

2024 Knowledge Exchange

“Day One”

June 4-5, 2024





MC
2023



Alice Echaquan

**Atikamekw Niheriwisiw
Iskwew, Petapan,
spiritual name. Daybreak**



Melissa Coutu

**Atikamekw Niheriwisiw
Iskwew, Atikamekw de
Manawan**

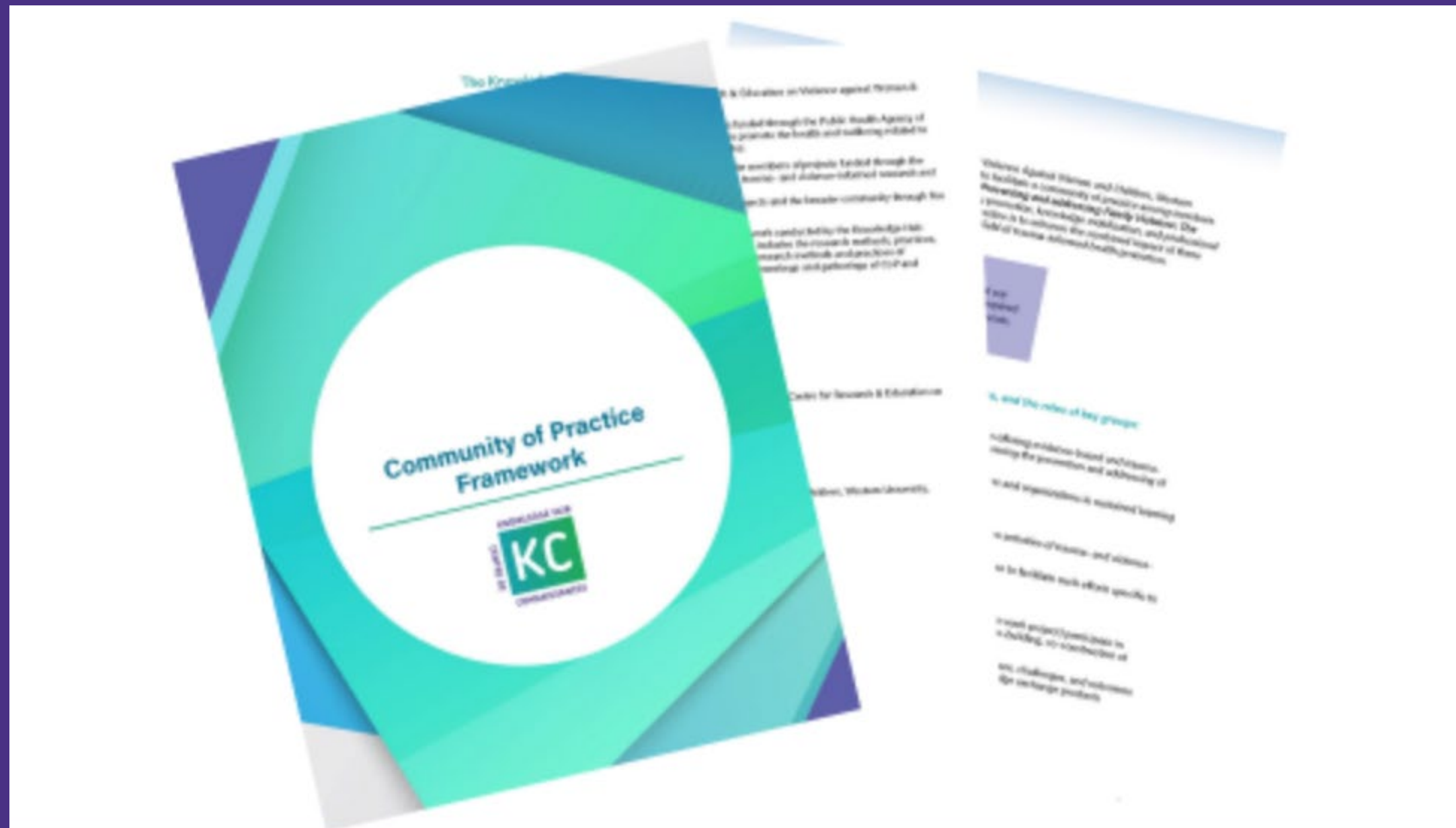


Debby Flamand

**Atikamekw Niheriwisiw
Iskwew**



Community of Practice Framework



Agenda- Day One

1. Icebreaker
2. Aligning Trauma-Informed Approaches with Key Strategies:
Implications for policy -Facilitated by Nancy Poole
3. Lunch
4. Collective Action and Sustainability: Presentation and
Discussion by Knowledge Hub and Capital W
5. Design Clinic Gallery Walk
6. Cinq à sept @ Bagel etc



Dr. Nancy Poole



Director

Centre of Excellence for Women's Health



A dialogue on bringing trauma informed and equity oriented approaches to our projects

Foundational updates

By: Dr. Nancy Poole



Land Acknowledgement

**Preventing Violence
Against Women**

**Reducing
Substance Use
Harms**

**Braiding in
Indigenous Wellness**



**Advancing Trauma
Informed Practice**

**Promoting
Girls' & Women's
Health**

**Wisdom &
Knowledge Sharing**

Connecting people and issues to
foster collective action to improve
health and equity

