

# Trauma- & Violence-Informed Care: A Primer for Preventing Abuse of Older Adults

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*We join you today from the traditional lands of the Anishinaabek, Haudenosaunee, Lūnaapéewak, and Chonnonton Nations, in what is now called London, Ontario.*

*We pay our respects to Elders past and present and convey sincere gratitude for the privilege to live and work on this land.*

# Today

- Trauma and its impacts
- From trauma-informed to trauma- and VIOLENCE-informed
- TVIC Principles
- Strategies for the prevention of abuse of older adults
- Additional resources:
  - TVIC Foundations Curriculum
  - TVIC Implementation Handbook

# Emotional Labour & Moral Distress

- The ways we are expected to work may not align with the **ethics & values** that brought us into the work, causing “**emotional labour**” and when we feel clients may be poorly served or even harmed, this may be experienced as **moral distress**
- Discussing these issues, including past and ongoing violence in people’s lives, and how we as a society and as individuals may contribute to this, can be upsetting and distressing
- Please take care as you listen, but also embrace the **disruption**, as that’s how we promote **change**

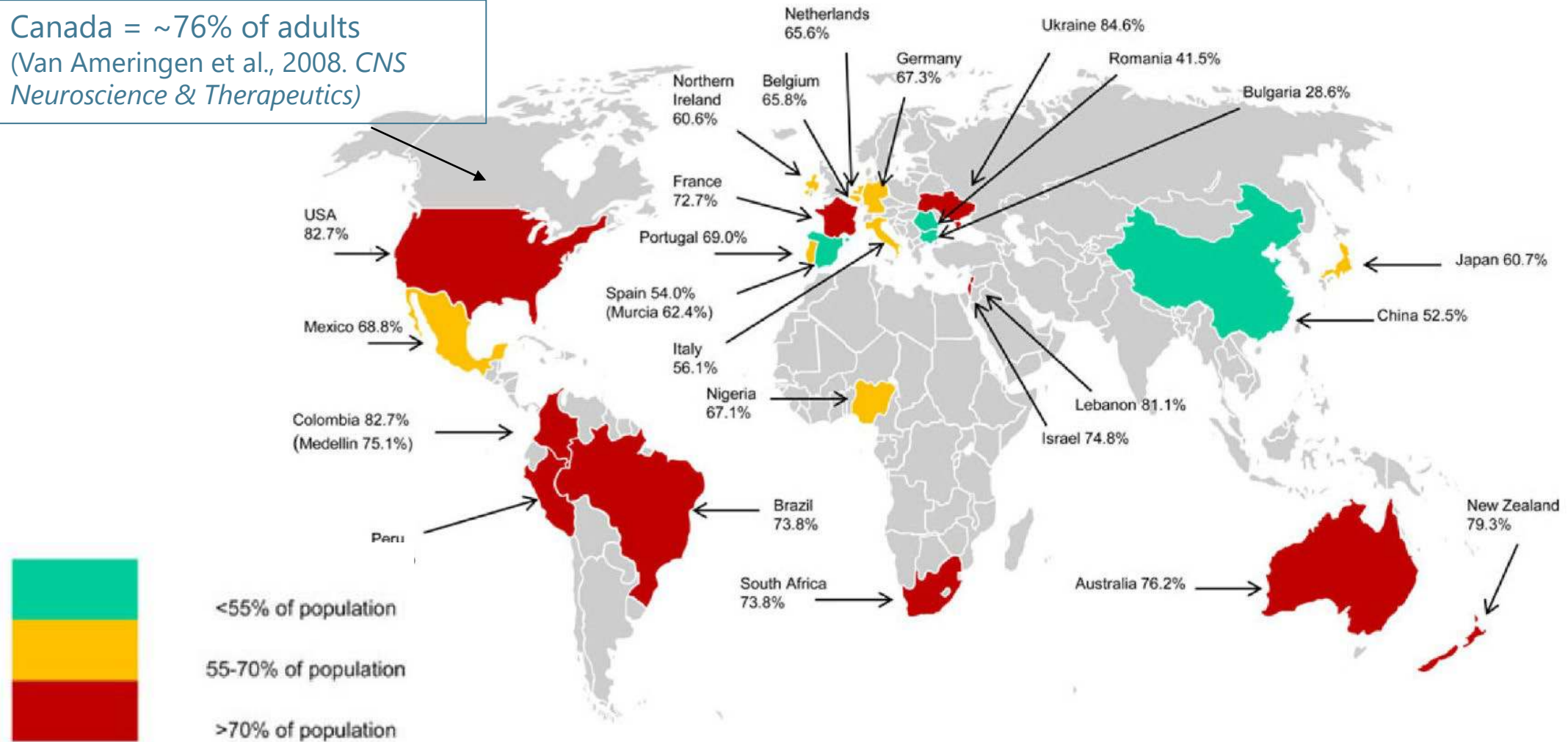
Being trauma-informed

# 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 among people and groups

# Trauma is a Common Experience

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



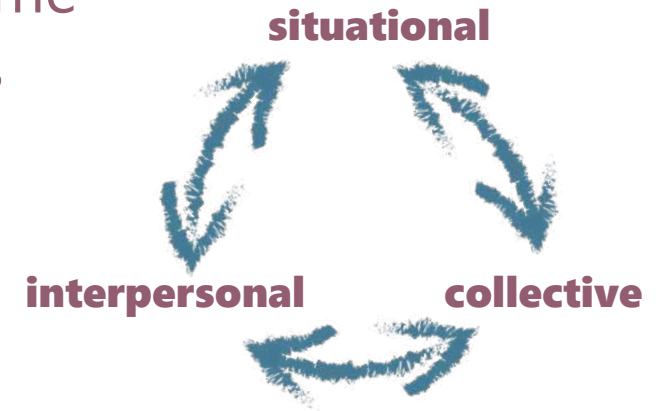
# Examples of Traumatic Experiences

## INTERPERSONAL TRAUMA

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

## SITUATIONAL TRAUMA

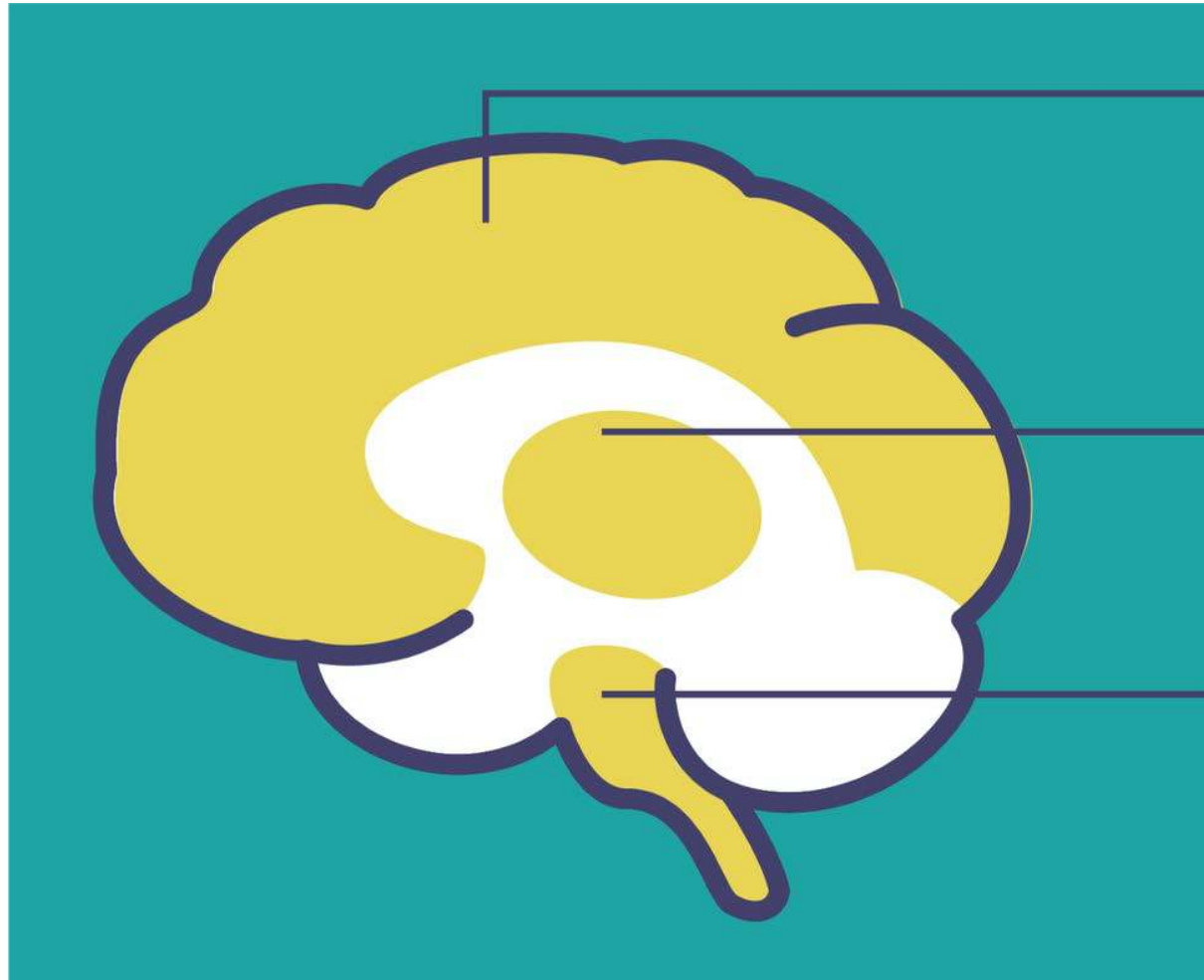
- War, genocide
- Being a victim of crime
- Unexpected job loss
- Being a refugee
- Extreme poverty
- Homelessness
- Natural disasters
- Accidents



**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.

# 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 disadvantage (greater exposure to adversity and stress and future trauma)
- Severity and chronicity of the trauma/violence
- Community factors, such as social cohesion

