

ACCOUNTABILITY + SAFETY: TRAUMA & VIOLENCE INFORMED CARE FOR PEOPLE USING VIOLENCE IN RELATIONSHIPS

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I pay my respects to Elders, past and present, of this unceded and unsurrendered territory of the Anishinaabe Algonquin people, and convey my sincere gratitude for the privilege to visit this land today.

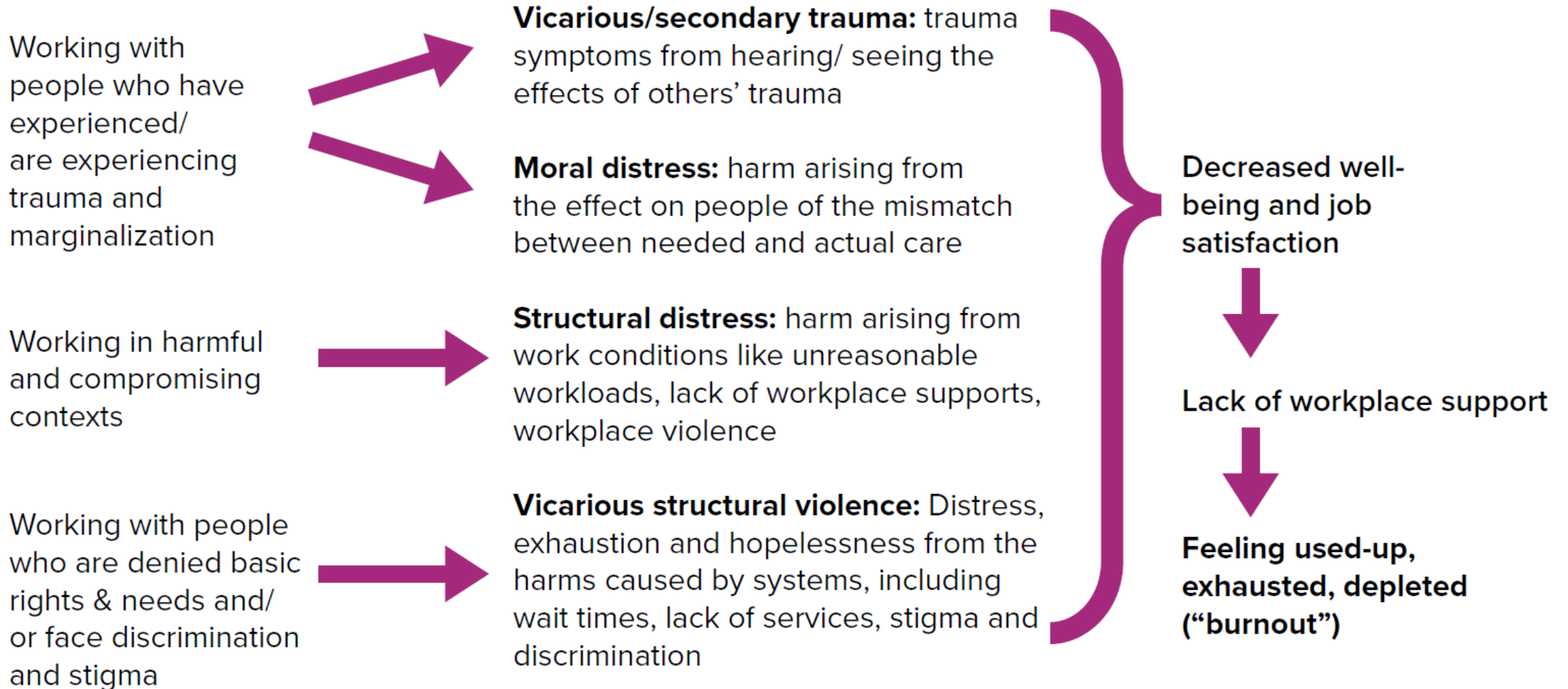
I commit to doing my work in a way that does not re-stigmatize or reinforce stereotypes about Indigenous Peoples, and that supports authentic reconciliation.

Today

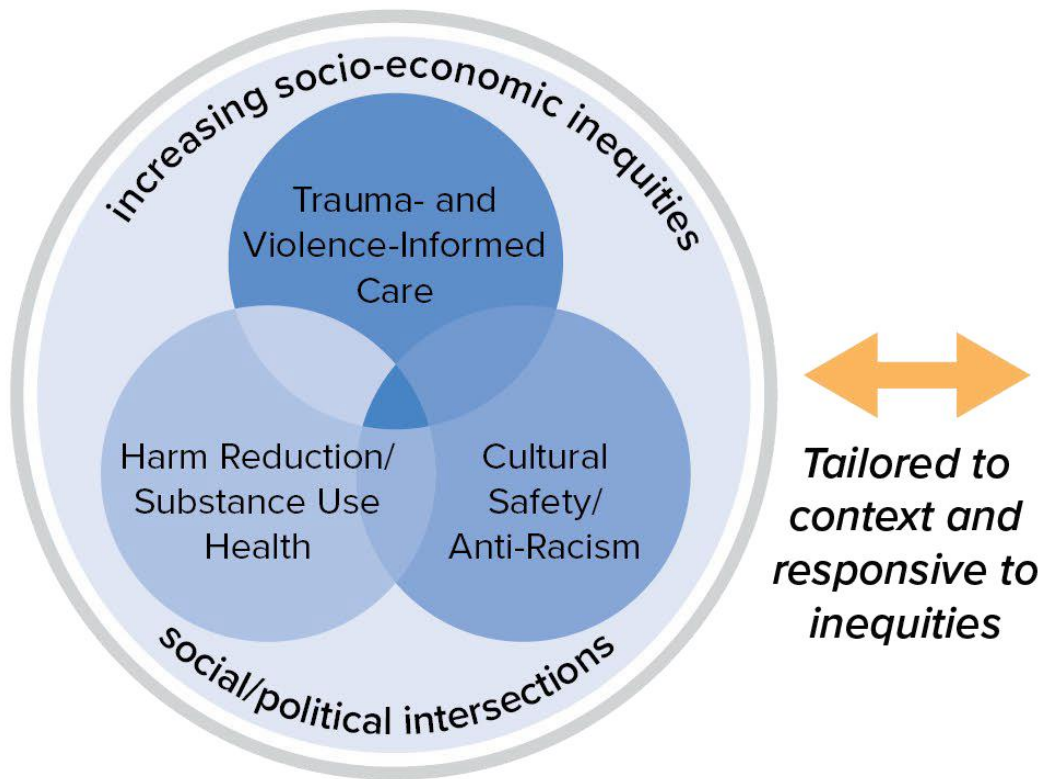
- Stage-setting
- Trauma and its impacts
- From trauma-informed to trauma- and VIOLENCE-informed
 - why the “V” is key for effective response for those using and experiencing partner violence
- TVIC Principles
- Small groups
 - accountability in the context of trauma, mental illness and substance use
- Getting started on TVIC
- Reflection and Q & A
- Resources