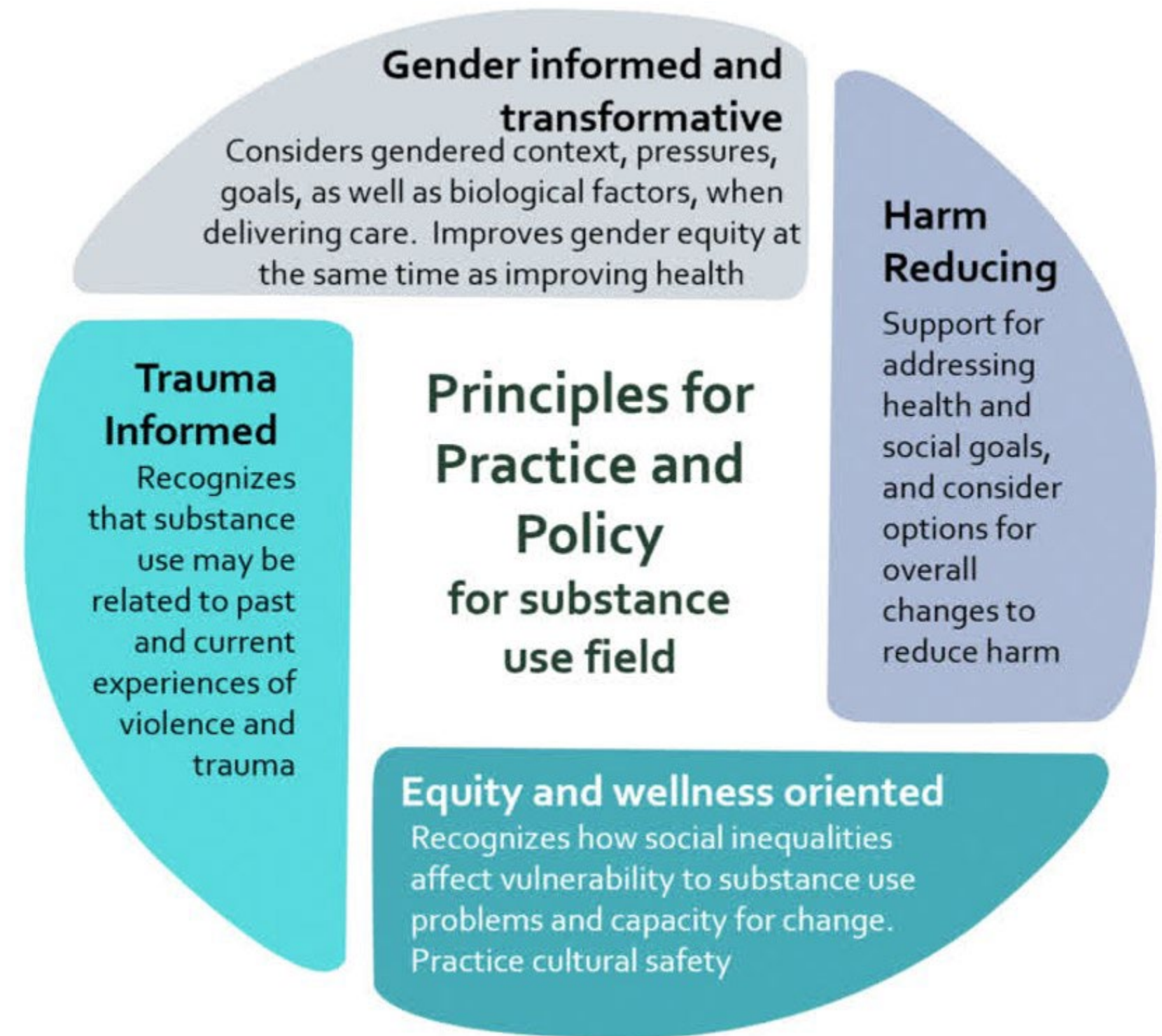
Agenda

