

Trauma- and Violence-Informed Approaches to Support Survivors of Gender-Based Violence

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Western  Arthur Labatt Family
School of Nursing



presents:

Innovations in Addressing Gender-Based Violence and Trauma- and Violence-Informed Health Promotion

A NATIONAL CONFERENCE

Oct 1–2, 2025

I pay my respects to Elders, past and present, of this the land of the Mississaugas of the Credit First Nation, the Anishnabeg, the Chippewa, the Haudenosaunee, and the Wendat peoples, covered by Treaty 13. I convey my sincere gratitude for the privilege to visit this land today.

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

Today

- Stage-setting
- From trauma-informed to trauma- and VIOLENCE-informed
 - why the “V” is key for effective response for people experiencing and using violence in intimate relationships
 - TVIC Principles
- Getting started on TVIC
- Resources
- Reflection

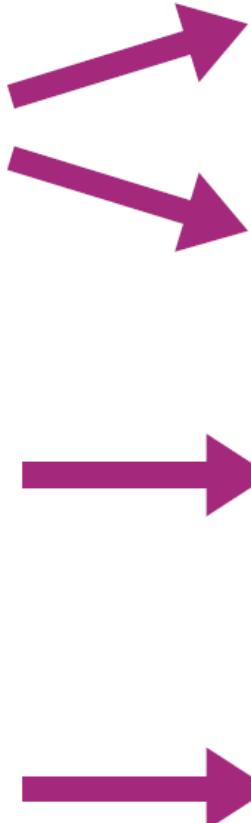
Stage-setting

Staff Well-Being

Working with people who have experienced/ are experiencing trauma and marginalization

Working in harmful and compromising contexts

Working with people who are denied basic rights & needs and/ or face discrimination and stigma



Vicarious/secondary trauma: trauma symptoms from hearing/ seeing the effects of others' trauma

Moral distress: harm arising from the effect on people of the mismatch between needed and actual care

Structural distress: harm arising from work conditions like unreasonable workloads, lack of workplace supports, workplace violence

Vicarious structural violence: Distress, exhaustion and hopelessness from the harms caused by systems, including wait times, lack of services, stigma and discrimination



Decreased well-being and job satisfaction

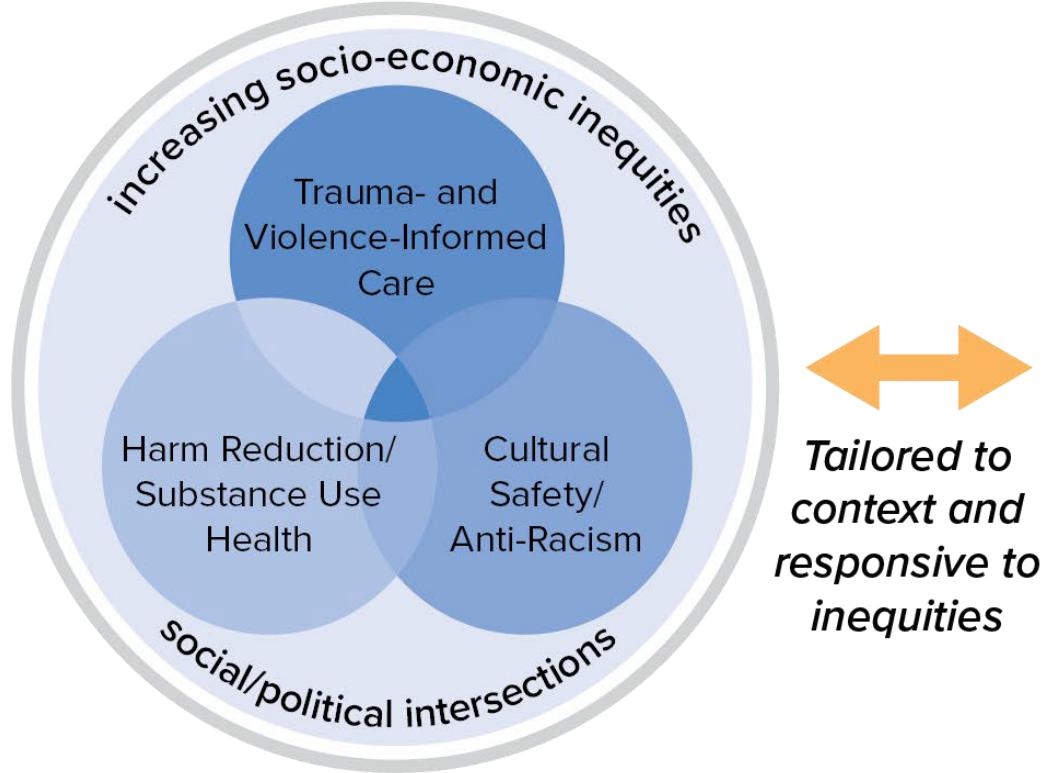
Lack of workplace support

Feeling used-up, exhausted, depleted (“burnout”)

Provider tool: <https://equiphealthcare.ca/resources/trauma-and-violence-informed-care/staff-well-being>

Organ'l tool: <https://equiphealthcare.ca/resources/rate-your-organization-discussion-tools/rate-your-organization-strategies-for-organizations-to-support-staff-well-being>

TVIC is a Key Dimension of Equity-Oriented Care



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



The Research Base



<https://equiphealthcare.ca/>



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CIHR IRSC

Public Health
Agency of Canada

Agence de la santé
publique du Canada



<https://ihealapp.ca/>



GENDER, TRAUMA & VIOLENCE
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<https://GTVincubator.uwo.ca/>