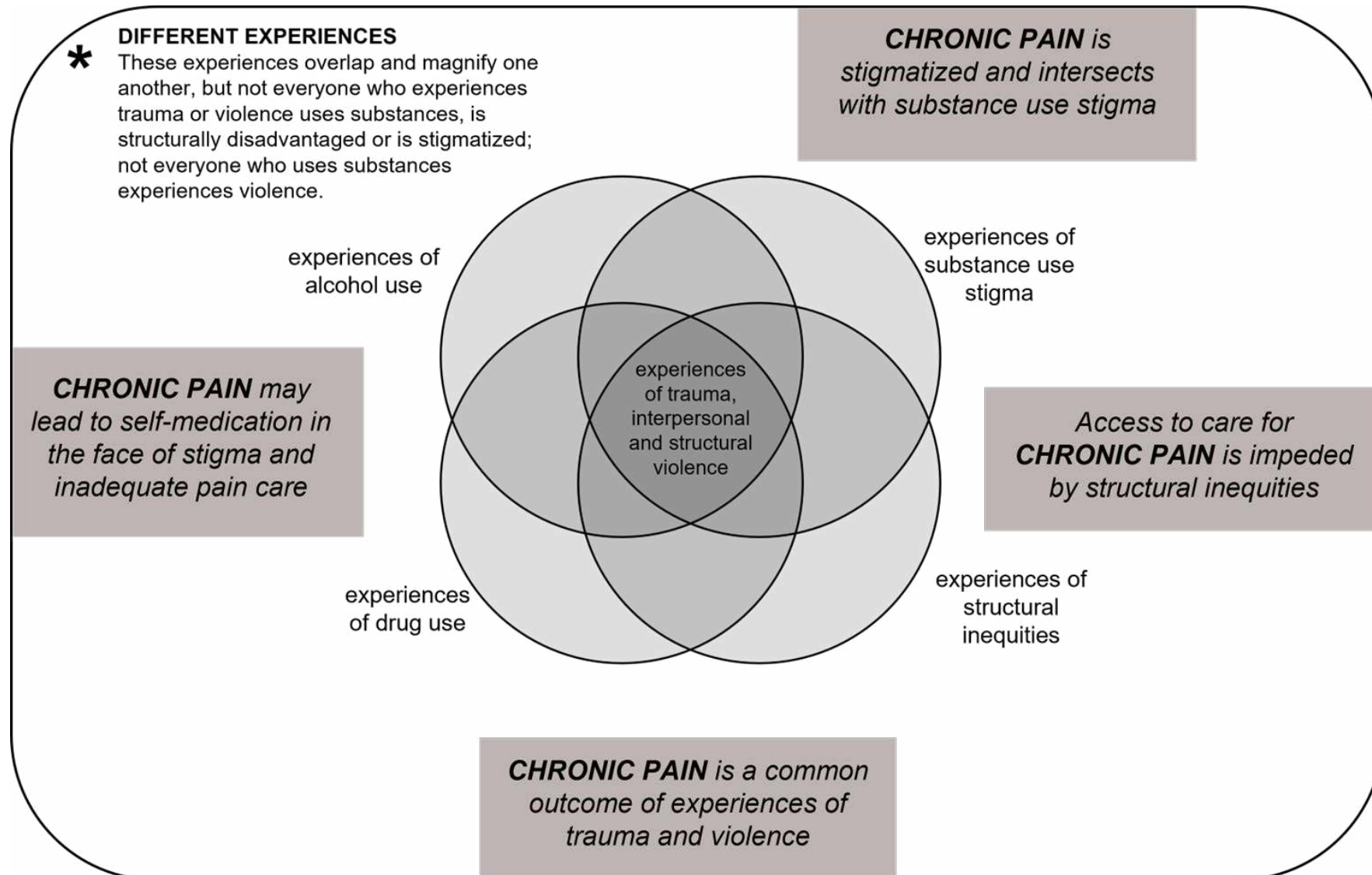


Fink & Galea (2016). *Current Psychiatry Reports*, 17(5), 566.

# Trauma & violence increase the risk of poor health

- Increased risk of many chronic diseases such as: **chronic pain**, hypertension, Type 2 diabetes, arthritis and musculoskeletal disorders
- Concurrent increased risk of mental health problems, particularly PTSD, depression, anxiety disorders, suicidality
- Potentially harmful health behaviours, especially **substance use**, smoking

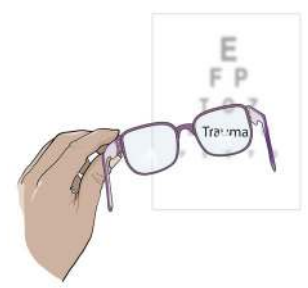
# Trauma, violence, chronic pain & substance use



# Impacts on providers - vicarious trauma

- Negative reaction to exposure to the trauma of those around us, including those we serve
- Is an **anticipatable response** to hearing and seeing the effects of trauma and violence
- Often mirrors the symptoms of primary traumatic stress
  - “fight, flight, freeze, fawn”

# Being trauma informed...



... means recognizing that traumatic stress is very common and affects how people think, feel & behave, for example:

**THINK:** dissociation; difficulty concentrating/controlling thoughts; avoiding certain people, places, or situations; overwhelmed; hypervigilant; distracted

**TALK ABOUT THEIR HEALTH:** sleep problems, chronic pain, migraines, digestive problems, heart palpitations, breathing difficulties, pelvic pain, anxiety, depression

**BEHAVE:** including in risky ways, especially substance (mis)use, smoking

**FEEL:** irritable/angry; disconnected/numb; ashamed/guilty; without meaning/purpose; hopeless; self-hating; self-blaming

“fight, flight, freeze, fawn”