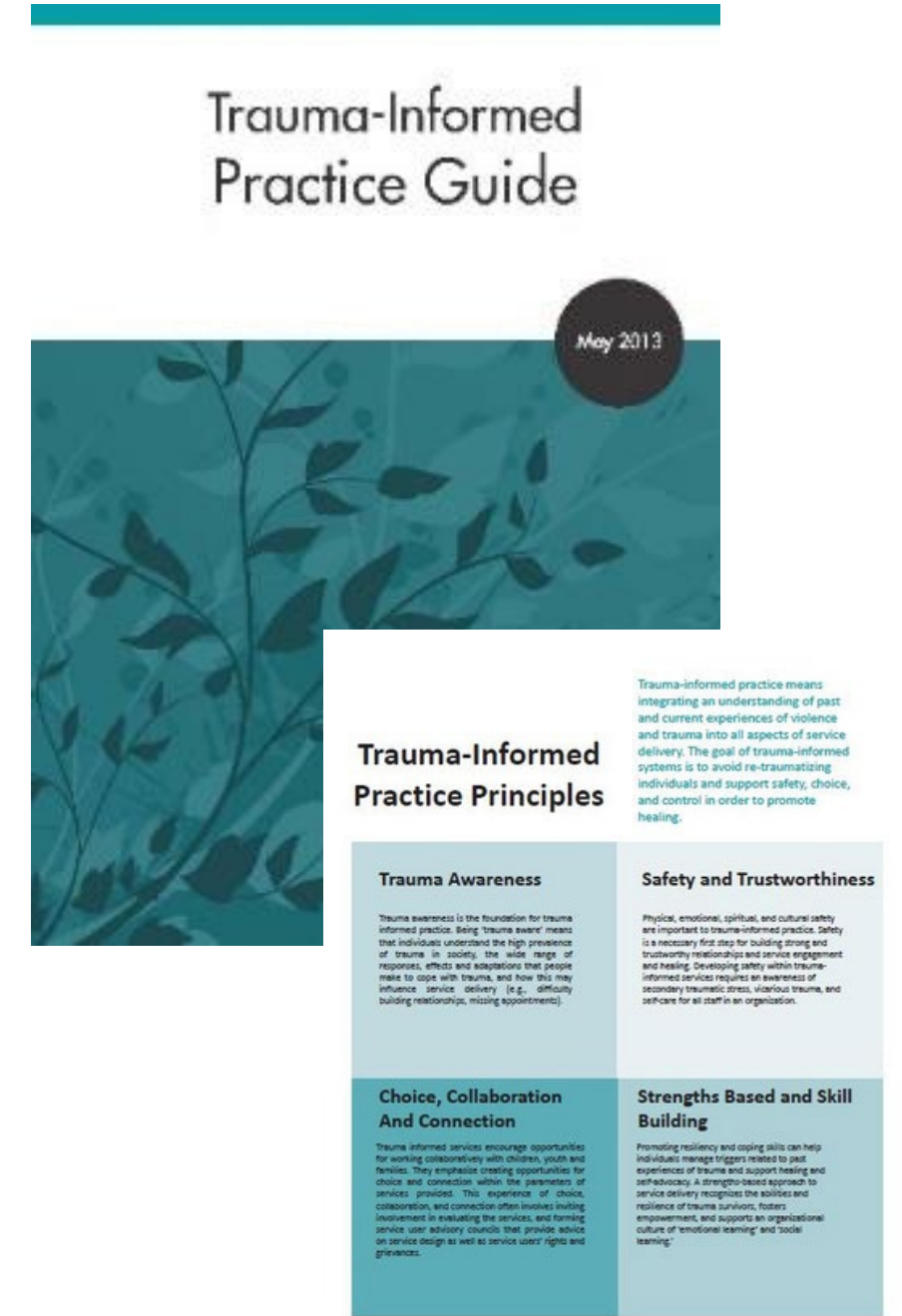
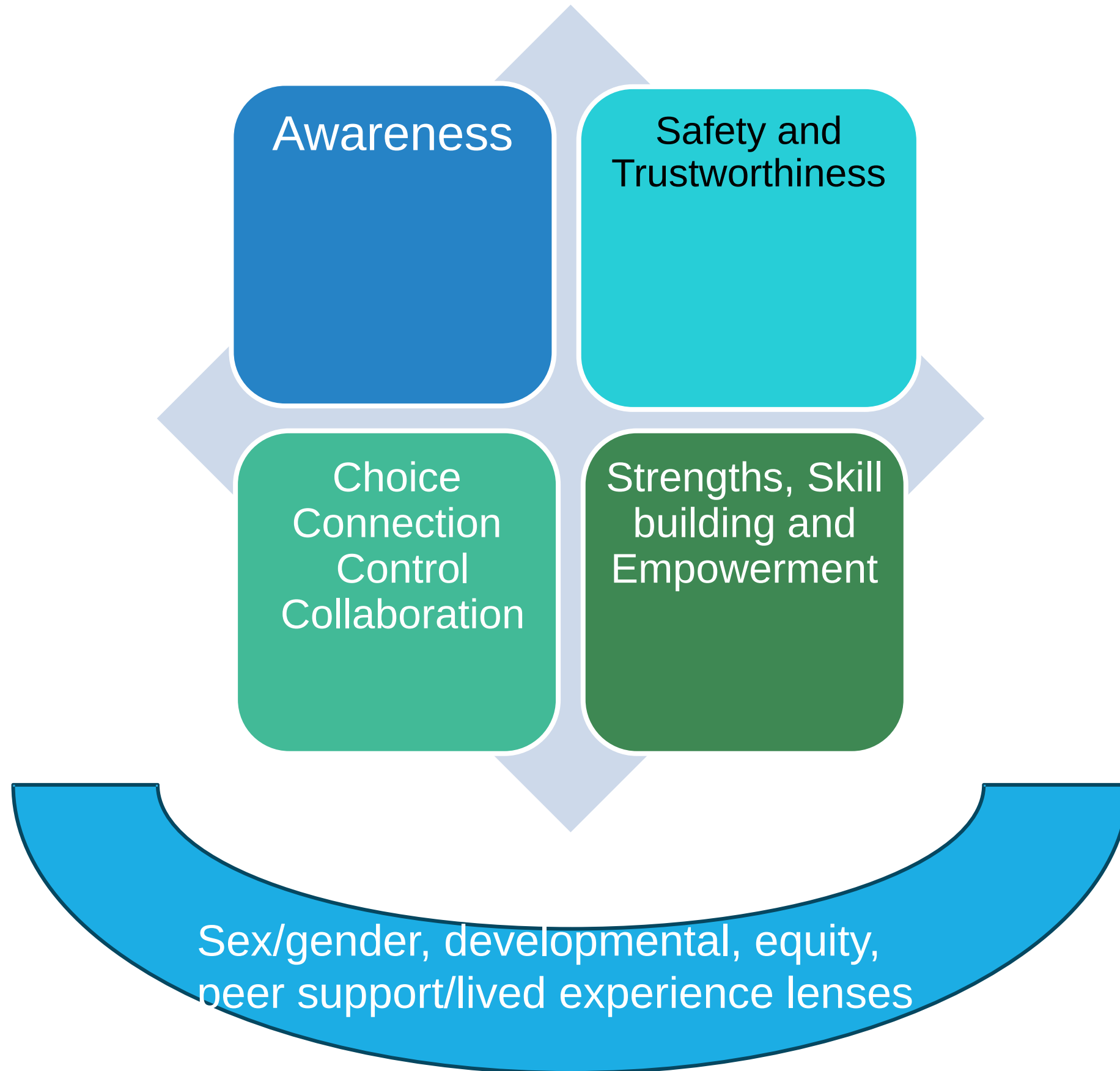
Today

