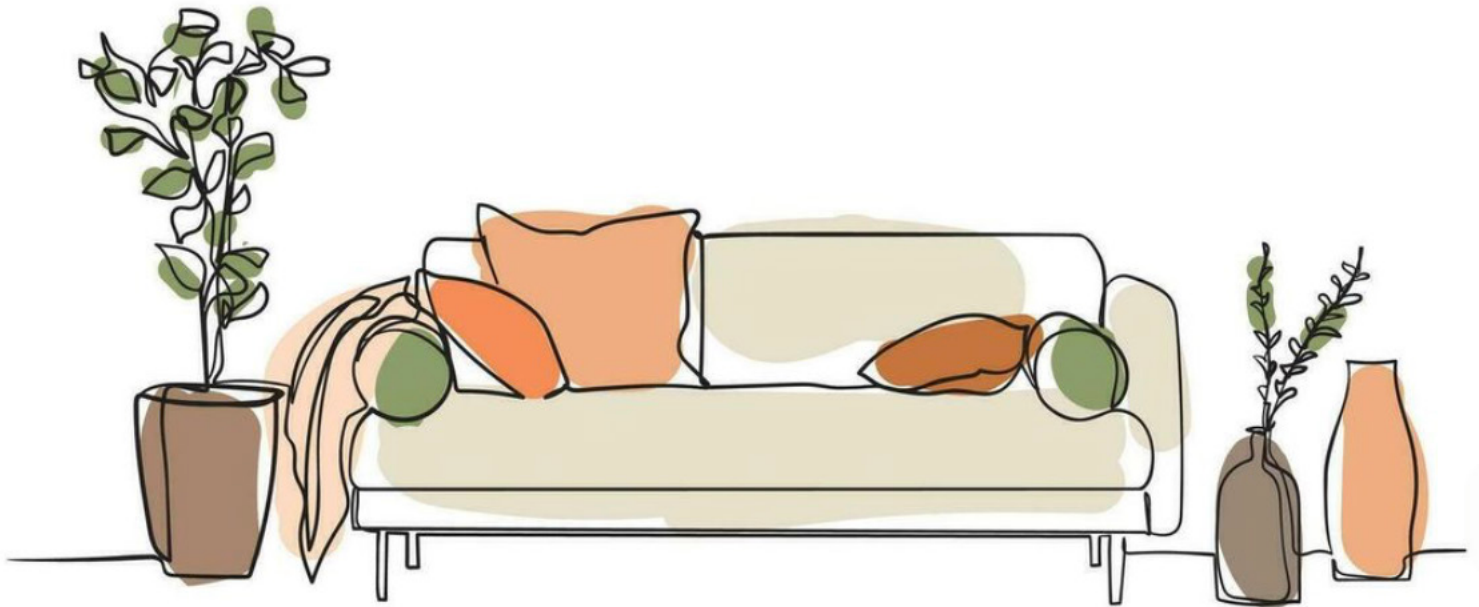




What is Trauma-Informed Design?

‘Trauma-informed design is about integrating the principles of trauma-informed care into design with the goal of creating physical spaces that promote safety, well-being and healing. This requires realizing how the physical environment affects identity, worth and dignity, and how it promotes empowerment’.

– Neha Gill, Forbes Nonprofit Council, 2019

Trauma-informed design starts with recognising that **all buildings have an effect on people and communicate all the time**. They communicate what is considered important, how people should be treated, who is in power, how you should behave and if people can be trusted, amongst many other things. What is particularly significant with trauma informed design, is that those who have suffered trauma are more susceptible to picking up on these cues and will have triggers that take them back to past traumas.

What is the Effect of Trauma?

Trauma is a psychological and physiological response to deeply distressing or disturbing experiences. These may include violence, abuse, neglect, displacement, or sudden loss — events that overwhelm an individual's ability to cope and feel safe (van der Kolk, 2014).

Trauma isn't just about what happened — it's about how the body and brain remember and respond to what happened. Survivors often live in a state of hypervigilance, anxiety, or emotional shutdown.

"Trauma is not what happens to you, it's what happens inside you as a result of what happened to you." – Gabor Maté

Bessel van der Kolk, a prominent psychiatrist and researcher, has extensively studied trauma. In his book *The Body Keeps the Score*, he explains that individuals who have experienced trauma react and are triggered differently to events and environments compared to those who haven't (van der Kolk, 2014).