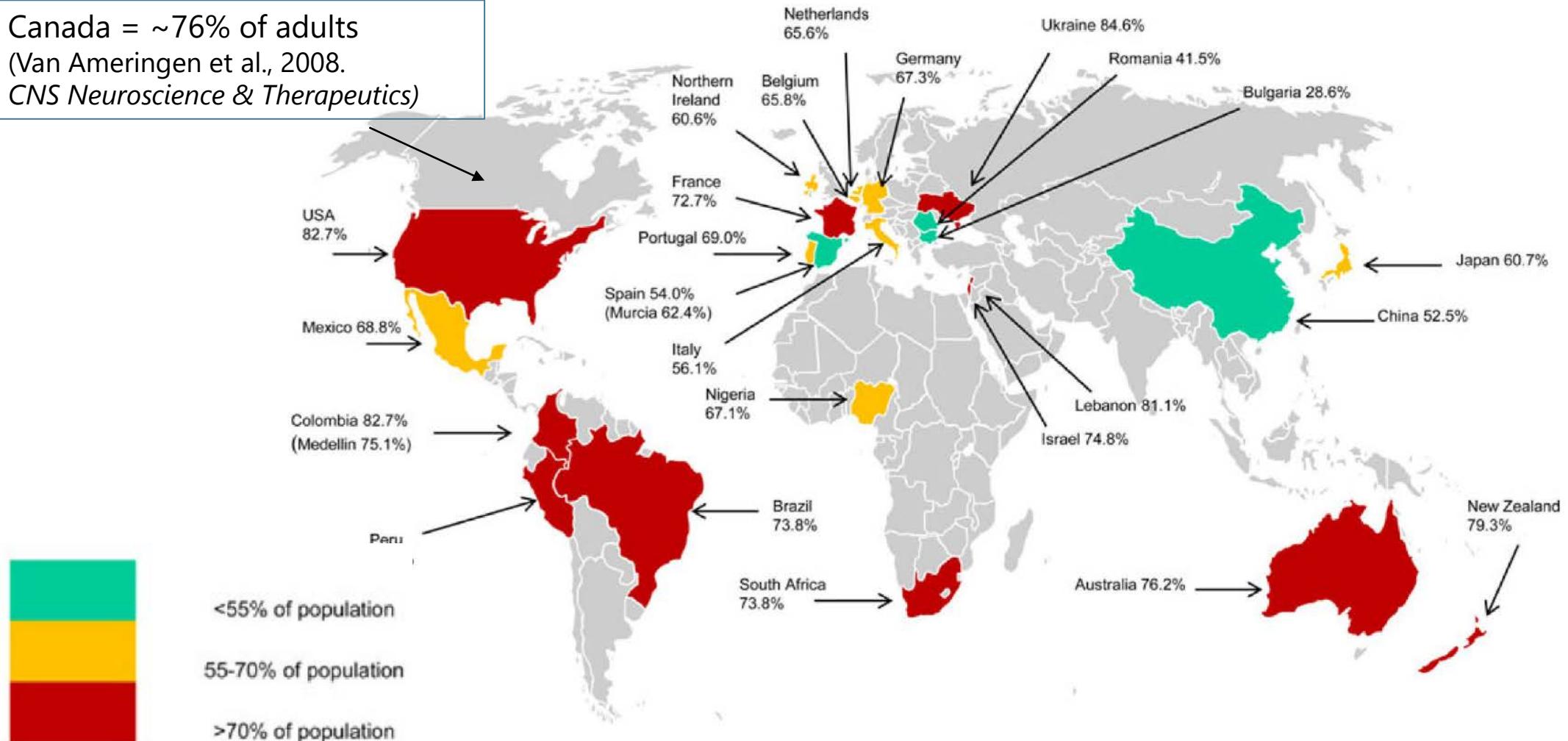
Being trauma-informed

What is Trauma?

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

Trauma is a Common Experience

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



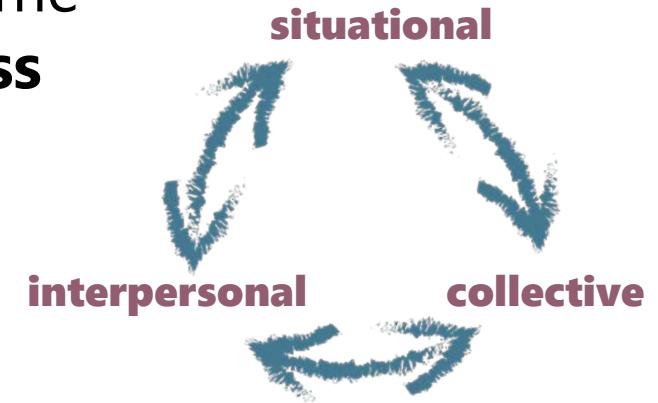
Examples of Traumatic Experiences

INTERPERSONAL TRAUMA

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

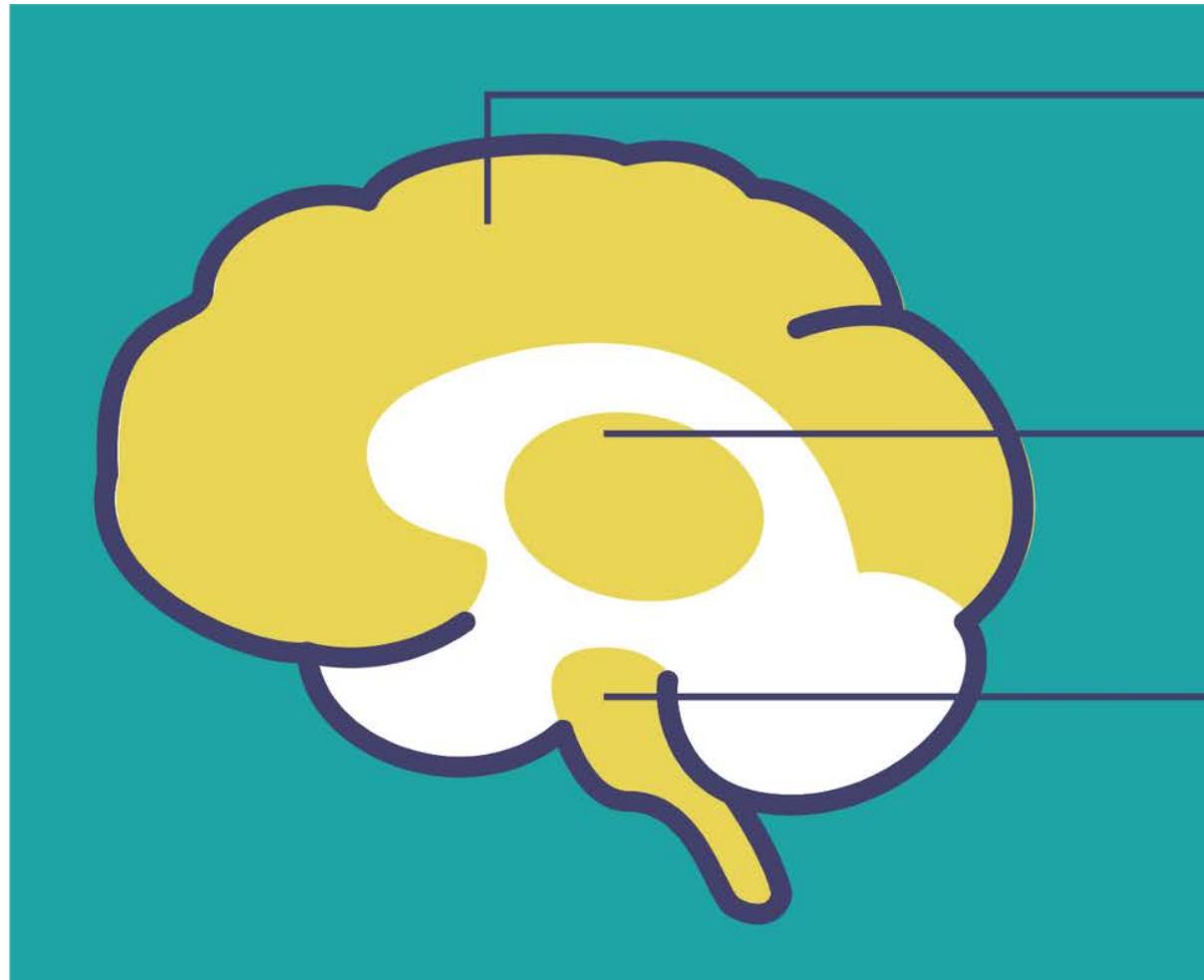
SITUATIONAL TRAUMA

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



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

Traumatic Stress Reorganizes the Brain



NEOCORTEX [higher order thinking]

Traumatic stress causes decision-making and memory impairments, as well as changes to one's personality.

LIMBIC BRAIN [emotions]

The amygdala signals release of stress hormones (e.g., cortisol).

BRAIN STEM [survival]

Trauma leads to increased arousal that is chronic even without threat; irritability; anger; insomnia.