Stage-setting

Staff Well-Being



Equity-Oriented Care



1. Explicitly commit to equity
2. Develop supportive organizational structures, policies, and processes
3. Re-vision the use of time
4. Attend to power differentials
5. Tailor care, programs and services to local contexts
6. Actively counter racism and discrimination
7. Promote meaningful community and patient engagement
8. Tailor care to address inter-related forms of violence
9. Enhance access to the social determinants of health
10. Optimize use of place and space

EQUIPping the GBV Sector for TVIC & Substance Use Health

- Co-design of e-learning and practice resources (Ontario)
 - TVIC/SUH to support survivors
 - TVIC/SUH to support those using violence
- Implementation in 2 sites (BC)
- Refinement & testing in 2 new sites (NB)



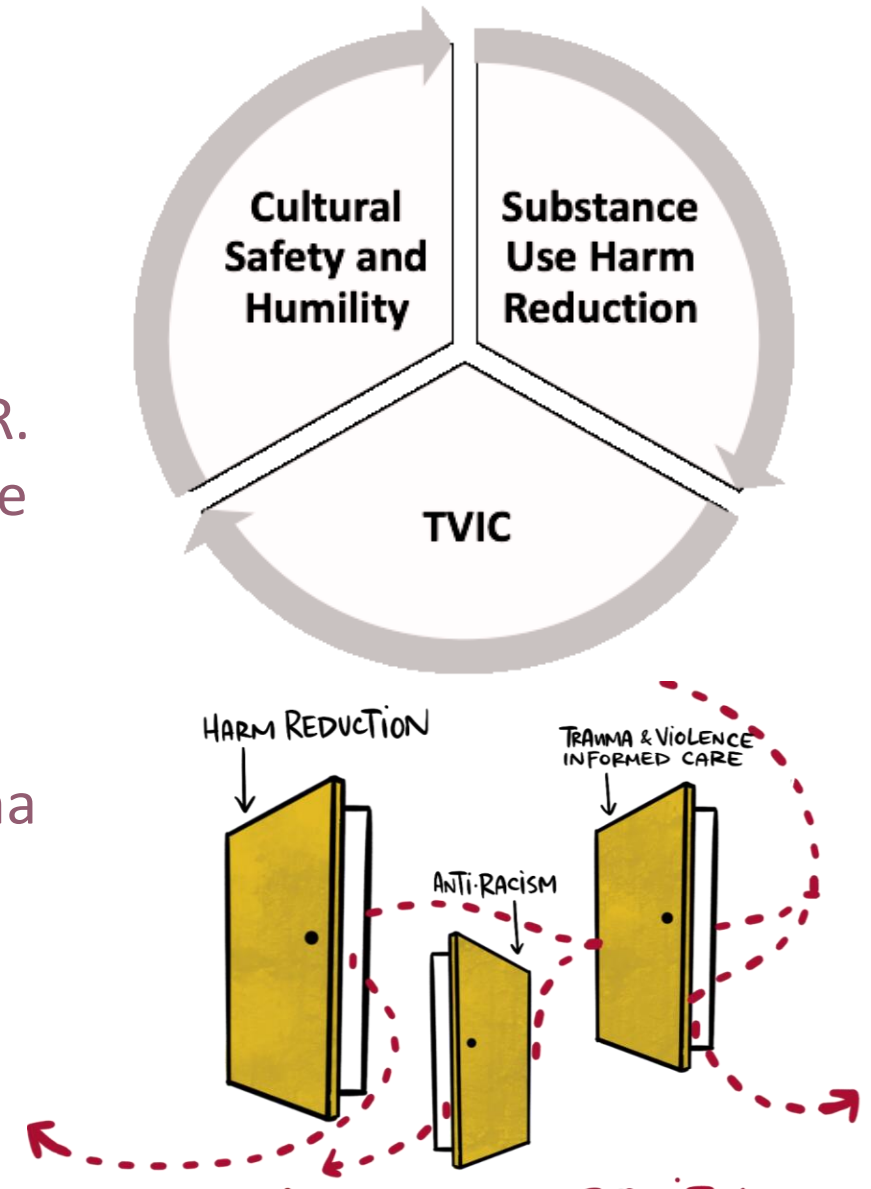
KAMLOOPS SEXUAL ASSAULT COUNSELLING CENTRE



Funded by the Public Health Agency of Canada (2024-2027)

Findings to date


- The key dimensions of equity-oriented care are interconnected - no single one stands out as a definitive priority.
- Staff emphasized the importance of TVIC as a holistic approach and the main “door” linking to CS & SUH/HR.
- The GBV sector must evolve understanding of and care for clients/communities with diverse experiences and backgrounds, including understanding use of violence in various types of relationships.
- Issues around substance use, mental health and stigma are the most likely to cause “sticky points of practice” which are exacerbated among those facing marginalization (i.e., “-isms”).



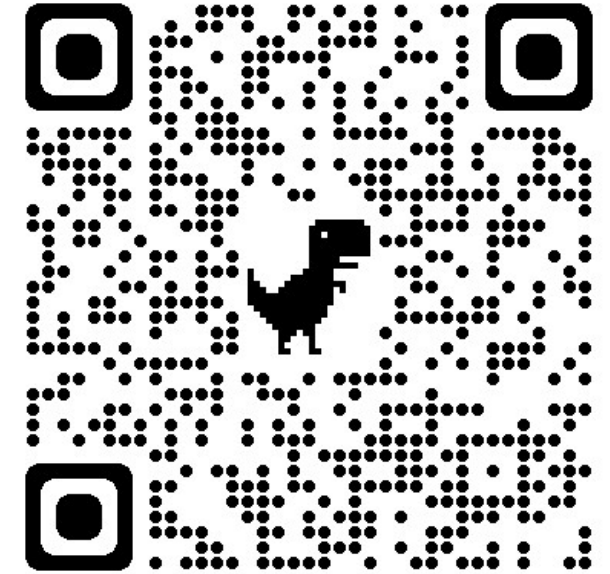
Culturally Safe Care

- Focuses on how discrimination, racism, exclusion and collective history shape health and care
- Challenges organizations & providers to examine biases and assumptions about groups that are operating in policies & practices, and their impacts
- Requires creating safe, respectful, welcoming spaces
- Acknowledges historical & collective histories in policies & practices
- Seeks authentic partnerships based on humility
- Seeks opportunities for shared power & decision-making

Trauma- and Violence-Informed Care: Orienting Intimate Partner Violence Interventions to Equity

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Abstract



Purpose of Review 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 examine trauma- and violence-informed care (TVIC) in the context of existing IPV interventions as an explicitly equity-oriented approach to IPV prevention and response.

Recent Findings Systematic reviews of IPV interventions along the public health prevention spectrum show mixed findings, with those with a theoretically grounded, structural approach that integrates a trauma lens more likely to show benefit.