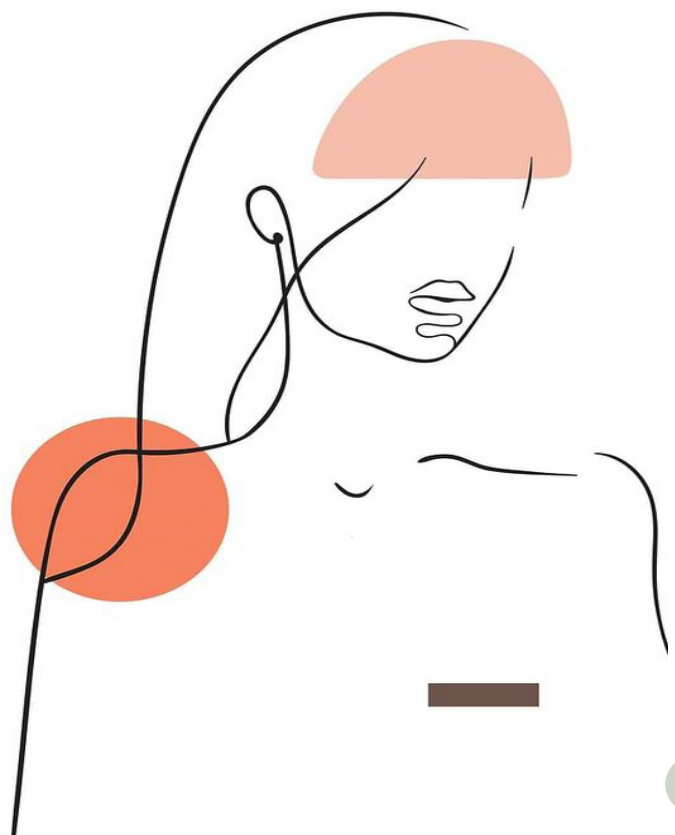
The amygdala, an area of the brain, functions like a smoke detector. It reacts quickly, triggering a fight-or-flight response to perceived stressful situations. It detects both actual and perceived threats, raising adrenaline levels to prepare the mind and body to cope (LeDoux, 1996).

The medial prefrontal cortex (MPFC) acts like a watchtower, providing objectivity and enabling the executive brain to regulate the immediate impulses of the emotional brain. In individuals with trauma or PTSD, this balance shifts toward the emotional brain, impairing the executive brain's ability to calm the body by overriding the initial stress response (Shin et al., 2006).

This imbalance leaves trauma survivors in a state of heightened alertness and anxiety. Prolonged distress can deactivate the prefrontal cortex, hindering critical thinking and rationality. This keeps individuals in survival mode, reducing concentration and their ability to engage in healing from past traumas (Arnsten, 2009).

"Trauma occurs when an external event overwhelms a person's physical and psychological coping mechanisms or strategies."

– van der Kolk, 2014



How to Tackle the Effects of Trauma?

One aspect of trauma is that the triggering of memory or association with a past traumatic event takes a sufferer back to the original traumatic event. This is experienced not just as an unpleasant memory but as a powerful reliving of the original event, as evidenced by medical studies of brain activity (Bremner, 2006). This explains, in part, the common avoidance of discussing past traumatic events and the tendency to seek to numb out the memory (van der Kolk, 2014).

This means that design must consider potential triggering situations and environments that may take a person back to past traumas. While each individual's experience of trauma is highly personal, some experiences may be shared, allowing design to avoid common triggers (Herman, 1992).

It also means that counselling and therapy are likely to generate substantial emotion and discomfort, as they place the person back into the traumatic past. Therefore, counselling spaces are a particular focus of trauma-informed design, which aims to support the associated emotions and experiences contained within them (Elliot et al., 2005).

To regulate the amygdala in individuals who have experienced trauma, two groups of techniques are commonly used: top-down and bottom-up.

Top-down therapies engage the medial prefrontal cortex (mPFC), supporting the executive brain in regulating and rationalising the fight-or-flight response. Examples include counselling and talking therapies (Siegel, 2012).

In contrast, bottom-up therapies such as sensorimotor psychotherapy engage the body's sensory and motor systems, using breathing, movement, and tactile experiences to restore balance between body and mind (Ogden et al., 2006).

Therefore, architectural responses for trauma-informed environments should consider how the design of buildings can reduce triggering factors and support the healing and regulation of traumatic responses. The overall goal is to design spaces mindful of the effects of trauma to better support and serve organisations like OST in their work with traumatised women.

As Zach Mortice puts it in his article, "Buildings that can heal in the wake of trauma" (Mortice, 2023), for architects engaged in trauma-informed design, buildings are seen as "the first line of therapy."

Those involved in trauma-informed design emphasise understanding its effects, recognising that one traumatic experience or context is not the same as another, listening to the lived experiences of end users and occupants, and applying this trauma-informed design (TID) lens to both strategic conceptual design decisions and specific details (Bloomberg et al., 2020).

