Acknowledgements and Audience

The Status of Women Council of the Northwest Territories acknowledges that we operate on the traditional lands of the Dene, Inuvialuit, and Métis of the Northwest Territories.

We would like to extend our appreciation to the individuals and community partners within the gender-based violence sector in the NWT who provided input throughout the development of this guide and related materials.

Some content, within these resources, was modified with permission from Equip Health Care - Equipping for Equity. Additional input was provided by consultants with the Centre for Research & Education on Violence Against Women and Children, Faculty of Education at the University of Western Ontario.

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.

Thank you to Women and Gender Equality Canada for providing the financial support to develop these resources.

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.

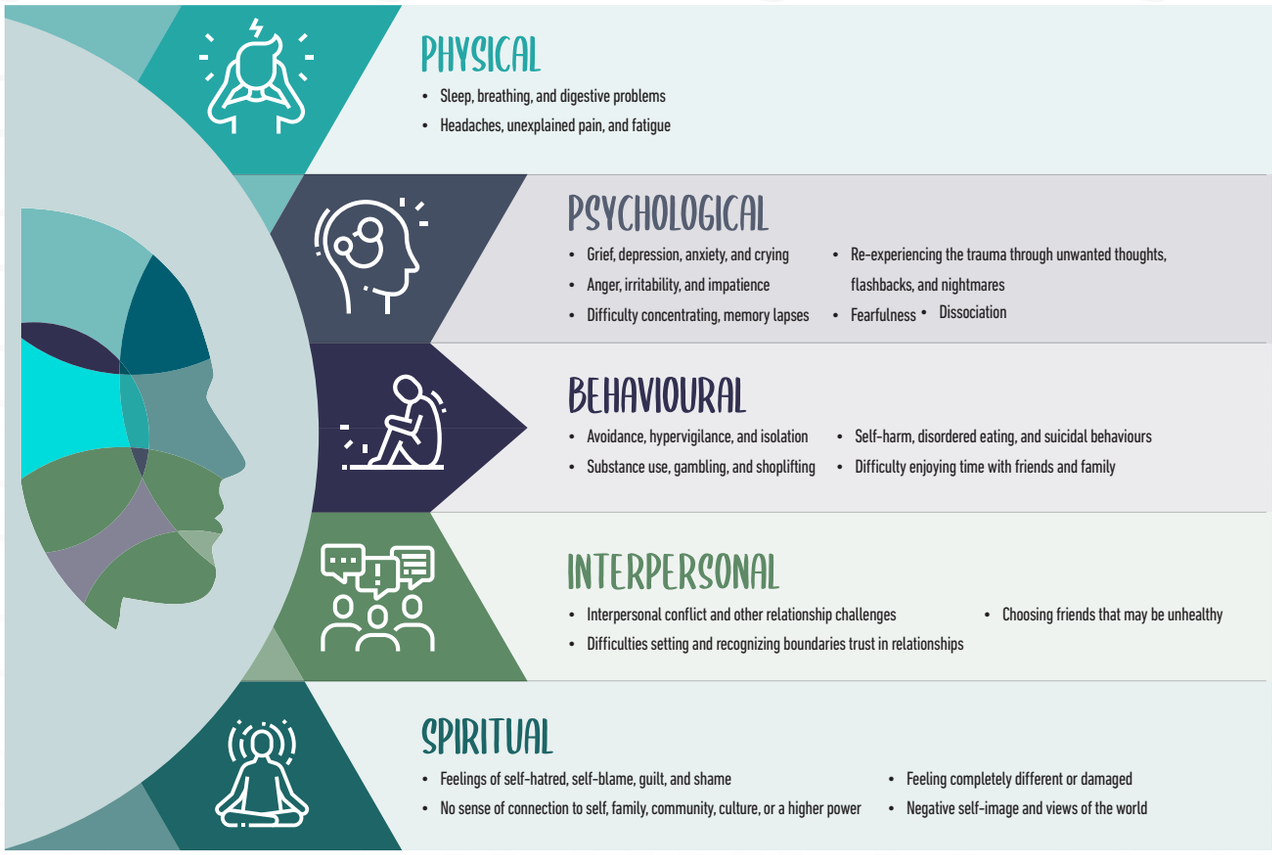
The experience and response to trauma varies from person to person; some report experiencing few if any impacts and others report many and lingering, and/or delayed, difficulties.