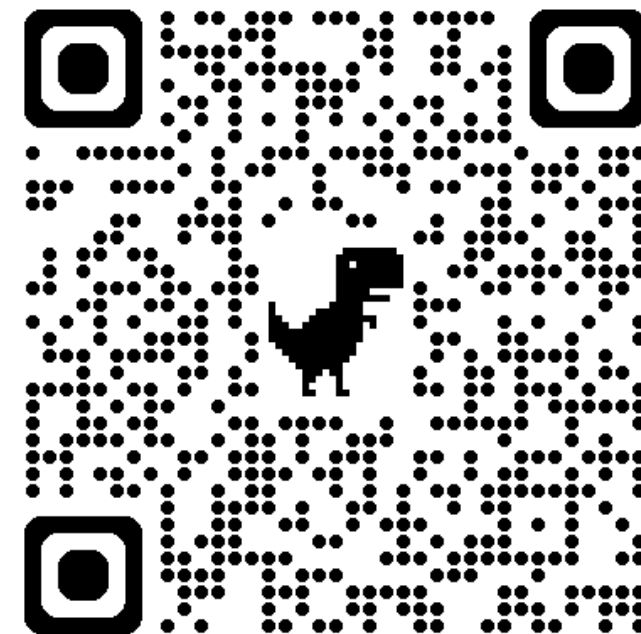
Summary TVIC, embedded in survivor-centered protocols with an explicit theory of change, is emerging as an equity-promoting approach underpinning IPV intervention. Explicit attention to structural violence and the complexity of IPV, systems and sites of intervention, and survivors' diverse and intersectional lived experiences has significant potential to transform policy and practice.



Safe not soft: trauma- and violence-informed practice with perpetrators as a means of increasing safety

Katreena L. Scott ^a and Angelique Jenney ^b

“a modified trauma-and violence-informed lens has the potential to improve our work with men who perpetrate violence in interpersonal relationships, and even more importantly, that without such a lens, we are likely to miss very important opportunities to act in ways that enhance the safety of potential victims of abuse”



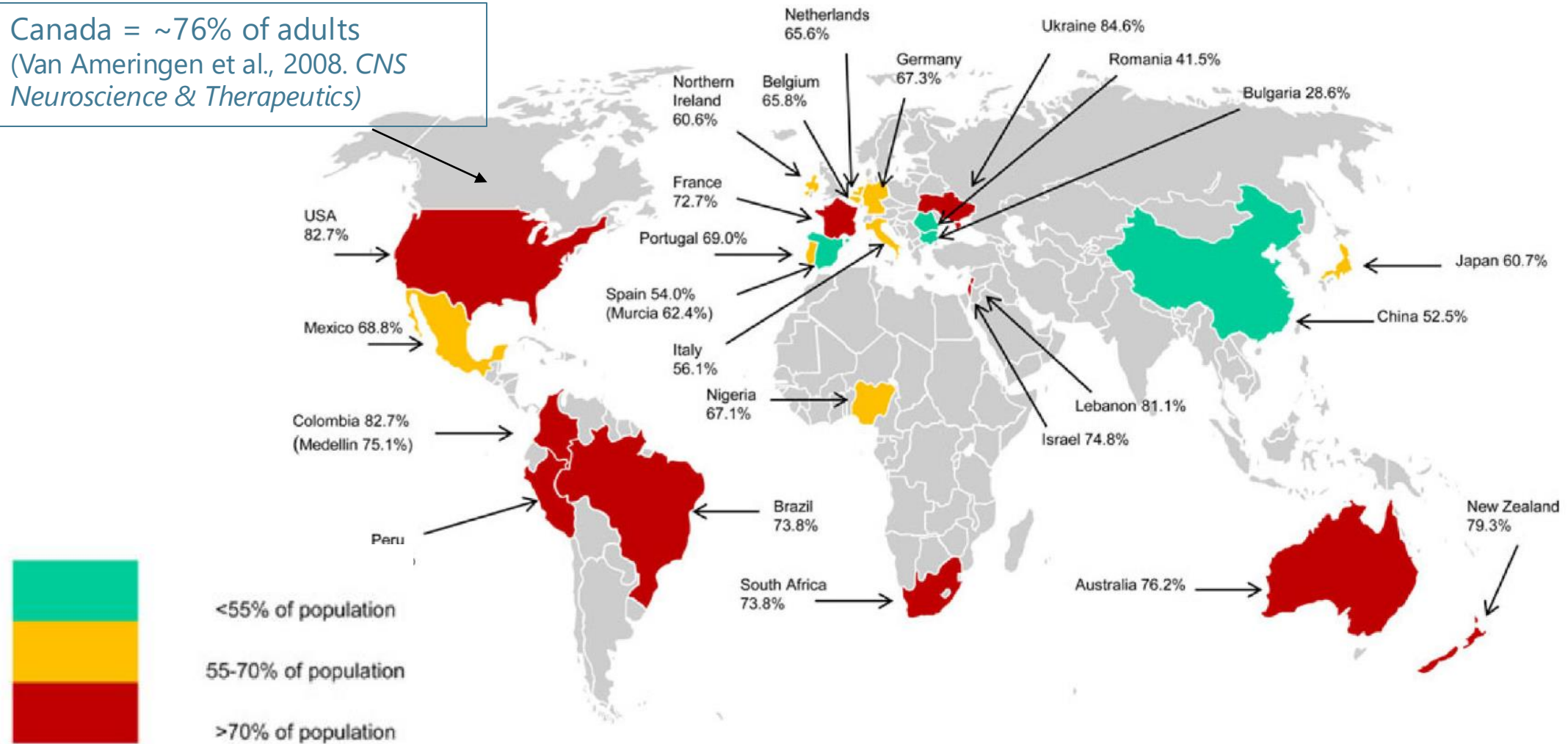
Being trauma-informed

What is Trauma?

- **Trauma** is the experience of, and **response to**, a negative event or events that threatens a person's safety, life, or integrity, and overwhelms their ability to cope
- More than everyday “stress” – post-traumatic stress (PTS) is an **anticipatable response** to significant threat
- Traumatic stress can be *acute* (resulting from a single event) or *chronic & complex* (from repeated experiences)
- Includes responses such as **shock, terror, shame, and powerlessness** – “**fight, flight, freeze, fawn**”
- What trauma “looks like” will differ between and within people and groups

Trauma is a Common Experience

Canada = ~76% of adults
(Van Ameringen et al., 2008. *CNS Neuroscience & Therapeutics*)



Examples of Traumatic Experiences

INTERPERSONAL TRAUMA

- Child abuse and neglect
- Children's experience of IPV
- Abandonment & other ACEs
- Sexual assault
- Intimate partner violence (IPV)
- Abuse of older adults
- Sudden death of a loved one
- Torture or confinement

SITUATIONAL TRAUMA

- War, genocide
- Being a victim of crime
- **Unexpected job loss**
- Being a refugee
- Extreme poverty
- Homelessness
- Natural disasters
- Accidents



COLLECTIVE TRAUMA: historical & ongoing (e.g., colonialism, Residential Schools)

Traumatic Stress Reorganizes the Brain



NEOCORTEX [higher order thinking]
Traumatic stress causes decision-making and memory impairments, as well as changes to one's personality.

