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Implementing trauma-informed care practices in the workplace: a descriptive phenomenological study

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Abstract
The effects of trauma are becoming more prevalent in the clinical setting, which has helped generate conversations about being more trauma-informed and providing trauma-informed care services. The principles centered around trauma-informed care could be applied to a person's everyday life, including the work setting with the goal of creating a more trauma-informed environment for all employees. This qualitative descriptive phenomenological study aimed to investigate what trauma-informed care principles are needed in the workplace from the employee perspective to create a more trauma-informed environment. The survey instrument used in this study was a modified version of Fallot and Harris's (2011) consumer satisfaction survey in their published article *Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol*. The instrument contained 13 questions, with each core question having an optional secondary question requesting additional details about the participants' responses. The tool was categorized into four sections: safety, trustworthiness, choice and collaboration, and empowerment. Ninety participants accessed the survey through SurveyMonkey Audience, but four did not meet the criteria to participate and exited the study. The researcher was left with 86 completed surveys. The qualitative analytical tool Quirkos was employed to help analyze the data and generate themes. The category that produced the most themes was empowerment. Employees want to be viewed as a person rather than a resource to get the job done. Likewise, participants wanted to be valued and have their voices heard. To push this conversation forward, future researchers should conduct interviews face-to-face to produce more in-depth findings.

Keywords Employee psychological safety · Trauma · Trauma-informed care · Workplace environment

1 Implementing trauma-informed care practices in the workplace

Being trauma-informed and the associated practices have historically been used in clinical and community-based (e.g., public schools) settings. Although, being trauma-informed could be beneficial in work settings across all industries. People suffering from traumatic experiences come from all social classes and are present in all settings, the workplace included. This qualitative descriptive phenomenological study aimed to explore what trauma-informed care principles are needed in the workplace from the employee perspective to create a more trauma-informed environment. The population of interest for this study was individuals 18 years and older who have held a full-time job for at least 12 consecutive months.

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On average, it has been reported that people experience almost five traumatic events in their lifetime, with a national community-based survey reporting that 55–90% of individuals have experienced at least one traumatic event [2]. More recently, the American Psychological Association's (APA) 2023 Work in America Survey revealed that 22% of workers' mental health has been negatively affected [1]. How an individual perceives an event as traumatic can fluctuate from one person to the next [2, 10, 20]. Likewise, the extent to which a traumatic event affects a person can vary [10]. The following sections provide an overview of trauma, the characteristics of a trauma-informed clinical setting, the sample population, the research design, the questionnaire developed for data gathering, and data analysis. The study goes on to discuss the results, recommendations for practice, limitations of this study, recommendations for future research, and the conclusion.

1.1 Trauma

Trauma could be considered a public health crisis due to the frequency and effect trauma has on society [20]. Harris and Fallot [7] believe trauma is a single event that had an overwhelming effect involving severe harm, injury, or was life-threatening. Experts have long struggled to agree on a definition for trauma. With the assistance from other trauma specialists, the Substance Abuse and Mental Health Services Administration (SAMHSA) [23], one of the leading authorities of trauma and being trauma-informed, generated the below definition:

> 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, 2014, p.7)

Griffin [5] and Isobel et al. [9] agree that three factors exist when evaluating trauma: event—an occurrence that created toxic stress,experience—an individual's reaction to a said event; and effects—short-term versus long-term. Isobel et al. [9] further elaborated by stating that certain events may seem traumatic to some while not others, with select individuals having different experiences because of the event and the effects lasting various intervals of time. On a similar note, almost 70,000 adults from 24 countries participated in the World Mental Health Surveys, with 70.4% of participants reporting having experienced at least one traumatic event in their lifetime [11]. These results help solidify how prevalent trauma is.

1.2 Trauma-informed care

Sundborg [24] believes clinics prioritize trauma-informed care, but the process could be faster. The trauma-informed care approach focuses on the person as a whole instead of a particular symptom or limited segment of the individual's life [7]. The authors went on to say that the purpose of a trauma-informed care approach is to help the individual feel like they are gaining back control [7]. One of the goals of trauma-informed care is not inadvertently retraumatizing an individual. Ranjbar et al. [20] explain trauma-informed care as "a strength-based approach to caring for individuals mindfully, with compassion and clarity regarding boundaries and expectations" (p. 9).