1. Developments from the four foundations that can inform our trauma informed work
2. Linking T&VI work with other equity approaches - examples from our and others' research, knowledge exchange and practice

Tomorrow

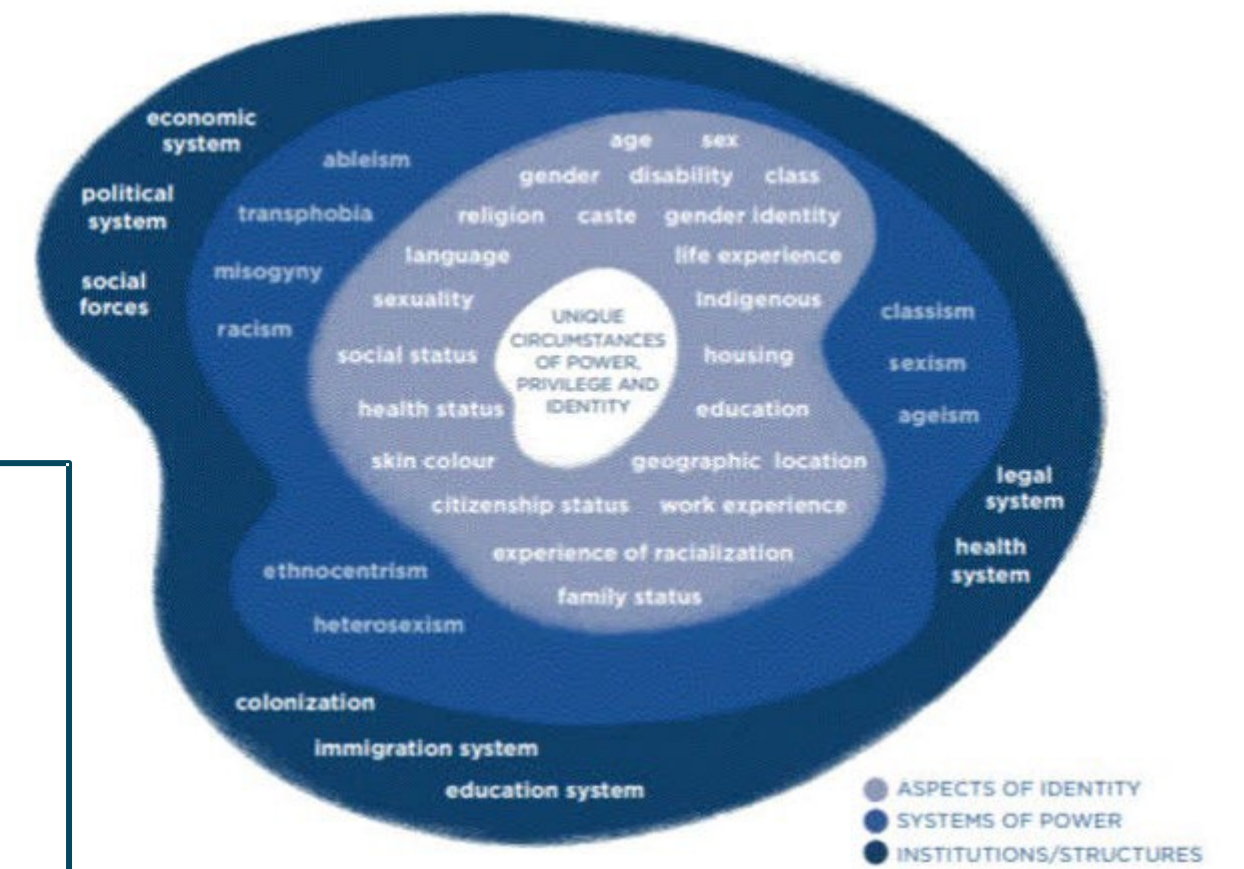
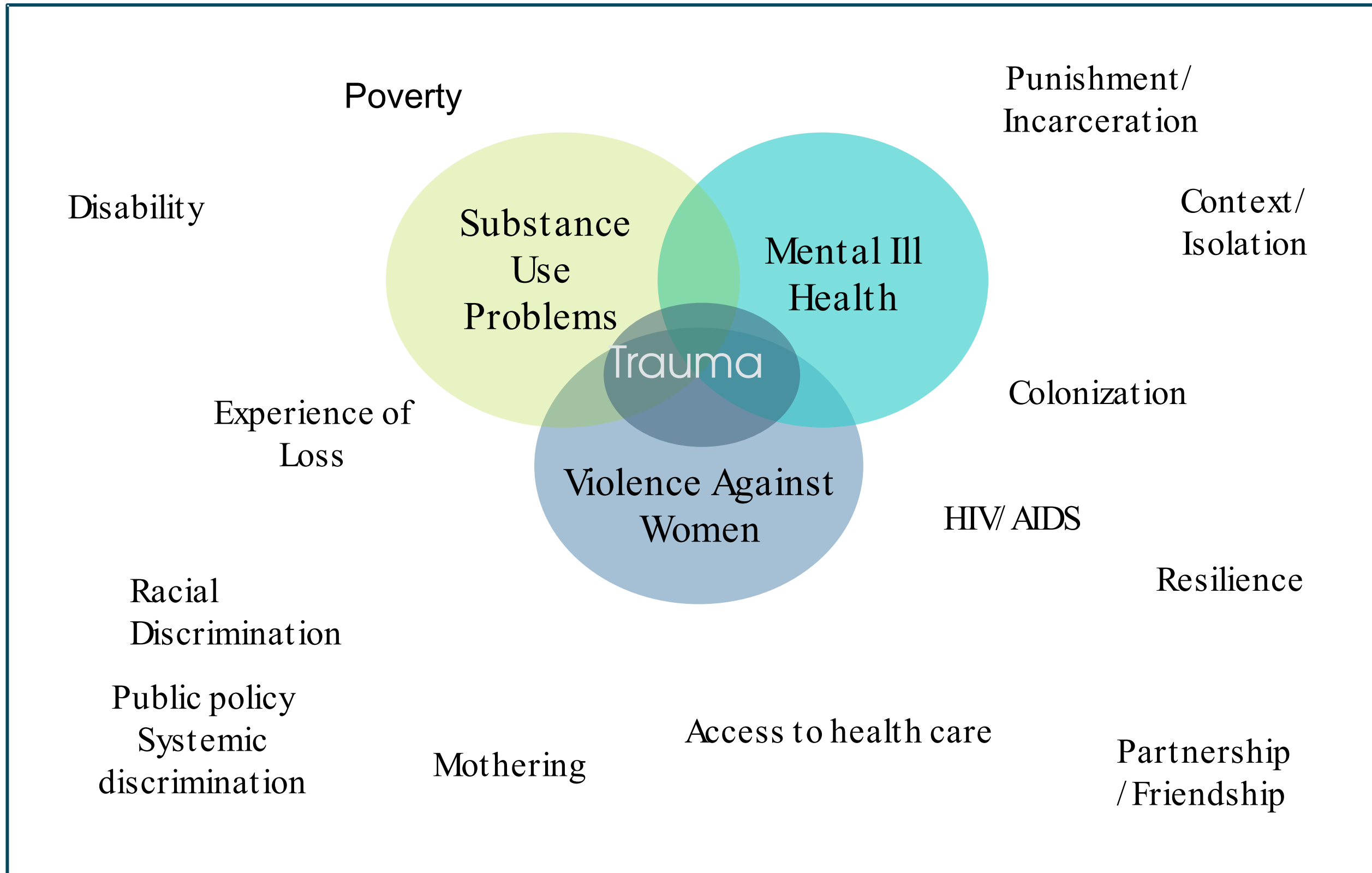
1. Focus on applying TIP at the agency and systemic levels