LIMBIC BRAIN [emotions]
The amygdala signals release of stress hormones (e.g., cortisol).

BRAIN STEM [survival]
Trauma leads to increased arousal that is chronic even without threat; irritability; anger; insomnia.

"fight, flight, freeze, fawn"

Trauma responses: A complex interaction of genetic, biological and social factors

- Genetics and gene-environment interactions
- Epigenetics (i.e., changes to DNA, physiology)
- Early life experiences / ACEs
(increased sensitization to later events)
- Social dis/advantage (greater/less exposure to adversity and stress and future trauma)
- Severity and chronicity of the trauma/violence
- Relationship, family and community factors, such as social cohesion



Fink & Galea (2016). *Current Psychiatry Reports*, 17(5), 566.

<https://youtu.be/W-8jTTIsJ7Q?list=PLxWz0fEGuv6riED2FhhTXeWg1LgjjgJLNB>



Adding the V

Interpersonal Violence: A Unique Type of Trauma



Abuse of power and violation of trust in important relationships - **deep impacts** that can change beliefs & disrupt attachments



Often ongoing (**chronic** experience) and **inter-generational**



Risk of physical injury, harm, death – **safety** is paramount

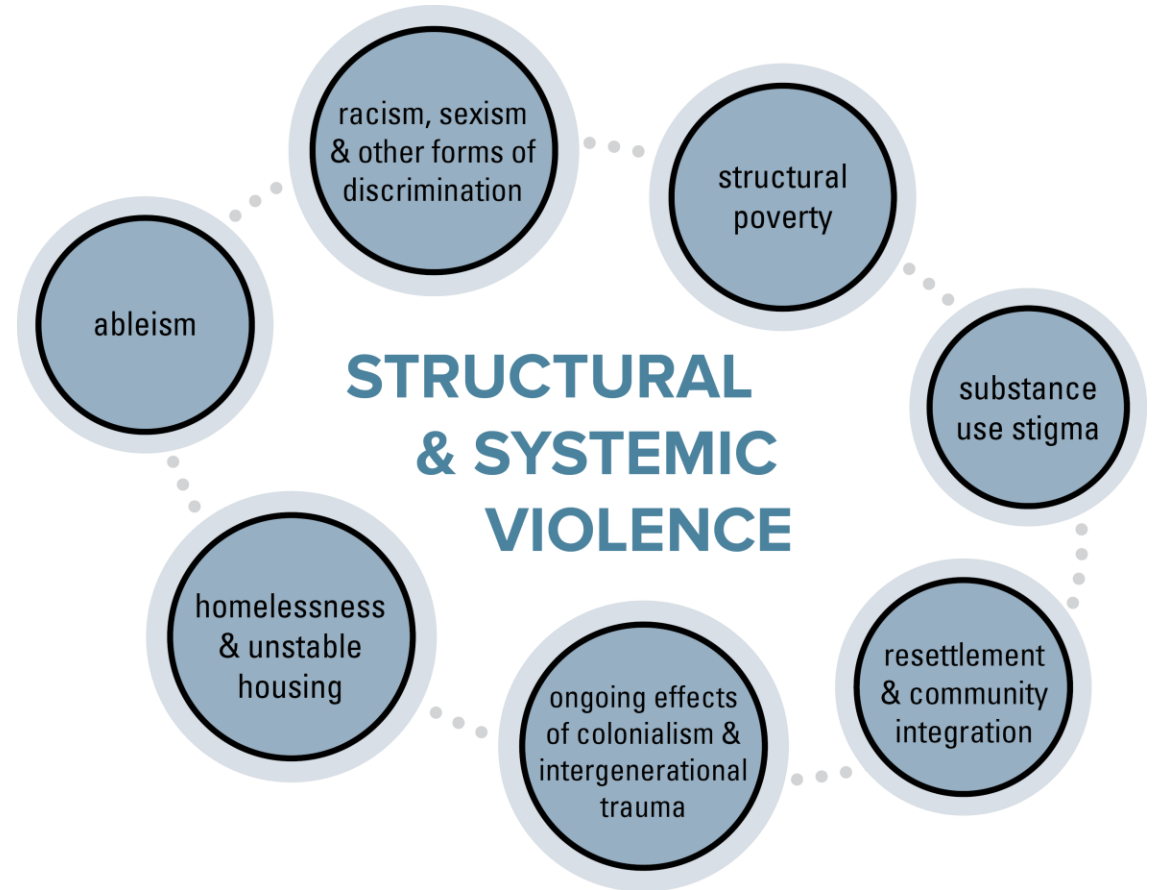


Experiences are gendered

- Social norms about gender have strong impact on how violence is expressed, experienced and understood
- Different rates and underlying dynamics in men and women and across gender identities
- Responses (e.g., help seeking, service availability) also differ
- Occurs in all groups but greater risk in some groups (e.g., low income, disabled, Indigenous people) – i.e., **structural violence**

The “big” V – structural / systemic violence

- Focusing on the V in TVIC makes us attend both to the specific harms of interpersonal violence, but also, importantly, to structural & systemic violence
- Structural & systemic violence are linked to ill health directly and via lack of access to other social determinants of health
- Stigma and the “-isms” are also intrapersonal and can impact the care encounter



A Substance Use Lens

Substance use health

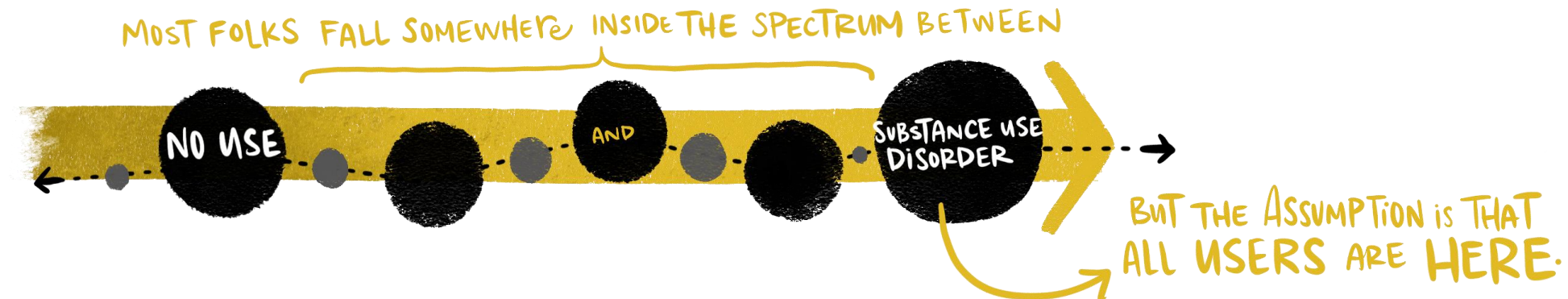
The achievement of **self-defined goals** of well-being across the continuum of substance use.

