

Trauma-Informed Legal Practice with Clients

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Trauma-informed practice has become a focus in several fields,² and it is gaining more emphasis in legal practice.³ The idea is discussed, but it is often not well defined, and practical means of implementing trauma-informed practices seem hard to identify. This is especially true in the legal community, where attorneys and other professionals do not typically receive adequate training on concepts such as trauma-informed practice and secondary traumatic stress.⁴ A deeper exploration of the values and organizational culture that support trauma-informed practices can reframe the discussion and give rise to practical strategies for implementation.⁵

GENERAL CONCEPTS

Trauma-informed practice seems a natural fit with the legal field. It is driven by recognition of injustice and efforts to care and advocate with those who are impacted by that injustice, qualities associated with the very nature of legal work.⁶ Trauma-informed practice depends on an understanding of trauma.⁷ It requires being cognizant of the prevalence of trauma and the many ways that trauma impacts people and systems in both the short and long term. It includes awareness of the historical, physical, emotional, spiritual, and systemic impact of trauma. More than anything, it requires awareness that trauma-informed practice is not about a checklist or a spread sheet, but about the underlying culture and values by which individuals and organizations abide.⁸

What Is Trauma?

If trauma were a rare occurrence, strengthening trauma-informed practice might not be as urgent of a need. Unfortunately, that is not the case. Research indicates that at least 50-60% of people in the United

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² Becker-Blease, K. A. (2017). As the world becomes trauma-informed, work to do, *Journal of Trauma & Dissociation*, 18:2, 131-138, DOI: 10.1080/15299732.2017.1253401

³ Katz, Sarah and Haldar, Deeya, The Pedagogy of Trauma-Informed Lawyering (April 21, 2016). 22 *Clinical L. Rev.* 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019.

⁴ MacLeish, R. (2014). A Proposal for Reducing the Risk of Vicarious Trauma for Advocates and Attorneys Representing Victims of Violent Crime (Issue brief). Retrieved <http://www.lclma.org/wp-content/uploads/2014/04/MacLeish-Vicarious-Trauma.pdf>

⁵ Missouri Department of Mental Health and Partners (2014). *Missouri Model: A Developmental Framework for Trauma Informed*

⁶ National Child Traumatic Stress Network, Justice Consortium Attorney Workgroup Subcommittee (2017). *Trauma: What child welfare attorneys should know*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress

⁷ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

⁸ Missouri Department of Mental Health and Partners (2014). *Missouri Model: A Developmental Framework for Trauma Informed*

States have experienced an event that could be traumatic,⁹ with some areas of the country having a prevalence of trauma as high as 90%.¹⁰ Some of this is related to military action, with up to 17% of veterans who have served since Vietnam showing evidence of combat-related PTSD,¹¹ but trauma extends far beyond war. Children experience much of this trauma, with 3.4 million children involved in a child protection report in 2017.¹² Children affected by displacement are especially vulnerable, with 54% of children who are refugees and 32% of children who are immigrants meeting diagnostic criteria for PTSD.¹³ Crime often involves traumatic elements, and studies consistently find rates of PTSD in crime victim between 19% and 75%, depending on the type of crime, with some studies finding rates as high as 80% following rape.¹⁴ All areas of legal practice may encounter trauma and its effects, but firms, departments, and offices that focus on individual and system aspects of child welfare, institutional abuse, or traumatic displacement are more likely to encounter these.¹⁵

Trauma is much more prevalent than many people realize, but what is it? Are all bad events traumatic, or does an adverse experience need to reach a certain threshold to be considered trauma? The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a circumspect understanding of trauma, explaining that it “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 **effects** on the person’s functioning and mental, physical, social, emotional, or spiritual well-being.”¹⁶ Many adverse experiences are not traumatic. Many events that could be traumatic do not become traumatic to the person who experiences them. Some people appear incredibly resilient even in the face of events that seem clearly traumatic. Understanding of this process is gained by looking at the “three Es” in SAMSHA’s definition of trauma – the Event, the Experience of the event, and the Effects of the event. When most people think of trauma, they think of the EVENT, such as being sexually assaulted, displaced from your homeland, or forcibly removed from the home. While this is a key component of trauma, it is only part of the picture. Trauma is also defined by how the event was EXPERIENCED by the person. Connections to previous trauma, supportive relationships and community while dealing with the event and its aftermath, the roles of others associated with the trauma, the level of stability apart from what happened, and other similar factors impact how the person experiences the event and drive how significant it is to the person. The EFFECT of the event serves as the final leg of this view of trauma. Financial, housing, physical, health, spiritual, emotional, relational, and other ramifications from the

⁹ Harris, M. and Fallot, R. (Eds.) (2001). Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services. San Francisco: Jossey-Bass.

¹⁰ Ibid.

¹¹ Richardson, L. K., Christopher Frueh, B., & Acierno, R. (2010). Prevalence Estimates of Combat-Related Post-Traumatic Stress Disorder: Critical Review. *Australian & New Zealand Journal of Psychiatry*, 44(1), 4–19. <https://doi.org/10.3109/00048670903393597>

¹² Children's Defense Fund (2018). *The State of America's Children: 2017*. Washington, D.C.: Children's Defense Fund

¹³ Perreira, K. M., & Ornelas, I. (2013). Painful Passages: Traumatic Experiences and Post-Traumatic Stress among U.S. Immigrant Latino Adolescents and their Primary Caregivers. *International Migration Review*, 47(4), 976–1005. <https://doi.org/10.1111/imre.12050>

¹⁴ Javidi H, Yadollahie M. Post-traumatic stress disorder. *The International Journal of Occupational and Environmental Medicine* 2012;3:2-9.

