Walk as ONE

A Practical Guide to Trauma and Violence-Informed Approaches

A Common Framework for Trauma and Violence-Informed Approaches

Walk as ONE

Acknowledgements and Audience

This practical guide has been developed to help staff and organizations, in the gender-based violence sector of the Northwest Territories, implement trauma and violence-informed approaches in their policies, procedures, practices, and workplace culture. The information, tips, and tools are applicable beyond this sector as we strive to improve services, relationships, support recovery and healing, and advance equity.

The contents of this guide are solely the responsibility of the Status of Women Council of the Northwest Territories.

Women and Gender Equality Canada   Femmes et Égalité des genres Canada

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Introduction to Walk as One:

Trauma and Violence-Informed Approaches to Service Delivery in the Gender-Based Violence Sector of the Northwest Territories

Despite our best intentions, we may inadvertently cause harm or re-traumatize people who reach out for help – through their interactions with individual services providers, the organization, or the system as a whole. **Trauma and violence-informed principles and approaches** emphasize **creating safety for all** – clients and staff. Trauma and violence-informed approaches focus on reducing the likelihood of causing further harm and re-traumatization to clients and supporting their recovery and healing. Trauma and violence-informed approaches have also been found to mitigate the possibility of developing vicarious trauma and contribute to staff satisfaction, engagement, and retention. Becoming trauma and violence-informed also contributes to creating a more equitable society.

This practical guide is designed to help staff and organizations deliver trauma and violence-informed services to provide better service to our clients and to take better care of ourselves and our staff. It describes key concepts, and provides foundational information, tips, and tools to create a common trauma and violence-informed language, understanding, and framework for everyone working in the gender-based violence sector. It offers a basis for consistent and better ways of responding to people who have experienced violence and to support collaboration across the sector. It is intended to start you on your journey to becoming trauma and violence-informed.

There are numerous books and research articles written about trauma-informed/trauma and violence-informed approaches. There are podcasts, blogs, and a variety of videos (YouTube, TED Talks, etc.) offering information and insights into becoming trauma and violence-informed. There are workshops, courses,

and entire certificates dedicated to developing the knowledge and skills to become trauma and violence-informed. **This guide is intended to provide foundational and practical information, tips, and tools to start you on that journey.**

A Common Framework

The information provided in the first section of this guide is to create a common trauma and violence-informed framework – language and understanding – for staff and organizations within the gender-based violence sector. Creating this understanding is integral to the first trauma and violence-informed principle. So, we will introduce you to these core principles first and then explain what they mean and how to implement them throughout the guide.

Core Trauma and Violence-Informed Principles

Trauma and violence-informed approaches, to service delivery in the gender-based violence sector of the Northwest Territories, are grounded in five core principles. To implement these approaches, the five principles must be incorporated into policies, procedures, and practices to prevent harm and re-traumatization as we strive to create a culture of safety for all. These five core principles for service providers and organizations are to:

1. Build their own and others' awareness and understanding of trauma and violence and their impact on people's lives and behaviour

2. Emphasize safety and trust

3. Offer people real choices through connection and collaboration

4. Recognize and build people's strengths and resilience

5. Incorporate a people-centred perspective

These principles do not operate in isolation from each other. Rather, they are interwoven like the parts of a tree.

Principles of Trauma and Violence-Informed Approaches

A Common Framework for Becoming Trauma and Violence-Informed

Service providers and organizations who do not understand trauma, and the complex interactions between trauma, violence, and behaviour, as well as the long-lasting personal and interpersonal impacts of trauma, may **unintentionally harm and re-traumatize** clients and one another. The goal of trauma and violence-informed approaches is to minimize the likelihood of causing harm and re-traumatization to the people you serve, to yourself, and to your work colleagues —whether or not you know their experiences of violence and/or trauma.

Why do we need trauma and violence-informed approaches?

Violence and trauma are pervasive in the Northwest Territories, Canada, and around the world. Violence, in its many forms, happens daily in our territory, and as a result, people suffer now and in the future. The NWT has among the highest rates of family violence, sexual violence, and other forms of violent crime in the country. Violence affects all people in the North and across Canada. However, the likelihood of experiencing gender-based violence in the NWT is higher for the following groups of people reflecting risk factors, such as age, gender, and disability:

- Younger women and girls
- Women
- Women living with a disability
- 2SLGBTQ+ women
- Indigenous women and girls
- Women who have experienced childhood maltreatment or were exposed to intimate partner violence during their childhood

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Gender-based violence *('GBV') is violence that is committed against a person because of that person's gender identity, gender expression, or perceived gender.*

GBV can take many forms including physical, sexual, psychological, emotional, economic, technology-facilitated, and societal violence.

The intersection of any two or more of the above factors increases a person's risk and vulnerability to violence. For example, in the Northwest Territories, women are three times more likely than men to be sexually assaulted over their lifetime (Perrault, 2020). Additionally, experiences of sexual assault are higher for 2SLGBTQ+ women, women who experienced childhood violence, and women with a physical or mental disability.

Trauma and violence-informed approaches also recognize the harmful and traumatic impact of other forms of violence, in particular, systemic violence; (a term used interchangeably with structural violence). According to the Public Health Agency of Canada, **systemic violence** is violence perpetrated against people through systems often as a result of widespread beliefs and socio-political systems (2018). Examples of systemic violence include the colonization of Indigenous peoples, ethnic-based genocide

such as the Holocaust, and the normalization of gender-based sexual violence. Experiencing systemic violence can increase one's vulnerability to other forms of violence and can also result in historical and intergenerational trauma.

Definitions for the many forms of violence, such as interpersonal violence, and sexual violence, can be found in the Glossary in the Appendix.

Gender, Violence, and Trauma

Although violence takes many forms and impacts people across our territory daily, this guide is focused on gender-based violence. Women, girls, and 2SLGBTQ+ people are disproportionally impacted by gender-based violence and the resulting traumatic effects. That does not mean that men and boys do not experience violence and trauma. They do and they also suffer traumatic effects. Trauma and violence-informed approaches are about creating safety for all as they interact with and within service delivery organizations.

Police-Reported Family Violence

Family violence is considered to be any form of abuse, mistreatment, or neglect that a child or adult experiences from a family member, or from someone with whom they have an intimate relationship. Family violence is a gender-based crime as most victims are women and girls. One out of four violent crimes in Canada reported to police involves family violence.

The different terms used for family violence can have slightly different meanings depending on where and how they are used, such as in a courtroom or a hospital. For example:

- Domestic violence can sometimes mean family violence and sometimes it means intimate partner violence.
- Intimate partner violence refers to physical, sexual, or psychological harm by a current or former partner or spouse and can also be called dating violence between couples who are not married.
- The terms violence against women and gender-based violence are also used.
- Child abuse is sometimes called child maltreatment or neglect, and elder abuse is sometimes referred to as neglect.

(Source: University of Western Ontario, 2020)

The rates of police-reported family violence in the North are among the highest in Canada with the Northwest Territories consistently having the second highest rates in Canada. Females accounted for 68% and males accounted for 32% of the victims of family violence in the NWT in 2019. Physical assault is the most common form of family violence.

Statistics Canada separates and describes family violence according to three (3) categories: family violence committed against seniors; family violence committed against children and youth; and intimate partner violence. There are differences in the experiences among these three categories.

Family violence committed against seniors accounted for 3% of family violence committed in the NWT in 2019. Females were 57% and males were 43% of the victims* of family violence against seniors in the NWT (Conroy, 2021). Economic abuse is the most common form of family violence committed against seniors in the NWT.

Family violence committed against children and youth accounted for 9% of family violence committed in the NWT in 2019. Females represented 72% and males represented 28% of the child and youth victims of family violence in the NWT (Conroy, 2021). Physical assault is the most common form of family violence committed against children and youth, with similar rates for girls and boys. In contrast, girls experience sexual offences at 5.5 times the rate of boys within the family violence context.

The most frequently occurring type of family violence is **intimate partner violence** which accounted for 88% of all family violence committed in the NWT in 2019. 79% of the victims of intimate partner violence in the NWT were women and 21% were men (Conroy, 2021). Women were more likely than men to experience both physical and sexual assault.

It should also be noted that women experience the most severe forms of intimate partner violence, such as choking, being sexually or physically assaulted, or threatened with a weapon, at significantly higher rates than men (Cotter, 2021). Women are also significantly more likely to be victims of intimate partner homicide than men, as 80% of the victims of intimate partner homicide are women (Conroy, 2021).

This data clearly indicates that **women and girls experience higher rates of family violence than men and boys, while at the same time bringing to our attention that men and boys experience it too.**

It is important to note that the report cited, *Family Violence in Canada: A statistical profile, 2019,* did not include data specific to 2SLGBTQ+ people. However, another statistical report based on self-reported data found that sexual minority women experience higher rates of all forms of intimate partner violence than heterosexual women (Jaffray, 2021). Additionally, sexual minority men experience higher rates of all forms of intimate partner violence than heterosexual men (Jaffray, 2021).

(* The term 'victims' is used here to reflect the terminology in the relevant Statistics Canada reports.)

Self-Reported Gender-Based Violence

Gender-based violence ('GBV') is violence that is committed against a person because of that person's gender identity, gender expression, or perceived gender. GBV can take many forms including physical, sexual, psychological, emotional, economic, technology-facilitated, and societal violence.

Statistics Canada ('StatsCan') conducted a survey across the three territories in 2018 to learn more about the experience of physical and sexual violence in the North. They found that approximately one in three residents of the territories, 35% of women and 31% of men, had experienced physical or sexual violence before the age of 15 (retrospective reporting). StatsCan also found that more than fifty percent of territorial residents, 52% women and 54% of men, reported having experienced physical or sexual violence since the age of 15 (Perreault, 2020).

- Men were more likely to have experienced physical assault than women over their lifetimes; 52% and 40% respectively.
- Women were three times more likely than men to experience sexual assault over their lifetimes; 39% of women and 12% of men reported having been sexually assaulted at least once since the age of 15.
- 2SLGBTQ+ women experience higher rates of physical and sexual assault than non-2SLGBTQ+ women, 70% and 52% respectively.
- 75% of 2SLGBTQ+ women with a disability had experienced physical or sexual assault in comparison to 35% of non-2SLGBTQ+ women with no disability
- The majority of these crimes – regardless of the victim – were committed by a man acting alone.

Reporting and Seeking Help from the Formal System

We know that violence is significantly underreported in our territory and across our country for a variety of reasons. It is estimated that only 29% of crimes are reported to the police (Moreau, 2021). Self-reported data indicates that only 6% of sexual assaults that occur (Moreau, 2021) and 20% of spousal violence are reported to the police (Conroy, 2021).

There are many reasons that people do not report violence to the police and do not seek help from the formal system (e.g., victim services, shelters, a crisis line). These reasons include:

- The person who experienced the incident considered it to be too minor and/or not of a criminal nature
- They did not feel they needed the service
- Shame and fear of blame and judgement
- Fear of and/or a lack of confidence in the legal system in its entirety
- The belief that the incident is of a private, personal nature

Violence and trauma

People who experience violence report many immediate traumatic effects of a physical, psychological, behavioural, interpersonal, and spiritual nature. StatsCan found that a higher percentage of women reported negative traumatic effects from physical and sexual assault than men (Perreault, 2020). When looking specifically at sexual minorities, StatsCan found that a higher percentage of sexual minority women and men who had experienced intimate partner violence also suffered negative traumatic effects (Jaffray, 2021). This is not intended to evoke an argument around comparative suffering or to negate the suffering and trauma experienced by boys and men, rather, it is meant to highlight the differential reported impact of violence and trauma.

Trauma Awareness

Trauma and violence-informed principles are a means of recognizing and responding to the complexity of the individual you are providing services to. It is about reducing the potential to cause harm and re-traumatization during your interactions with one another. It is not about treating trauma. Understanding what trauma is and the different types of trauma and violence and their effects are part of your journey, as a service provider and organization in the GBV sector, to becoming trauma and violence-informed.

What is trauma?

Trauma is the response to an event that **overwhelms our ability to cope**. It describes the challenging effects that living through a distressing event or series of events can have for an individual. Trauma may impact one's physical, psychological (emotional or cognitive), social, and spiritual health and well-being.

Defining a traumatic event can be difficult as the same event may be more traumatic for some people than for others. However, traumatic events experienced **early in life**, such as abuse, neglect, and disrupted attachment, can often be devastating. **Later life events,** such as experiencing violence, a serious accident, sudden unexpected loss, or living through a natural disaster or war can be equally challenging and traumatic (CAMH, 2022). Trauma can also result from intergenerational and historical acts, such as genocide, terrorism, and colonialism.

Events are traumatic due to **complex interactions** between someone's neurobiology, their previous and current experiences of trauma and violence, and the influence of broader community and social structures.

The neuroscience of trauma can be seen in how people process and recollect memories which may then be incomplete, fragmented, or suppressed, how they perceive and interpret the world, in their ability to cope, and their general health and well-being. It is important to remember that most people who experience violence/trauma recover and heal, and to acknowledge and build their resilience. At the same time, some people develop mental health conditions that lead them to seek professional help and/or to develop unhealthy coping strategies.

See *How Trauma Impacts Four Different Types of Memory* in the Appendix for more information.

Types of Trauma

Traumatic experiences vary from one individual to the next and the effects occur on a continuum. Trauma varies in terms of its magnitude, complexity, frequency, duration, and source (interpersonal or external) as captured in the following six (6) types of trauma:

Single incident trauma is related to an unexpected and overwhelming event such as an accident, natural disaster, a single episode of abuse or assault, sudden loss, or witnessing violence.

Complex or repetitive trauma is related to ongoing abuse, family violence, war, ongoing betrayal, often involving being trapped emotionally and/or physically.

Developmental trauma results from exposure to early ongoing or repetitive trauma (as infants, children, and youth) involving neglect, abandonment, physical abuse or assault, sexual abuse or assault, emotional abuse, witnessing violence or death, and/or coercion or betrayal. This often occurs within the child's caregiving system and interferes with healthy attachment and development.

Historical trauma is a cumulative emotional and psychological wounding over the lifespan and across generations emanating from massive group trauma. These collective traumas are inflicted by a subjugating, dominant population. Examples of historical trauma include genocide, colonialism (for example, residential schools, slavery, surviving terrorism, and war). Intergenerational trauma is an aspect of historical trauma.

Intergenerational trauma describes the psychological or emotional effects that can be experienced by people who live with trauma survivors. Coping and adaptation patterns developed in response to trauma can be passed from one generation to the next.

Vicarious trauma, also known as secondary trauma, describes the negative impact on service providers of being exposed to someone else's traumatic experience(s). It is a negative reaction to trauma exposure and includes a range of symptoms that are similar to experiencing trauma directly.

(Source: Poole, N., et al. (2013))

More detailed information about **Developmental Trauma (ACEs)**, **Historical/Intergenerational Trauma**, and **Sexual Violence Trauma** can be found in the Appendix.

Effects of Trauma

People don't always recognize the impact of trauma on themselves, the people they are serving, and the people they interact with at work and beyond. Being trauma aware is a key aspect of being trauma and violence-informed; knowing how to respond is another.

The experience and response to trauma varies from person to person; some report experiencing few if any impacts and others report many and lingering, and/or delayed, difficulties.

Most people will not be able to stop thinking about the traumatic event right after it has happened. Survivors of trauma will likely feel many competing emotions such as relief, anger, stress, and fear.

Hypervigilance, being on the alert, is also common immediately following the traumatic event.

The Common Effects of Trauma

Although individuals experience and respond to traumatic experiences in their own way, there are common difficulties that have been identified by people who have experienced trauma. These common difficulties are grouped in the following areas of functioning and many of the responses to trauma are connected to one another.

PHYSICAL
- Sleep, breathing, and digestive problems
- Headaches, unexplained pain, and fatigue

PSYCHOLOGICAL
- Grief, depression, anxiety, and crying
- Anger, irritability, and impatience
- Difficulty concentrating, memory lapses
- Re-experiencing the trauma through unwanted thoughts, flashbacks, and nightmares
- Fearfulness
- Dissociation

BEHAVIOURAL
- Avoidance, hypervigilance, and isolation
- Substance use, gambling, and shoplifting
- Self-harm, disordered eating, and suicidal behaviours
- Difficulty enjoying time with friends and family

INTERPERSONAL
- Interpersonal conflict and other relationship challenges
- Difficulties setting and recognizing boundaries trust in relationships
- Choosing friends that may be unhealthy

SPIRITUAL
- Feelings of self-hatred, self-blame, guilt, and shame
- No sense of connection to self, family, community, culture, or a higher power
- Feeling completely different or damaged
- Negative self-image and views of the world

Longer-term Effects of Trauma

Approximately 76% of Canadians will experience a traumatic event at some point in their lives. Our response to and recovery from a traumatic event is impacted by various factors which are unique to the individual. These factors include the duration and severity of the trauma, what age it occurred at and its source. Responses and recoveries from trauma are also influenced by what and how we've learned to respond to and cope with adversity, trauma, and violence.

Fortunately, most Canadians who experience a traumatic event will recover and lead healthy lives; we are amazingly resilient! Unfortunately, 15% of these Canadians will experience some form of lasting and harmful impact and a further 8% will go on to develop post-traumatic stress disorder (CMHA BC, 2022).

The Canadian Psychological Association describes these four types of symptoms a person with post-traumatic stress disorder ('PTSD') will display:

- "Intrusions, including continually re-experiencing the event through intrusive thoughts or unwanted dreams.
- Avoiding stimuli related to the traumatic event, either consciously or unconsciously.
- Negative cognitions or mood related to oneself or the world around them.
- Hyperarousal, including irritability, difficulty sleeping, feeling constantly on guard."

The above symptoms are central to being diagnosed with PTSD and must last more than 30 days for a diagnosis of PTSD to be considered.

The intensity and duration of PTSD varies greatly. It may last for several weeks or several years. More than half of those individuals experiencing symptoms of PTSD will recover from them, on their own, within a year or two. Others may develop more chronic problems and are encouraged to seek professional help if they haven't done so already.

Recent research conducted in Canada that looked at symptoms of mental health illnesses, (also referred to as operational stress injuries) among public safety personnel. They were found to be significantly more likely than the general public to screen for symptoms of at least one mental health illness: 44.5 % versus 10%. Additionally, 21% of public safety personnel, who included police, paramedics, firefighters, dispatchers, and correctional workers, screened for PTSD; once again, significantly higher than for the general population (Carleton RN, Afifi TO, Turner S., et al. 2018). Many factors impact the likelihood of developing a mental health illness including years of service and repeated exposure to traumatic events.

Delayed response

Someone who has experienced a traumatic event can develop symptoms of PTSD several months or even years later. The development of new symptoms may be triggered by a subsequent event, for example, the anniversary of the traumatic event, or life transitions such as the birth of a child, or retirement.

The Neuroscience of Trauma

Events are traumatic due to complex interactions between someone's neurobiology, their previous experiences, and the influence of broader community and social structures. There is always a bigger picture, a larger context.

Trauma can change the brain and nervous system functioning. While these changes may not be permanent, they can be long-lasting and impact behaviour. For example, adverse childhood experiences ('ACEs') can have lifelong effects including stress, anxiety, depression, risky behaviours, and substance use. Experiencing violence can change not only neurobiological patterns, but also genetic structures, leading to impacts on health and well-being.

People can, and do, recover from adverse events. However, the trauma they experience at the time of the event, and throughout their lifetime, can contribute to a range of negative outcomes.

Trauma can result from a single catastrophic event such as an accident, an episode of sexual assault, or a series of repeated events such as war or natural disasters. No matter its source, experiences of shock, terror, negative thoughts and affect, shame, and isolation are some of the inevitable outcomes (Van der Kolk, 2014). Exposure to trauma and violence impact individuals on multiple levels and working through the associated difficulties are sometimes a lifelong journey for the survivors.

Feeling unsafe and insecure is one of the hallmarks of trauma, particularly when the traumatic events repeat unexpectedly. Exposure to ongoing danger alters the brain functions to accommodate the need to assess threats in the environment continuously. Consequently, trauma survivors often experience hypersensitivity, hyperarousal, hypervigilance, and agitation. This overactivation of the brain results in over-sensitivity and misinterpretation of danger and stressful situations, making it particularly challenging to trust others and the environment. Hypo-arousal is also common, experienced as numbness and dissociation to escape overwhelming situations.

Impacts of trauma can also be experienced as chronic pain, anxiety, and depression that lead to addiction, unemployment, poverty, and marginalization (Krieger, Kosheleva, Waterman, Chen & Koenen, 2011). The intersectionality of these factors creates special needs and circumstances for trauma survivors, particularly when they seek health and social services.

More in-depth information about the **neuroscience of trauma** and **developmental trauma** can be found in the Appendix.

Triggers can reactivate trauma

Neurobiological changes caused by trauma can result in triggers. **A trigger refers to seemingly neutral instances (stimuli) that lead to re-experiencing the traumatic event.** In the moment, a trigger recreates past traumatic experiences so that potential threats are perceived as real and immediate. When triggered, even well-intentioned actions by others can result in re-traumatization. Things that can remind a person of pause trauma and trigger the "fight, flight, or freeze" response include:

- commands,
- communication of blame, shame, or judgement
- touches,
- sudden movements,
- sounds,
- smells, or
- other stimuli specific to that individual's experience(s)

Building on Trauma-Informed Learnings to Become Trauma and Violence-Informed

Trauma-informed approaches are familiar to many organizations and service providers. The past two decades have seen significant investments to educate professionals on the science of trauma and how to respond appropriately and effectively to reduce the possibility of retraumatizing or revictimizing. Being trauma-informed means that you understand the symptoms of trauma may be coping strategies that have developed in reaction to a traumatic experience. Understanding trauma supports **empathy and non-judgment** when the person seeking help is perceived as difficult to deal with. Trauma-informed approaches are about **creating safety** for clients by understanding trauma and its impact on health and behaviour.

Trauma and violence-informed approaches ('TVIA') expand on trauma-informed services to include the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life, emphasizing both historical and ongoing violence and their traumatic impacts. Trauma and violence-informed approaches focus on creating safety for everyone.

Trauma and violence-informed approaches are designed to shift your focus when interacting with your client, and others, so you can see that their behaviours, challenges, and experiences are shaped by their current circumstances and possibly also by previous and historical traumatic experiences. It involves **shifting your perspective** from "What is wrong with you?" to "What has happened, and perhaps is still happening, to you?" Consideration is given not only to ongoing interpersonal forms of violence, but also structural – systemic forms, such as systemic racism, other forms of discrimination, and poverty, and their effects.

Trauma and violence-informed approaches are not about eliciting or treating people's trauma, rather the focus is to **minimize the potential for harm and re-traumatization, and to enhance safety, control, and resilience for all** clients involved with systems or programs as well as for those providing service – whether or not you know their experiences of trauma and violence.

Safety for All

Cultural safety and equity are woven throughout the five trauma and violence-informed principles and how they are implemented through policies, procedures, and practices shaping workplace culture and interactions as we strive to create safety for all.

What is cultural safety?

Cultural safety means safe and equitable services for all regardless of their culture. Cultural safety is a demonstration of cultural humility as it requires individuals and organizations to recognize and respect differences, be open to other cultural identities, address power imbalances, and accept that feeling cultural safety is determined by the client.

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the gender-based violence service system. It results in an environment free of racism and discrimination, where people feel safe when receiving services.

Adapted from the BC First Nation Health Authority. (2021). *Anti-Racism, Cultural Safety & Humility Framework*.

Cultural humility is a humble and respectful attitude toward individuals of other cultures that pushes us to challenge our own cultural biases and realize that we cannot possibly know everything about another culture or another person's experiences within our same culture.

Cultural safety focuses on how discrimination, racism, exclusion, and collective history shape services and outcomes.

- **It shifts the attention away from cultural differences** as the source of misunderstandings, challenges, and problems to the organizational culture as the place where all staff – service providers, policymakers, and leaders – can, and must, take action to create safety for all.

- **It moves beyond cultural awareness and sensitivity** to place responsibility on the staff and organization to create culturally safe environments and interactions.

- It asserts that **social justice** goals are essential to service provision, with the aim of shaping organizational policies, procedures, and practices.

- It considers the inherent power imbalance between the service provider and the client and the organization and the public.

- Organizations and staff seeking to create cultural safety must commit to cultural humility and in doing so:

- Identify their own cultural identity and associated power and privilege and how this might impact service provision to those not sharing their cultural identity, and then create opportunities for shared power and decision-making

- Examine their own biases, assumptions, prejudices, and judgements and then embed equity, respect, and dignity in policies, procedures, and practices

- Acknowledge the impact of colonialism on current policies, procedures, practices, and the workplace environment
- Build authentic, respectful partnerships – across cultures and organizations – to better serve everyone

Adapted from EQUIP Health Care.

Reflection questions

- How does your cultural identity and position in society and at work and associated privilege shape your understanding and experience of racism and discrimination?
- What about your own culture and experiences strengthen your ability to contribute to equity and cultural safety?

Equity – Seeing and Serving the Individual

Trauma and violence-informed principles and approaches **consider each person as an individual** and factor in their individual experiences and circumstances. Accordingly, equity is integrated into trauma and violence-informed principles and their implementation as they involve looking at the individual and the whole person. Equity recognizes that people have different experiences and circumstances and as such, will require different (and perhaps inequitable) resources to achieve the same outcome. **It involves focusing on the individual, their circumstances, their experiences, and their needs, rather than a standardized one-size-fits all approach to service delivery.**

The systemic nature of equity and inequity

There is a growing acceptance that the provision of equal resources does not result in equal outcomes. In response, equity has entered our vocabulary as we recognize the need to provide resources and opportunities based on individual need as we focus on achieving equal outcomes.

"The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances."
(Paula Dressel)

Understanding the Complexity of Inequity, Violence, and Trauma – the Social-Ecological Model

No single factor can explain why some people or groups are at higher risk of violence, while others are more protected from it. Inequity, trauma, and violence are the outcomes of the complex interaction of individual, relationship, community, and societal factors as captured in the Social-Ecological Model. The Social-Ecological Model below provides examples of how these different aspects of people's lives interact and influence one another, and in doing so, create the conditions in which inequity, trauma, and violence may occur, are tolerated, and even normalized.

The Social-Ecological Model:
A framework for understanding and addressing trauma, violence, and inequity

Individual
Identifies biological and personal history factors; such as age, education, income, substance use, or history of abuse, that increase the likelihood of becoming a victim or perpetrator of violence.

Relationship
Examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social circle-peers, partners and family members-influences their behavior and contributes to their range of experience.

Community
Explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.

Societal
Looks at the broad societal factors, such as health, economic, educational and social policies, that help create a climate in which violence is encouraged or inhibited and help to maintain economic or social inequalities between groups in society.

Source: Centers for Disease Control. (2021). *The Social-Ecological Model: A framework for Violence Prevention*

This model provides a framework to help us to understand the complexity of factors interacting and influencing those individuals who experience violence and those individuals who commit violence. This understanding is, and can be used, to inform strategies, programs, and services to protect and prevent against violence; efforts that involve the full social-ecological system.

This model can also be used to create greater awareness and understanding among staff and organizations in the gender-based violence sector as they implement trauma and violence-informed approaches.

Shifting Our Perspective

It is near impossible to grow up in a society and not internalize the negative messages about people and groups who experience oppression and discrimination. This is what is meant by implicit bias: prejudicial beliefs are baked into the society in which we grow and develop. This does not mean we are inherently bad or that we get a pass on biased attitudes. It means that we are products of the world around us. Awareness, understanding, and compassion can help support an important shift from possible feelings of defensiveness and fear of individual failure to critical reflection on how we participate in the status quo – knowingly or not. There is a bright side to implicating ourselves. If we are all part of the problem, then we can all be part of the solution.

Reflection questions

- Identify characteristics of your life, your culture, and the social-ecological environment that supported you or held you back.

- Have you experienced barriers, discrimination, or marginalization based on who you are – your gender, sexual orientation, race, class, and more – not on what you are capable of doing?

- Does the system reflect and favour you?

- Can you think of examples of people you have provided service to that had a supportive or harmful social-ecological environment?

Three Important Reasons to Implement Trauma and Violence-Informed Approaches

1. To increase attention on the impact of violence on people's lives, health, and well-being

Implementing trauma and violence-informed principles and approaches will increase awareness and sensitivity for staff and organizations on the individual impacts of trauma and the many forms of violence, including systemic violence, as well as the many ways that individual lives are profoundly impacted through inequity and discrimination. Understanding the social ecology of trauma and violence is essential to reducing the harsh tendency to judge and blame people exclusively for the conditions of their lives.

2. To reduce the possibility of re-traumatization

Service providers, organizations, and systems may not be aware that they can cause unintentional harm and re-traumatization to people who have experienced violence and trauma – through their policies, procedures, practices, and workplace culture.

Re-traumatization can happen for so many reasons, including, but not limited to:

- Each time an individual needs to re-tell their story of trauma and/or violence they take the risk that sharing these difficult details can trigger the trauma.

- A lack of choice and collaboration in services

- Not being seen and heard during their service interactions

- Victim blaming, shaming, and judgement

When triggered, even well-intentioned actions by others can result in re-traumatization. For example, commands, sudden movements, touches, sounds, smells, or other stimuli can remind a person of early trauma and trigger the physical-psychological response of freeze, fight, or flight.

3. To improve organizational and system responses

Trauma and violence-informed approaches can help make organizations and systems more responsive to the needs of all people and support staff to provide the effective, compassionate service. Universal precautions adopted by the many community partners in the gender-based violence sector can create greater connections between organizations and service providers, and support a more holistic response for individuals who struggle to find help too often.

Adapted from the Public Health Agency of Canada. (2018). *Trauma and violence-informed approaches to policy and practice.*

Universal Precautions Provide Safe Care for All

Violence in the Northwest Territories is normalized and breaking the code of silence often comes at a high personal cost. It is well-established that people who experience violence often feel blamed and shamed by the system, family, friends, co-workers, their community, the media, and the larger society. This experience creates hesitancy to reach out for help and can lead to or increase social isolation. Isolation increases the risk of harm.

Creating the conditions that encourage help-seeking is supported by universal precautions that begin with:

- Treating everyone as if they have experienced trauma and/or violence
- Shifting your perspective from "What is wrong with you?" to "What has happened, and perhaps is still happening, to you?"
- Remembering that there are things each of us can do in almost any situation to reduce harm to ourselves and others.

It is important to note that disclosure is not the goal of trauma and violence-informed approaches. Service providers do not need to know people's violence histories to provide meaningful support*.