Providing substance use health care requires:

- deprioritizing abstinence
- removing barriers to care, esp. intersecting forms of stigma
- facilitating access to social determinants of health

- Not 'abstinence only'
- Focus on '**harmful/heavy use**', not 'addiction'
- Focus on substance use as a **learned way to cope with pain**, not just a disease, or a moral failing
- 'nothing about us without us' (with gratitude to the disability movement)

<https://capsa.ca/>



Harm Reduction

Harm reduction is

- A philosophy and a set of programs & services
- Focusing on preventing the harms of substance use, not reducing substance use per se
- Viewing substance use as a health issue
- An evidence based response

Practicing harm reduction means

- Accepting people as they are
- Avoiding judgement
- Emphasizing the dignity of each person
- Being compassionate
- Challenging the policies and practices that cause unnecessary harm – like criminalization of drug use, refusal of medical care, lack of adequate housing

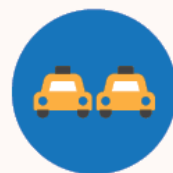
Examples Include:



Managed alcohol programs



Having water available at parties



Safe ride programs



Opioid substitution therapy



Supervised injection



Safer injecting and smoking supplies



Naloxone



Needle exchange



Living Wages



Safe Housing

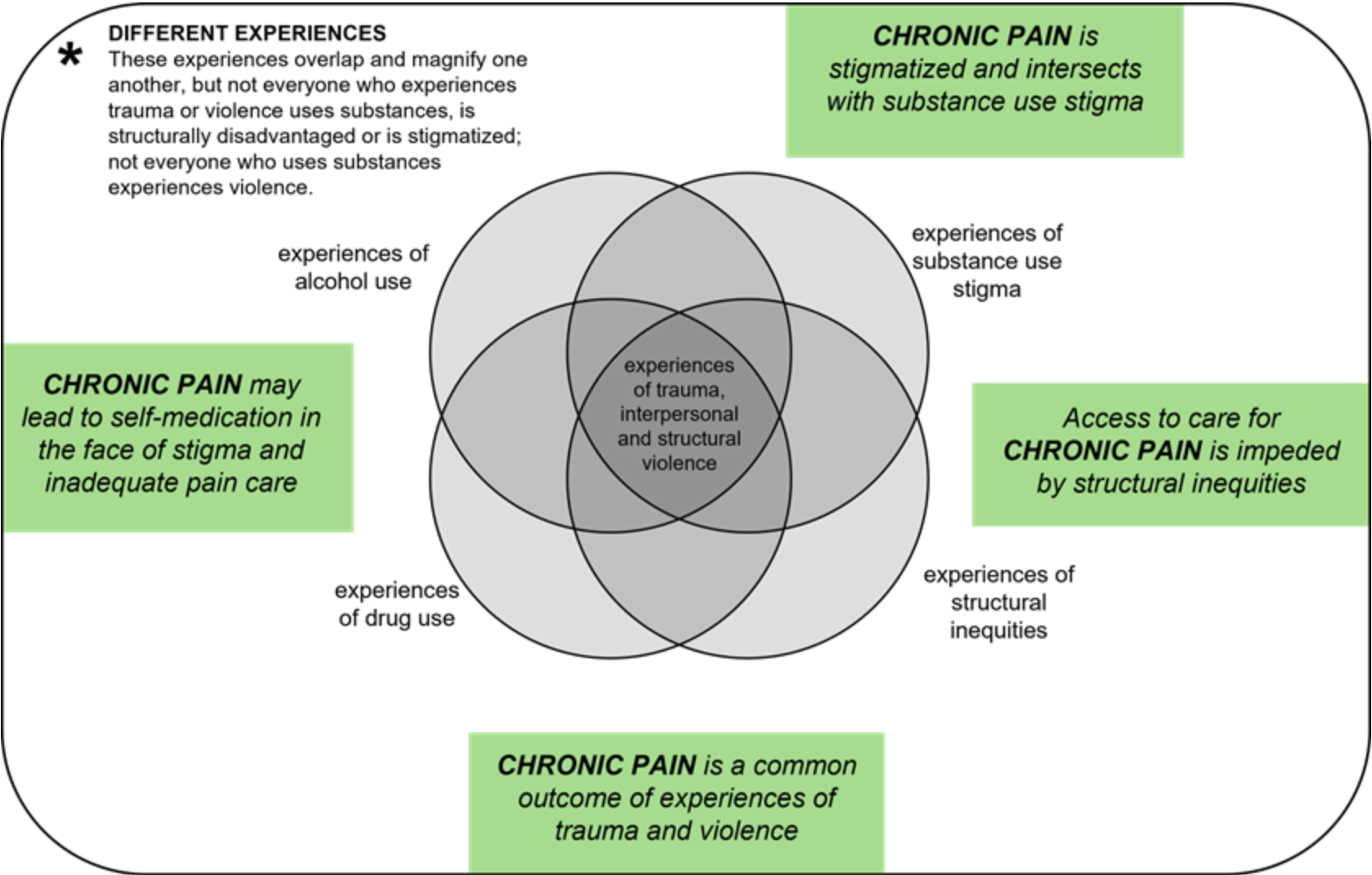
Co-existing understandings of the relationships between GBV and SU

- Substance use is often seen as **causing** the use of violence in relationships.
- Following this, substance use is often used to **excuse or exonerate perpetration**.
- Substance use is constructed as **increasing ‘vulnerability’** to GBV, so **victim-survivors of GBV are often blamed** for the violence they experience if they have used or are using substances.
- Substance use is also used as a tactic of GBV perpetration, e.g. **substance use coercion**, use of substances to debilitate victims, etc.

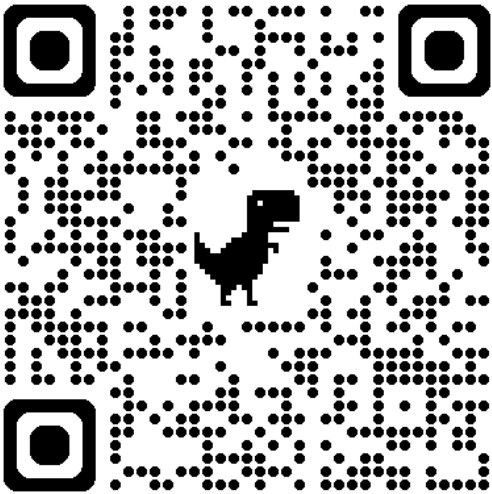
Key points about GBV and SU/TVIC/CS

- People who have experienced **GBV** have a much greater likelihood of **chronic pain, mental health problems** and **harmful substance use**.
- People with **chronic pain** are more likely to have histories of **trauma**, and more likely to **use substances in harmful ways**.
- GBV has cumulative effects on **mental health and SU** as well as **physical health** (from injuries AND toxic stress)
- Experiences of **structural violence** (e.g. systemic racism, misogyny, heterosexism, ableism, poverty) increase the likelihood of **harmful substance use**, and compound the **impacts of GBV, including on substance use**.
- All of these experiences and positions are **stigmatized**.