Five core values of a trauma-informed approach:

Safety: ensuring physical and emotional safety

Trustworthiness: creating respectful environments where personal boundaries are maintained

Choice: creating environments where individuals have choice and control

Collaboration: making decisions with the individual and sharing power

Empowerment: prioritising empowerment and skill-building

(Harris and Fallot, 2016)

DESIGN TOOLKIT COMPONENTS

Taking into account all of the academic and precedent research I have created a structure for a trauma-informed toolkit. Each component should operate as part of a cohesive ecosystem. A trauma-informed space is only effective when physical safety, emotional comfort, and psychological security align seamlessly.

A. Furniture & Layout

- › Movable, soft-edged, and multi-functional pieces
- › Clear division of communal vs private zones
- › Modular, reconfigurable layouts to adapt to needs

B. Sensory Design

- › Acoustics: noise buffering with soft finishes
- › Lighting: warm, dimmable, layered for mood control
- › Texture: natural, soft, and non-triggering materials
- › Scent & air: neutral base, optional calming aromas

C. Material & Colour Palette

- › Warm neutrals, muted tones for calmness
- › Avoid institutional greys or high-contrast triggers
- › Tactile, natural finishes that feel comforting

D. Accessories & Art

- › Meaningful, calming artwork
- › Provide personalisation opportunities
- › Accessories that serve a purpose

E. Inclusive Design Overlays

- › Neurodivergent-friendly features
- › Child-friendly planning for mother-and-child spaces
- › Full disability access with sensory regulation options

F. Safety & Security

- › Discreet yet robust security measures: SecureEase portable locks, SafeStart survival kits
- › CCTV and lighting plans for refuge exteriors and thresholds
- › Safe exit strategies embedded into spatial flow
- › Smart tech: personal alarms, motion sensors, and emergency call points

FURNITURE & LAYOUT

- > Choose movable, lightweight furniture in both communal and bedroom spaces to give users control over layout, enhancing autonomy and comfort.
- > Select soft-edged, cushioned pieces to reduce injury risk and create a soothing, non-threatening environment.
- > Incorporate modular elements such as beds with under-storage or adaptable shelving, allowing flexibility without clutter.

- > Position beds and seating against solid walls with clear sightlines to doors and windows to provide a sense of safety and reduce hypervigilance.
- > Provide adjustable lighting and small personal items in bedrooms (e.g., lamps, throw blankets) to support self-soothing and personalisation.
- > Avoid overcrowding and heavy, fixed furniture, which can increase anxiety and limit escape routes if a person feels unsafe.



SENSORY DESIGN

> Buffer noise with soft finishes such as rugs, curtains, acoustic panels, and upholstered furniture to create a calm, quiet environment and reduce overwhelming sound.

> Use warm, dimmable lighting and layered sources (e.g., floor lamps, wall lights) to allow control and create safe, soothing atmospheres, avoiding harsh glare or flicker.

> Incorporate natural, soft textures like wood, cotton, and felt to offer tactile comfort and grounding; avoid cold, clinical, or harsh materials that can feel institutional.

> Maintain clean, neutral air quality and provide optional calming scents (e.g., lavender or chamomile) through diffusers or scented pouches, ensuring scents are subtle and user-controlled to avoid triggers.



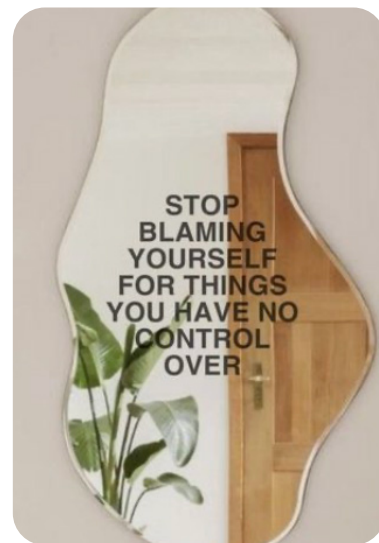
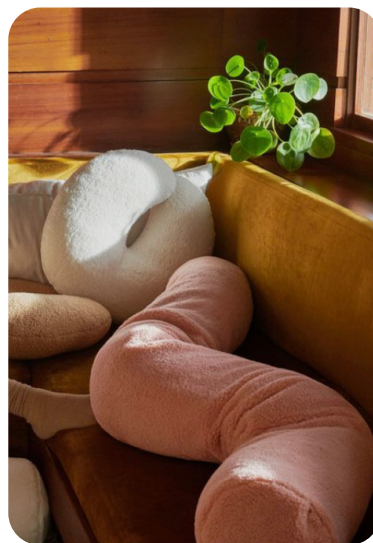
MATERIAL & COLOUR PALETTE

- > Select calming, warm neutrals and muted tones like soft beige, sage green, dusty blue or burnt orange and rose to create an environment that feels safe and soothing rather than clinical or stark.
- > Avoid institutional colours such as harsh whites, greys, or bright primary tones, which can feel cold or triggering and evoke hospital or prison-like environments.
- > Incorporate tactile, natural materials like wood, cork, linen, and wool to provide warmth and sensory comfort, fostering grounding and connection to nature.
- > Use matte finishes over glossy ones to reduce glare and visual overstimulation, which can heighten anxiety.
- > Introduce subtle accent colours through artwork, textiles, or furniture for personality and hope without overwhelming the senses.



