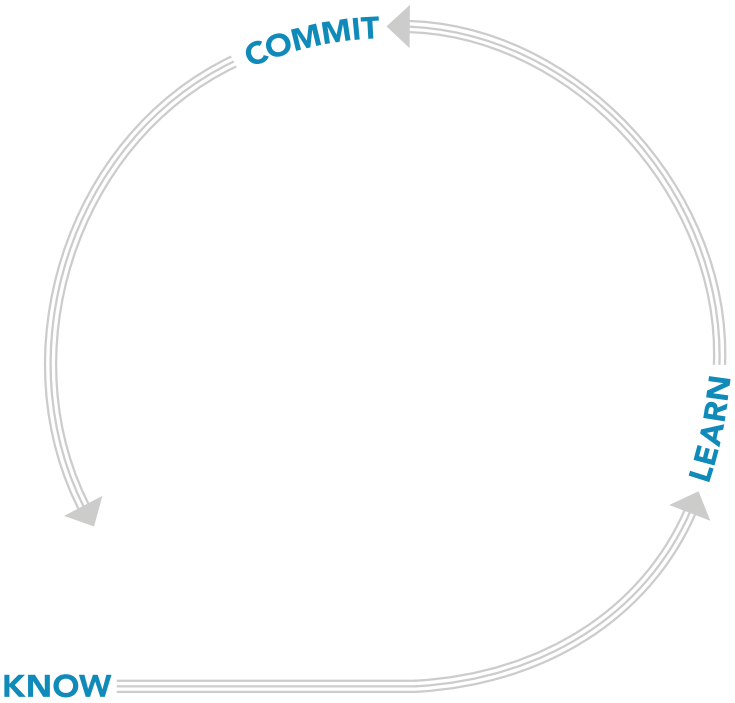
- the histories of the place and identities of the people being served by the building,
- whether the identities of the end user are represented by the decision-makers, and
- the relationship that decision-makers have with their own trauma and the beliefs, biases, and preferences that impact the work as a result.

Following reflection on what is known, LEARNING involves:

- seeking input from those with experience navigating the spaces you are designing,
- not only listening to the stories of end users but believing them,
- unlearning things that are found to be unhelpful or inaccurate, and
- deepening self-awareness and personal identity work.

With some inventory on what is known and what must be learned, COMMITTING involves:

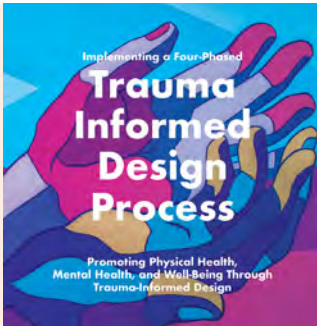
- ongoing learning
- centering the voice and expertise of those with lived experience,
- ensuring that the design process is carried out in partnership with those who are most impacted,
- listening and believing,
- actively incorporating what you have learned into the design, and
- advocating for TID as an equitable, humane practice because everyone deserves safety, comfort, connection, and choice.



CONCLUSION

Ultimately, TID requires time and care to connect with end users and deeply understand their individual relationships with and needs from the built environment, and how their diverse experiences influence varied responses to spaces. Using the TID Framework as a guide, the design team’s goal is to elevate the human experience by prioritizing safety, comfort, connection, and choice throughout the design. In doing so, TID professionals can create spaces where individuals and communities are able to attend to their physical, mental, emotional, and social health.

Our hope is that this TID Framework provides a helpful guide for those designing spaces to develop greater awareness and empathy around how the built environment can play a central role in promoting healing, resilience, and joy. As a part of committing to this work, we invite you to explore our other resources which include step-by-step guidance on designing with rather than for individuals and communities. We are excited to collaborate with committed partners across the globe in this work and welcome new voices that expand the conversation.



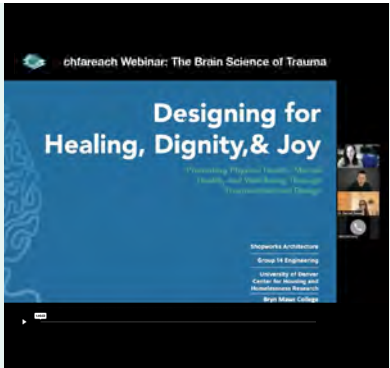
Trauma-Informed Design Process

This paper provides an overview of our four-phase Trauma-Informed Design Process, summarizing the goals and activities at each phase. Two case studies are included to illustrate how the four phases were implemented on housing developments with unique attributes. Additionally, this paper outlines key learnings resulting from the process on each project.



Trauma-Informed Design Manual

This step-by-step manual guides housing development teams through the 4-Phase Trauma-Informed Design Process, outlining specific objectives, activities, and additional resource materials for each phase. Detailed questions are provided to support teams carrying out pre- and post-occupancy assessments in housing.



