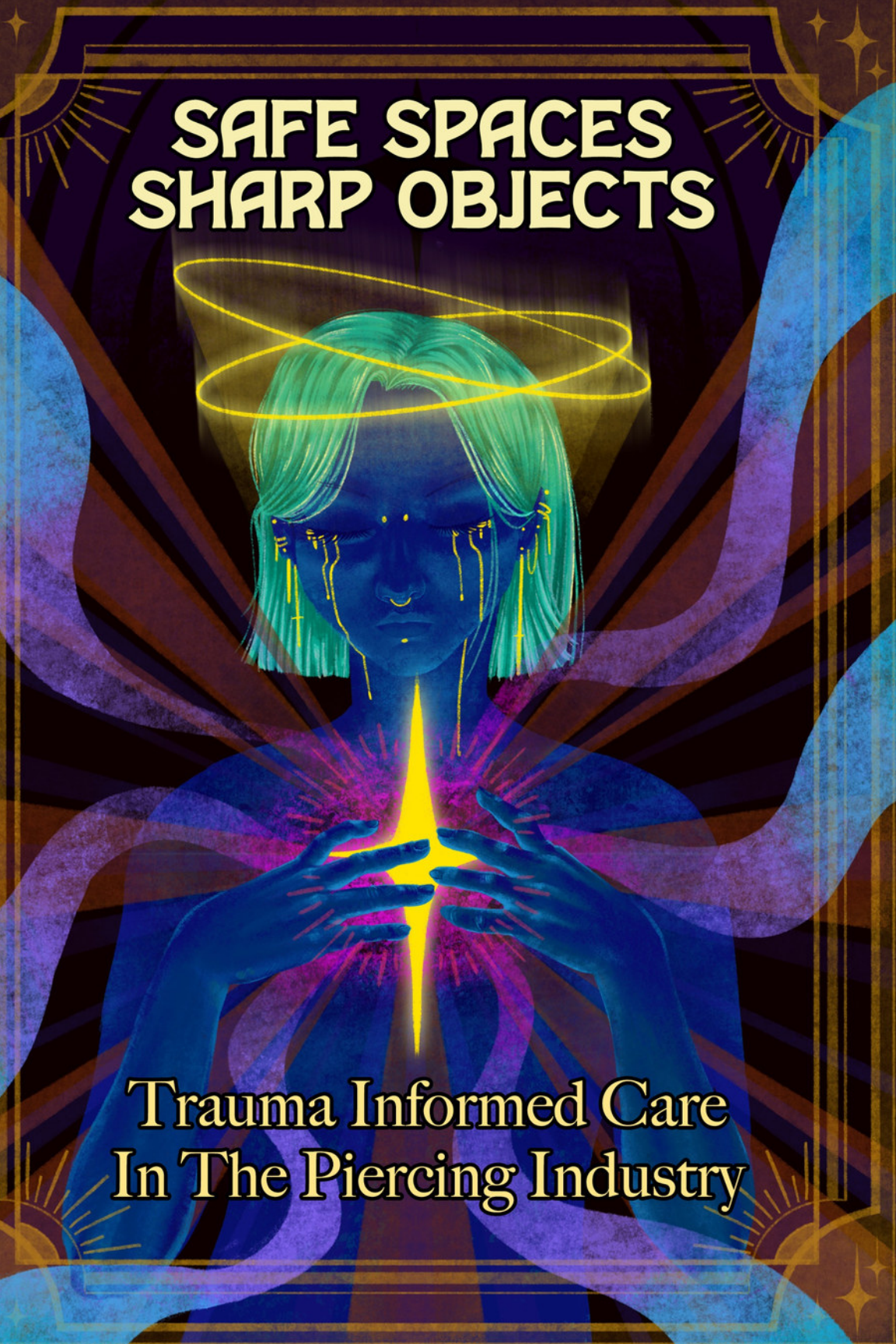


SAFE SPACES SHARP OBJECTS



Trauma Informed Care
In The Piercing Industry

A Special Thanks To

Margo Dellaquila, for holding my hand through
my own trauma

To Jen Brockman, whose trauma informed
class inspired this, for your support and
encouragement on this project

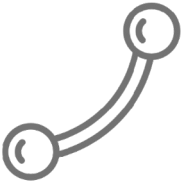
To Gabi Tabib, friend, therapist, mental health
professional, for your input and advice, and to
Charlyne Chiappone, for your guidance and
inspiration, and many long talks

To Paige, Rochelle, Emma, Julia, Dr. A, and
Professor West, for proofreading, editing, and
formatting, as well as providing crucial
feedback

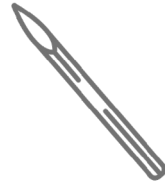
To Mahs, for the incredible cover art

And to all my clients, who trust me with their
bodies, and allow me to be a part of their
transformations, and let me share in your joy,
sorrow, celebration, grief, and love

"What hurts us blesses us.
The cure for pain is in the pain."
-Rumi



INTRODUCTION



As piercers, many of us have been privileged with being asked to help clients have an experience of bodily reclamation through body piercing. Clients are using the act of piercing, with it's inherent vulnerability, intimacy, and bodily presence, to heal something in themselves, to take a part of their body or life back and to celebrate their own freedom and healing. As piercers, most of us have had these experiences in the piercing room. We know how much power piercings have to make impactful changes on our relationships with our body, mind, and spirit. There is a statistical correlation between survivors of trauma and traumatic experiences and seeking out body modification as a method of healing and processing that trauma.¹ There's also historical and cultural evidence of this being a human practice for hundreds and thousands of years.² We are innately drawn to process our emotional and mental trauma through the physicality of our body, historically with the aid of a shaman, priest, or spiritual leader. Now often a therapist, doctor, and, yes, sometimes a body piercer, will assist in this processing. Clients are

finding healing and repair for their traumas through body piercing. This is one of the things that often attracts us to work in this field, as the magic of being able to help clients with their trauma is powerful.

We know that people are seeking out our services in order to help process their trauma. We know that piercing has the ability to heal and promote these powerful experiences in people's bodies. How do we actually provide these experiences? This is where the lens of Trauma-Informed Care comes in.

Trauma-Informed Care considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.³ Trauma Informed Care recognizes that it's likely many people will have a history of trauma and the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life- including piercing studio staff.

“On an organizational or systemic level, Trauma-Informed Care changes organizational culture to emphasize respecting and appropriately responding to the effects of trauma at all levels. Trauma-Informed Care practice and awareness become almost second nature and pervasive in all service responses. Trauma-

Informed Care requires a system to make a paradigm shift from asking, “What is wrong with this person?” to “What has happened to this person?”

The intention of trauma-informed care is not to treat trauma symptoms or issues related to abuse of any kind. It acknowledges that this is the job of the survivor and their medical and mental health professionals. Trauma-Informed Care exists to help provide accessible and appropriate services that support survivors and minimizes the risk of re-traumatizing individuals, triggering them, or exacerbating trauma symptoms.

As professional piercers working with clients who are not only trauma survivors but often looking to confront and address their trauma through piercing, coming from a lens of Trauma-Informed Care is essential. When we learn about and practice a trauma-informed approach to piercing, we make our studio and our piercing room safer for our clients, our coworkers, and ourselves, and we honor the history and practice of piercing around the world. Many indigenous cultures understood the power of breaking the skin as a part of healing. Many of us have had personal experiences of similar healing and empowerment through piercing, and want to offer the same.

Many of us also have had no formal education or guidance on how to do so and may have even experienced trauma due to being in the industry.

Piercing combines an element of fashion and aesthetics with an experience of extreme vulnerability and pain, intimate contact with someone else's body, and permanent physical transformation that can be both identity affirming and healing. If we acknowledge this, then we must ask, "what makes a good piercer" and "what is the responsibility of a good piercer?"

Most piercers are given a brief overview of bedside manner in our training amounting to, "keep them calm and get the piercing done right." If you had a more comprehensive apprenticeship you may have learned some techniques for calming nervous clients such as breathwork, specific phrases, and comforting touch - although some of these techniques may be coercive in nature. Very rarely are intersections of traumatic experiences and body piercing discussed in detail, and even rarer is a framework given for learning how to approach these experiences. Many piercers come online to share stories of empowerment and healing, but there is little discussion of how to create these experiences safely. By and large, piercers are fending for themselves -trying to create these experiences in the

best way they know how, as safely as they can, with little to no formal education on the subject. And many times, we may make mistakes that end up causing more harm than good.

When we approach trauma informed care, we should consider it a part of our universal precautions. The concept of universal precaution is, “we work with every client to the exact same level of safety and cleanliness to keep everyone safe.” Because trauma survivors are often not easily identifiable. some piercers argue that trauma informed care frameworks don’t apply to their day-to-day practices. But we never know who is going to be sitting in our chair. We never know what they may need, and what they may be seeking from this experience. When we treat trauma-informed care like a universal precaution, we minimize the emotional harm we can inadvertently cause and we create experiences that have more positive impacts on our clients. All clients benefit from a process that is focused on agency, consent, and compassion, even those who have not experienced trauma.

After thirteen years of piercing professionally and six in therapy for my own Complex Post Traumatic Stress Disorder, I realized that despite doing the best job I could trying to provide these healing experiences,

without any formal training, education, or framework, my work could be better. So I set about learning more on the formal structures of Trauma Informed Care and how I could implement them both in my piercing room and in my own life, to create a more effective and healthy way of moving through a world filled with trauma. After putting this framework into practice, I've noticed a much higher instance of positive and healing client experiences, a decrease in my own stress levels in the piercing room, and a greater ability to honor my own boundaries in the studio. I decided I wanted to collect and share this information in one place to help others who may benefit from implementing the same framework in their piercing practices.

The purpose of this book is not to tell you how to work, how to pierce, or how to live. Rather, it is to encourage you to consider the often complicated, interwoven intersections of vulnerability, power, control, trauma, interpersonal dynamics, and intersectionality that exist within piercing, and get you to think of how we navigate these intersectionalities in a way that causes the least amount of harm for your clients, your coworkers, and yourself. There is no “one-size-fits-all” in piercing, and this book is included in that. I encourage you to take what resonates with you from this and leave whatever

does not behind. There will be as many different approaches to piercing, and to creating safer spaces, as there are piercers. This book is not designed to be a set of rules, regulations, or guidelines, nor am I presenting this information as inherently “right” and any other approach to piercing as “wrong”. My goal is to encourage an evaluation of how to minimize harm, in all its forms, in our work, and how to foster empowering experiences within the piercing room. This is a book written by a professional piercer, who is a survivor of trauma themselves, who has caused trauma themselves, and who has no formal training in mental healthcare. What I do have is my own lived experiences, decades in therapy and attending workshops and classes, and a passion for this industry and the people in it. I am sitting down with my personal experience, the limited formal education I do have, a love of research and reading, and a desire to create accessible resources to help my community grow and do better.