¹⁵ Donovan, D. (2017, April 26). Compassion Fatigue: For Lawyers, the Well of Empathy Can Run Dry - with Consequences. North Carolina Lawyers Weekly. Retrieved September 10, 2018, from <https://nclawyersweekly.com/2017/04/26/compassion-fatigue-for-lawyers-the-well-of-empathy-can-run-dry-with-consequences/>

¹⁶ Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014

event impact how traumatic the event becomes for the person and influence the person's capacity to begin processing the event and incorporating it into their view of the world.¹⁷

Universal Precautions

With an understanding of trauma as the foundation, the values and organizational culture of trauma-informed legal practice can begin to grow. While these concepts are developed with trauma in mind, they have much broader applicability. Given the prevalence of trauma among crime victims and others seeking legal help and the highly personal nature these events often have, most organizations unknowingly serve, collaborate with, and employ many people with trauma histories. This fact argues for a “universal precautions”¹⁸ approach to trauma-informed practice.¹⁹ While it is true that some people have never experienced a potentially traumatic event, principles grounded in trauma-informed practice are often still helpful and do not cause harm, so applying them universally is generally good practice.²⁰ These practices serve as a buffer for legal professionals against burnout and secondary traumatic stress, and they equip those in the legal field to have the most effective interactions with their clients.²¹

SAMHSA has placed extensive effort into better understanding and clarifying trauma-informed practice.²² Much of their work centers on “Four R’s.” They state:

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** signs and symptoms in clients,

¹⁷ Consider two women who experience domestic abuse from a partner. One woman is surrounded by a supportive family and community. An advocate walks beside her through the ensuing process of restraining orders, court dates, and uncertainty. Her parents offer encouragement and do not blame her for what has happened. She is surrounded by friends who uplift her and strengthen her sense of physical and emotional safety. Her closest friend spends several nights with her after the abuser was arrested and then released. When the relationship with the abuser ends, she loses his financial support and fears losing her apartment. Her parents help, the advocate finds additional resources, and she is able to manage financially as the situation stabilizes and moves past the crisis. This support allows her to keep her apartment. The other woman undergoes the same abuse from a partner. She tries to connect with an advocate, but the local domestic violence shelter is overwhelmed, so her calls for help are often not returned, and appointments are frequently canceled. Her family blames her because they warned her not to date the abuser, and she internalizes this blame and guilt. Most of her friends were shared with the abusive partner, and she fears that anything she says to them will get back to him. Even the people she thought she could trust now seem cold and distant. She feels alone. Worse, without his financial help, she starts falling behind on the rent, and she receives an eviction notice. The landlord is unwilling to negotiate, happy to be rid of a troublesome tenant who disturbed neighbors and brought the police. Even though both women had the same potentially traumatic event occur, the experience of the event varied between the two, and effects of the event were not congruent. The outcomes for these women will likely differ significantly.

¹⁸ A “universal precautions” approach to trauma-informed practice says that, since any person, group, or system with which one interacts may have experienced trauma, one should respond to everyone in a trauma-informed way.

¹⁹ Missouri Department of Mental Health and Partners (2014). *Missouri Model: A Developmental Framework for Trauma Informed*

²⁰ MacLeish, R. (2014). A Proposal for Reducing the Risk of Vicarious Trauma for Advocates and Attorneys Representing Victims of Violent Crime (Issue brief). Retrieved <http://www.lclma.org/wp-content/uploads/2014/04/MacLeish-Vicarious-Trauma.pdf>

²¹ National Child Traumatic Stress Network, Justice Consortium Attorney Workgroup Subcommittee (2017). Trauma: What child welfare attorneys should know. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress

²² Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK207201/>

families, staff, and others involved with systems; **responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively **resist re-traumatization**.²³

These Four R's form the foundation of a trauma-informed approach, which is then implemented through adherence to six key principles. It is important to note that, while the principles always apply, the way they are addressed varies significantly based on role, context, and other factors.²⁴

SAMHSA'S SIX KEY PRINCIPLES

SAMHSA's Four Rs give rise to six key principles, which are listed in Exhibit 1. These principles are mirrored in other works, including Guarino, et al.,²⁵ Harris and Falot,²⁶ and Kezelman and Stavropoulas²⁷ and there is a growing recognition of their applicability in the legal field.²⁸ All of the principles are essential, and they overlap in their application. Organizations should embed them into formal policies and procedures so they are not dependent on a single person or group.²⁹ As these principles are understood and implemented, personal and organizational culture and values begin naturally leading to trauma-informed practice.

EXHIBIT 1: SAMHSA'S SIX KEY PRINCIPLES³⁰
<ul style="list-style-type: none">• Physical and Psychological Safety• Trustworthiness and Transparency• Peer Support• Collaboration and Mutuality• Empowerment, Voice, and Choice• Historical, Cultural, and Gender Considerations

The client is often the first thing that comes to mind when individuals or organizations seek to enhance trauma-informed practice. Even efforts to improve trauma-informed practice in other domains, such as staff, organizations, systems, and communities, come back to the person receiving services as a primary

²³ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. Emphasis in the original.

²⁴ Harris, M. and Falot, R. (Eds.) (2001). Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services. San Francisco: Jossey-Bass.

²⁵ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org

²⁶ Harris, M. and Falot, R. (Eds.) (2001). Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services. San Francisco: Jossey-Bass.

²⁷ Kezelman, C. & Stavropoulas, P. (2016). Trauma and the Law: Applying Trauma-Informed Practice to Legal and Judicial Contexts. The Blue Knot Foundation. Retrieved from <http://www.blueknot.org.au>. Accessed September 17, 2019

²⁸ Cho J. A Distressing Business: Suffering can be the human consequence of lawyering. ABA Journal [serial online]. June 2018;104(6):28-29. Available from: EBSCO MegaFILE, Ipswich, MA. Accessed September 10, 2018.

