# Trauma- and Violence-Informed Care (TVIC)

*A Tool for Health & Social Service Organizations and Providers*

**EQUIP Healthcare**
Research to Equip Primary Healthcare for Equity

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**32% of adults in Canada** … report having experienced some form of **maltreatment as a child** [1]
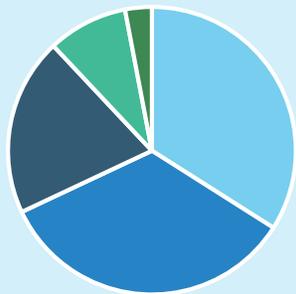


- Exposure to intimate partner violence 34%
- Neglect 34%
- Physical abuse 20%
- Emotional abuse 9%
- Sexual abuse 3%

## Intimate partner violence (IPV) is:

**a pattern of physical and/or sexual violence, coercion and control, linked to greater risk of injuries, poor health and death.** [2]

**4% of adults** … experienced physical or sexual assault from a partner at least once in the previous 5 years [3]

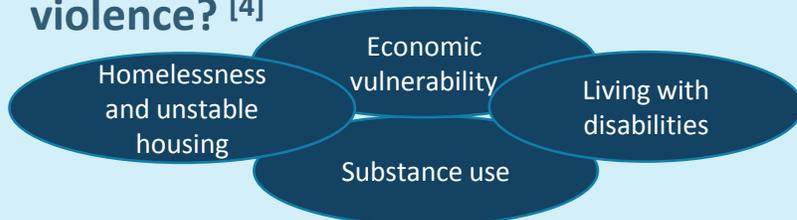**4 out of 5** … victims of IPV (reported to police) are women[3]

**2x as likely** **Women** are twice as likely to experience the most severe forms of violence[3]

**3x as likely** **Aboriginal women** are more than three times as likely to have experienced IPV than non-Aboriginal women[3]

## What else is linked to experiences of violence? [4]

- Homelessness and unstable housing
- Economic vulnerability
- Living with disabilities
- Substance use

## People who have experienced trauma:

- Likely have experienced boundary violations and abuses of power – they need to feel physically and emotionally safe
- May currently be in unsafe relationships (ongoing violence)
- May live in unsafe conditions (e.g., racism, poverty)

## What can providers do?

- Trauma-informed care seeks to **create safe environments** for clients based on understanding the effects of trauma and links to health and behavior

- **Trauma- and Violence-Informed Care (TVIC)** expands this concept to account for intersecting effects of systemic and interpersonal violence[5]

- Healthcare professionals who are aware of trauma and violence in the populations they serve can **help clients to feel safe** in the care environment[6]

- Professionals who practice TVIC report **higher morale and job satisfaction** and increased collaboration with clients[4]

## What can organizations do?

**Organizations can enable TVIC by:**

➢ 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 healthy** while working with people who experience severe trauma

➢ Creating **effective policies** to support TVIC and manage providers' exposure to interpersonal and structural violence

# 4 Ways to work in a Trauma- and Violence-Informed way:

## 1 Build your awareness and understanding

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

- The high prevalence of trauma and violence
- The significance of historical (collective and individual) and ongoing violence (interpersonal and systemic)
- How the impact of trauma can be central to one's development
- The wide range of adaptations people make to cope and survive
- The relationship of trauma and violence with substance use, physical health and mental health concerns

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

**Organizations must ensure that training about trauma, violence and TVIC is accessible to staff – meaning that it is available, and they are supported to complete it both in terms of time and costs.**

## 2 Emphasize safety and trust

- ➢ 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
- ➢ Understand the history and context of individuals and groups
- ➢ Think of these strategies as "universal precautions" to ensure that all clients/patients (whether they have experienced trauma/violence or not) are not re-traumatized or harmed[7]
- ➢ **It is not necessary to know an individual's history of trauma/violence in order to provide TVIC. Everyone should receive respectful, safe care**[7]

**Organizations must provide resources and policies to support TVIC. Organizations can support the safety and mental health of staff through:**

- ➢ Education and support related to vicarious trauma and burnout
- ➢ Attention to staff experiences of interpersonal and structural violence

## 3    Adapt your language

Instead of "battered woman", "abuser", "IDU", "at-risk",
**use "woman", "man", "people"**

Instead of "she doesn't want our help",
**use "our help isn't meeting her needs"**

Instead of "Non-compliant patient",
**use "unsuitable care"**

**Organizations** can model non-stigmatizing language everywhere: from signage to EMR systems to how clients' situations are discussed by staff.

## 4    Consider trauma a risk factor

- Women exposed to interpersonal violence **have increased risks of chronic physical health problems** such as chronic pain, arthritis, cardiovascular disease, sexually transmitted infections, unwanted pregnancies, viral infections and gastrointestinal problems, substance use and mental health problems, especially depression and post-traumatic stress disorder (PTSD).[8,9]

- People who experienced abuse and neglect in childhood are at **higher risk of chronic diseases** such as heart disease, cancer, chronic lung disease, obesity, high blood pressure, high cholesterol, and liver disease[9,10], and adverse mental health experiences.[9,11]