ACCESSORIES & ART

- > Use meaningful, calming artwork with nature, abstract forms, or uplifting imagery to create a sense of hope and connection.
- > Avoid triggering visuals (e.g., depictions of violence, chaos, or overwhelming colors) to maintain emotional safety.
- > Provide personalisation opportunities, such as pinboards or display shelves, allowing residents to add photos or mementos for identity and comfort.
- > Choose accessories that serve a purpose, like soft-texture throws, weighted cushions, or sensory-friendly objects that reduce anxiety.
- > Incorporate inspirational artwork and decor to reflect diverse cultures, resilience, and hope, fostering a sense of belonging and empowerment.



INCLUSIVE DESIGN

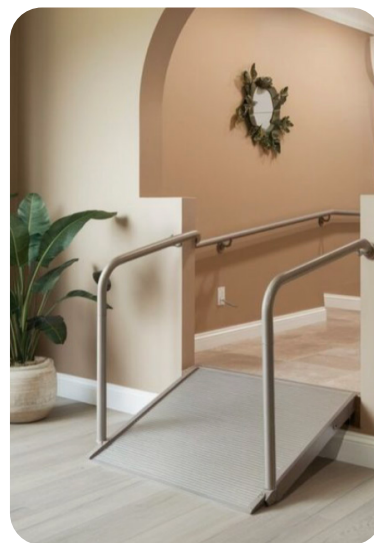
> Integrate sensory regulation options such as quiet rooms, noise-cancelling partitions, and dimmable lighting for neurodivergent users or those with trauma-related sensitivities.

> Design for mother-and-child needs by including child-friendly areas within sight of adult spaces, breastfeeding-friendly zones, and storage for child essentials.

> Ensure full accessibility for people with physical disabilities: wide doorways, non-slip flooring, and accessible toilets should be standard.

> Provide clear visual cues like contrasting colours for edges, tactile signage, and simple wayfinding to reduce disorientation and anxiety.

> Offer multi-modal engagement, such as visual guides and audio cues, to accommodate different cognitive and emotional needs.



SAFETY & SECURITY

- > Provide multiple, clearly marked exits to avoid feelings of entrapment and to ensure safe evacuation during emergencies.
- > Use controlled access systems (e.g., keypads, fob entry) to prevent unauthorised entry while maintaining a welcoming environment for residents.
- > Incorporate discreet security measures such as CCTV in communal zones, visible enough to deter threats but not intimidating.
- > Ensure personal security options like secure bedroom locks that allow escape from the inside without tools and personal alarms for residents.
- > Ensure windows have secure locks and are fitted with curtains or privacy screens to maintain both safety and discretion.
- > Include external lighting around entry points and pathways to enhance perceived and actual safety, using warm, non-harsh tones for comfort.



PUTTING THE TOOLS TO USE

Trauma-informed design is achievable in any setting — it doesn't need to be daunting, expensive, or complex. Simple choices and thoughtful swaps can transform a space into one that feels welcoming, safe, and respectful of those who use it. Whether in a private home, shelter, police station, hospital, or pharmacy, the same core principles apply. The examples below represent adaptable, non-specific spaces that demonstrate how small design interventions can reduce stress, honour lived experience, and support healing outcomes across both public and private environments.



TRAUMA-INFORMED CHECKLIST

This checklist offers a simple, practical tool for embedding trauma-informed design principles into any space. It is not prescriptive, but rather a guide for thoughtful reflection, helping designers, architects, and organisations ensure their environments are supportive, inclusive, and safe for survivors of trauma.

Use it at early planning stages, during design development, and when reviewing completed spaces.

Safety & Security

- ☐ Are sightlines clear, with no hidden corners or obstructed views?
- ☐ Is there a mix of open space and private retreat areas?
- ☐ Are entry/exit points secure and easily visible without feeling exposed?
- ☐ Are locks, alarms, and surveillance systems integrated discreetly and respectfully?

Sensory Comfort

- ☐ Are lighting levels adjustable and warm rather than harsh or clinical?
- ☐ Are acoustics softened using fabrics, furniture, or layout?
- ☐ Are materials tactile and non-triggering (no cold metal, no sterile surfaces)?
- ☐ Is scent used gently or not at all?
- ☐ Is there space for sensory regulation—quiet zones, soft textures, or grounding visuals?