²⁹ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014

³⁰ Ibid.

motivation for addressing that domain.³¹ While the focus of the current article is on trauma-informed practice with clients, fully implementing this approach must involve the other domains as well.³² Trauma-informed practice with clients varies depending on the field and role of the person trying to implement. Even though there is considerable variation, many general guidelines apply across fields and roles. These general guidelines then inform application specifically to the legal field. Applicable interactions include almost any type of contact with a client. These exchanges might be intended to welcome the person, much like a front desk staff would. They may be designed to address logistical needs, such as when a billing or scheduling person calls. They could be meant to work toward a concrete goal, such as when an attorney discusses a case with a client. They could be a part of treatment, if a lawyer and healthcare or mental providers interact.

Safety

Safety is the first principle of trauma-informed practice.³³ Physical components of safety are the most obvious. The ability to remain free of injury and physical harm, free from assault, free from significant or disproportionate bodily danger, and other potential threats to physical integrity forms the most basic element of safety. Even when physical safety is not threatened, emotional or psychological safety may be at risk. This can be hard to define, especially in traumatized communities and organizations.³⁴ Verbal and emotional abuse; dismissing attitudes; bullying; cultural, gender, orientation, and identification-based bias or insensitivity; unexpected significant change and chaos; insecurity and uncertainty; unclear or inappropriate boundaries; significant emotional restrictions; and other, often subtle aspects of the environment all can chip away at emotional and psychological safety.³⁵ Some actions that may increase the client's sense of safety are listed in Exhibit 2.

³¹ Cole, S., Greenwald, J., Gadd, M., Ristuccia, J., Wallace, D., & Gregory, M. *Helping Traumatized Children Learn: Supportive School Environments for Children Traumatized by Family Violence*. MA: Massachusetts Advocates for Children, 2005.

³² Katz, Sarah and Haldar, Deeya, *The Pedagogy of Trauma-Informed Lawyering* (April 21, 2016). 22 *Clinical L. Rev.* 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019

³³ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org

³⁴ Kezelman, C. & Stavropoulos, P. (2016). *Trauma and the Law: Applying Trauma-Informed Practice to Legal and Judicial Contexts*. The Blue Knot Foundation. Retrieved from <http://www.blueknot.org.au>. Accessed September 17, 2019

³⁵ Consider Sam, a 50-year-old male who was physically and sexually abused in his church as a child. The abuse often occurred in an ornate building, located in a downtown metropolitan area. He still remembers the way the light came through the stained glass windows, the sight of the intricate woodwork, the scent of the abuser's cologne, the ritualistic requirement to call the abuser "sir." He has spent his entire life avoiding reminders of the abuse. He stays away from big cities and ornate buildings. He still goes to church, but never to one with stained glass. He hates cologne. No one is ever allowed to call him "sir." With all the coverage of clergy sexual abuse, Sam has decided to come forward. He calls a law office and schedules an appointment. He feels uneasy as he enters the downtown area where the firm is located, the first time in almost 30 years he has been in a big city. He struggles to find parking and almost gets into an accident because his mind is so cloudy from the onslaught of memories from his childhood. He enters the building where the law firm is located and is immediately surrounded by detailed woodworking that he swears is an identical match with the church from his childhood. He feels a knot forming in his stomach, and his head pounds. He is greeted by a person at the front desk, who shows him to a meeting room where the attorney will soon join him. Stained glass windows. Feeling nauseated and almost transported back to his childhood, he tries to block it all out of his mind. A young attorney enters, wearing a noticeable amount of cologne, and greets him. Sam expresses his wariness, and the attorney responds by saying, "Yes, sir, I know this can be a very hard thing to do."

Safety is not defined by the legal professional; it is defined by the client.³⁶ Without this most essential principle of trauma-informed practice, the other principles will likely falter as well. Many factors contribute to whether the person feels safe. What is the neighborhood like where they meet their legal team? Are there potential reminders of past trauma? Is the area accessible and accommodating of potential limitations? Is the entry welcoming? These and other questions combine with the client's past experiences to set the tone for the interactions that occur.³⁷ In those interactions, how is safety conveyed? Condescending interactions that emphasize the legal team's power and control reduce the recipient's sense of safety, as can coercive and involuntary practices that can be retraumatizing.³⁸ During the interaction, who controls the client's personal space or seating in meetings?³⁹ While that person needs to know if there are consequences for certain behavior, such as missing scheduled appointments, this must be conveyed in a non-threatening way.⁴⁰ How is emotion shown during interactions? It is essential to know how the person responds to and manages emotions. Heightened sadness, worry, anger, excitement, or emotions in general on the part of legal staff may undermine the client's efforts to manage their emotions, which can leave them feeling less in control and less safe.⁴¹

EXHIBIT 2: PRACTICAL APPLICATION: SAFETY⁴²

Each person and law practice is different, so these strategies will be effective for some clients in some settings and not for others. Use these as a guide for practices that can be generalized across the organization, office, department, or system.

- Accept the client's emotional state

Sam's physical safety is not threatened, but he feels under attack, vulnerable, and as exposed as when he was a young child being abused.

³⁶ Katz, Sarah and Haldar, Deeya, *The Pedagogy of Trauma-Informed Lawyering* (April 21, 2016). 22 *Clinical L. Rev.* 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019

³⁷ Katz, Sarah and Haldar, Deeya, *The Pedagogy of Trauma-Informed Lawyering* (April 21, 2016). 22 *Clinical L. Rev.* 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019

³⁸ Harris, M. and Falot, R. (Eds.) (2001). *Using Trauma Theory to Design Service Systems*. New Directions for Mental Health Services. San Francisco: Jossey-Bass.

³⁹ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org.

⁴⁰ Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS PublicationNo. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

⁴¹ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org.