- People who experienced abuse and neglect in childhood **have increased risk of smoking, heavy drinking and drug use, and high-risk sexual behaviours.**[9,12]
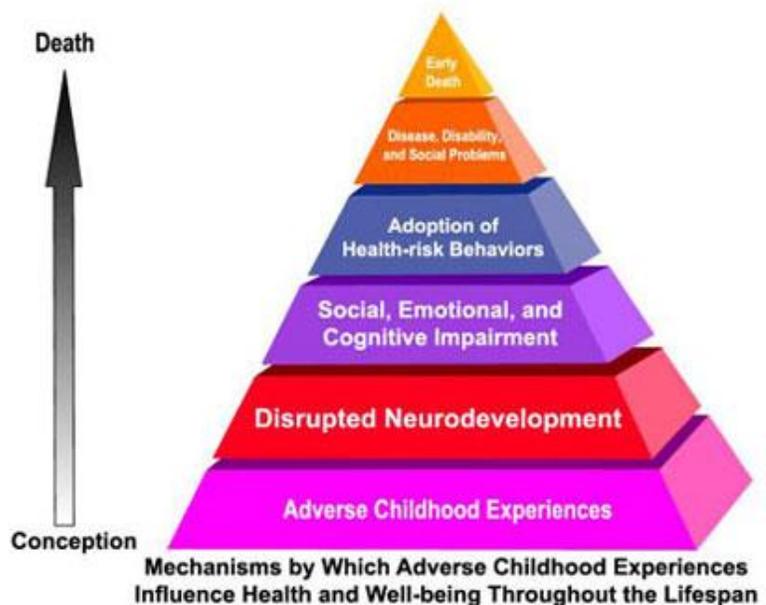


**Figure 1. The ACE pyramid.**
CDC (2016). Injury Prevention & Control: Division of Violence Prevention.
Retrieved from http://www.cdc.gov/violenceprevention/acestudy/about.html

- Experiences of interpersonal violence, racism and discrimination can **change neurobiological patterns and genetic structures that affect mental and physical health.** [13]

# ADDITIONAL RESOURCES

## Resources for clients in BC who may be experiencing the effects of violence and trauma

**VictimLinkBC** is a toll-free, confidential and multilingual telephone service available across BC and the Yukon 24 hours a day and 7 days a week that provides information and referral services to all victims of crime, and immediate crisis support to people experiencing family and sexual violence. Call: 1-800-563-0808, text: 604-836-6381, email: VictimLinkBC@bc211.ca

**Ending Violence Association of BC's website** provides a list of services, including housing and support, by region in BC, as well as information on types of violence and abuse, warning signs for violence and abuse, and safety planning for leaving abusive partners. Available here: http://endingviolence.org/need-help/

**Crisis Intervention and Suicide Prevention of BC** offers 24/7 toll-free crisis and mental health support lines for people of all ages, and anonymous online support chatting for youth and adults in BC from noon to 1am. Call: Crisis line- 1-800-SUICIDE (1-800-784-2433); Mental health support line- 310-6789; Seniors Distress Line- 604-872-1234; Online chat for youth www.YouthInBC.com, and for adults at www.CrisisCentreChat.ca

**KUU-US Crisis Services** offers 24/7 toll-free crisis and mental health support lines for First Nations people of all ages across BC. Call 1-800-KUU-US17

**Battered Women's Support Services** provides counselling and healing services for women who have experienced abuse in the Vancouver area, with specific services for Aboriginal women and refugee and immigrant women. Call 604-687-1867 or toll free 1-855-687-1868 to speak to someone. Visit www.bwss.org to learn more.

**Kids Help Phone** offers 24/7 toll free confidential and anonymous support for children and youth across Canada. Call 1-800-668-6868 to speak with a counsellor or visit www.kidshelpphone.ca to read other children and teen's questions and experiences and counsellor's responses about a wide range of health and safety topics.

**Vancouver & Lower Mainland Multicultural Family Support Services Society** provides free and confidential services in over 20 languages. Call 604-436-1025 or e-mail againstviolence@vlmfss.ca for more information.

## Learn more about violence, trauma, and how you can help

*Australia's Adults Surviving Child Abuse (ASCA) (2012)*. ***Practice guidelines for treatment of complex trauma and trauma-informed care and service delivery.*** http://www.recoveryonpurpose.com/upload/ASCA_Practice%20Guidelines%20for%20the%20Treatment%20of%20Complex%20Trauma.pdf

*BC Provincial Mental Health and Substance Use Planning Council (2012)* **Trauma-Informed Practice Guide**. http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

*Substance Abuse and Mental Health Services Administration's (SAMHSA) (2014)* **Concept of trauma and guidance for a trauma-informed approach**. http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

*Hadad & Guggisberg (2015)* **Improving clinical practice: What dentists need to know about the association between dental fear and a history of sexual violence**. http://www.hindawi.com/journals/ijd/2015/452814/

*US Department of Justice, Futures Without Violence & Ad Council (2016).* **Childhood Trauma: Changing Minds.** https://changingmindsnow.org/

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[9] Preventing Violence across the Lifespan Research Network (PreVAiL) (2016). Research Briefs on Family Violence. URL: http://prevailresearch.ca/things-weve-done/

[10] Felitti et al. (1998). Relationships of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experience (ACE) Study. *American Journal of Preventative Medicine*; 14(4):24-258; Gilbert et al. (2010). Childhood adversity and adult chronic disease: An update from ten states and the District of Columbia. *American Journal of Preventative Medicine*; 48(3):345-349.

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