Remember, there are many reasons why individuals may choose not to disclose:

- it is unsafe to disclose
- their violence history is not central to the immediate service being provided
- they have limited or no memory of their violence history
- they fear judgement and feel shame

Embedding trauma and violence-informed principles into all aspects of policy, procedure, practice, and workplace culture in organizations will reduce harm and the likelihood of re-traumatization while providing positive supports for clients and staff.

(*Note: the information, tips, and tools required to seek specific details of violence, for frontline service providers are beyond the scope of these trauma and violence-informed resources and should be covered in specialized training as there are often unique considerations for these service providers.)

The Benefits of Adopting Trauma and Violence-Informed Approaches

Embedding trauma and violence-informed principles and approaches into all aspects of policy, procedure, practice, and workplace culture can create universal trauma precautions. This provides positive supports as we strive to create safety for all. They also provide a common framework that facilitates understanding, collaboration, and integrating services within and across systems and offer a basis for consistent ways of responding to people with such experiences. Accordingly, the **benefits of implementing trauma and violence-informed principles and practices for service delivery in the gender-based violence sector are:**

1. The person being served (the 'client') is not harmed or re-traumatized by their interactions with the system.

2. The client walks away from the service interaction feeling seen, heard, empowered, and respected. Ideally, their sense of safety and trust in service providers and organizations is enhanced.

3. Barriers to the provision and uptake of services, such as a lack of trust, comfort, and confidence, are reduced or removed altogether.

4. Service providers, and all staff in the organization, feel healthy, whole, and satisfied in their interactions with clients, colleagues, and their organization.

5. Actioning these principles mitigates the potential for service providers to develop vicarious trauma and other work-related impacts.

Implementing Trauma and Violence-Informed Approaches

Trauma and violence-informed approaches require informed and meaningful changes and improvements in how service providers engage with people, how organizations function, and how systems are designed. Trauma and violence-informed approaches can result in more beneficial ways to view and treat people, including staff, which can lead to more successful outcomes for everyone.

The following sections are complementary in that are intended to go hand-in-hand: one for policymakers and leaders of service delivery organizations and one for front-line service providers in the gender-based violence sector of the Northwest Territories. Each have fundamental roles and responsibilities in ensuring trauma and violence-informed service delivery. A Vicarious trauma and Other Trauma Exposure Responses Toolkit is included as the final section of this guide to provide useful information and tips as a means of preventing, recognizing, and addressing these trauma exposure responses. The Guide in its entirety is intended to provide foundational information for becoming trauma and violence-informed, which can and hopefully will be explored and developed further through additional training.

Glossary
of Gender-Based Violence and Trauma and Violence-Informed Terminology

Abuse

Abuse is behaviour used to intimidate, harm, isolate, dominate, or control another person. Abusive behaviour encompasses actions, words, and neglect, and may be a pattern of occurrences or a single isolated incident. The abuse can be sexual, physical, verbal, spiritual, emotional, financial, neglectful, or psychological in nature. Abuse can happen to anyone, of any age, ethnicity, sexual orientation, religion, or gender. It can affect people of all socioeconomic backgrounds and education levels.

Child Maltreatment

Child maltreatment, sometimes called child abuse, "includes physical, sexual and emotional abuse. It also includes neglect and any violence that children see or hear in their families. The person who abuses the child can be a parent; a brother or sister; another relative; a caregiver; a guardian; a teacher; or another professional or volunteer who works with children (for example, a doctor or coach)" (Department of Justice Canada. (2017).

Coercive Control

Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour. Coercive control creates invisible chains and a sense of fear that pervades all elements of a victim's life. It works to limit their human rights by depriving them of their liberty and reducing their ability for action.

Collective Violence

Collective violence refers to violence committed by larger groups of individuals and can be subdivided into social, political, and economic violence.

Compassion

Compassion refers to the attitudes and feelings in response to another's suffering. Compassion "is characterized by warmth, concern, and care for the other, as well as a strong motivation to improve the other person's well-being" (Singer & Klimecki, 2014). It is action-oriented.

Consent

Consent is defined in Canada's Criminal Code as the voluntary agreement to engage in the sexual activity in question. The law focuses on what the person was actually thinking and feeling at the time of the sexual activity. Sexual activity is only legal when both parties consent, either through words or conduct. Silence or passivity does not equal consent.

Cultural Violence

Cultural violence refers to prejudice as aspects of a culture that can be used to justify or legitimize direct or structural violence. Cultural violence makes direct and structural violence look or feel "right", or at least not wrong. The colonization of Indigenous peoples is one example.

Deadnaming

Referring to a transgender person by the name they used before they transitioned – this is also often described as referring to someone by their "birth name" or their "given name". this can be done inadvertently, but when done deliberately is harmful and discriminatory and constitutes a form of violence.

Domestic Homicide

Domestic homicide is defined as the killing of a current or former intimate partner, their child(ren), and/or other third parties. An intimate partner can include people who are in a current or former married, common-law, or dating relationship. Other third parties can include new partners, other family members, neighbours, friends, co-workers, helping professionals, bystanders, and others killed as a result of the incident. Domestic homicide is a form of gender-based violence rooted in historical patterns of inequality, exclusion, and discrimination.

Economic Abuse/Financial Abuse

Economic abuse incorporates a range of behaviours that allow a perpetrator to control someone else's economic resources or freedoms. Economic abuse is wider in its definition than financial abuse, a term usually used to describe denying or restricting access to money or misusing another person's money. In addition to that, economic abuse can also include restricting access to essential resources such as food, clothing, or transport, and denying the means to improve a person's economic status (for example, through employment, education or training). There are four different 'types' of financial abuse: interfering with employment; controlling access to financial resources; refusing to contribute to financial costs; and generating financial costs.

Elder Abuse

Elder abuse is a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. Elder abuse often occurs when there is an imbalance of control. The abuser either limits or takes control over the rights and freedoms of the senior. The abuse/violence is used to intimidate, humiliate, coerce, frighten or simply to make the senior feel powerless.

Emotional Abuse

Emotional abuse is the repeated use of controlling and harmful behaviours by a perpetrator to control a victim, most likely a woman. As a result of emotional abuse, a woman lives her life in fear and repeatedly alters her thoughts, feelings, and behaviours, and denies her needs, to avoid further abuse. Emotional abuse includes verbal abuse, stalking and harassing, isolation, threats, intimidation, sexual and financial abuse, and neglect. Emotional abuse is the greatest predictor of physical violence.

Empathetic Listening

Empathetic listening is an active process that requires the listener to demonstrate compassion, nonjudgement, and a genuine attempt to hear and understand. It involves acknowledging facts and feelings shared by the survivor when you respond. This acknowledgement demonstrates that you are listening, that you are trying to understand, and it also provides an opportunity for clarification in case you misunderstood or missed something.

Equality/Equity

As it relates to social questions of fairness and justice, equality entails a principle of impartiality and sameness of treatment for all people—that is, of ensuring equal treatment to all people, without consideration of individual and group diversities. By comparison, equity entails a principle of ensuring fair, inclusive, and respectful treatment of all people, with consideration of individual and group diversities.

Family Violence

Family violence is considered to be any form of abuse, mistreatment, or neglect that a child or adult experiences from a family member, or from someone with whom they have an intimate relationship. Family violence is a gender-based crime as most victims are women and girls. One out of four violent crimes in Canada reported to police involves family violence.

The different terms used for family violence can have slightly different meanings depending on where and how they are used, such as in a courtroom or a hospital. For example:

- Domestic violence can sometimes mean family violence and sometimes it means intimate partner violence.
- Intimate partner violence refers to physical, sexual, or psychological harm by a current or former partner or spouse and can also be called dating violence between couples who are not married.
- The terms violence against women and gender-based violence are also used.
- Child abuse is sometimes called child maltreatment or neglect, and elder abuse is sometimes referred to as neglect.

Femicide

Generally understood to involve the intentional killing of women or girls because they are women or girls, but broader definitions include any killings of women and girls, Under the Criminal Code of Canada, an offence found to be motivated by bias or hate based on sex, sexual orientation, or gender identity or expression is considered an aggravating factor which could result in a more serious sentence.

Gaslighting

Gaslighting involves the attempt by the gaslighter to undermine his victim's self-trust: her conception of herself as an autonomous locus of experience, thought, and judgment. The gas lighter's motivation is a strong desire to neutralize his victim's ability to criticize him and to ensure her consent to his way of viewing things (specifically about issues relevant to the relationship, perhaps in general), and thus to maintain control over her. The gaslighter pursues this goal by using a strategy of manipulation, fabrication, and deception that specifically relies upon his victim's trust in him as a peer or authority in some relevant sense.

Gender-Based Violence

Gender-based violence ('GBV') is violence that is committed against a person because of that person's gender identity, gender expression, or perceived gender. GBV can take many forms including physical, sexual, psychological, emotional, economic, technology-facilitated, and societal violence.

Grooming

A deliberate process through which a person gains the trust of someone – most often a minor – for the purpose of manipulating, exploiting, or abusing them. This may result in a survivor understanding that a crime has occurred and/or being reluctant to disclose the incident to others.

Harassment

This covers a wide range of behaviours of an offensive nature including name-calling, displaying pictures that embarrass someone, unwanted touching, or unwanted sexual contact. Broadly, it refers to engaging in a pattern of conduct that induces fear of harm, and/or upsets or disturbs another. Certain forms of harassment such as unwanted sexual touching, stalking, threatening and/or intimidation are serious Criminal Code offences. Human Rights legislation prohibits harassment based on race, religion, sex, ethnicity, and other prohibits grounds for discrimination.

Hate Crime

Criminal acts which promote hatred against identifiable groups of people, motivated by bias, prejudice, or hate. Although individuals and groups that promote this destructive form of human rights-based discrimination often defend their right to 'free speech,' it is a criminal offence to disseminate hate propaganda and/or to commit hate crimes." Under the Canadian Criminal Code, both the "public incitement of hatred" and the "willful promotion of hatred" are considered crimes punishable by law.

Implicit Bias

Implicit bias is the pre-reflective attribution of particular qualities by an individual to a member of some social out-group. Implicit stereotypes are thought to be shaped by experience and based on learned associations between particular qualities and social categories, including race and/or gender.

Intergenerational Trauma

Intergenerational trauma is the transmission of historical oppression and its negative consequences across generations. It is a collective complex trauma inflicted on a group of people who share a specific group identity or affiliation–ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events.

Interpersonal Violence

Interpersonal violence refers to violence between individuals and can be subdivided into family violence and community violence.

Family and intimate partner violence include child maltreatment, intimate partner violence, and elder abuse.

Community violence is broken down into acquaintance and stranger violence and includes youth violence; assault by strangers; violence related to property crimes; and violence in workplaces/institutions.

Intimate Partner Violence

Intimate partner violence is domestic violence by a current or former spouse or partner in an intimate relationship against the other spouse or partner. It can take a number of forms including physical, verbal, emotional, economic, and sexual abuse and controlling behaviours by a current or past intimate partner. Couples may be dating, cohabiting, or married, and violence can occur in or outside the home.

Lateral Violence

Lateral violence is displaced violence directed against one's peers rather than against those who hold the power to oppress. Lateral violence is common in the gender-based violence sector where organizations are chronically underfunded, cannot meet the demands for service, and are forced to compete for funding to remain viable.

This dynamic can be seen in groups that experience oppression. It has been noted that people who feel victimized by forms of systemic/structural violence may turn on each other, feeling powerless to confront the system that oppresses them.

Marginalization

A process that keeps groups or individuals from having access to all or part of the social, economic, cultural, and political institutions of society. That is, these individuals or groups are on the "margins" of society. Marginalization can occur as a result of several factors, alone or in combination. These factors might include, but are not limited to, poverty, race, gender, discrimination, a lack of education and training, or disadvantaged geographic or social location.

Misogyny

Misogyny is hatred of, contempt for, or ingrained prejudice against women and/or girls.

Patriarchy

Patriarchy is a social system in which men hold primary power and privilege within families, communities, societies, and government and women are largely excluded from this power. Historically, patriarchy has manifested in social, political, religious, economic, and legal organizations across a range of cultures.

Physical Abuse

Physical abuse is the most obvious kind of gender-based violence, but it is not the most common and is not necessarily the most serious. It is the intentional infliction of pain or injury by slapping, shoving, punching, strangling, kicking, burning, stabbing and/or shooting; using a weapon or other objects to threaten, hurt or kill; abducting a woman or keeping her imprisoned.

Privilege

Systemic advantages are based on certain characteristics that are celebrated by society and preserved through its institutions. In North America, these can include being white, having money, being heterosexual, not having a disability, etc. Frequently people are unaware that these characteristics should be understood as privileges as they are so effectively normalized.

Psychological Abuse

Subjecting or exposing another person to behaviour that may result in psychological harm or trauma including anxiety, chronic depression, or post-traumatic stress disorder. It is often associated with situations of power imbalance in abusive relationships.

Rape

Rape is non-consensual penetration of the vagina, anus or mouth by a penis, any other body part or object. This includes non-consensual penetration between intimate partners. Rape is considered a form of sexual assault in Canada's Criminal Code.

Resilience

In the context of gender-based violence, resilience is a dynamic process that enables an individual to develop, maintain, or regain their health and well-being despite experiences of significant adversity or trauma. Resilience is multidimensional and is associated with individual, relationship, community, cultural, and environmental factors.

Respect

In the context of trauma and violence-informed approaches, the term respect means to treat self and others with fairness, dignity, and an open mind. It is about setting aside your personal filters (attitudes, feelings, and beliefs based on identity characteristics) about the service user and focusing on them as individuals – their individual circumstances, experiences, and needs. Respect helps to facilitate

communication and collaboration and a sense of safety and trust. It also helps to create safe and healthy workplaces. Respect is expressed through one's attitudes and behaviours and it is both relational and reciprocal (but not necessarily nor consistently, reciprocated).

There are many definitions and understandings of respect, with cultural variations. However, this definition is to provide clarity for the implementation of TVI as a service provider and organization.

Self-directed Violence

Self-directed violence refers to violence in which the perpetrator and the victim are the same individual and is subdivided into self-abuse and suicide.

Sexism

Sexism stems from a set of implicit or explicit beliefs, erroneous assumptions and actions based upon an ideology of inherent superiority of one gender over another and may be evident within organizational or institutional structures or programs, as well as within individual thought or behaviour patterns. Sexism is any act or institutional practice, backed by institutional power which subordinates people because of gender. While, in principle, sexism may be practiced by either gender, most of our societal institutions are still the domain of men and usually the impact of sexism is experienced by women.

Sexual Assault

Under the Criminal Code, sexual assault is an assault which violates the sexual integrity of the survivor/victim. It is unwanted contact in sexual circumstances of person A by person B without person A's consent. This offence becomes more serious (in terms of legal repercussions) if it involves weapons, threats to a third party, bodily harm or disfigurement or endangering a survivor/victim's life. Canada has a broad definition of sexual assault, which includes all unwanted sexual activity, such as unwanted sexual grabbing and kissing, as well as rape.

Sexual Harassment

Sexual harassment is unwanted sexual advances or obscene remarks, including verbal and non-verbal conduct. Examples include unwanted touching, unwelcome jokes, whistling, rude gestures, unwanted questions about your sex life, requests for sex, staring at your body in an offensive way, or promising rewards in exchange for sexual favours. It can happen anywhere including public spaces, online and in workplaces.

Certain forms of sexual harassment, such as unwanted sexual touching, stalking, intimidation and/or threatening are serious Criminal Code offences (see Stalking definition). Sexual harassment is a type of discrimination under the NWT's Human Rights legislation. Such behaviour may also fall under WSCC policies and legislation which require employees who witness harassment in the workplace to report it to their employers, who must respond and ensure that harassment is prevented or minimized in the future.

Sexual Violence/Abuse

A broad category of gender-based violence that is about exerting power and control over another through physical or psychological violence carried out through sexual means or by targeting sexuality. It includes various forms of sexual violence including, but not limited to childhood sexual abuse, sexual assault, rape, sexual cyber harassment, sexual exploitation, and sexual harassment.

Stalking

Conduct directed toward a specific person that would cause a reasonable person to feel fear (even if the actor does not intend to cause fear). Stalking behaviours may include, but are not limited to following, spying, unwanted phone calls, text messages, letters, or gifts, waiting at places for the person, monitoring their computer use. A stalker may be someone who is known or unknown to the survivor/victim. Legally, this falls under harassment in the Criminal Code.

Systemic Violence / Structural Violence

Systemic/structural violence is a form of violence by social structures or social institutions that cause harm to people by preventing them from meeting their basic needs. It is violence perpetrated through systems, often as a result of widespread beliefs and socio-political systems, for example, ethnic-based genocide such as the Holocaust, the colonization of Indigenous peoples, or the normalization of gender-based sexual violence. The terms systemic and structural violence are often used interchangeably.

Survivor

A survivor is a person who has experienced interpersonal violence. Many prefer the term survivor to victim as it reflects the reality that many abused individuals cope and move on with personal strength, resourcefulness, and determination. Increasingly, the term "person with lived experience of violence" is being used for those individuals who do not accept either label nor agree to be defined by their experience of interpersonal violence. Always use the terminology that the person who has experienced the violence prefers.

Technology Facilitated Violence

Technology can facilitate all forms of violence, including but not limited to intimate partner violence, sexual violence, and harassment. These actions are carried out using mobile technology and/or the internet and everyone is potentially vulnerable. As a result, technology is expanding the impact of existing types of violence and creating new forms of violence.

Trauma

Trauma is the response to an event that overwhelms our ability to cope. It describes the challenging effects that living through a distressing event or series of events can have for an individual. Trauma may impact one's physical, psychological (emotional or cognitive), social, and spiritual health and well-being.

Defining a traumatic event can be difficult as the same event may be more traumatic for some people than for others. However, traumatic events experienced early in life, such as abuse, neglect, and disrupted

attachment, can often be devastating. Later life events, such as experiencing violence, a serious accident, sudden unexpected loss, or living through a natural disaster or war can be equally challenging and traumatic. (CAMH, 2022). Trauma can also result from intergenerational and historical acts, such as genocide, terrorism, and colonialism.

Trauma Exposure Response

Trauma exposure response is a term used to describe the various internal changes as a result of repeated exposure to violence and trauma: hearing and/or witnessing traumatic and/or violent events, often without adequate resources and supports to offset the risks. This exposure can be primary (you directly witness the suffering), it can be secondary (you hear or see the suffering from those that suffer), or it can be tertiary (you hear of or read of the suffering).Your trauma response does not always differentiate between the three types and any or all of them may be felt as your own experience.

Verbal Abuse

A form of emotional abuse that may include constant criticism, repeated insults, and name-calling. Depending on the circumstances, such behaviour may constitute a criminal offence or a human rights or workplace safety violation. This is often present in intimate partner violence or domestic violence.

Victim Blaming

Victim blaming is a devaluing act that occurs when the victim(s) of a crime or an accident is held responsible, in whole or in part, for the crimes that have been committed against them. This blame can appear in the form of negative social responses from legal, medical, and mental health professionals, as well as from the media and immediate family members and other acquaintances.

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.

Sources

The definitions provided in this Glossary have been sourced from the work of stakeholders throughout the GBV field. In this regard, the Glossary aims to reflect the rich theoretical and conceptual insight of scholars, advocates, support workers, policymakers, and survivors involved in addressing this important issue.

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How Trauma Impacts Four Different Types of Memory

SEMANTIC MEMORY	EPISODIC MEMORY	EMOTIONAL MEMORY	PROCEDURAL MEMORY

SEMANTIC MEMORY

What It Is
The memory of general knowledge and facts.

Example
You remember what a bicycle is.

How Trauma Can Affect It
Trauma can prevent information (like words, images, sounds, etc.) from different parts of the brain from combining to make a semantic memory.

Related Brain Area
The temporal lobe and inferior parietal cortex collect information from different brain areas to create semantic memory.
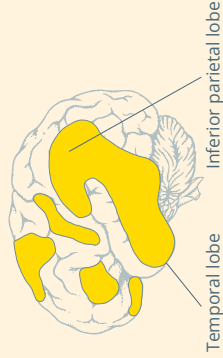
Temporal lobe   Inferior parietal lobe

EPISODIC MEMORY

What It Is
The autobiographical memory of an event or experience – including the who, what, and where.

Example
You remember who was there and what street you were on when you fell off your bicycle in front of a crowd.

How Trauma Can Affect It
Trauma can shutdown episodic memory and fragment the sequence of events.

Related Brain Area
The hippocampus is responsible for creating and recalling episodic memory.

Hippocampus

EMOTIONAL MEMORY

What It Is
The memory of the emotions you felt during an experience.

Example
When a wave of shame or anxiety grabs you the next time you see your bicycle after the big fall.
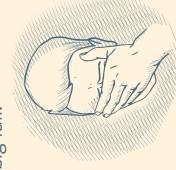
How Trauma Can Affect It
After trauma, a person may get triggered and experience painful emotions, often without context.

Related Brain Area
The amygdala plays a key role in supporting memory for emotionally charged experiences.

Amygdala

PROCEDURAL MEMORY

What It Is
The memory of how to perform a common task without actively thinking

Example
You can ride a bicycle automatically, without having to stop and recall how it's done.

How Trauma Can Affect It
Trauma can change patterns of procedural memory. For example, a person might tense up and unconsciously alter their posture, which could lead to pain or even numbness.

Related Brain Area
The striatum is associated with producing procedural memory and creating new habits.

Striatum

Developmental Trauma

Developmental trauma results from exposure to early ongoing or repetitive trauma (as infants, children, and youth) involving neglect, abandonment, physical abuse or assault, sexual abuse or assault, emotional abuse, witnessing violence or death, and/or coercion or betrayal. This often occurs within the child's caregiving system and interferes with healthy attachment and development.

Modern neuroscience helps us understand that human life has no precise beginning or end, with both genetic changes and actual cells persisting through generations. Adverse events in life, begin even before conception, during in utero development, and into childhood can have negative consequences on physical and mental health that last into adulthood.

Early adverse childhood experiences can have lifelong effects on adult mental and physical health with delayed consequences on gene expression, the immune system, and stress responses. Understanding childhood trauma as a developmental factor has changed the fundamental question from "What is wrong with you?" to "What happened to you?"

Adverse Childhood Experiences ('ACEs') is the largest longitudinal study ever conducted including over 18,000 participants over sixty years. This American study found that childhood experiences that result in trauma that goes untreated have a cascade effect over a lifetime impacting brain development, causing social, emotional, and cognitive impairment, adoption of health-risk behaviour and leading to disease, disability, and social problems that can culminate in early death.

ADVERSE CHILDHOOD EXPERIENCES – ACES

HOW ADVERSE CHILDHOOD EXPERIENCES IMPACT HEALTH AND WELL-BEING THROUGHOUT THE COURSE LIFE

EARLY DEATH

DISEASE, DISABILITY & SOCIAL PROBLEMS

ADOPTION OF HEALTH-RISK BEHAVIOURS

SOCIAL, EMOTIONAL AND COGNITIVE IMPAIRMENT

DISEASE, DISABILITY & SOCIAL PROBLEMS

ADVERSE CHILDHOOD EXPERIENCES

WHAT HAPPENS TO KIDS DURING CHILDHOOD SHAPES WHO THEY BECOME AS ADULTS
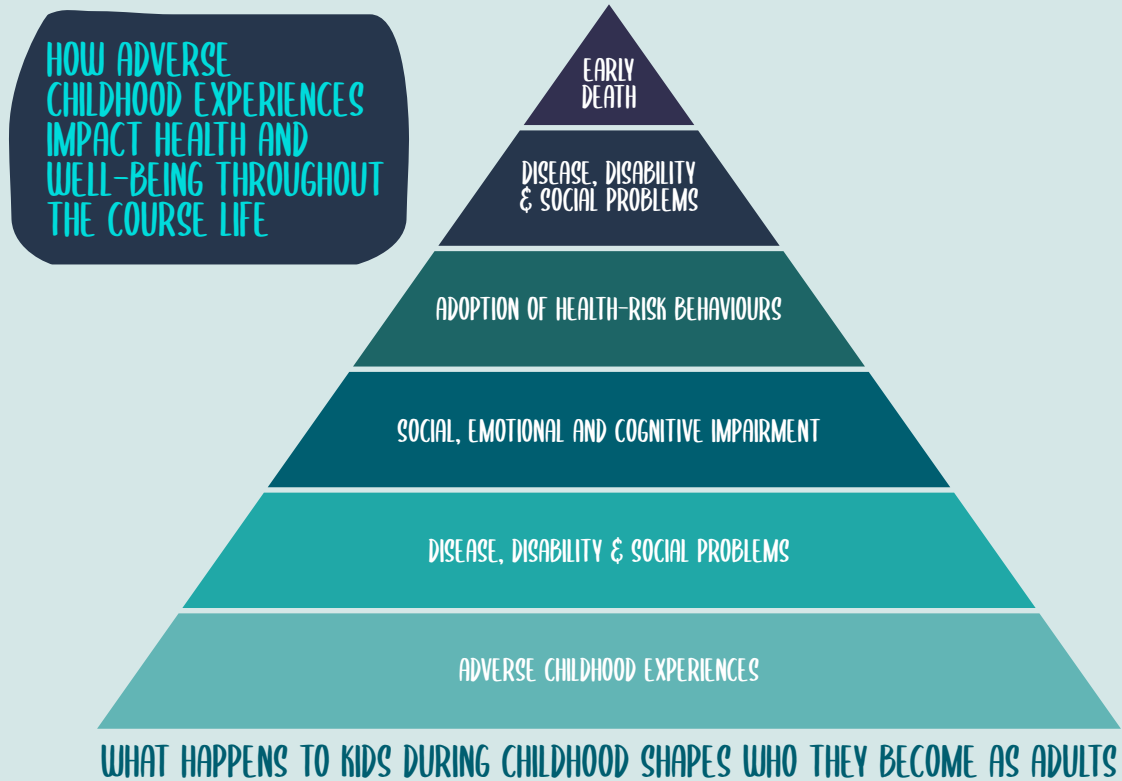
Figure 1 - Adverse Childhood Experiences - ACEs

ACEs childhood experiences include:

- **Abuse:** physical, sexual, and emotional
- Household dysfunction that includes substance abuse by a family member, the mother is treated violently, incarcerated family member, parents divorced or separated, and a family member with mental illness
- **Neglect:** emotional and physical

Protective Factors

It is important to note that adverse childhood experiences are not an automatic life sentence of dysfunction and decline. People are resilient. Trauma impacts can be mitigated. Healing is possible. Research has shown that children involved with child welfare who have just one supportive adult in their lives are more able to overcome significant life hurdles. Support can be life-changing.

The Social Ecology of Resilience

With support, resilience can be built up to mitigate the long-term consequences of trauma through increased self-confidence and self-efficacy. Resilience in children can be defined as the process by which the child moves through a traumatic event, using various protective factors for support, and returning to baseline. Resilience can be considered a trait, outcome, or process. When seen only as a trait, a comment that a person is "not resilient enough" becomes a judgment that doesn't take into account how resilience actually happens. As a process, resilience includes both internal and external factors that can help a child redirect a negative experience or series of events into an outcome of personal development.

Protective factors at the family level, including caregiving and supportive relationships, are vital to developing resilience. Specific factors include family cohesion, extended family support, parental involvement, and positive parenting practices. Parental resilience, parental knowledge of child development along with social and emotional competence are all important protective factors for children.

At the community level, social connections and peer relationships are potential protective factors. Parents dealing with their own trauma need support and treatment with resources that allow them to access the help. There is evidence for mind-body methods that promote healing including mindfulness-based practices including meditation, yoga, and deep breathing. Community level protective factors support families with policies, programs, and resources.

At the societal level, formal recognition of children's rights, legal protections to prevent and combat family violence, norms to protect children's rights and policies to combat economic vulnerability and discrimination. Policy outcomes that support resilience will be directed toward interventions aimed at supporting and improving parenting skills, fostering strong relationships with children, and promoting resilience in children. A key component of policy development is inclusion to address social inequities that lead to poverty, discrimination, homelessness, and deprivation.

[1]Adverse childhood experiences and developmental disabilities: risks, resiliency, and policy. (2021) Kiley Morgart, Joyce Nolan Harrison,Alexander H Hoon Jr,Anna Maria Wilms Floet, *doi.org/10.1111/dmcn.14911*

Historical Trauma and Intergenerational Trauma

Historical trauma is a cumulative emotional and psychological wounding over the lifespan and across generations emanating from massive group trauma. These collective traumas are inflicted by a subjugating, dominant population. Examples of historical trauma include genocide and colonialism (e.g., residential schools, slavery, surviving terrorism, and war). Intergenerational trauma is an aspect of historical trauma.

Intergenerational trauma describes the psychological or emotional effects that can be experienced by people who live with trauma survivors. Coping and adaptation patterns developed in response to trauma can be passed from one generation to the next.

There are several ways that trauma can be passed on through generations. Experiencing trauma can lead to maladaptive ways of coping with the unresolved emotions about the event. These coping mechanisms such as hypervigilance, hyperarousal, or avoidance may appear as anger, panic, isolation, anxiety, or depression. This, in turn, will affect relationships. The emotional responses of the parent will affect the developing brains of their offspring because the human brain develops in direct response to the environment. Trauma can produce neurochemicals in the brain that will alter brain functioning. These neurochemical changes can also be passed on.

Intergenerational trauma such as slavery, genocide, surviving terrorism, and warfare have been widely studied. Individual trauma such as rape, physical abuse, and extreme neglect can have long-lasting effects in families over generations too. People who live through these events often go untreated. Most are unaware that they carry trauma or that it can pass on to future generations.

In Canada, the devastating impacts of systemic racism, discrimination, and colonization of Indigenous peoples are the most pressing example of intergenerational trauma.

Sexual Violence Trauma

Understanding trauma and neuroscience has had a great deal of public attention in recent years in high-profile sexual violence trials. When an individual is under threat and their stress response is activated, they temporarily lose executive brain functioning.

This impairs not only planning and decision making but also affects the brain's capacity to organize experience into logical sequences. When an individual is in the midst of a serious threat or assault, brain regions are activated to help them survive the experience, increasing intense responses such as hyperarousal and altered attentional focus, while decreasing activity of brain structures involved in planning and strategizing. These neurological changes are why pilots, mountain climbers, paramedics, and hospital emergency personnel practice emergency procedures over and over again, and they also carefully review checklists of what to do in a crisis. How to handle a crisis situation needs to become automatic for them.