User Control & Autonomy

- ☐ Can users move or rearrange furniture to create their own space?
- ☐ Are there options for how users enter, sit, interact, or exit a room?
- ☐ Are visual and spatial choices (lighting, noise, positioning) adjustable or varied?

Dignity & Inclusion

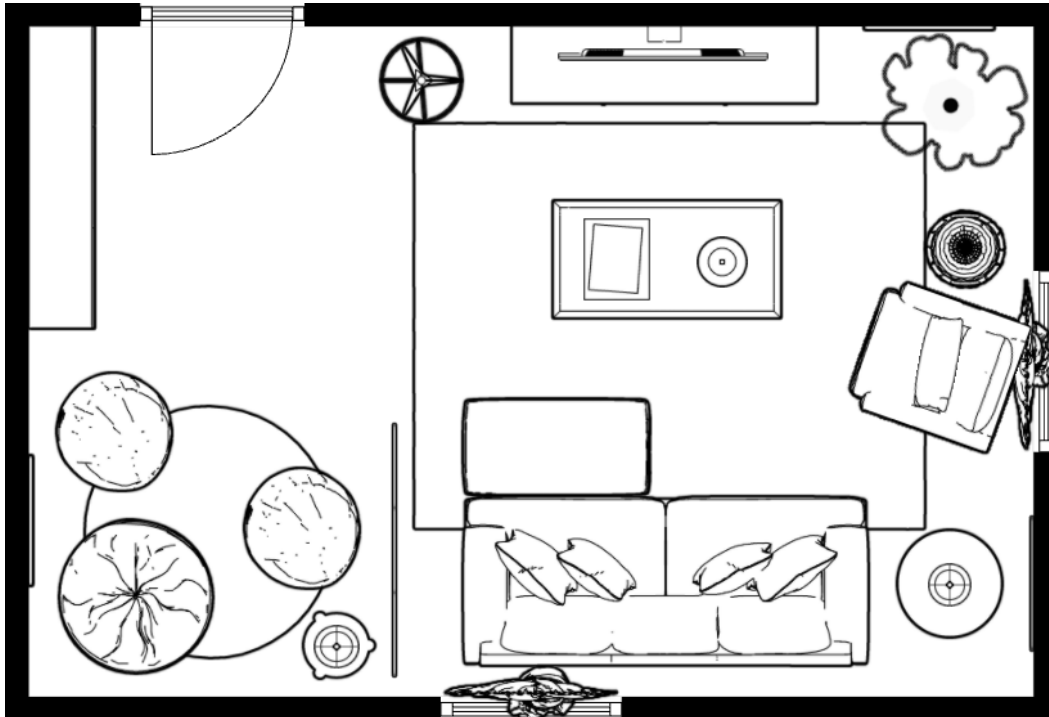
- ☐ Does the space avoid institutional or clinical aesthetics?
- ☐ Are materials and colours warm, calming, and non-stigmatising?
- ☐ Does artwork or decoration reflect different identities and experiences?
- ☐ Are accessibility features built-in (step-free access, clear signage, easy navigation)?
- ☐ Are cultural, gendered, and neurodiverse needs considered?

Emotional & Psychological Support

- ☐ Is the environment predictable and coherent (no chaotic layouts)?
- ☐ Are staff or users supported by clear, empathetic communication tools?
- ☐ Are feelings of safety reinforced through consistency in tone, visuals, and layout?
- ☐ Does the space honour the lived experience of trauma without retraumatizing?

LIVING / COMMUNAL ROOM

Illustrated here a living space either for a private home or a small shelter/shared living facility designed to balance connection and calm, with soft furnishings, layered lighting, and optional quiet zones for those needing space to decompress. These principles could also be applied to a larger communal space.



