

Trauma- & Violence-Informed Care:

Prioritizing Safety for Survivors of Gender-Based Violence

The traumatic impacts of exposure to gender-based violence, including sexual violence, intimate partner violence (IPV), and children's exposure to IPV, have long-term effects, whether the violence itself is ongoing or in the past. When serving violence survivors, providers, organizations and systems lacking understanding of its complex and lasting impacts miss opportunities to provide effective services, and risk causing further harm.

Trauma-informed care (TIC) aims to create safety for people seeking care by understanding the effects of trauma, and its close links to health and behaviour. Unlike trauma-specific care, it is not about eliciting or treating people's trauma histories but about creating safe spaces that limit the potential for further harm.¹⁻⁵ Such safety may create the conditions for disclosures of trauma, but this is not the goal.

Trauma- and violence-informed care (TVIC) expands the concept of TIC to account for the intersecting impacts of systemic* and interpersonal violence and structural* inequities on a person's life.⁶ This shift is important as it emphasizes both historical and ongoing violence and their traumatic impacts and focuses on a person's experiences of past and current violence so problems are seen as residing in both their psychological state⁷, and social circumstances.

TVIC expands on TIC to bring attention to:

- broader social conditions impacting people's health (structural violence)
- ongoing violence, including from policies and institutions
- discrimination and harm embedded in how systems and people know and do things (systemic violence)
- the need to shift services to enhance safety and trust for clients and providers

What's the difference?

The main differences between TIC and TVIC are that the latter brings an explicit focus to:

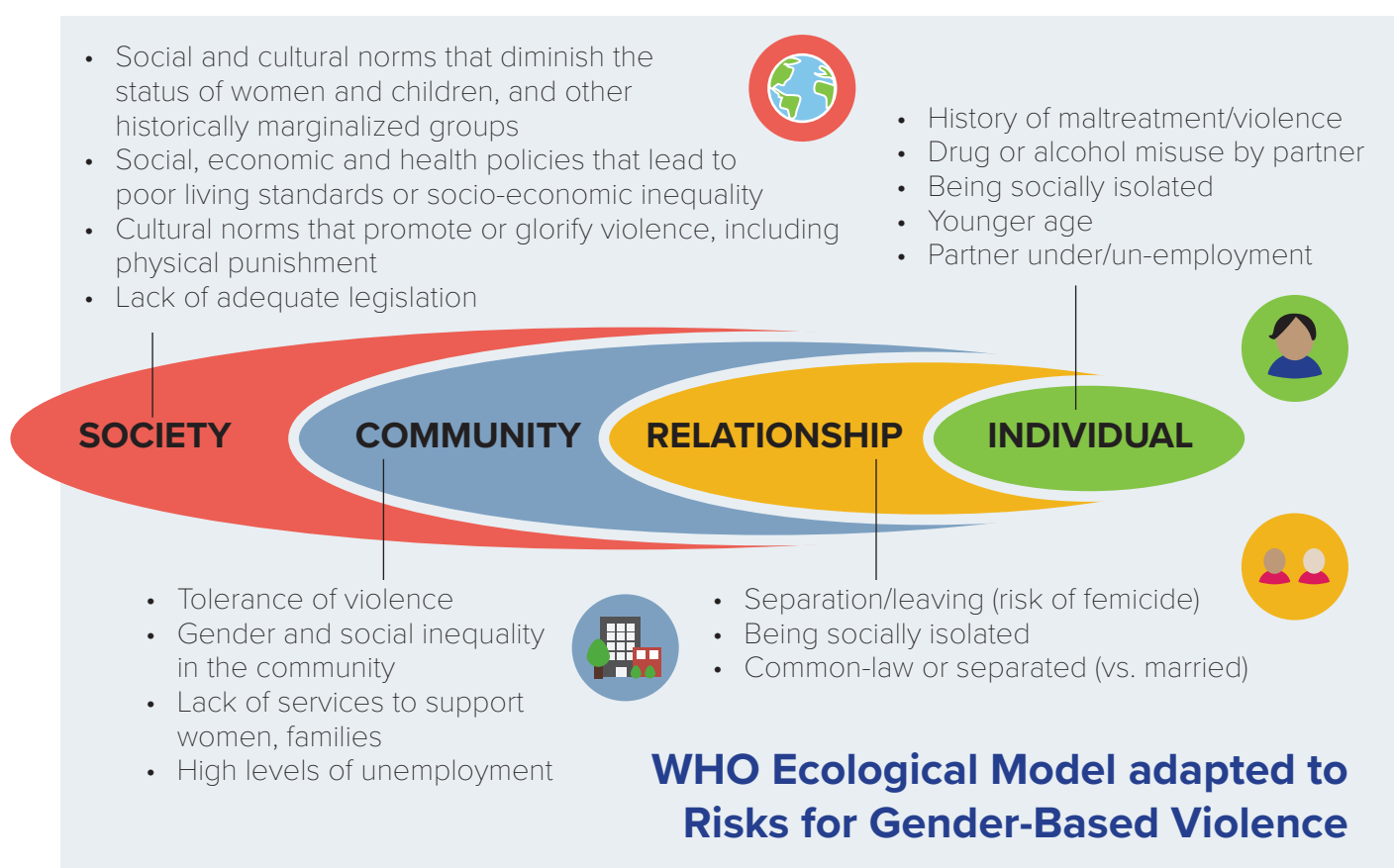
- broader structural and social conditions, to avoid seeing trauma as happening only "in people's minds"
- ongoing violence, to avoid seeing trauma as only something that happened in the past
- "institutional violence", including policies and practices that perpetuate harm ("system-induced trauma") because they are designed to satisfy the needs of the system, rather than those of the person
- the responsibility of organizations and providers, supported by resources, policies and systems, to shift services at the point of care, rather than people having to work around services to get what they need