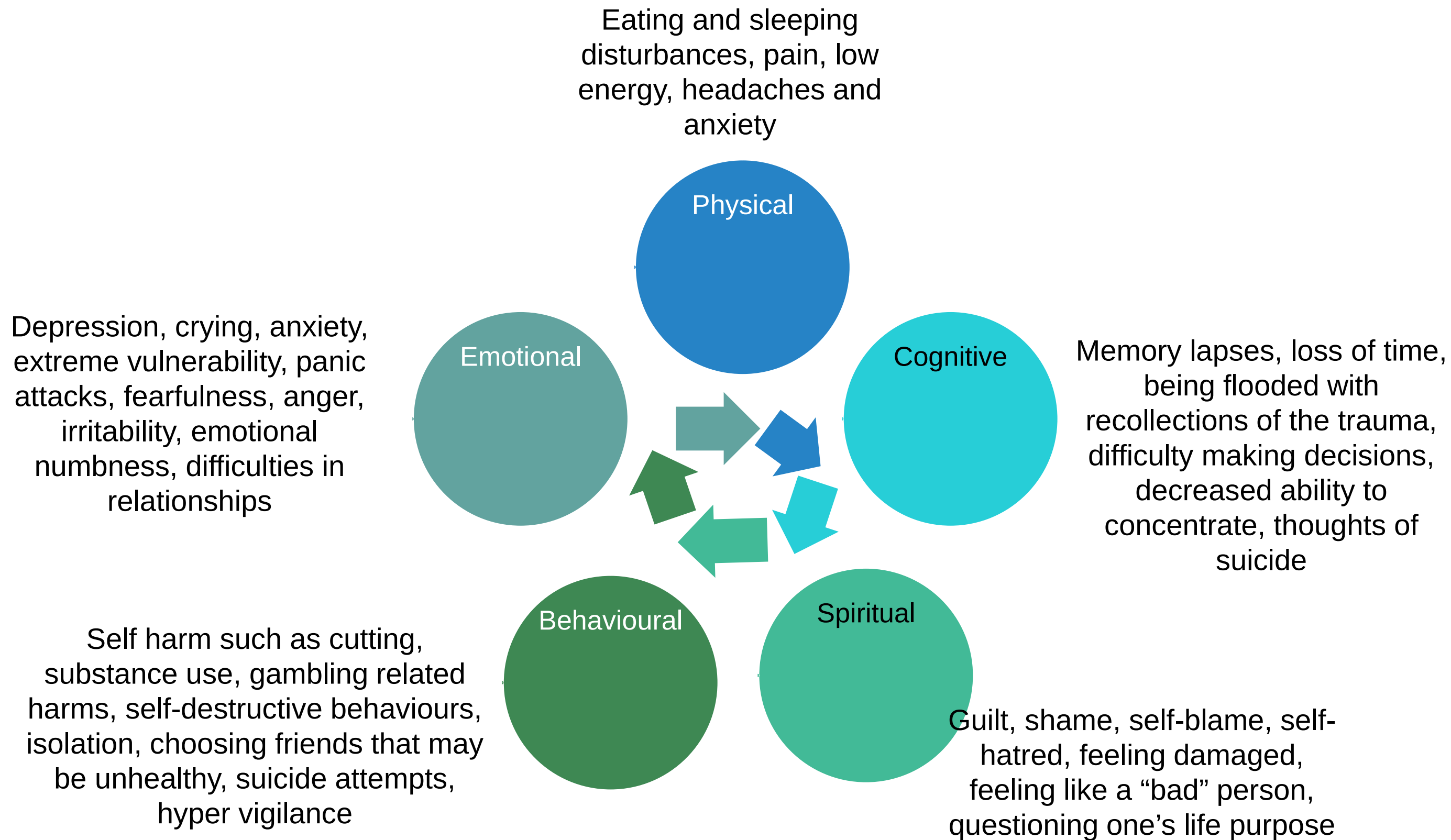
<https://cewh.ca/wp-content/uploads/2017/05/TIP-principles-Reflective-questions-2017.pdf>