Trauma-Informed Design Training Series

A four-part training series intended to educate Housing Development Teams (architects, non-profits, developers, property managers, etc.) on trauma, trauma-informed care, biophilia, and our Trauma-Informed Design Framework. The series walks participants through our four-phase TID Process and lessons learned on Shopwork’s buildings. The final session provides an overview of a trauma-informed property management approach, developed by our colleagues at POAH (Preservation of Affordable Housing).



Architectural Principles in the Service of Trauma-Informed Design

This pamphlet focuses on ways to design a building to help regulate the body and support therapeutic approaches. It offers a primer on the body-space-trauma relationship, outlines organizing principles for trauma-informed architecture, provides examples of built work, and showcases narratives that inform amenities that residents and staff may need.

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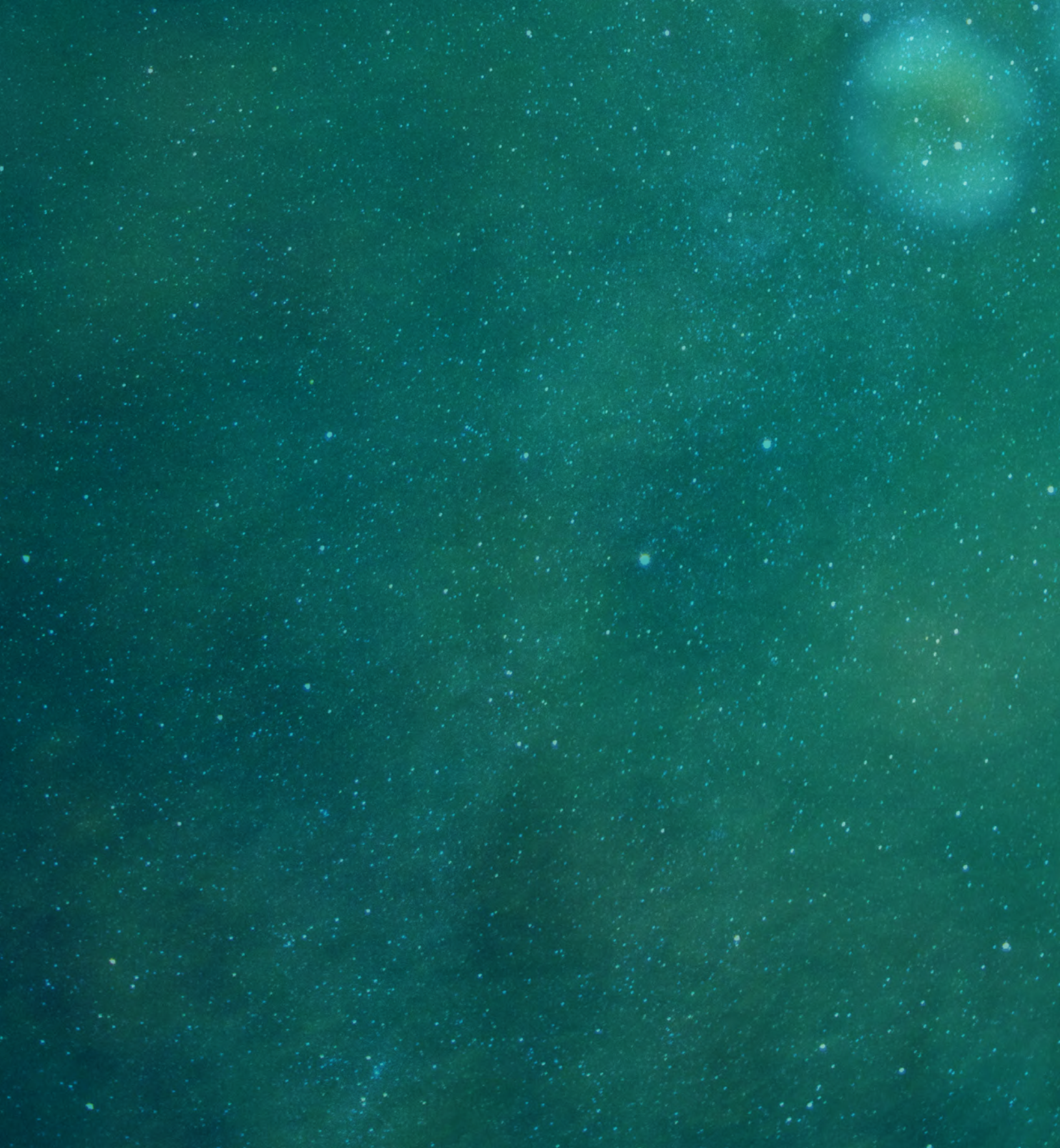
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