Trauma, violence, chronic pain & substance use: stigma all the way down



EQUIP Nexus e-learning Module



equiphealthcare.ca

FROM TRAUMA- INFORMED TO TRAUMA- & **VIOLENCE-** INFORMED – HOW THE “V” SHIFTS THE LENS

TVI approaches extend trauma-informed practice to bring attention to:

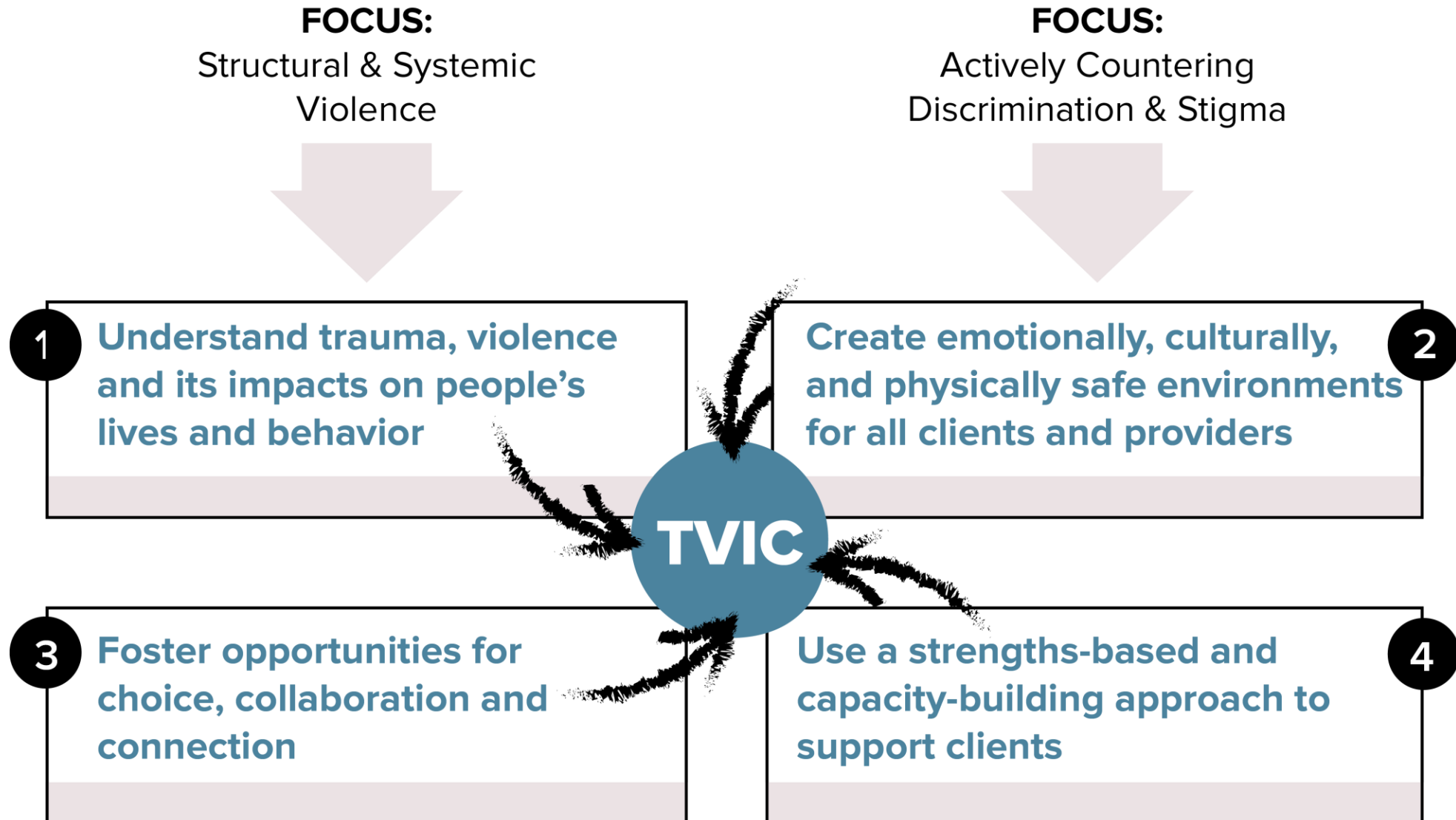
- broader social conditions, including policies, that affect wellbeing (structural violence)
- ongoing & historical violence, including collective violence
- discrimination & harmful practices embedded in the ways systems & people know/do things (i.e., systemic or institutional violence)
- safety & wellbeing of providers, teams, organizations

Responses to trauma/violence, including substance use, are ***anticipatable*** effects of highly threatening events and their ongoing impacts

Shifts the focus from “***what’s wrong?***” (in the person’s head), to “***what’s happened, and is still happening?***” (in the person’s life)

Acknowledges that interpersonal violence (e.g., IPV, child maltreatment) are ***complex*** and often chronic forms of trauma – different from other traumatic experiences

TVI Principles for Organizations & Individuals



Small groups

- See Instructions and TVIC Principles graphic at our table
- Tables 1-7 – Discussion question #1
- Tables 8-14 – Discussion question #2
- Tables 15-20 – Discussion question #3
- 15 min discussion + 15 min report-back

Getting started on TVIC

From thinking to doing, in the context of organizational commitment

Non-TVIC thinking

He drinks all the time. He's weak.

They're making this up.

That kid just wants attention.

She can't cope.

They will never get over this.

He should be over it by now.

Victim.

TVIC thinking

He's strong for surviving what he has.

This is hard to hear and talk about.

That child needs our help.

She has survival skills that have gotten her to this point in life.

They can recover.

Recovery is a process and takes time.

Survivor.