If you are an apprentice, you may find that reading this early on in your training helps you avoid the mistakes that those who have come before you have made, and you may find this allows you to feel comfortable and secure in your own boundaries and ethics as a piercer.

This framework may influence how you decide to approach piercing, and how you show up for your clients and peers. If you are currently piercing, you may find that this gives you a better structure to approach intimate and complex interpersonal interactions in your piercing room and allows you to evaluate how you pierce and what is important to you in the piercing room. This may also inform how you interact with coworkers, on guest spots, and in digital industry spaces. If you are a studio owner reading this you may find better ways to support your employees, create a safer workspace, and in turn create better client experiences. If you work as front of house, or do other tasks in the studio, you may find ways to support your coworkers, have more in depth interactions with clients, and contribute to creating safer studios spaces for employees and patrons alike.

And if you are a client reading this, you may find this gives you a framework to find empowerment in the piercing room, better understand what to look for from a trauma-informed piercer, and deepen your connection to your piercings and what they mean to you.

In general, if you are reading this, I imagine you are dedicated to wanting to minimize harm in all aspects of life, and you understand that all humans will cause

harm. How we approach the inevitability of this, how we work to minimize the harm we cause, and how we approach this from an understanding of trauma, all combine to deeply affect how we navigate the world. It is my hope that this will promote good, insightful conversations, self-reflection, and ultimately, healing, for everyone who reads it, and every client who seeks out these experiences from piercing.

Understanding Trauma

In order to adequately understand trauma-informed care, we must first understand trauma. This in and of itself is a difficult undertaking. Trauma wants to be buried, it tries to hide, and it is our instinct to shy away from these difficult topics. In her book, *Trauma and Recovery*, Judith Hermon says “The ordinary response to atrocities is to banish them from social consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word *unspeakable*.” ⁴

It is easier to look away from trauma, to minimize it, or to brush over it then it is to face it head-on, both in our own lives and in the lives of others which intersect with us. Trauma with no interpersonal cause such as a natural disaster or accident is easier for us to hold

space over. We can easily rationalize a hurricane, a car crash, or a fire. Free from the element of humanity, we can separate ourselves from the trauma. But trauma caused by another human, a group of humans, or a social structure, becomes infinitely more uncomfortable to remain aware of. Doing so requires us to acknowledge the potential for such gross violations of humanity and social constructs that it is difficult for our hearts and minds to even comprehend. In doing so, however, we inadvertently take the side of the abuser. The abuser asks us to do nothing- they speak to the universal desire to see, hear, and speak no evil. The victim, on the other hand, asks the witness to share in the burden of pain, the victim demands action, engagement, and remembering.⁴ Throughout this work we will take a frank look at various forms of trauma, some may be uncomfortable or unsettling to read or consider. When we consider trauma that brings people to the piercing room, it is very often trauma directly related to another human. When we consider trauma caused within the industry, it is almost always caused at the hands of another human. It is therefore essential that we focus on these interpersonal instances of trauma. I encourage readers to take breaks as needed, step away from difficult passages, and honor their own boundaries and triggers.

Trauma is defined as “a deeply distressing or disturbing experience.”⁴ It can be more broadly seen as any event that is stressful, distressing, frightening, and out of our control. This event may be difficult to cope with, it may happen once or it may be a prolonged series of events over a period of time. Most of us will experience an event in our lives that could be considered traumatic, however, each of us will cope with these experiences differently. It can affect us at any time, and at any age, even years after the initial event. Trauma can sometimes resurface a long time after an event, or it can be immediate, even occurring during the experience in question. There’s no rule about what experiences can be traumatic and which are not- it’s about how you react to them. What is traumatic to you is personal to you, other people can’t know or pass judgment on what you experience as traumatic. Your experiences may be different from others, every individual person may be affected differently and for different periods of time.

Trauma includes events where you feel:

Frightened

Under Threat

Humiliated

Abandoned

Rejected

Invalidated

Unsafe

Unsupported

Trapped

Ashamed

Powerless

Ways Trauma can happen include:

One off events

Ongoing or long-term trauma

Being directly harmed or neglected

Witnessing harm to someone else

Environmental Trauma

Living in a traumatic atmosphere

Being affected by trauma in your family, including trauma that happened before you were born

Being affected by trauma in your culture or community, including trauma that happened before you were born

Some groups are more likely to experience trauma:

People of color

People who have served or are serving in the military

People who are in prison or have been in prison in the past

Refugees or asylum seekers

LGBTQIA+ people

People experiencing poverty

Women and Feminine presenting people

When we discuss trauma in the piercing industry, there are three primary areas we are looking at. Trauma that our clients have experienced, which may be relevant to their experiences in our piercing rooms. Trauma we as practitioners have experienced, which will affect our own boundaries and needs as a piercer. And specific Trauma that occurs within the industry, either between piercer and client, mentor and apprentice, or boss and employee. All of these forms of trauma have an impact on how we work, the services we provide our clients, and how we ourselves move through day-to-day life.

For many of us working in piercing, we have personally experienced how piercings can allow us to mend our trauma. From the joy we feel looking in the mirror and seeing the sparkle of a new piece of jewelry, to the way our minds think kind and positive thoughts about the part of our body we just got pierced (often overwriting negative thoughts we previously had.) We know that the vulnerability of letting someone stab us can teach us about trust and that conquering our fear of needles can teach us about bravery. We have all left the piercing studio filled with that inner glow of a new piercing, feeling secure and confident in our bodies, and the strength of our minds and spirits to get us through this process. We often get into this field because we want to

offer the same experiences to others. To do so effectively, we must understand how trauma works. What puts those feelings of negativity into our minds, what makes us feel unsafe in our bodies? We can then understand how piercings can help us heal these deep soul wounds we carry.

For some, trauma is a fresh memory in their minds and bodies, and they consciously seek out our services as piercers to help them process this. As Leah, a client of mine said “I divorced my abusive husband three years ago. Even separated from him, I still hear his voice when I look in the mirror, his comments about my body. I can’t seem to get them out of my mind, especially when I look at my chest. So I’m getting pierced today. I’m taking today back, and my body back, with this piercing. Now I’ll see how I was strong enough to get pierced when I look in the mirror. I’ll see the piercings, and not hear his voice. It’s [*my body is*] mine again.” When clients already have these intentions and are transparent with us, we as piercers can share that intention going into our work, and work collaboratively with the client to create an empowering, potentially life-altering experience. We can communicate specifics of their trauma, offer words of support or encouragement, and tailor the interaction directly to the healing the client

is seeking.

For others, trauma is something unremembered. Survivors of childhood trauma, particularly childhood sexual assault, are likely to be unable to recall instances of trauma.⁵ When asked about their childhood, they often report that they had a fine one. But at the same time, they often struggle with depression, depersonalization, substance abuse, impulsive behaviors, mania, and even autoimmune disorders.⁶ Yes, survivors of childhood trauma are more likely to have certain physical health conditions, particularly immune conditions where their own body is attacking itself. While they may not consciously remember the trauma, the body does. When we pierce, tattoo, and otherwise modify clients, the body may bring up deeply hidden wells of emotion, traumatic memories, flashbacks, or intense body responses to unremembered trauma the clients themselves are unaware of. Part of the power in piercing is its ability to tap into our physical bodies and assist with the trauma we store in our very cells. But that same power to help clients process this trauma also means we can potentially retraumatize people without realizing. Piercing's ability to help people tap into these emotions and sensations is part of why it's so important that

practitioners have a trauma-informed background and are able to help guide clients through these experiences when they may arise.

A major part of understanding trauma is realizing that it will be different for every single person, and even two people from similar backgrounds, with similar family structures, socioeconomic status, physical health, and personal history, may experience the same instance of trauma entirely differently. It is not our place to define, judge, or otherwise scrutinize our client's traumas. Rather, we are here to provide a safe space of support, compassion, care, and education. It is also not our process as piercers to 'heal' or 'fix' our clients (although we will talk about the healing power of piercings in the next section.) Remember, trauma-informed care acknowledges that it is up to the survivor and their medical team of doctors, therapists, and clinicians to help them heal from their trauma. While piercing may be a part of that process for many, our goal is simply to provide that service in a safe and non judgemental way so that they might incorporate it into other work they are doing.



PIERCING AS A HEALING PROCESS

So what is it that draws us to piercings? What is it in our human nature that pulls us to these practices to allow us to process what we've gone through? I've always theorized that when an emotion is more than our mind alone can process, we as humans must turn to our bodies to assist us in coping with it. For some people that looks like going on a long run, feeling the pavement under their feet and the sear in their lungs till that replaces the thoughts and emotions and their mind quiets. The same can be said for an intense session in the gym or a long hike. Others find their comfort in food, in the taste of familiar meals that warm them, and the bliss of something delicious. Others may turn to drinking to numb their soul. Some choose to cut or burn themselves as a way to process emotional pain. And still others seek tattoos and piercings. These are all forms of somatic processing, a process that focuses on the body's sensations rather than thoughts or emotions.

How many of us have had a client come in expressing a recent breakup, loss of a job, or just a particularly bad day as their motivation for coming into the studio to get

work done? We know what it's like to seek some form of physical sensation that allows us to cope with the mental and emotional sensations that are currently overwhelming us. But even though we as piercers and pierced people know this to be true- can we quantify it? Can we prove it?

Thanks to numerous studies^{7,8,9,12} we know there is a link between experiencing trauma, and seeking out a tattoo or a piercing as a means of healing. In one study researchers looked at over 1000 participants from Germany, ages 14-44. Of those thousand, 40% had at least one piercing or tattoo, a number fairly reflective of the general population at the time (although now I suspect that number would be higher.) But out of the 25% of participants who reported experiencing childhood trauma or abuse 48% had either a tattoo or a piercing. And the more severe their trauma or neglect, the more tattoos or piercings they often had, according to researchers.¹⁰

“[Getting a tattoo] is about transmutation — turning something so hateful into a symbol of my reclamation, healing, and solidarity with other survivors,” says Marlee Liss, a survivor of rape.¹¹ Another study, examining people's reasons for getting a tattoo after a sexual trauma, found that getting inked can be “a therapeutic

process.” The tattoo acts “as a visual representation of a personal narrative” and offers “bodily reclamation and cathartic release.”¹²

In the prolific book *Bodies Under Siege* author Armando Favazza takes a closer look at self mutilative behaviors- from cutting and burning to head bashing and skin picking. Previously, these behaviors were unanimously written off as suicidal in nature, and a sign of someone desiring to end their life. Armando’s work examines the concept of NSSI- Non Suicidal Self Injury. Defined as self inflicted acts that cause pain or superficial damage but are not intended to cause death. Instances of NSSI are in modern times looked at as young women cutting themselves or young men burning themselves.