In a study conducted out of Australia, Isobel et al. [10] surveyed focus groups made up of clients and caretakers with the hopes of better understanding how trauma-informed care services should be provided. The results showed that voice and hope were two essential components of being trauma-informed. Specifically, participants stated that clients need input regarding their care plan and that focusing on what the future could hold is key [10]. Ranjbar et al. [20] recommended that a trauma-informed care approach be applied across all healthcare settings, regardless of whether the individual receiving services has reported experiencing trauma. Implementing a trauma-informed care approach requires a culture change. This study seeks to help better understand how this culture change can be achieved in a work setting.

2 Method

2.1 Sample population

Fusch and Ness [4] explained that not achieving the required number of participants in a qualitative study can negatively impact the study's validity. Likewise, Mwita [15] believes that reaching saturation is one of the essential factors when conducting qualitative work, mentioning that saturation is deemed met once no new information can be generated. Previous findings suggest saturation can be achieved with 9–17 participants [8], with Guest et al. [6] suggesting 11–12

participants are needed to reach higher saturation levels. For this study, the sample size goal was 15 participants. Frechette et al. [3] justify that in phenomenological studies, smaller sample sizes are not viewed as a weakness because generalizability is not the goal,instead, being able to explain the lived experience in detail. As stated earlier, this study aimed to investigate what trauma-informed care principles are desired in the workplace from the employee perspective. To help achieve saturation and to obtain the most robust responses, the target sample population was intentionally broad: individuals 18 years or older with a full-time job for at least 12 consecutive months. No other criteria were required to participate.

2.2 Instrumentation

Fallot and Harris [2] published *Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol* to offer clear and dependable guidelines for agencies wishing to implement trauma-informed care services into their clinical or community settings. Within this tool was a proposed consumer satisfaction survey that asked clients to rate the trauma-informed care they received based on six categories: safety, trustworthiness, choice, collaboration, empowerment, and trauma screening process (Appendix A). The survey questions were put together in a manner appropriate for the Likert scale. This researcher reworded the questions for this study, making the survey more appropriate for a qualitative study. Likewise, the original questionnaire included nineteen questions. Due to the clinical nature of some questions, this researcher removed one question from the trustworthiness section, combined choice, and collaboration into a single section, removed two questions from the choice section, and removed the three questions related to the trauma screening process, eliminating the section. The result was an instrument with 13 questions and four categories, with each core question having an optional secondary question requesting additional details about the participants' responses (Appendix B). Participants were also asked to complete a demographic questionnaire (Appendix C).

2.3 Research design

A qualitative study offers many positive attributes to the world of research. Teherani et al. [25] define qualitative research as "the systematic inquiry into social phenomena in natural settings" (p.669). The authors mention that these phenomena can include how individuals view parts of their lives, how businesses function, and how individuals/groups perform [25]. Larkin et al. [12] explain that qualitative work that includes human subjects helps to provide a voice to raise awareness of a specific issue. The goal of using a phenomenological method with a qualitative research design is to investigate the lived experiences of individuals [17]. By doing so, Teherani et al. [25] stated that researchers should be able to describe what is being experienced and how it is being processed. Furthermore, Renjith et al. [21] declare that descriptive phenomenological studies are best suited for describing lived experiences when trying to understand the significance of said experiences. With this study aiming to understand what trauma-informed care principles should be applied in the workplace from the employee perspective, a qualitative phenomenological study was deemed appropriate.

Convenience sampling was used as a post was initially made on the popular networking site LinkedIn, asking for individuals who met the criteria to participate. A link was provided in the post that directed participants to the survey created in SurveyMonkey. However, the survey was posted for two weeks, receiving no qualifying responses. At this point, the researcher decided to utilize SurveyMonkey Audience. With SurveyMonkey Audience, SurveyMonkey will locate potential participants who meet the exact criteria and invite them to participate in the study. If the individual chooses to participate, SurveyMonkey compensates them for their time. In return, SurveyMonkey does charge researchers a one-time fee for using SurveyMonkey Audience. The fee depends on the number of responses needed. The minimum number of responses available for purchase is 50. This researcher purchased 50 responses for this study.