## Trauma-Specific Care

*Specialized* health services delivered by practitioners who have expertise & skills in all stages of trauma treatment

Focuses *directly on the trauma* itself and on trauma recovery using evidence-based approaches, e.g., trauma-focussed cognitive behavioural therapy (TF-CBT)

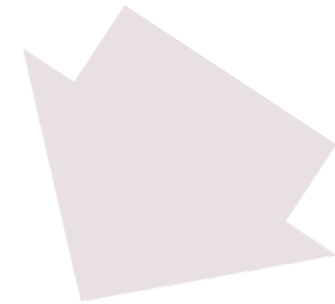
***As  
distinct  
from...***

## Trauma-Informed Care (TIC)

*Universal approach* for use in all services settings

Focuses on *understanding the impacts of trauma* and creating *environments that promote emotional and physical safety* for all

However, may reinforce ideas that trauma exists in the *minds of individuals*



Adding the "V"



# Interpersonal Violence: A Unique Type of Trauma



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



**Experiences are gendered**



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



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

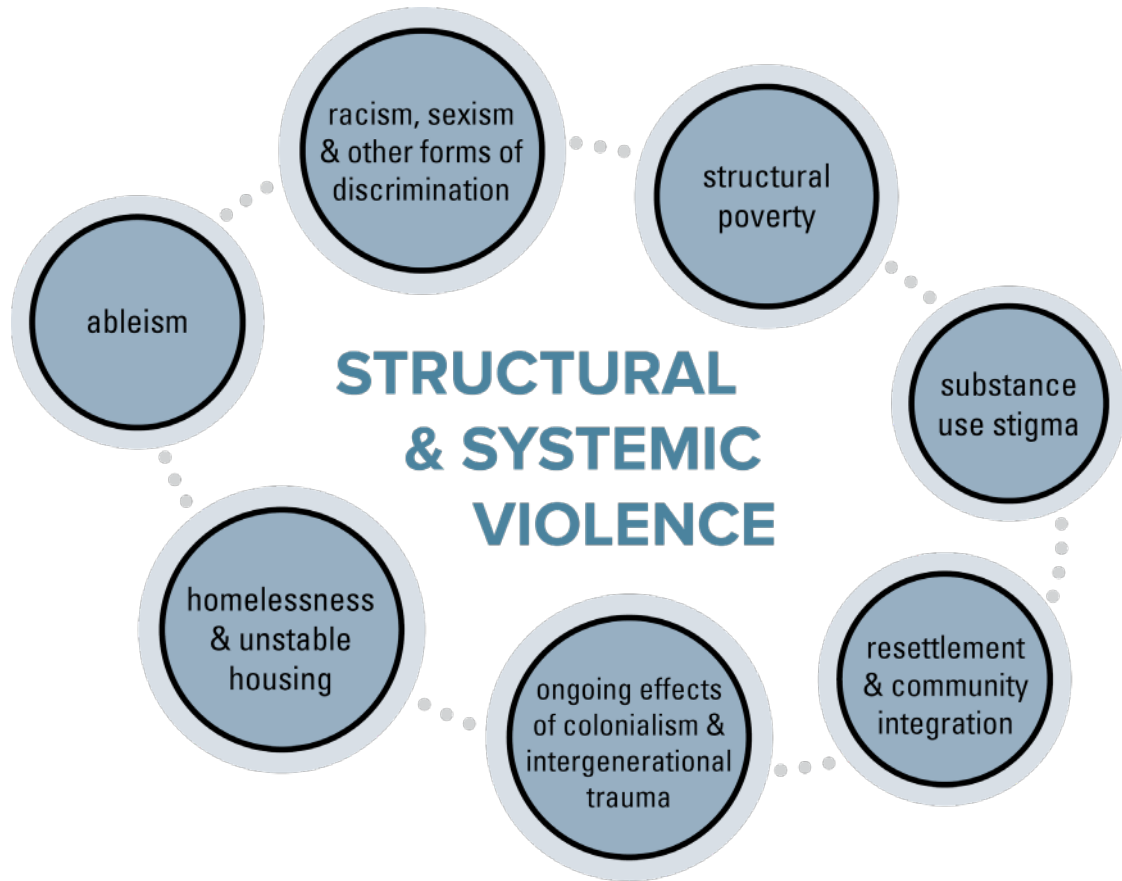
- Social norms about gender have strong impact on how violence is expressed, experienced and understood
- Different rates and underlying dynamics in men and women and across gender identities
- Responses (e.g., help seeking, service availability) also differ
- Occurs in all groups but greater risk in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