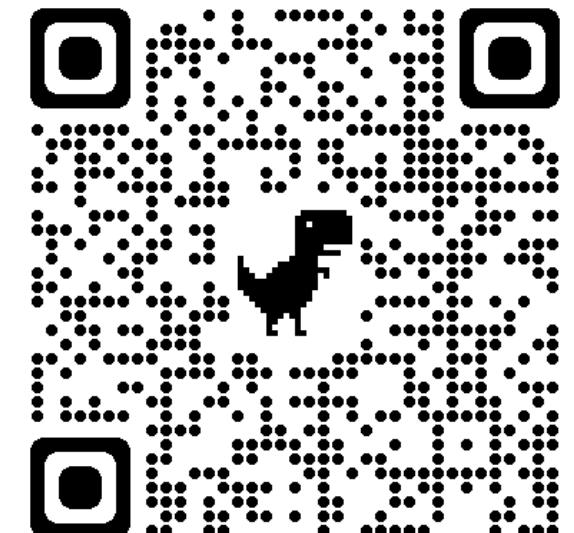
"fight, flight, freeze, fawn"

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

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

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

<https://youtu.be/W-8jTTIsJ7Q?list=PLxWz0fEGuv6riED2FhhTXeWg1LgjgJLN>



Adding the V

... and the Key Dimensions of Equity-Oriented Care

Interpersonal Violence: A Unique Type of Trauma



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



Experiences are gendered



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

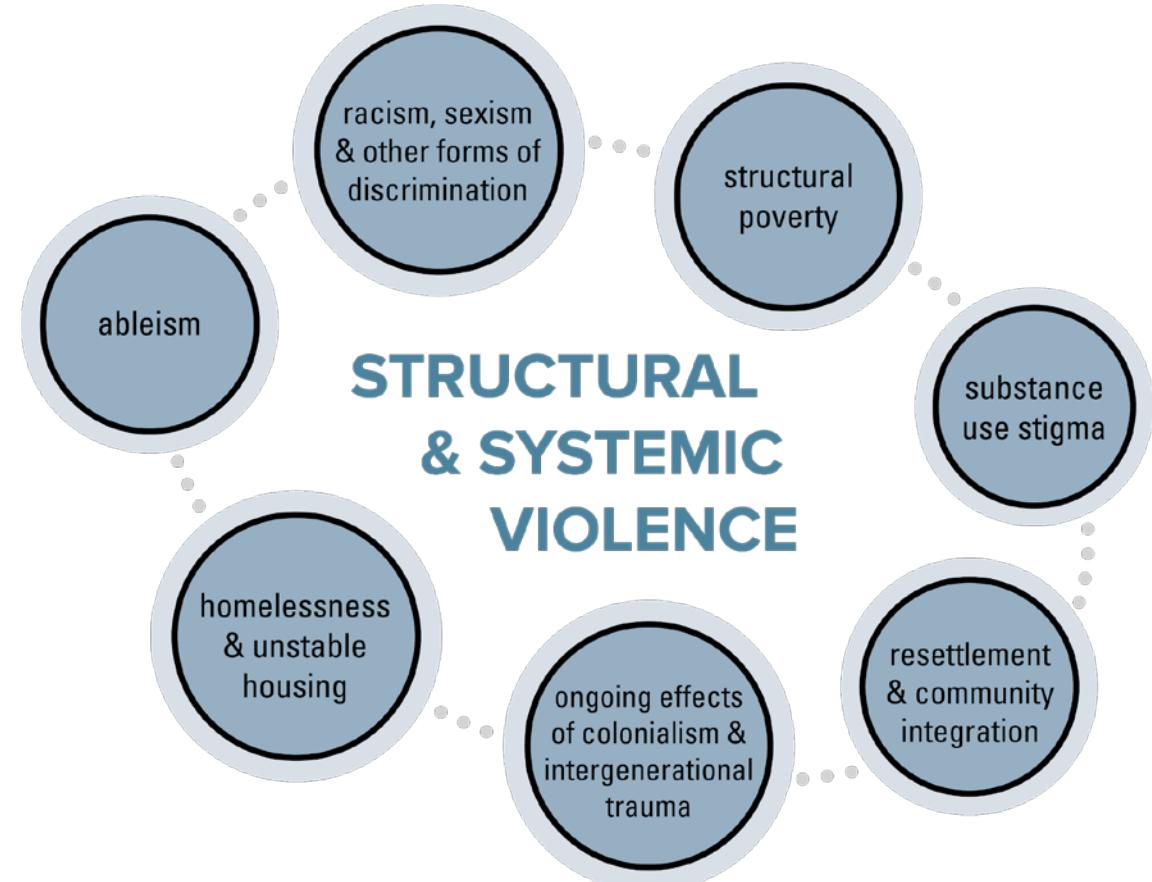


Risk of physical injury, harm, death – **safety** is paramount

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

The “big” V – structural / systemic violence

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



Culturally Safe Care

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

Substance use health

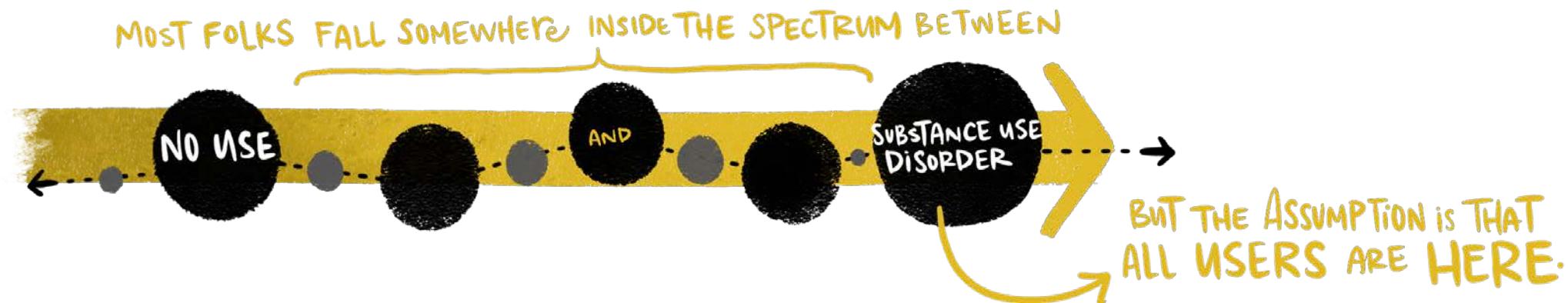
The achievement of **self-defined goals** of well-being across the continuum of substance use.

Providing substance use health care requires:

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

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

<https://capsa.ca/>



Harm Reduction

Harm reduction is

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

Examples Include:



Managed alcohol programs



Having water available at parties



Supervised injection



Safer injecting and smoking supplies



Living Wages



Safe Housing



Safe ride programs



Naloxone



Opioid substitution therapy



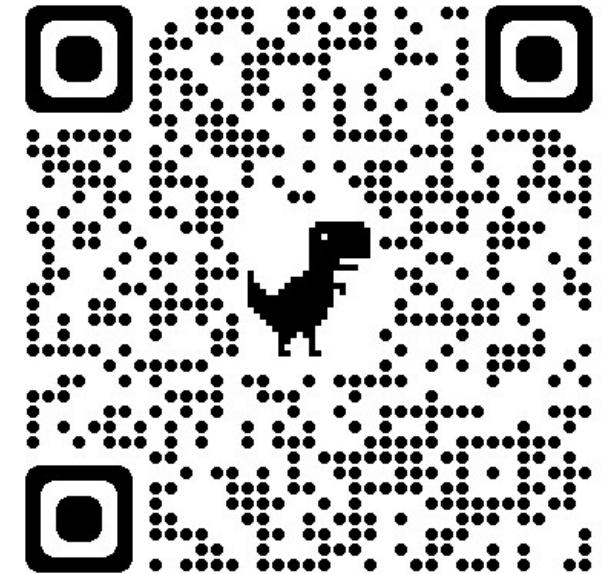
Needle exchange

Practicing harm reduction means

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

<https://equiphealthcare.ca/resources/substance-use-and-harm-reduction/>

TVIC (and equity-oriented care) for the GBV
Service Sector



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

C. Nadine Wathen¹  · Tara Mantler²

Accepted: 15 September 2022
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Abstract

Purpose of Review Intimate partner violence (IPV) is a complex traumatic experience that often co-occurs, or is causally linked, with other forms of structural violence and oppression. However, few IPV interventions integrate this social-ecological perspective. We examine trauma- and violence-informed care (TVIC) in the context of existing IPV interventions as an explicitly equity-oriented approach to IPV prevention and response.