Interconnections
 Centrality of trauma
 Importance of SDOH and
 Intersectionality



<https://www.criaw-icref.ca/>

Growth in our awareness



We are:

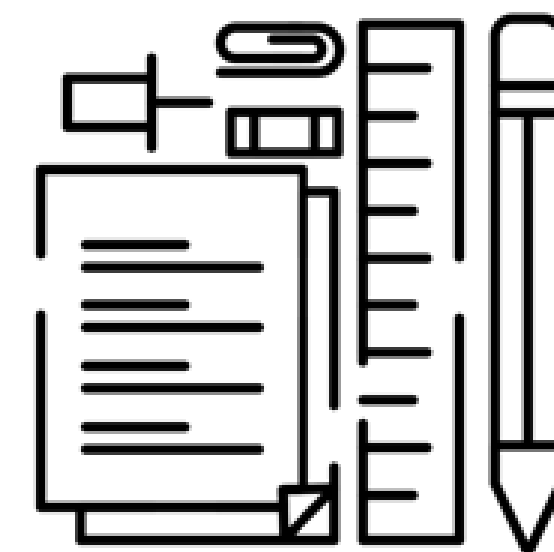
- Ever more seeing the pervasiveness of trauma and its intersections with other stressors
- Recognizing the range of responses people can have
- Recognizing that because of trauma responses, developing trusting relationships (engagement, retention, concentration . . .) can be difficult for participants in our projects.

This worksheet may be useful as we move through our discussions

Worksheet on TIP Principles

Consider how we are enacting the TIP principles – what are we doing now and what might be the stretch forward?

Principles	We are already		Ideas or commitments for going forth
Bringing in awareness of trauma in all we do Social learning		Linking TR&VI approaches to sex-gender informed, anti-racist, decolonizing, cultural safe, wellness oriented, peer support oriented, socially just, resilience oriented, intersectional, gender transformative . . . principles and practices	
Promoting safety – physical, emotional, social and cultural Building trust Emotional intelligence			
Offering opportunities for voice, choice, collaboration, connection, and control Democracy			
Honouring strengths and resilience Offering opportunities for skill building, increasing wellness Self care			



September 2012

**SAMHSA'S NATIONAL CENTER
FOR TRAUMA-INFORMED CARE**

Changing Communities, Changing Lives

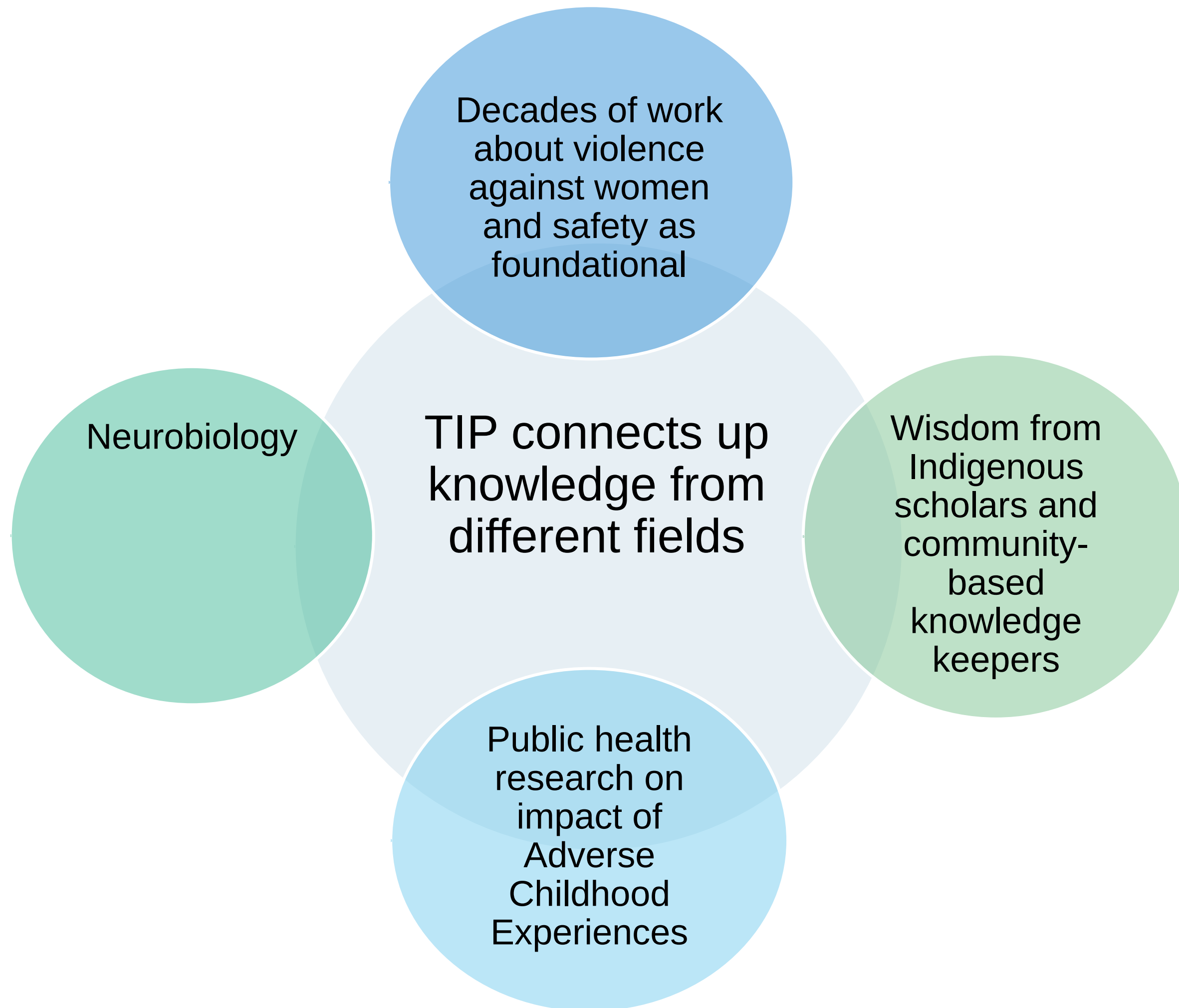
*Trauma-informed care
is as much about
social justice
as it is about healing.*