# Implicit Bias

- Attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner
- For example, research has found that health care providers often have implicit biases towards people with mental illness who come into emergency departments, labelling such patients as “unfixable” or “difficult”. They avoid these patients because they do not feel like they can offer any help
- From the point of view of a service user, however, this avoidance may be experienced as stigma and discrimination

Sukhera, J., & Watling, C. (2018). A framework for integrating implicit bias recognition into health professions education. *Academic Medicine*, 93(1), 35-40.

# Traumatic Impacts of Structural Violence



Racism, stigma, discrimination, collective/historical violence and persistent poverty are structural issues that impact well-being





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

## ***TVIC extends trauma-informed practice to bring attention to:***

- broader social conditions, including policies, that are harmful and inequitable (“structural violence”)
- discrimination & harmful practices embedded in the ways systems & people know/do things (“systemic/institutional violence”, “implicit bias”)
- ongoing & historical violence, including collective violence
- safety & wellbeing of providers, teams, organizations

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

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

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

# TVIC Principles for Organizations & Individuals

**FOCUS:**  
Structural & Systemic  
Violence



**FOCUS:**  
Actively Countering  
Discrimination & Stigma



1

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

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

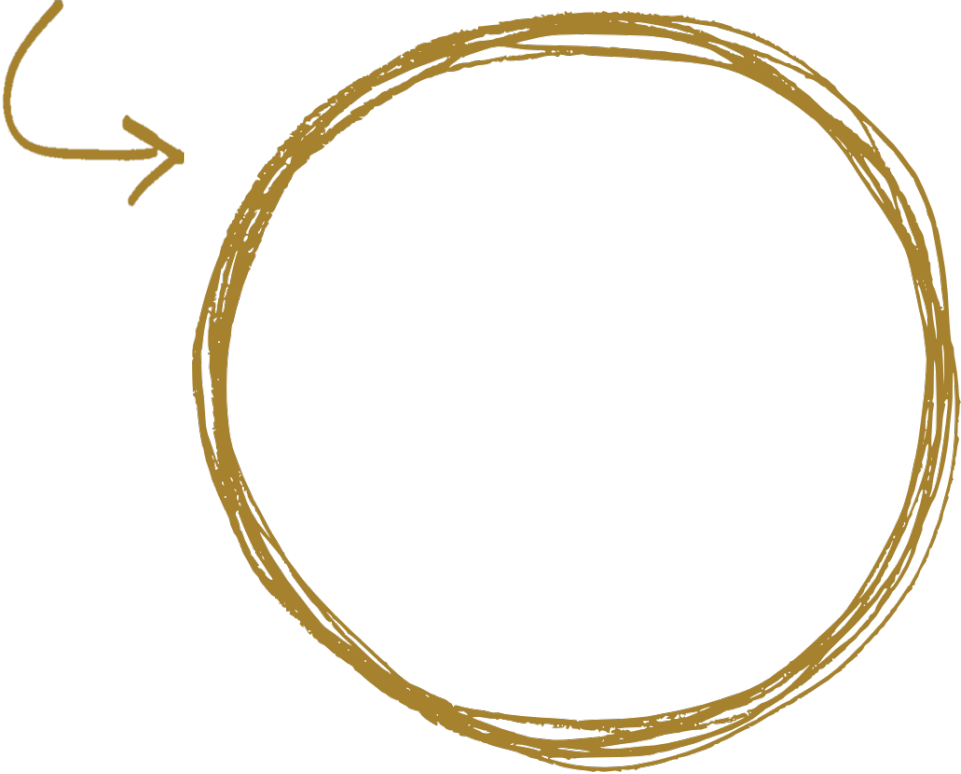
**TVIC**

# TVIC in the context of abuse of older adults

Strategies and Actions

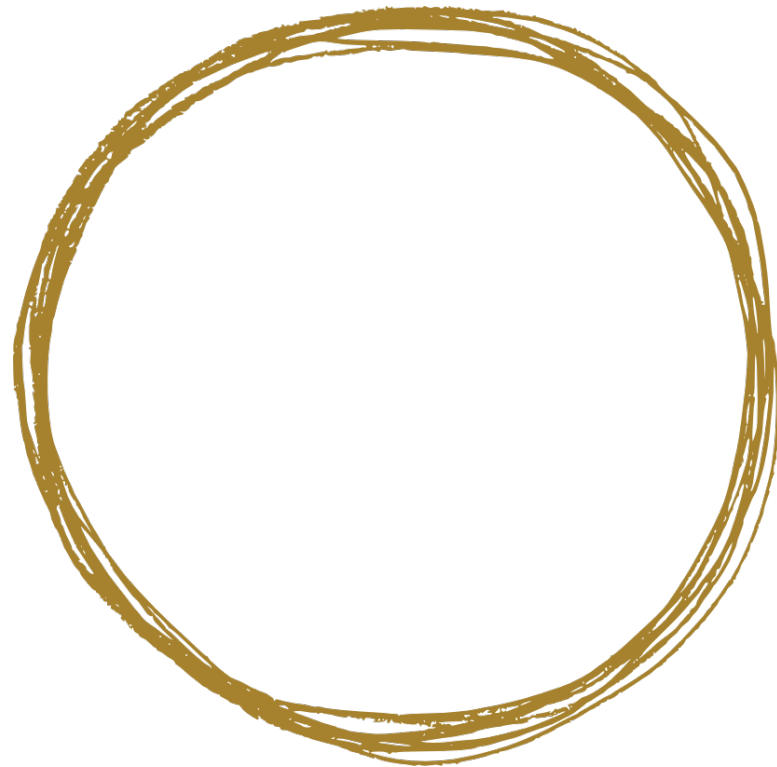
# Choice Biography

Some people



Other people





Me



My dad



What is required?