* "Structural" and "systemic" refer to the fact that these ways of knowing and acting are embedded in the political and economic organization of our social world – this often makes them invisible or "taken-for-granted".

Viewed this way, responses to trauma and violence, including heavy substance use and poor mental health, are seen as predictable consequences of highly threatening events. This is especially the case when inequities and system-induced trauma are ongoing. Staff knowledge and skill are key to addressing the traumatic effects of harmful institutional practices, including all forms of discrimination. Organizational leadership and specific strategies to support shifts in practices are essential.

TVIC strives to make practices and policies safe, especially by preventing further harm. In this Backgrounder, we outline the principles of TVIC integrated with the concepts of health equity and cultural safety. This integrated approach explicitly positions experiences of violence and trauma as highly linked to social/structural determinants of health – a fact supported by epidemiological data.

To broaden from individually-focused interventions, it is important to understand the multiple, intersecting and overlapping risks for gender-based violence that operate at the individual, relationship/family, community and social/system levels. **The World Health Organization’s (WHO) Ecological Framework,⁸ adapted as follows, is helpful:**



Adapted from Krug et al. (2002).⁸

Practices based on TVIC, equity and cultural safety can help individual providers, working in various organizational settings and contexts, to more safely, equitably and effectively interact with those seeking care who have experienced, or are still experiencing, trauma and violence. Emerging research shows that providing care in these ways is better for both those seeking and providing care,^{9,10} and depends on key organizational factors.¹¹

Key Concepts

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 (e.g., of a parent).¹ Events become traumatic due to complex interactions between someone's neurobiology (affecting, for example, their ability to self-regulate), their previous experiences of trauma and violence, including the role of others in supporting (or not) self-regulation and recovery, and the interaction of broader community and social structures (as per WHO's Ecological Framework, above).

