

# Trauma- & Violence-Informed Care (TVIC)

## A Tool for Health & Social Service Organizations & Providers

**Trauma** is both the experience of, and a response to, an overwhelmingly negative event or series of events, from wars and disasters, to accidents and loss.

Events are traumatic due to complex interactions between someone's neurobiology, their previous experiences of trauma and violence, and the influence of broader community and social structures.

Trauma can change brain and nervous-system functioning, and while these changes may not be permanent, they can be long-lasting, and impact behaviour. For example, adverse childhood experiences (ACEs) can have long-term effects including stress, anxiety, depression, risky behaviours and substance use. Experiencing violence can change not only neurobiological patterns, but also genetic structures, leading to impacts on health and wellbeing (see <https://youtu.be/W-8jTTIsJ7Q>).

**Trauma-informed care (TIC)** creates safety for service users by understanding the effects of trauma, and its close links to health and behaviour; it is not about eliciting or treating people's trauma.

*Trauma can also result from what doesn't happen, for example when systems fail to recognize and respond to people's violence experiences.*

### TVIC BRINGS ATTENTION TO:

- broader social conditions impacting people's health
- ongoing violence, including structural, systemic and institutional violence
- discrimination and harmful approaches embedded in the ways systems & people know and do things
- the need to shift services to enhance safety & trust

**Trauma- and violence-informed care (TVIC)** expands on this to account for the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life, emphasizing both historical and ongoing violence and their traumatic impacts. It shifts the focus to a person's experiences of past and current violence so problems are seen as residing in both their psychological state, and social circumstances.

Responses to trauma and violence, **including substance use and poor mental health**, are a predictable when people face highly threatening events, especially when inequities and structural violence are ongoing. TVIC strives to make practices and policies safe, especially by preventing further harm. This tool gives an overview of the four Principles of TVIC, how to put them into practice at the individual and organizational levels, and emphasizes that experiences of violence and trauma are highly linked to social/structural determinants of health.

### TVIC is a key dimension of Equity-Oriented Health Care:

Harm reduction, cultural safety & humility, and TVIC are interrelated concepts that promote equity.

See our related tools and learning modules on TVIC, vicarious trauma, cultural safety, harm reduction and other topics at [EQUIPHealthcare.ca](https://EQUIPHealthcare.ca) or visit [GTVincubator.ca](https://GTVincubator.ca) for other work on gender, trauma and violence.



## WORKING IN A TVIC WAY

### What can providers do?

- Providers who are aware that trauma and violence experiences may affect those they serve can help everyone feel safe in the care environment.
- Those who practice TVIC report higher morale, job satisfaction and increased collaboration with service users.

### What can organizations do?

Organizations can enable TVIC by:

- Creating effective policies to support TVIC.
- Ensuring staff can access and take part in training to enhance their knowledge, skills and awareness about trauma and violence.
- Ensuring staff are supported to remain safe and well while working with people who experience trauma and violence.

## The Four Principles of TVIC

### 1 Build awareness and understanding

All services taking a trauma- and violence-informed approach begin with building awareness among all staff of:

- The high prevalence of trauma and violence
- The significance of historical (collective and individual) and ongoing (interpersonal and systemic) violence
- How the consequences of trauma can affect development across the lifespan
- The wide range of adaptations people make to cope and survive
- The relationship of trauma and violence with chronic pain, substance use, physical and mental health concerns

*Providing TVIC requires you to examine your own experiences, power, and assumptions.*

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*Organizations must ensure that training about trauma, violence and TVIC is made available to all staff, with time and support to complete it.*

### 2 Emphasize safety and trust

It is not necessary to know an individual's history of trauma/violence in order to provide TVIC. Everyone should receive respectful, safe care.

- Understand the history and context of individuals and groups
- Create welcoming environments and intake procedures
- Adapt the physical space for comfortable, private interactions
- Communicate clear and accurate expectations about services
- Ensure informed consent and confidentiality
- Help create crisis and safety plans, when needed
- Think of these strategies as a universal approach to ensure that all service users (whether they have experienced trauma/violence or not) are not (re-)traumatized or harmed

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*Organizations must provide resources and policies to support TVIC.*

### 3 Offer authentic choices through connection & collaboration

- Care options should be meaningful and realistic (i.e., appropriate, affordable and accessible)
- They should be arrived at collaboratively, with the person's needs and preferences at the centre
- Organizational policies should provide flexibility (e.g., in program options) and encourage shared-decision-making
- Service users should be involved in program planning and evaluation

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*Being aware of more subtle things, like how a person's past experience in Residential School might shape their health today allows me to be more compassionate and also provide better care.*

### 4 Find and build on people's strengths

- Acknowledge people's journeys, and the effects of past and current conditions, including trauma & violence, on their lives
- Identify and validate their strengths; discuss how to build on them for next steps
- Organizational policies should allow flexibility in how time is used to ensure meaningful engagement
- Programs and services should be tailorable to people's needs and flexible enough to accommodate their different journeys

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*When staff really listen, treat me with respect and include me in decisions, I feel safe and able to do what I need to for my health.*

TVIC is a **universal approach** to ensure that all people, especially those who face stigma, racism and other forms of discrimination, are not further harmed in your care.