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

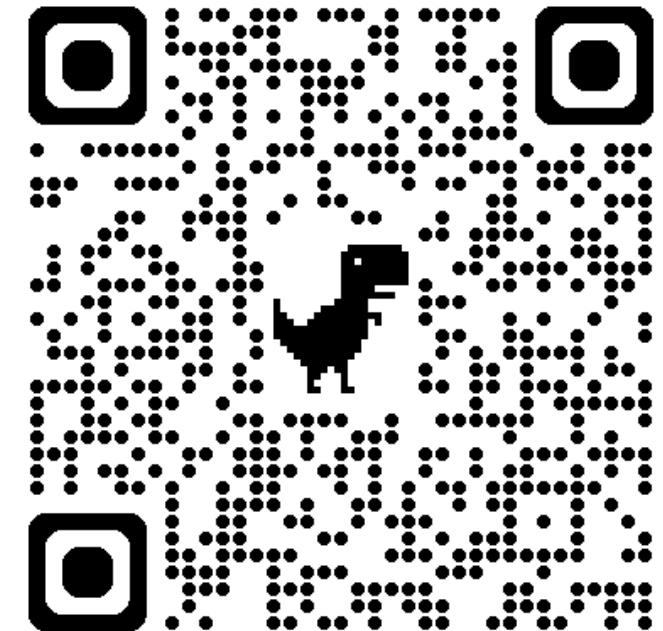
Summary TVIC, embedded in survivor-centered protocols with an explicit theory of change, is emerging as an equity-promoting approach underpinning IPV intervention. Explicit attention to structural violence and the complexity of IPV, systems and sites of intervention, and survivors' diverse and intersectional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



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

Katreena L. Scott ^a and Angelique Jenney  ^b

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



EQUIPPing the GBV Sector for Equity

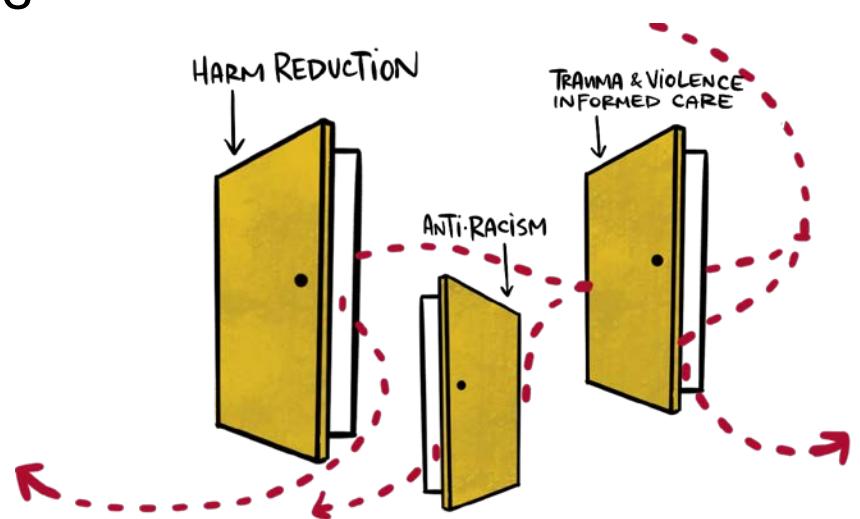
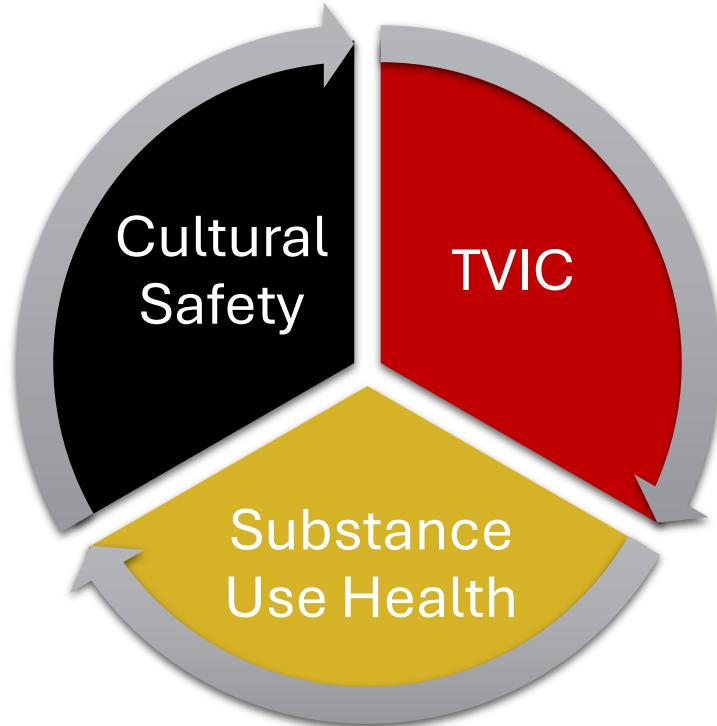
- Needs assessment (interviews)
- Co-design of e-learning and practice resources (Ontario)
 - with those who support survivors
 - with those who support people using violence
- Implementation in 2 GBV service sites (BC)
- Refinement & testing in 2 new GBV service sites (NB)

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



Interview findings

- The key dimensions of equity-oriented care are interconnected - no single one stands out as a definitive priority though TVIC is seen as the main “door” linking to cultural safety (CS) & substance use health (SUH).
- The GBV sector must evolve understanding of and care for clients/communities with diverse experiences and backgrounds, including understanding use of violence in various types of relationships.
- Issues around **substance use, mental health and stigma/discrimination** are the most likely to cause “sticky points of practice”.



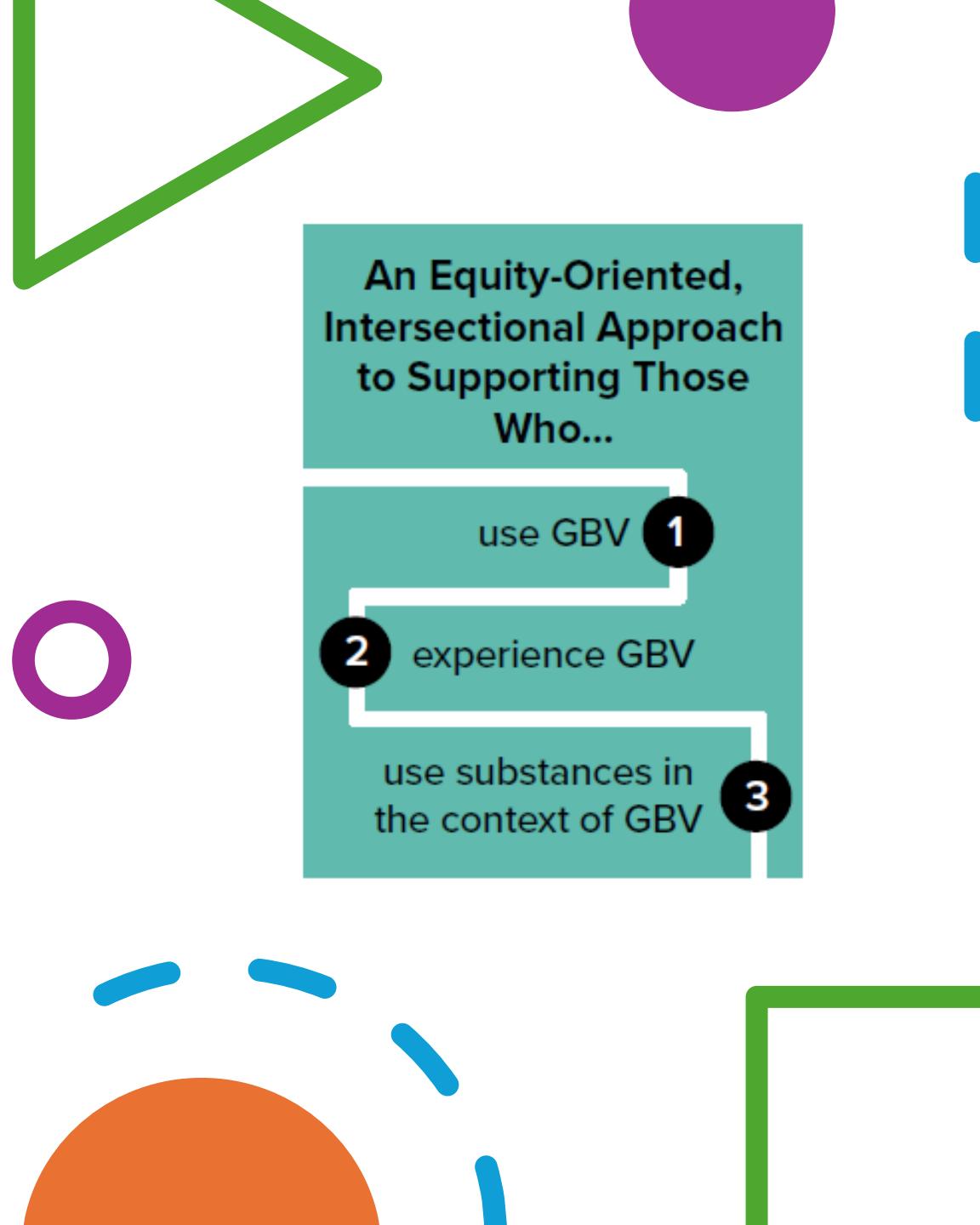
Equity-oriented care as a core practice orientation