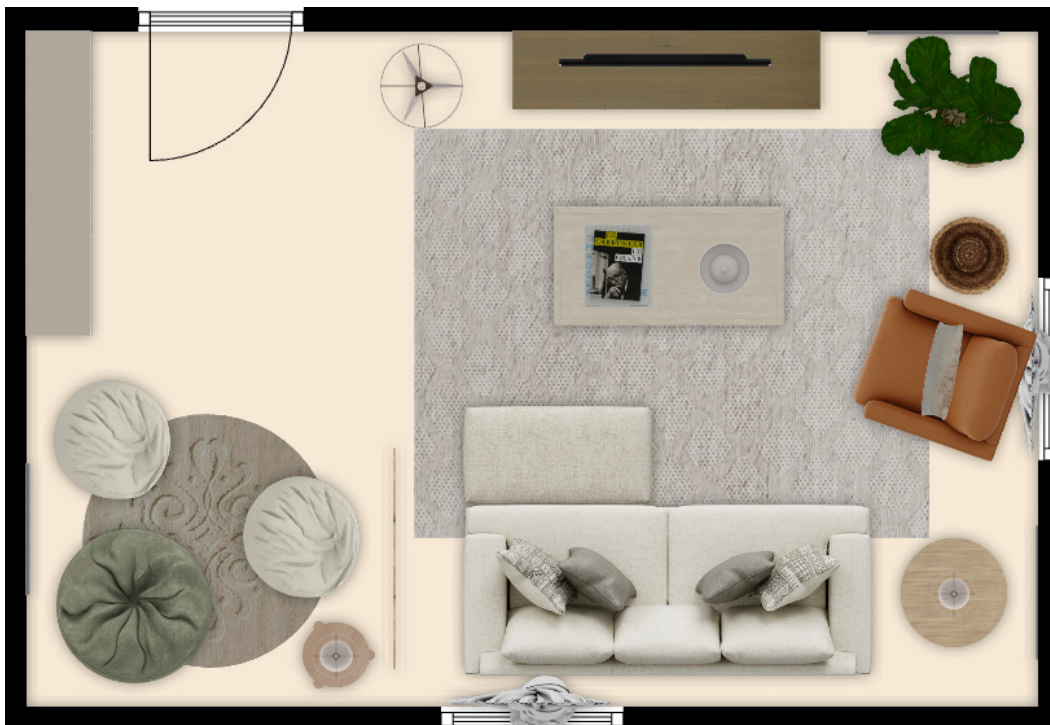
Clear Sightlines

Adjustable Lighting

Mix of Open and Private areas

Room Dividers for Privacy

Warm and Calming Colours



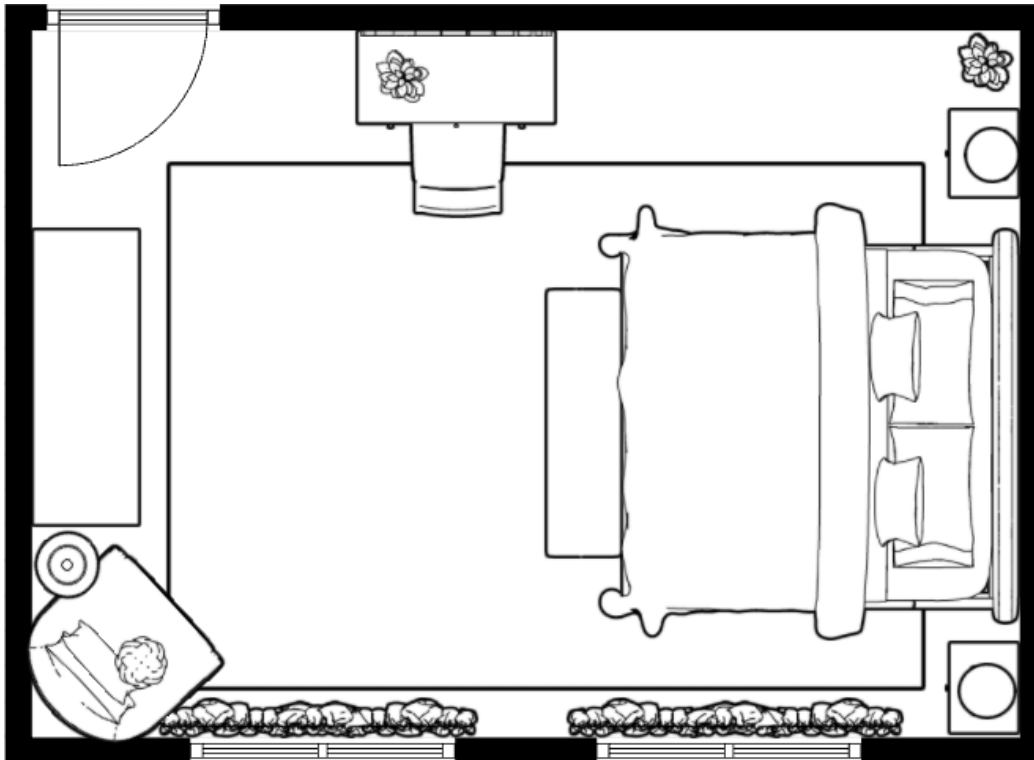
Soft Materials and Textures

Movable Furniture for Control and Autonomy

Multiple Seating Options

BEDROOM

Whether in a private home or a shared living facility, a bedroom should be a personal retreat offering control over lighting and temperature, soft textures, and layout choices that promote safety, rest, and emotional recovery.