⁴² Katz, Sarah and Haldar, Deeya, *The Pedagogy of Trauma-Informed Lawyering* (April 21, 2016). 22 *Clinical L. Rev.* 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019; Kezelman, C. & Stavropoulos, P. (2016). *Trauma and the Law: Applying Trauma-Informed Practice to Legal and Judicial Contexts*. The Blue Knot Foundation. Retrieved from <http://www.blueknot.org.au>. Accessed September 17, 2019; Kraemer, T. & Patten, E. (2014). Establishing a Trauma-Informed Lawyer-Client Relationship (Part One). *ABA Child Law Practice*, 33(10): 197-202. Available at <http://www.childlawpractice.org>. Accessed September 17, 2019; National Child Traumatic Stress Network, Justice Consortium Attorney Workgroup Subcommittee (2017). *Trauma: What child welfare attorneys should know*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress

- Accommodate possible differences related to the trauma or other factors, including impaired executive functioning skills, difficulty trusting, rigidity, poor follow through, difficulty conveying a consistent and organized narrative, and more
- Allow the client to choose seating
- Allow the client to define their own safety
- Assess policies related to missed appointments, communication, and other potentially stressful elements of the attorney-client relationship
- Assess the office, neighborhood, and other aspects of the environment that may activate past traumatic experiences; remove these if possible or prepare clients ahead of time if they cannot be removed Create a welcoming and friendly environment
- Avoid overemphasis of the attorney’s and other legal professionals’ power
- Follow the client’s lead on when to push into trauma and when to back off

Trustworthiness and Transparency

Safety rests on several things, and one of the most central is trust.⁴³ Trust is deeper than whether a person or organization speaks the truth. It rests in what information is shared and how that information is delivered and framed. It is influenced by perceived and actual motivations. It develops as follow through is observed and consistency is maintained. It is strengthened as legal professionals honorably hold and respect the information the client shares and manage difficulties in the professional relationship. It grows as people clearly see that trauma-informed practice runs deeper than a catch phrase and has become the consistent driving force that guides actions.

As the recipient’s sense of safety grows, trust can also grow. Developing trust may take a different trajectory if either person has experienced trauma.⁴⁴ Adverse experiences can teach a person that the world is not a good place and that people cannot be trusted. It can convince a person that no one is on their side.⁴⁵ This may make it more difficult for the client to ask for help and easier for them to view interactions in a negative light. It may also make them more prone to testing the legal team,⁴⁶ as if they are saying, “Will you still be there for me if I miss scheduled appointments or do not get paperwork done? What if I am rude? Can I really trust you? If I cannot trust you, I would rather discover that now and get it over with.” Recognizing this possible dynamic heading into the relationship may help the attorney and other legal professionals better understand and respond to the underlying need prompting the behavior. It may also lead the provider to have more flexibility or to adjust expectations or how those expectations are explained.⁴⁷ As the recipient sees the provider remain faithful through some of this testing, it can build trust. When that faithfulness is accompanied by the provider’s consistency, dependability, predictability,

⁴³ Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

⁴⁴ Harris, M. and Falot, R. (Eds.) (2001). Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services. San Francisco: Jossey-Bass.

⁴⁵ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org.

⁴⁶ Kraemer, T. & Patten, E. (2014). Establishing a Trauma-Informed Lawyer-Client Relationship (Part One). *ABA Child Law Practice*, 33(10): 197-202. Available at <http://www.childlawpractice.org>. Accessed September 17, 2019

⁴⁷ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org.

follow through, and transparency, the recipient is even more likely to accept that they can trust the attorney.⁴⁸

The attorney bears the responsibility of honoring the client's trust. See Exhibit 3 for some suggested ways to enhance trustworthiness and transparency. This means that they must be trustworthy – *worthy* of trust. Several variables contribute to this. What information does the legal team explicitly share, and what is left less clear?⁴⁹ This may impact what clients know about the legal process, expected pathways and outcomes of the case, deals and collaboration, barriers, and other aspects of the attorney-client relationship. Why is information highlighted or minimized? The attorney must ask if there is a valid purpose for this, or if some other reason - whether power, past practice, or some other variable - contributes to their decision.⁵⁰ When information is shared, is it shared in a way that is meaningful and useful to the client? Information shared without technical jargon, at the person's level of understanding,⁵¹ and in their own language⁵² helps them trust what the attorney shares. When the legal team shares information, makes a statement, or makes a commitment, is the information accurate, and are commitments honored? Poor follow through and frequent cancellations undermine trust, as does inaccurate or incomplete information.⁵³ When the client shares information, does the legal team demonstrate trustworthiness in how the information is managed and in their response to the information? The client needs to know they can trust the attorney to hold any disagreements or revelations that may occur.⁵⁴ They need to know that the attorney will not be scared away and will not penalize them for failing to meet expectations or disappointing them. They have likely dealt with consequences for failure for much of their lives, and the attorney demonstrates trustworthiness by consistently showing that they are there regardless of this to the greatest extent possible.⁵⁵ Natural consequences still occur, as that predictability can also build trust, but additional consequences should typically be avoided when possible.⁵⁶ The answers to these questions give insight into whether the attorney is worthy of the trust they ask from the client.

EXHIBIT 3: PRACTICAL APPLICATION: TRUSTWORTHINESS AND TRANSPARENCY⁵⁷

⁴⁸ Ibid.

⁴⁹ Kraemer, T. & Patten, E. (2014). Establishing a Trauma-Informed Lawyer-Client Relationship (Part One). *ABA Child Law Practice*, 33(10): 197-202. Available at <http://www.childlawpractice.org>. Accessed September 17, 2019

⁵⁰ Katz, Sarah and Haldar, Deeya, The Pedagogy of Trauma-Informed Lawyering (April 21, 2016). 22 Clinical L. Rev. 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019

⁵¹ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org

⁵² Ibid.