These alterations in decision making and strategizing capacities help explain why asking a sexual assault survivor to account for the decisions they made is not a reasonable request; it can be perceived and experienced as victim blaming. Most people who have experienced a traumatic, overwhelming event are not knowledgeable about the complex brain and body alterations that they experienced. They **may not be able to explain**, even to themselves, their own often confusing and counterintuitive behaviours at the time of the incident or immediately afterwards.[1]

Memory and Witness Credibility

Memories formed during a traumatic event may be stored as fragmented pieces that hardly make a coherent image. Speaking of a sexual assault can bring back the terror, helplessness, and fear that the body experienced in the moment. This does not mean that a trauma survivor cannot talk about what happened to them; they often can. However, their stories may be in fragments, unable to capture the whole experience.

The testimony of the person who experienced the sexual assault is of crucial important during a trial as their testimony is most often the primary or only source of evidence. Yet it is precisely how this testimony is heard, received, and understood, including misunderstood, that causes many of the difficulties in how the criminal justice system processes sexual assault cases.

Many of the misunderstandings continue to arise from still commonly held rape myths, failures to understand common trauma reactions and mistaken assumptions about small and apparent inconsistencies in recall about upsetting and traumatic events. These lead to the mistaken belief that victim–witness testimony lacks credibility or reliability.

Reference
[1] Haskell, L. & Randall, M. (2019). The Impact of Trauma on Adult Sexual Assault Victims. Retrieved from:
www.justice.gc.ca/eng/rp-pr/jr/trauma/trauma_eng.pdf

The Neuroscience of Trauma

Trauma is the response to an event that overwhelms our ability to cope. It describes the challenging effects that living through a distressing event or series of events can have for an individual. Trauma may impact one's physical, psychological (emotional or cognitive), social, and spiritual health and well-being.

Defining a traumatic event can be difficult as the same event may be more traumatic for some people than for others. However, traumatic events experienced early in life, such as abuse, neglect, and disrupted attachment, can often be devastating. Later life events, such as experiencing violence, a serious accident, sudden unexpected loss, or living through a natural disaster or war can be equally challenging and traumatic (CAMH, 2022). Trauma can also result from intergenerational and historical acts, such as genocide, terrorism, and colonialism.

Events are traumatic due to complex interactions between someone's neurobiology, their previous and current experiences of trauma and violence, and the influence of broader community and social structures. The neuroscience of trauma can be seen in how people process and recollect memories, in the fragmentation or suppression of memories; how they perceive and interpret the world, in their ability to cope and their general health and well-being. It is important to remember that people can and do recover from trauma through one's natural process of recovery and healing. Whereas some people may need more time and require the professional assistance offered by mental health professionals, or they may develop unhealthy coping strategies.

The neuroscience of trauma ... in detail

When trauma is triggered for the person, either through reading a script describing what happened or when it is triggered by their environment, their body re-experiences the trauma again and the amygdala gets activated, triggering the fight, flight or freeze response. Adrenaline secretion increases, triggers the response, and consequently, their blood pressure and heart rate also get elevated. For people without a trauma history, after the event is over their body will settle down. Once the danger is gone and they feel safe, the increased levels of adrenaline will go back to normal.

For trauma survivors, the increased levels of adrenaline do not go back to normal levels. Their body takes much longer to come back to the baseline. They may not feel safe. With a trauma history, hormonal levels spike faster and disproportionately in response to mildly stressful conditions. This constantly elevated hormonal level can result in cognitive difficulties such as memory and attention problems, and sleep disorders for these individuals. For trauma survivors, the trauma may never end, and the body continues to defend itself long after. The function of the nervous system may be completely altered after trauma.

Trauma affects brain structures on many different levels; the neocortex, limbic system, and brain stem are affected. The neocortex, or rational brain, is the newer and high-functional level of the brain and includes the

prefrontal cortex ('PFC'), where we have our executive function system. People's ability to connect to others significantly depends on a well-functioning frontal cortex. In addition, metacognitive skills allow individuals to understand and realize that others may think and feel differently than them and have different motives, intentions, or values. This **ability to monitor and understand surroundings** is important because it helps people to distinguish safe versus unsafe environments.[1]

Moreover, the PFC has an **inhibitory role in preventing irrational behaviours**. It overrides impulses from the emotional brain to prevent inappropriate behaviours. Childhood adversity and trauma **disrupt the development of the PFC** and its connection to other parts of the brain such as the limbic system. The limbic system is the part of the brain responsible for emotions and memory. So, the limbic system is responsible for monitoring the environment to detect any sense of threat or danger to assure safety and comfort level and measure pleasure and pain. It is the primary command system that enables individuals to function in complex social situations. The limbic system, in coordination with a child's genetic makeup and temperament, sets the default setting of the emotional brain. The structures of the limbic system may not be as complex as the neocortex, but they have crucial roles in responding to danger as quickly as possible. When danger is detected in the environment, the fight, flight or freeze system gets activated, and the body reacts.

The amygdala, one of the most important parts of the limbic system, acts as the central commander of the limbic system and is responsible for processing emotions and affects. For trauma survivors, particularly those with repeated experiences of traumatic events, the amygdala gets over-activated. It becomes more and more difficult to predict when the danger is real. People with childhood trauma in particular experience more difficulties because their source of comfort, their caregiver, is often the source of danger.

Studies have shown how the amygdala overreacts when trauma survivors feel stress. A brain scanner in the laboratory has shown that when a survivor is presented with a picture of a person who is afraid, the corresponding reaction in the brain is visible. The activation level of their amygdala at baseline is higher than a non-traumatized person, indicating that the amygdala gets triggered much quicker in survivors. Over-sensitivity of the amygdala can result in misinterpreting danger and stressful situations. All these malfunctions in the brain are cemented into place in a way that can hold trauma survivors in a constant state of agitation and hyper-arousal. High emotional sensitivity prevents them from regulating their emotional states and returning to the baseline quickly.

Studies have indicated that some people who have experienced trauma have difficulty identifying and labelling their emotional state, a condition called alexithymia, which is usually followed by an intense level of emotional numbness. Alexithymia was found to be more likely for those who had experienced multiple traumatic incidents. These individuals may be unable to tolerate stressful situations and negative effects. Identifying and labelling what is happening in the brain and in the body can reduce the intensity of the emotional state. However, it can feel impossible to many people to step out of the situation and reflect on their feeling in order to handle distress. The resulting behaviour and choices can be difficult for others to deal with and can become a vicious circle of re-traumatization as service providers and supporters decide they cannot continue in a support role.

Reference

[1] Morgart, K., Harrison, J.N., Hoon, A.H., Jr and Wilms Floet, A.M. (2021), Adverse childhood experiences and developmental disabilities: risks, resiliency, and policy. Dev Med Child Neurol, 63: 1149-1154. ***www.doi.org/10.1111/dmcn.14911***

Becoming a Leading Organization in Trauma and Violence-Informed Approaches

Walk
as ONE

Walk as One

Becoming a Leading Organization in Trauma and Violence-Informed Approaches to Service Delivery in the Gender-Based Violence Sector

This section of the guide clarifies trauma and violence-informed approaches for organizational leaders and policymakers in the gender-based violence sector. It provides information, tools, and strategies so you can embed these approaches in your organization's policies, procedures, practices, and workplace culture.

Revisiting the Need for Trauma and Violence-Informed Approaches to Service Delivery in the Gender-Based Violence Sector

Trauma is the response to an event that **overwhelms our ability to cope**. It describes the challenging effects that living through a distressing event or series of events can have for an individual. Trauma may impact one's physical, psychological (emotional or cognitive), social, and spiritual health and well-being.

Defining a traumatic event can be difficult as the same event may be more traumatic for some people than for others. However, traumatic events experienced **early in life**, such as abuse, neglect, and disrupted attachment, can often be devastating. **Later life events**, such as experiencing violence, a serious accident, sudden unexpected loss, or living through a natural disaster or war can be equally challenging and traumatic (CAMH, 2022).

Trauma can also result from intergenerational and historical acts, such as genocide, terrorism, and colonialism that continue to reside in systems, structures, and people in power.

Trauma and violence-informed approaches are about **creating safety** for all by understanding trauma and the **intersecting impacts** of systemic and interpersonal violence and structural inequities on their life and what brings them to their point of interacting with your organization. This approach emphasizes both historical and ongoing violence and their traumatic impacts.

*Events are traumatic due to **complex interactions** between the individual's neurobiology, their previous and ongoing experiences of trauma and violence, and the influence of their broader community and social structures.*

Trauma and violence-informed approaches are designed to **shift your focus** when interacting with your clients, staff, and others, so you can see that their behaviours, challenges, and experiences are shaped by their current circumstances and possibly also by previous and historical traumatic experiences. It involves shifting your perspective from "What is wrong with you?" to "What has happened, and perhaps is still happening, to you?"

Consideration is given not only to ongoing interpersonal forms of violence, but also structural – systemic forms, such as systemic racism, other forms of discrimination, and poverty, and their effects.

Trauma and violence-informed approaches are not about you eliciting or treating people's trauma, but rather focusing on **minimizing the potential for harm and re-traumatization** and **enhancing safety, control, and resilience** for everyone engaged in every interaction with your organization and within your organization.

Actioning trauma and violence-informed approaches

A trauma and violence-informed approach incorporates universal precautions to prevent further harm or re-traumatization by creating a culture of safety for all.

Trauma and violence-informed approaches require everyone in your organization to examine their assumptions and beliefs and to work from a place of humility and humanity.

Practicing in a trauma and violence-informed way also means providing safe and respectful services to everyone whether or not you know about their experiences of trauma/violence.

Trauma and violence-informed approaches for organizations are demonstrated through both outward-facing and inward-looking actions. Within an organization, **Outward-facing actions** are those organizational actions focused on clients, colleagues, and the public, whereas **inward-looking actions** are how your organization supports the work being done by your staff.

Trauma and violence-informed approaches, to service delivery in the gender-based violence sector in the Northwest Territories, are grounded in **five core principles**. To implement trauma and violence-informed approaches, organizations must:

1. Build their own and others awareness and understanding of trauma, violence, and their impact on people's lives and behaviour

2. Emphasize safety and trust

3. Offer people real choices through connection and collaboration

4. Recognize and build people's strengths and resilience

5. Incorporate a people-centred perspective

These core principles do not operate in isolation from each other. Rather, they are interwoven like the parts of a tree.

Principles of Trauma and Violence-Informed Approaches

Becoming a trauma and violence-informed organization requires incorporating trauma and violence-informed approaches throughout your organization – policies, procedures, practices, and workplace culture – to **minimize the potential for harm and re-traumatization** and to **enhance safety, control, and resilience** for everyone interacting with your organization and within your organization.

Understanding the People You Serve

Your organization has many stakeholders. The people who need your services are invested in what these services provide. Your staff and managers are invested in your organization as a place to work, to grow personally and professionally, and as a source of livelihood.

Clients are those who see your organization mainly as a provider of something they need. Their quality of experience is measured by their interaction in the process of accessing what they need. Staff participate in your organization by being a part of it. Their quality of experienced is measured by their sense of value. Both your staff and clients need to feel safe, trusted, respected, and supported in their interactions with your organization.

Valuing Clients

Without clients, your organization would have no reason to exist. You design your services to meet your clients' needs. You solicit their opinions, and you adjust your offerings when needed. Even when you can not meet all your clients' needs, you hope their experience was satisfying – that is, that it caused no harm.

Valuing Staff

The workplace experiences your organization gives your staff should be satisfying as well – or else they'll have no reason to work for you, other than the fact that you sign their paychecks. When your organization meets staff needs, the staff come to work with more positive attitudes and the intention of doing a good job. If your staff does not feel valued, your workplace environment may become toxic. Your staff will perform as well as necessary to keep their jobs, but they're unlikely to go the extra mile to do creative work and come through for you and your clients in a crisis.

Driving Service Satisfaction at All Levels

Your staff are the face of your organization – the liaisons your clients interact with. Satisfied staff represent your organization with integrity and enthusiasm. Their own staff experience translates to a positive attitude toward external clients. Clients who see respectful, compassionate, and engaged staff are more likely to value your organization and the services you offer than clients who hear your staff complaining behind your back.

Trauma and violence-informed approaches to service delivery ask you to see your external client in their entirety, as a sum of all their experiences and to take steps to honour them and serve them as such. Trauma and violence-informed approaches ask that you understand and approach serving your staff with the same due consideration.

Give Your Staff the Same Care and Consideration as Your Clients

Staff have many client-like interactions within your organization that provide an opportunity, or a risk, to improve their overall staff experience. When organizations embrace the idea that staff have expectations and needs around trauma and violence-informed approaches, they can foster an environment that improves the staff experience.

The staff impacted by serving your clients are not just staff on the front lines, but back-office personnel too. If everyone in your organization feels that they are being managed based on the entirety of who they are, then everyone can succeed. For instance, when Jeff doesn't get payroll timesheets in on time, Jane can't process it, and the workforce doesn't get paid.

Like interactions with your external clients, your organization's interactions with staff can be either something that improves or degrades their experience. Organizations need to recognize that these experiences have an impact, are measurable, and therefore can be improved.

Here are four practical ways you can foster an environment that embraces and maximizes trauma and violence-informed approaches for staff and that are probably already on your to-do list!

1. Start with feedback

Organizations need to identify where key client interactions occur for staff. Once these critical moments are identified, journey mapping is a great way to outline from start to end what this experience is like for staff. This will allow you to understand where breakdowns in the experience may occur, and in turn - where you may need additional feedback from staff to find a solution.

Getting staff feedback at the moment of an interaction/incident, similar to a client transactional study, allows you to get timely and specific feedback on where a service process breaks down.

A Journey Mapping Tip Sheet can be found in the Appendix.

2. Take action and use closed-loop follow-up

Most organizations use closed-loop feedback with clients to turn a negative interaction into a positive experience. This principle can also be applied to staff. Developing an organizational culture that seeks and appreciates feedback creates a healthy work environment. For instance, if a staff member depends on another staff member for support/information and does not get the answer they need in an initial interaction, the supervisor can drive a debriefing and change focused meeting to ensure the situation goes differently in the future.

3. Create service standards

Creating internal service standards will give all staff a baseline for how they should be operating. These service standards help everyone in your organization feel valued, sets an example for others to follow, and sets a precedent for consistency in service delivery.

4. Celebrate success

Staff are motivated when they are celebrated and will repeat those behaviours. When a team, individual, division, or department displays great internal service, use it as a training moment to teach other staff about internal best practices.

It is important to note that delivering trauma and violence-informed approaches to service delivery starts at the top with managers and directors. As staff see their leaders living out these principles, they will be more likely to engage with the principles, approaches, and workplace culture, and adopt them themselves. Understanding the power of internal culture helps create a client-focused, trauma and violence-informed organizational culture.

Actioning Trauma and Violence-Informed Principles and Approaches

Implementing the five principles underlying trauma and violence-informed approaches into policies, procedures, practices, and ultimately, your workplace culture can and has made a significant difference for many organizations, their clients, and their staff.

Policies, procedures, practices, and workplace culture are …

Norms are the way the organization interacts with clients and staff in non-exceptional circumstances or normally. Expressed norms can be found in policies and procedures. Practised norms can be found in workplace practices, culture, and staff (power) dynamics. Ideally, expressed, and practiced norms are identical and allow clients and staff to feel safe and respected by the system.

Policies define what is the RIGHT thing to do and procedures describe the way that the right thing SHOULD be done.

Practices are how those things are ACTUALLY done in the organization on a typical day.

Organizational culture is the collection of values, expectations, and behaviours that guide and inform the actions of all team members to perform those practices. As the organizational culture is determined by individuals and not policy, it can be supportive or it can be dysfunctional. This is often determined by how power dynamics are managed within the organization.

What Do Trauma and Violence-Informed Approaches Look Like in Action?

Building on the common understanding and framework, here are some practical examples of how your organization can action the five principles underlying trauma and violence-informed approaches.

Reminder: Trauma and violence-informed approaches for organizations are demonstrated through both outward-facing and inward-looking actions. Outward-facing actions are those organizational actions focused on clients, colleagues, and the public, whereas inward-looking actions are how your organization supports the work being done by your staff.

Principle 1:
Build awareness and understanding of trauma, violence, and their impact on people's attitudes, behaviours, and lives

Your organization can build awareness and understanding of trauma, violence, and their impact on people's lives and behaviour through how you deliver your services. Organizations also have an ethical mandate to ensure workers are aware of the potential effects of the work and how to cope.

Outward-facing actions:

- Incorporate trauma and violence-informed approaches into staff onboarding, orientation, and ongoing training.
- Adopt the universal precaution: treat everyone as if they have experienced trauma/violence. We do not need to know individual histories to create cultures of safety for all.
- Examine and seek to understand the impact of privilege, power, and biases and provide training in diversity, inclusion, cultural humility, and cultural safety.
- Provide opportunities for staff to share learnings.
- Take actions to address and prevent vicarious trauma and other trauma exposure responses, and support health and wellness.

Remember to also look inward:

- Explore power dynamics in the organization – who has power, who doesn't, and address any imbalances.
- Ensure your leadership group is educated in trauma, violence, and their impact on people's lives and behaviour to help them better support your work.
- Evaluate new policies, practices, procedures, and initiatives through a trauma and violence-informed lens and adjust as needed before implementation.
- Ensure organizational practices demonstrate inclusion and show cultural humility and that cultural safety is built into your services and evaluated regularly.
- Have clear, consistent, and applied policies on all forms of workplace violence and harassment.
- Conduct regular, meaningful performance reviews that do not include individual measurements of work.

Principle 2:
Emphasize safety and trust

Trauma and violence-informed approaches incorporate universal precautions to ensure everyone is treated as if they have experience of trauma and/or violence. It is not necessary to know a person's background or story to be able to interact in a safe, respectful, thoughtful, trauma and violence-informed manner. This is true for clients, staff, and the community.

Outward-facing actions:

- Create welcoming and safe spaces and practices for service delivery.
- Monitor staff to ensure they take a non-judgemental, respectful approach with all clients, even the difficult ones.
- Provide clear information and predictable expectations about changes in practice, new procedures, and new staff in advance of the changes.
- Debrief after difficult and potentially traumatizing clients and situations using a trauma and violence-informed lens to guide discussion, self-care strategies, and for ongoing learning and growth.
- Name and talk about stress, traumatization, and trauma exposure responses.
- Act on complaints about clients or staff through thorough and proper investigation. Do not dismiss concerns out of hand or justify inappropriate behaviour.
- Review organizational safety plans with staff regularly and hold monthly safety briefings.

Remember to also look inward:

- Work with community partners to build warm referrals as a practice and to manage high-risk cases as a community.
- Take a calm, non-judgemental, respectful approach when interacting with staff.
- Ensure your organization has supports such as debriefs, critical incident debriefing, peer support, check-ins, and mental health and wellness/self-care initiatives built into policies.
- Encourage a *no-questions-asked* approach to staff using supports available including sick time, mental health services, and other initiatives.
- Provide opportunities for staff input into policies, procedures, and practices.
- Have a clear and transparent procedure for workplace discipline and HR.
- Ensure complete safety plans are written and in use in all areas of your organization. Review these plans on a regular basis.
- Ensure supervisors and managers prioritize human resources equally to service and program delivery.

Principle 3:
Offer real choices through connection and collaboration

Creating safety and trust within your organization and with your clients and community partners facilitates connection and collaboration.

Trauma and violence-informed approaches recognize the importance of collaborating with clients and staff to determine their needs, to identify realistic and meaningful choices, and to support their decision-making.

For an organization, this includes connecting and working with other service providers to better understand their programs and services, to facilitate referrals and service delivery transitions, and to foster a sense of community within teams, across organizations, and sectors.

Outward-facing actions:

- Ensure service options for individuals are meaningful and realistic, based on their unique circumstances and not just *by the book*

- Help staff develop local knowledge of relevant programs and services and available options.

- Train staff in empathetic listening and ensure they implement these learnings in their interactions with clients.

- Train staff to consider choices collaboratively with the client – which involves a *working with* approach to identifying real choices while also supporting the client's decision-making process.

- Ensure staff understand and articulate boundaries: what they and your organization can do as well as the limits of the system.

- When staff have been off due to operational stress, engage them in developing their return-to-work process.

- Talk about fit with work assignments and explore opportunities for informal leadership development or other staff goals.

Remember to also look inward:

- Develop policies and processes that allow for flexibility and encourage shared decision-making with clients.

- Strengthen relationships with community partners to cultivate collaboration and community coordination.

- Involve clients to help guide the organization in making structural and program changes that can mitigate harm or re-traumatization.

- Develop resources based on knowledge of relevant local programs and services, community options, and cultural norms, and keep it up-to-date and available for all staff.

Principle 4:
Recognize and build people's strengths and resilience

Trauma and violence-informed approaches incorporate a strengths-based, rather than deficits-based, approach to providing services and interacting with your clients, staff, and community. A strengths-based approach focuses on people's strengths – their positive attributes and behaviours – their resourcefulness and resilience - as well as those in their support network and community rather than focusing on weaknesses. With its emphasis on strengths, resourcefulness, and resilience, hope is embedded in a strengths-based approach.

Outward-facing: we can never know exactly what it is to walk in another's shoes. Instead, we can:

- Allow staff to take sufficient time to have meaningful engagement with clients.
- Train staff on how to minimize common triggers and recognize and respond to trauma responses with calming and grounding strategies.
- Ensure staff validate examples of resilience amongst your clients. Encourage staff to share examples with other staff if/when appropriate.
- Ensure staff are aware of and leverage the healing value of traditional cultural connections.
- Teach staff about a strengths-based approach to providing service so that they understand and can recognize strengths and resilience in clients, colleagues, and themselves.
- Protect time for breaks and meals.
- Cultivate leadership at all levels of the organization.

Remember to also look inward:

- Review your policies and programs to see where you can build in more personalization and flexibility for staff and clients.
- Review (and rewrite, if necessary,) organizational policies to allow flexibility in how staff time is used to ensure meaningful engagement.
- Ensure human resource policies include resiliency in core skills when recruiting new staff.
- Find ways to formally value staff resiliency within the organization.

Principle 5:
Incorporate a People-Centred Perspective

A people-centred perspective grounds our services in the needs, experiences, and knowledge of your clients, staff, and community. Safety, dignity, and compassion are the primary qualities of this principle. Actioning this principle acknowledges our shared humanity and recognizes that your staff, clients, and community members are more than the person you experience *in a moment*.

Outward-facing:

- Teach staff to recognize and acknowledge that clients are people beyond the needs, crisis, or behaviour they are presenting.

- Focus on safety, dignity, and compassion in all interactions.

- Ensure staff take the physical, psychological, social, and spiritual health and well-being (360 degree or medicine wheel approach) of the person being served into consideration.

- Find meaningful ways to celebrate/acknowledge contributions from staff at all levels and in all positions in the organization.

- Create a workplace culture of mutual respect and cultivate a strong sense of purpose and belonging for and with staff.

- Ensure managers and supervisors practice humility.

Remember to also look inward:

- Prioritize safety, dignity, and compassion in workplace interactions and culture.

- Create opportunities for the voices of internal and external clients to be heard in decisions shaping your organization and the services provided.

- Ensure policies and procedures are people-centred rather than punishment focussed.

- Eliminate structures and systems that do not recognize the need for adequate resources, training, opportunities, and support in carrying out the responsibilities of providing service.

- Create policies around workplace culture and how to ensure it supports trauma and violence-informed approaches.

It changes our relationships when we see people who have experienced violence and trauma as valued community members with knowledge we do not have. Fostering inclusion and seeking ongoing input and feedback from clients, colleagues, community partners, and your community builds relationships and strengthens the community.

Take a moment to reflect on your organization and its efforts in actioning the 5 trauma and violence-informed principles.

- How do the 5 principles align with your organizational culture? How might you address points of incongruence?

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  _____

- Where has there been pushback from staff and/or management? How have you responded?

  _____

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- How will you ensure trauma and violence-informed approaches will not just be *the flavour of the month* in your organization?

  _____

  _____

- How can you share your successes with other organizations in your field?

  _____

  _____

- Do you need more clarity or direction on trauma and violence-informed approaches? How will you get it?

  _____

  _____

Systemic Change
Shining the Light and Finding Your Focus

Becoming a trauma and violence-informed organization means making a commitment to changing the policies, procedures, practices, and culture of the entire organization. This type of change requires that staff at all levels and in all roles modify what they do based on an understanding of the impact of trauma and violence, the specific needs of trauma and violence survivors, and adequate supports and resources so that staff can maintain their health and wellbeing. **This process takes time and requires that an organization understand the stages of change and how to identify its own strengths and challenges.**

This process varies from organization to organization and requires both adaptive and technical solutions. One training event will not result in an organization becoming trauma and violence-informed.

Identify a person or a group of people who have the desire and capacity to assist their organization in becoming trauma and violence-informed.

This group is known as the "trauma and violence-informed change team". At least one of these people must be in a position of authority to make system-wide changes in the program. These are the "champions for change" in your organization and should represent a variety of roles and disciplines in your organization. This team should not exceed ten individuals.

Success tips for the trauma and violence-informed change team:

- It is helpful to have more than one leader identified as a champion for change so that it is not the responsibility of one individual to make all change happen.

- Leaders must have the authority to make change happen and all members of this team should be given the time in their work-life to devote to the change process.

- This is not a *service-only* process. Successful change happens when human resources and operations are included in the discussion.

- Establish clear deliverables and timelines for the changes you want to see.

- Remind each other of the stages of change and that people may be at different stages at any one time.

- **Pre-contemplation** is the stage at which there is no intention to change behaviour in the foreseeable future. Many individuals in this state are unaware or under-aware of problems.

  - **Contemplation** is the stage in which people are aware that a problem exists and are seriously thinking about overcoming it but have not yet made a commitment to take action.

  - **Preparation** is the stage that combines intention and behavioural criteria. Individuals in this stage are intending to take action.

  - **Action** is the stage in which individuals modify their behaviour, experiences, or environment to overcome their problems. Action involves the most overt behavioural changes and requires considerable commitment of time and energy.

- **Maintenance** is the stage in which people work to prevent going back to the status quo and consolidate the gains attained during action.

Your team and your organization may be at varying stages of interest in changing to be more trauma and violence-informed. The change team must get the majority of the organization into at least the contemplation stage before planning or actioning any change initiatives.

The change team may wish to implement an **organizational assessment** (see assessment tool in the Appendix) and a walk-through to identify client touchpoints that can easily be updated to be more trauma and violence-informed. Needed changes to policies, procedures, practices, and workplace culture may also be identified through this process.

Taking a Whole Organization Approach – Working Together for Change

Once the organization is contemplating change, it is important to build success skills for the change. The trauma and violence-informed change team can begin to prioritize training needs for the organization and use a Prioritization Matrix to determine focus areas (see Appendix)

At this stage, it is important that the leadership team communicate the value of becoming trauma and violence-informed and prepare staff to understand their role in training, policy, procedure, and practice, and workplace culture changes. This sets the stage for the work that the trauma and violence-informed approaches to change team will undertake.

Success tips:

• Determine interest that staff have and consider how staff can provide input to the change team.

• Be prepared for staff who express doubts or who slip back into the "pre-contemplation" stage.

• Be transparent about the process and have this be an ongoing conversation, not a "one-time" conversation!

• Consider making the announcement public in an organization newsletter, e-mail blast, or organization-wide staff meetings.

Once you have determined where your organization and staff are at, provide early training in areas such as the following:

• The fundamentals of trauma, violence, and implementing trauma and violence-informed approaches.

• Diversity and inclusion.

• Culturally humility and safety.

• That required to meet unique needs of specific audiences your organization serves (for example, children and youth).

- The effects on staff of being repeatedly exposed, directly and indirectly, to trauma and/or violence, through their work to establish an understanding of trauma exposure responses, including vicarious trauma, self-care strategies, and mental health and wellness supports and services.

Some organizations choose to call this stage a kick-off as a way to introduce staff to the organization's commitment to becoming trauma and violence-informed. It is important that any change impacting how individuals do their job, or how the organization supports and/or evaluates their jobs should be communicated as a new initiative in advance and not be implemented in piecemeal stages.

Introductory training on trauma and violence-informed approaches is helpful at this stage. Depending on the needs of your staff and organization, more in-depth training can be offered later to sustain and build trauma and violence-informed learnings, applications, and to inform policy, procedure, and practice changes. Annual trauma and violence-informed refresher training is helpful to sustain knowledge and practical implementation too.
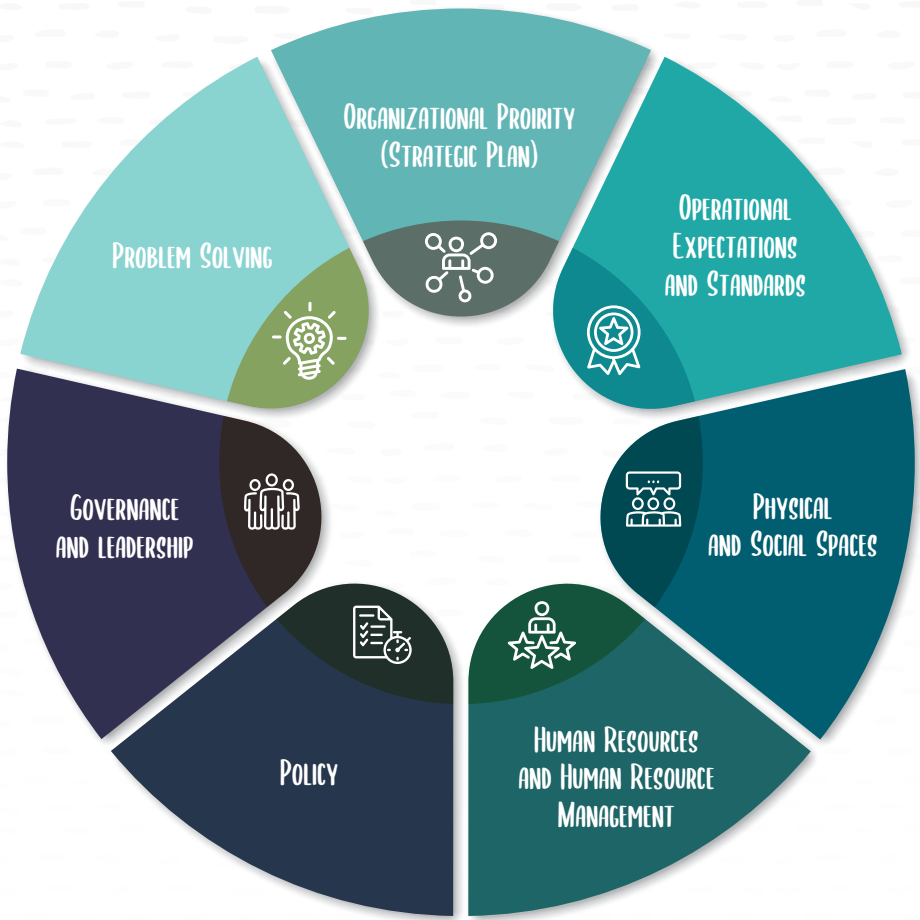
Building Your Systems of Trauma and Violence-Informed Approaches

If you have not yet completed an internal and formal assessment of your organization's existing service in relation to trauma and violence-informed approaches, now would be a good time to do so. Results from the organizational self-assessment can drive change that facilitates better service for your clients and supports for your staff, their ability to grow and be healthy, and maximizes safety. Recommendations and guidance from the assessment can help you identify, implement, and sustain trauma and violence-informed approaches.