Use language that..	TVIC	Stigmatizing/labeling
..is person-first & non-stigmatizing or labeling	Person... who uses substances, ...with mental health issues; ...experiencing violence, homelessness, etc.	Addict, junkie, psycho, frequent flyer, abused
...conveys optimism, supports recovery, & provides hope	Resourceful, seeking support, trying to get help	Manipulative
...respects a person's autonomy, that they are "expert on their own life" & is collaborative	Declined/said no, opted not to, choosing not to, seems unsure about	Refused care, "non-compliant", lazy, unmotivated, resistant
...normalizes and re-frames their responses to trauma	Coping, adapting, survival skills, resilience	Disorders, problem behaviours
...is strength-based, future oriented	Has a history of.. Working to recover from.. Living with...Experiences of...	Suffering from, victim of

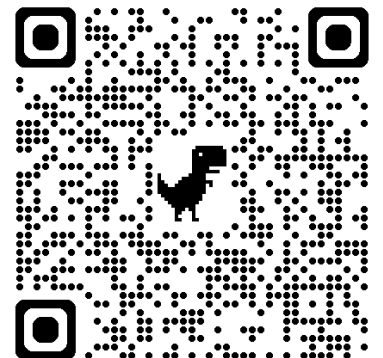


Rolling with Resistance: A TVIC Lens for Redirection

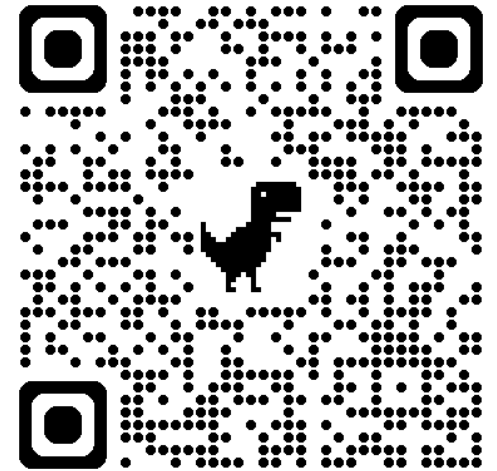
- We might think of certain clients as being “difficult” or “non-compliant”
- **Rolling with resistance** means trying to meet a client 'where they are' to get back on track
- TVIC strategies:
 - **Understand** that resistance can come from fear, shame, defensiveness, feeling unheard and/or be used as a manipulation tactic - these require different responses
 - **Validate** what you hear, with curiosity e.g., *“You keep mentioning____, why is that important?”*
 - **Challenge**, but with empathy: *“I’m sorry you feel_____, but I want to focus back on the situation.”*
 - Set clear **boundaries** and plan for realistic next steps if behaviour continues *“I expect to be treated with respect. Is there something you expect from me that will make sure we get through what we need to cover today?”*

(Re)Establishing Safety Tool:

<https://equiphealthcare.ca/resources/tvic-strategies-for-reestablishing-safety-in-care-encounters>



Consider an Equity Walk-Through



(aussi disponible en Français)

Support staff well-being

What Can Organizations Do?

There are steps that organizations can take to support staff well-being. Organizational culture plays a key role in acknowledging and de-stigmatizing moral and structural distress, and vicarious trauma and structural violence; organizations are ultimately responsible for ensuring a culture of safety and care for staff and service users.



Organizational commitment to staff well-being, including education, policies and ongoing actions for safe and equity-oriented work



Staff and client participation in policy and protocol development



Employee Assistance Programs (EAPs)

Reflective supervision practices



Organizational supports for self-care

Opportunities for staff-initiated formal and informal debriefing

Resources

<https://equiphealthcare.ca/tvic-foundations/>

Our curriculum focuses on where TVIC thinking needs to happen to better serve those who are cared for, and those doing the caring.



The curriculum has 7 sections, with **embedded videos**, **case-based activities**, a **downloadable Notebook** for reflection and links to key take-aways, and **interactive quizzes** throughout. After completing section 7, successfully completing a brief assessment will provide a **Certificate of Completion**.



Organizational leadership

Policies, protocols & practices reflective of TVIC principles

Interprofessional teams

A collective orientation to TVIC

Individual practice

What those served experience “on the ground” while in your care

Within yourself

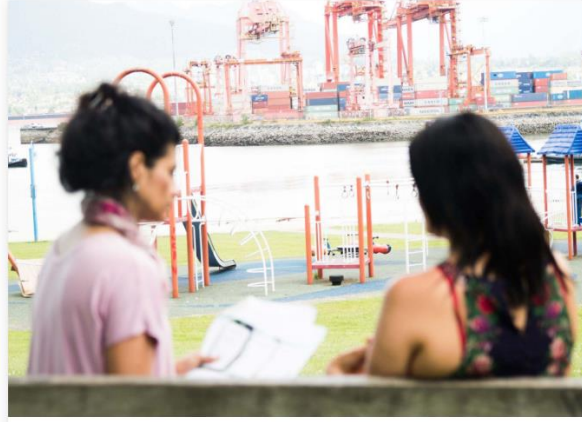
The “roots” of what you bring to the work

<https://equiphealthcare.ca/online-courses/>

Equity Essentials



Equity-Oriented Health Care



Trauma- and Violence-Informed Care



Anti-Racism and Cultural Safety



Chronic Pain



Substance Use Health



Substance Use Stigma

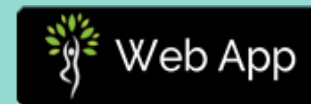
Support for a Safe and Healthy Path Forward

Backed by years of research and testing, the iHEAL app helps women who have experienced partner abuse find personalized ways to stay safe and be well.