Secure and Visible
Exit Point

Predictable Layout

Softened Acoustics

Warm and Calming
Colours

Soft and Tactile
Furnishings



Curtains for Privacy
and Light Control

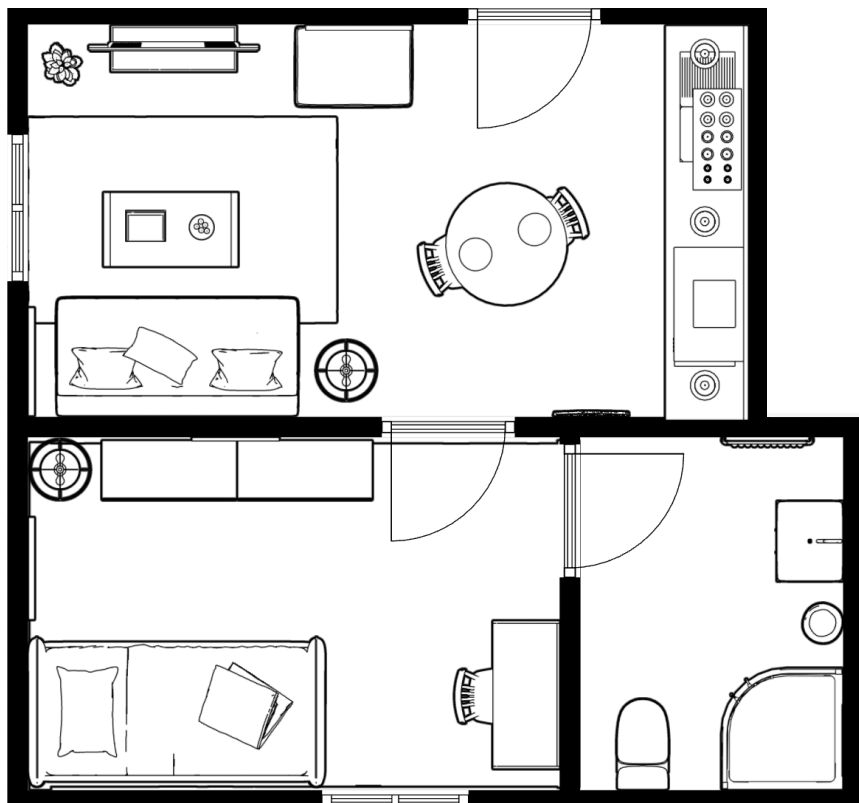
Multiple Seating
Options

Lamps for Ambient
Lighting

Empowering
Artwork

FLAT / INDIVIDUAL UNIT

A self-contained space supporting independence and dignity, designed with intuitive layouts, personalisation options, and built-in trauma-sensitive materials. This can be applied to private residential flats or individual units in a shared living facility.



Personal Storage Spaces

Soundproofing or Noise Reduction Measures

Comfortable and Flexible Furniture

Personalisation Opportunities



Easily Accessible Kitchenette / Cooking Area

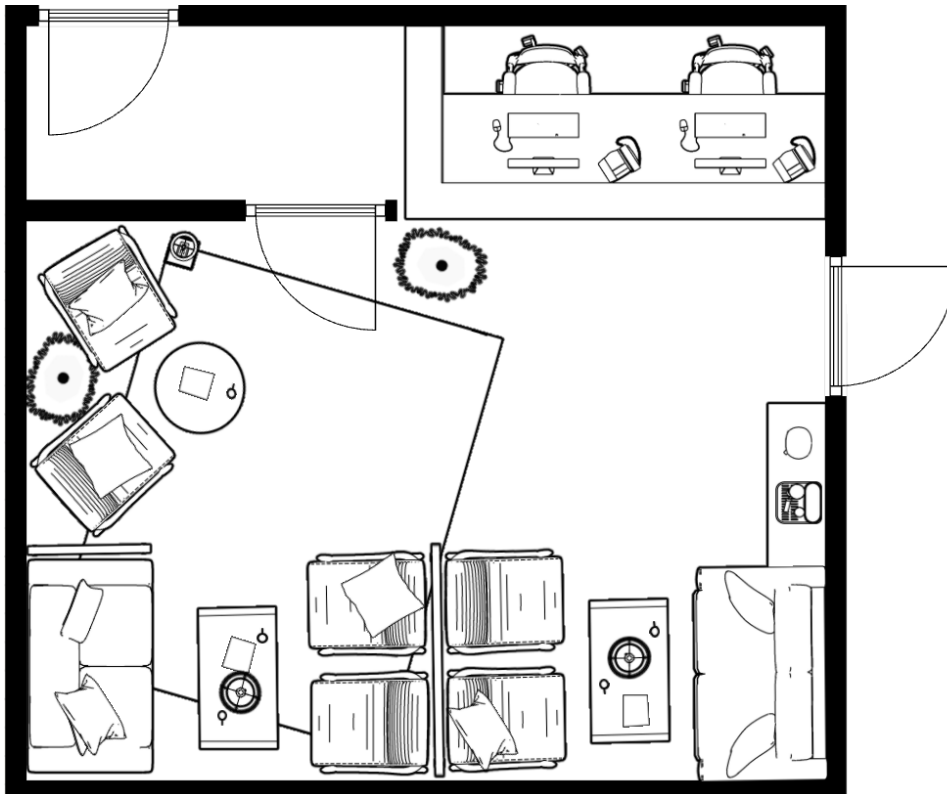
Secure Entry and Lockable Doors

Safety Features (rounded edges, non-slip surfaces)