⁵³ Katz, Sarah and Haldar, Deeya, The Pedagogy of Trauma-Informed Lawyering (April 21, 2016). 22 Clinical L. Rev. 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org

⁵⁷ Katz, Sarah and Haldar, Deeya, The Pedagogy of Trauma-Informed Lawyering (April 21, 2016). 22 Clinical L. Rev. 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019; Kezelman, C. & Stavropoulos, P. (2016). *Trauma and the Law: Applying Trauma-Informed Practice to Legal and Judicial Contexts*. The Blue Knot Foundation. Retrieved from <http://www.blueknot.org.au>. Accessed September 17, 2019; Kraemer, T. & Patten, E. (2014). Establishing a Trauma-Informed Lawyer-Client Relationship (Part One). *ABA Child Law Practice*, 33(10):

- Accommodate and accept potential difficulty with developing trust
- Avoid judging the client about information they share, emotions they display, doubts they express, or other things the client shares that may make them feel vulnerable
- Avoid unnecessary consequences
- Clear, accurate, and transparent communication
- Communication in the client's preferred language
- Follow through on commitments
- Maintain confidentiality
- Only commit to what you can actually do
- Review practices related to missed appointments, incomplete paperwork, poor communication, apparent narrative inconsistencies, and other client behaviors that may complicate the attorney-client relationship

Peer Support

Research is clear that one of the biggest factors contributing to resilience after trauma is competent, supportive relationship.⁵⁸ Trauma-informed practice seeks to strengthen relationship, and thereby peer support, in several ways.⁵⁹ These strategies are based on the idea that peer support can derive from most people in someone's network of relationships, including family, friends, faith communities, neighborhoods, coworkers, classmates, and others who may be in the person's life. Exhibit 4 has some practical suggestions for addressing peer support. Facilitating peer support involves helping the person identify who might be a supportive relationship in their life, enhancing the skills to access support without exhausting the source or developing over-dependence, and helping the people in that person's life to be the support they need.⁶⁰ While legal services often do not emphasize this area, the office or firm may provide an advocate or referral to other supports that are better equipped to meet this need.⁶¹ One of the benefits of increased trust is that the recipient is more likely to accept genuine support from members of the legal team. They must not be the only source of support for the client, however. While not typically the focus of the attorney's role, the attorney and other legal professionals, including a victim advocate who specializes in trauma and resilience, may help the client find broader support. It may seem

197-202. Available at <http://www.childlawpractice.org>. Accessed September 17, 2019; National Child Traumatic Stress Network, Justice Consortium Attorney Workgroup Subcommittee (2017). *Trauma: What child welfare attorneys should know*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress

⁵⁸ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org

⁵⁹ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

⁶⁰ Consider a child who was recently reunited with her mother after spending three months in foster care following an incident of maltreatment. The mother is better able to provide support if her basic needs are met, if she is provided with helpful parenting information and resources, and if she is respected and feels respected by the formal services involved with her and her daughter. The neighborhood is better able to provide support if it is safe, has generally positive relationships, and trusts institutions and supports that may be involved with the neighborhood. The faith community is better able to support her if they understand the impact of trauma on a person's whole being, they have strong child protection policies, and they are comfortable partnering with other supports involved with this family. Peer support comes from these and others who interact with this child. Most organizations will not interact with all potential sources of peer support, but understanding trauma-informed practices likely means their influence will extend to at least some of the potential sources of that support.

⁶¹ For example, Jeff Anderson & Associates, PA, a firm that works extensively with clients who have experienced sexual abuse, has multiple people on staff or contracted who are tasked with helping clients find the support they need. See <https://www.andersonadvocates.com/Overview>.

to cross boundaries or step outside of defined roles. It may seem to have little to do with the point of the interactions. While these concerns are often valid, it is still important to carefully consider one's role with helping the client strengthen peer supports, which will likely benefit them and help them persevere through the difficult phases of the legal process.⁶² This can be accomplished simply by helping the client identify formal and informal supports and resources that can better address their needs.⁶³ Regardless of whether the legal team actively assists with and supports peer supports, showing respect for those supports is essential.⁶⁴

EXHIBIT 4: PRACTICAL APPLICATION: PEER SUPPORT⁶⁵

- Ask the client to identify their supports and develop a plan for accessing them Become familiar with frequently accessed referral options
- Develop partnerships with advocacy and service organizations who may be able to support clients and their support networks
- Employ or contract with a specialist who can help clients and their support networks
- Recognize the strengths of the client's support network, including family, friends, faith communities, and other formal and informal supports

Collaboration and Mutuality

Collaboration occurs on many levels when implementing trauma-informed practices.⁶⁶ Just as clients rely on others in their lives, attorneys and legal staff need to rely on others as well. Exhibit 5 contains suggestions for strengthening collaboration and mutuality. This opens the door to collaboration. Collaboration may occur between the attorney and client, the various members of the legal team, or between the legal team and providers or staff from other organizations who work with the client. Trauma-informed collaboration seeks to lessen power differentials and foster teamwork.⁶⁷ This may prompt re-examination of boundaries and roles, and it will require dismantling of some siloes. Collaboration recognizes that no single person, regardless of role, will be able to fully address the client's needs. The

⁶² Katz, Sarah and Haldar, Deeya, *The Pedagogy of Trauma-Informed Lawyering* (April 21, 2016). 22 *Clinical L. Rev.* 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019

⁶³ Yatchmenoff, D. K., Sundborg, S. A., & Davis, M. A. (2017). *Implementing Trauma-Informed Care: Recommendations on the Process*. *Advances in Social Work*, 18(1), 167. doi:10.18060/21311

⁶⁴ Heffernan, K., & Viggiani, P. (2015). *Going Beyond Trauma Informed Care (TIC) Training for Child Welfare Supervisors and Frontline Workers: The Need for System-Wide Policy Changes Implementing TIC Practices in all Child Welfare Agencies*. *The Advanced Generalist: Social Work Research Journal*, 1(3/4), 37-58.