The organizational assessment can help you:

- Measure where your organization is at a given point in time.
- Create a common language around trauma and violence-informed approaches within your organization at all levels of staff.
- Provide guidance for creating a common language around trauma and violence-informed approaches within your broader community.
- Identify specific tools, resources, and strategies your organization needs to help your organization better serve your clients and better support its staff.
- Bring to light important areas for your organization to address related to trauma and violence-informed approaches to service and workplace culture.
- Create a roadmap for organizational change related to trauma-and violence informed service and workplace culture.
- Assess progress and improvement over time.

A sample Organizational Self-Assessment can be found in the Appendix.

More Change

After receiving training in trauma and violence-informed approaches, identifying key change areas within your organization through an assessment tool, and implementing easy changes, the change team should make recommendations for what further changes may be needed in the organization to sustain the momentum, and truly entrench trauma and violence-informed approaches.

Success Tips

- Identify the incentives or hooks that will keep staff invested in the process such as safety for all, improved service outcomes, and prevention of vicarious trauma.
- COMMUNICATE! Incorporate messaging and materials into staff rooms, regular staff meetings, and staff-led training. Consider creating a communication plan that keeps everyone informed including internal and external clients.

Implementing change – The Journey Begins with a Single Step

Developing a trauma and violence-informed approach requires change at multiple levels of an organization and systematic alignment with the five key principles described earlier. Change must be systemic and entrenched in the culture of your organization.

Change initiatives should be made in all the following organizational systems to ensure the integrity of your commitment to trauma and violence-informed approaches to service delivery and to align your organizational culture. Don't try to tackle them all at once. Find where it is easiest to take the first step and start there. The journey is a collection of steps, and you need not take those steps alone.

This is not provided as a checklist or a prescriptive step-by-step process. These are the domains of organizational change. What makes it unique to establishing a trauma and violence-informed organizational approach is **the intersection between the key principles of organizational change and the key trauma and violence-informed principles**.

From the start, include those who have lived experiences of trauma and violence. Their voices and experience are essential and will ensure the project has integrity. Survivors are just as likely to be staff members as they are clients. Privilege their voices. They can show you where the challenges and the opportunities sit.

Vision, mission, and value statements tell the story of your organization. Incorporate a statement in your mission that your organization takes a trauma and violence-informed approach to put your priorities into the public record. The statement can be developed through input, discussion, and assessment that captures the journey and the spirit of why it is important to become trauma and violence-informed.

Here are an example of embedding your trauma and violence-informed approach into your guiding statements:

- [Organization name] is committed to ongoing learning and development that enhances safety, equity, and dignity for our clients, our staff, and the broader community. We strive to be ever aware of the dynamics and impacts of trauma and violence on people's lives and behaviour.

- Our Organization is trauma and violence-informed in that it recognizes: the prevalence of violence in its many forms, realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma and violence-informed approaches into policies, procedures, practices, and workplace cultures while actively seeking to minimize harm and prevent re-traumatization.

Adapted from: Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.*

Collaboration is a strategic imperative

Collaboration across organizations and sectors is built on a shared understanding of trauma, violence, and principles of a trauma and violence-informed approach. While trauma and violence-informed approaches may not be the stated mission of various service sectors, understanding how awareness of trauma and violence can help or hinder achievement of an organization's mission is a critical aspect of building collaborations. People with significant trauma histories often present with a complexity of needs, crossing various service sectors.

Here are some questions to consider when incorporating cross-sector collaboration into your strategic priorities:

- Is there a system of communication in place with other partner organizations working with the individual receiving services for making trauma and violence-informed decisions?

- Are collaborative partners trauma and violence-informed?

- How does the organization identify community providers and referral agencies that have experience delivering evidence-based trauma and violence-informed services?

- What mechanisms are in place to promote cross-sector training on trauma, violence, and trauma and violence-informed approaches?

Questions adapted from Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Operational Expectations and Standards

Communication: Language matters

Communication pervades every aspect of organizational life. It touches everything. Yet remarkably, organizations often pay too little attention to it. Effective communication should be a focus and not an afterthought in your organization.

It builds and maintains relationships

Communication not only builds relationships but also creates safety and influences trust. A lack of effective communication in your workplace may make it difficult for your staff to build and foster productive relationships with your clients.

It facilitates innovation

When staff and clients are comfortable in expressing themselves, cooperation and innovation within the organization can be improved. Staff will be able to convey their thoughts on how to improve a process to be more trauma and violence-informed. For instance, supervisors who know the value of soliciting and listening to feedback, meanwhile, should be able to pick up those ideas and implement them.

It builds an effective organization

Encouraging an environment where open trauma and violence-informed communication is the focus should turn your unit into a more cohesive and effective team. Employee morale is improved when the staff members are allowed to freely express themselves, or when the management takes every effort to reach out and communicate.

Regular internal communication can also foster strength and a trauma and violence-informed culture in the organization, especially when the staff members are recognized for their achievements. Your staff will also become more effective when they are clearly told of their responsibilities, and how each one of them can contribute towards the achievement of a common goal.

It increases employee engagement

Experts define employee engagement as the level of emotional commitment an employee has to organizational goals and values. It is often misunderstood as employee happiness and satisfaction. However, the difference is that an employee can be happy with their organization, but this does not mean that they will support workplace values and culture or practise trauma and violence-informed norms.

Effective communication in the workplace can positively affect employee engagement. Management that communicates its plans and visions with the rest of the organization should be able to make staff feel more valued and appreciated. Employees will not only know how the organization and everyone in it is doing, but also how they fit into the big picture.

Once staff realize how their respective work assignments contribute towards the organizational mandate, they are more likely to follow best practices.

Financing and Budgets

Financing structures should be designed to support a trauma and violence-informed approach which includes resources for staff training on trauma, key principles of a trauma and violence-informed approach; development of appropriate and safe facilities; establishment of peer-support; provision of evidence-supported trauma screening, assessment, treatment, and recovery supports; and development of trauma and violence-informed cross-sector collaborations. Educate funders on the importance of these needs and budget for them.

Here are some questions to ask around financing for trauma and violence-informed service delivery.

- Does your budget include funding support for ongoing trauma and violence-informed approaches training for leadership and staff development?

- What funding exists for cross-sector training on trauma and trauma-informed approaches?

- What funding exists for peer specialists and supports?

- How does the budget support provision of a physically and psychologically safe environment?

Questions adapted from Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Physical and Social Spaces

It is important that all physical, sensory, and relational environments be welcoming, calming, and responsive to client needs. This means you should reduce known triggers and emotional stressors.

You should also consider accessibility in your physical design for both public and private areas. Staff should be encouraged to maximize natural lighting, avoid clutter and scents, and optimize plants where possible. Artwork should reflect nature (calming) or local culture and/or the culture of the clients you serve (inclusive). Waiting room materials should also be inclusive and identify community resources. Staff should consider noise, scents, and other triggers as they make choices about their day and conduct their work.

Conduct a Walk-through of your Spaces

Consider walking through the physical and social spaces where you provide services to clients. You can then often better consider the extent to which these environments are likely to feel welcoming, physically and psychologically safe, and reduce harm for everyone, but especially for those who are most likely to feel unwelcome and unsafe.

The space can be anywhere you provide services to clients (e.g., in an office or a home setting). Put yourself in your clients' shoes and imagine what it might be like for them to be in this physical and social space. Be sure to think through safety, dignity, and equity from the perspective of key demographics that your

organization is aiming to serve, for instance, Indigenous people, people with disabilities, newcomers to Canada, or 2SLGBTQ+ and gender diverse peoples. Pay particular attention to things in this environment that might create feelings of discomfort, stigma, or feeling unsafe. Following is a walk-through exercise for you to experience your organization as if you were a client.

Approaching and Entering the Space

As you approach and enter, imagine it's your first visit:

- How easy is it to get to and to find? How much effort have you had to make to get here?

- How do you enter? Is it clear how you are supposed to enter? Is it accessible to people with varying mobility needs?

- What do you notice as you approach the building? Enter the building? What does this look and feel like?

- Who is present? Who is speaking? What do you observe about people? What do you notice about people's facial expressions, their posture? What stands out for you?

- Who is communicating with who? How are people communicating? What is their tone of voice?

- Are people making eye contact? If so, who is making eye contact with whom?

- What is welcoming or unwelcoming as you enter?

- What tone does the signage convey? Who do you imagine decides the signage? What influences those decisions?

- Who would feel welcome or unwelcome here? Do you feel welcome here? Why or why not?

- What things or people in the space might deter people from engaging with who they encounter here?

First Contact with your Organization

Now imagine what the first contact is like with a staff member:

- Is there a reception area? Where is it located? How do know where it is and how you are supposed to go there? If contact is made by phone, is the telephone system easy to use? How often is the line busy? Are there other physical barriers between you and the staff member (e.g., a glass wall)?

- How are you greeted and by whom? Do you know the role of the staff member who greets you?

- What messages do staff convey? Consider usual facial expressions, tone of voice, body language, and words.

- What makes you feel comfortable or uncomfortable in this first contact? Who would feel most comfortable? Are different people treated differently and if so, in what way, by whom, and based on what?

- What questions are you asked and in what order? (Imagine the questions on your intake form if there is one). What does it draw attention to? From what does it detract attention?

- When staff engage with clients, do you think that they consider what is affecting people's choice to be there? For example, do you think that staff account for how hard it might be to even get to or call your organization?
- How do staff engage with people who do not speak English as a first language? Does anything about their communication change?
- Do the staff take into consideration the client's age or physical ability? For example, how do they speak with Elders/older adults? Are clients able to sit at reception or are they standing? Are they often put 'on hold'?
- How do staff engage with people who seem to have trouble focusing on questions being asked?

Waiting Area (if applicable)
- If you had to describe the space to someone in two words, what would you say?
- What is the strongest feeling you have as you enter the waiting area?
- What does it look like? What is there for people to occupy waiting time?
- Are washrooms available and accessible? Are the waiting areas and washrooms clean?
- What kinds of chairs are available for people? Do they seem comfortable?
- Are snacks or beverages available?
- What do you notice about the other clients waiting here? Do they seem comfortable to you? Are they talking to one another?
- Notice who is helping people in the waiting area. Who is talking to clients? Who is helping if someone appears distressed or uncomfortable? Do some people seem uncomfortable? Why?
- What do you see that is relevant to people's privacy, their identity and/or their reason for being there? Think about it
- How is privacy and confidentiality protected in this space?
- Who would feel comfortable in this space? Who wouldn't? Why?

Meeting Rooms
- What is the layout of this space? How would you describe the feel – warm, cold, cozy, other?
- How do you get to these rooms? Who goes with you? Who is allowed to be with you?
- Is a staff person always in the room? If so, what role is the staff person?
- Do you understand how decisions are made regarding who will be seen first? Is this based on order of arrival or some other priority rating?
- What do you notice about when and how staff talk with clients? How does the encounter begin and end?
- What actions do staff take to ensure your privacy and comfort?
- Would you feel comfortable in this space? What might make you feel uncomfortable or unsafe?
- How does an encounter end? Do the staff check-in with you? Is there an opportunity for questions? Think about it.

- Are the spaces set up to best serve clients or staff?
- Who would feel respected in this space? Who would not? Why?
- What small things could be changed to make the spaces more welcoming?

Other Considerations

Bathrooms

- Are they available, accessible, well-signed and cleaned/provisioned regularly?
- Is a key needed?
- Is there a non-gendered bathroom? A baby-changing/nursing area?

Forms and documentation

- What language/terminology is used to describe clients? What does it draw attention to? What does it overlook?
- How does the form position you in relation to the client? How does it shape your perspective of power/authority?
- What do the forms guide you to say? Whose interests/ concerns are prioritized?
- Is the form available in multiple languages?

Documenting/taking reports

- Where does it happen? Is it designed to protect client privacy?
- Can the clients see what is being written about them?
- Do you offer your clients an opportunity to review and/or clarify what has been written about them?

If you feel your physical environment supports the principles of trauma and violence-informed approaches, consider the following questions to help you pinpoint the specific things you are doing well so that you can protect them.

- How does the physical environment promote a sense of welcome, calm, and safety for clients and staff?
- In what ways do staff members recognize and address aspects of the physical environment that may be triggering or re-traumatizing, and work with people on developing strategies to deal with this?
- How has the organization developed mechanisms to address gender-related physical and emotional safety concerns (e.g., gender-specific spaces and activities)
- How has the organization provided space that both staff and people receiving services can use to practice self-care?

Questions adapted from Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014

Top Tip for Physical and Social Spaces

- *Spaces with clear sightlines and few barriers create a sense of safety and calm.*
- *The use of lighter cool colours, soft yet well-lit spaces (rather than fluorescent lighting), plants, and reduced clutter contribute to creating a calming environment.*
- *Accessibility is factored into all aspects of the space including bathrooms.*
- *Furniture should be durable, comfortable, and easy to clean. Well-spaced furniture enhances feelings of personal safety and furniture placement can be used to optimize privacy too.*
- *Natural art is calming, and local art is often comforting as it reflects the community and can contribute to creating a sense of cultural safety.*
- *Consideration is also given to background noise (kept low if possible) and scents that may be triggers or allergens are avoided.*

Human Resources and Human Resource Management

Build commitment and capacity by incorporating trauma and violence-informed approaches to language into human resources.

Include trauma and violence-informed language in job descriptions

Sample language:

- Deliver responsibilities from a trauma and-violence informed perspective.
- Communicate with your supervisor when you experience being overwhelmed.
- Conduct weekly self-reflection on all client interactions.
- Participate actively in monthly staff meetings.
- Advocate for system change when systems and policies interfere with your ability to effectively work with clients.

Include trauma and violence-informed language in job postings and the hiring process

Sample language:

- Preferred candidates will have a background and applied experience in delivering trauma and violence-informed service.
- This job requires an ability to relate authentically and effectively with people of varied backgrounds and experiences.
- This job requires candidates to practise self-care both inside and outside of work hours.

Include trauma and violence-informed approaches in performance reviews:

Sample language:

- Ensures all supervisors model self-care and appropriate work/life balance for employees.
- Works effectively as a team player in supporting your colleague's resilience.
- Avoids professional isolation.
- As a supervisor, monitors staff for trauma exposure responses including vicarious trauma as this is as important as monitoring completion of case documentation.
- Completes critical incident debriefing as required.

It is important to make employee evaluations meaningful. Do not rush them. Discuss employee strengths, needs, and areas the employee wishes to develop professionally during the upcoming review period. Be sure to include how you and the employee will handle primary and secondary traumatic stress reactions and how you as their supervisor can support their work/life balance.

Here are some additional trauma and violence-informed approaches to HR practices:

- Ensure employee orientation emphasizes the potential impact of secondary trauma and what the employee should do when they are negatively impacted by this work.
- Have Human Resources monitor absenteeism and vacation days and notify the supervisor of any patterns. For example, if someone has not taken time off from work in the past six months, their supervisor may want to encourage it; or if someone has taken an abundant amount of time off, the supervisor may want to dive deeper into why that might be
- Offer flexibility in work hours if possible (even if it is coming in 30 minutes early and leaving early one day).
- Use *stay conversations* to gain data to better understand why employees stay and what they value most. It will also give you a head's up if there are issues that need to be addressed.
- Ensure your organization conducts exit interviews with employees to keep abreast of the reasons for staff turnover.
- Ensure your staff know what support services are available to them – either through the employee assistance program or publicly available services.
- Ensure access to peer or supervisor de-briefs after difficult clients or being exposed to trauma and/or violence.
- Consider setting up an in-house (or multi-organization) peer support program. In-house peer support acknowledges the value of informal supports and shared experiences of the work. In its best form, "it operates with autonomy and entrusts support workers to make judgments and decisions. As peer support work can be exhausting and emotionally challenging, care must be taken to ensure that those involved in it have ongoing training and formalized support to prevent burnout and injury." (Source: BC First Responders Mental Health, 2017)
- Consider mechanisms for employees to be able to go above their supervisor without negative repercussions to share when they do not feel supported regarding a stress or trauma reaction.

Here are some additional training and workforce development questions to consider:

- How does the organization address the psychological stress that can arise when working with individuals who have had traumatic experiences or direct exposure to trauma and violence?

- How does the organization support training and workforce development for staff to understand and increase their trauma knowledge, skills, and strategies?

- How does the organization ensure that all staff (direct service, supervisors, front desk/reception, and support staff) receive basic training on trauma, its impact, and strategies for trauma and violence-informed approaches across the organization and across personnel functions?

- How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a person's experience of trauma, access to supports and resources, and opportunities for safety?

- How does ongoing workforce development/staff training provide staff supports in developing the knowledge and skills to work sensitively and effectively with people who have experienced violence and/or other traumatic events?

- What types of training and resources are provided to staff and supervisors on incorporating trauma and violence-informed practice and supervision in their work?

- What workforce development strategies are in place to assist staff in working with peer supports and recognizing the value of peer support as integral to the organization's workforce?

Questions adapted from Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014

Policy

There are written policies and protocols establishing a trauma and violence-informed approach as an essential part of the organizational mission. Organizational procedures and cross-organization protocols, including working with community-based agencies, should reflect trauma and violence-informed principles.

This approach must become entrenched into the culture, practices, and procedures of the organization and not solely rely on training or one or two champions.

Review your organizational policies to ensure they:

- Create safe and supportive environments by acknowledging the root causes of trauma and the importance of not probing or requiring disclosure.
- Recognize the relationship between violence, trauma, and physical, psychological, social, and spiritual health and well-being.
- Demonstrate a commitment to trauma and violence-informed approaches through staff orientation and training.

Here are some questions to consider around your policies:

- Are clients and staff made aware of the policy/values statement?
- Are policies/values statements posted where they can be seen by clients and staff (e.g., online and/or on the physical premises)?
- Are clients told about limits to privacy and/or confidentiality?
- Do staff know how to handle limits to privacy and confidentiality about reporting, disclosure, client safety, etc.?
- Is there a process in place for when policies have been violated? Is that process communicated and followed?
- Is there a grievance policy and are clients and staff made aware of it?
- Are crisis plans clear about how to handle or de-escalate crisis situations?
- Do these plans provide direction about debriefing/follow-up in the event of a crisis or (re) traumatizing situation?
- Are staff and/or volunteers made aware of these plans?
- Does management regularly review crisis plans and share updates with staff and volunteers?
- Is there a clearly defined group/authority that is responsible for implementing trauma and violence-informed services in your organization? This may involve a trauma and violence-informed initiative, committee, or working group that is fully supported and endorsed by the administration.
- How do the organization's written policies and procedures include a focus on trauma and issues of safety and confidentiality?

- How do the organization's written policies and procedures recognize the pervasiveness of trauma and violence in the lives of people using services, and express a commitment to reducing harm and re-traumatization and promoting well-being and resilience?

- How do human resources policies attend to the impact of repeated exposure to violence and/or trauma?

- What policies and procedures are in place for including clients, people with lived experience of violence/trauma, and staff in the organization's planning, governance, policymaking, services, and evaluation?

Questions adapted from Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.* HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014

Leadership – Formal and Informal

The leadership and governance of the organization support and invest in implementing and sustaining a trauma and violence-informed approach. A position and/or team are identified as the organization's point of responsibility to lead and oversee this work. The peer voice is also included in this ongoing process. Integrating trauma and violence-informed approaches provides opportunities to empower staff and support emerging leaders and champions. Leading from a place of service rather than authority is a way to embody trauma and violence-informed approaches.

Even short-term change is not sustainable without the continued and explicit commitment of leaders that is regularly communicated throughout the organization. Sustained change comes from steadfast leadership, a clear message about why change is necessary with evidence-based benefits for staff and those being served. Leaders must promote rather than simply announce a change initiative. Promotion includes educating staff about the rationale for the trauma and violence-informed approaches journey with opportunities for discussion and input. Explore together how these approaches practices can improve service delivery for clients and staff and make the workplace healthier and more supportive.

Leaders demonstrated commitment includes a willingness to discuss with staff members the impact and role of trauma and violence, both on the people being served as well as on themselves.

Supervisors

Here are some tips for supervisors to take a leadership role in building a trauma and violence-informed approaches to work culture.

- Spend time ensuring staff members feel physically and psychologically safe.

- Deploy staff members in teams during difficult, and potentially traumatizing, situations so they do not feel isolated or solely responsible.

- Create a culture where it is not only okay to talk about stress reactions but create a culture where employees are encouraged to discuss the impact their work has on them.

- Be mindful of workplace bullying, especially where reactions to stress are happening. If you see one employee minimizing someone's feelings, be sure to publicly support that employee who is experiencing the stress.

- Be mindful of the impact when clients and situations go in a different direction than the staff wanted it to go. This is particularly challenging for staff, and they may need additional support during these times.

- Ensure your staff know that you are available to debrief after difficult clients, situations, or exposure to trauma and/or violence.

- Remember, you are a supervisor, not a counsellor. So, you can listen and be supportive, ask how you, their peers and/or the organization can help. Know your own limits which are ok to communicate while also identifying mental health options to your staff.

Be mindful that staff worry (especially new workers) about making a mistake with their clients. Allow that topic to be part of the regular discussions to minimize feelings of professional isolation.

Remember to not stop here though – true change must flow through your entire organization.

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Problem Solving

Staff and organizations often get locked into traditional problem-solving techniques despite these being either obsolete or ineffective and primarily based on conflict and power. For example, individuals often attempt to solve problems on their own with the hope of coming up with a solution by themselves for themselves. Many organizations actively promote this approach. Trauma and violence-informed approaches to organizations understand that problem setting and problem-solving is the responsibility of the entire organization.

Many staff operate in silos. They may equate the ability to solve problems by themselves as a form of independence and initiative. This works only to a certain degree. As the problem becomes more complex, this solo-solving technique becomes ineffective. At best it leads to one solution, one time rather than consistent approaches or in some cases entire system changes.

Collaborative problem solving occurs as you collaborate with other people to exchange information, ideas, or perspectives. The essence of this type of collaboration is based on "yes, and" thinking – building on and valuing each other's ideas, sometimes including your clients.

When someone brings a problem forward, there must be a consistent process to engage staff in looking for the causes and discovering solutions. The leader's role is not to resolve the problem alone but to guide them through a collaborative problem-solving approach.

Attitudes for Collaborative Problem Solving

- **Win-win abundance thinking:** Collaboration allows you to work with others to develop solutions that will work for you both. The key concept is to believe that it is possible to create a synergistic solution before you create them. It is not "you vs. me" Instead, develop an "abundance mentality" – "If you win, we all win."

- **Patience:** Collaboration takes time. You need to recognize that you are both helping one another to reach a resolution, and it may take more than one meeting to discuss. You will often need to work together over time to reach a satisfying solution that you will both agree on.

- **"Yes, and" thinking:** Move away from polarized (either/or) thinking, and develop a "yes, and" way of thinking. This thinking is supporting a suggested idea and building on the idea to make it better.

Benefits of Collaborative Problem Solving

Collaborative problem solving opens communication and builds trust in the relationship as you and your co-collaborator discover that you are both working together toward a shared outcome. This increases a joint commitment to the relationship and to the organization. It also indicates a commitment to helping others reach their goals and objectives, and improving everyone's collaborative communication also encourages finding creative solutions. This increases the likelihood that others will take ownership of an issue and its solution.

These attitudes and approaches must become the cultural norm for your organization.

Collaborative Problem-Solving Techniques

There are techniques that can help you engage in collaborative communication. Here are a few examples:

- Build on and connect ideas, rather than discarding one idea and looking for another one.

- Explore the strengths and drawbacks of each idea, compare, and balance the pluses and drawbacks of each idea.

- Convert drawbacks to new possibilities. Try to find ways to integrate and combine new possibilities into an existing idea.

- When sharing your own opinion, make sure you offer it as a suggestion and not as a directive. The intention of collaborative problem solving is to provide a catalyst for exploration and consideration, instead of having the other person accept your advice or direction.
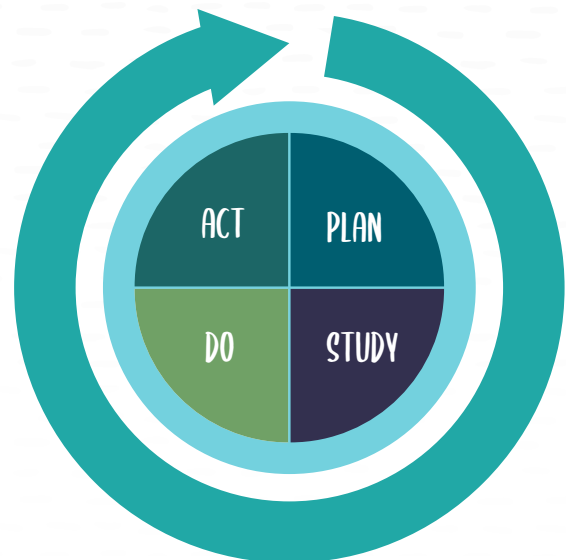
The collaborative problem–solving approach paves ways to open communication, trust, better planning, and smooth implementation of a solution.

One first responder organization initiated a trauma and violence-informed approaches project because there were so many staff who were off work due to operational stress. Leaders had to find a way to make changes in the organization to better support staff and to intervene earlier. Early discussions surfaced cultural norms of specific concern:

- *Show no weakness – asking for, or needing, help is a sign of weakness or failure*
- *Don't ask, don't tell – it is better to stay silent about your own and others' struggles*
- *Gender inequity – gender-based social norms entering the workplace as harassment and career barriers*

Without a collaborative problem-solving culture, these cultural norms could lead to more siloing or bullying.

Reflection, Analysis, and Evaluation

Consider collecting information on staff retention, client satisfaction, no show rates, community perception of the organization, and other factors that would enhance how the organization functions. As programs begin to achieve their initial goals and modify their plans it is helpful to brainstorm ways to document the impact that this type of change is having in your work, specifically client feedback and outcomes. Such documentation can justify the use of additional resources to sustain your work to maintain your leadership in trauma and violence-informed approaches.

A sense of excitement and enthusiasm to implement trauma and violence-informed approaches can increase the momentum for the project during implementation. Challenges can also arise because trauma and violence-informed approaches implementation may raise questions about the status quo and power dynamics. This is when to remind people that organizational change takes time, patience, and commitment. It takes the ongoing review of policies, procedures, and practices. Disruption and discomfort are to be expected for the project to be successful in supporting change.

As a learning organization, you will go through improvement cycles that prioritize ongoing learning and development in act-plan-study-do loops of activity and reflection. It is essential to have structural support in place to encourage feedback, learn from mistakes and approach challenges systematically and thoughtfully. Support from the organization in addressing hot-button issues is critical; leadership's participation in the process allows for top-down and bottom-up accountability and demonstrates ongoing commitment.

An annual repeat of the assessment can show concrete change over time. Being able to show change inspires confidence in the change process and also helps identify those places that may still need adjustment.

Here are some questions to consider when evaluating your success at implementing trauma and violence-informed approaches to service delivery:

- Is there a system in place that monitors the organization's progress in being trauma-informed?

- Does the organization solicit feedback from both staff and individuals receiving services?

- What strategies and processes does the organization use to evaluate whether staff members feel safe and valued at the organization?

- How does the organization incorporate attention to culture and trauma in organization operations and quality improvement processes?

- What mechanisms are in place for information collected to be incorporated into the organization's quality assurance processes and how well do those mechanisms address creating accessible, culturally relevant, trauma and violence informed services and supports?

Becoming Trauma and Violence-Informed Is a Process, Not a Destination.

The Journey Continues

Becoming trauma and violence-informed is a journey, not a checklist and not a "one and done". It requires the organization's policies, procedures, practices, and workplace culture to reflect and entrench the five core principles. This journey requires continued learning, growth, and adaptation. It requires commitment, time, and a sustained effort.

Trauma and violence-informed principles and approaches are a means of improving service delivery in the gender-based violence sector and in doing so, minimizing harm, preventing re-traumatization, and creating safety, dignity, and equity for all.

Trauma
and Violence–Informed Organizational Self–Assessment

Please complete the assessment, reading each item and rating from strongly disagree to strongly agree based on your experience in the organization over the last year. Use your initial impression: **Remember you are evaluating the organization, not individuals.**

I. Supporting Staff						
A. Training and Education	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**	**Do Not Know**	**Not applicable**
Staff at all levels receive ongoing training on the following topics:						
1 What trauma and violence are.						
2 How trauma and violence affect the brain and body.						
3 The relationship between mental health, trauma, and violence.						
4 The relationship between substance use and trauma and violence.						
5 The relationship between homelessness and trauma and violence.						
6 The relationship between childhood trauma and violence and adult re-victimization (e.g. family violence, sexual assault).						
7 Differences in how people understand and respond to trauma and violence (gender, culture, age).						
8 How working with trauma and violence survivors impacts staff.						

		Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	Not applicable
9	De-escalation strategies (i.e. ways to help people to calm down before reaching the point of crisis).						
10	How to establish and maintain healthy professional boundaries.						
B. Staff Supervision, Support, and Self-Care		**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**	**Do Not Know**	**Not applicable**
1	Staff members have regular team meetings.						
2	Topics related to self-care are addressed in team meetings (e.g. vicarious trauma, burn-out, stress-reducing strategies).						
3	Staff members have a regularly scheduled time for individual supervision.						
4	Staff members receive individual supervision from a supervisor who is trained in understanding trauma and violence and vicarious trauma.						
5	Part of supervision time is used to help staff members understand how their stress reactions and own history of trauma and violence impact their work with clients.						
6	The organization helps staff debrief after a crisis.						
7	The organization has a formal system for reviewing staff performance.						
8	The organization provides opportunities for ongoing staff evaluation of the program/ organization.						
9	The organization provides opportunities for staff input into program practices.						