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



Added complexities of GBV and Substance Use

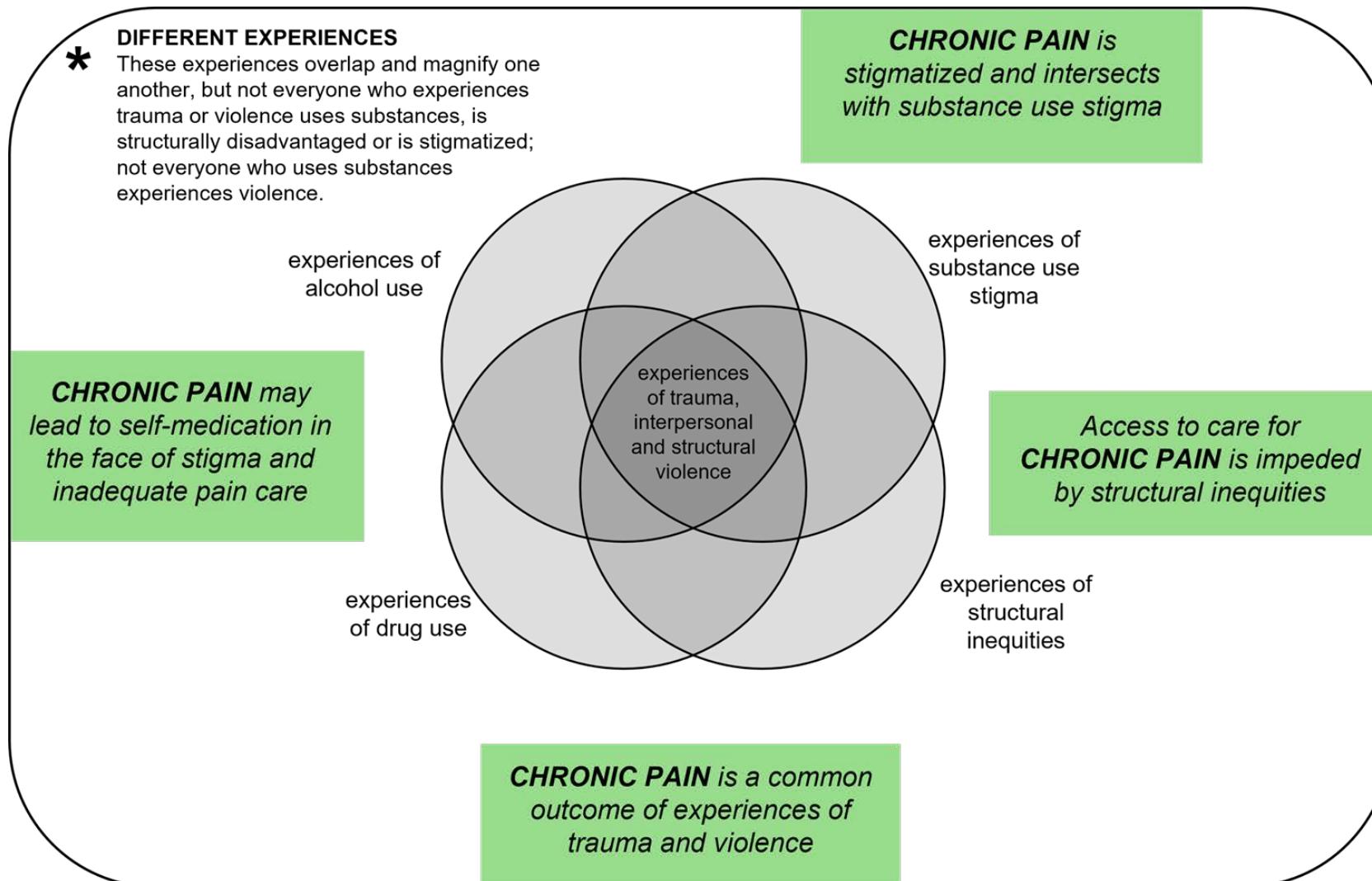
- Substance use is often seen as **causing** the use of violence in relationships.
- Following this, substance use is often used to **excuse or exonerate perpetration**.
- Substance use is constructed as **increasing 'vulnerability'** to GBV, so **survivors are often blamed** for the violence they experience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



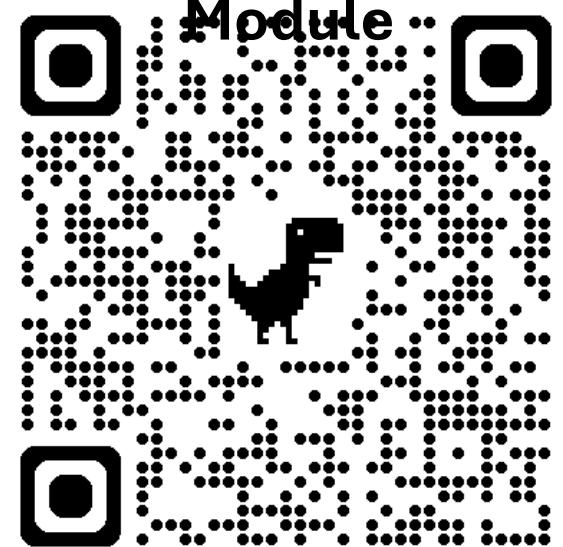
An Equity-Oriented, Intersectional Approach to Supporting Those Who...