In the context of gender-based violence, trauma can be acute (resulting from a single event) or, more likely, complex (from repeated experiences). Trauma can change brain and nervous-system functioning, and while these neurobiological changes may not be permanent, they can be long-lasting, and impact behaviour.¹² For example, adverse childhood experiences (ACEs), including maltreatment, neglect and experiencing IPV in the family, can have long-term effects including stress, anxiety, depression, risky behaviours and substance misuse.¹³⁻¹⁵ Complex trauma can also impact child development, leading to internalizing, externalizing, and attachment disorders,¹⁶ which can persist into adulthood. Experiencing violence can change not only neurobiological patterns, but also genetic structures,¹⁷ leading to impacts on health and wellbeing.¹⁸

Cultural safety draws attention to the continuity between systemic and organizational structures

Trauma can also result from what doesn't happen, for example, when systems fail to recognize and intervene in gender-based violence and its related causes and consequences.

and interpersonal forms of discrimination, recognizing that discrimination also has neurobiological and genetic impacts – an area requiring further study. Cultural safety does not focus on the person's "culture" but on the ongoing effects of historical and ongoing forms of trauma at collective and interpersonal levels; it strives to make policies and practices safe regardless of how a person is identified, or identifies themselves.^{19,20}

Health inequities are avoidable, modifiable and unjust disadvantages in health that arise from the conditions in which people grow, live, work, and age - the so called "social determinants of health" - and the systems that address illness.²¹ Inequities are structural because they are embedded in the political and economic organization of our social world, and they are violent because they cause harm.²² Redressing inequities means serving those most in need rather than "treating everyone the same". At the population level, the greatest health gains can be made by helping those facing the worst circumstances.

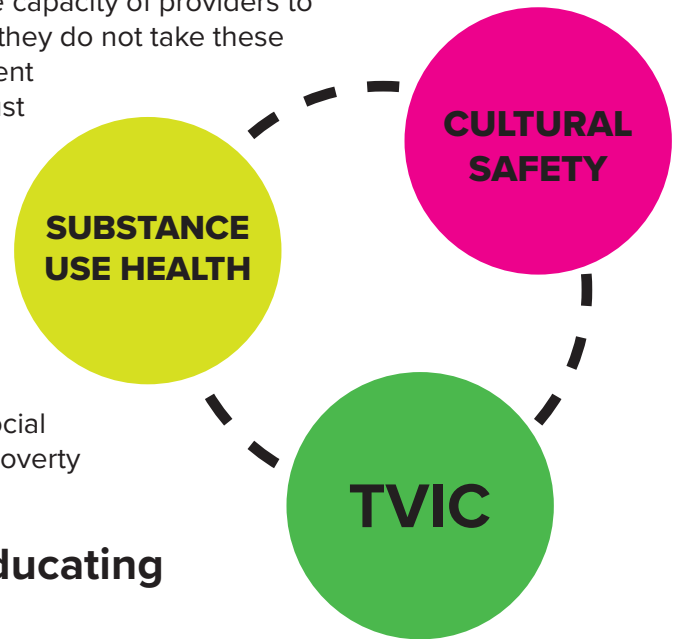
Why are equity and cultural safety integral to TVIC?

Marie's Story:

Marie is a single mother with four children under age 10, one of whom needs trauma-focused cognitive-behavioural therapy (TF-CBT) for severe PTSD symptoms as a result of having been exposed to his father's abuse of Marie. Despite the fact that the treatment is available at no cost, she is unable to afford bus tickets to get to the appointment across town, and can't access babysitting for her three daughters; the service doesn't provide child care. Marie is being harassed by her ex-partner, who ignores restraining orders requiring that he not contact her or the children. He has threatened to call child protection services, and she is afraid he will use the fact that their son needs therapy as evidence of her "bad parenting". Given her own poor experiences with formal services, where she has felt judged and stigmatized, Marie wonders if treatment for her son will actually do more harm than good, especially with these extra risks and costs to her family.