⁶⁵ Katz, Sarah and Haldar, Deeya, *The Pedagogy of Trauma-Informed Lawyering* (April 21, 2016). 22 *Clinical L. Rev.* 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019; Kezelman, C. & Stavropoulos, P. (2016).

Trauma and the Law: Applying Trauma-Informed Practice to Legal and Judicial Contexts. The Blue Knot Foundation. Retrieved from <http://www.blueknot.org.au>. Accessed September 17, 2019; Kraemer, T. & Patten, E. (2014). *Establishing a Trauma-Informed Lawyer-Client Relationship (Part One)*. *ABA Child Law Practice*, 33(10): 197-202. Available at <http://www.childlawpractice.org>. Accessed September 17, 2019; National Child Traumatic Stress Network, Justice Consortium Attorney Workgroup Subcommittee (2017). *Trauma: What child welfare attorneys should know*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress

⁶⁶ Kezelman, C. & Stavropoulos, P. (2016). *Trauma and the Law: Applying Trauma-Informed Practice to Legal and Judicial Contexts*. The Blue Knot Foundation. Retrieved from <http://www.blueknot.org.au>. Accessed September 17, 2019

⁶⁷ Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

attorney acknowledges these limitations and actively seeks to enlist other competent formal and informal supports.⁶⁸ Trauma-informed collaboration recognizes that legal efforts will be hampered if the legal team does not engage the client. If they appear disengaged, the attorney or other members of the legal team asks why that is and willingly assesses if they played a role in the lack of engagement. Collaboration often involves consultation and referral, and the legal team prepares for this by establishing a list of trusted people with whom they can consult or to whom they can refer for other services, such as mental or physical healthcare. It requires active listening, both to the client and to others who may have interacted with them. As part of collaboration, the attorney recognizes that their role is not the only or most important role for the person. While the legal actions taken on behalf of the client may play a central part in obtaining justice and being able to find closure and healing, the greatest chance for these ideals to become fully rooted in that person's life comes when all roles are seen as important.

EXHIBIT 5: PRACTICAL APPLICATION: COLLABORATION AND MUTUALITY⁶⁹

- As appropriate and only with signed permission, consult with other professionals involved in the client's life to help inform interactions and other plans related to the case
- Consult with other experts
- Develop a list of trusted people with whom the attorney and other legal professionals can consult and to whom they can make referrals
- Include the client as an active participant in the legal team
- Listen fully to the client
- Minimize power differentials to the extent possible
- Roleplay with the client possible events that may occur during legal proceedings
- Work with the client to determine the priorities of the legal action

Empowerment, Voice, and Choice

Trauma is an incredibly disempowering force.⁷⁰ The person loses control, often violently, of many aspects of their life. Even after the event is over, the ongoing experience and effects of the event continue disempowering the person. This applies to all people who experience trauma, but especially to children, who often are given little say in the steps that are taken in response to their trauma and to help keep them safe.⁷¹ Too often, the supports that are in place to help a person after trauma continue this pattern of

⁶⁸ Ibid.

⁶⁹ Katz, Sarah and Haldar, Deeya, *The Pedagogy of Trauma-Informed Lawyering* (April 21, 2016). 22 *Clinical L. Rev.* 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019; Kezelman, C. & Stavropoulos, P. (2016). *Trauma and the Law: Applying Trauma-Informed Practice to Legal and Judicial Contexts*. The Blue Knot Foundation. Retrieved from <http://www.blueknot.org.au>. Accessed September 17, 2019; Kraemer, T. & Patten, E. (2014). Establishing a Trauma-Informed Lawyer-Client Relationship (Part One). *ABA Child Law Practice*, 33(10): 197-202. Available at <http://www.childlawpractice.org>. Accessed September 17, 2019; National Child Traumatic Stress Network, Justice Consortium Attorney Workgroup Subcommittee (2017). *Trauma: What child welfare attorneys should know*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress

⁷⁰ Conley, A. H., & Griffith, C. (2016). Trauma-Informed Response in the Age of Title IX: Considerations for College Counselors Working With Survivors of Power-Based Personal Violence. *Journal of College Counseling*, 19(3), 276-288. doi:10.1002/jocc.12049

⁷¹ Anne is 10 years old. She has been used by her parents as a way to pay for their drugs for the last five years, with no ability to stop what people did to her. A teacher noticed concerning behaviors and reported to child protection. They soon discovered that she had been repeatedly sexually abused and used in child pornography. She is removed from her parents, whom she still loves. If she cannot stay with her parents, she wants to live with her grandma, who always made her feel safe, but the courts do not allow this because grandma tried to protect Anne without calling child protection, and they fear she would be a bridge for contact between Anne and her parents. Anne begs to at least stay at the same school with her friends, but her story has been on the news, and many people at her school now know what happened, so when she is placed with a foster family in a different school district, she is made to change

disempowerment.⁷² Experts direct the course of treatment. Those in authority say whether a person is fit to return to work or return to other responsibilities, such as parenting. The legal system dictates options, and often attorneys and other legal professionals continue draining power from the client. The practical wisdom and life experience of people who have experienced trauma are often overlooked in favor of approaches and strategies that do not reflect their reality. Trauma leaches power at every level of society, from the individual, to the supports, to the organizations, and to the community as a whole. Trauma-informed practice prioritizes paths that allow the client to reclaim as much of that power as possible.⁷³ Empowerment reaches the pinnacle when a person responsible for trauma or other significant adverse experience is held accountable, but it starts far earlier in the most basic interactions between the client and their legal team. Who defines the trauma or event needing legal recourse?⁷⁴ Who directs the course of action? Clearly, the attorney is the expert in this area, and it is their role to direct appropriately, but the client's preferences must be factored into the decision, consistent with their capacity. This may impact whether the case is handled with a great deal of fanfare or more privately; whether monetary compensation is the goal, systemic change, or an apology and acknowledgment of the incident; and what information is used in pursuing the case.⁷⁵ The attorney can help restore power by following the client's lead in the interpretation of events;⁷⁶ determining the focus of legal actions;⁷⁷ identifying barriers to progress;⁷⁸ planning steps toward reunification of a family;⁷⁹ planning legal action with a person who may have experienced trauma;⁸⁰ assessing the impact of cultural, historical, and gender-related aspects of the trauma;⁸¹ or other facets of support. In all these situations, the power to define trauma – the Event, the Experience, and the Effects – sets a trusting, collaborative, and empowering tone for the relationship.