- 1 use GBV
- 2 experience GBV
- 3 use substances in the context of GBV

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

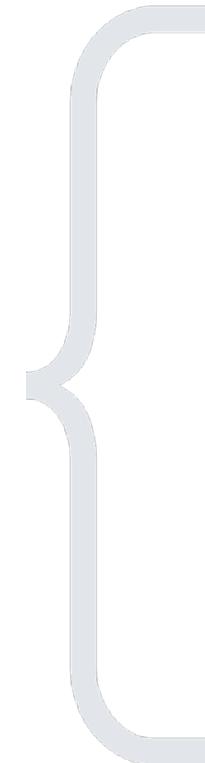


EQUIP Nexus e-learning



equiphealthcare.ca

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



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

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

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

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

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

TVI Principles for Organizations & Individuals

FOCUS:

Structural & Systemic
Violence



1

**Understand trauma, violence
and its impacts on people's
lives and behavior**

FOCUS:

Actively Counteracting
Discrimination & Stigma



2

**Create emotionally, culturally,
and physically safe environments
for all clients and providers**

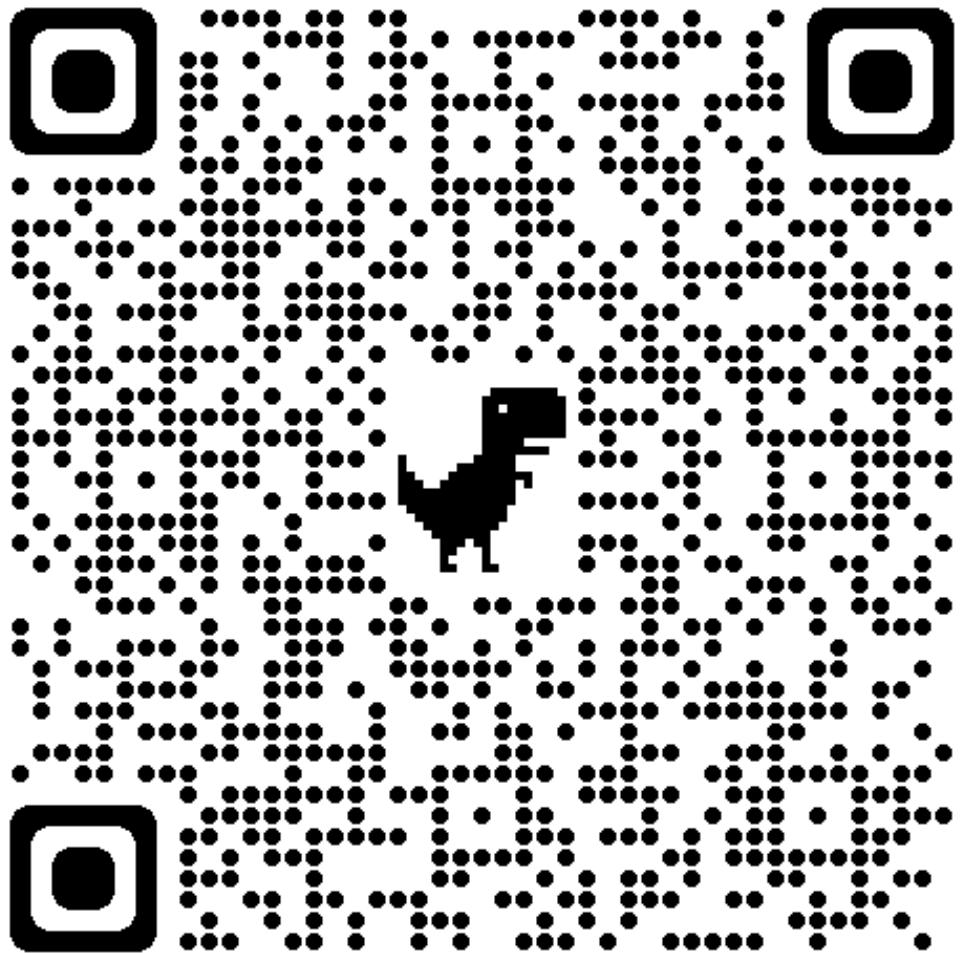
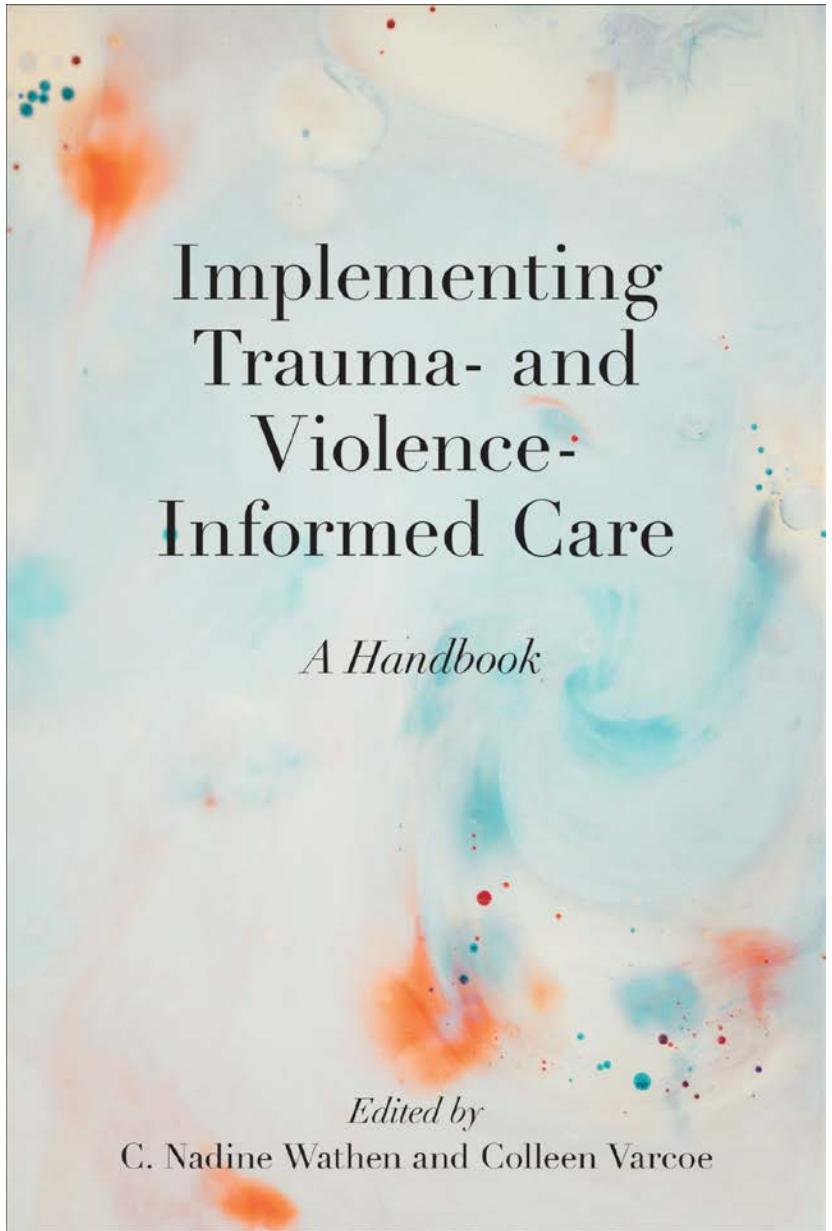
3

**Foster opportunities for
choice, collaboration and
connection**

4

**Use a strengths-based and
capacity-building approach to
support clients**

TVIC



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

Getting started on TVIC

From **thinking** to **doing**, in the context of **organizational commitment**

Non-TVIC thinking

He drinks all the time. He's weak.

They're making this up.

That kid just wants attention.

She can't cope.

They will never get over this.

He should be over it by now.

Victim.

TVIC thinking

He's strong for surviving what he has.

This is hard to hear and talk about.

That child needs our help.