Connecting the Dots: Intersections among TVIC, Cultural Safety & Substance Use Health

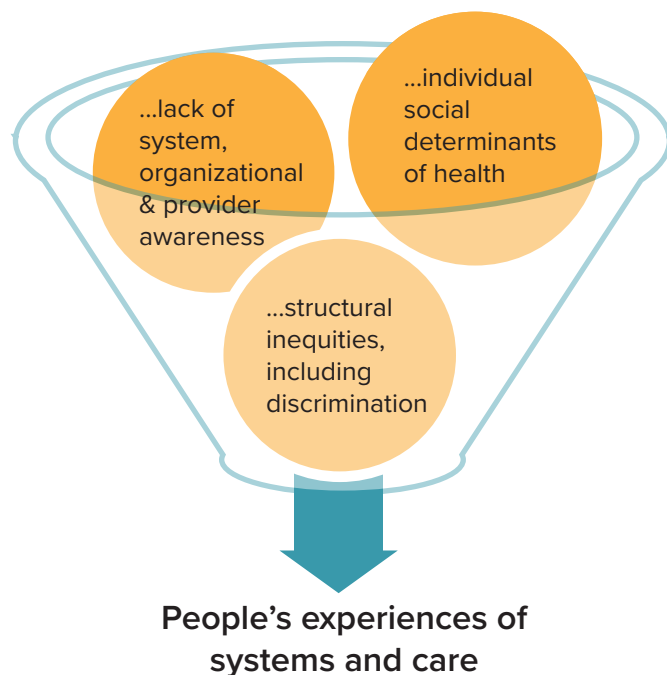
Approaches to addressing violence in health care are rapidly evolving from a narrow focus on “interventions” for individual “victims”, to a broader understanding of gender-based violence as a pervasive social problem embedded in social and structural inequities. The effectiveness of interventions to prevent violence and its consequences is therefore limited by the broader circumstances of people’s lives.²³ Further, the capacity of providers to respond to experiences of violence is reduced when they do not take these circumstances into account. So, interventions to prevent and mitigate the effects of gender-based violence must include an understanding of the circumstances of people’s lives. Similarly, interventions to promote equity in health and health care must attend to all forms of violence. Interpersonal, including gender-based, violence should be understood within broad social circumstances, as well as systemic forms of violence and inequity. We must also consider that structural forms of violence filter down to everyday experiences, including interactions with health and social services.²⁴ For example, people who live in extreme poverty often face class-based assumptions and stigma.



What this Means for Practice & Educating Service Providers

Trauma- and violence-informed, equity-promoting and culturally safe health and social service is about more than access to care; it also considers social and political conditions that shape people’s health, including what care is offered and how it is provided, with a focus on improving the health and living conditions of those who face the greatest disadvantage (and risk of poor health). It means:

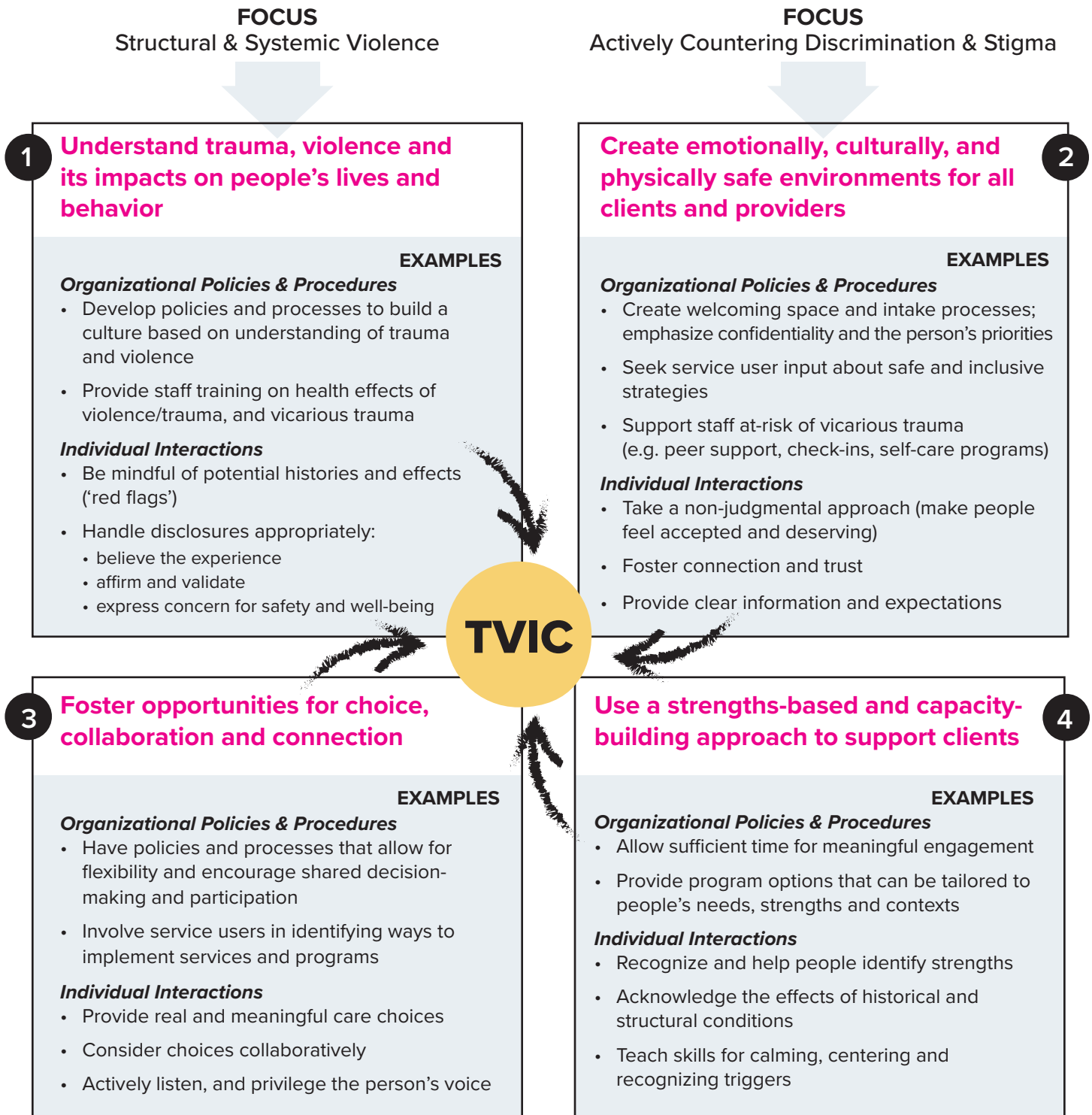
- **Being aware** of how immediate and more subtle factors, including historical and ongoing exposure to various types of violence, shape people’s real-life experiences.
- **Being open** to consider how our practices and policies may unintentionally harm people, especially those experiencing social exclusion and discrimination, and changing these policies and practices.
- Working in ways that are **respectful and inclusive** of peoples’ diverse histories and contexts and placing the responsibility for emotional, physical and cultural safety in the care encounter on the provider, with particular emphasis on racism and other forms of discrimination.



- A good way to think about these practices is as “**universal precautions**” to ensure that all people, including those who are already vulnerable because of past or ongoing trauma/violence, are not re-traumatized (“triggered”) or harmed. Practicing in this way also means that disclosure or knowledge of history of trauma/violence is not necessary – everyone gets respectful, safe care.

At times, this means making choices to allocate more time and resources to **address the greatest needs** and the most challenging conditions, rather than treating everyone “equally”.

The Principles of TVIC²⁵ below show how this can be enacted at organizational and individual levels.



Adapted from Ponice et al. (2016).²⁵

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

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