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.



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

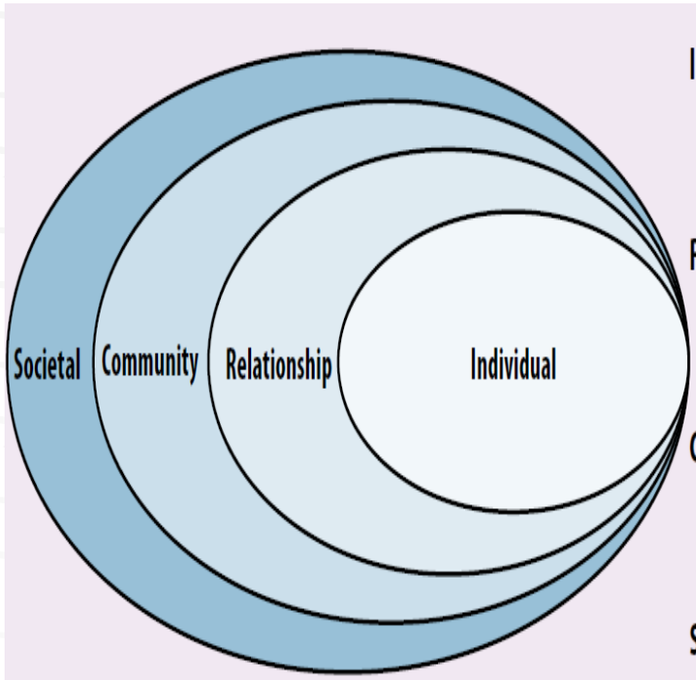
There is a growing acceptance that the provision of equal resources does not result in equal outcomes. In response, **equity** has entered our vocabulary as we recognize the need to provide resources and opportunities based on individual need as we focus on achieving equal outcomes.

> *"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.

Primary references are Western University Centre for Research & Education on Violence Against Women and Children Learning Network Gender-based Violence Terminology Glossary (2020), Reporting on Gender-Based Violence: A Guide for Journalists, and the Public Health Agency of Canada (2018).

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How Trauma Impacts Four Different Types of Memory

EXPLICIT MEMORY

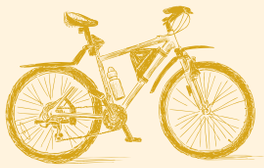
SEMANTIC MEMORY

What It Is

The memory of general knowledge and facts.

Example

You remember what a bicycle is.

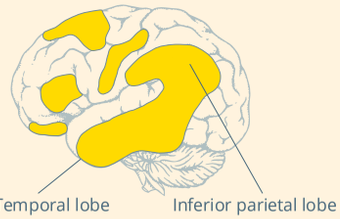


How Trauma Can Affect It

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.



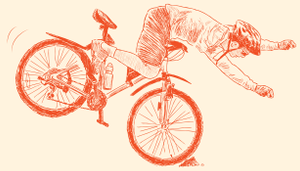
EPISODIC MEMORY

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.

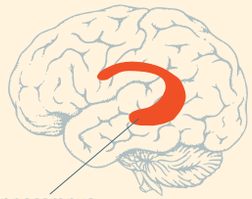


How Trauma Can Affect It

Trauma can shutdown episodic memory and fragment the sequence of events.

Related Brain Area

The hippocampus is responsible for creating and recalling episodic memory.



IMPLICIT MEMORY

EMOTIONAL MEMORY

What It Is

The memory of the emotions you felt during an experience.

Example

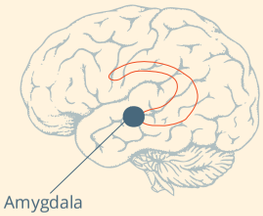
When a wave of shame or anxiety grabs you the next time you see your bicycle after the big fall.

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.



PROCEDURAL MEMORY

What It Is

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

Example

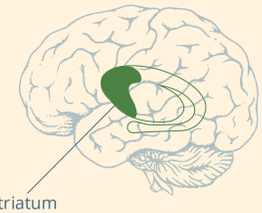
You can ride a bicycle automatically, without having to stop and recall how it's done.