Study participants were asked to answer a short demographic questionnaire along with the thirteen-item instrument, with each primary question having a secondary question asking participants to further explain their answer in their own words. No questions within the demographic questionnaire were required. Participants had the option to skip any or all the demographic questions. Before gaining access to the survey, participants had to answer a qualifying question indicating they were 18 years or older and had a full-time job for at least 12 consecutive months. Participants who answered no to the qualifying question were thanked for their time and automatically removed from the study. At the end of the survey, participants could schedule a private meeting with the researcher via Zoom to discuss their responses further. This scheduled meeting was voluntary and was not a requirement to participate in this study. The researcher received no request for a scheduled private meeting. Institutional Review Board (IRB) approval was gained through Wayland Baptist University (WBU) prior to the onset of the study and all necessary protocols set forth by WBU's

IRB Committee was followed. No identifying information, including IP addresses, was collected. Participants were free to exit the study at any time without repercussion.

2.4 Data analysis

Analyzing qualitative data can be cumbersome and time-consuming. However, computer-assisted qualitative data analysis software (CAQDAS), such as Quirkos, has been found to not only aid researchers with organizing and collecting data CAQDAS can also enhance the quality of the analysis process [22]. One of the features of using Quirkos is being able to code text thematically. Quirkos requires minimum upfront learning about coding and thematic analysis. Thematic analysis is widely used when analyzing qualitative data and consists of detecting patterns, with these patterns being described as researcher-generated themes [13]. Turner et al. [26] explain that Quirkos has become popular because of its straightforward operation. Paulus and Lester [19] state that Quirkos was designed to be easy to understand compared to other CAQDAS packages. For these reasons, Quirkos was used to analyze the qualitative data collected from this study thematically.

3 Results

To reach saturation, this study aimed to recruit 15 participants. After unsuccessfully obtaining participants through LinkedIn, the researcher used SurveyMonkey Audience for recruitment. The minimum number of responses through SurveyMonkey Audience is 50. However, 90 responses were received when SurveyMonkey Audience had the survey available. Out of the 90 responses received, four were invalid as the participants did not meet the criteria for being 18 years or older and having a full-time job for at least 12 consecutive months. This brought the sample population to 86 responses. Before beginning the study, participants were asked to complete a demographic questionnaire (Table 1). The average age range of the participants was 35–44 years, with 22 (25%) respondents in this category. Most participants were females, 47 (54%) and 24 (27%) of the participants held a bachelor's degree. Fourteen, or 16%, of the respondents worked in the technology industry, with healthcare being a close second at 13 (15%).

The original consumer satisfaction survey Fallot and Harris [2] created contained six categories with 19 questions. Due to the clinical nature of some questions, they were removed, making the instrument used in this study 13 questions, each with an optional secondary question requesting additional details about the participants' responses. One category was eliminated, combining choice and collaboration into a single category, reducing the revised instrument to four categories: safety, trustworthiness, choice and collaboration, and empowerment. The results of each category are presented as follows.

3.1 Safety

Participants were asked if they felt physically and emotionally safe at work in this category. A total of 80 (94%) respondents felt physically safe, while 72 (85%) felt emotionally safe. One participant responded yes and no to both questions. Therefore, their responses were removed from this category. Participants were asked to explain what could be done to make them feel more physically or emotionally safe at work. Concerning being more physically safe, Participant (P) 86 stated "repercussions for violence," with P90 mentioning "better doors and windows." Regarding feeling more emotionally safe, P1 said, "Being treated like an actual person and not a cog in the wheel." Participant 77 went on to explain that "Having a trauma informed boss, having more down time or recovery time away from working with the public (working at desk on projects etc.), not being asked why I need a day off work, working from home option" would be beneficial.

Three themes, equipment, guidelines, and behavior were generated when reviewing the participants' narratives. Respondents believed there needed to be better equipment (e.g., security cameras and metal detectors) and more up-to-date safety guidelines for employees to follow. Participants also believed behaviors needed to change. Participant 2 mentioned "checking in with coworkers," and P87 stated "good tolerance among workers." Participant 82 believed their workplace needed "more policies against workplace harassment."