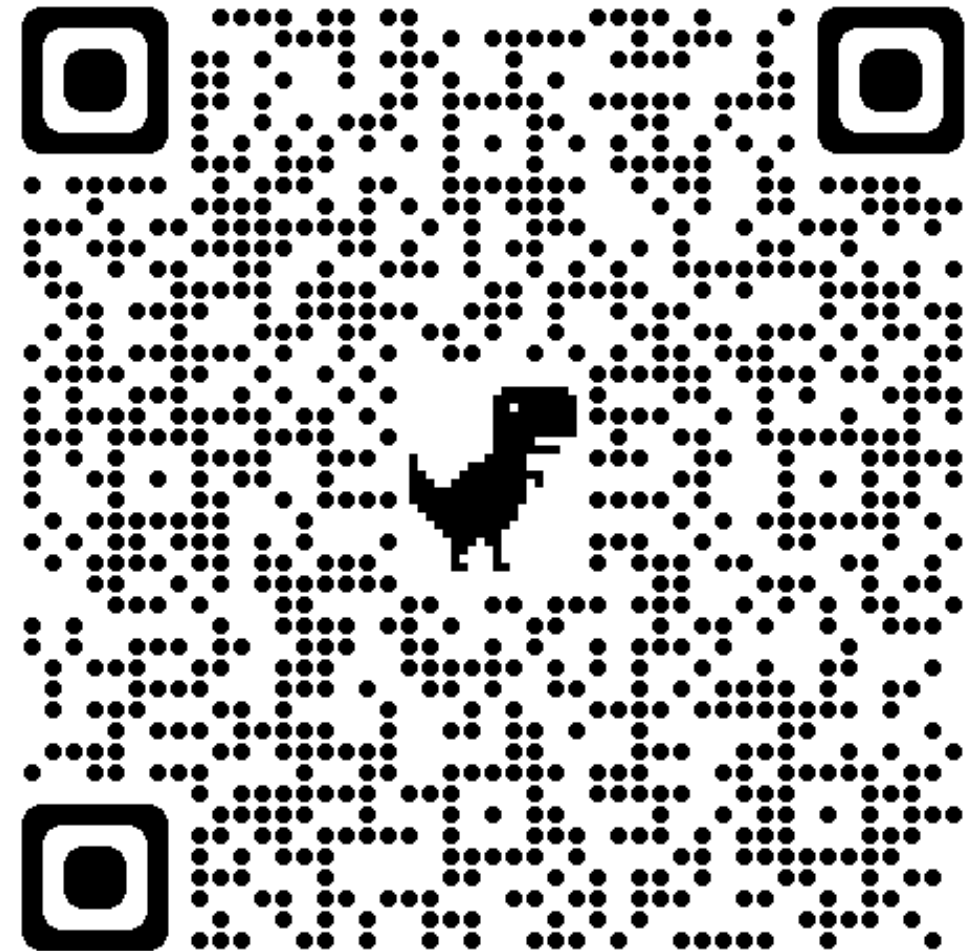
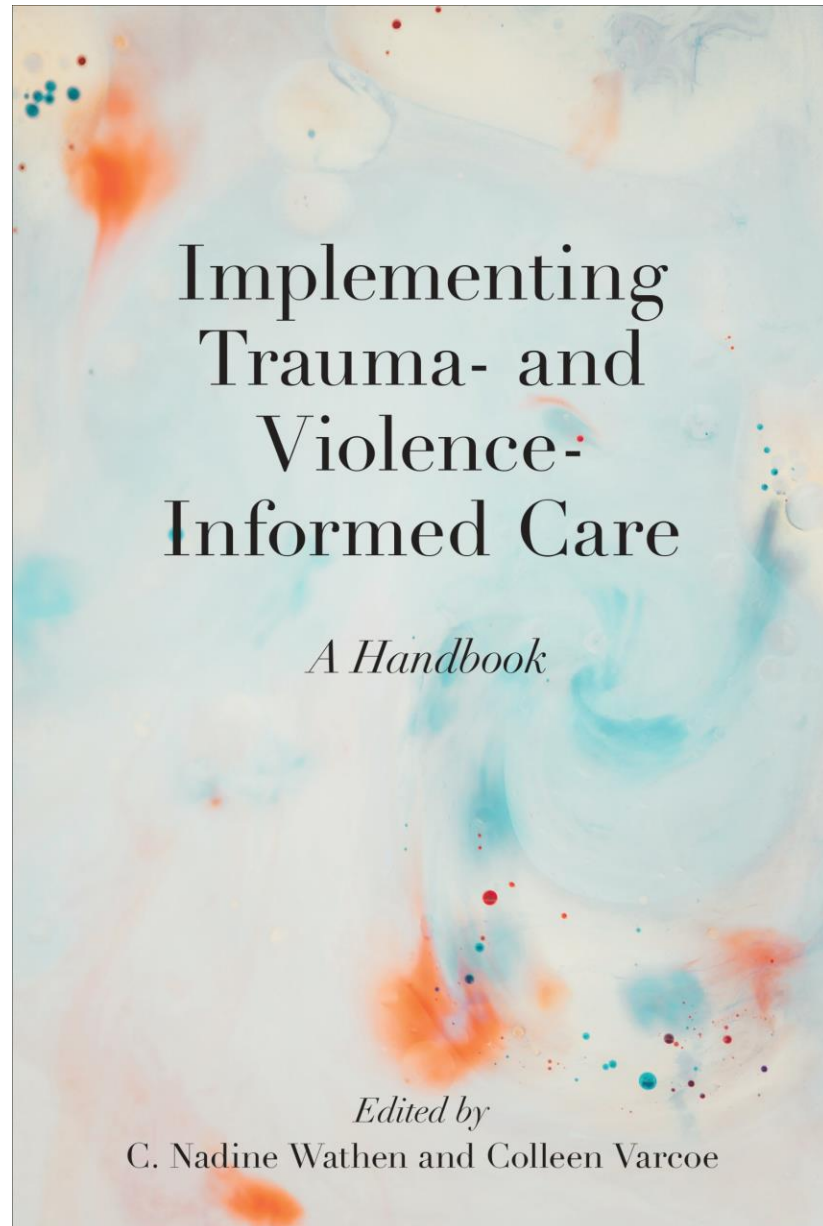
- Available in English and French
- Secure, private, free
- For mobile phone, tablet or computer
- Includes links to local resources



<https://ihealapp.ca/>



A resource for women across Canada and the people who support them



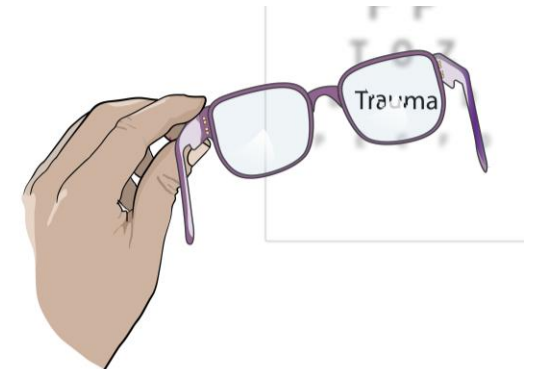
<https://utorontopress.com/9781487529260/implementing-trauma-and-violence-informed-care/>

Summary: Why TVIC is Essential for GBV Services

1. **Effectiveness:** interventions (to support survivors or prevent men from using violence) are only effective when they incorporate an understanding of structural and root causes
2. **Equity:** the 'big V' brings focus to issues of systemic violence, including the “-isms” and stigmas that make it hard for marginalized people and groups to get good care and find better paths
3. **Empathy, Safety & Respect:** TVIC asks organizations to ensure that their staff and clients are safe and well, including creating spaces and processes that foster welcome, respect and trust

Reflection

- How can a TVIC lens help you better understand those you serve?
 - What judgements are at play? Are there subtle biases that could be experienced as dismissive or harmful?
- How can your services adjust to provide better care?
 - How can emotional, cultural & physical safety for staff and clients be improved?
 - How can we find and build on people's strengths while ensuring accountability?
- ***What one thing would you do to start?***



Free Resources

<https://equiphealthcare.ca/>

- ✓ EQUIP e-learning : <https://equiphealthcare.ca/online-courses/>
- ✓ EQUIP Equity Action Kit : <https://equiphealthcare.ca/equity-action-kit/>
- ✓ TVIC, Cultural Safety & Substance Use Health resources, tools, videos & animations: <https://equiphealthcare.ca/resources/>

<https://gtvincubator.uwo.ca/>

- ✓ TVIC Backgrounder: Prioritizing Safety for Survivors of Gender-Based Violence
- ✓ Intimate Partner Violence (IPV) Journeys to Safety –graphic synthesizing research on women’s decision- making
- ✓ Principles of TVIC graphic & Tool
- ✓ IPV Research Briefs and publications

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