

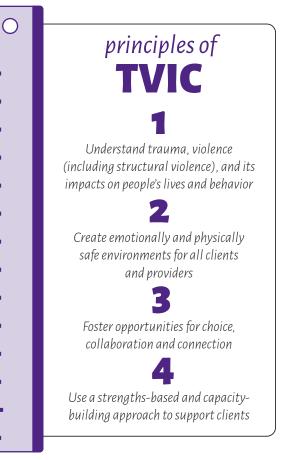
MEASURING TRAUMA- (AND VIOLENCE-) INFORMED CARE: SUMMARY OF A SCOPING REVIEW

THE STUDY

Trauma- (and violence-) informed care (T(V)IC) is an important practice approach across a variety of care settings. However, how to measure its implementation and impact has not been well-examined. We conducted a scoping review to describe the nature and extent of available measures of T(V)IC, including the related concepts of vicarious trauma (VT) and implicit bias.

WHAT WE LEARNED

- We found 13 tools that mainly measured the original concept of trauma-informed practice. They were roughly split in measuring the individual provider/client level and organizational approaches to supporting practice.
- The main aspects of T(V)IC assessed were VT or self-care, client perceptions of care, capacity to implement T(V)IC, and T(V)IC knowledge, attitudes, and practice.
- Almost no attention was given to structural issues, including social determinants of health, racism, stigma, and discrimination.
- None of the 13 measures included items to assess implicit bias.
- Our mapping of items from these measures onto the **four TVIC principles** showed they're treated unequally, with most of the items included in the 13 measures focusing on Principles 1 or 2.
- Less than 15% of items focused on either Principles 3 or 4.
- In terms of measuring VT, two measures are commonly used but each requires additional validation.



TAKE AWAY MESSAGES

- Organizations & systems implementing TVIC need robust ways to assess success, including impacts on staff & service users.
- Existing measures do not cover the full range of TVIC principles, especially structural factors.
- Those seeking such a measure would need to adapt or combine existing tools.

For more information on this study, see:

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