Lifting each other up Equity, resilience and solidarity



Updates from the 4 foundations of TVIP

To inform our research and evaluation practice



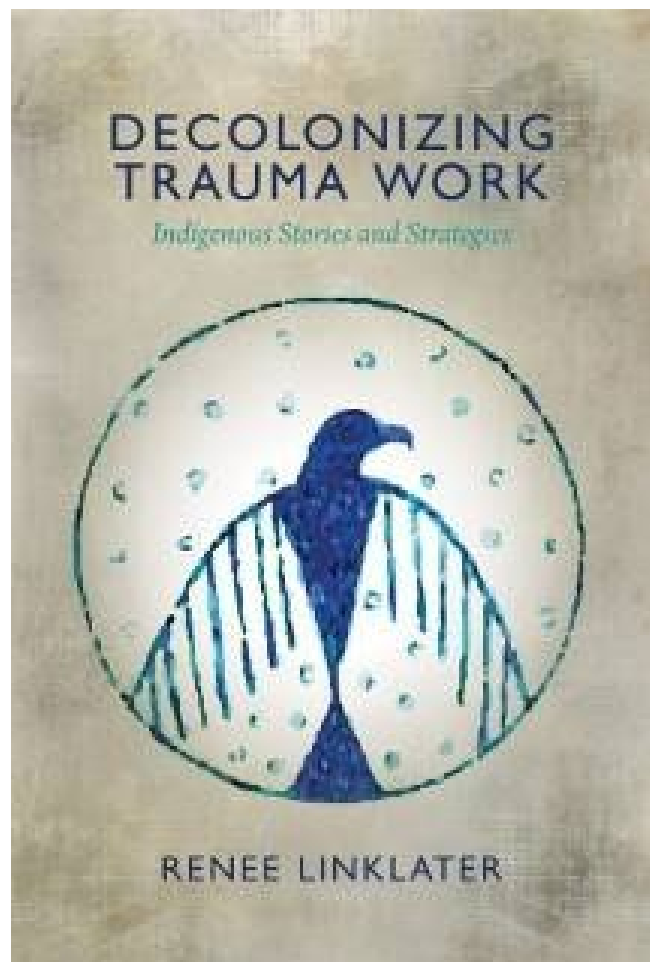
Trauma informed approaches are also informed by Appreciative Inquiry

“At its heart, Appreciative Inquiry (AI) is about the search for the best in people, their organizations, and the strengths-filled, opportunity-rich world around them.”

Stavros, Jacqueline, Godwin, Lindsey, & Cooperrider, David. (2015). *Appreciative Inquiry: Organization Development and the Strengths Revolution*. In *Practicing Organization Development: A guide to leading change and transformation* (4th Edition), William Rothwell, Roland Sullivan, and Jacqueline Stavros (Eds). Wiley.

1. Indigenous contributions

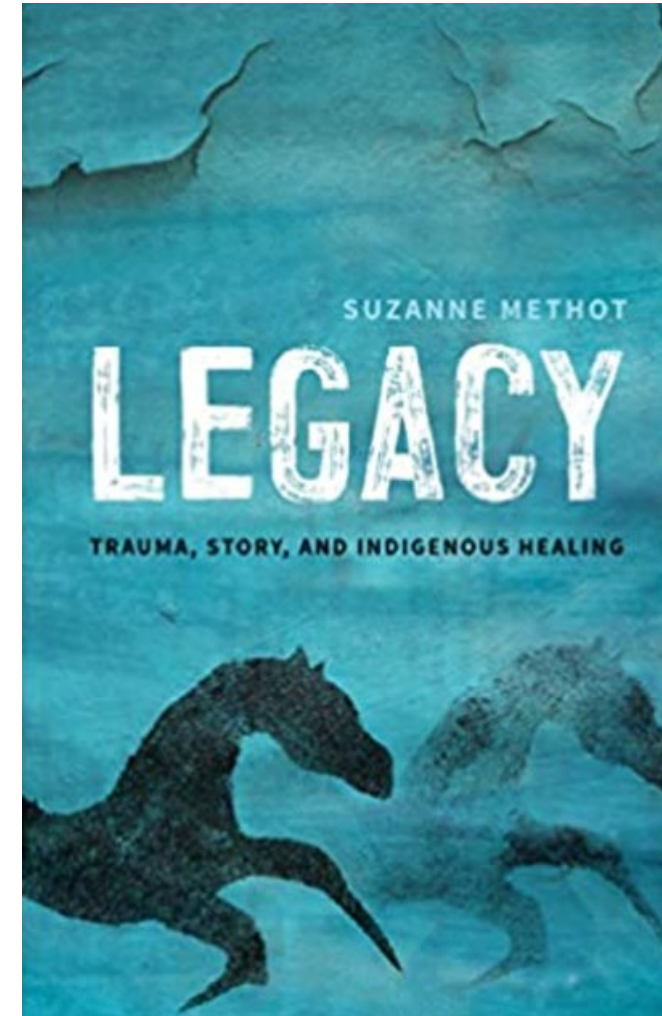
A trauma informed practice needs to include how colonization worked cumulatively to create complex trauma.