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

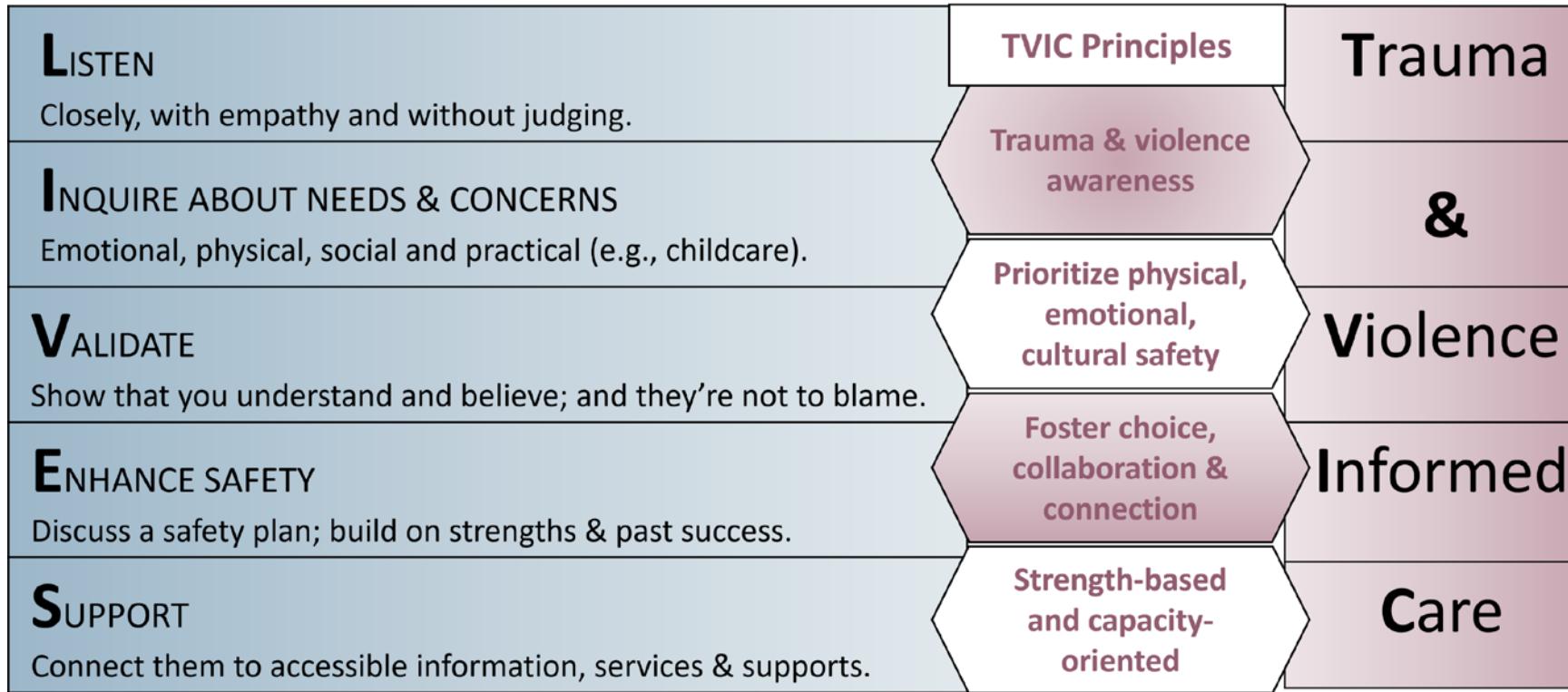
They can recover.

Recovery is a process and takes time.

Survivor.

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

Initial TVIC response to IPV disclosure



“No one deserves to be treated that way”

“I’d like to refer you to Joan at our local shelter – she can help you make a safety plan. Can we call Joan together?”

“Is it safe for you to go home today?”

“You’ve survived a lot – what strategies have worked for you? Let’s build on those..”

Rolling with Resistance: A TVIC lens for redirection when working with those causing harm

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

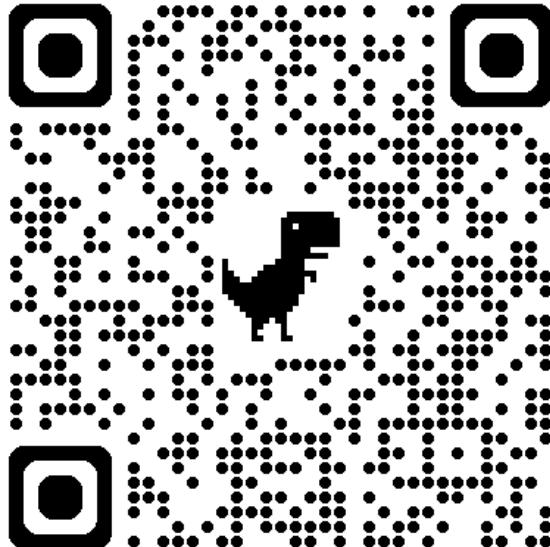
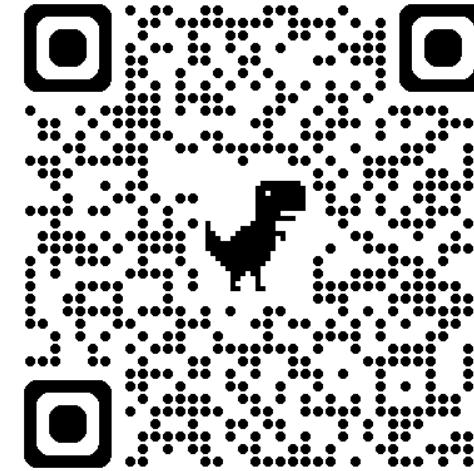
(Re)Establishing Safety Tool:

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

Trauma Review Exercise for the Gender-Based Violence Service Sector

Creating safe and welcoming spaces reduces potential harm for everyone, especially those most likely to feel unwelcome and unsafe. This exercise will help you 'walk through' the spaces where you provide care. The goal is to think about how these spaces feel for service users. If you find it helpful, you can imagine being a specific client. The space can be anywhere you provide care: a shelter or other supportive housing, an office or counseling room, community space, or someone's home and applies to interactions with individuals or groups. Ideally, you will physically visit all the spaces where your clients could be, but if this isn't possible, you can imagine these spaces and encounters. Here's what to do:

1. Enter the space; make sure to visit all areas that clients may use, including washrooms.
2. Put yourself in your clients' "shoes" and ask yourself what it might be like for them to be in this space, especially for the first time. For those leaving recent violence, imagine their state of mind.
3. Use the guiding questions below to think about various aspects of the space.
4. Pay particular attention to things in the environment that might create discomfort, stigma or feeling unsafe.
5. Take some notes about the things that work well, and those that could be improved.
6. Discuss your notes with co-workers and/or leaders after they've also done the walk-through.
7. Invite service users to comment on their feelings of comfort and safety.
8. Co-create a plan for improving the physical, emotional and cultural safety of your space!



Navigating Conversations at the Intersection of Gender-Based Violence and Substance Use

An Equity-Oriented Approach to Language

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

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



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

Organizational leadership

Policies, protocols & practices reflective of TVIC principles

Interprofessional teams

A collective orientation to TVIC

Individual practice

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

Within yourself

The “roots” of what you bring to the work

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



Trauma- and Violence-Informed Care for the Gender-Based Violence Service Sector

START COURSE



<https://GTVincubator.uwo.ca/resources/>

INTIMATE PARTNER VIOLENCE: JOURNEYS TO SAFETY

A Synthesis of Qualitative Research



GENDER, TRAUMA & VIOLENCE
KNOWLEDGE INCUBATOR
@WESTERN



<https://GTVincubator.uwo.ca/resources/>



This document is to help health and social service providers, and other allies, understand women's experiences, decision-making processes, and actions in the context of an abusive relationship. Taking a trauma- and violence-informed care (TVIC) approach, it draws on research with, and lived experience of, women experiencing IPV; we need more evidence regarding men's experiences, and those who identify their gender in other ways.