However, when we remove ourselves from a western lens that pathologizes these behaviors, and look to other cultures, we find an embrace of various forms of body or blood ritual designed for healing and emotional release.

“Blood Customs are among the oldest known to man. Blood has awesome symbolic and physiologic powers, as evinced by its role in religious sacrifice, healing, the formation of brotherhoods, and blood feuds.....If ritual self-mutilation serves as a therapeutic purpose for some cultural groups, then perhaps it serves a similar purpose

for some mentally ill persons. Could it possibly be true that at least some forms of self-mutilation represent an attempt at self-healing?” ¹³

Most of us would not consider tattoos or piercings self-mutilation. However, we would be in a minority just 20 years ago, when fierce debates over the pathologization of piercings and tattoos were raging in medical circles, feminist circles, and even queer circles¹⁴. Many groups posited body modification as just another form of self-harm, albeit an aesthetic one. Many of us in the industry know that these acts are more closely interlinked than we care to admit. Many, many current tattoo artists and piercers were cutters and burners when we were younger, and many of us self-report finding piercings and tattoos as something that helped us stop self-harming. We often see clients in our studio who report the same. While it is tempting to deny the link between these behaviors in order to legitimize the industry, doing so also denies the benefit both behaviors can sometimes have on our mental health. In both *Bodies Under Siege* and the critically acclaimed *The Body Keeps Score*, a strong link is made between the endorphin and adrenaline rush of a painful experience such as a cut, a burn, or a piercing, and a soothing of the heightened emotions someone may currently be

feeling.

Favazza writes *“In everyday life, it is possible to obtain some respite from moderately heightened levels of tension and anxiety through such methods as increased physical activity, orgasm, meditation, and muscle relaxation exercises. But when tension, and anxiety reaches truly pathological levels, none of these methods has much effect. An act of self-mutilation, however, may be quite efficacious in reducing tension and anxiety.”* The entirety of their work focuses a value-neutral lens on the concept of self-mutilation, exploring the potential benefit of it as a coping skill for many.

Take, for example, someone in treatment for suicidal ideation; If a person is struggling to stay alive then a successful coping skill would be one that prevents them from killing themselves. If, during an episode, cutting their forearm or hip helped them calm down enough to no longer contemplate suicide, then it was a successful coping mechanism, regardless of our views on cutting as a whole. When you consider the number of cultures that practice various forms of breaking the skin, from cutting and branding to self-flagellation to piercing and tattooing as methods of mourning and dealing with grief², rites of passage¹³, celebration, medication¹³ and ritual, suddenly it does not seem so strange to consider

the benefit that breaking the skin may have on someone's mental state.

Beyond the power in the creation of a wound, there is also power in the process of healing a wound. "Patients have described to me the great tenderness and care they give to a wound. For them, the production of a wound is an act of creation, and they feel good because they can care for it and nurture it to health. At times descriptions of other wounds sound very much like a mother describing their child."¹³ Certainly I can relate to listening to clients describe the healing of their piercing similarly to this. For many of us, healing is found not only in the moment of getting the piercing but also in the process of healing it. Unlike tattoos, piercings are long healing wounds that require care over the course of months and sometimes years. This healing often requires us to be fully embodied or present in our body to assess our piercing, listen to what it needs, and apply the proper care. This prolonged embodiment can be very healing for many, and often clients report that the healing process of a piercing has encouraged better personal hygiene, self-care, and self-love. The unique prolonged healing process of piercings allows for this longer experience of being present in the body and nurturing it.

Despite piercing powerful healing impact, most modern studies often focus on tattoos and their ability to offer emotional healing¹². We as piercers know that the same can be said of piercing. Many clients find this process to be a form of therapy, and the piercings they wear allow them to rewrite the story of their bodies, and reclaim their experiences. Sometimes our clients come to us knowing they are seeking out an experience of healing, they share with us stories of heartbreak or trauma that have inspired them to get pierced. Other clients are unaware, throughout an appointment they let slip small clues as to their motivations, mentioning high-stress or difficult life experiences but not being able to connect them to their strong desire to get pierced. Our job becomes facilitating these healing experiences for our clients. Sometimes this is as simple as doing our job and doing it well, and allowing the client to take whatever they need from that. Other times it requires us to be more emotionally present, and directly help clients navigate their complex web of emotions to get through to the healing they seek.

“The exchange that happens is very intimate, very intense...it’s so invasive, so personal, you’re violating the integrity of the skin. Puncturing the envelope, you know. Stuff that is in you comes out, stuff that is out

comes in...The exchange between people is really great, really intimate...It takes [your body] out of the realm of this dirty little secret. And you're bringing it into the light of day, or the light of understanding...You might put some thought into it, and do something that means something to you. Ascribing meaning to things is a very powerful thing to do." ¹⁶

Raelyn Galina, an instrumental modification artist and piercer, discusses the exchange of energy during some of her rituals, and the power in 'puncturing the envelope'. Her words resonate today, capturing the immense amount of trust that occurs between client and practitioner, and the power that happens when we break the skin. What is inside is able to come out, and for many this includes a release of stored trauma, repressed memories, internal pain. But through that wound, love can enter. Passion, care, grace, and forgiveness can also enter. When a client is met with love, compassion, and kindness during these vulnerable states, this allows for emotional healing of wounds that exist beyond the skin.

As piercers, it's our job to do a technical well done, safe, clean piercing. But when we begin to introduce trauma-informed care, when we want to provide more to our clients seeking more, we step into a role of

confidant, healer, friend. We need to provide a safe and informed space for people to open up, be vulnerable, share their trauma, and process with us.

Part of this healing is found through the pain of these processes. For many, their trauma is coupled with experiences of physical, emotional, or mental pain. There is something empowering about pain that is consensual, that you are choosing to go through.

“The pain of getting a tattoo is enough to bring you into the present moment, to help you focus on the experience, the ritual, and make a memory,” says Annalise Oatman, a clinical social worker and psychotherapist based in San Francisco. Oatman has a tattoo of a boxer on the inside of her right arm. “It symbolizes the rapes and my integration of the qualities I need, within myself, to honor and protect myself,” she says. Getting the tattoo was a “magical ritualization” of embodying her own strength, resilience, and recovery. Oatman describes getting tattoos as an annexation of the sacred land of her body back into the hands of its true sovereign ruler — herself. She has found that the body art was an adjunct to the healing work she did with therapists.”¹⁷

Many of our clients express similar feelings. One client

of mine, Jess, says “One year ago today, I was sexually assaulted. I’ve felt disconnected from this part of my body ever since, and as the day got closer I started feeling a lot of anxiety about the anniversary. I didn’t want to feel like I ‘lost’ this day in time, and all it would ever be was the day I was hurt. I’d already thought about a piercing like this [*Vertical Clitoral Hood aka VCH*] for a while, and after my assault and talking in therapy, I just couldn’t get the thought of it off my mind—even though the pain terrified me. I wanted to do it on the anniversary to take back that day and that part of my body. It was painful, and it felt like that pain overwrote the pain of the assault. Now it’s the anniversary of when I was strong enough to get pierced. And I have this physical reminder that I’m strong and brave enough to do anything. My piercing is like a statement, this is my body now.”

Piercings, and by extension body modifications, are also a form of giving trauma survivors agency over their bodies. “Agency” is the technical term for the feeling of being in charge of yourself and your life. As Bessel Vanderkof says in *The Body Keeps Score* “[Agency is] knowing where you stand, knowing that you have a say in what happens to you, knowing that you have some ability to shape your circumstances.”¹⁸ Many survivors

of trauma have lost some sense of agency over their body. In particular survivors of sexual trauma may feel deeply disconnected from their body and bodily sensations, and many express feeling like their abuser “stole” parts of themselves. We also know thanks to neurological studies that many survivors of all kinds of trauma struggle to connect with sensation in their bodies.¹⁸ In order to protect us during violent or traumatic events, our brains shut down some of our connections with our bodies as part of a ‘freeze’ response. But these connections are vital in non traumatic situations for feeling joy, love, happiness, or attraction. For trauma survivors, they feel physically disconnected from their bodies and also feel their agency over their bodies is lost via the trauma.

Body Piercing then becomes a process through which we can allow these survivors to reclaim their sense of agency and reconnect to their bodies. Via a consensual experience where they get to choose what happens to their body, and decide the jewelry they want and the placement they like, they begin to feel a return to agency. We couple that with a powerful moment of embodiment, the sensation at the moment of piercing, which very much pushes the mind to be present in the body in that moment and aware of it, and these two

factors combine to restore a sense of agency to the client. They now are reminded that they are the person in charge of their body and their life, and they've done so through a pain-based ritual that reconnects them to sensation in their body. We've gotten them to "feel their feelings" when it comes to control and authority of the self.

However this moment of agency can be undermined when we as practitioners don't implement trauma-informed care practices. It can be frightfully easy to retraumatize a client and remove agency. Things like refusing a client the right to change their marks, not explaining elements of the process, not warning clients about touch or physical contact, and not being aware of the power dynamic of piercer and client in the piercing room can all lead to experiences that further remove a clients agency. It's very important when we are working with clients, particularly trauma survivors, that we treat piercing as a collaborative effort. We as piercers are not the person in control of the client's bodies- they are. We are merely a person who can facilitate this experience for the client- but ultimately they are in control and their consent and needs are the priority of the appointment.

When we consider this, we must also consider the toll this takes on us as piercers. Often we are creating this

safe space for clients to work through their trauma, and what can come from this can be an experience where we feel simultaneously like a piercer and therapist. Trauma dumping, the process of oversharing about traumatic experiences, often without the listener's consent, can occur in these situations. Even with consent, it can be an incredibly heavy burden to hold the weight of someone's assault, injury, illness, or loss on top of providing a safe and clean piercing service. We are responsible for identifying our own boundaries around these interactions, and knowing how to express them. We also need to be checking in with ourselves about our mental and emotional capacity. It is a wonderful thing to be a safe space for your client and someone for them to lean on, but not if it is coming at the expense of your own health and wellbeing. Make sure, especially if you find yourself doing a lot of emotionally heavier services, that you are monitoring how you feel, and being honest about your own limitations. This might look like taking a mental health day from work, limiting social media and internet labor outside shop hours, having a therapist you discuss these interactions with, doing a half day or limited services day, or scheduling yourself more breaks. It may also look like having a decompression ritual after work- some folks sit in their car and listen to music,

others meditate, pray, or journal, some do an after work meeting with staff for the day before leaving. We can not help our clients to the best of our abilities when we are drained and overwhelmed. Taking care of ourselves, and practicing trauma informed care *for ourselves* is also part of being a good practitioner.