II. Creating a Safe and Supportive Environment

A. Establishing a Safe Physical Environment	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	Not applicable
1 Staff monitors who are coming in and out.						
3 The environment around the building is safe: the parking lot, sidewalks, and entrances/exits are well-lit, signage provides clear directions, and the building is accessible.						
4 The organization's space is accessible, avoids clutter, has clear sightlines, few barriers, and comfortable, well-spaced furniture.						
5 Thoughtfulness is given to ambient lighting, background noise, reducing clutter, and minimizing scents (possible triggers/allergens).						
6 Bathrooms are well-maintained, with adequate lighting and bathroom doors are lockable.						
7 Efforts are made to reduce known triggers, adverse stimuli, and other environmental stressors.						
8 The organization incorporates inclusive art and material, including those for children.						

B. Establishing a Supportive Environment	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	Not applicable
Information Sharing						
1 The organization reviews rules, rights and grievance procedures with clients.						
2 Clients are informed about how the organization responds to personal crises (e.g. suicidal statements, violent behaviour, and mandatory reports) in advance of need.						
3 Materials are posted about traumatic stress (e.g. what it is, how it impacts people, and available trauma and violence-specific resources).						
Cultural Safety						
1 Staff and clients are allowed to speak their language within the organization.						
2 Staff and clients see themselves reflected in resource materials.						
3 Cultural humility is practiced by all staff.						

B. Establishing a Supportive Environment	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	Not applicable
Privacy and Confidentiality						
1 The organization informs clients about the extent and limits of privacy and confidentiality (kinds of records kept, where/who has access, when obligated to make a report to police/ social services etc.).						
2 Staff do not talk about clients in common spaces.						
3 Staff do not discuss the personal issues of one client with another client.						
4 Clients who have violated rules are approached in private.						
5 There are private spaces for staff and client conversations.						
Open and Respectful Communication						
1 Staff members practise motivational interviewing techniques with clients (e.g., open-ended questions, affirmations, and reflective listening).						
2 The organization uses "people first" language rather than labels (e.g. "people who are experiencing homelessness" rather than "homeless people").						
3 Staff uses descriptive language rather than characterizing terms to describe clients (e.g. describing a person as 'having a hard time getting her needs met' rather than 'attention seeking').						
Consistency and Predictability						
1 The organization follows schedules and keeps appointments as much as possible.						
2 The organization has consistently and equitably applied policies and procedures.						

III. Service Delivery

A. Developing Goals and Plans

1	Staff collaborate with clients in setting their goals.						
2	Client needs and goals are reviewed and updated regularly.						
3	Staff offer to work with clients to develop plans to address possible future needs.						

B. Choice and Collaboration

1	The organization allows sufficient time and flexibility to staff to respond to unique client needs.						
2	The program provides opportunities for coordination for services not provided within that organization.						

C. The Journey

1	The program evaluates its efforts and ability to provide trauma and violence-informed service regularly.						

IV. Involving Clients

A. Involving Current and Former Clients		Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	Not applicable
1	Current clients are given opportunities to evaluate the services they receive and offer their suggestions for improvement in anonymous and/or confidential ways.						
2	Former clients are invited to share their thoughts, ideas and experiences with the services they received.						

V. Adapting Policies

A. Creating Written Policies	Strongly Disagree	Disagree	Agree	Strongly Agree	Do Not Know	Not applicable
1 The organization has a written statement that includes a commitment to implementing trauma and violence-informed approaches.						
2 The organization has a written commitment to demonstrating respect for cultural differences and practices.						
4 The organization has a written policy to address potential threats to clients and staff.						
5 The organization has a written policy outlining organizational responses to staff burnout and/or vicarious trauma needs.						
6 The organization has written policies outlining professional conduct for staff (e.g. boundaries, responses to clients, etc.).						
B. Reviewing Policies						
1 The organization reviews its policies on a regular basis to identify whether they are sensitive to the needs of trauma and violence survivors.						
2 The organization involves staff in its review of policies.						

Adopted from the National Center on Family Homelessness Trauma-Informed Organizational Self-Assessment and "Creating Cultures of Trauma- Informed Care: A Self-Assessment and Planning Protocol" article by Roger D. Fallot, Ph.D. & Maxine Harris, Ph.D.

How to Build
A Staff Journey Map

In trauma and violence-informed practice, focusing on the staff experience is critical — especially during times of crisis or in a downturn. Creating a staff journey map is one way to uncover problem areas and solutions.

What is a staff journey?

A staff journey is the path someone takes from the time of applying to an organization through to the exit from that organization. Staff experience is the feeling about everything that constitutes that path or specific feelings about specific touchpoints. The touchpoints that have the most impact on that experience are described as moments that matter, and these are the most important things to include in a staff journey map.

What is a staff journey map?

At its simplest, a staff journey map is a graphical image that represents the organizational path, or moments that matter, for a particular type of staff.

A staff journey map can be a high-level comprehensive overview of the staff experience, from recruitment to training to final offboarding, as in the staff journey map template below. It can also depict a particular part of the journey, such as pain points of the journey, or stages that cause problems. Staff journey maps are also likely to include specific information about the touchpoints you're focusing on, ratings of a particular interaction and next steps.

Why are staff journey maps important?

A staff journey map is an important tool to understand the staff experience. Your team can use the map to identify main areas for improvement and then create new strategies, based on data from a staff feedback mechanism or other sources. When done correctly, staff journey maps can uncover areas that need improvement.

Staff journey map template

No two roles are alike, so every staff journey map will be slightly different. However, this template can help you get started creating your own map. The template offers some objectives for major touchpoints of the staff journey, as well as some strategies and methods to follow. The staff experience can then be rated using the feelings key. The notes section enables your team to evaluate what went wrong or right and identify the next steps

Employee Experience Journey Map

A diagnostic tool that will help you visualize an employee's current experience in your organization, the Employee Experience Journey Map includes "touchpoints" at which you can assess whether an employee's experience meets their expectations. Below is a sample journey map with examples of Discovery Touchpoints, Insights, and Opportunities.

DISCOVERY

The perception of the organization and the Hiring Process.

ONBOARDING

The integration into the organization.

TRAINING

The acquisition of knowledge or skills.

WORK

The achievement of the task and the way one connects to others and to teams.

REWARDS

Everything related to compensation, benefits, and how to obtain them.

MOBILITY

Professional changes relevant to the employee.

BREAKS

Moments when you aren't working but you maintain a work relationship.

EXIT

The way in which a person disassociates themselves from the organization.

Stages	DISCOVERY	ONBOARDING	TRAINING	
Touchpoints	Applicant tracking system –Recruiter outreach –Interview			
Emotional Curve				
Needs				
Insights	–Recruiting process caused frustration but team mitigated damage			
Opportunities	–Eliminate resume "black hole			

The full journey map template, with additional information, is available on the website.

5 Steps to creating your own staff journey map

1. Understand your 'why'

As an HR leader, you serve a crucial role in advocating for the staff experience and driving the mapping process. As with any map, you need to know where you want to go before you understand the kind of map you need.

Initially, you can start by outlining the map by hand to easily make adjustments, and then build it out from there. While some organizations may want a complex map that covers all touchpoints, pain points and potential strategies, others may want a simple, straightforward map that identifies the most important touchpoints of a staff's journey from beginning to end (as with the template). You can adjust the template based on these requirements.

2. Decide on personas to map

Once you have identified goals, use the staff journey map template to identify the staff personas or segments whose journeys you want to map, since each experience will be unique.

For example, front-line staff will have a different journey than the operational or support staff. Bear in mind that an entry-level staff's touchpoints and pain points will be different than management.

3. Identify touchpoints

An important step in creating a staff journey map is to plot the most important touchpoints for each persona or segment you're mapping or to focus on specific issues. These moments that matter include critical junctures in the staff journey, from the first moment of contact as a candidate to the offboarding experience. Important touchpoints also include staff performance reviews, training, and client interactions. More specific ones could be mapping how the organization handles life events, such as a new baby, or problem areas, such as a lack of raises or processes for dealing with difficult staff or managers.

4. Gather feedback

Reach out to staff to identify which touchpoints matter most and to get a fuller understanding of each one. For example, you'll want to identify what the staff wants to accomplish at each touchpoint and what are the pain points.

5. Keep the map up-to-date

Creating a staff journey map is not a one-and-done process, since change is the rule, not the exception. For example, few would have foreseen that communicating about the coronavirus would become critical to staff experience. And when staff experience their own or vicarious trauma, you need to be able to be responsive and make changes from the norm where necessary.

Conduct a staff engagement survey periodically (even if informally) to gather feedback on the staff experience and enable important events to trigger new discussions. For example, hold exit interviews to gather feedback on a staff's experience including what pain points were most responsible for the decision to leave.

Creating a staff journey map is not an end unto itself, so it's important to understand how to use a journey map to boost staff experience.

Prioritization Matrix

CHANGEABILITY

	HIGH	LOW
HIGH		
LOW		

IMPORTANCE

*Changeability –
Do we have the capacity (resources and readiness) to make this change?

*Importance –
How much will this impact/affect the issue in our organization?

Using Trauma and Violence-Informed Approaches to Best Serve Your Clients… and Yourself

Walk as ONE

Walk as One
Using Trauma and Violence-Informed Approaches to Best Serve Your Clients... and Yourself

This section of the guide clarifies trauma and violence-informed approaches for service providers in the gender-based violence sector and provides tools and techniques for you to embed these approaches in your practices. Although this section is focused on information, tips, and tools for service providers, it is broadly applicable to staff throughout your organization.

Appreciation

Working with people and communities who have experienced trauma and violence can be challenging and difficult. You deserve respect, appreciation, and recognition for your dedication, knowledge, compassion, and skill. We hope this guide will help you learn how trauma and violence-informed approaches to working with users of your services can enhance and support both you and them. Many of the ideas and suggestions will be familiar to you and reflect the ways you currently practice; some may be new concepts and approaches. Take the lead from your organization and find a best model of practice that empowers, supports, and improves engagement for you and your clients.

Our Focus

Walk as One is written to support service providers and their organizations to address and mitigate the risks of harm and re-traumatization, particularly in high-stress sectors like gender-based violence, by becoming trauma and violence-informed. Trauma and violence-informed approaches ('TVIA') emphasize that safety and trust are important for those receiving services and for those providing services. The principles of trauma and violence-informed approaches to service delivery provide a guiderail that can support individual and system-level change to prioritize the health and well-being of all people.

Vicarious or secondary trauma is often cited as a reason for high turnover and burnout amongst those working in the gender-based violence sector. Increasingly, we are talking about vicarious trauma and other

forms of trauma and violence as serious occupational risks and concerns. Despite this, service providers go to work every day with a strong sense of wanting to help and make a difference. Very real stresses of the work can be offset by the satisfaction and rewards that come from rich relationships and interactions with our colleagues and those we are supporting, and from witnessing change and feeling a sense of mutual regard and common purpose. Using trauma and violence-informed approaches not only ensures your clients are best served, but helps you to find satisfaction, remain healthy, and to reduce your risk of burnout and vicarious trauma.

Revisiting the need for Trauma and Violence-Informed Approaches to Service Delivery in the Gender-Based Violence Sector

Trauma is the response to an event that overwhelms our ability to cope. It describes the challenging effects that living through a distressing event or series of events can have for an individual. Trauma may impact one's physical, psychological (emotional or cognitive), social, and spiritual health and well-being.

Defining a traumatic event can be difficult as the same event may be more traumatic for some people than for others. However, traumatic events experienced early in life, such as abuse, neglect, and disrupted attachment, can often be devastating. Later life events, such as experiencing violence, a serious accident, sudden unexpected loss, or living through a natural disaster or war can be equally challenging and traumatic. (CAMH, 2022).

Trauma can also result from intergenerational and historical acts, such as genocide, terrorism, and colonialism that continue to reside in systems, structures, and people in power.

Trauma and violence-informed approaches are about creating safety for all by understanding trauma and the intersecting impacts of systemic and interpersonal violence and structural inequities on their life and what brings them to their point of interacting with you and your organization. This approach emphasizes both historical and ongoing violence and their traumatic impacts.

Trauma and violence-informed approaches are designed to shift your focus when interacting with your client, and others, so you can see that their behaviours, challenges, and experiences are shaped by their current circumstances and possibly also by previous and historical traumatic experiences. It involves shifting your perspective from "What is wrong with you?" to "What has happened, and perhaps is still happening, to you?" Consideration is given not only to ongoing interpersonal forms of violence, but also structural – systemic forms, such as systemic racism, other forms of discrimination, and poverty, and their effects.

*Events are traumatic due to **complex interactions** between the individual's neurobiology, their previous and ongoing experiences of trauma and violence, and the influence of their broader community and social structures.*

Trauma and violence-informed approaches are not about you eliciting or treating people's trauma, but rather focus on **minimizing the potential for harm and re-traumatization** and **enhancing safety, control, and resilience** for everyone involved.

Actioning trauma and violence-informed approaches

A trauma and violence-informed approach incorporates universal precautions to prevent further harm or re-traumatization by creating a culture of safety for all.

Trauma and violence-informed approaches requires everyone in your organization to examine their assumptions and beliefs and to work from a place of humility and humanity.

Practicing in a trauma and violence-informed way also means providing safe and respectful services to everyone whether or not you know about their experiences of trauma/violence.

Trauma and violence-informed approaches for service providers are demonstrated through both **outward-facing** and **inward-looking** actions. Outward-facing actions are those focused on your clients, colleagues, and the public. Inward-looking actions are those actions individual service providers take to build self-awareness and care for themselves are they relate to how you think, feel, and behave.

Trauma and violence-informed approaches to service delivery in the gender-based violence sector in the Northwest Territories are grounded in five core principles. To implement trauma and violence-informed approaches, individuals providing service must:

1. Build their own and others' awareness and understanding of trauma and violence and their impact on people's lives and behaviour

2. Emphasize safety and trust

3. Offer people real choices through connection and collaboration

4. Recognize and build people's strengths and resilience

5. Incorporate a people-centred perspective

These core principles do not operate in isolation from each other. Rather, they are interwoven like the parts of a tree.

Principles of Trauma and Violence-Informed Approaches

Actioning Trauma and Violence-Informed Principles and Approaches

Incorporating the five principles underlying trauma and violence-informed approaches into daily practices and interactions can and has made a significant difference for many service providers, organizations, and their clients.

Reminder: trauma and violence-informed approaches for service providers are demonstrated through both **outward-facing** and **inward-looking** actions. Outward-facing actions are those focused on your clients, colleagues, and the public. Inward-looking actions are those actions individual service providers take to build self-awareness and care for themselves are they relate to how you think, feel, and behave.

What do trauma and violence-informed approaches look like in action?

Building on the common understanding and framework, here are some practical examples of how you can action the five principles underlying trauma and violence-informed approaches.

Principle 1:
Build awareness and understanding of trauma, violence, and their impact on people's attitudes, behaviours, and lives

Regardless of their position, staff have a key role in organizations demonstrating trauma and violence-informed approaches. Staff do not need to be trauma experts to apply trauma and violence-informed principles. These principles and practices will help you in your interactions with others, and further your understanding of your client, colleagues, and your own experiences and behaviours.

"Being aware of such things, like how a person's past experience in residential school or fleeing a war-torn country might be impacting them today, helps me to be more compassionate and also provide more informed support with better outcomes."

– Quote from a NWT service provider

Outward-facing: in becoming trauma and violence-informed, each of us will:

- Make time to learn about:

  - The high prevalence of trauma and violence

  - The significance of historical (collective and individual) and ongoing (interpersonal and systemic) violence

  - How the consequences of trauma can affect development across the lifespan, memory, and behaviour.

  - The wide range of coping strategies that people use to cope and survive

- Take time to learn about the diversity of our community and develop a depth of understanding of how structural violence has impacted local populations.

- Treat everyone as if they have experienced trauma. **We don't have to know their story to be supportive** – we only need to know what we need to know to do our job

- Handle disclosures appropriately:

  - Believe survivors stories are true for them

  - Affirm and validate

  - Recognize strengths and resilience

  - Express concern for safety and well-being

- Examine and understand our own privileges, power, and biases

- Reflect on our interactions with survivors/clients. Every interaction is an opportunity to reflect on how you apply the guiding principles to build your awareness and practice.

- Share our learning with colleagues

Privilege is when you think something is not a problem because it's not a problem to you personally.

Remember to also look inward:

- Build self-awareness, self-compassion, and self-care strategies

- Incorporate self-reflection as a regular practice

Practice compassion for yourself as a person and a professional

- Practice good self-care as your health and well-being are vital to your ability to support others. Self-care includes everything you do to take care of your physical, psychological, social, and spiritual health.

- Learn about the science of trauma to deepen your understanding of how your body responds to trauma

- Talk about your experiences working in the gender-based violence sector through a trauma and violence-informed lens

- If your organization is not already on a path to becoming trauma and violence-informed, talk with your senior leaders about engaging the whole organization

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"Do the best you can until you know better. Then when you know better, do better." (Maya Angelou)

Principle 2:
Emphasize safety and trust

Trauma and violence-informed approaches incorporate universal precautions to ensure everyone is treated as if they have experience of trauma and/or violence. It is not necessary to know a person's background or story to be able to interact in a safe, respectful, thoughtful, trauma and violence-informed manner.

Outward-facing: in becoming trauma and violence-informed, look at your practices through the eyes of the people accessing services and:

- Create safety and trust for clients, colleagues, and the larger community

- Create welcoming and calming environments and intake processes

- Adapt the physical environment to meet safety, relational, and privacy needs

- Take a **calm, respectful and non-judgemental approach** with the goal of ensuring people feel accepted and deserving. Slow down, don't interrupt, be present, and give each person your full attention.

- See the whole person, not only the presenting behaviour or label. Remember to **shift your perspective** from "What is wrong with this person?" to "What has happened to, and perhaps is still happening to, this person?"

- Provide clear and accurate information and communicate predictable expectations about the programs and services your organization and you as a service provider offer.

- Ensure informed consent and confidentiality as well as communicating relevant limitations.

- Work with community partners to build warm referrals as a practice and to manage high-risk cases as a community. Don't just hand out cards or phone numbers, instead facilitate relationships with other service organizations.

- Pay attention to "us and them" power imbalances that are structured into the service system. In any situation ask yourself: who has power in this situation and who doesn't? Practice sharing power – taking a shared power approach in your interactions with clients.

- Advocate for people who have been written off as "too difficult" to support.

- Advocate for increased understanding of trauma and violence-informed approaches in the community.

- Seek client and community input into safe and inclusive spaces and practices.

"One of the most sincere forms of respect is actually listening to what another has to say."
Bryan H. McGill

What does it mean to be truly welcoming? It means that we meet people where they are. We allow their stories and truths to change us. We seriously consider if we "welcome people in" or "mandate them out." We reimagine our services and practices from their perspectives and needs.

Remember to also look inward:

- Reflect on what you need to be safe and supported in your workplace.

- Engage in a dialogue with your organization about how you can establish and maintain healthy boundaries that protect you from harm and trauma exposures responses, including vicarious trauma.

- Debrief with colleagues/your supervisor about difficult and potentially traumatizing clients and situations. Talk about their impact on you. Take care not to share graphic details that may be traumatizing for others nor to violate confidentiality.

- Support colleagues who want to debrief as a meaningful contribution to a supportive work environment.

- The universal precautions of trauma and violence-informed approaches also apply to staff: it is not necessary to know a person's history of trauma and violence to be supportive.

- Support those at risk of vicarious trauma and other types of trauma exposure responses (e.g., peer support, check-ins, self-care programs).

- Review your workplace violence policy and seek support if you are experiencing any form of workplace violence or harassment.

- Have clear safety protocols.

Principle 3:
Offer real choices through connection and collaboration

The trauma and violence-informed principles are interconnected and support one another. Creating safety and trust with your client facilitates connection and collaboration with clients, colleagues, and community partners.

Trauma and violence-informed approaches recognize the importance of establishing a connection with your clients and collaborating with them to determine their needs, to identify realistic and meaningful choices, and to support their decision-making.

These approaches also incorporate connecting and working with other service providers to better understand their programs and services, to facilitate referrals and service delivery transitions, and to foster a sense of community within teams, across organizations, sectors, and with those we are providing service to.

Collaboration involves working together – sharing power rather than holding power over another. Survivors of violence often experience a loss of power and control during the violent incident(s). So, it is important to adopt a sharing power approach rather than replicating their experience of loss of power and control.

Outward-facing: consider the client and do what you can to accommodate their real needs while still respecting your boundaries as a service provider.

- Practice empathetic listening when clients are talking about their experience(s) and what kind of support they are looking for.

- Empathetic listening is an active process that requires you, as the listener, to demonstrate compassion, nonjudgment, and to make a genuine attempt to understand what the survivor is sharing with you from their perspective. More details about how to listen empathetically and the benefits can be found in the Trauma and Violence-Informed Approaches to Communication in the Appendix.

- Remember that empathetic listening fosters connection.

- Be honest and upfront about what is possible. Clearly articulate boundaries: talk about the limits of the system and what you can do.

- Develop knowledge of local programs and services and identify realistic and meaningful choices for your client while recognizing and respecting that the decision is theirs to make. As a service provider, you can support their decision-making process while respecting that the decision is ultimately theirs to make.

- When and where possible, look for flexibility within your programs and services to make the system work for those using it. Flexibility can be demonstrated through mutual scheduling of appointments, allowing sufficient time for meaningful engagement, the completion of forms, and generally responding to the client's needs in the moment.

Remember to also look inward:

- Learn about choices that are available to you as a staff person that can help reduce harms associated with your work.

- Engage in discussion with leadership about available options for your support.

- If you are off work due to operational stress, ask to be involved in planning your return to work.

- Take time to build relationships with colleagues and community partners as a path to greater connectivity and collaboration that will support you and the work that you do.

Principle 4:
Recognize and build people's strengths and resilience

Trauma and violence-informed approaches incorporate a strengths-based, rather than deficits-based, approach to providing services and interacting within your community. Essentially, a strengths-based approach focuses on people's strengths – their positive attributes and behaviours – their resourcefulness and resilience – as well as those in their support network and community, rather than focusing on weaknesses. With its emphasis on strengths, resourcefulness, and resilience, hope is embedded in a strengths-based approach. This principle applies not only to the clients we serve, but also to our colleagues, other community members, partners, and ourselves.

"Hope is being able to see that there is light despite all of the darkness." Desmond Tutu

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Outward-facing: we can never know exactly what it is to walk in another's shoes. Instead, we can:

- Acknowledge individual journeys, and the effects of past and current experiences of trauma and/or violence on people's lives – one's health and well-being, behaviour, as well as the barriers and opportunities they may encounter.

- Help people to understand that their response to trauma/violence is normal.

- Reframe coping strategies as indicators of resilience and survival.

- Recognize and help people identify strengths and discuss how to build on them for next steps.

- Learn how to minimize triggers, to recognize and respond to trauma responses, and offer skills for calming and staying present; see Grounding Activities in the Appendix.

- Remember to choose your language carefully to demonstrate nonjudgement, caring, and respect and to seek clarification as needed.

- Hold space for others.

What does it mean to hold space for another person?

"It means that we are willing to walk alongside another person in whatever journey they are on without judging them, making them feel inadequate, trying to fix them, or trying to impact the outcome. When we hold space for other people, we open our hearts, offer unconditional support, and let go of judgement and control." (Heather Plett)

Remember to also look inward:

- Acknowledge your gifts, strengths, and the creative and healthy ways you cope with adversity, trauma, and/or violence (direct or indirect).

- Learn how to calm and ground yourself, and how to recognize your own triggers.

- Protect time for breaks and meals. Take a break and chat with a colleague, friend, or family member. Move your body. Go outside and walk – enjoy nature. Talk with leaders about the need to protect this time and ask for their support.

- Build, nourish, and invest in your support system with peers, family, and friends.

- Take vacations and turn your work phone off.

- Take regular social media breaks.

- Foster resilience: resilience tips and practices are covered later in this guide.

Principle 5:
Incorporate a People-Centred Perspective

A people-centred perspective grounds our services in the needs, experiences, and knowledge of our clients, our staff, and our community. Safety, dignity, and compassion are the primary qualities of this principle. Actioning this principle acknowledges our shared humanity and recognizes that your clients, colleagues, and community partners are more than the person you experience *in a moment*.

Outward-facing: in becoming trauma and violence-informed, we see the humanity of the person in front of us as we:

- Recognize that clients are people beyond the needs, crisis, or behaviour they are presenting.

- Take the physical, psychological, social, and spiritual health and well-being of the person being served into consideration in all your interactions.

- Focus on safety, dignity, and compassion in all interactions.

- Treat people with respect, strive for equity, and emphasize hope with and for clients.

- Listen carefully for what the person wants to do, not what you think they should do

- Seek to understand and respect diversity and how to action inclusivity.

- Practice cultural humility and challenge your biases, stereotypes, and privilege.

- Advocate for clients with community partners in situations of victim-blaming.

Remember to also look inward:

- Prioritize safety, dignity, and compassion in your interactions with others and for yourself

- Respect differences in perspective and experience between yourself and others, and practice humility in all its forms.

- The importance of respect, relationships, and reciprocity is integral to a people-centered principle and approach.

- Take the time to recognize and value the contributions you and your colleagues make in others' lives.

It changes our relationships when we see people who have experienced violence and trauma as valued community members, with knowledge we do not have. Fostering inclusion and seeking ongoing input and feedback from clients, colleagues, community partners, and your community builds relationships, reduces our own sense of isolation, and strengthens the community.

Take a Moment to Reflect on Actioning the Five Trauma and Violence-Informed Principles

- Do you think you are already becoming trauma and violence-informed? How do you know? A Personal Reflections Tool can be found in the Appendix to help you determine if you already use trauma and violence-informed approaches in your daily work.

- See the Practice Analysis Exercise in the Appendix to put the principles into action

- How does actioning these five principles feel to you? Do you need more clarity or direction? How will you get it?

- See the Appendix for a brief poster, *Top Things Any Service Provider Can Do to Support People Experiencing Violence*, to remind you how to action these principles.

Additional Trauma and Violence-Informed Information, Tips, and Tools

Becoming trauma and violence-informed is a journey which involves ongoing learning and growth. This section of the guide provides additional information, tips, and tools to aid you in your practice.

Gender Sensitivity in Trauma and Violence-Informed Practice

Sensitivity to gender is the ability to recognise different perceptions, experiences, and needs that women, men, and 2SLGBTQ+ people may have because of their gender identity. Gender-sensitive service recognize differences between genders and appreciate the need to attend to these differences in service planning and practice. Furthermore, it acknowledges different perceptions, experiences, and interests arising from different social positions and access to supports that people may have because of their gender identity.

Providing gender-sensitive service in the GBV sector includes consideration and implementation of strategies to address the different needs of women and men, as well as those who do not identify with these two genders. Gender-sensitive practice validates childhood and adult life experiences (such as interpersonal violence and abuse) as well as day-to-day social, cultural, family, and economic realities. Integrating gender-sensitive practice means a reorientation of focus, including an inspection of currently held beliefs and assumptions around gender "rightness".

Through a process of reflection, service providers can begin to increase awareness about changes that need to occur to integrate gender-sensitive care into all aspects of trauma and violence-informed service provision.

Gender, trauma, and violence

There are important gender differences in the rates and impact of as well as responses to trauma and violence. Different genders experience different types of trauma at different rates. For example, females are more likely to experience sexual assault, criminal harassment, and intimate partner violence, and psychological distress than males. Males are more likely to physical assault, accidents, and injury, including witnessing death or injury than females (Tolin & Foa, 2006).

Women and 2SLGBTQ+ people are more likely to report negative traumatic effects from experiencing interpersonal violence than men. this finding is not intended to evoke an aegument around comparitive suffering or to negate the suffering and trauma men experience. Instead, it highlights the differential reported impact of trauma and violence.

Below are some examples of how men and women respond to trauma and violence based on research conducted with men and women with direct experience of violence (Oliff, 2017).

What	Men	Women
Early life impact on neurobiological development	Greatest impact on behaviour and sense of acceptable and nonacceptable behaviour	Greatest impact on personality
Response to highly stressful situations	Action-oriented and reticent	Emotionally expressive and reflective
Coping styles	Problem-focused coping	Emotion-focused, defensive, and palliative coping
How fear is internalized	Fear learning	Fear expression
Aggression-related responses	More likely to express physical, overt, and direct aggression. Higher aggression in relatively neutral conditions or situations requiring emotional control.	More likely to express relational and indirect aggression. Increased response to aggression-inducing stimuli.

In summary, there are real sex and gender differences in brain and behaviour as a result of trauma and violence, but we should not simplify. There are no male or female stereotypes, but some features are more common in women and others in men.

Take a moment to reflect:

• Do you assume that men commit all acts of gender-based violence?

• Do you assume that women are the victim of most, if not all, acts of gender-based violence?

• Have you thought about what prevents people from reporting violence and seeking help from the formal system? If so, could you identify these barriers?

See the Appendix for Gender Sensitivity Communication Tips.

Race and Trauma

It is important to recognize that when working in the NWT you may encounter a high level of exposure to racial trauma. Working in a system that perpetuates racism or with professionals who, knowingly or unknowingly, discriminate against families of color can be a significant source of moral distress, burnout, and vicarious trauma. Identifying as "black, Indigenous, and people of color" ('BIPOC') may mean you experience incidents of racism that impact you directly, such as micro-aggressions, workplace discrimination, or lack of representation at a leadership level. Not being BIPOC does not make you immune to vicarious racial trauma

In addition, witnessing the ways in which the system you work within may repeatedly re-traumatize people of color can be a source of racial trauma in and of itself. Experiencing and witnessing racism can contribute to trauma exposure response and impact your well-being.

The NWT's historical legacy of residential school and colonialism and the ways it has manifested in systemic inequality, race-based interpersonal assaults and violence, and racial discrimination all can create racial trauma.

Racial trauma is cumulative

It is possible to experience racial trauma even when you are not personally involved in the discriminatory or racist event, such as when you observe the event or identify with the victim. While individual events can have lasting effects, racial trauma is not necessarily limited to one isolated incident, and can result from the persistent, systemic, deeply embedded racism that exists in several facets of NWT society, culture, and history. Increased study on intergenerational trauma reveals that mass traumas, such as historical oppression, can have psychological, familial, and neurobiological effects on future generations.

In your work, you consistently confront larger structural inequalities that impact clients and their families. Seeing these larger structural inequities cause and exacerbate trauma for clients is a source of trauma for all professionals and may have a heightened impact people who identify as BIPOC. Racial injustice and assault, especially within BIPOC communities, may impact staff who identify as BIPOC in deeper and more personal ways and may co-occur with responses to trauma exposure at work and stories of clients, or possibly family and friends, who have had similar experiences.