The key messages to take away from this document are:

1. Becoming aware that you are in an abusive relationship is a complex and difficult process, and knowing what to do to ensure your own safety, and that of any children, requires weighing many factors, especially various risks, including immediate danger. Each woman and situation is unique and there's no "one-size-fits-all" approach.
2. Women's experiences of partner violence occur in the broader context of societal norms, beliefs and expectations that position them and their experiences in certain ways, and also shape the choices available to them. Women from equity-denied groups, i.e., who are racialized, Indigenous, have disabilities, are older, are lesbian, trans, queer, non-binary or Two-Spirit, and/or live in poverty, face additional forms of systemic and structural violence,

INTIMATE PARTNER VIOLENCE: JOURNEYS TO SAFETY

including discrimination and stigma in healthcare, social services, and criminal justice, education and child welfare systems. Previous experiences of poor care and lack of useful support in formal services may mean that some women rightly anticipate that engaging with services might do them, and their children, more harm than good. It is the responsibility of systems, organizations and individual service providers to ensure that women and children are and feel safe and welcome in their care, and are offered feasible options, including referrals, tailored to their needs and situation.

3. Abusive relationships are complex and traumatizing. Providers need to take a TVIC approach and understand that women can still be committed to the relationship and love their partner – they want the abuse to end, but might not want the relationship to end.
4. Even once an abusive relationship "ends" (i.e., someone "leaves"), the abuse often continues and can even escalate. "Leaving" should not be positioned as the only or primary goal; providers are encouraged to refrain from thinking or asking "why doesn't she just leave?" or judging women who choose not to do so.

The role of formal and informal allies is to develop a rapport with the woman such that the care encounter is seen as a safe place to discuss options, if she wishes to do so.

Focus on interpersonal, structural and systemic violence, including actively countering stigma and discrimination that pose barriers to women accessing services and basic needs.

- 1 Understand trauma, violence and its impacts on people's lives and behavior
- 2 Create emotionally, culturally, and physically safe spaces and interactions for all participants
- 3 Foster opportunities for choice, collaboration and connection
- 4 Use a strengths-based and capacity-building approach

Principles of Trauma- and Violence-Informed Care

Support for a Safe and Healthy Path Forward

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



<https://ihealapp.ca/>



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

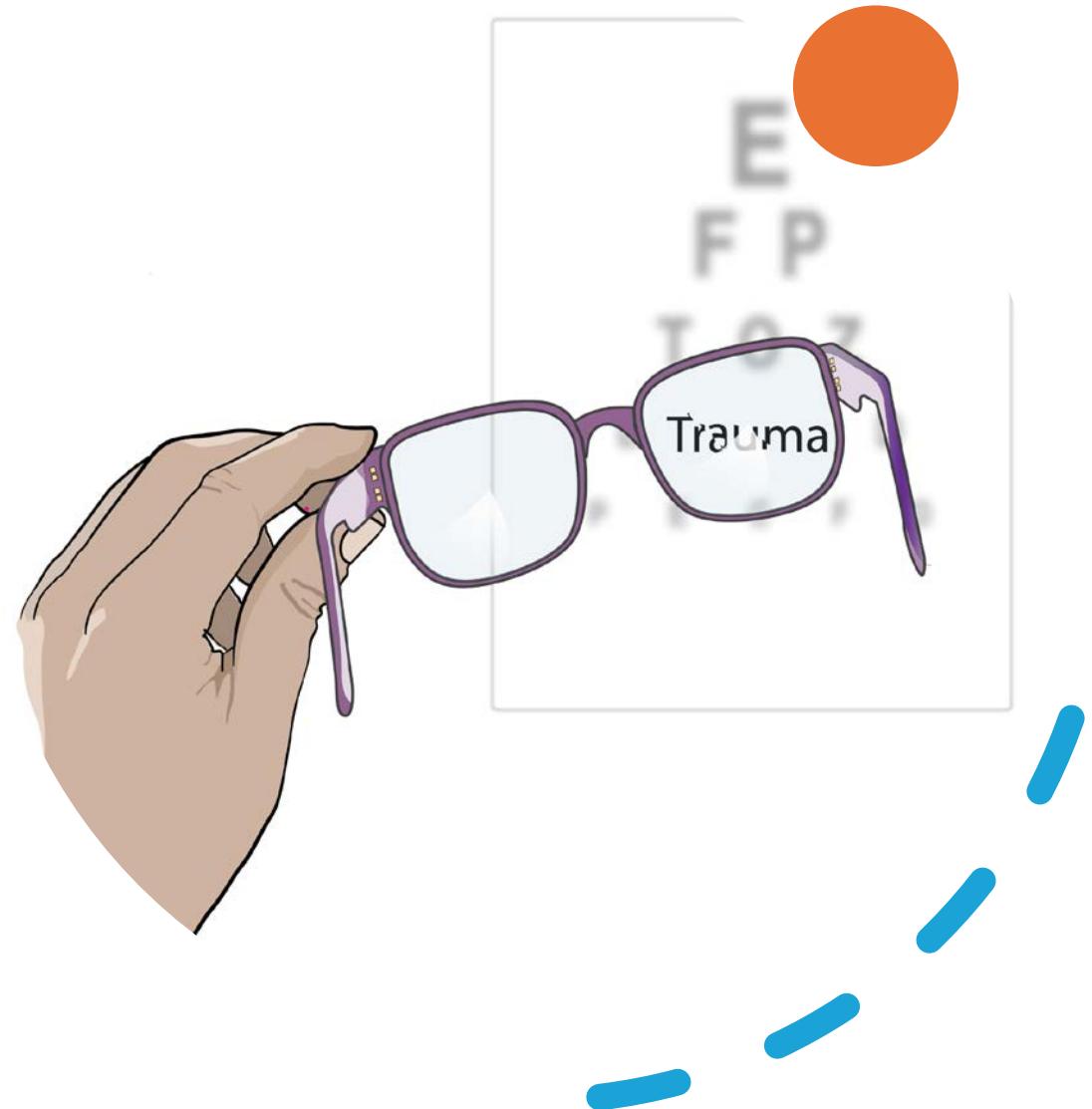
Summary: Why TVIC is Essential for GBV Services

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



Reflection

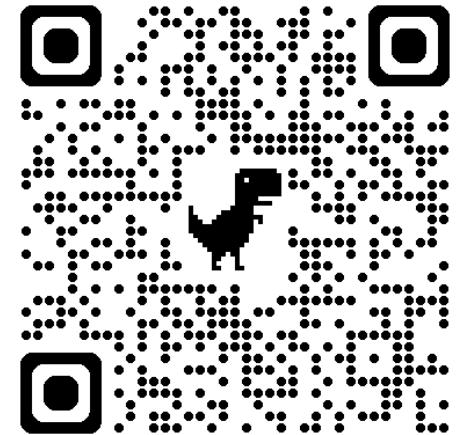
- How can a TVIC lens help you better understand those you serve?
 - What judgements are at play? Are there subtle biases that could be experienced as dismissive or harmful?
- How can your services adjust to provide better care?
 - How can emotional, cultural & physical safety for staff and clients be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



Free Resources

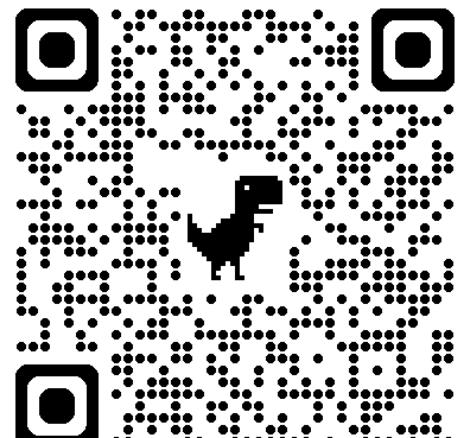
<https://equiphealthcare.ca/>

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



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

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



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