Mental Illness in the Piercing Industry

Over the years, I've made jokes about being a piercer many times. Things along the lines of 'no one mentally well becomes a body piercer' 'no one with a good relationship with their parents becomes a piercer'. I have made this comment as an offhand about how most piercers struggle with depression, anxiety, forms of neurodivergence, and various other mental illnesses. But as the years have gone on in this industry, I have come to realize there is so much more truth to this statement than I initially gave it credit for. There does seem to be a high statistical correlation between working in this industry, and having mental illness. In fact a poll I ran in the largest learning forum for the piercing industry showed that up to 88% of folks working in this industry have at least one mental illness.

¹⁹ And truthfully, this doesn't come as much of a

surprise to me. We understand that there is a strong connection for survivors of trauma to seek out empowering experiences via tattoos and piercings. We know that having tattoos and piercings is more prevalent among individuals with personality disorders²⁰ and pathological behaviors such as non-suicidal self-injury (e.g cutting, burning, restricting.)^{21,12} There is a reoccurring theme in these studies of body modification as a form of control and release, allowing people to regulate their emotions and cope with stressful life events. Many participants of these studies describe their modifications as a way to regain control over their lives, feel affirmed in their body or identity, overcome adversity, and heal after emotional trauma.¹²

What started as a joke based on my own lived experiences and views in the piercing industry has quickly become a statistical likelihood- people with trauma are drawn to piercings, tattoos, and body modifications as a method of healing from this trauma. It therefore makes sense that they would also be drawn to offering the same services to help others heal. There is a concept in trauma recovery called a Survivor's Mission. Many survivors of trauma seek out resolution and healing within the confines of their personal lives. But a significant minority, as a result of trauma, feel

called upon to engage in the wider world- they recognize a political, religious, social, or cultural dimension in their misfortune. These survivors realize they can transform the meaning of their personal tragedy by making it the basis for social action.

Some survivors will go on to create domestic violence shelters, meeting groups for war veterans, or addiction recovery groups. They will petition politicians to create meaningful legal change and become lawyers to represent survivors in court. They teach personal self-defense classes, they develop charities. And sometimes, they become body piercers.

“While there is no way to compensate for an atrocity, there is a way to transcend it, by making it a gift to others. The trauma is redeemed only when it becomes the source of a savior mission.”⁴

Many of us have experienced difficult traumas in our childhood and early adulthood. As a result of these traumas, we have sought out body modification as a means of self-expression, healing, catharsis, and reclamation. We have found all of these things and more, and become so transformed by the power that is held in the touch of the needle, that we are called to offer others the same transformation. By providing our

clients with the same empowerment and healing we get out of being pierced, we heal a piece of our trauma. We transcend what has happened to us by turning that pain and that deep inner wound into a gift of service for others who carry the same burden. It is a deeply selfless act that reflects the highest level of emotional strength, to be able to take so much pain and hurt and turn it into so much compassion and love.

It also means that this is an industry statistically full of trauma survivors with mental illness. This affects our interpersonal interactions within the industry, and also our needs in the workplace. Many of us may be sensitive to perceived abandonment, critique, and feedback. We may find that many of the day-to-day interactions with coworkers and peers can be triggering, especially in online spaces that lack tone and context. Many of us may struggle with addiction due to trauma, and this can heavily affect our work.²² Trauma survivors who favor a fawning response to trauma may find themselves struggling with boundary-setting with clients and coworkers. Folks with a stronger fight response might end up being argumentative with clients and coworkers. Many of us carry inside unhealed trauma that can come out in hurtful ways in our interactions with others in the industry. Hurt people hurt people is a

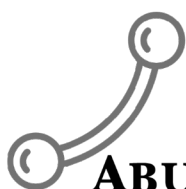
popular phrase for a reason. Beyond that, imposter syndrome is a major issue in the piercing industry. I can't help but wonder if there is a correlation between the increase of trauma survivors in the industry and that crushing anxiety of never being 'good enough'. Do we truly feel that way because of the structures within the industry, or is the collective trauma that often draws us to this industry playing a role in persistent anxiety, FOMO, and stress that comes with being a piercer?

When we look at the industry through the lens of Trauma Informed Care, and we consider the high likelihood of our peers also being trauma survivors, it changes something in how we interact in these spaces. The chief complaint I hear about the industry is catty, 'high school-esq' behavior. For me, this complaint is also a deeply personal one. I am an abuse survivor whose abuse occurred within the industry. Apprenticeship abuse is so rampant in this industry it has its own section later in this book. My abuse lasted for years and occurred both within the studio but also within my own home. When I managed to leave my abuser, I was full of a complex nest of emotions, chief amongst them anger. I was so furious over what had happened to me and others, I raged at the larger systems of unpaid apprenticeships, hazing, and withholding of education

within the industry that directly contributed to my abuse. There was no potential of finding closure or justice from my abuser (there often is not, for many survivors) so I turned to the industry at large for that closure. But in my emotional and traumatized state, I lashed out. I tried to hold organizations and systems accountable to my personal abuse. Like many in this industry, I had limited access to affordable mental health care, so I was navigating finding safety and healing after my trauma on my own- which is not an easy task. It took me years and a lot of therapy, and the support of friends and peers, to even get to a place where I can acknowledge the harm I so directly caused. I look back at that version of myself and I feel shame for behaving as I did. But mostly, I feel a deep sadness. Sadness that abuse in this industry is so horribly common, sadness that so many of us have experienced severe trauma at some point in our lives. A sadness that mental health care is often not accessible in this industry, so many of us are unable to access the care we need. My heart aches to consider how many of us in this industry are struggling and suffering, and how little space the industry affords for people to work through these difficulties. I now look at some of these online and in person interactions that many find distasteful in the industry, and I see other hurt, angry, traumatized people who are lashing out at systems of

injustice, racism, sexism, and inequality within the industry- and in doing so, contributing to the very climate of harm they seek to change.

From this awareness can come a greater level of compassion and understanding. When we honor our own traumas and the traumas of our peers, we can interact with more sincerity, and with more kindness. I don't have all the answers about how we might apply these things to our interactions. I am simply someone who has been irrevocably harmed by this industry, and who has also caused harm. Someone who has been on a long personal and professional journey of trying to find healing, and release from my trauma, and somewhere in this industry that feels safe and that I can call home. I have found a lot of healing in approaching my interactions in this industry from a trauma-informed modality. I'm not perfect at it yet, and often my own traumas and struggles crop up and influence my choices more than I'd like. But I don't have to be perfect. I can just focus on being a little better every day. With any luck, this book will inspire you to do the same.



ABUSE WITHIN THE INDUSTRY



I can't write about trauma-informed care in the industry without addressing the prevalent issues of abuse in the piercing industry. For many of us, the trauma that we carry that can make day-to-day work difficult has occurred in our apprenticeships and our process of getting into the industry and making a name and a place for ourselves. This industry's models of entering the industry and becoming successful are often built based on abuse and mistreatment of employees.

For a very long time, the mentality was if you wanted to make it in the industry you have to prove your worth. Piercing was a difficult job to make a living doing when it started, and many had to carve out their own paths to getting knowledge and becoming a successful piercer. This knowledge became precious, and it wasn't to be shared freely. Only someone truly worthy, truly dedicated, could have it passed on to them. How did we prove our worth? Working long hours, unpaid, in exchange for an education. After all, you are learning a valuable craft, that should be enough compensation for

your 40-60 hours a week of labor, right? Being expected to wait on our mentors and seniors within the studio hand and foot, to show gratitude for being allowed to learn. Being expected to put up with various forms of hazing and mistreatment to test how committed we were to this path. Many piercers experienced abuse and mistreatment in order to make it in the industry. As they grew and went off on their own, many continued this cycle by mistreating those who worked under them. After all, they had to endure it to make it in this industry, why shouldn't the next one? And as we know, this industry has a penchant for attracting people who have trauma to it. Hurt people hurt people- this is also true. So we have an industry built on systems of financial and labor abuse, with a high rate of attracting traumatized people, many of whom won't have access to mental healthcare services. This is a recipe for situations of harm and abuse, and that's exactly what ultimately ends up coming from it.

While there have been no specific studies or numbers put out about this, I feel comfortable saying that a majority of us in the industry currently have endured some level of abuse during the process of getting into the industry. The most common forms of abuse include financial abuse (being forced to work unpaid, having

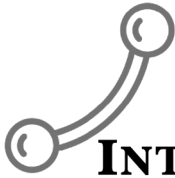
tips and wages garnished, being unfairly paid) emotional abuse (being mistreated in the studio, screamed at, berated, not properly trained, forced into unsafe client situations) physical abuse (things thrown at you, being forced to get tattoos or piercings without consent, being shoved, pushed, or hit) and sexual abuse (having sexually inappropriate comments made to you by coworkers, sexual favors being demanded in exchange for work or education, being inappropriately touched, being sexually assaulted.) This may also include racially discriminatory interactions ranging from microaggressions, racist studio policies, discrimination in education (refusal to learn to work on black and brown bodies, not teaching techniques on darker skin), cultural appropriation, and colonization. Often, this abuse is covered up as “proving your worth” or just “how it is” when it comes to getting into the piercing industry. And remember this industry statistically attracts folks who are already trauma survivors. So not only are you likely to have survived trauma already in your life when you are getting into this industry, but you are likely to be traumatized again in your efforts to make it in this industry. The place that should have been a way for you to process and heal your trauma and help others do the same becomes an institution responsible for further traumatizing you.

My heart aches deeply when I consider the implications of this. This is an industry full of people who are survivors, who are trying their best to make something good out of the hurt they have endured, and in the process of doing so end up further traumatized, abused, mistreated, and hurt. In turn, we end up perpetuating these systems of hurt.

If we want to see meaningful change happen within our industry, we need to step up and become the change that allows this to happen. This means doing the often difficult work of healing our own personal traumas so we don't allow them to be taken out on others. It also means understanding the likelihood that someone else you are interacting with in this industry is also a trauma survivor and giving them grace and compassion in their own healing journey. It looks like meeting people where they are, offering advice, finding forgiveness, and working every day to create an industry that is better for those who will come after us. It means paying a living wage, and advocating for your coworkers to be paid a living wage. It means viewing all workers in a studio as equal- front of house, piercers, and artists alike. If you've picked up this book, I am assuming it is because you would like to see this change occur. I'd like to believe speaking about and learning about trauma-

informed practices is one way we can change this. But these practices don't just happen between piercer and client. They also need to happen between coworkers, peers, teachers, and larger organizations within this industry. We need to work together to make this change happen, and that means working in solidarity with your fellow piercer- not against them.

