

TRAUMA- AND VIOLENCE-INFORMED CARE: ORIENTING INTIMATE PARTNER VIOLENCE INTERVENTIONS TO EQUITY

EVIDENCE REVIEW SUMMARY

THE STUDY

Intimate partner violence (IPV) is a complex traumatic experience that often co-occurs, or is causally linked, with other forms of structural violence and oppression. However, few IPV interventions integrate this social-ecological perspective. We undertook a critical narrative literature review of the current state of knowledge on how equity-oriented concepts, especially trauma-informed practice (TIP) and more specifically trauma- and violence-informed care (TVIC), have been applied in research and practice interventions for IPV.

FINDINGS

The review findings were presented in six intervention domains for preventing occurrence, recurrence, or sequelae of IPV. Here, we provide an overview of the findings for each type.

CORE CONCEPTS

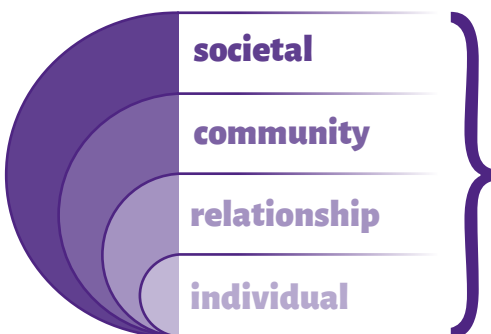
TVIC expands the concept of TIP to account for the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life. This shift is important as it emphasizes the impacts of historical and ongoing violence, thus situating problems as residing in both a person's psychological state as well as their social circumstances. In this way, TVIC attends to harmful policies and practices that are embedded in systems and institutions, and can facilitate better care, especially for those experiencing structural inequities, including sexism, racism, ableism, and other forms of discrimination and/or stigma.

1: Identification & Initial Response

Universal routine screening for IPV is not trauma- and violence-informed and does not lead to better outcomes for survivors; as such, it is generally not recommended by evidence-based guidelines. Instead, a case-finding approach (i.e., asking about IPV based on clinical indicators and risk factors), ideally with explicit attention to TVIC principles, is recommended. We have elsewhere outlined how to integrate TVIC into the WHO's LIVES protocol for IPV identification and response.¹

2: Counseling Interventions

There is some evidence that brief counseling interventions to provide immediate support and stabilization for women experiencing IPV can be effective, particularly if tailored to the IPV context and women's unique experiences. From a TVIC and equity perspective, individualized psychological therapy is inaccessible to many survivors, due to out-of-pocket costs, local availability (especially in non-urban areas), and/or wait-lists, and generally does not address structural inequities.



**An Ecological Model:
 Causes and consequences of IPV happen across the social ecology**

3: Advocacy-Based Interventions

Two systematic reviews indicate that advocacy-based interventions can be effective for IPV survivors. The interventions identified as most promising in this domain are those that best align with a TVIC approach. Both reviews highlight the need for interventions that are grounded in theory and an ecological understanding of IPV, alongside addressing the intersection of survivor needs and structural factors, and a woman-centred and -led approach to safety that does not assume that leaving a relationship is safer, nor is what all women want.

4: Shelters and Other Forms of Housing

While it is widely recognized that emergency shelters, second stage/transitional, and other forms of safe housing are essential for women and their children at high risk of injury or death due to IPV, systematic reviews find limited, and relatively low-quality, research evaluating the effectiveness of these services. From an equity/TVIC perspective, the most important consideration in this domain is a system-level approach to making safe and affordable housing available, on a priority basis, to women and children experiencing IPV.

5: Technology-Mediated Interventions

There is wide variability in the types of technology and interventions that have been examined, but those focusing on specific outcomes, especially safety, mental health, or use of services/supports, show the most benefit overall. When used alone, simple interventions, such as asking women to self-screen on a device, are not aligned with a TVIC approach. More complex, tailored interventions were the most effective in experimental studies at improving key outcomes such as women's health and safety.

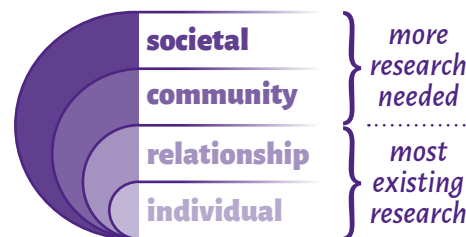
6: Interventions for Couples and Perpetrators

Evidence regarding IPV interventions for couples is generally weak. From a TVIC perspective, a key consideration is that the intervention does not lead to additional harms to the survivor. For this reason, couples therapy is not recommended in cases of coercive control/intimate terrorism, whereas it may be an option in cases where the violence is situational and/or bidirectional. Evidence regarding perpetrator interventions is mixed and plagued by poor methodology. Recent studies have begun to focus on perpetrators' trauma experiences as "causing" their violence, leading to trauma-specific approaches to healing and violence prevention. However, a TVIC approach emphasizes looking beyond individual-level factors that may serve to exonerate perpetrators, and instead calls for both individual and collective accountability and action to name and address the root causes of IPV and interventions at the social/structural level to address them.

IMPLICATIONS FOR RESEARCH, PRACTICE, AND POLICY

In summary, existing evidence for IPV interventions targeting secondary and tertiary prevention remains heterogenous and generally situated at the individual/relationship level of the ecological framework, i.e., supporting survivors in preventing recurrence and/or addressing the specific effects of IPV, or perpetrators or couples in not using violence.

SETTINGS: Whereas this research has generally been conducted in high-income settings, emerging evidence for the primary prevention of IPV comes largely from lower income settings where community- and structural-level interventions are showing promise. These promising interventions warrant testing in higher income settings.



IPV Research & the Ecological Model

KEY FACTORS: IPV interventions shown to be most effective, or indicating promise of effectiveness, tend to be those that understand the complexity of IPV as rooted in factors from across the social ecology, especially the patriarchal norms and practices that enable gendered violence, and acknowledge that these factors intersect, meaning more risk and fewer supports for some, and more resilience and help for others.

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THINGS NEEDED TO ADVANCE THE FIELD

Interventions that take a TVIC lens are needed to account for complexity and to address:

- **the causes of IPV as interactive** across the social ecology, & rooted in gender norms about power
- **sites of intervention as complex adaptive systems**, whether individual practices, organizations, or communities, that require approaches to change that address the intersecting complexities of IPV, how people experience it, and how interventions become embedded in practices and policies
- **IPV as having multiple and varied impacts**, which co-occur with other complex health and social problems

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