Empowerment goes beyond defining the trauma (see Exhibit 6). Who sets the pace and tone of interactions? Who sets the goals and priorities of the interaction? Does the interaction affirm the client's strengths, or does it emphasize the power of the legal team? During interactions, attorney's must be mindful that they are coming from a position of inherent power, while the role of client is coming from a

schools to "get a fresh start." She protests and refuses to go to the new school, trying to take any control she can, but her foster parents carry her to the car and drive her to school. Her fresh start leaves her with no friends and no family, feeling powerless and embarrassed. She is alone. Just as she was given no voice when she was being abused, she is given no voice when she is being "helped."

⁷² Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

⁷³ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

⁷⁴ Becker-Blease, K. A. (2017). As the world becomes trauma-informed, work to do, *Journal of Trauma & Dissociation*, 18:2, 131-138, DOI: 10.1080/15299732.2017.1253401

⁷⁵ Katz, Sarah and Haldar, Deeya, The Pedagogy of Trauma-Informed Lawyering (April 21, 2016). 22 *Clinical L. Rev.* 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Ibid.

⁷⁹ Kraemer, T. & Patten, E. (2014). Establishing a Trauma-Informed Lawyer-Client Relationship (Part One). *ABA Child Law Practice*, 33(10): 197-202. Available at <http://www.childlawpractice.org>. Accessed September 17, 2019

⁸⁰ Kezelman, C. & Stavropoulos, P. (2016). Trauma and the Law: Applying Trauma-Informed Practice to Legal and Judicial Contexts. The Blue Knot Foundation. Retrieved from <http://www.blueknot.org.au>

⁸¹ Heffernan, K., & Viggiani, P. (2015). Going Beyond Trauma Informed Care (TIC) Training for Child Welfare Supervisors and Frontline Workers: The Need for System-Wide Policy Changes Implementing TIC Practices in all Child Welfare Agencies. *The Advanced Generalist: Social Work Research Journal*, 1(3/4), 37-58.

position of less power. This may perpetuate the sense of powerlessness conveyed by the initial trauma.⁸² To remedy this, the client may try to take back some of the power in the relationship. The degree to which the legal team blindly fights this, rather than acknowledging and addressing the underlying questions of power, may have a significant impact on success. One of the most basic ways to empower the client is to recognize and honor strengths and success, even if they seem small. Those strengths may involve their life experiences, surviving the trauma, staying safe, completing assigned tasks for the case, or other aspects. It may also involve reframing potential deficits so that an underlying strength is found or so the weakness can become a strength.⁸³ When the attorney is secure in their power, they are more able to set it aside and not grasp hold of it in ways that disempower the client, damage the relationship, and inhibit progress.

EXHIBIT 6: PRACTICAL APPLICATION: EMPOWERMENT, VOICE, AND CHOICE⁸⁴

- Acknowledge clients' strengths
- Acknowledge power differentials in the attorney-client relationship and minimize these to the extent possible
- Allow the client to determine the level of publicity or their role in publicity
- Avoid efforts to coerce clients to make a certain preferred decision
- Help the client build self-advocacy skills Recognize the fact that trauma is inherently disempowering
- Provide as much control to the client as safely possible

Historical, Cultural, and Gender Factors

Trauma has lasting effects on people and communities.⁸⁵ At times, this occurs because specific groups are targeted, knowingly or unknowingly, with potentially traumatic actions. Slavery, genocide, systematic removal of children, overt disenfranchisement, public disparagement of whole groups, and blatant discrimination are some of the most easily recognized forms of this potential trauma. It has more subtle variants as well, including unconscious bias, systemic practices, stereotypes, and representation that may not rise as obviously to the level of trauma, but that can still contribute to a traumatic group experience, especially when the Experience and Effects of the Event are considered, rather than just the Event itself. Just as safety forms the foundation of trauma-informed practice, historical, cultural, and gender factors are increasingly recognized as an overarching theme that reaches into most elements of trauma-informed

⁸² Kezelman, C. & Stavropoulas, P. (2016). Trauma and the Law: Applying Trauma-Informed Practice to Legal and Judicial Contexts. The Blue Knot Foundation. Retrieved from <http://www.blueknot.org.au>

⁸³ Katz, Sarah and Haldar, Deeya, The Pedagogy of Trauma-Informed Lawyering (April 21, 2016). 22 Clinical L. Rev. 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019

⁸⁴ Katz, S. and Haldar, D. The Pedagogy of Trauma-Informed Lawyering (April 21, 2016). 22 Clinical L. Rev. 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019; Kezelman, C. & Stavropoulas, P. (2016). Trauma and the Law: Applying Trauma-Informed Practice to Legal and Judicial Contexts. The Blue Knot Foundation. Retrieved from <http://www.blueknot.org.au>. Accessed September 17, 2019; Kraemer, T. & Patten, E. (2014). Establishing a Trauma-Informed Lawyer-Client Relationship (Part One). *ABA Child Law Practice*, 33(10): 197-202. Available at <http://www.childlawpractice.org>. Accessed September 17, 2019; National Child Traumatic Stress Network, Justice Consortium Attorney Workgroup Subcommittee (2017). Trauma: What child welfare attorneys should know. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress

⁸⁵ Aydin, C. (2017). How to Forget the Unforgettable? On Collective Trauma, Cultural Identity, and Mnemotechnologies, *Identity*, 17:3, 125-137, DOI:10.1080/15283488.2017.1340160

practice.⁸⁶ Exhibit 7 lists some ways attorneys and other legal professionals can acknowledge and address this area of trauma-informed practice.