Invite that local piercer to shadow you. Invite them to the learning forums. Share that piece of advice. Ask the questions. Call in your peers rather than calling out. Give compassionate honesty, kind honesty, and hopeful honesty rather than brutal honesty. Host piercer meet-ups. Hold yourself accountable when you snap at coworkers or have an off day. Try to bring patience, grace, and understanding to your clients, your peers, and yourself. We are all we have, and only together can we make this change happen.



INTERSECTIONALITY, POWER DYNAMICS, AND PRIVILEGE IN THE PIERCING ROOM

Intersectionality can be defined as the concept that all oppression is interlinked. More explicitly, the Oxford Dictionary defines intersectionality as “the interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage”.²⁴ Intersectionality is the acknowledgment that everyone has their own unique experiences of discrimination and oppression and we must consider everything and anything that can marginalize people – gender, race, class, sexual orientation, physical ability, religion, etc.²⁵

Privilege is unearned access or advantages granted to specific groups of people because of their membership in a social group. Privilege can be based on a variety of social identities such as race, gender, religion, socioeconomic status, ability status, sexuality, age, education level and more.

Privilege can be experienced on personal, interpersonal, and institutional levels. The social,

economic, political, and psychological unearned advantages that privileged groups hold come at the expense of marginalized groups. Within the United States, members of social groups that hold privileges (white, male, wealthy, able-bodied, etc.) have historically held dominance and power over targeted groups.

Some everyday examples of privilege:

- * An able-bodied person can make plans to visit somewhere new without concern for how the sidewalks are maintained or if the building has mobility supports like a working elevator or ramps. This is an example of able-body privilege.

- * White and light-skinned people can easily find and purchase products like bandages, makeup and stockings labeled “nude” or “flesh” that match their skin tone. This is an example of white privilege.

- * A person who can expect their work or school holiday schedule to reflect the religious holidays they celebrate has religious privilege.

Power Dynamics can be defined by our ability as piercers to permanently alter our client's bodies and the knowledge around that process in comparison to the clients. Power dynamics occur between piercer/client, mentor/apprentice, boss/employee, and peers within the industry. Our power dynamics can be influenced by personal privilege, professional privilege, location, economic status, and many other factors. In the context of piercing; privilege, intersectionality, and power dynamics come together to affect the relationships we have with our clients and coworkers, and how our interactions are handled. Understanding our privilege, our client's privilege and the ramifications of a power dynamic in the piercing room will help you to create more informed, compassionate, and caring interactions with your clients. It is often easy for us as piercers to forget how much power we have when we interact with clients, be that the power that comes with our education, our status, the direct power we have over our client's bodies, or the power we hold due to privilege we have in life. We often become disconnected from the process of being pierced over time and can forget how much anxiety, vulnerability, and trust goes into getting a piercing, and just how much power a piercer holds during these interactions.

Some examples of the power we as piercers may hold

over our clients include:

- * Having the final say if the piercing will be done
- * Having control over placement for the piercing
- * Having control over the jewelry used for the piercing
- * Being sought after to provide a specialized service
- * Having a more thorough understanding of the piercing process, including anatomy, aftercare, healing, and troubleshooting
- * Being responsible for sterilization, sanitization, and cleanliness during the process
- * Being in control of the space during the piercing
- * Being given intimate access to a client's body
- * Having photographs of a client's body
- * Having status in our local community

As K Lenore Sinner says in their groundbreaking book for tattoo artists *Thanks for Caring* “*Role power is not something to divest yourself of, it is the legitimate authority that you claim as a professional. This power should be used to facilitate your client having an informed and ultimately beneficial experience. It would be just as harmful to pretend that you do not have that power, and to let your client dictate what you will tattoo or how you work.*”²⁶

With great power comes great responsibility, and as piercers, we hold the majority of the responsibility in these interactions for ensuring a safe, ethical, and

compassionate process. We have the ability to cause harm, and we also have the ability to eliminate harm from these experiences. Intersectionality, privilege, and power dynamics come together to affect how we interact with our clients in a trauma-informed way. We can not remove our trauma from our privilege or lack thereof, and often the trauma your clients will be coming to you to help heal will be directly related to systems of power, oppression, and privilege. The more we understand our own privilege and how it influences our experience in the world and our interactions with others, the more we can adjust how we work accordingly to provide truly trauma-informed care. In the resources section at the back of this book there are some links to do a privilege assessment and to explore what privileges you may have and how it may affect your interactions in the studio.

The greater your privilege, the more awareness you need to have in your interactions with clients. There is a high likelihood that clients may come in seeking work that is healing for trauma directly caused by someone who shares your identities or privilege. Clients of any marginalized group may be more apt to feel retraumatized, especially if the piercer shares an identity that has been weaponized against them in the

past.

“The key here is not so much about being “perfect”; it is inevitable that even with the best of intentions you will eventually say or do something that doesn’t come across well to a client. As much as you might study or discuss concepts of privilege, its very nature is that it hides the experiences of others because privilege defines experience. The greater your privilege, the more often there will be a greater power gap between you and your clients. The greater your privilege, the more likely you will not be able to see or anticipate the complexities of your client’s experience in relation to you. This is because you will have less lived experience of how it feels to have less power than the person you are relating to. “ K Lenore Sinner²⁶

In order to truly provide trauma-informed care, we must understand the intersectionalities that affect trauma. It is up to you on your own time to make an effort to become educated about systems of racism, sexism, homophobia, transphobia, and ableism that can affect our day-to-day lives, and our client’s lives. At the back of this book you will find a list of resources including books, blogs, podcasts, and educational resources to

educate yourself about these things, so you can offer more inclusive care to your clients. Beyond that, you can get involved with local organizations that are doing anti-racism or anti-discrimination work in your area. You can study the practices of piercers who hold less privileged identities- ask them why they practice the way they do, what they have learned, what they have experienced, and what changes they think should be made in the industry to create more inclusive spaces- and compensate them for their time and emotional labor. Consider supporting scholarship programs dedicated to uplifting marginalized groups in the industry such as the Black Piercer Party and the POC Scholarship. The more diverse we help this industry become, and the more we platform marginalized voices, the more steps we take to a truly inclusive, intersectional industry.

Intersectionality encourages us to rethink what a trauma-informed care approach looks like in our industry. Historically, bias and cultural appropriation have shaped the piercing industry, often causing us to fail people who fall outside established norms of white, cis, thin, able-bodied, and neurotypical. When considering how bias impacts a trauma-informed approach, we need to remain humble and curious. Trauma impacts people differently. Not all experiences

will be perceived equally by individuals or groups. Furthermore, we must remain alert to the possibility that historically marginalized groups that fall outside of stereotypical identity “norms” can experience trauma in the very settings where they are seeking help and treatment. Medical settings and behavioral health settings have long been sources of trauma for people in larger bodies, neurodivergent people, BIPOC communities and LGBTQIA communities, to name just a few. Body modification itself has been pathologized, especially the modification of women, lesbians, and people of color. For folks in these bodies and others, their very piercings and tattoos may be used to further discriminate against them in medical, legal, and ‘professional’ settings. Sadly, body modification settings have been a historic source of trauma for these folks as well.



RE-TRAUMATIZATION

Re-traumatization is any situation or environment that resembles an individual's trauma literally or symbolically, which then triggers difficult feelings and reactions associated with the original trauma. The potential for re-traumatization exists in all systems and in all levels of care: individuals, staff and system/organization.²⁷

Re-traumatization is often unintentional. There are some “obvious” practices that could be re-traumatizing such as inappropriate touch, disregarding consent, and yelling at clients, however, less obvious practices or situations that involve specific smells, sounds, or types of interactions may cause individuals to feel re-traumatized.²⁷

Re-traumatization may also occur when interacting with individuals who have a history of historical, inter-generational and/or cultural trauma experience. Some examples of retraumatization in the piercing studio look like

System (Policies, procedures, the “way things are done”)

- * Procedures that require disrobing
- * No choice in service or treatment
- * No choice in placement or jewelry
- * No opportunity to give feedback or participate in piercing process
- * Use of Dead Name/improper pronouns
- * Practices without accessibility considerations
- * Practices without cultural considerations
- * Lack of inclusive jewelry
- * Language Barrier
- * Overstimulating Studio Environment
- * Inaccessible studio furniture

Relationship (Power, control, subversiveness)

- * Inappropriate client interactions (flirting, sexualization)
- * Not being seen/heard
- * Consent not respected
- * Use of oppressive language
- * Microaggressions
- * Non-inclusive language
- * Non-acknowledgment of power dynamics
- * Unclear or misleading pricing

Physical (Bodily Interactions)

- * Inappropriate touch during procedure
- * Non-consensual touch

- * Improper use of tools
- * Improper jewelry
- * Inaccessible marking methods
- * Incorrect sterilization or reprocessing practices
- * Drapes that cover eyes/nose/mouth
- * Stirrups on tables
- * Lack of consent at the moment of piercing
- * Unnecessary pain during procedure

Retraumatization for clients can lead to at best an unsatisfactory piercing experience and at worst a full trigger moment and return of trauma symptoms. Piercing can already be an anxiety-inducing experience for many, and if clients are survivors of trauma they may be in an elevated flight or fight mode just walking through the door. If our practices, studio setup, or policies cause retraumatization, this can lead to a very negative experience. Some side effects of retraumatization include negative thoughts that are associated with fear or other emotions experienced during trauma, flashbacks, dissociation, physical anxiety, shortness of breath, increased heart rate, lightheadedness, intense distress, and a lack of control over emotions.²⁷

Most of us would never intentionally set out to retraumatize our clients. However, sometimes our policies, studio setup, level of education, or approach to certain situations can lead to this outcome regardless of our intentions. This is why it's important for us to understand how retraumatization occurs, what it may look like in the studio, and how to avoid it. Let's look at some examples of retraumatization in the piercing studio to better understand how it might occur.

A client arrives for a nostril piercing. She seems nervous up front, but excited. She picks out a small, discrete diamond end, fills out her paperwork, and follows the male piercer into the room. She mentions she has wanted this piercing for over 20 years, and is nervous but excited to be getting it done. She does not mention that the reason she has waited 20 years is her abusive ex-husband forbade her from getting this pierced- this information feels too sensitive to share with a stranger. She is laid back to be pierced, and the piercer approaches her. Standing over her, he explains he'll be placing a drape over her face as part of the process. She feels the drape cover her eyes and mouth. She becomes anxious, as this reminds her of a traumatic moment of suffocation during her abuse. She asks if the drape is necessary because it makes her

nervous. The piercer informs her that the drape is used to keep the piercing area as clean and sanitary as possible, and it will only be on for a short period of time. It's studio policy, so he must use it. She accepts this, and powers through the piercing despite the flashbacks this gives her. Afterward, she tries to be excited looking in the mirror, but all she can remember are flashes from that night.