“global transformation  
is deeply personal”


Peter Senge



## The need for a complex systems model of evidence for public health (Rutter, 2017)

A shift in thinking is required, away from simple, linear, causal models, to consideration of the ways in which processes and outcomes at **all points within a system drive change**. Instead of asking whether an intervention works to fix a problem... identify *if and how it contributes to reshaping a system in favourable ways*.

Shifts within multiple elements across the many systems that influence the issue are required, *some of which might only have small effects on individuals but can drive large changes when aggregated at population level*.

The background of the slide is a dark blue field filled with a complex network of light blue lines and white nodes, resembling a globe or a data network. A yellow speech bubble with a white border is positioned in the upper right quadrant, pointing towards the central cluster of nodes. The text inside the speech bubble is white.

YOU are the intervention



TVIC is a  
survival  
strategy

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TVIC is a radical act



# PRINCIPLE

## 1

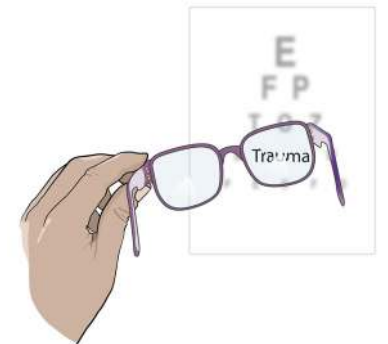
*Understand trauma & violence (especially structural/systemic violence) and their impacts on people's lives and behavior*

## ORGANIZATION

- Develop policies and processes to build culture based on understanding of trauma and violence (e.g., hiring/ staffing practices)
- Staff training on effects of violence/ trauma, including structural/systemic violence and vicarious trauma
- All services start with violence and trauma awareness as a foundation for a culture of TVIC

## PROVIDER

- View challenging behaviours and interactions through a trauma lens
- Be mindful of potential histories and effects (“red flags”)
- Disclosures handled appropriately:
  - Believe the experience
  - Affirm and validate
  - Recognize strengths
  - Express concern for safety and well-being



# PRINCIPLE

## 1

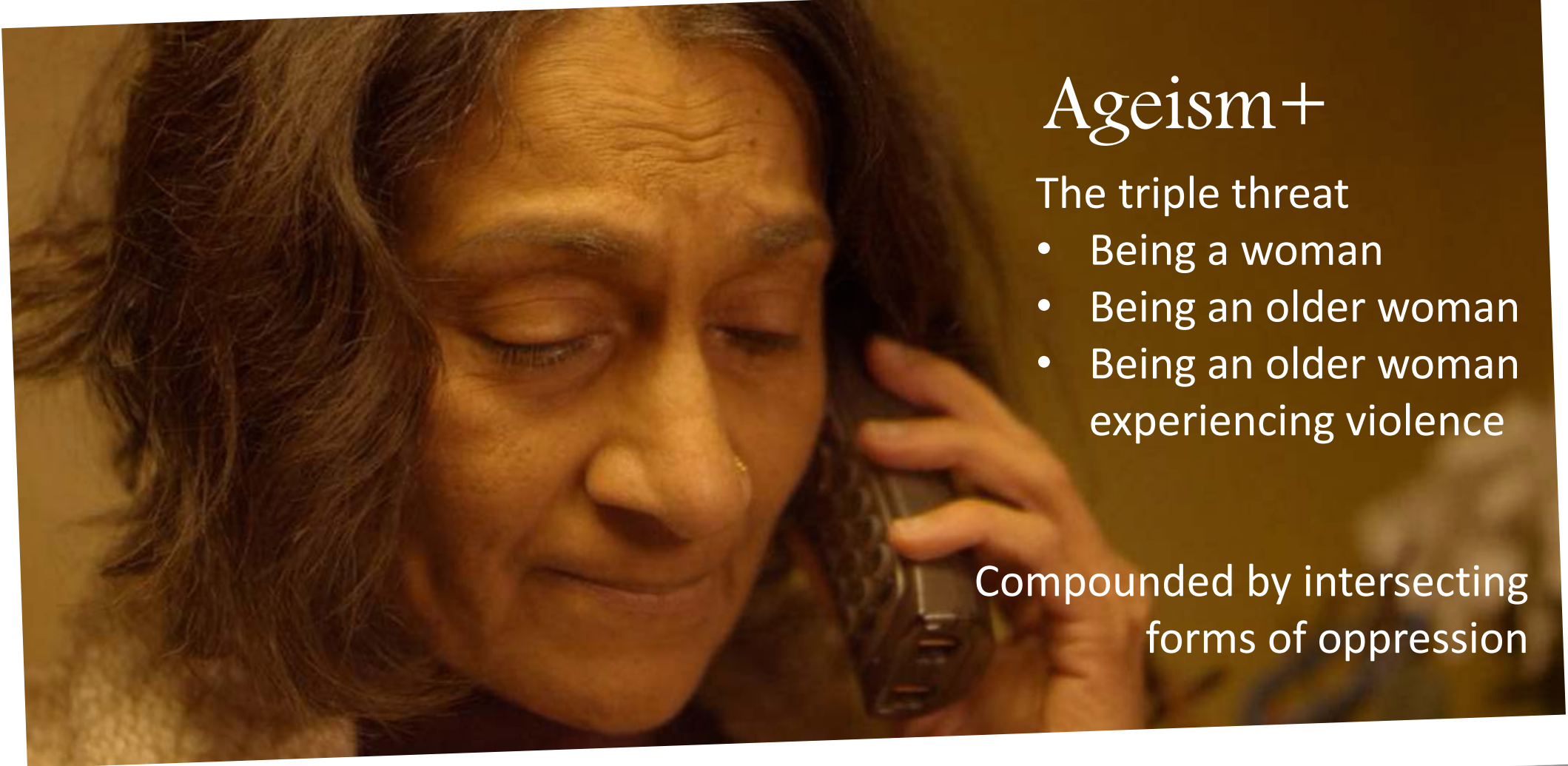
*Understand trauma  
& violence  
(especially  
structural/ systemic  
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and their impacts  
on people's lives  
and behavior*



CANADIAN NETWORK *for*  
the PREVENTION of ELDER ABUSE

Stopping Older Person Gender-Based  
Violence (GBV) in Women 55+ Through  
Promising Practices





## Ageism+

The triple threat

- Being a woman
- Being an older woman
- Being an older woman experiencing violence

Compounded by intersecting forms of oppression

# Structural Violence

The idea that domestic violence only affects younger women is due in part to systemic ageism that operates as structural violence in excluding older age cohorts from study samples.