Table 1 Demographic characteristics of participants

Characteristics	n	%
Age (years)		
18–24	11	12.79
25–34	17	19.77
35–44	22	25.58
45–54	18	20.93
55–64	12	13.95
65 +	6	6.98
Gender		
Male	34	39.54
Female	47	54.65
Preferred not to answer	5	5.81
Education		
Some high school, no diploma	3	3.49
High school diploma or equivalent	12	13.95
Some college credit, no degree	18	20.93
Trade/vocational	2	2.33
Associate's degree	7	8.14
Bachelor's degree	24	27.90
Master's degree	14	16.28
Doctorate degree	4	4.65
Preferred not to answer	2	2.33
Industry		
Agricultural	3	3.49
Business	6	6.98
Construction	6	6.98
Education	6	6.98
Financial/Banking	5	5.81
Food/Restaurant	7	8.14
Healthcare	13	15.11
Hospitality	3	3.49
Manufacturing	6	6.98
Retail	8	9.29
Technology	14	16.28
Other	7	8.14
Preferred not to answer	2	2.33

3.2 Trustworthiness

This category contained a total of three questions. The first question asked participants if they trusted who they worked with. Seventy-two (86%) respondents answered yes to this question, with 12 (14%) indicating no. Two respondents answered yes and no. Their responses were omitted from this question. If participants answered no, they were asked to explain why they felt this way. Participant 70 stated "passive aggressive supervision w/o accountability," with P86 simply saying "selfish."

The next question asked whether participants trusted the people they worked with would do what they said they would do, when they said they would do it. Seventy (88%) stated yes, with 10 (13%) responding no. Six participants answered yes and no to this question, and their responses were removed. When asked to provide further detail, if answered no, P86 stated, "lazy." The final question in this category asked if the people they worked with acted respectfully and professionally toward them. Two respondents answered yes and no. Their responses were removed for this question. Seventy-eight (93%) participants answered yes, with six (7%) saying no. Participants were then asked

to explain a time they were treated disrespectfully or unprofessionally. Participant 72 explained that "I have to be the bigger man under lying supervisors," with P82 stating, "I get talked to in a condescending manner and checked out at work." Negative behaviors were the only prevalent theme generated in this group. "Sneaky and suspicious" was mentioned by P1, while P10 said, "They say one thing but then do another thing."

3.3 Choice and collaboration

Participants were invited to answer four questions in this category. The first question asked if they felt their supervisor/coworkers listened to their ideas and suggestions, with 73 (86%) indicating yes and 12 (14%) selecting no. One participant answered yes and no to this question, and their response was eliminated. If not, respondents were asked to explain why they felt this way. Participant 5 stated, "Ideas seem to fall on deaf ears," while P77 expressed:

> I think coworkers do but not our supervisors. They like to do things their way despite how it makes the team feel, despite input to suggest otherwise. They also do not always speak directly with the team but send a supervisor that is under them to do the job.

The second question in this category asked if participants felt their supervisor/coworkers and themselves worked as a team positively. Seventy-six (90%) felt this was true, while 8 (10%) indicated no. When asked to explain why they felt this way, if they answered no, P1 said, "Again. Treated like a child. Just do what you're told." Participant 70 responded by saying, "not a team environment." Two participants answered yes and no to this question; their responses were removed.

Question three asked if participants felt employees played a role in deciding how things get accomplished. Sixty-eight (81%) indicated yes, while 16 (19%) selected no. Participants who answered no were asked to provide further detail on why they felt this way, with P82 explaining that "Managers intervene and don't use people's talents accordingly." Two respondents answered yes and no; their responses were removed from this question. The last question in this category asked participants if they felt part of the team, with 74 (86%) marking yes and 12 (14%) selecting no. Participants were then asked what could be changed to make them feel more part of a team. Participant 2 stated, "People talking to me more," while P5 said, "More cooperation." Participant 86 answered, "they should consider everyone's idea no matter the race."