In this example, we have a few things going on. The first is a power dynamic- inherently there is a level of power the piercer has over the clients as the person who controls the service. In this example, the piercer is also a man and the client is a woman, and there is an inherent power dynamic there as well. This dynamic is furthered by the client who is a survivor of abuse at the hands of a man (1 in 5 women will be sexually assaulted in her lifetime²⁸, 1 in 3 women have experienced some form of physical violence from an intimate partner²⁸) which is statistically a likely power dynamic to encounter in the piercing room. This dynamic is exacerbated by the piercer explaining things while the client is lying down, and he is physically standing over her. This body positioning can be intimidating for clients and can trigger freeze or fawn responses easily. The second is physical

retraumatization- the drape over the client's face, particularly her eyes and mouth, is directly triggering a similar situation of domestic violence she has suffered. The third is social retraumatization- the client is not given a say in her service. Because the shop policy is to use a drape, the client is forced to go through an experience of retraumatization in order to get her piercing. This piercing that was supposed to represent her freedom from her abuser and the next steps in her new life has now turned into a reminder of her abuse, and potentially triggered a CPTSD episode.

Here the piercer was attempting to do things right, he wanted to do a safe, clean procedure by using a drape to minimize the risk of bacterial contaminants from the client's skin in the surrounding area ending up on the client's fresh nostril piercing. He explained this to the client and stressed her safety was paramount when she expressed concern. To this piercer, he probably did the safest, cleanest service he could have done. To the client, she experienced a loss of agency, power, and safety in her own body. What becomes more important in this situation- the sterile field created by the drape, or the client's mental and emotional security of getting the piercing without feeling retraumatized? Looking through the framework of trauma-informed care, the client is

likely going to touch their nostril piercing within a few hours of leaving the studio, their hair may get on it, and they may even bump it. The same bacteria we wanted to use the drape to minimize will end up back in that area eventually. We have a marginal increase in sterility by using the drape. But we also have a dramatic increase in retraumatization of the client with the drape and loss of comfort and emotional safety. A more trauma-informed approach to this might look like this.

The same woman goes in to get a piercing. When the piercer brings her back, he walks her through his procedure for piercing. He explains that he prefers to use a drape for sterility during the piercing, but acknowledges that this can be intimidating or claustrophobic for some clients. He asks if the client would be comfortable being draped. She expresses that it might make her nervous. The piercer immediately backs down and says 'No worries! We don't need to use this if it makes you uncomfortable. Thank you for telling me about your boundaries, my priority is making you feel safe and comfortable during this process. Please let me know if there's anything else I can do to make you more comfortable.' The client feels listened to, and appreciates being told her boundaries are important. Because of this, she speaks up about placement during

marking and feels comfortable advocating for herself. The piercer does the piercing without the drape, and when the client looks in the mirror she is beaming. She feels like she has successfully taken a piece of her body back from her abuser's control, and she advocated for herself and her needs in the piercing room. She feels strong and capable. She hugs the piercer and thanks him, explaining her reasoning for the piercing and how important it was for her.

In this example, there still exists the power dynamic of piercer and client, man and woman. However this time, the piercer is aware of this dynamic, and practices trauma-informed care in the piercing room. He explains the procedure before the client is lying down in a vulnerable position. During this explanation, he acknowledges that this process may be intimidating, and gives the client the option to consent to the procedure type that is most comfortable for her. When the client expresses her hesitation over the use of the drape, the piercer immediately assures her he won't be doing anything to make her uncomfortable, and validates her consent and bodily autonomy. Because of this, the piercer builds trust with the client who is then comfortable speaking up during marking. This piercer again honors the clients agency and is polite and

accommodating about where she wants her piercing. These two moments give the client a sense of confidence and safety, allowing her to be comfortable sharing the vulnerable details that have inspired her to get this piercing done. The moment is able to be empowering for the client and the piercer, who is able to feel the satisfaction of helping guide the client through a powerful moment of healing and personal strength. In both scenarios, the piercer has done a clean, safe, well-executed piercing. In the second one, thanks to the incorporation of Trauma Informed Care framework, the piercer has also done an emotionally healing and empowering piercing as well.

Retraumatization can occur within studios between staff members as well. Let's look at an example of retraumatization through studio policy and procedure that can be impactful on studio staff.

A front-of-house staff member has been working at their studio for 4 months. They have just finished their initial training, but are still fairly new. They are very excited to be working in an industry that they are passionate about, and that is important to their cultural heritage. They are working a solo counter shift with one of the studio's long-time piercers. The shift is fairly busy, and

during a small rush, a regular client comes in wanting a snug piercing. The FoH staff has never had a client come in for this piercing, and they are unsure what to set up for it. They explain to the client that they'll need to wait for the piercer to finish with their current clients to come up and take a look at their ear and let them know what jewelry to pick from. The client rudely exclaims "What- you don't know what to do? Isn't this your job??" The FoH tries to diffuse the situation and explains they are newer. The client huffs, and waits. When the piercer comes up, the FoH explains the situation. The piercer rolls her eyes at them and turns to greet the client warmly. The piercer says "So sorry, you know how long it takes these kids to learn *anything*." Afterward, the piercer berates the FoH for making them run behind time by not helping that client. The FoH is stressed from these interactions and later makes a mistake in pulling jewelry for an insert. The piercer snaps at them saying "Why can't you do your job right? You are costing me money!"

Like the client interaction, we have power dynamics at play here. The piercer, as a senior employee, has a position of power over the front of house. In this situation, as a newer employee still learning the ropes, the regular client also has a position of power. She's

been coming to this studio longer than this person has been working here and has a relationship with existing staff. Many new hires feel they must defer to clients, especially good regulars who have a level of privilege in their standing with the studio. This front of house is only a few months into training. Snugs are a fairly rare piercing that it's likely wasn't covered as part of their training, and they haven't seen it before. The FoH knew the limitations of their education and deferred to the piercer so they wouldn't make any mistakes. The client was disrespectful, and instead of the piercer supporting the FoH, the piercer decided to shame them with the client. This majorly affects the client's opinion of the new hire, and anyone else listening in the lobby may now be skeptical about this person's ability to help them. Feeling unsupported and shamed, the FoH is now triggered on a busy day, and to no surprise makes a small mistake later in the shift. Rather than being corrected or educated, the FoH is talked down to, berated, and yelled at. The piercer, stressed about money, takes it out on the FoH rather than taking the time to properly educate them.

I didn't specify other intersectionalities in this, but imagine this interaction is between a person of color working FoH and a white piercer and client. Imagine it's

a transgender person working FoH and a cisgender client and piercer. Often these other intersectionalities contribute to these interactions in subtle, but powerful ways. Our FoH may have spent much of their life being treated as lesser than due to systems of racism, sexism, homophobia, and transphobia, and these interactions in the workplace continue the cycle of traumatization. You may read this and think “It’s just one stressful shift” but imagine how this builds up over days and weeks and months of being treated like this. Over a lifetime of microaggressions. We must remember that statistically folks seeking work in this industry have trauma, so interactions like this, even if they seem ‘small’, can contribute to re-traumatization. Let’s look at how this situation could have gone differently if trauma-informed practices were more used in this studio.

The same front-of-house member is working one of their first solo shifts. A regular client comes in asking about a snug, which the front of house is unfamiliar with. They explain to the client that they’ll need to wait for the piercer to finish with their current clients to come up and take a look at their ear and let them know what jewelry to pick from. The client rudely exclaims “What-you don’t know what to do? Isn’t this your job??” The FoH tries to diffuse the situation and explains they are

newer. The client huffs, and waits. The FoH fills the piercer in, and the piercer heads up front. She greets the regular politely, and diffuses the situation by saying “This is such a rare piercing that our newest consultant hasn’t seen one in yet! I’m so glad it’s you coming in for this since you are such a great client, do you mind if we take some extra time so I can walk our FoH through the procedure for this? This is a really great learning opportunity for them.” The piercer has diffused the situation and put the rude client in the position of doing something helpful for the studio, turning this into a learning experience. During the anatomy consultation and jewelry selection, the piercer makes sure to include the FoH in the process. The FoH ends up suggesting some opal pieces that match the client’s existing setup, and the client warms up to them. The piercer takes a moment to privately tell the FoH not to take things personally, as this client has recently lost their partner in a car accident, and can sometimes be a bit emotional. The piercer affirms that they will always have their coworker’s back, even if the client doesn’t back down, and to not be afraid to come to them in these situations if they need backup with a client. The piercer stresses that they are a team, and they support their counter staff no matter what. The FoH feels seen and valued and has empathy for a client seeking services to help

them cope with a loss. Because the FoH is in a good headspace and feels supported, as well as has sympathy for the client, they don't make any further mistakes this shift. If they did, they know they are safe to come to their coworkers about it and be treated with compassion as someone still learning.

In this example, the same power dynamics still remain, and can still be further influenced by other intersectionalities. But this time, the piercer is aware of and sensitive to these dynamics. Sure, it's a busy day and they are already running a bit behind, but they understand that in this situation this regular can often be a bit curt with staff, and they understand that the FoH is newer, and still needs time to learn. Rather than take frustration out on their peers, they take the opportunity to create a learning experience and a bonding experience for the FoH and the regular, to ensure both are happy working with one another. The piercer supports their FoH, and understands they are a team that needs to be able to trust one another to work together well. Is the piercer still frustrated by the delay in their day? Absolutely. But they understand that it will not be productive to take that frustration out on their coworkers and that slowing down and educating now will lead to better, more successful interactions, better

days, and more money in the future.

Trauma-informed practices improve our interactions with our clients, our coworkers, and even ourselves. When we are viewing others through this lens, we can also turn it inward to identify our own traumas, and how they affect us, and become more aware of our own triggers and needs. In turn, we can better communicate what we need, express our boundaries, and show up for ourselves more fully. When we can show up for ourselves, we can also better show up for others. This approach to interactions, systems, and work in the studio will allow for a more supportive, inclusive, and safe studio environment for everyone. Again, statistically, folks drawn to tattoos and piercings are people who have experienced trauma or deal with some form of mental illness. The sooner we as an industry acknowledge that, and improve our practices to accommodate that, the better off we all will be. It is also important to remember that even with the best of intentions, the best education in these practices, and the best effort, we will still mess up. We are not perfect, and mistakes do happen. As humans, we will always cause harm, just as we will always experience harm. This is part of life. We must acknowledge that harm, often in the form of retraumatization, will happen at the

studio, regardless of your good intentions for your work. Another big part of trauma-informed care is how we handle harm when we cause it, and how we learn and grow from these mistakes.