Global and national surveys of intimate partner violence have included women only up to the age of 49.



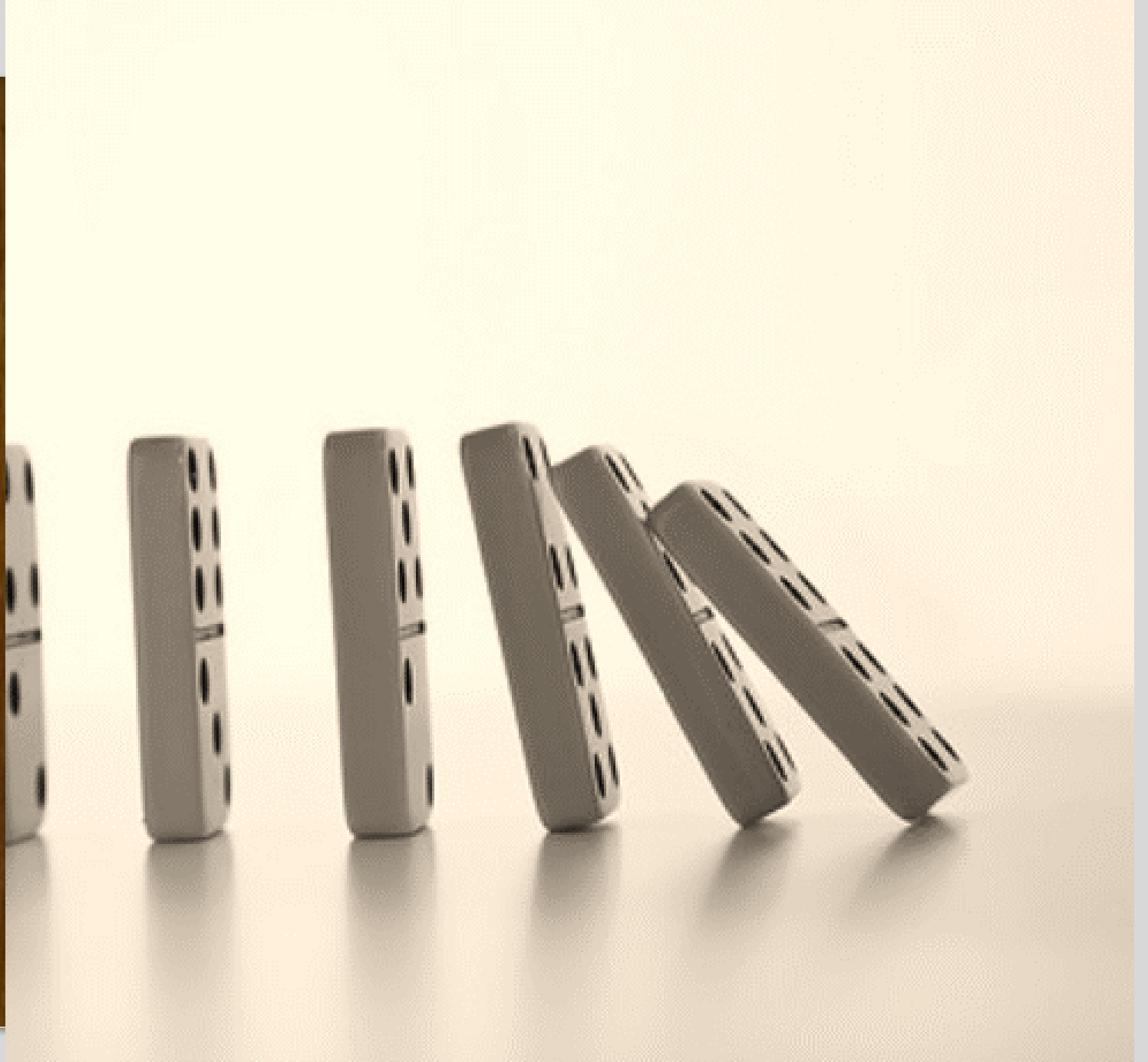


## Gaps in Research

40 year age range

3 competing paradigms

- Social gerontology
- Geriatrics
- Violence against women

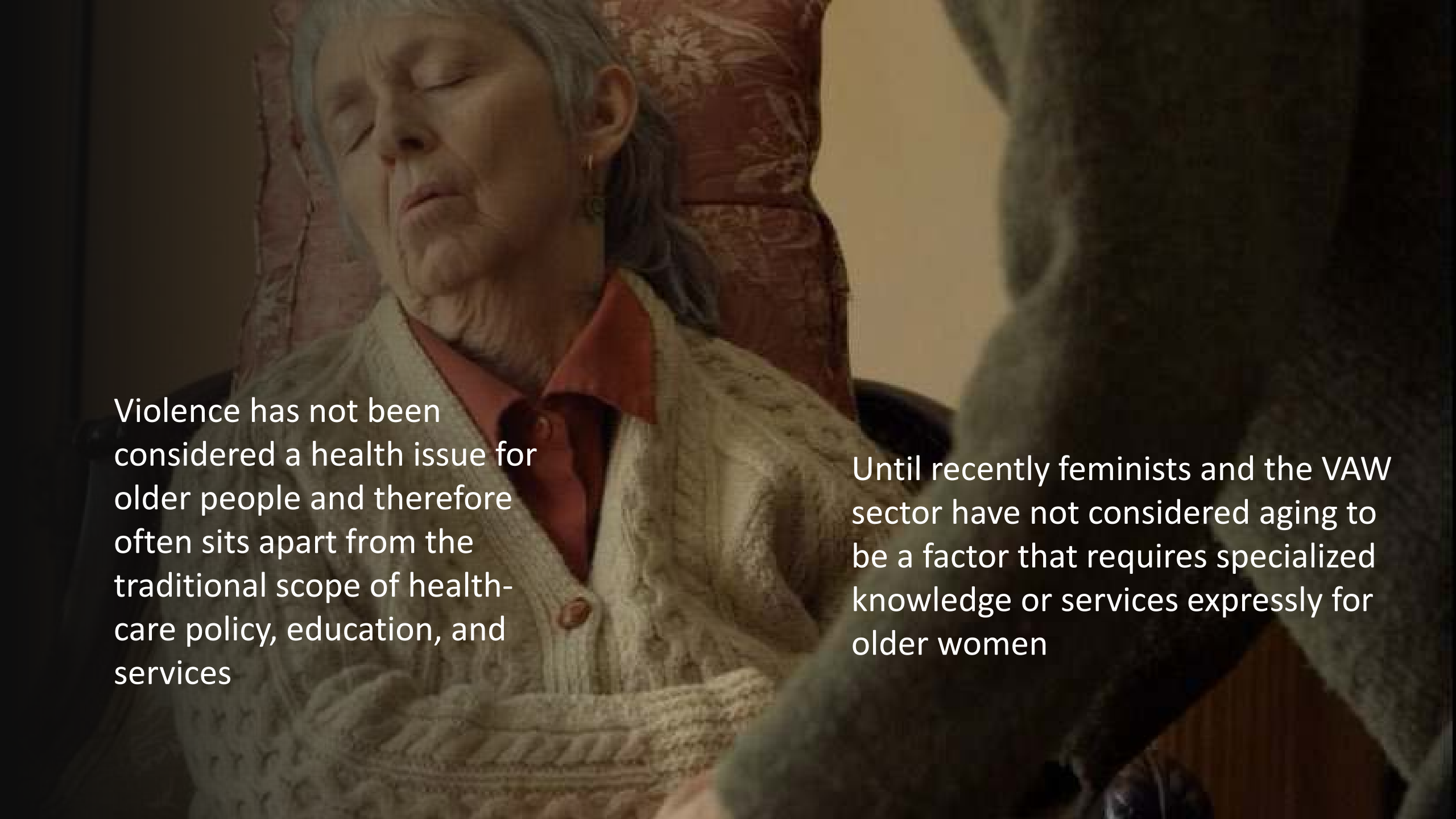




# Sector Differences

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An elderly woman with short, wavy grey hair is seated in a brown leather chair. Her eyes are closed, and her expression is one of distress or pain. She is wearing a light-colored, textured cardigan over a red collared shirt. The background is a plain, light-colored wall. The overall lighting is soft and somewhat dim, creating a somber atmosphere.