Take a moment to reflect:

- Do you have intrusive thoughts and memories of similar events as those you hear from your clients within your family, friends, or home communities?
- Are you having physical reactions to something that reminds you of your own traumatic events?
- Do you want to avoid people who are of a different race than you?

Cultural Humility

Cultural humility is a humble and respectful attitude toward individuals of other cultures that pushes us to challenge our own cultural biases and realize that we cannot possibly know everything about another culture or another person's experiences within our same culture.

Cultural humility was established due to the limitations of cultural competence. Some of us believe ourselves to be sufficiently culturally competent after learning some generalizations of a particular culture regardless of whether these assumptions are backed by evidence. Cultural humility encourages our active participation in every interaction with a client in order to learn about their personal cultural experience.

Cultural humility suggests remaining humble and aware of our own deficient knowledge of other cultures. Mostly, it's about being okay with not knowing everything about someone else's cultural experience; especially as each individual is multi-dimensional with a complex cultural identity.

"True humility is not thinking less of yourself, it's about thinking of yourself less." C.S. Lewis

Cultural humility also requires us to be critical of our own cultural biases. For example, you might prefer the independence of family members versus interdependence, and judge others of the same racial heritage who hold a different view. Cultural humility pushes us to challenge our assumptions, judgments, and prejudices; it encourages experts to become students when interacting with others.

Cultural humility can deepen understanding and increase the quality of our connections and interactions with communities that are not our own.

Some practical ways to grow cultural humility include:

- Intentionally engage in self-critique and reflection to recognize and accept biases and assumptions.
- Engage in empathetic listening and ask genuine open-ended questions of the people you encounter to better understand their perspective.
- Project an attitude that is open to others in terms of what aspects of their cultural identity are important to them.
- See and foster respectful, authentic, and trustworthy relationships with a diversity of communities.
- Learn to sit with ambiguity – grayness instead of black and white – and commit to lifelong learning.
- Demonstrate vulnerability and compassion with and for yourself and others.

Take a moment to reflect:

- Think of your own heritage – how do you define a good person or a good family?
- Do you expect others of a similar background to feel the same way?
- Would you judge them if they came from your home community but believed differently?

Language is powerful!

The language we use can tell us a lot about the assumptions and biases we have inherited as members of the community. Pay attention to the choices you make.

- Use positive language that is sensitive, respectful, and appropriate.

- Do not use jargon.

- Be mindful of tone, volume, and pacing.

- Do not assume and be cautious of labels.

- Do not use language that further stigmatizes, patronizes or pathologizes people.

- Use language that accurately and respectfully captures the essence of people's experiences. Instead consider that we have not yet found a way to support their needs, or our services are not meeting this person's needs at this time. What would we need to change to meet their needs?

- Ask people what language they use/prefer; examples include gender terms, disability terms, identity terms ("how do you identify yourself" is a good question).

- Use people centred language. A person is not a "Schizophrenic" or an "Addict". When someone has cancer, we don't say that they are a "Cancer." We say they are a person first who has or is living with cancer. Likewise, we name the person first, for example, "Jordan has been assaulted."

Examples of Trauma and Violence-Informed language reframes

"She has poor coping methods" reframed to "She has survival skills and resourcefulness that have kept her going."

"He just wants attention" reframed to "He is trying to ask for help"

"They should be over it by now" reframed to "Recovery from trauma takes time and is a process. Everyone is different. There is no expiry date"

"She is weak, fragile, broken, etc." reframed to "She is strong and resilient for what she has lived through"

"He will never be the same" reframed to "People are transformed after trauma"

"We are done now." Reframed to "Is there anything else you would like to tell me to help me better meet your needs?"

Take a moment to reflect:

- What words have you used that have become emotional triggers for your client (s)?

- What have you replaced these words with?

- What are your psychological (cognitive and emotional) trigger words and phrases?

- How will you manage your response when you hear them?

Trauma and Violence-Informed Tips for "Difficult" People

There are a few people who have so much trauma in their lives that they become labelled as "too difficult" to serve, and so become marginalized often by the very systems set out to help them. Trauma and violence-informed principles can help us challenge our perception by reminding us to hold their humanity at the centre of our interactions with them, with an appreciation and understanding about the difficult ways that trauma and violence influence behaviours.

In conflicted or crisis situations, ask yourself: do they already have a crisis or trauma plan outlining what best helps them in these moments? If so, refer to it and follow what it contains. If not, quietly observe the person for cues and clues about what you might be able to do to help. If they are a regular user of your services, consider working on a crisis or trauma plan to review with them next time so you are both better able to deal with their experience.

Here are some more suggestions for challenging situations:

- Remain calm, patient, non-judgemental, and focused on the client.
- Indirect eye contact may feel safer for some.
- Keep your questioning limited and allow time for responses.
- Give the person respectful, safe, and calm space – don't crowd them or corner them either physically or verbally.
- Check the surroundings – can they see exits or might they feel trapped? Is it private enough? Do YOU have access to an exit if needed to allow them privacy or time to regain composure?
- Offer something to drink (water, tea, or coffee).
- Have sensory objects to hold, touch, feel, smell, hear. Sensory objects help some people (including yourself) to feel grounded.
- Be mindful of temperature – some people feel chilled while others feel overheated – and then respond to their needs.
- Reassure them, use their preferred name, listen, and respond calmly.
- Let them know you want them to be ok.
- If appropriate, offer simple grounding support with slowed breathing – offer to breathe with them.
- Are there any cultural practices that might help? (Don't assume!)
- Sometimes movement or nature helps people. If safe and appropriate, go outside, walk together, suggest they move their bodies in some way (e.g., stand up, stretch, take a deep breath, etc.).
- Watch your own responses and breath – remember to breathe deep and slow.
- If they have an urgent issue that they are stuck on but that can't be immediately addressed, problem solve together to identify one step that could be taken once they are feeling more settled.

- If appropriate, create a follow-up support plan (i.e., for that evening, next day, weekend).

- If English is not a person's first language, find out if there is a translator available (who is not related or otherwise a risk to them). Otherwise optimize reassuring, calm facial and body language with short simple sentences, while taking care not to increase the volume of your voice.

Additional tips

There may be times when your client is difficult despite your best efforts to provide trauma and violence-informed services. Take a deep breath and remind yourself **not to take it personally**. After a discussion with your supervisor about these challenges, you may need to ask a colleague to work with this client instead of you.

Take a moment to reflect

- How have you responded to "difficult clients" in the past?

- What is your go to response when faced with people externalizing their crisis?

- Does it work for them? If not, are there changes you can make?

Low Impact Debriefing

Debriefing with colleagues and/or your supervisor can help with self-care and the impacts of vicarious trauma, but we must do it in a way that does not simply transfer our feelings of being harmed or traumatized onto someone else.

Steps for low impact debriefing with a colleague/supervisor:

1. Be self aware; notice when you need to do a debrief.

2. Provide fair warning; for example, "I need to debrief sometime today."

3. Gain consent; for example, "Would that be ok with you or is this a good time?"

4. Ask for what you are needing; for example, "I feel worried about a situation I had today."

5. Consider time; for example, "Do you have about 20 minutes to debrief?"

6. Low impact disclosure: talk about how you feel, not the details that traumatized you.

7. The last step is to express appreciation and follow-up if you feel it is needed. For example, thank them for making time to listen to you and you may want to ask: how was that debrief for you?

Creating Physically and Psychologically Safe Environments

Reaching out for help can be daunting and new environments can add to the stress and anxiety a traumatized person is already feeling. Work environments that feel physically and psychologically safe help to put clients and staff at ease. There are many aspects of your work environment that contribute to creating physical and psychological safety; some changes may be beyond your budget while others are relatively straightforward to do.

Physical environment

- The use of lighter cool colours, soft yet well-lit spaces (rather than fluorescent lighting), and reduced clutter contribute to creating a calming environment.
- Cool colours include blue, green, and purple.
- Lighter-coloured rooms are perceived as calmer and safer.
- Avoid stark white and deeply hued warm colours (i.e., red, orange, yellow).
- Natural lighting is optimized where possible
- Accessibility is factored into elevators, door widths and door handles, access to exits, bathrooms in their entirety, and furniture placement.
- Comfortable, well-spaced furniture enhances feelings of safety; furniture and space are used to optimize privacy too.
- Consideration is also given to background noise (kept low if possible) and scents that may be triggers or allergens are avoided.
- The space presents as well-kept, clutter is avoided, and materials available are inclusive.

Psychological environment

- Welcoming intake processes, forms, and signage help create safe work environments.
- Staff are trained to greet clients in a warm, welcoming, and professional manner.
- Opportunities to complete forms in advance or in privacy are offered.
- Signage uses positive and welcoming language, with requests rather than commands, and incorporate local languages.
- Natural art is calming.
- Local art is comforting as it reflects the community and can contribute to creating a sense of cultural safety.
- Plants are calming and contribute to a welcoming and safe environment.
- Positive and inclusive materials about community resources that reflect the diversity of the people being served contributes to creating cultural safety.
- Consideration should also be given to reflecting people living with disabilities and 2SLGBTQ+ people in waiting room posters, art, and materials about community resources.

As a front-line service provider, you may not be able to have much impact on the organization's environment you work in, but here are a few things you may be able to do:

- Offer clients somewhere to sit and a beverage.

- Point out washroom location options when your client first comes in. People in crisis often need to access the facilities.

- Put up posters and stickers. Think about the reading material in your waiting rooms and the people represented in them. Change it if necessary.

- Make sure that inclusive and affirming language is the standard you use in all workspaces.

- Make sure forms reflect only what you need to know or only collect what you are required to collect.

- Ask clients if they are comfortable with having the door closed during meetings.

- If someone is having a difficult time and requires support, actively listen to their needs. Validate their experiences and show compassion and empathy even if they are not your client and you are simply showing them where to sit.

Take a moment to reflect:

- Does your physical work environment support or negatively impact your client's experience? If so, how?

- What can or should you change?

- How will you address things that you can not change?

Tips

- Walk through your work environment as though you are one of your clients and try to see it as they experience it.

- Assess your environment through accessibility, diversity, and trauma lenses.

- Create opportunities for clients to provide feedback and suggestions about their sense of physical and psychological safety in your work environment.

Trauma and Violence-Informed Approaches for Staff

Trauma and violence-informed principles and approaches provide a holistic framework for service delivery in the gender-based violence sector in the Northwest Territories as they are intended to take everyone's needs, health, and well-being into account. **Trauma and violence-informed approaches emphasize that safety and trust are important for those receiving services and for those providing services.** Trauma and violence-informed principles and approaches acknowledge and seek to address and prevent the harms of providing services in the gender-based violence sector.

It's Not About Working Harder – It's About Collaboration and Connection

You don't work harder delivering trauma and violence-informed approaches. Rather, you work in collaboration and connection with one another, fostering opportunities for choice and mutuality. Collaboration and connection may look different depending on the relationship, but this principle becomes the norm in our teams, across sectors, services, and between us and survivors in becoming trauma and violence-informed.

The practice of trauma and violence-informed approaches asks for your commitment to do your part to reduce and mitigate harm to clients, colleagues, and yourself – to consciously make efforts to avoid further traumatization. At the same time, you must come from a strength-based perspective, recognizing that your clients, colleagues, and you have your own unique knowledge, assets, courage, capacities, and value.

Many service providers also have personal trauma backgrounds or experiences. Your own experiences can enhance your compassion and understanding but can also increase your exposure to trauma and violence through your work. Personal and organizational acknowledgement that this is more common than not, with strategies and resources in place to support the wellbeing of all, demonstrate a trauma and violence-informed commitment.

The impossible is ... well ... impossible.

Working in organizations that cannot possibly meet the needs of their community or clients because there is not enough funding, staff, training, and resources creates frustration, stress, and even harm. Moral distress describes the experience of service providers who wonder if what they are doing actually helps in a system that seems so broken. Inadequate funding, jobs that have low pay, and no benefits are common in the gender-based violence sector.

Trauma and violence-informed approaches can help empower you to interrupt the sometimes day-to-day relentless pace of your work by holding you to the principle of being people-centred. The practice of centring on people asks you to slow down and be present for everyone you encounter in a day. It is a way to acknowledge that you are only one person, who can only do so much in the time that you have. It is not a bad thing to recognize that you can't 'do it all'.

What you can do is connect with others – honest connections of authenticity and value. Your compassion and attention to another human being is a powerful gift that creates the humane conditions for mutuality, healing, and social transformation.

We tend to underestimate how meaningful genuine connection and support can be.

Tip for the tired

Working with people who have experienced trauma and violence can be exhausting. When we are tired, we don't always react the way we should when others share something.

Keep this simple tip in mind … when someone shares something with you, try to match their level of enthusiasm (or concern) and follow-up with at least two questions. By asking two questions, you are showing you care about what they are sharing with you. This simple strategy can go a long way on those days you would rather just be left alone. Be sure to be genuine when you ask.

Take a moment to reflect

- How can you be more present with the people you encounter every day?
- How can you bring more authenticity to your interactions?
- Where can you be more collaborative with clients and colleagues?
- What of your own experiences and history informs your work? Does it help or hinder you?
- What do you keep trying to do that is impossible? Why do you keep trying to do it? Can you let go?

The Importance of Empathy

It's not always easy to recognize behaviours as signs of trauma. We often see people in tough circumstances without a full picture of what brought them into our organization. We don't get to see them thriving in their communities. We don't have a full understanding of their strengths and capabilities. This can wear on us, and distorts our view of particular groups, contributing to stereotypes, stigma, and even acts of discrimination.

Without empathy, the natural tendency is to view the person as the problem. When people are seeking help because of the trauma and/or violence in their lives, they are often already experiencing stigma. By seeing them as contributing to their problem, we are sending the message that we are blaming them. What we are often unintentionally doing is layering on more stigma and the shame that goes with it. Ultimately, we then can't find a good outcome; the person may leave without help, they may not come back, or they internalize more of the stigma they are feeling.

People treat empathy as if it were an "on-off" switch. Turn it on for friends and colleagues, and then turn it off for the "bad people".

Empathy is a tuner or dial, not a switch. Turn it up or turn it down as you need to. If you distress indicates too much openness, do not be closed off. Instead, tactically reduce how open you are.

Dr. Lou Agosta, **Listening with Empathy**

Take a moment to reflect

What are the stigmas and biases you carry? We all have them. Pay attention to how they show up in your relationships and how you are encouraged to think negatively about certain people or groups. It takes active awareness to make choices about how you see others.

To learn more about empathy, the different kinds of empathy, and how to build it see the Appendix for **Understanding and Building Empathy**.

Trauma Exposure Responses and Recognizing Vicarious Trauma

Trauma exposure response is a term used to describe the various internal changes as a result of repeated exposure to violence and trauma: hearing and/or witnessing traumatic and/or violent events, often without adequate resources and supports to offset the risks. This exposure can be primary (you directly witness the suffering), it can be secondary (you hear or see the suffering from those that suffer), or it can be tertiary (you hear of or read of the suffering). Your trauma response does not always differentiate between the three types and any or all of them may be felt as your own experience.

Trauma exposure response often develops gradually, and it varies from one individual to the next. Trauma exposure responses include burnout, compassion fatigue, moral distress, secondary traumatic stress, and vicarious/secondary trauma. It is not unusual, that at any given time, an individual staff member, team, or organization may be experiencing one or symptoms of several of these trauma exposure responses.

Trauma exposure response symptoms are often similar to the trauma symptoms experienced by survivors of traumatic events, although the severity of symptoms might differ. It is important to acknowledge and understand these symptoms and the various types of trauma exposure responses to stay healthy and effective at work and to manage what you take home.

Burnout is the emotional, mental, and physical exhaustion that you may experience from prolonged exposure to excessive stress. It may be accompanied by low job satisfaction, and/or feeling powerless and overwhelmed at work. Components of burnout include emotional exhaustion, depersonalization, loss of ideals, and reduced personal accomplishment and commitment

This emotional depletion is often reflected in both a lessened ability to care and an inability to experience or express empathy for your client and their situation or choices. Untreated trauma exposure is a leading factor in burnout.

The adversarial, high-stress nature of some jobs can lead to burnout on its own. Burnout is not simply a result of stress. Stress can be a factor that leads to burnout but attributing burnout to overstress simplifies this complex condition. Burnout results when you are not provided with the tools, training, and resources to handle an excess of highly emotional and traumatic circumstances, clients, and cases.

Compassion Fatigue refers to the gradual erosion of the ability to tolerate difficult stories and suffering of others. It involves physical and emotional exhaustion resulting from working as a helping professional. Compassion fatigue can cause you to slowly lose hope, empathy, and compassion for others and yourself. Compassion fatigue can lead to becoming desensitized to another's pain or intolerant of hearing stories of trauma and suffering.

Compassion fatigue affects your external responses and actions. It relates to how you respond and act and is measured by what you put out into the world. Compassion fatigue depletes your resources and makes it hard to respond and serve as a fully competent, proficient helping professional.

We are not inferring that compassion at work has negative effects as the evidence suggests that having compassion, especially for self and others, can be a protective measure. It is about finding that balance and exercising self-care, too.

Moral Distress is harder to define. It occurs when an individual feels in conflict between their own personal ethics, values and internal moral compass and the actions, decisions, and practices of their workplace (or other community partners) as well as systemic inequities that can both hurt and help clients. Adding to this distress would be a feeling that one cannot address the conflict because of a sense of powerlessness and isolation.

Secondary traumatic stress is often seen in first responders who attend to traumatic and violent incidents or help those who survive, such as the police and healthcare workers. Symptoms experienced are similar to posttraumatic stress disorder, but do not meet the criteria for this diagnosis. Secondary traumatic stress may develop in response to one traumatic incident.

Vicarious trauma, also known as secondary trauma, describes the negative, cumulative psychological impact on service providers of being exposed to someone else's traumatic experience(s). It is a negative reaction to trauma exposure and includes a range of symptoms that are similar to experiencing trauma directly.

Vicarious trauma is the manifestation of negative physical and psychological conditions resulting from constant exposure to clients' traumatic stories and experiences. Exposure to these traumatic stories and experiences changes your internal schema. Even though you might not have experienced this trauma firsthand, repeated exposure to traumatic stories and experiences can haunt you. Unlike compassion fatigue, which transforms your external responses and actions, secondary trauma negatively shifts your internal worldview.

Internalizing a client's trauma can affect your memory and disrupt your internal thoughts and views about the world, trust, safety, self-esteem, independence, and intimacy. You do not need to work directly with a traumatized individual to experience secondary trauma. Vicarious trauma can be experienced by reading about or listening to traumatic stories.

Therefore, any of your colleagues regardless of their role can experience vicarious trauma through responding to violent/traumatic incidents, listening to people recall their experience of violence/trauma, the documents they read or process, or the videos they review for work.

Developing vicarious trauma is not inevitable though. Strategies to prevent or treat it are identified in the self-care and wellness strategy section of this guide.

Several studies indicate that the development of vicarious trauma often predicts that a helping professional will eventually leave the field for another type of work.

Signs and symptoms of vicarious trauma

- *Social withdrawal*
- *Extreme of rapid changes in emotions (e.g., involuntary crying)*
- *Aggression*
- *Increased sensitivity to violence*
- *Physical symptoms (e.g., aches, pains)*
- *Sleep difficulties*
- *Intrusive imagery*
- *Cynicism*
- *Difficulty managing boundaries with clients*
- *Relationship difficulties*

There are vicarious/secondary trauma self-tests available online that can help you assess how your workplace is affecting you.

Source: EQUIP Healthcare

Compassion Satisfaction is the sense of meaning and fulfillment you derive from working within your profession and doing your job well. It is possible to experience trauma exposure response, and all of its negative symptoms, while still feeling compassion satisfaction. However, over time, trauma exposure responses can erode your compassion satisfaction. Nevertheless, compassion satisfaction is a powerful tool in combating trauma exposure response. The evidence shows that working from a place of compassion can also be a protective measure in mitigating harm from trauma and violence exposures.

Despite the demands and stresses of working in the gender-based violence sector, service providers go to work every day with a strong sense of wanting to help and make a difference. Very real stresses of the work can be offset by the satisfaction and rewards that come from rich relationships and interactions with our colleagues and those we are supporting, and from witnessing change and feeling a sense of mutual regard and common purpose.

Take a moment to reflect

- How do you feel and respond to what you are exposed to in your work?
- How do you decide when it is too much?
- What can you do to recenter yourself?
- How are you doing, right now?

An Additional Source of Stress or Harm in the Workplace – Lateral Violence

Lateral Violence can be considered a form of bullying or workplace harassment.

It is demonstrated by displaced aggression/violence directed at one's peers and coworkers, usually by those feeling powerless themselves who are directing their own dissatisfaction toward each other.

It can consist of covert or overt acts of verbal or nonverbal aggression (gossip, slander, shaming, blaming, backstabbing) as well as exclusion and attempts to socially isolate others.

The result is that these behaviours can create an unsafe and toxic workplace because everyone is affected.

This dynamic can be seen in groups that experience oppression. It has been noted that people who feel victimized by forms of systemic/structural violence may turn on each other, feeling powerless to confront the system that oppresses them. This dynamic unfortunately has emerged at times in the gender-based violence sector, much to the distress of everyone involved.

What helps?

- Recognize and educate on the roots of lateral violence as internalized oppression.
- Do not participate or engage in acts of lateral hostility or violence.
- Treat everyone with respect and dignity.
- When it does occur, deal with it openly and immediately.
- Encourage open dialogue at team meetings about how to mitigate lateral violence and engage in behaviours and activities that build rapport, trust, and a strong team.
- Speak with trusted colleagues and supervisors if you find yourself on the receiving end of acts of lateral violence or are aware of it against another.
- Support those who are being victimized by lateral violence without setting up a polarized scenario.
- Seek external help for conflict mediation if needed.

A Case Study of trauma exposure responses can be found in the Appendix.

What Can You Do? Your Self-Care and Wellness Strategy

Focusing on self-awareness, self-care, and self-compassion are effective ways to prevent or treat vicarious trauma. Self-awareness has been discussed throughout this guide, and self-compassion is essentially about treating yourself with kindness, forgiveness, and care; this is expanded on in resilience practices. So, this section will primarily focus on self-care. **The basics of health and wellness are good nutrition, adequate sleep, and regular exercise. Social connections are also essential to our health and wellbeing**. These basic building blocks of health and wellness often need to be augmented by specific self-care and wellness strategies.

Study after study continues to demonstrate the effectiveness of mindfulness to enhance our well-being, self-care, and foster compassion. When you think of mindfulness, an image may come to mind of sitting cross-legged on a cushion or doing yoga.

Mindfulness can be thought of as an umbrella term that **encompasses a wide range of practices and resources** that can help you to ground, stabilize yourself, reduce anxiety, increase awareness of your thoughts, feelings, and behaviours, regulate your emotions, and enhance your thinking, problem-solving and interpersonal skills. Mindfulness practices can help you to reduce your trauma exposure responses and build capacity for resilience.

Mindfulness is also linked to increasing and fostering compassion, kindness, and empathy for self and others. So, it is not just a strategy for personal awareness, self-care, and well-being but also for teams and organizations. Mindful-based practices increase our awareness and appreciation of our interconnectedness, making it another useful strategy to support social justice and change.

Mindfulness helps you be and live in the moment. It helps to prevent you from becoming stuck.

What is mindfulness?

Mindfulness is when you focus on being intensely aware of what you're sensing and feeling in the moment, without interpretation or judgment. Practicing mindfulness involves breathing methods, guided imagery, and other strategies to relax the body and mind and help reduce stress.

Spending too much time planning, problem-solving, daydreaming, or thinking negative or random thoughts can be draining. It can also make you more likely to experience stress, anxiety, and symptoms of depression. Practicing mindfulness exercises can help you direct your attention away from this kind of thinking and engage or reengage with the world around you.

There are many simple ways to practice mindfulness. Some examples include:

- **Pay attention.** It's hard to slow down and notice things in a busy world. Try to take the time to experience your environment with all your senses — touch, sound, sight, smell, and taste. For example, when you eat a favourite food, take the time to smell, taste and truly enjoy it.

- **Live in the moment.** Try to intentionally bring an open, accepting, and discerning attention to everything you do. Find joy in simple pleasures.

- **Accept yourself.** Treat yourself the way you would treat a good friend.

- **Focus on your breathing.** When you have negative thoughts, try to sit down, take a deep breath, and close your eyes. Focus on your breath as it moves in and out of your body. Sitting and breathing for even a minute can help.

You can also try more structured mindfulness exercises, such as:

- **Body scan meditation.** Lie on your back with your legs extended and arms at your sides, palms facing up. Focus your attention slowly and deliberately on each part of your body, in order, from toe to head or head to toe. Be aware of any sensations, emotions or thoughts associated with each part of your body.

- **Walking meditation.** Find a quiet place 10 to 20 feet in length and begin to walk slowly. Focus on the experience of walking, being aware of the sensations of standing and the subtle movements that keep your balance. When you reach the end of your path, turn, and continue walking, maintaining awareness of your sensations.

Simple mindfulness activities can be practiced anywhere and anytime. Engaging your senses in nature is especially beneficial.

For more structured mindfulness activities, you'll need to set aside time when you can be in a quiet place without distractions or interruptions. You might choose to practice this type of exercise early in the morning before you begin your daily routine.

Aim to practice mindfulness every day for about six months. Over time, you might find that mindfulness becomes effortless. Think of it as a commitment to reconnecting with and nurturing yourself.

Take a moment to reflect

- What have you done in the past to let go of your day? Was it healthy?
- What can you do more of to be more mindful?
- What can you minimize to be more mindful?
- Do you practice the basics of personal health and wellness: good nutrition, adequate sleep, and regular exercise as well as social connections?
- Do you think that your self-care and wellness strategy is adequate and effective?

Resilient Responses to Trauma

"Grow through what you go through"

Human beings are amazingly resilient. Resilience refers to a dynamic process that enables an individual to develop, maintain, or regain one's health and well-being despite experiences of significant adversity, trauma, or violence.

While it is common to experience the immediate effects of trauma, many people find healthy ways to cope with, respond to, and heal from trauma. That is not to say that they do it on their own. They may receive the necessary support from their own circle, and they may choose to reach out to mental health services. Resilient responses to trauma have been identified in which people re-evaluate their values and redefine what is important to them after experiencing trauma. Such resilient responses include:

- appreciation for and a sense of new possibilities in life
- improved relationships with others
- redefined or increased sense of purpose and meaning
- recognizing personal strengths
- sense of spirituality

It is very important to note that you do not begin the healing journey from trauma and/or violence by jumping right into the possibility of growth. People, including yourself, need to feel acknowledged and supported to move through the grief, loss, and pain of their experiences before being able to see the possibilities of their transformative growth.

"Ring the bells that still can ring
Forget your perfect offering
There is a crack, a crack in everything
That's how the light gets in"
Leonard Cohen poet, performer

Connecting to others who have had similar experiences, peer supports, being active in any kind of social change related to the traumatic events, helping others, and feeling a sense of community can all help. Finding and making meaning from these experiences can profoundly change how we see ourselves, the world, and others.

Take a moment to reflect:

- What are some of your resiliency life lessons?
- How do they shape how you face adversity and/or challenges today?
- How have they positively impacted your life?
- How did you turn your experiences into lessons and opportunities for personal growth?
- What lessons do you need to learn today?

Practise resilience: when the road gets rocky, what do you do?

Sometimes when we are having a tough time, we think the answer is to avoid thinking about it. We often don't say anything because we don't want those feelings to resurface. Alternatively, some of us become stuck in a tough situation and its all we think and talk about. Taking a trauma and violence-informed approach to your work means that when those coping strategies surface, practice resilience instead of giving in to them.

Here are some resilience practices which can help you confront psychological (i.e., cognitive and emotional) pain more effectively.

1. Change the narrative

When something bad happens, we often relive the event over and over in our heads, rehashing the pain. This process is called rumination; it's like a cognitive spinning of the wheels, and it doesn't move us forward toward healing and growth.

The practice of expressive writing can move us forward by helping us gain new insights into the challenges in our lives. It involves free writing continuously for 20 minutes about an issue, exploring your deepest thoughts and feelings around it. The goal is to just get something down on paper. (Note: If 20 minutes of continuous free writing is intimidating, pick your own "right" set amount of time.)

When writing like this, we're forced to confront ideas one by one and give them structure, which may lead to new perspectives. We're actually crafting our narrative and gaining a sense of control.

2. Practice self-compassion

Stress, trauma, and/or violence may make us feel alone. We wonder why we're the only ones feeling this way, and what **exactly** is wrong with us. In these situations, learning to practise self-compassion can be a gentle and effective road to healing.

Self-compassion involves offering compassion to ourselves: confronting our own suffering with an attitude of warmth and kindness, without judgment.

Here is one practice you can do any time you start to feel overwhelmed. It has three steps, which correspond to the three aspects of self-compassion:

Be mindful: Without judgment or analysis, notice what you're feeling. Say, "This is a moment of suffering," or "This hurts," or "This is stress," or "I'm having the thought or feeling that …"

Remember that you're not alone: Everyone experiences these deep and painful human emotions, although the causes might be different. Say to yourself, "Suffering is a part of life," or "We all feel this way," or "We all struggle in our lives."

It can be helpful to acknowledge the humanity and universality of our emotions and/or thoughts while not downplaying our experiences.

Be kind to yourself: Put your hands on your heart and say something like "May I give myself compassion," or "May I accept myself as I am," or "May I be patient."

If being kind to yourself is a challenge, imagining how you would treat a friend could help. Here, you compare how you respond to your own struggles—and the tone you use—with how you respond to a friend's. Often, this comparison unearths some surprising differences and valuable reflections: **Why am I so harsh on myself, and what would happen if I were kinder?**

3. Meditate

As mindfulness gurus like to remind us, our most painful thoughts are usually about the past or the future. We regret and ruminate on things that went wrong, or we get anxious about things that may happen. When we pause and bring our attention to the present, we often find that things are … okay.

Practicing mindfulness brings us more into the present, and it offers techniques for dealing with negative emotions when they arise. That way, instead of getting carried away into fear, anger, or despair, we can work through these emotions more deliberately.

One meditation that we can sprinkle throughout our day—or practice on its own—is **Mindful Breathing.** It involves bringing attention to the physical sensations of our breath: the air moving through the nostrils, the expansion of the chest, and the rise and fall of the stomach. If your mind wanders away, you bring your attention back. This can be done during a full 15-minute meditation or during a moment of stress with just a few breaths.