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.



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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.

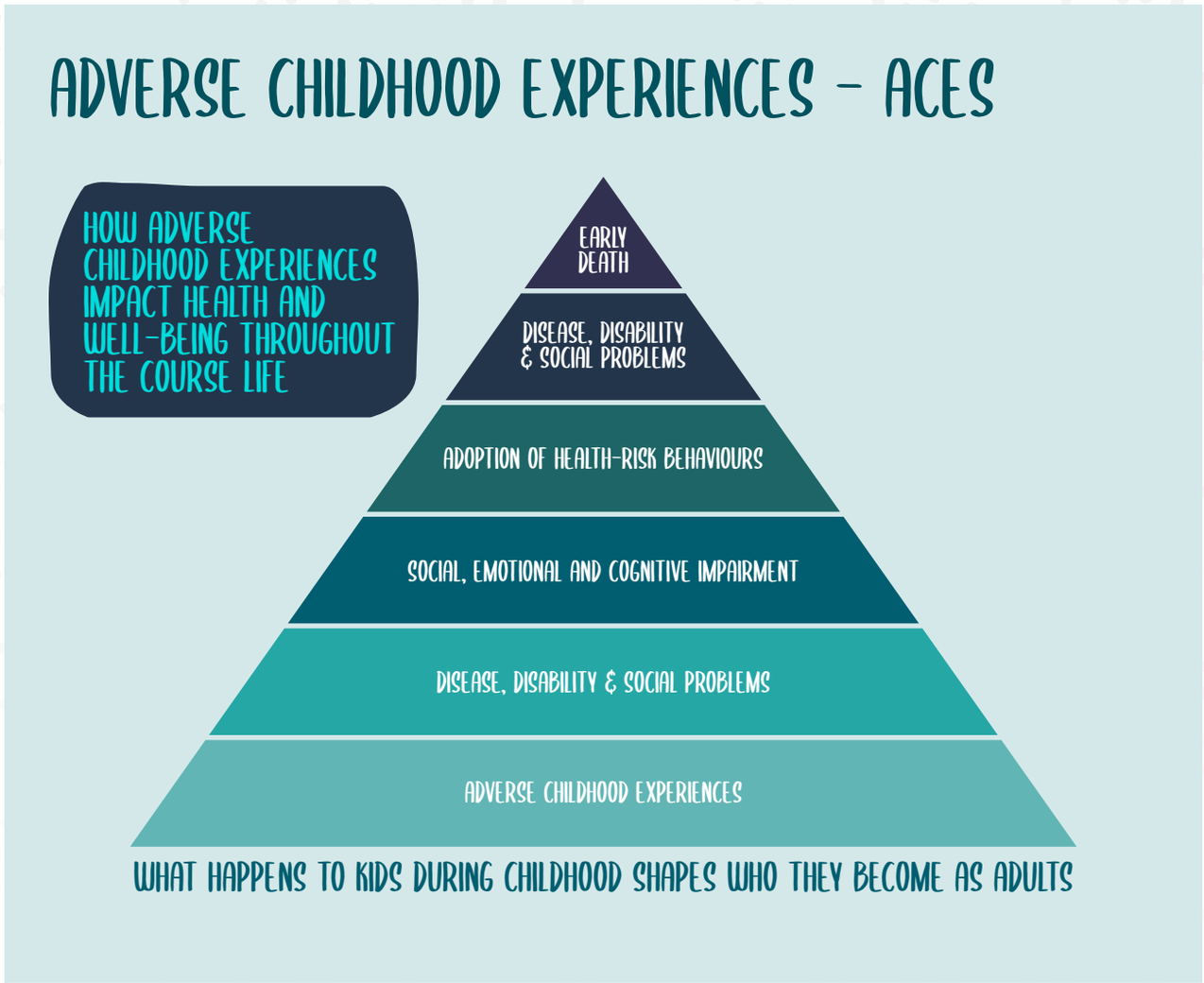

Figure 1 - Adverse Childhood Experiences - ACEs

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***