Violence has not been considered a health issue for older people and therefore often sits apart from the traditional scope of health-care policy, education, and services

Until recently feminists and the VAW sector have not considered aging to be a factor that requires specialized knowledge or services expressly for older women



Health professionals working most closely with seniors are not usually trained to recognize warning signs and risk factors of domestic violence

....many older abused women  
were surprised to learn that their  
experiences were abnormal or  
worthy of any special services.

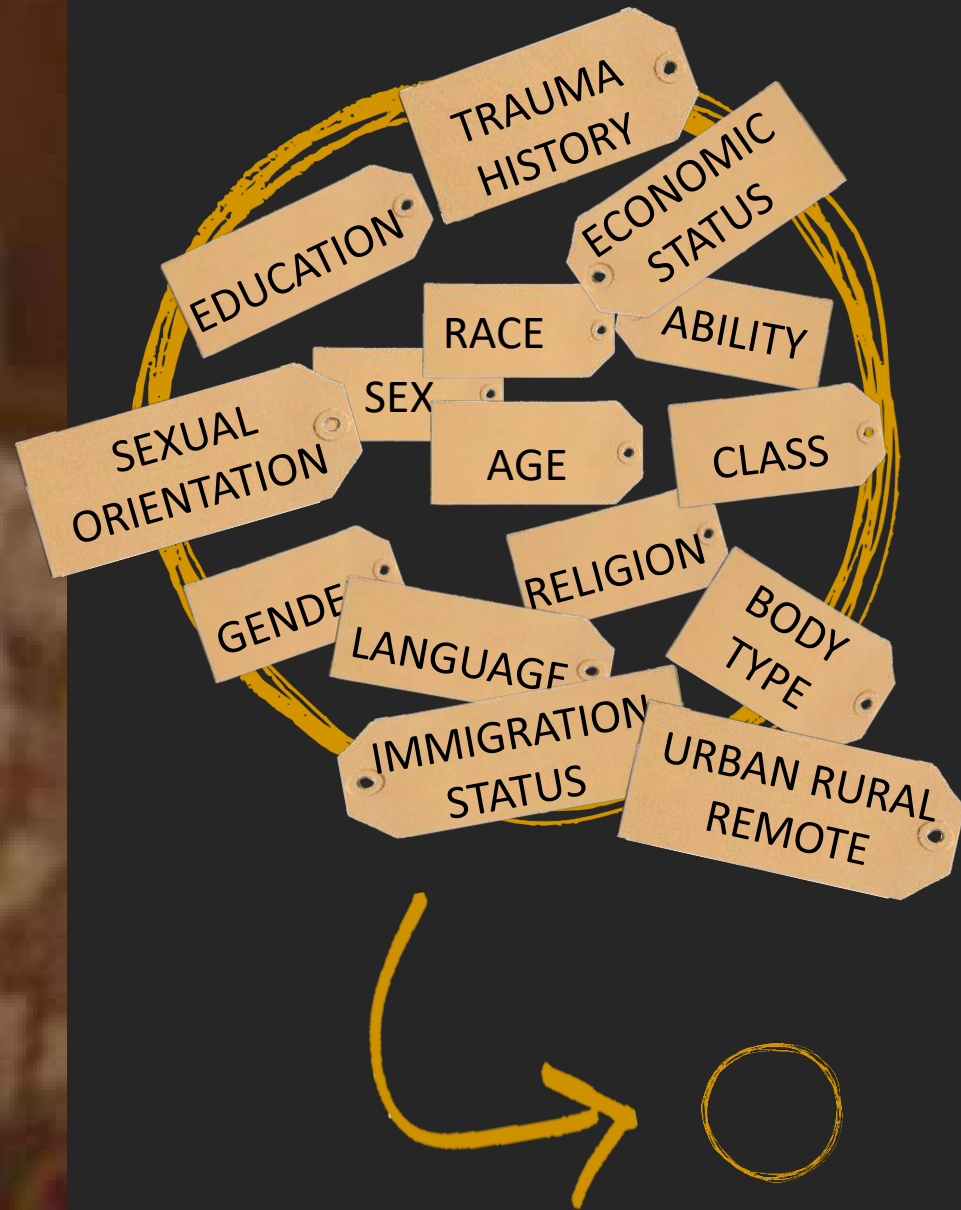
T. Zink







As women age,  
“their horizons for action  
diminish and they see  
themselves as having  
fewer life choices within  
the scope of decreasing  
power”