“[We] all know that sometimes people mean well but cause harm nonetheless—out of ignorance, out of carelessness, out of deeply ingrained ways of thinking they haven't examined, out of an emotional reaction that got the better of their lofty intentions, or ... well, the list goes on.

Swallowing your pride and facing, again and again, the harm you have caused through carelessness, through ignorance, through problematic beliefs, through acting from places of pain and trauma and brokenness, through thinking it'll be OK, through thinking nobody will find out, through desperation, through opportunism, through all the reasons that cause us to harm one another. Even if we didn't mean to. Even if we didn't know better. Even if we were being lazy, or careless, or afraid, even if we were acting out because we have all this hurt inside, or even if we don't know why we did it. Whatever our intentions. Doing the work to cross that bridge and see, for real, the impact that we had, what it means, and what we need to learn or do, how we need to change and grow, what we need to offer of ourselves,

how we can repair, what can be different. It can be different. We know that it can. You know that it can. But the only way out is through.” 29

While I could write a lot about this, I instead refer to the wisdom of Danya Ruttenberg, author of *On Repentance and Repair*. This novel does a fantastic job of laying out how we cause harm, from interpersonal interactions up to systemic levels, and how we can repair the harm we cause. The framework laid out in this book gives you a path to healing, growing, and recovering from harm you have caused, in a meaningful way that honors those hurt. I consider reading it to be a part of remaining a trauma-informed practitioner and strongly suggest it to anyone who has gotten anything out of this book.

Go into your practice of trauma-informed care not expecting to be perfect, but trying to do just a little bit better than you did the day before. Truly, that is all we can ask of ourselves and our peers.



TRAUMA-INFORMED PRACTICES IN THE STUDIO

The following are a list of trauma informed practices I incorporate at my studio, and find to be beneficial. If these work for you- wonderful! If they do not, then leave them here.

Behind the Counter:

-Give Clients Privacy: clients may be sensitive about the piercings they are getting for a variety of reasons. Try to give clients privacy when discussing what they are getting done. For example, don't loudly announce to a full lobby that someone is getting genital or nipple piercings. Discuss things with care and respect your client's privacy. If another client is being nosey or pushy with your client, step in and diffuse the situation.

-Use Kind Language: Many folks coming in to get a piercing are inherently scared or nervous- after all, piercings can be an intimidating or stressful procedure to get done. Beyond that we don't know their reasons for being pierced, maybe it's just because it's cute or maybe this is someone seeking out bodily reclamation

or healing. We can be respectful of this by being mindful of the language we use and working to use gentle, professional, and calming language. Rather than tell a client “Oh this is gonna hurt like hell” we can say “It may feel a little uncomfortable, but our piercers will guide you through the process and make you as comfortable as possible.” If a client expresses a fear of needles we can opt to say things like “PN” or “tool” in front of them to minimize triggering that fear. If we are discussing something with another client or coworker in earshot of the client, we can also be mindful to use respectful, kind language so as not to make folks more stressed and nervous. Similarly, it’s never appropriate to discuss someone’s experience in front of other clients. If you have something to express about a client, you do it privately out of earshot of other clients in your lobby. No one wants to think you’ll be talking about them behind their back when they leave.

-Inclusivity on Paperwork: Having sections on your paperwork for chosen name, pronouns, medical concerns, and notes can all be helpful. But it’s not enough to just have this on your paperwork- you actually need to use it. Too often I’ve been at studios that ask for pronouns on paperwork- but then staff members don’t check, and use the incorrect pronouns.

Likewise, you may have a section for medical conditions or considerations- but if your piercers don't take the time to learn about different medical conditions and how to work around them then you aren't truly being inclusive.

-Provide Clear Information: Reducing uncertainty is very helpful in alleviating anxiety for trauma survivors. Many clients coming in for piercing are going to be nervous and stressed and may have many questions about the process. Front of House staff should be well educated and able to answer clients' questions with honesty and clear explanations. If someone doesn't know a specific answer, they should be comfortable deferring to a piercer or grabbing a colleague to help answer the clients' questions. For example, if a client asks "Do you know if this is safe if I have sensitive skin." "Yeah it's fine" is one answer. But answering with "Yes! This piece is made of implant-grade titanium, ASTM F136 to be exact. This means it's the same type of titanium used in many medical implants like dental implants, bone screws, and joint replacements. It's a medical grade of metal that's designed to be worn in the human body. While titanium allergies can exist they are very very rare. If you've had sensitive skin from say cheap earrings or necklaces in the past, this will be totally

biocompatible for you, and shouldn't give you any issues. And if you have more questions about material safety I can give you information for the Association of Professional Piercers Body Jewelry Verification program which helps set industry standards for safe materials.” This comprehensive, clear explanation gives a client the knowledge to understand why this is fine and helps remove some of the anxiety or concern.

-Stock Inclusive Jewelry Options: Ensure that you have jewelry styles that work with a variety of different bodies, anatomies, and needs. I understand that not every studio may be able to afford to have a massive backstock of every size, style, and color out there- and I don't think you need to. But things like not carrying jewelry for floating navels, not having a variety of lengths for nipple piercings, or not having retainers for clients to receive medical care prevent us from being accessible to more clients. Clients deserve to go to a studio and have their bodies treated with respect, and a major way we do this is to ensure we have stock that allows us to work with most bodies and needs.

-Respect Personal Space: We often think of consent and personal space as mattering only in the piercing room, but it matters up front too! Try to give clients

personal space in the studio, and be mindful of their physical boundaries. We should always have consent to touch a client, and that includes holding jewelry up to their ear or face, asking to feel or move their ear, their hair, or anything else on their person. Things like checking in for consent before even holding jewelry up helps establish trust and shows clients they are in control of their physical space in the studio.

In the Piercing Room:

-Use Inclusive Language: Inclusive language looks like a lot of different things. This includes non gendered terms i.e. penile piercings and vulva piercings rather than male and female piercings. Piercings on chests and piercings on breasts rather than male and female nipple piercings. Being willing to use gender affirming language for a clients anatomy, ie calling someone's hood their foreskin. Check with each client to see what language is most comfortable for their bodies- don't assume. Inclusive language is also trauma informed language- referring to your piercing table as a table/ chair/bench as opposed to a bed (many clients may have negative connotations with beds.) Censoring words like needle to "PN" or "tool" for clients who have a fear of needles.

-Give a Client Physical Space: For many, being in an enclosed space with another person, knowing that there is about to be a painful experience, can be triggering for many. It is often nice to begin your interaction in this space with a client by giving them some physical space to feel safe. If your piercing rooms allow for this, I like to introduce myself, ask the client about the piercing we are doing today, discuss their preferences on placement, and explain how cleaning and marking will go, with a bit of physical distance between myself and the client. Only once they have consented to me cleaning and marking will I move into their direct personal space to begin working.

-Narrate Touch: Let clients know when you are going to touch them, how, and the purpose of the touch. Ex “Alright, so I’m going to start with cleaning and marking. You are going to feel me clean your ears down with this alcohol wipe, and then you’ll feel me drawing on your ears. Once I have some marks down that I like, we’ll take a look together in the mirror and make sure you are happy with them.” This lets the client know what the touch will be, and why you are doing it. This is particularly important when working on nipple and genital piercings, where touch can be more triggering for many.

-Always get Consent: Some folks assume that the client's signature on the paperwork is the only consent they need to get. This is not the case, we should be getting consent at multiple steps during the piercing process, from closing the door, before first touch, when adjusting clothing, when removing other jewelry, for the marks and placement, to begin the piercing process, if the client appears to be in intense physical pain or discomfort, before taking or posting photographs. We should communicate all potential risks and benefits of a procedure, and uplift the power of our clients to say no

-Respect Fear of Needles: A fear of needles is incredibly common, and many clients may have an adverse reaction to seeing a needle, discussing it, or even hearing the word. The most common boundary I see clients advocate for themselves is to not be shown the needle prior to piercing due to this fear. As piercers, needles are one of our everyday tools, so it can be easy to become desensitized to them and to clients' fear. We should be accommodating to this fear and do our best to work around it. I'll put an extra layer of gauze in my setups in the statim that covers up the needle so clients don't need to see it as I get set up. Rather than say the word needle, I'll say my 'tool' or a 'PN' in the piercing room, to avoid scaring someone with the word. I'll also

use specific hand braces, holds, and body positioning to keep the needle out of a clients line of sight till the last possible moment. For a piercing like a nostril, brow, or bridge, I'll let the client know if they don't want to see anything when it would be ideal for them to close their eyes. Some small compassion about how we handle needles goes a long way for our clients.

-The Power of Breath: How many of us encourage clients to take a deep breath in, and do our piercing along the exhale? Why do we do that? What in the breath makes this one of the ideal cues for piercings? As Bessel Vanderkirk explains "There is a simple way to experience these two systems [sympathetic nervous system and parasympathetic nervous system] for yourself. Whenever you take a deep breath, you activate your Sympathetic Nervous System. The resulting burst of adrenaline speeds up your heart, which explains why athletes take a few, short deep breaths before starting competition. Exhaling, in turn, activates the parasympathetic nervous system, which slows down the heart. If you take a yoga class or a meditation class your instructor will probably urge you to pay attention to the exhalation, since deep, long breaths out help calm you down. As we breathe, we continually speed up and slow down the heart, and because of that

the interval between two successive heartbeats is never precisely the same.” Our exhalation is literally calming our body, helping our heart, muscles, and mind relax. When we pierce on the exhale, we are doing so with the body in a relaxed state rather than a tense, activated state of the inhale. Breathwork can be a powerful tool for calming ourselves, and it can also work for clients. Guiding anxious or nervous clients through a few deep, calming breaths before piercing can help soothe their nerves. And using breathwork to help clients who are finding the piercing process to be triggering for bringing up difficult memories or sensations can also help. When we understand the power in the breath, we can harness it to help ourselves and our clients have more soothing, comfortable, safe experiences in the piercing room.

In the Studio

-Anti-Oppression Training: Staff should be educated on how people's identities, experiences, and the way they move through the world are impacted by various systems of oppression- and their intersections. Acknowledgment of how our own privilege and power might impact our interactions is also essential. Staff should consider this impact when interacting with each other and with clients in the studio.