Sofa Bed and Pull-out Bed for Children to use

RECEPTION / WAITING ROOM

Designed to ease arrival anxiety with a warm, welcoming atmosphere, soft acoustics, visible exits, and seating arrangements that offer both comfort and control.



Secure and Visible
Entry and Exit Point

Clear Signage and
Wayfinding

Rounded Furniture
Edges

Room Dividers for
Privacy



Private Corners or
Alcoves

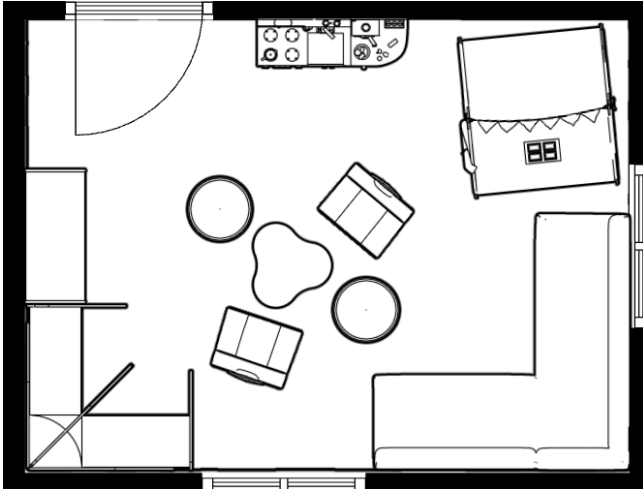
Adjustable Seating
Arrangements

Accessible Facilities
(e.g., for mobility or
sensory needs)

Welcoming
Reception Desk

KIDS' PLAY ROOM / CRECHE

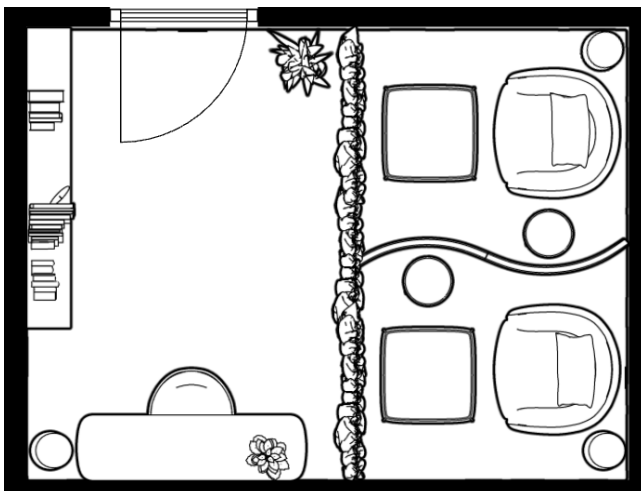
A sensory-considerate space using soft surfaces, calming colours, and supervision-friendly design to support emotional regulation and safe, joyful play.



Soft, Impact-Absorbing Flooring
Age-Appropriate, Safe Toys and Equipment
Clear Sightlines for Supervision
Comfortable Seating for Parents

QUIET ROOM

A low-stimulation sanctuary for grounding and emotional regulation, featuring soft textures, warm muted tones, and minimal visual clutter. A room like this can be used in any trauma-informed building from a police station to accommodation.



Soft, Adjustable Lighting
Comfortable, Cushioned Seating and Floor Areas
Sound Dampening or Soft Background Sounds
Tactile and Multi-Sensory Objects (e.g., textured fabrics, sensory panels)

Final Note:

This toolkit is designed to support designers, individuals, and organisations in creating spaces that actively promote the mental health and well-being of survivors of domestic abuse. Its core aim is to reduce environmental stressors and avoid design decisions that may unintentionally retraumatise users. While not every principle will apply to all contexts, the toolkit is structured to guide decisions across both public shelters and private residential spaces.

It is assumed that public shelters already meet baseline security regulations to ensure the physical safety of their guests. This toolkit focuses on what comes after safety: the healing. Trauma-informed design is not just about protection—it's about creating environments that feel calming, empowering, and restorative. Survivors' safety must always come first; but how we design the spaces they inhabit can shape how they recover.

Thank you – Designed to Heal



Designed to Heal