In a study, participants who did a mindful breathing exercise before looking at disturbing images experienced less negative emotion than people who hadn't done the exercise. Negative thoughts can pull us along into their frantic stream, but the breath is an anchor we can hold onto at any time.

Additional self-care and resilience tips can be found in **Gentle Reminders** in the Appendix.

Take a moment to reflect:

What can I do to increase my awareness of my own thoughts and emotions?

- What can I do to develop my emotional intelligence and agility, and the associated ability to regulate my emotions?

- What was going on for me when "X" was happening?

- What did I want to happen today?

- What went well? What did not go the way I intended?

- What did I learn? What will I do differently next time?

- What do I need to let go of to be able to move on – to ensure I don't become stuck?

_____

The Journey Continues

Becoming trauma and violence-informed is a journey. It takes time, commitment, and practice. It is never meant to be one more thing we must do to check off our list as it is more a way of being than doing; a way of being that many of you are already engaged in. To assist with this journey, an additional Practice Reflection tool can be found in the Appendix to help you determine your progress and opportunities for growth.

Becoming trauma and violence-informed helps us learn to see people as more than their behaviour or story, to care about what is happening, and to see each person as a member of the larger society. It asks us to truly collaborate, especially with those we are providing services to.

Becoming trauma and violence-informed involves embracing humanity with compassion and respect. Relationships are richer and more rewarding when we incorporate trauma and violence-informed principles into our daily practice.

These principles and approaches validate the best in us – our experiences, strengths, and aspirations. Becoming trauma and violence-informed offers a meaningful shift through everyday actions and practice as we strive to create safety for all.

Adopting a Trauma and Violence-Informed Approach to Communication

Using a trauma and violence-informed approach means informing yourself about violence, trauma, the causes and effects of trauma, and trauma responses. It then requires integrating this understanding into your interactions and communications with survivors of violence and other traumatic events. It means taking steps to minimize the possibility of causing harm and re-traumatization and maximizing safety, control, and resilience.

How do you do this? Educating yourself about gender-based violence and the associated trauma is a good first step. The next step is to integrate this understanding into your interactions and communications with and about survivors of gender-based violence.

Remember what, when, and where you need to communicate will vary depending upon your role and responsibilities in relation to a survivor of gender-based violence. Below are general communication tips to be supportive and to help minimize the possibility of causing further harm and re-traumatization. These tips are intended to complement existing organizational policies, procedures, and practices.

Building trust, establishing safety, and embedding respect into your communications with individuals who have experienced gender-based violence is critical.

Communication Basics

- Remain calm, patient, and focused on the survivor.
- Carefully choose your words and be mindful of the tone of your voice and body language to ensure you are communicating respect and compassion, not judgment.
- Know and communicate the boundaries of what you and your organization can do.

Communicate Essentials First

- Identify who you are, what your organization does, and how you can help.

- Determine how the survivor wants to be addressed (e.g., first name or surname) and comply. For example, Amanda Simpson may want to be addressed as Mandy, so do so.

- Determine together when, where, and how to communicate.

Practice Empathetic Listening

- Empathetic listening is an active process that requires you, as the listener, to demonstrate compassion, nonjudgment, and to make a genuine attempt to understand what the survivor is sharing with you from their perspective.

- Try not to rush or interrupt the survivor and learn to be comfortable with silence. Silence creates space to process information and emotions.

- Listen carefully to what the survivor is sharing with you. Listen to understand, but do not probe. Ask questions on a need-to-know or clarification basis. Avoid using why as it implies blame and judgment. Pay careful attention to the survivor's response (verbal and nonverbal) and adapt accordingly.

- Empathetic listening involves acknowledging facts and feelings shared by the survivor when you respond. This acknowledgement demonstrates that you are listening, that you are trying to understand, and it also provides an opportunity for clarification in case you misunderstood or missed something.

- Paraphrasing what the survivor has shared with you may start with, "What I understand you are saying"

- Acknowledging and validating experiences may sound like, "That sounds like a terrible experience" or "No one deserves to be treated like that."

- Keep in mind that nonverbal communication sends a message too. Leaning slightly forward while maintaining adequate personal space and slow nodding can demonstrate attentiveness.

- Note: maintaining eye contact is often identified as a means of indicating we are being attentive. However, maintaining eye contact may not be culturally appropriate and depending on the psychological impact of the violence, a survivor may not be comfortable with eye contact, so you will need to evaluate and adapt.

- Empathetic listening does not necessarily mean that you agree with the other person. It means that you are trying to understand their perspective and experience.

- Remember that listening with genuine empathy fosters connections, trust, and respect. We want to be treated with respect: to experience fairness, dignity, and an open mind – to be seen and heard as a fellow human being without judgement.

Immediate And Long-Term Needs

- Be prepared: learn about gender-based violence services in your area while recognizing the boundaries and limitations of you and your own organization.

- During your conversation with a survivor of gender-based violence, you may become aware of immediate and/or long-term needs, such as shelter or mental health services.

- Depending upon your boundaries, you may offer to connect a survivor with relevant services. Alternatively, you may ask the survivor if they would like you to share a list of relevant service providers with them.

- Remember: do not make assumptions.

Collaborate With the Survivor

- Work with survivors by offering accurate information, creating opportunities for choice, and identifying options while they make decisions about their life.

- Why? A collaborative approach helps to ensure you do not introduce or mirror the unhealthy power and control dynamics survivors have experienced in abusive relationships and/or during gender-based violence.

- A collaborative approach supports empowerment.

Additional Tips

- Factor in the physical, psychological (cognitive and emotional), and cultural safety of survivors of gender-based violence and yourself in your communications.

- Establishing and communicating boundaries guides expectations and provides for clarity. Boundaries also help to maintain physical and psychological health and well-being.

- Do not assume gender identity, including one's pronouns.

- Remember that being present, polite, and considerate goes a long way.

- If and when possible, chose a quiet space that maximizes privacy and minimizes noise, distractions, and disruptions when communicating with a survivor.

- Practice self-care and reach out for help when you need it.

Additional Information

Possible signs of trauma responses to look for when communicating with survivors of gender-based violence:

- Sweating
- Change in breathing (breathing quickly or holding breath)
- Difficulty relaxing, muscle stiffness
- Flood of strong emotions (e.g., anger, sadness, hopelessness, etc.)
- Rapid heart rate
- Startle response, flinching
- Shaking
- Staring into the distance
- Becoming disconnected from present conversation, losing focus
- Inability to concentrate or respond to instructions
- Inability to speak
- May have gaps in memory

(Source: Poole, N., et al. (2013). *Trauma Informed Practice* Guide.)

Triggers Can Reactivate Trauma

Neurobiological changes caused by trauma can result in triggers. **A trigger refers to seemingly neutral instances (stimuli) that lead to re-experiencing the traumatic event.** In the moment, a trigger recreates past traumatic experiences so that potential threats are perceived as real and immediate. When triggered, even well-intentioned actions by others can result in re-traumatization. Commands, communication of blame, shame or judgement, touches, sounds, smells, or other stimuli can remind a person of early trauma and trigger an emotional or physical response of freeze, fight, or flight.

Grounding Activities

Grounding activities can be used before, during, or after a distressing incident. The purpose of grounding is to keep or bring a person into the present in their mind and body. Grounding activities can also assist with calming yourself and someone you are trying to help.

Grounding activities involve engaging with one's senses whether through words, movement, or physical sensations (e.g., positive and soothing self-talk; look outside and count the number of trees, birds, and/or signs you can see; or running cool water over your hands while noticing the smell of the soap).

Below are six (6) techniques that you can quickly use in the here and now, from the Lancashire & South Cumbria NHS Foundation Trust (with minor northern adaptations), to help you, a client or colleague.

The 5,4,3,2,1 technique

- Name 5 things you can see in the room with you (e.g., chair, painting)
- Name 4 things you can feel (e.g., my feet on the floor, cool air on my skin)
- Name 3 things you can hear right now (e.g., people talking outside)
- Name 2 things you can smell right now (e.g., toast, perfume)
- Name 1 good thing about yourself (e.g., I am strong)

Touch and describe an object

- Find an object around you, for example, a cushion, backpack/handbag, water bottle.
- Try to describe it as if you are explaining it to someone who has never seen it before.
- For example:
  - "This is a cushion; it is a square shape with a red and purple pattern of stripes … it feels soft with some hard ridges around the corners"
- Repeat until you feel calm.

Memory Game

- When you are feeling stressed/anxious and you need to try to reorient yourself to the present moment, using declarative memory can help with this.
- For example:

    - Name as many types of birds or dog breeds that you can.

    - How many communities have you visited?

    - Repeat the alphabet backwards

Say your Mantra

- When you are not in a stressed, agitated, or anxious state, it can be helpful to develop a list of personal mantras or affirmations that help you when you become panicked or disoriented.
- Write them down somewhere (on your phone or in a notebook) and keep them easily accessible.
- For example:

    - I am safe, I am here in the present moment.

    - This feeling will pass, nothing bad is happening right now.

    - I can handle these emotions, I am strong.

Note: mantras can be used for various purposes to help regulate emotions – in preparation, in the moment, and for calming after an incident.

Tip for staff: mantras can be used to affirm commitments such as a commitment to remaining calm and/or respectful. For example, your mantra may sound like,

- No matter what, I will remain calm, I will not let my emotions determine my actions.
- I will speak calmly and respectfully. I will not raise my voice or say anything hurtful or inappropriate.
- Stay calm, do not react.
- Feel free to repeat your mantra as many times as needed

Square Breathing

- Getting your breathing under control can be hugely effective in reducing stress and anxiety. Square breathing is a simple way to refocus your attention to your breath and the present moment.
- With your index finger, slowly trace the shape of a square in front of you, keeping your eyes on that finger.
- With one side, breathe in for 3 seconds...
- With the next side, hold your breath for 1 second...
- With the third side, breathe out for 3 seconds...
- With the final side, hold for 1 second...

Note: there are many different breathing exercises that can help ground an individual. Breathing exercises are a common form of emotional regulation and means of promoting a sense of calm. A quick search online will identify many options, such as counting breathing, cycle breathing, breathing combined with a calming phrase, breathing deeply to a count or words, and more.

Self-Soothe Box
For your clients or for yourself – at work or at home (contents are likely to vary)

- It's recommended to have a range of sensory things and something to focus your mind on. You could include something to smell, to touch, to look at and maybe even something to taste.
- Touch – Stress/fidget toys, smooth stones, playdough, soft fabric, yarn, etc. This serves as a good distraction for your hands and can encourage your muscles to relax.
- Smell – Peppermint for grounding, and lavender, rose, or chamomile for relaxation. Go with smells that you find comforting.
- Taste – Mints, chocolate, gum. (Drinking water can be soothing as it engages the senses, and you can use it to regulate your breathing. It is also important to stay hydrated.)
- Music – Identify/write down calming songs that are personal to you. Create a playlist of music you find calming and listen to it when you need or want to.
- Memories – Nostalgic items or photos of people or places with positive memories linked to them.
- Positive Affirmation/Quote Cards/Posters and/or Breathing/Calming Techniques Cards/Posters
- Activity – Having an activity to complete can really help you self-soothe, for example, knitting, beading, carving, drawing/painting, colouring sheets, and reading.

Trauma Crash Kit
Many workplaces that provide support services to people experiencing various forms of violence, whether interpersonal or systemic, recognize that the people they interact with on a regular basis are often in a heightened state from trauma. This idea of a "trauma crash kit" was developed at a shelter for women experiencing homelessness who would frequently arrive very agitated.

The kit was simply **a basket containing several objects** including smooth stones, stress balls, paper fans, soft hand size pieces of flannel, braids of sweetgrass, sage bundles, herbal tea packets, small vials of soothing aromatherapy, little chocolates, peppermints, gum, a deck of grounding cards, etc.

People could choose something from the kit to support them to feel safe, grounded, and regulated. Whatever would work for them in that moment.

Women would also suggest, and sometimes add, something to the basket to help other woman in the future.

The basket became a valuable trauma tool that everyone participated in.

Personal Reflections
A self-assessment tool

Pro tip: We encourage you to write out responses to these reflective prompts rather than merely reading and thinking about them.

1. Actioning trauma and violence-informed principles

- Do you think you are already trauma and violence-informed? How do you know?

_____

_____

- How does actioning trauma and violence-informed principles feel to you? Do you need more clarity or direction? How will you get it?

_____

_____

2. Gender and Trauma

- How have your parents, family members, classmates/peers, and romantic interests influenced your beliefs about gender?

_____

_____

- If you did not behave according to gender expectations/roles, were there any consequences?

_____

_____

- Do you expect men and women to behave in certain "proper "ways? How do you react when they don't?

_____

_____

- When someone calls you out regarding potentially harmful behaviours towards 2SLGBTQ+ individuals, do you feel compelled to quickly defend yourself and your intentions? Why is that? What are you hoping to communicate with this?

_____

_____

- How do I feel about being asked to use or corrected to use non-binary pronouns (they/them, etc.)?

_____

_____

3. Race and Trauma

- Do you have intrusive thoughts and memories of similar events as those you hear from your clients within your family, friends, or home communities?

_____

_____

- Are you having physical reactions to something that reminds you of your own traumatic events?

_____

_____

- Do you want to avoid people who are of a different race than you?

_____

_____

4. Cultural humility

- Think of your own heritage – how do you define a good person or a good family?

_____

_____

- Do you expect others of a similar background to feel the same way?

_____

_____

- Would you judge them if they came from your home community but believed differently?

_____

_____

- Are you comfortable with not knowing, able to accept that you cannot master another culture?

_____

_____

- Have you committed to lifelong learning about the many cultures in your community?

_____

_____

5. Communication

- What words have you used that have become emotional triggers for your client (s)?

_____

_____

- What have you replaced these words with?

_____

_____

- What are your psychological (cognitive and emotional) trigger words and phrases?

_____

_____

- How will you manage your response when you hear them?

_____

_____

6. Serving "difficult" clients

- How have you responded to "difficult clients" in the past?

_____

_____

- What is your go-to response when faced with people externalizing their crisis?

_____

_____

- Does it work for them? If not, are there changes you can make?

_____

_____

7. Safe and supportive environments

- Does your physical work environment support or negatively impact your client's experience? If so, how?

_____

_____

- What can or should you change?

_____

_____

- How will you address things that you can not change?

_____

_____

8. Collaboration and compassion

- How can you be more present with the people you encounter every day?

_____

_____

- How can you bring more authenticity to your interactions?

_____

_____

- Where can you be more collaborative with clients and colleagues?

_____

_____

- What of your own experiences and history informs your work? Does it help or hinder you?

_____

_____

- What do you keep trying to do that is impossible? Why do you keep trying to do it? Can you let go?

_____

_____

9. Empathy

- What are the stigmas and biases you carry? How do you reach past them?

_____

_____

- How do you define empathy? How is it different from sympathy/pity?

_____

_____

- What role has empathy played in your life? Think about a situation where you have experience empathy or witnessed empathy. How did it make you feel?

_____

_____

- Do you try to incorporate empathy into your everyday life? How do you do this?

_____

_____

10. Trauma Exposures Responses

- How do you feel and respond to what you are exposed to in your work?

_____

_____

- How do you decide when it is too much?

_____

_____

- What can you do to recenter and/or ground yourself?

_____

_____

- What are you doing right now to stay healthy and whole in your work?

_____

_____

11. Personal health and wellness

• What have you done in the past to let go of your day? Was it healthy?

_____

_____

• What can you do more of to be more mindful?

_____

_____

• What can you minimize to be more mindful?

_____

_____

• Do you practice the basics of personal health and wellness: good nutrition, adequate sleep, and regular exercise as well as social connections? Mindfulness activities?

_____

_____

• Do you think that your self-care and wellness strategy is adequate and effective?

_____

_____

12. Personal Resilience

• What are some of your resiliency life lessons?

_____

_____

• How do they shape how you face adversity and/or challenges today?

_____

_____

• How did you turn your experiences into lessons and opportunities for personal growth?

_____

_____

- What can I do to increase my awareness of my own thoughts and feelings? What can I do to develop my emotional intelligence and agility and the associated ability to regulate my emotions?

_____

_____

- What lessons do you need to learn today?

_____

_____

- What did you want to happen today?

_____

_____

- What went well? What did not go the way you intended?

_____

_____

- What did you learn? What will you do differently next time?

_____

_____

- What do you need to let go of to be able to move on – to ensure you don't become stuck?

_____

_____

Practice analysis

PUTTING TRAUMA AND VIOLENCE-INFORMED PRINCIPLES INTO PRACTICE

Meet Jane and Marie. Read their stories and identify if there is implicit bias in the way they are described. Reflect on how you might re-tell each story to change the language.

What might services providers do to support them, using trauma and violence-informed approaches?

Two sample analysis are on the next two pages to show one person's ideas and possible rewrites. You might see other elements and interpret the stories in other ways.

JANE

Jane is 26-year-old woman with developmental disabilities. Since discharge from her group home three years ago, she has had a series of unsuccessful housing placements followed by periods of homelessness. Jane is well known to shelter and services because of difficult relationships she chooses to be in. Jane is "hard to serve" because of her non-compliant behaviours and very poor hygiene. As a result, Jane has been banned from some services and the homeless shelter. Jane does not have a family support system. Jane is back in the women's shelter refusing to shower or change her clothes.

IMPLICIT BIAS	CHANGE THE LANGUAGE	TVI PRINCIPLES
"unsuccessful housing placements" suggest that Jane is to blame when homeless	Jane has not been able to secure housing and has had homelessness	There is a reason for Jane's behaviour
"difficult relationships she choose to be in" implies that it is her fault she is in a difficult relationship	She has experienced some difficult relationships	Ask how to make it safer for her
"hard to serve" suggests it is her fault she has trouble accessing services and that she had to be "banned"	Services are not meeting her needs	Spend time connecting
"non-compliant" she won't do what we want her to do	We have not yet figured out how to help her	Give her options and listen carefully
"refuding to shower or change her clothes" Jane is a problem for the shelter	We want to understand what she is trying to tell us	Recognize the strength it took her to get to you

MARIE

Marie is a 32 year old woman who relocated from Cameroon to a more isolated NWT community several years ago with her then partner who was working for a local contractor. Her first language Is French. Marie is very withdrawn, will not meet shelter worker eyes, and is evasive of any questioning. She does not connect with other women and seems to not be eating. Shelter staff feel she is unappreciative of their efforts to engage her and tend to leave her on her own. Marie's time in the shelter is coming to an end soon.

IMPUICIT BIAS	CHANGE THE LANGUAGE	TVI PRINOPLES
"Is withdrawn and will not meet shelter workers" suggests that Marie is uncooperative	Shelter staff haven't connected with Marie yet	Welcome Marie who is so far from home
"is evasive of any questloning" Implies she is not being honest	Language may be an issue or she may not fully trust us	Find an interpreter who speaks French
"does not connect and isn't eating" Implies she is not friendly or social	Marie is far from home and her language	Spend time connecting
"unappreclative of their efforts" suggests resertment of her by shelter staff	Staff are not sure if thew have been helpful	Ask what food she likes
"Marle's time in shelter is coming to an end soon" sounds like "good riddance"	Staff are working to put next steps into place with Marie	Recognize the strength it took her to get to you

ANY SERVICE PROVIDER CAN DO TO SUPPORT PEOPLE EXPERIENCING VIOLENCE

Usually you do not know if a person has a history of or is currently experiencing violence. Trauma-and-violence informed service is an appropriate approach to use whether or not you know. Good service does not require a disclosure of such experience; the goal is safety for all.

Signs that a person may be experiencing violence

Injuries | Mental health symptoms | Alcohol/drug misuse | Financial strain | Recent separation | Client cancels visits, uses health services more frequently, or defers to a partner in visit | Partner or parent is always present; answers for client.

FOR ALL PEOPLE

A **Assume** – that the majority of clients will have a history of trauma/violence of some form and that any client may be currently experiencing abuse.

B **Be Alert** – for signs that a person is currently experiencing trauma/violence.

C **Create** – psychologically and physically safer environments for all clients and service providers; care for all that is suitable for those who have experiences of trauma/violence.

D **Demonstrate knowledge** – that mental health issues and substance use issues are often connected to histories of violence, and that events such as pregnancy may be a time when violence begins or escalates.

E **Engage** – respectfully with all.

F **Foster opportunities** – for choice and control by clients.

For those who may have or are currently experiencing violence

L — **Listen** – Listen to the person closely, with empathy and without judging; be alert to the signs suggesting they are experiencing violence.
"That sounds terrible"

I — **Inquire about needs and concerns** – Assess and respond to their various needs and concerns e.g. emotional, physical, social, and practical (e.g. childcare).

V — **Validate** – Show them that you understand and believe their EXPERIENCE. If they disclose violence, assure them that they are not to blame. *"You have really survived a lot" "No one deserves..."*

E — **Enhance Safety** – Discuss a plan to protect themselves from further harm if violence occurs again. *" I'm really concerned about your safety" "I'd like to help you make a safety plan"*

S — **Support** – Support them by helping them connect to information, services, and social support. *"Would it be OK if I got us some advice from...?"*

For yourself

Examine your own **privileges and assumptions** – e.g., education, position, power, wealth, experiences of violence.

Learn about **mental health and wellness effects** of violence, risk assessment, and safety planning.

Within Your Organization

Challenge language that objectifies, judges or blames.
Use "woman", "man", "people" (instead of "battered woman", "abuser", "IDU", "at risk")

Switch "she doesn't want help" ➔ "our help isn't meeting her needs"

Switch "non-compliant client" ➔ "unsuitable care"

Design and tailor services support and empower.
E.g. evaluate routine intake procedures and practices, cancellation and policies, waiting spaces

Contribute to organizational conditions to support good service
E.g. provider/client ratios; policies, culture

Adapted from EQUIP Health Care. To learn more, please visit www.equiphealthcare.ca

References:
Varcoe, C. (2014). Interpersonal violence assessment. In A.J. Browne. J. MacDonald-Jenkins, & M.Lucktar-Flude (Eds.). Physical Examination and Health Assessment by C. Jarvis (2nd Canadian Edition. Pp. 120-137). Toronto: Elsevier

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Gender Sensitivity
Communication Tips

Here is sample language for when you have to talk to your clients about gender:

- I am going to ask you for some personal information about your identities. I want to learn more about who you are, and I want to make sure that I am respecting you whenever we meet.

- I am asking these questions without anyone else in the room to give you a private and confidential space to share any information about your identities and experiences that you want to share with me.

- The information you share with me is confidential, unless I think your safety or the safety of someone else is at risk.

- Sometimes clients have thoughts or questions about this process. Do you have any questions about what I've discussed so far?

- Some of these concepts or terms are new. Please ask me questions about the words I'm using, what I'm asking, or why I'm asking. Language is constantly changing, so please share whichever words work best for you, even if they're not listed as an answer to my questions.

- You may also feel uncomfortable sharing this information, especially if you have never shared this information about yourself before. You do not have to answer any question you are not comfortable answering, and you do not have to share any information you wish to keep to yourself.

(Adapted from Barba et al. (2021). Identifying the Intersection of Traum and Sexual Orientation and Gender Identity Part I and II: The Screener.)

Some additional sample language for when you first meet a client:

1. What name should I use for you

- If someone identifies a name that differs from their intake documentation or the name that is used on their ID, consider asking the following questions:

- Is there anyone you would like me not to use this name around? What name should I use around them?

- Would you like me to talk to other staff at this organization to let them know they should use this name?

- Are you comfortable with me writing this name in your records, where other people might see it?

2. What are your pronouns?

- I'm going to list some commonly used pronouns. You can choose from these options or tell me the pronouns you feel best describe you. You can choose more than one.

- If someone does not understand what a pronoun is, you can ask, "Do you like being called he, she, they, or something else?" If someone still does not understand what a pronoun is, it can be helpful to provide an example: "If I were to leave the room you would say, 'She left the room.' She and her are my

pronouns. If you were to leave the room, how would you want people to refer to you?" He/Him, She/Her, They/Them, Ze/Zir/Hir, I'm not sure.

- If someone identifies pronouns that differ from their intake documentation, consider asking the following questions. Is there anyone you do not want me to use these pronouns around? What pronouns should I use around them? Would you like me to talk to other staff at this organization to let them know they should use these pronouns? Are you comfortable with me writing these pronouns in your records, where other people might see them?

This question is only necessary if the information is required by your organization.

3. What is your gender? What gender or genders do you identify with the most?

- If they do not understand the question, consider saying: I'm going to list some common gender identities. You can choose from these options or tell me the terms that best describe your gender. You can choose more than one. Reading through the options can often help clarify. Male, Female, Two Spirited, Agender, Gender Fluid, Gender Queer, Gender Expansive, Non-Binary, Trans Female, Trans Male, Questioning/Exploring, I'm not sure, prefer not to respond.

Understanding and Building Empathy

Empathy — understanding the thoughts and feelings of the people around us — is one of the most important and most trying parts of being human. What exactly is empathy? If it doesn't come easy, can you develop more of it?

Stanford psychology professor Jamil Zaki Ph.D., director of their Social Neuroscience Laboratory, says that empathy is a skill that has to be developed rather than something you are born with. "Empathy is a simple word for a complex idea," he explains. "Research psychologists understand empathy as an umbrella term for multiple ways that we respond to other people's emotions."

It's not just others that benefit from our empathy, we do too. People who experience empathy also tend to be less stressed and depressed, more satisfied with their lives, happier in their relationships, and more successful at work.

There are three types of empathy: cognitive empathy, emotional empathy, and empathic concern or compassion. To unpack these types, imagine that you're having lunch with a friend when they get a phone call. You don't know who they're talking to, but at some point, your friend starts to cry.

As you see your friend break down, you might start to feel lousy yourself. Taking on their feelings is emotional empathy. It's that vicarious sharing of what someone else is going through. You also might try to figure out what they're feeling and why, and that's cognitive empathy. If you're a good friend, you probably care about what they're going through and wish for them to feel better, and that's empathic concern or compassion.

Of course, empathy is not always possible nor is it always the wisest response. You do not owe anyone your empathy. If you find yourself unable to empathize with a person or people who actively seek to destroy or disparage the group you're in, for example, you are not a failure. In fact, empathy can sometimes run counter to justice and can sometimes give us tunnel vision, in wanting to help some people over others.

Nevertheless, as a service provider, you have a responsibility to cultivate empathy in the same way that you try to take care of your physical health.

Here, Dr. Zaki lays out five exercises to help build your empathy

(Adapted from *The War for Kindness: Building Empathy in a Fractured World*, Jamil Zaki Ph.D.)

Exercise #1:
Strengthen your internal resources

Think about something you're struggling with and how it makes you feel. Then imagine a friend coming to you with that same problem and how you'd respond to them. Doing this can highlight the chasm between the kindness we give to the people in our lives and the kindness (or lack of) that we show ourselves. You'll probably find a significant difference in how you'd treat your friend versus how you'd react to yourself.

High-achieving people often struggle to do this exercise.

Empathy has to start at home, you can't just give of yourself emotionally until there's nothing left. By building self-compassion, we are increasing our capacity for empathy.

Exercise #2:
Feeling spent? Spend kindness on others

At some point in your day, especially when you're stressed or feel like you don't have any spare energy, spend in some small way — whether it's in time, energy, or money — on someone in your life. Send a text message of support to someone who's having a hard time. When you're running errands, pick up your partner's favourite coffee. Carry an older neighbour's groceries in.

In an attempt to conserve energy for ourselves, we tend to turn inwards when under pressure. While it may seem counterintuitive, performing these tiny acts — especially at moments when we feel like we can't — can be energizing and enlivening. You may be happily surprised to find that when you give to others, you don't end up depleting yourself.

Exercise #3:
Disagree without debating

Have a conversation with someone you disagree with. Rather than debating or discussing the contentious issue, share your story of how you came to form your opinion and then listen to how they arrived at theirs.

This is likely to be the most uncomfortable of the exercises, but it's worth doing given our current social climate in which a person's ideology can be equated with their personality.

Note: Do not do this exercise with someone who harms or denigrates you or the group(s) you belong to.

The point of this activity is to show us that it's possible to disagree with another person without disliking them or seeing them as the enemy. Empathy does not mean condoning, but it can mean understanding.

Exercise #4:
Use technology to connect, not just to click and comment

For this exercise, think of how you currently use your phone and rethink how you might use it differently. Try to be intentional about technology as a medium in which human connection can exist and which you can use to pursue that connection.

Many of us pick up our phones only to look up an hour later to realize we've spent the time doing a whole lot of aimless scrolling and clicking and not much else. For a few days, do an internal audit each time you catch yourself looking up from your phone. Take notice of how you feel, what (if anything) you've gained, and what you've retained. By asking yourself basic questions — "What am I thinking? Is this what I want to be doing? What do I feel right now?" — you have the chance to look at its impact on you and your well-being.

When you can, try to use your digital interactions as a chance to better connect with others. This could mean having more real-time interactions and conversations. Instead of just leaving an emoji on a friend's Instagram post, why not directly text or call them? One of the worst things you can do for your sense of human connection, is to lurk on various platforms and let anger and other negative feelings seep into you.

Exercise #5:
Praise empathy in others

Make it a habit to acknowledge empathic behaviour when you see it. For this exercise, take a moment in your meetings, whether online or in-person, to recognize the people on your team whenever they help others achieve their goals. A lot of our attention tends to go towards the loudest voices, which are not necessarily the kindest voices. When we notice the good around us, it balances our attention.

These exercises can become a lifelong practice. The more we cultivate our own empathy and encourage it in others, the more we contribute to a **culture of kindness**.

Case Study of Trauma Exposure Responses

Tina has represented children in child welfare cases for seven years. She has over 150 clients on her caseload and spends most of her day in court. In the evening she works late, calling clients and foster parents and trying to prepare for the next court day. She typically is at the office until 6:30 or 7:00 pm every night, but she never feels caught up on her work. By the time she gets home, she has no energy to spend time with her own kids. After her kids are in bed, she will scarf down a bowl of cereal and have two glasses of wine to relax.

She recently was appointed to represent a teenager who is returning to foster care after her placement with a relative guardian broke down. The social worker's report stated the client was combative with her guardian and would not follow the rules of the house. The client was struggling in school and was at risk of being held back a grade. She had been placed in a group home.

When Tina met with the client at court, she did not have much time to talk. She asked the client how things were going at the group home. When the client said she was having problems with the staff and house rules, Tina snapped, "If you don't like the group home maybe you should have tried to work things out with your guardian." When the client said she wanted to stay in her previous school Tina said, "I can ask the judge about that, but why do you want to stay there when you are failing your classes?"

After court, when Tina got back to the office, she complained to her colleagues about teenagers messing up their placements.