Negative behaviors, ineffective leadership, and a difficult work environment were the three themes generated for this group. Participant 10 believed, "They do not care, all they care that job is done." "Department heads and administration will do what they want" was noted by P4, with P1 believing, "We're just there to get the job done." Participant 84 stated, "culture and dynamics (some people are just stubborn to work with)." "Supervisors are switched out so often that you don't get to know them," was offered by P6.

3.4 Empowerment

The final category of the instrument contained four questions and provided the most robust results. Participants were first asked if they felt their supervisor recognized their strengths and skills. Seventy-seven (90%) indicated yes, while 9 (10%) selected no. If not, respondents were asked to explain why they felt this way. Participant 4 explained, "My skills are not being used in the areas that I can do the most good." Participant 82 stated, "They don't even remember my name most times," while P86 declared, "They'd replace anyone in a heartbeat." When asked if they felt their supervisor did an excellent job of letting them know they valued the participants as a person, 60 (70%) responded yes, with 25 (29%) selecting no. One respondent answered yes and no, and their response was removed. Participants were then asked what could be changed to make them feel more valued as a person. Participant 4 offered, "Listen to me when I have suggestions or concerns. I'm not a complainer. When I bring something up, it's because I've observed a real need for change." "Giving me credit and acknowledge my work" was stated by P82, with P88 simply stating "verbal assurance." Participant 77 replied, "More communication instead of decisions made without input. Things that directly affect me have not been communicated. Also speaking in person rather than sending someone as an intermediary or sending a message online."

The third question asked participants if their supervisor helps them learn new skills that help them reach their career goals. Sixty-six (77%) selected yes, while 20 (23%) indicated no. When asked what new skills they would like to learn, P77 stated "supervising others," while P87 wrote "good communication skills." Similarly, P45 said, "writing and grammar." The final question for this category and the survey asked participants if they felt stronger as a person because of where they worked. Sixty-eight (79%) felt this to be true, with 18 (21%) saying no. Respondents who answered no were asked to explain why they felt this way. Participant 1 explained, "Feel like I'm going nowhere," and P64 wrote, "It's not the industry

I ever wanted to (or currently want to) be in." Participant 82 feels, "It's degrading working with the type of people I work with."

This category generated the most themes with communication, acknowledgment, abilities, and negative feelings. Participant 1 mentioned, "Recognition that what I do is important and that without people like me they would have to actually do something." "Respect needs to improve" was suggested by P5, while P45 declared, "stay more consistent." Participant 70 provided the single word "undermining." "Talk to me more" was offered by P2, with P6 requesting "different training course options."

4 Discussion

This qualitative descriptive phenomenological study intended to assess what characteristics are needed in the current workplace to create a more trauma-informed environment from the employee perspective. The population consisted of individuals 18 years and older who have had a full-time job for 12 consecutive months. Eighty-six completed surveys were received. While valuable information was obtained from all four categories: safety, trustworthiness, choice and collaboration, and empowerment, it was the empowerment category that offered the most robust results.

4.1 Recommendations for practice

This study's findings showed empowerment as the most influential category for implementing a trauma-informed care approach in the workplace. Based on these results, organizations interested in introducing trauma-informed care principles in their work setting could focus on empowering their employees. However, the other categories studied, safety, trustworthiness, and choice and collaboration, could be addressed as valuable insight was also gathered in these areas. Empowering employees has been a widely studied topic, with many studies exhibiting the importance of doing so to help combat issues such as engagement, job satisfaction, and intent to quit [14, 16, 18].

Specific to empowerment and being more trauma-informed, this study suggests that supervisors should let employees know they are valued not only as employees but also as a person. Staff need to know they are viewed more than a staff ID number. This finding aligns with Harris and Fallot [7], stating that the trauma-informed care approach focuses on treating a patient as a whole person versus a symptom or diagnosis. Moreover, leadership needs to offer learning opportunities to their staff. Even if the training is not directly related to a particular group of employees' job duties, managers should still allow the staff from that team to attend the training if it interests them. When a person is hired, leaders need to help that individual find where their talents would be best utilized. There is a possibility this employee would be better suited in a different area of the company, possibly where there has been a need for some time. Implementing these suggestions will help show employees that leadership is invested in them not only for the good of the company but also as an individual.