It requires us – as **individual providers and organizational leaders** - to examine our own assumptions and beliefs and work from a place of humility and humanity.

Practicing in this way also means that disclosure or knowledge of people's specific experiences of trauma/violence is not necessary – **everyone gets respectful, safe care.**

## Language Matters!

### Instead of

“battered woman,”  
“abuser,” “IDU,” “at-risk”

### Use

“woman,” “man,”  
“people”

### Instead of

“non-compliant  
patient”

### Use

“unsuitable care”

### Instead of

“she doesn't want  
our help”

### Use

“our help isn't  
meeting her needs”

### Instead of

“drug-seeking”

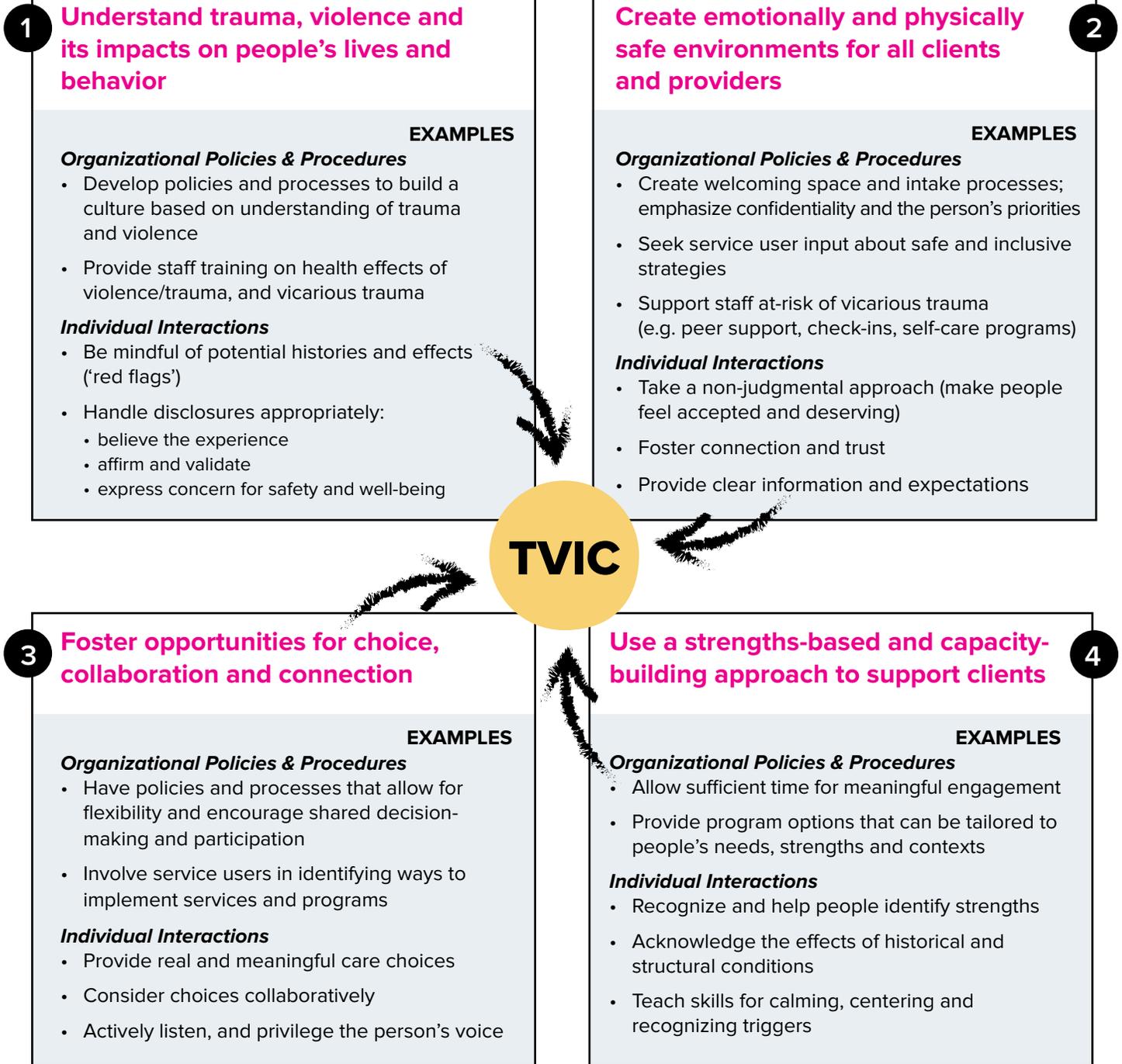
### Use

“seeking pain  
relief”

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# Trauma- & Violence-Informed Care: A Guide for Organizations and Individuals



A downloadable version of this graphic is available at: <https://gtvincubator.uwo.ca/resources/>

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