Reflection Questions

1. In what ways might Tina be experiencing trauma exposure response?

2. How is trauma exposure response impacting Tina's work?

3. How is trauma exposure response impacting Tina's personal life?

4. What are some ways Tina can address her trauma exposure response?

5. How could Tina increase her compassion satisfaction?

6. What are some ways Tina's manager or law office could support her?

12 Gentle Reminders for Self-Care and Wellness

We are living in uncertain times, and we work in a demanding sector with repeated exposure to trauma and even violence. All of this can easily compound the stress that we already feel from the nature and intensity of the work we do. Here are 12 gentle reminders for these stressful times.

1. There are no wrong or right feelings in times such as these; you may feel a myriad of feelings and be gentle with them. They will come up and stay - honour them, give them names, and breathe.

2. Notice how are you feeling; write it down, share it, or name it silently or out loud to yourself. We all process feelings differently.

3. Move your bodies in whatever way feels good and nourishing – walking, running, stretching, at the gym, or on the land – out in nature.

4. Feelings of stress and anxiety and ultimately of not "feeling safe" may stir conscious or unconscious memories of past times in your life when you didn't feel safe. Notice it - name it – suspend judgement. All feelings are okay.

5. Anxiety likes to trick us into thinking that if we "have all the information" or "more information" that THEN we will alleviate our uncomfortable feelings, but really, they just make us feel more anxious. Notice when you need a break from talking about it, reading about it, etc.

6. Focus on anchors for yourself – routines that are based in connection with yourself or with others. Anchors can include your morning coffee/tea, calling a friend or family member on the way home from work, taking your pet for a walk, tending to your plants, etc.

7. Know that this feeling or worry about safety will exacerbate past feelings of not being safe for those that we work with as well.

8. Since most of us are living right now in the feeling part of our brain, it can be very difficult to access the thinking part. Remember to learn or teach, we must feel safe first.

9. Remember clients are ALWAYS listening, wondering, and ALWAYS asking two questions: Am I safe here? Am I wanted here? Help narrate discussions of this for your clients and for your own families.

10. Clients don't say "geez I sense a lot of tension and things have changed and I am scared, sad, confused, worried." Instead, they demonstrate these thoughts and feelings with their behaviors. They melt down, they become demanding or argumentative. This is normal, while not fun, it is okay. They are just saying please someone help organize what's happening and see my feelings. By the way, we do the same; hence people arguing over shopping carts and toilet paper. So, apply this also to everyone you work with, your family, friends, neighbours, and yourself.

11. Breathe. First, remember to breathe and then explore different breathing exercises until you find the one that feels right for you.

12. Recite a mantra "It will all work out" "I can do hard things" "I am calm" "I am healthy" – whatever you can think of. The biggest reminder though is to allow space for your feelings and the feelings of those you are working with - no need "to do" but rather just be.

(Adapted from Leah Niezwaag, LCSW, IMH-E® Gentle Reminders.)

Take Time to Reflect
– A Practice Reflection Tool

For too many of us, the workplace is a fast-paced, high-pressure environment with little time to just breathe. Professionals working in the gender-based violence sector are often dealing with high stakes and escalating situations, working with people and populations in which traumatization and violence are ongoing. Vicarious trauma, compassion fatigue, burnout, moral distress, and secondary traumatic stress are all too common experiences for frontline service providers.

Individuals and organizations can take steps to reduce the harms that are caused by working in the gender-based violence sector. Integrating and applying trauma and violence-informed principles can help protect you and the people you serve from harm and re-traumatization.

The Power of Support

Human beings are incredibly resilient with even modest support. Every encounter in your day is an opportunity to practice trauma and violence-informed principles and to build your skills. Remaining calm, being present, and demonstrating respect, compassion, and nonjudgement can cut through even the most difficult situations to offer hope and support that is meaningful. You don't have to solve other people's situations. Instead, ground yourself in humility to "be with" others in solidarity with our shared humanity.

Becoming Trauma and Violence-Informed takes practice

As part of implementing trauma and violence-informed approaches, take time to reflect on different encounters throughout your day using the principles as a guide. Over time, the questions and reflection will become automatic, and you will find that you see the world through the trauma and violence-informed lens.

Reflect on specific encounters with survivors/clients. Take care to reflect critically for the purpose of learning and development, not to use the exercise to judge yourself or others harshly. Perfection is not the goal. Integrating trauma and violence-informed principles into your practice is a journey with ups and downs. The work is difficult and complex. Balance compassion for yourself with honesty and critical thinking.

Questions that are outward-facing: seek to prevent harm and re-traumatization.

1. Build awareness and understanding of trauma, violence, and their impact on people's lives and behaviour

- Were you honestly able to look past the behaviour or label the person came in with?

_____

_____

- How did you do that? (Be concrete and specific – what did you do?)

_____

_____

- Was there any point that you found yourself in judgement?

_____

_____

- What was it?

_____

_____

2. Emphasize safety and trust

- What did you do to create safety? (Be concrete and specific – what did you do?)

_____

_____

- What did you do to deserve trust? (Be concrete and specific – what did you do?)

_____

_____

- Were you aware of power dynamics that create "us and them" divisions?

_____

_____

- Imagine how the person would describe the meeting/session when they left. What words might they use to describe it?

_____

_____

3. Offer real choices through connection and collaboration

- Did you ask and then listen carefully for what the person wants?

_____

_____

- Did you talk honestly about the services that are available?

_____

_____

- Did you brainstorm options that support the person's expressed wants?

_____

_____

4. Recognize and build people's strengths and resilience

- What strengths did you see in the person? If you did not see them in the moment, think about them now.

_____

_____

- What did you do that was supportive?

_____

_____

- Do you think the other person experienced it as support?

_____

_____

5. Incorporate a people-centred perspective

- Did you practice humility – do you believe the other person is the expert of their life?

_____

_____

- Were you able to let go of finding solutions for them?

_____

_____

- Was there mutual regard and respect in the interaction?

_____

_____

Outward-facing exercise:

• Think about the meeting or session from the other person's perspective. How would you describe it if you were them?

_____

_____

• What words would they use to describe their experience of you – with you? What do you think they left with?

_____

_____

• From that perspective, what principles did you use? What do you want to further develop?

_____

_____

Questions that are inward-looking: your health and wellbeing are a priority.

1. Build awareness and understanding of trauma, violence, and their impact on people's lives and behaviour

• How are you feeling in this moment? What are you thinking?

_____

_____

• Was there an encounter in your day that left you upset, hurt, drained, and/or angry? If so, where do you feel it in your body?

_____

_____

• Does structural violence play into the encounter? If so, how?

_____

_____

2. Emphasize safety and trust

• Did you feel safe in the encounter?

_____

_____

- Do you feel supported in your workplace?

_____

_____

3. Offer real choices through connection and collaboration

- What were your choices in the situation?

_____

_____

- Who could support you?

_____

_____

- Are you sufficiently aware of relevant community resources?

_____

_____

4. Recognize and build people's strengths and resilience

- What do you feel good about in the encounter?

_____

_____

- Did you give yourself time afterward to take a break, ground yourself, and/or debrief?

_____

_____

- Do you practice self-care and actively foster resilience?

_____

_____

5. Incorporate a people-centred perspective

- Did you feel respect, dignity, and safety in the encounter?

_____

_____

- Do you get caught in thinking it's up to you to solve the problem?

_____

_____

- Do you remember to take time to recognize the contribution you and your colleagues make in others' lives?

_____

_____

Inward-looking exercise:

Find words to describe how you are/how you were.

- Focus on your response, rather than the event.

_____

_____

- Where does it sit in your body?

_____

_____

- Say them out loud.

_____

_____

- Write the descriptive words down to see them and think about what they are telling you.

_____

_____

What steps can you take to support yourself?

- Suggestions can be found in the practical guide, see: Your self-care and wellness strategy

_____

_____

Vicarious Trauma and Other Trauma Exposure Responses: a Toolkit

Walk as ONE

Vicarious Trauma and Other Trauma Exposure Responses: A Toolkit

We are all living through some of the most intense and difficult times many of us have ever experienced.

In our work, we will encounter suffering and we know that hearing traumatic stories and experiences can be hard. Sometimes we may even feel helpless or unable to leave our work, at work.

Understanding why we may feel this way, how it affects us and what w can do about it, can be a good first step in preventing, recognizing, and dealing with it.

Trauma Exposure Responses

Trauma exposure response is a term used to describe the various internal changes we experience as a result of repeated exposure to violence and trauma: hearing and/or witnessing traumatic and/or violent events, often without adequate resources and supports to offset the risks.

Trauma exposure responses often develop gradually and vary from one individual to the next. Trauma exposure responses can include:

- **Burnout:** emotional, mental, and physical exhaustion, depersonalization/cynicism, and reduced efficacy and commitment can result from constraints in your working environment and not necessarily from the interactions with your clients.

- **Compassion Fatigue:** the gradual erosion of the ability to tolerate difficult stories and suffering of others. It can cause you to lose hope, empathy, and compassion for others.

- **Moral Distress:** internal conflict that occurs when you feel that the morally/ethically correct thing to do is different than what your job requires you to do. When policies or procedures prevent you from doing what you thinks is right, that presents a moral dilemma and can make you feel powerless, isolated, anxious, and even depressed.

- **Secondary Traumatic Stress:** nearly identical to post-traumatic stress disorder ('PTSD') as it involves re-experiencing, avoidance, and hypersensitivity in response to attending to traumatic and/or violent incidents or helping those who survive, but this response does not meet the criteria for PTSD.

- **Vicarious Trauma:** also known as **secondary trauma**, describes the negative, cumulative psychological impact on service providers of being exposed to someone else's traumatic experience(s). It is a negative reaction to trauma exposure and includes a range of symptoms that are similar to experiencing trauma directly. Vicarious trauma negatively shifts your internal worldview.

It is not unusual, that at any given time, we may be experiencing one or more trauma exposure responses.

Trauma exposure response symptoms are often similar to those of the people who directly experienced the trauma, although the severity of symptoms might differ. Having these symptoms and responses is not unusual or wrong. It is common. Sometimes it may feel like it is the cost of being in a caring profession.

What are some examples from your workplace or life experiences where you have witnessed or experienced any of these trauma exposure responses?

_____

_____

_____

_____

_____

_____

The Inter-connected Roles of Organizations and Service Providers

Organizations and individuals each have a role to play in preventing, recognizing, and addressing trauma exposure responses, including vicarious trauma. So, this Toolkit includes information, tips, and tools for both.

Vicarious Trauma, and other Trauma Exposure Responses, Impacts the Organization and Ultimately the Clients Too

The Impact on the Organization

Lost Productivity:

Decreased morale, cohesion, communication, collaboration, quality of service

Staff turnover:

Time and resources needed to recruit and train drains remaining staff

Poor organizational health:

Erosion of concentration, focus, decision making, motivation and performance
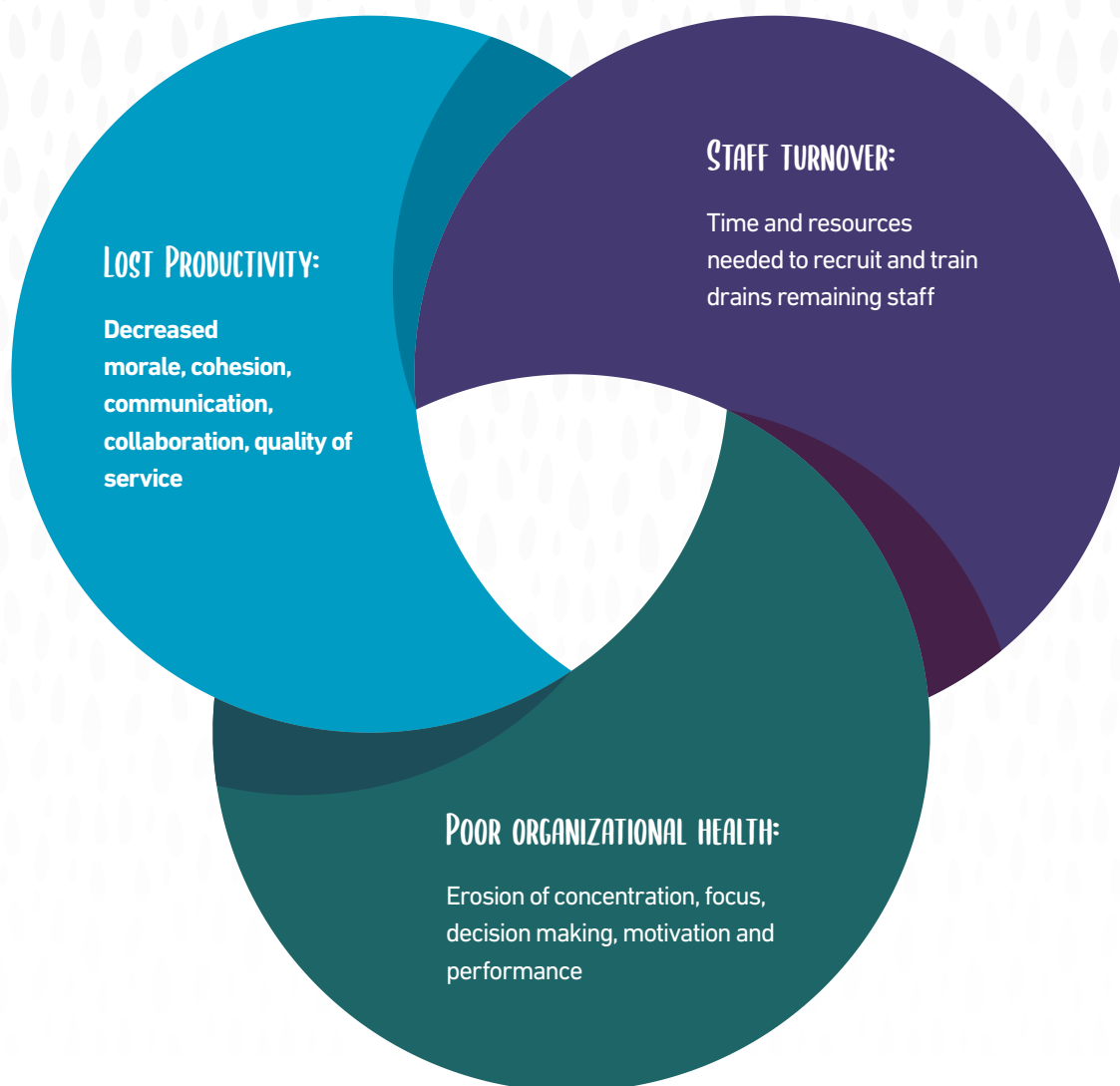
How is Your Organization Doing?

Leadership and Mission

❏ proactively integrate strategies into workplace values, operations, and practices.

❏ maintain a clear vision that supports and articulates the agency's mission.

❏ regularly model and promote open and respectful communication.

❏ sustain staff by anticipating and responding to staff needs, showing appreciation, and creating safe forums for communication.

❏ use open and transparent communication regarding organizational mission, strategy, resources, and implementation of policies and procedures.

Management and Supervision

❏ managers and supervisors foster supportive relationships based on inclusivity, mutual respect, and trust.

❏ promote policies and practices that lessen the negative impact of the work.

❏ seek out and support staff following critical or acute incidents.

❏ conduct performance evaluations that include discussions of vicarious trauma.

❏ quality supervision—when staff feel safe and respected.

❏ having a structured protocol in place for case review, along with collegial team reflection and support.

Employee Empowerment and Work Environment

❏ foster teamwork.

❏ encourage collaboration both within and outside the organization.

❏ create formal and informal opportunities for staff to connect with one another.

❏ offer opportunities to diversify job tasks.

❏ positive work environments.

❏ supportive work environments.

Training and Professional Development

❏ promote continuing education, professional development, and networking opportunities.

❏ provide thorough orientation and ongoing training.

❏ enable access to resources; and support staff participation in on- and offsite learning opportunities.

❏ train staff in vicarious trauma, what it is and how to prevent/treat it.

❏ job-specific training to ensure full performance capacity.

Staff Health and Wellness

❏ recognize links between health and wellness and staff satisfaction and productivity.

❏ devote time and resources to promoting staff well-being.

❏ encourage and provide health and wellness activities.

❏ incorporate health and wellness into policies and practices.

❏ support and provide access to mindfulness programs.

(Adapted from the U.S Department of Justice, Office for Victims of Crime. *The Vicarious Trauma Toolkit*.)

Organizational Actions

Managers and executives, in the gender-based violence sector, are also challenged to consider the organizational correlates of vicarious trauma and other trauma exposure responses. Some responses, such as altering workloads or providing employee insurance with extensive mental health benefits, may be costly to the organization. However, neglecting such an investment may also be costly to the organization in terms of staff turnover and low morale. Other organizational responses, such as creating an organization culture that acknowledges the potential for vicarious trauma and other trauma exposure responses, may be less costly. Simply naming the stress, challenges, and demands of the work may help workers feel supported and give them permission to seek personal solutions for whatever stress they may experience. In the end, these organizational actions are likely to lead to a healthier environment for staff and their traumatized clients while providing for a higher and more consistent quality of service.

Preventing, Recognizing, and Addressing Vicarious Trauma and Other Trauma Exposure Responses – a compilation of best practice tips for organizations

Organizational Culture

- A supportive organization is one that not only allows for vacation leave, but also creates opportunities for staff to vary their caseload and work activities, take time off for illness, participate in continuing education, and make time for other self-care activities.

- Small organizations might signal their commitment to staff by making staff self-care a part of the mission statement and understanding that ultimately it does affect the client experience.

- A reasonable workload, regular meal breaks, and support for maintaining a healthy work-life balance.

- Make debriefing the norm and include all impacted staff.

- Administrators monitor staff vacation time, discourage regular overtime, and encourage staff with too much accrued time to take time off.

- Self-care challenges, tips, and resources could be addressed in staff meetings, and opportunities for continuing education could be circulated to staff.

- Staff whose primary job is to provide direct services to traumatized people may benefit from opportunities to participate in social change activities. Organizations that do not already provide such services might consider providing community education and outreach or working to influence policy.

- Organizations can also maintain an attitude of respect for both clients and staff by acknowledging that work with trauma and violence survivors often involves multiple, repeated interventions.

- Developing collaborations between organizations that work with traumatized clients can provide material support and prevent a sense of isolation and frustration at having to *go it alone*.

Work Environment

- Protecting workers' safety should be the primary concern of administration.

- Paying for security systems or security guards may be a necessary cost of doing business.

- Organizations may consider developing a buddy system for co-workers so that if one worker is threatened by a client, another knows to summon help.

- Workers may want to have personally meaningful items in their workplace. These can include pictures of their children, pets, or of places they have visited, scenes of nature, or quotes that help them remember who they are and why they do this work.

- By placing inspiring posters or pictures of scenic environments (rather than organization rules and regulations) in staff meeting rooms and break rooms, the organization can model the importance of the personal in the professional.

- Workers also need places for rest at the job site, such as a break room that is separate from clients. With a space such as this, the organization could address some basic the self-care needs by providing a coffee maker, fridge, soft music, and comfortable furniture.

Education

- Efforts to educate staff about trauma exposure responses, including vicarious trauma, can begin in the job interview. Organizations have a duty to warn applicants of the potential risks of trauma work and to assess new workers' resilience.

- New employees can be educated about the risks and effects associated with trauma, as new and inexperienced workers are likely to experience the most impact as they develop self-care, wellness, and resilience strategies.

- Ongoing education about trauma exposure responses and self-care and wellness strategies and resources, can be included in staff training and discussed on an ongoing basis as part of staff meetings.

- Learning new ways to address clients' trauma may also help prevent trauma exposure responses, including vicarious trauma.

Group Support

- Staff opportunities to debrief informally and process traumatic material with supervisors and peers are helpful.

- Critical incident stress debriefing is a formalized method for processing specific traumatic events but may be less helpful in managing repetitive or chronic traumatic material.

- Support can also take the form of coworkers' help with paperwork or emergency back-up.

- Time for social interaction and celebrations such as lunches or barbecues organized around meaningful dates, such as work anniversaries, birthdays, or other positive events, as well as organized team-building activities, can increase workers' feeling of group cohesion and mutual support.

- Peer support groups may help because peers can often clarify their colleagues' insights, listen for and correct cognitive distortions, offer perspective/reframing, and relate to their psychological (emotional – cognitive) state.

Supervision

- Supervisors can mentor and support their staff based on their experience, knowledge, and training. In doing so, they can introduce staff to trauma exposure responses, including vicarious trauma, actions to prevent it, resources to help, and generally, be supportive and sensitive to the effects of trauma.

- If possible, supervision and evaluation should be separate functions in an organization because a concern about evaluation might make staff reluctant to bring up issues in their work with clients that might be signals of vicarious trauma.

- In situations where supervisors cannot separate the supervisory and evaluative functions, organization administrators might consider contracting with an outside consultant for trauma and violence-informed specific supervision/training on either an individual or group basis or identifying an alternative supervisor/manager to raise said issues with.

Resources for Self-Care

- Organizations can make mental health and wellness resources available for all staff exposed to trauma.

- If there are many employees encountering the same type of trauma in the organization or within the larger community, organizations may consider the feasibility of forming a peer support group.

- In addition to providing mental health and wellness resources, organizations could also provide opportunities for structured stress management, mindfulness, and physical activities.

- Organizations with limited resources might consider exchanging training on areas of expertise with other organizations that have experts in stress management or mindfulness.

- Sending one staff member to a conference or workshop to learn stress management or mindfulness techniques and then asking that person to present what he or she learned to coworkers is a cost-effective way to circulate this information throughout an organization.

- Organizing something as simple as a walking, reading club, or meditation group during the lunch hour or after work might also contribute to staff wellness at no cost.

_____

Vicarious Trauma Information, Tips, and Tools for Service Providers

You may develop vicarious trauma or other types of trauma exposure responses when working in the gender-based violence sector. This is normal, and is manageable with strong workplace strategies, social supports, and self-care and wellness strategies.

Responding to trauma and loss in the workplace is not new to those in this sector. However, the amplification caused by national issues such as the pandemic and climate change, even as we continue to lose people in our communities to violence, suicide, and overdose, can be triggering, exhausting, and overwhelming.

You may feel like you have been holding too much for too long!   It is time to have a plan and put it into action.

You likely respond to trauma exposure in several ways. A *change in your worldview may be inevitable. You may* either become more cynical, fearful, or isolated, or you may become more appreciative of what you have, or experience both.

Your responses can be neutral, negative, or positive and they can change over time. These responses to the same traumatic incident can also vary from person to person.

- A **neutral reaction** is the way your resilience, experiences, support, and coping strategies manage the traumatic exposure, not that it has no effect.

- Vicarious resilience and vicarious transformation reflect **the positive effects**. For example, you may draw inspiration from your client's resilience that strengthens your own mental and emotional fortitude. Just as clients can be transformed in positive ways by their trauma, so can you. **Compassion**

Satisfaction is the sense of meaning and fulfillment you derive from working within your profession and doing your job well. Such positive outcomes can motivate and, in turn, protect against the negative effects of trauma exposure.

Think about when and how your responses may have been negative, neutral, or positive.

"When I get home, I can't stop thinking about what happened at work,", "Sometimes its hard to hear what my clients have to say." "How am I expected to open up and be authentic at work when I deal with one trauma after another?")

Who Is at Risk of Being Affected by Vicarious Trauma and Other Trauma Exposure Responses?

Anyone **repeatedly exposed to traumatic and violent experiences, circumstances, and conditions** is at risk of developing vicarious trauma and other trauma exposure responses. This means you.

Factors that may make you more vulnerable include:

* prior traumatic experiences
* social isolation, both on and off the job
* a tendency to avoid feelings, withdraw, or assign blame to others in stressful situations
* difficulty expressing feelings
* lack of preparation, orientation, training, and supervision in their jobs
* being newer employees and less experienced at their jobs
* constant and intense exposure to trauma with little or no variation in work tasks
* lack of an effective and supportive process for discussing traumatic content of the work

Take the following **Compassion Satisfaction and Compassion Fatigue Self-Assessment** and see how you are doing.

COMPASSION SATISFACTION AND COMPASSION FATIGUE
(PROQOL) VERSION 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the <u>last 30 days</u>.

1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I *[help]*.
3. I get satisfaction from being able to *[help]* people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I *[help]*.
7. I find it difficult to separate my personal life from my life as a *[helper]*.
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
9. I think that I might have been affected by the traumatic stress of those I *[help]*.
10. I feel trapped by my job as a *[helper]*.
11. Because of my *[helping]*, I have felt "on edge" about various things.
12. I like my work as a *[helper]*.
13. I feel depressed because of the traumatic experiences of the people I *[help]*.
14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a *[helper]*.
20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
24. I am proud of what I can do to *[help]*.
25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a *[helper]*.
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job. (Alpha scale reliability 0.88)

Burnout_____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern. (Alpha scale reliability 0.75)

Secondary Traumatic Stress_____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

If your score is above 41, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional. (Alpha scale reliability 0.81)

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section,** total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

3. _____
6. _____
12. _____
16. _____
18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	And my Compassion Satisfaction level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

the effects of helping when you are *not* happy so you reverse the score

*1. _____ = _____
*4. _____ = _____
8. _____
10. _____
*15. _____ = _____
*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____

Total: _____

The sum of my Burnout Questions is	And my Burnout level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

2. _____
5. _____
7. _____
9. _____
11. _____
13. _____
14. _____
23. _____
25. _____
28. _____

Total: _____

The sum of my Secondary Trauma questions is	And my Secondary Traumatic Stress level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

The ABC's of Addressing Vicarious Trauma and Other Trauma Exposure Responses

- **AWARENESS**
  Being attuned to you needs, limits, emotions, and resources. Heed all levels of awareness and sources of information, cognitive, intuitive, and somatic. Practice mindfulness and acceptance.

- **BALANCE**
  Maintaining balance among activities, especially work, play and rest. Inner balance allows attention to all aspects of your self.

- **CONNECTION**
  Connection with yourself, to others, and to something larger. Communication is part of connection and breaks the silence of unacknowledged pain. These connections offset isolation and increase validation and hope.

(Source: Klinic Community Health Centre. (2013). *Trauma-Informed: The Trauma Toolkit, Second Edition*.)

"Vicarious Trauma is the experience of bearing witness to atrocities that are committed against others. It is the result of absorbing the sight, sound, smell, touch and feel of the stories told in detail by survivors who are searching for a way to release their own pain." (Health Canada, 2001)

Self-Awareness is Key

It is important to practice self-awareness, to notice how we're really doing, and commit to taking the necessary steps to care for ourselves. Building self-care into our daily routine is key to resetting when we become aware that we're stressed, anxious, or triggered. This is only possible if we give ourselves permission to stop and make time for frequent check-ins with ourselves, and as a team, to become aware of how we're being impacted.

There's no need to pretend we are not being impacted by our work. Giving ourselves permission to reach out for support is an act of self-care.

How am I doing ... really....

☐ Physically

☐ Emotionally

☐ Mentally

☐ Spiritually

☐ Socially

Check-in

Now that you have checked in with yourself, considering sharing what's going on for you right now with your work team so your colleagues and bosses know better as to how to give you the support you need.

1. The work-related stress and trauma most with me today is ...

2. When I am dealing with a lot of stressors, this is what you might notice about me in the workplace ...

3. When I am under a lot of stress, what I need from others is .... what I don't need from others is ....

4. What is in my head/ heart that I have not been able to share with others is ...

Preventing, Recognizing, and Addressing Vicarious Trauma and Other Trauma Exposure Responses

1. **TAKE STOCK** of your work environment. Do the conditions of your work increase or decrease the likelihood of trauma exposure having a negative impact?

    Consider:

    - Does your workload allow you to provide good, trauma and violence-informed service?

    - Are you able to take adequate breaks, during your shift and including vacation and sick leave?

    - How are you and your co-workers expected to respond to suffering? With compassion or though and distant?

    - Is reflective supervision available from a manger or team leader?

    - Are staff encouraged to debrief informally amongst themselves, perhaps using a "buddy system"?

    - How are service providers who are struggling supported? Are people seen as "burned out" (and such, it is their weakness and problem) or "used up" by organizational practices?

    - How is workplace incivility, bullying and violence – including between staff or client or staff-client/client-staff – acknowledged and dealt with?

2. **BE AWARE** of the signs and symptoms of trauma exposure responses, especially vicarious trauma, and how to recognize them in both yourself and your co-workers.

    - Social withdrawal

    - Extreme or rapid changes in emotions (e.g., involuntary crying)

    - Aggression

    - Increased sensitivity to violence

    - Physical symptoms, such as aches and pains

    - Sleep difficulties

    - Intrusive imagery

    - Cynicism

    - Difficulties managing boundaries with clients

    - Relationship challenges

3. **IF YOU ARE CONCERNED**, complete the Compassion Satisfaction and Compassion Fatigue Self-Assessment in this toolkit, or take an online self-test such as the one available here:

    www.compassionfatigue.org/index.html

4. **PRACTICE SELF-CARE.** Whether for prevention or recovery, focusing on self-care is a good idea. Anyone who works in a helping profession is at risk of developing vicarious trauma. It is important to take steps to keep yourself well.

The basics of health and wellness are good nutrition, adequate sleep, and regular exercise. Social connections are also essential to our health and wellbeing. Everyone is different, in addition to the basics, self-care might look like:

• Mindfulness practice

• Spending time in nature

• Creative outlets

• Volunteering in areas where sustainable change is evident

• Limiting intake of violent movie/books/games

More tips and information about self-care and wellness strategies, grounding activities, and resilience practices can be found in the Service Provider section of this guide.

5. **ADVOCATE FOR ORGANIZATIONAL SUPPORT**

It is important to acknowledge that individual service providers cannot be responsible for preventing or dealing with the effects of vicarious trauma and other trauma exposure responses. Diong so requires a culture of support, which means a team effort from the individual to unit to organizational level, and adequate resource to provide good, trauma and violence-informed services. Work toward this culture of support by engaging leaders, direct service provider staff, auxiliary staff, and clients.

(Adapted from: EQUIP Healthcare & the Health Equity Toolkit.)

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If all else fails... REST

R   Reach out to a counsellor or therapist who can make space for you to process.

E   Excuse yourself and set boundaries from being around triggering people, experiences, and spaces.

S   Seek out support from loved ones who make space for you.

T   Take time to make space to relax, rest, and nourish yourself.

(Adapted from Ogorchukwu, Jacquelyn Iyamah. (2020) *Coping Strategies for Racial Trauma.* Retrieved from: **www.youtube.com/watch?v=rckV6-n33rE**)

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