Based on the findings of this study, organizations must also effectively communicate with their employees. This communication needs to be two-way, meaning leadership needs to keep staff informed of what is happening in the company and listen to employees when they have a suggestion or concern. Too often, businesses will appear to try to listen to their employees, but there needs to be follow through. This study also helped to show that staff want more face-to-face communication with their leaders versus receiving electronic communication (e.g., instant messages and email) or leadership sending an intermediary to deliver messages or decisions.

Employees need leaders who are honest and trustworthy, as suggested by the findings of this study. If a situation arises that will keep a manager from following through with a previously agreed upon action item with their staff, the manager must communicate this change instead of ignoring the situation. By being open and honest, leaders are encouraging a safe work environment. Employees feel more involved and feel like they have control over how the work is completed when adequately communicated. This finding relates to the empowerment category and aligns with research conducted by Isobel et al. [10] and Harris and Fallot [7]. Isobel et al. [10] found that patients rated voice as a significant factor in receiving trauma-informed care services. Likewise, Harris and Fallot [7] noted that the purpose of a trauma-informed approach is to help the individual feel like they are gaining back control.

4.2 Limitations and recommendations for future research

The most significant limitation of this study can be found within the research design. While utilizing online surveys can be a quick way of gathering data, there are more effective methods of collecting meaningful data for a qualitative

phenomenological study. On average, participants only spent 1 min and 43 s completing the online survey. This limitation could contribute to why many participants chose not to explain their answers in their own words. Instead, a researcher should interview their participants face-to-face or through a virtual meeting platform such as Zoom or Microsoft Teams. By utilizing the interview method, whether it be face-to-face or virtually, a conversation could occur with more robust comments being provided. Also, the researcher would have the opportunity to ask participants follow-up questions or for clarification regarding the participants' responses. This additional data could provide an opportunity for more significant findings.

The original instrument recommended using a Likert scale from strongly disagree to strongly agree. For this study, the researcher reworded the questions, making the survey more appropriate for a qualitative design. Future researchers could use the instrument as initially written and conduct a quantitative correlational study looking for relationships among the six categories of safety, trustworthiness, choice, collaboration, empowerment, and trauma. This could help practitioners better understand which categories are related and which to focus on when implementing a trauma-informed care approach in the workplace. Also, an experimental study could have been appropriate to produce more concrete recommendations. Likewise, the instrument deployed in this study may not be the most effective tool to understand what principles are needed when introducing a trauma-informed care approach in the workplace. It could be suggested that future researchers develop a new instrument to help gauge what principles employees find trauma-informed.

To help achieve saturation, the requirements to participate in this study were broad. Participants had to be 18 years or older and have a full-time job for at least 12 consecutive months. This study could be replicated with narrower participant criteria for more meaningful results. For example, a specific industry could be studied to generate palpable findings to help introduce trauma-informed care practices in that specific work setting.

5 Conclusion

While the implantation process might be challenging, the results of this study will help provide leaders with a starting point to begin the conversations needed to introduce trauma-informed care practices into the workplace. All four categories provided valuable information: safety, trustworthiness, choice and collaboration, and empowerment. However, it was the empowerment section that delivered the most substantial results. Employees want to feel valued; they want their voices to be heard; staff need to be provided with opportunities to learn new skills, and they must be communicated with openly and honestly. To help push this idea forward, further research should be conducted in specific industries to help provide leaders with more specific data. The researcher also recommends conducting face-to-face interviews to generate a dialogue with study participants and gather richer data.

Author contributions J.G. is the sole author of this research article.

Data availability The data that support the findings of this qualitative study are available from the sole author upon reasonable request to protect the study participants' privacy.

Declarations

Ethics approval and consent to participate Institutional Review Board (IRB) approval was gained through Wayland Baptist University (WBU) prior to the onset of the study and all necessary protocols set forth by WBU's IRB Committee was followed. No identifying information, including IP addresses, was collected. Participants were free to exit the study at any time without repercussion.