## ORGANIZATION

- “Trauma review/walk through” – is your service and/or program space safe and welcoming?
- Seek client input about safe and inclusive strategies
- Support staff at-risk of vicarious trauma (e.g., peer support, assistance programs/benefits, reflective supervision)
- Safety protocols – developed with clients in a TVI way & on-hand if things become unsafe

## PROVIDER

- Awareness of impacts of power differences & boundary/ violations
- Non-judgmental approach so people feel accepted and deserving
- Clear information and predictable expectations about programming
- Consider how safety in relationships can impact service seeking & use



## PRINCIPLE 2

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

# CULTURAL SAFETY

...respectful engagement that recognizes and strives to address power imbalances inherent in the service system

WHAT IS MY IMPACT?

WHAT IS MY IMPACT OF MY ORGANIZATION?

HOW DO I USE MY POWER TO CREATE SAFETY?

# PRINCIPLE 3

*Foster opportunities for choice, collaboration and connection*

## ORGANIZATION

- Policies and processes that allow for flexibility and encourage person-led decision-making and participation
- Involve staff and clients in identifying implementation and evaluation strategies for services/programs

## PROVIDER

- Non-judgmental responses
- Provide **realistic** options/choices for next steps
- Consider choices collaboratively
- Actively listen... and privilege the client's voice

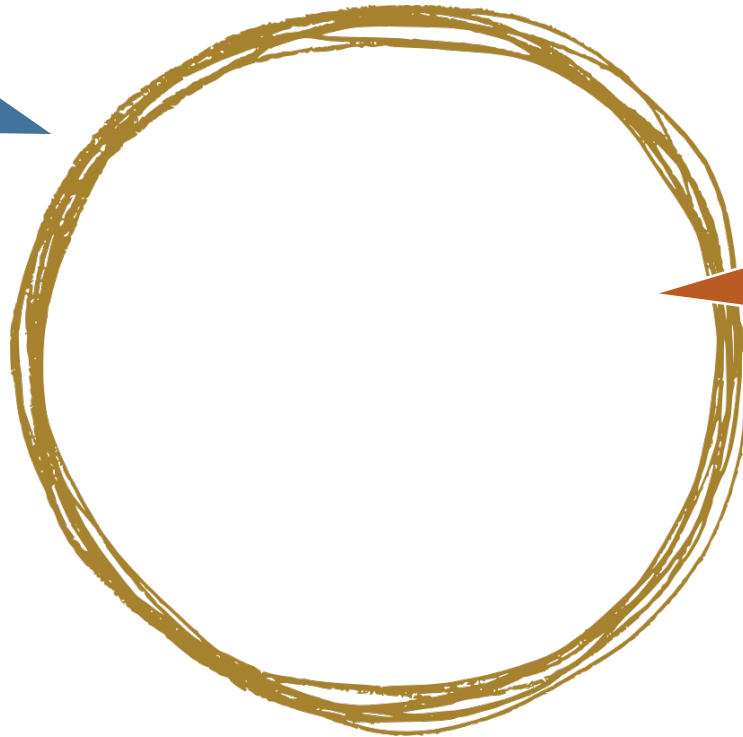




# MEANINGFUL CHOICE & REAL CONNECTION

...NOT so much what  
I think is the best  
choice

The practice – cultural  
humility



How do I use my  
power to find flex in  
the system?

## ORGANIZATION

- Allow sufficient time for meaningful engagement
- Program options that can be tailored to people's needs, strengths and contexts & include client input
- Staff are provided with ongoing opportunities for development of knowledge and skills

## PROVIDER

- Listen for, validate & help clients identify strengths
- Acknowledge the effects of historical and structural conditions
- Teach skills for recognizing triggers, calming, centering



## PRINCIPLE 4

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

# Be RADICAL: TAKE TIME – SLOW DOWN

I take time with you  
I see you  
I listen

The practice – every  
single encounter

How do I use my perspective  
to reflect the strengths that I  
see in you?





YOU are the  
intervention

Change is  
possible

# TVIC is a Key Dimension of Equity-Oriented Services



<http://equiphealthcare.ca>





Getting started on TVIC

## Non-TVIC thinking

He drinks all the time. He's weak.

They're making this up.

That kid just wants attention.

She can't cope.

They will never get over this.

He should be over it by now.

Victim

## TVIC thinking

He's strong for surviving what he has.

This is hard to hear and talk about.

That child needs our help.

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

They can recover.

Recovery is a process and takes time.

Survivor

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



# Trauma Review Exercise

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 or group of clients. The space can be anywhere you provide care: an office, clinic, hospital, community center, or 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 do it mentally. Here’s what to do:

1. Enter your space; make sure to visit all client-facing areas, including washrooms.
2. Put yourself in your clients’ “shoes” and ask yourself what it might be like for them to be in this space.
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 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!



Equity Walk Through -  
<https://equiphealthcare.ca/resources/toolkit/equity-walk-through/>



# Support staff well-being



**Staff education  
about vicarious  
trauma and its  
impacts**



**Opportunities for  
staff-initiated  
debriefing,  
reflective  
supervision**



**Employee  
Assistance  
Programs (EAPs)**



**Organizational  
supports for self-  
care**

Quiet rooms

Flexible breaks

Encouraging down  
time & time away  
when needed

Flexible use of  
extended health  
benefits for self-care



# TVIC Online Learning

Free for health & social service providers

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

<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.



**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



# Implementing Trauma- and Violence- Informed Care

*A Handbook*

*Edited by*

C. Nadine Wathen and Colleen Varcoe

# Thank you – Questions?

## Contact:

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## Resources:

- TVIC courses: <https://equiphealthcare.ca/online-courses>
- TVIC resources: <https://gtvincubator.uwo.ca/resources>
- EQUIP TVIC page: <https://equiphealthcare.ca/resources/trauma-and-violence-informed-care/>