The legal field is intricately involved with historical, cultural, and gender considerations with trauma. Attorneys, judges, and other legal professionals have participated on both sides of cases related to these considerations. Often, visible battles in this area end up in the Courts, but even apart from this, potentially traumatic effects rest within many people. Whether accurate or not, attorneys and other legal staff are often perceived as coming from a position of power and privilege due to the status attributed to the field.⁸⁷ This may impact the way the client views the attorney and other legal professionals, and attorneys must consider this as they approach their clients.⁸⁸ Regardless of the attention attorneys and other legal professionals give this area, they must remember that the client is still an individual, so stereotypes about the client's background must be set aside. This becomes even more important in areas of legal practice, including domestic violence, removal of children from their birth parents, immigration law, discrimination, hate crimes, sexual assault, and others that focus on groups that have historically been marginalized.⁸⁹

Actions in this area must extend beyond individual attorneys and legal professionals to bring systemic reform that enhances representation of marginalized groups in the legal field. Observed similarity in language, cultural background, appearance, gender, and other factors can set the client at ease and facilitate the attorney-client relationship, as well as enhance engagement throughout the process of reaching resolution. Despite recognizing the need for better representation, the legal field in the United States remains disproportionately White and Male.⁹⁰

EXHIBIT 7: PRACTICAL APPLICATION: HISTORICAL, CULTURAL, AND GENDER CONSIDERATIONS⁹¹

- | |
|---|
| <ul style="list-style-type: none">• Acknowledge and address how the person's community enhances or impairs recovery from trauma• Allow the person to define their historical, cultural, and gender identification and experience |
|---|

⁸⁶ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org.

⁸⁷ Kezelman, C. & Stavropoulos, P. (2016). *Trauma and the Law: Applying Trauma-Informed Practice to Legal and Judicial Contexts*. The Blue Knot Foundation. Retrieved from <http://www.blueknot.org.au>. Accessed September 17, 2019

⁸⁸ Katz, S. and Haldar, D. The Pedagogy of Trauma-Informed Lawyering (April 21, 2016). 22 *Clinical L. Rev.* 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019

⁸⁹ Ibid.

⁹⁰ According to the American Bar Association (see www.americanbar.org/about_the_aba/profession_statistics/), 64% of attorneys in 2019 were male and 36% were women, while the breakdown in 2009 was 69% to 31%. 2016 was the first year that the survey had an option other than male or female. In 2009, 88% of attorneys were White, 5% African American, 2% Asian American, and 1% Native American. The numbers remained nearly the same in 2019.

⁹¹ Katz, S. and Haldar, D. The Pedagogy of Trauma-Informed Lawyering (April 21, 2016). 22 *Clinical L. Rev.* 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019; Kezelman, C. & Stavropoulos, P. (2016). *Trauma and the Law: Applying Trauma-Informed Practice to Legal and Judicial Contexts*. The Blue Knot Foundation. Retrieved from <http://www.blueknot.org.au>. Accessed September 17, 2019; Kraemer, T. & Patten, E. (2014). Establishing a Trauma-Informed Lawyer-Client Relationship (Part One). *ABA Child Law Practice*, 33(10): 197-202. Available at <http://www.childlawpractice.org>. Accessed September 17, 2019; National Child Traumatic Stress Network, Justice Consortium Attorney Workgroup Subcommittee (2017). *Trauma: What child welfare attorneys should know*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress

- Assure provision of high-quality interpreters who can translate legal terminology⁹²
- Improve representation throughout the legal system
- Listen to the way each individual experiences their culture, rather than assuming all people from a particular group have the same perspective
- Provide attorneys and legal professionals who speak the client's language if possible
- Remain cognizant of how your own historical, cultural, and gender experiences may affect your work with clients
- Take time to learn about possible historical, cultural, and gender-related experiences the client may have had

CONCLUSION

As people and organizations recognize these six principles of trauma-informed practice, they can begin nurturing their professional and organizational values and culture to reflect them. This raises overall awareness and intent to put trauma-informed practices in place, but it is often difficult to conceptualize how they may impact day-to-day practice. Much of the conversation around implementation remains academic and general, without concrete guidelines.⁹³ Developing specific strategies becomes easier when trauma-informed practice is examined in four levels of application: the student/client/patient and family, staff, organizations, and systems/communities. It is important to remember that several aspects of trauma-informed practice cross between multiple levels. Additionally, individuals and organizations will have different responsibilities in each of these levels depending on their role and focus. Even so, it is important to be familiar with each level to facilitate collaboration and understanding in the delivery of trauma-informed practice.⁹⁴

⁹² In the author's experience, this extends beyond a simple ability to speak the language and encompasses other factors, such as whether the interpreter and client are from groups that may have significant conflict despite a shared language

⁹³ Yatchmenoff, D. K., Sundborg, S. A., & Davis, M. A. (2017). Implementing Trauma-Informed Care: Recommendations on the Process. *Advances in Social Work*, 18(1), 167. doi:10.18060/21311.

⁹⁴ Heffernan, K., & Viggiani, P. (2015). Going Beyond Trauma Informed Care (TIC) Training for Child Welfare Supervisors and Frontline Workers: The Need for System-Wide Policy Changes Implementing TIC Practices in all Child Welfare Agencies. *The Advanced Generalist: Social Work Research Journal*, 1(3/4), 37-58.