Consent for publication Informed consent was obtained from all individual participants included in the study.

Competing interests The author has no relevant financial or non-financial interests to disclose. No funding was received for conducting this study.

Appendix A

Possible items for consumer satisfaction surveys

(Items are worded to be consistent with a Likert response scale from "strongly disagree" to "strongly agree;" specific items and wording should be tailored to the program's goals and services)

Safety

- When I come to [program], I feel physically safe.
- When I come to [program], I feel emotionally safe.

Trustworthiness

- I trust the people who work here at [program].
- [Program] provides me good information about what to expect from its staff and services.
- I trust that people here at [program] will do what they say they are going to do, when they say they are going to do it.
- The people who work here at [program] act in a respectful and professional way toward me.

Choice

- [Program] offers me a lot of choices about the services I receive.
- I have a great deal of control over the kinds of services I receive, including when, where, and by whom the services are offered.
- People here at [program] really listen to what I have to say about things.

Collaboration

- At [program], the staff is willing to work with me (rather than doing things for me or to me).
- When decisions about my services or recovery plan are made, I feel like I am a partner with the staff, that they really listen to what I want to accomplish.
- Consumers play a big role in deciding how things are done here at [program].

Empowerment

- [Program] recognizes that I have strengths and skills as well as challenges and difficulties.
- The staff here at [program] are very good at letting me know that they value me as a person.
- The staff here at [program] help me learn new skills that are helpful in reaching my goals. I feel stronger as a person because I have been coming to [program].

Trauma Screening Process

- The staff explained to me why they asked about difficult experiences in my life (like violence or abuse).
- The staff are as sensitive as possible when they ask me about difficult or frightening experiences I may have had.
- I feel safe talking with staff here about my experiences with violence or abuse.

Appendix B

Trauma-informed workplace questionnaire

Safety

1. When you are at work, do you feel physically safe?
    a. What, if anything, could be done to make you feel more physically safe?
2. When you are at work, do you feel emotionally safe?
    a. What, if anything, could be done to make you feel more emotionally safe?

Trustworthiness

1. Do you trust the people who you work with?
    a. If not, please provide details on why you feel this way.
2. Do you trust that the people you work with will do what they say they are going to do, when they say they are going to do it?
    a. If not, please provide details on why you feel this way.
3. Do the people who you work with act in a respectful and professional manner towards you?
    a. If not, please explain a time when you were treated disrespectfully or in an unprofessional manner.

Choice & collaboration

1. Do you feel that your supervisor/coworkers really listen to your ideas and suggestions?
    a. If not, please explain why you feel this way.
2. Do you feel that your supervisor/coworkers and you work as a team in a positive manner?
    a. If not, please explain why you feel this way.
3. Do you feel as if employees play a role in deciding how things get accomplished?
    a. If not, please explain why you feel this way.
4. Do you feel like you are a part of the team?
    a. What, if anything, could be changed to make you feel more part of the team?

Empowerment

1. Do you feel like your supervisor recognizes that you have strengths and skills to offer?
    a. If not, please explain why you feel this way.
2. Does your supervisor do an excellent job at letting you know that they value you as a person?
    a. What, if anything, could be changed to make you feel more valued as a person?
3. Does your supervisor help you learn new skills that are helpful in reaching your career goals?
    a. What are some new skills that you would like to learn to help you reach your career goals?

4. Do you feel stronger as a person because of where you work?

    a. If not, please explain why you feel this way.

Would you be interested in scheduling a private Zoom meeting with the researcher to discuss any of your responses in more detail? If so, please email Dr. Jesse Greer at GreerJ@wbu.edu.

Appendix C

Demographic questionnaire

Age
18–24 years old
25–34 years old
35–44 years old
45–54 years old
55–64 years old
65 + years old
Gender
Male
Female
Prefer Not to Answer
Education
Some high school, no diploma
High school diploma or equivalent
Some college credit, no degree
Trade/vocational
Associate degree
Bachelor's degree
Master's degree
Doctorate degree
Industry
Agricultural
Business
Construction
Financial/Banking
Food/Restaurant
Healthcare
Hospitality
Manufacturing
Retail
Technology
Other—please list

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