-Accessibility Practices: Studios should work to be accessible not just to clients but to staff. Physical accessibility in the studio looks like tables and chairs with higher weight limits, piercing tables that are an appropriate height for the piercers working from them, standing pads behind the counter, the ability to sit behind the counter, wheelchair accessibility throughout the studio, organized storage areas with clearly labeled supplies, aftercare in multiple languages and both physical and digital, offering health insurance, sick time, and paid time off. Mental accessibility looks like having regular conversations about healthy boundaries, limiting overtime and managing employee overwork, offering coverage for mental health services, supporting staff in setting boundaries with clients, and professional mediation of staff issues. Piercers already view this craft as “forever learning” and studios should operate the same way, consistently surviving to make the work place a better, safer, and healthier environment to work in.

-Representation: Representation matters – in studio settings and in all contexts of life. Seeing piercers and clients who look like us or share similar backgrounds helps ease stigma and make clients feel their bodies will be cared for in this place. Representation increases our

ability to provide culturally responsive work at an individualized level. Representation helps us move beyond a “one-size-fits-all” approach to piercing. But, representation does so much more. For those of us who provide trauma-informed piercing experience, representation, and an intersectional approach can fundamentally shift how we see and treat our clients and our colleagues. This shift can deepen our understanding of the multitude of ways in which trauma appears and can evolve our understanding of how to establish safety and healing for our clients. Studio representation is reflected in your social media, website, portfolios, hiring choices, and who and what you support in the industry.

-Collaborate with Local Groups and Resources:
Consider having posters with information about women’s shelters and DV resources in your area posted in your studio bathrooms. You can collaborate with local planned parenthood or sex positive organizations to have information about free HIV/AIDS testing in your region listed in your restroom or lobby space. You might consider being a sharps disposal point for a needle recycling group. Keep Narcan in your studio, and keep your staff trained on it. Consider donating time or money to help raise awareness and money for local

groups if your studio has the capacity to do so. When we connect with our communities we create a network of resources that helps keep our community safer.

-Staff Safety Policies: Unfortunately there is an inherent risk when it comes to working intimately with people's bodies, working customer service, and being in enclosed spaces with clients. Many piercers have had uncomfortable experiences with clients behind closed doors. Others may have experienced verbal and even physical abuse behind the counter or on the phone from clients. Studios should have safety policies in place to protect staff should these incidents occur. Staff should be trained on how to handle these interactions, and should feel safe and supported should anything arise.

Physical Touch

Physical touch is such an integral and unavoidable part of the piercing process that it necessitates its own section of practice in the studio. Trauma-informed care recognizes the profound impact that past traumas can have on a person's present experiences, including their response to physical touch. Piercings often involve intimate types of touch between practitioner and client, nudity, or unfamiliar areas of their body being interacted

with (such as at the inside of the nose or navel). This process by its nature is an intimate one, and this touch can have major impact for our clients. Here's a detailed look at how physical touch can be understood and managed during a body piercing from this perspective:

Understanding the Context

Trauma History and Sensitivity:

- * Individuals with a history of trauma, particularly involving physical touch or body autonomy, might have heightened sensitivity or anxiety around being touched. For them, the act of piercing can evoke memories or feelings related to their trauma, potentially causing distress.

- * Trauma can impact how a person perceives and reacts to touch, making it crucial to approach body piercing with sensitivity and awareness of these potential reactions.

- * Touch can also impact the usage and power of language in the piercing room. For example, talking about relationships and romance takes on a new meaning while you are touching a client. Talking about sex and sexuality while touching a client can have a

more impactful effect. Conversations should be educational, connective, and consensual.

Consent and Empowerment:

- * Ensuring that consent is fully informed and enthusiastic is vital. This means not only getting permission but also explaining every step of the process and giving the person control over aspects like the choice of jewelry or the timing of the piercing. Narrating touch can be one major way of involving clients in their own experience and ensuring consent. Things like letting a client know how you'll be touching them or the sensations they can expect are crucial.

- * Empowering the individual to set boundaries, take breaks, or stop the process if needed can help them feel more in control and less vulnerable.

Creating a Safe Environment:

- * The environment where the piercing takes place should be calm and respectful. A welcoming space that prioritizes privacy and minimizes potential triggers can help

mitigate anxiety. Consider the art you hang on your walls, the music you play, the accessibility of your room, and studio furniture when you consider the environment you create.

* A safe environment also means understanding the power dynamic between client and piercer. We should never make sexually charged or flirtatious comments to clients, comment on their body romantically or sexually, or pursue relationships with clients outside of the studio. Most fields that involve intimate touch including massage, physical therapy, estheticians, and body workers incorporate policies preventing staff from becoming intimate or involved with current or recently former clients. These rules are important because they protect clients from being taken advantage of by practitioners who have an unequal amount of power in this dynamic. We need also to remember that many of our clients may have experienced sexual advances ranging from uncomfortable comments about their bodies to sexual assault from piercers, tattoo artists, and others who they trusted

their bodies with. It's integral we respect that trust given that our jobs give us access to our client's bodies, sexual boundaries are essential to keep our clients safe.

- * Clear and open communication about what will happen can help reduce fear of the unknown, which is particularly important for individuals with trauma histories.

- * Offer drapes or coverups, or work around a client's comfortable level of clothing as long as you can still safely access the area being pierced. Also consider how some forms of drapes, particularly those that cover the eyes, nose, or mouth, may be triggering to some clients.

Sensitive Touch and Technique:

- * Practitioners should use a gentle touch and be mindful of how their actions might affect the person. Quick, deliberate actions that are explained beforehand can help reduce the sensation of unpredictability. We should avoid touch not directly related to the process of piercing.

- * Get consent for all touch, including moving or adjusting clothing, moving or adjusting hair, and moving accessibility aids (such as glasses, hearing aids, etc)

- * If we are considering touch that is not part of the piercing process (i.e. a hug for a client after an emotional service, adjusting clients hair or clothing back into place, offering a supportive hand when a client is having a hard time) we should assess this touch on an individual basis, and always remember that the priority should be our clients safety and well-being.

- * Asking for verbal confirmation and providing frequent updates during the procedure can help maintain a sense of control and predictability.

- * Avoid conversations about sensitive subjects including but not limited to dating, relationships, personal sexual activities, etc. Some sexual discussion may be necessary especially when doing genital and nipple piercings and informing your client of how to heal and use their new piercings, but these discussions should happen in a clinical, professional manner removed from personal

preferences.

- * Recognizing that someone might have a strong emotional or physical reaction is crucial. Practitioners should be prepared to offer support and validate the individual's feelings, whether they are fear, discomfort, or other emotions.

- * Providing space for the person to express their feelings before, during, and after the piercing can be beneficial.

Follow-Up and Aftercare:

- * Offering comprehensive information about aftercare and being available (within reason) for follow-up questions can help reassure the person and contribute to a sense of safety and support.

- * Understanding that aftercare might be a sensitive time for those with trauma histories and providing additional resources or check-ins can be part of a supportive approach.

- * Consider not following clients back on social media or limiting virtual followups to email or through the studio if you feel a boundary may otherwise be crossed.

By integrating these practices, practitioners can contribute to a more positive and respectful experience for individuals undergoing body piercing, particularly those who may have experienced trauma. The goal is to minimize distress and empower individuals by acknowledging their needs and responding with empathy and care.

To Break the Envelope

“To ask to be hurt [cut, pierced] not in a violent situation but in a loving, trusting, supportive situation, and then bleed, and then end up with something beautiful...and then it heals and you have it and you’re proud of it-that can be very empowering. It can be reclaiming for a lot of people.” Raelyn Gallina

At the heart of what we do as piercers is an act of healing. We create a wound in the body, insert a foreign object, and we instruct our clients how to care for and heal this wound well. Many of us would agree that getting the piercing is the easier part- healing is what takes the work. This is true of most things, including the healing we need to go through after experiences of trauma. The process of consensually creating a wound, being vulnerable and present in your body, and then caring for your body and healing it, can be a larger part

of emotional and physical healing for people from all walks of life.

The purpose of this book was to introduce general concepts of trauma, care, intersectionality, privilege, and power, and to begin to get you to think more deeply about your intentions and interactions with clients. We have the power to help people heal, physically, emotionally, mentally, and spiritually. Part of how we do that is through healing ourselves, and through putting in the work to educate ourselves about these different intersecting influences of power, privilege, and trauma that affect our every day.

Most of us are familiar with the concept of forever learning in piercing- that there is always a new technique to try, a new piercing to become proficient with, or new information about health and safety to implement. Trauma informed care, and the process of creating a more equitable industry, is very much the same. This is the process of always continuing to learn, of making mistakes and growing from them, of building community, and of focusing on doing better every single day. We should consider our skills in ethics, community, and compassion part of our skillset as piercers that we are constantly expanding and growing.

What comes next is up to each of us. Our individual efforts to create a more trauma informed, compassionate industry will all look different. Continue getting educated about this subject and consider reading some of the books listed in the further reading section. Attend trauma informed body modification classes at conference or online. Reach out to your peers in the industry and have honest conversations about your mistakes, your learning, your growth. Work to call your peers in and encourage learning and growth as opposed to calling out. Welcome other piercers to come shadow and learn from you, and take the time to go shadow and explore other studios practices. Listen to and learn from the voices of marginalized piercers and clients, about how we can create safer spaces. The more we come together as a community to encourage mindful, healthy change and growth in a more ethical direction, the more we become the change we want to see in this industry. As K. Lenore writes “The more we normalize and discuss ethical decision- making as a skill to study and practice and the more we require ethical standards within our communities, the more we will create transparency, healing and well-being. In doing so we honor our clients, ourselves and tattooing as a whole.”

We are a powerful community of people who have experienced some of the worst things the world has to offer, and who have come together to heal ourselves, and offer the same healing to others. We are honored with the trust of many to break the envelope of their skin and allow light and healing in for them. Independently we create a powerful impact on our clients lives, and together we can change the industry as we know it.

The cure for pain is in the pain. What hurts you blesses you.” -Rumi

Resources

Privilege Assessment:

https://www.cpedv.org/sites/main/files/oppresion_and_privilege_self_assessment.pdf

<https://projecthumanities.asu.edu/white-privilege-checklist>

Further Reading:

On Repentance and Repair

Trauma and Recovery

The Body Keeps The Score

Decolonizing Therapy: Oppression, Historical Trauma, and Politicizing Your Practice

Decolonizing Trauma Work: Indigenous Stories and Strategies

My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies

Thanks for Caring: Ethics for Tattooers

We Will Not Cancel Us

<https://www.traumainformedcare.chcs.org/>

<https://traumainformedoregon.org/resources/trauma-informed-care-resource-library/>

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