Finding a better way: Strengths-based trauma-informed practice

Dr. JoLee Sasakamoose discussed how the Indigenous Cultural Responsiveness Framework was developed, why it is needed to help restore Indigenous wellness in Western society, and its implementation in various projects in this webinar recording .

<https://www.vawlearninetwork.ca/webinars/recorded-webinars/2021/>



Suzanne Methot (2019)
Legacy: Trauma, Story,
and Indigenous Healing

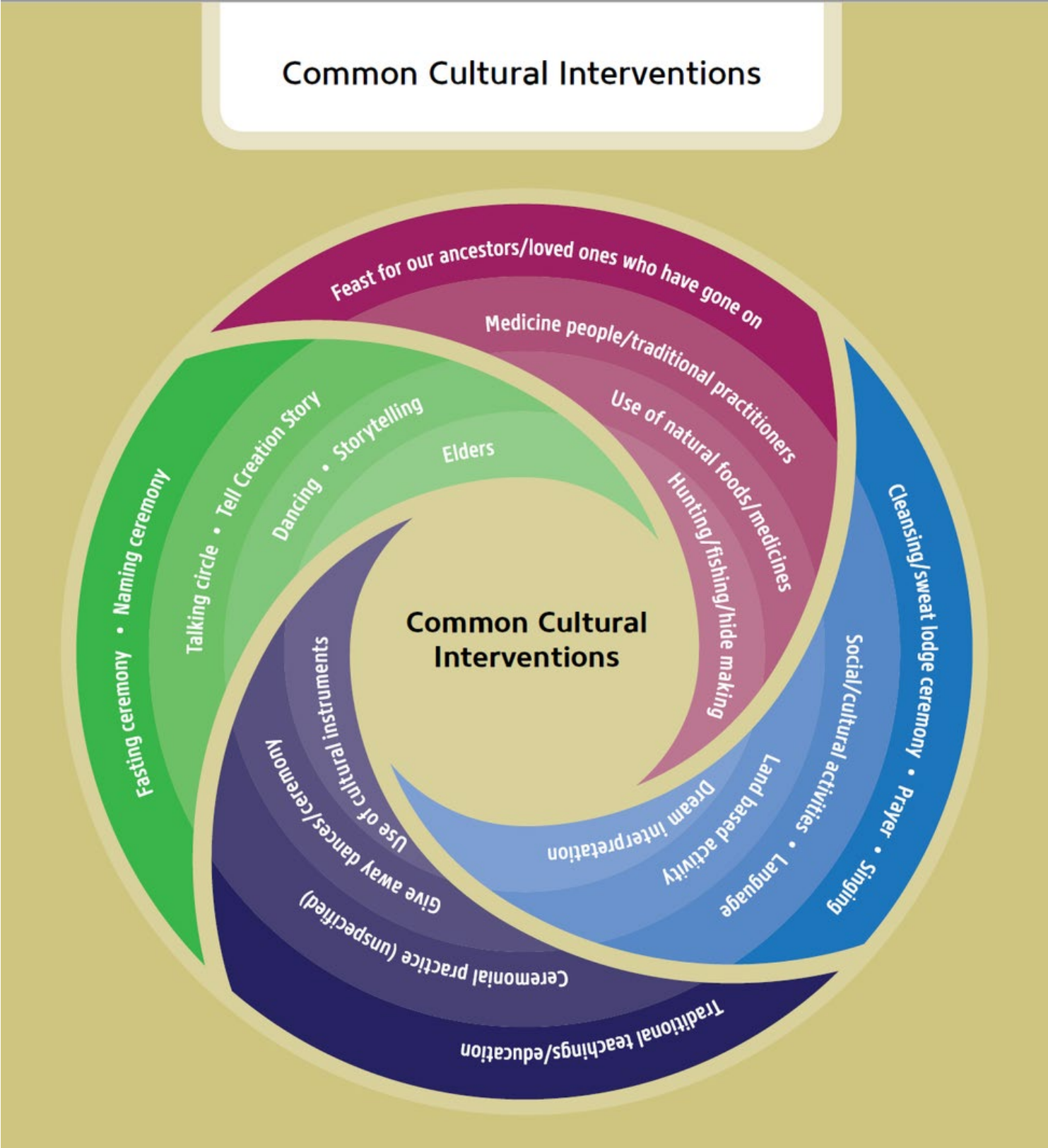
TIP is “not a set of specific treatment and healing interventions. It is about recognizing the pervasiveness of trauma within Indigenous communities, meeting people’s needs without retraumatizing them, and understanding the connection between an individual’s life experiences and the impacts of trauma they may experience.” p 304

Bringing a focus to wellness

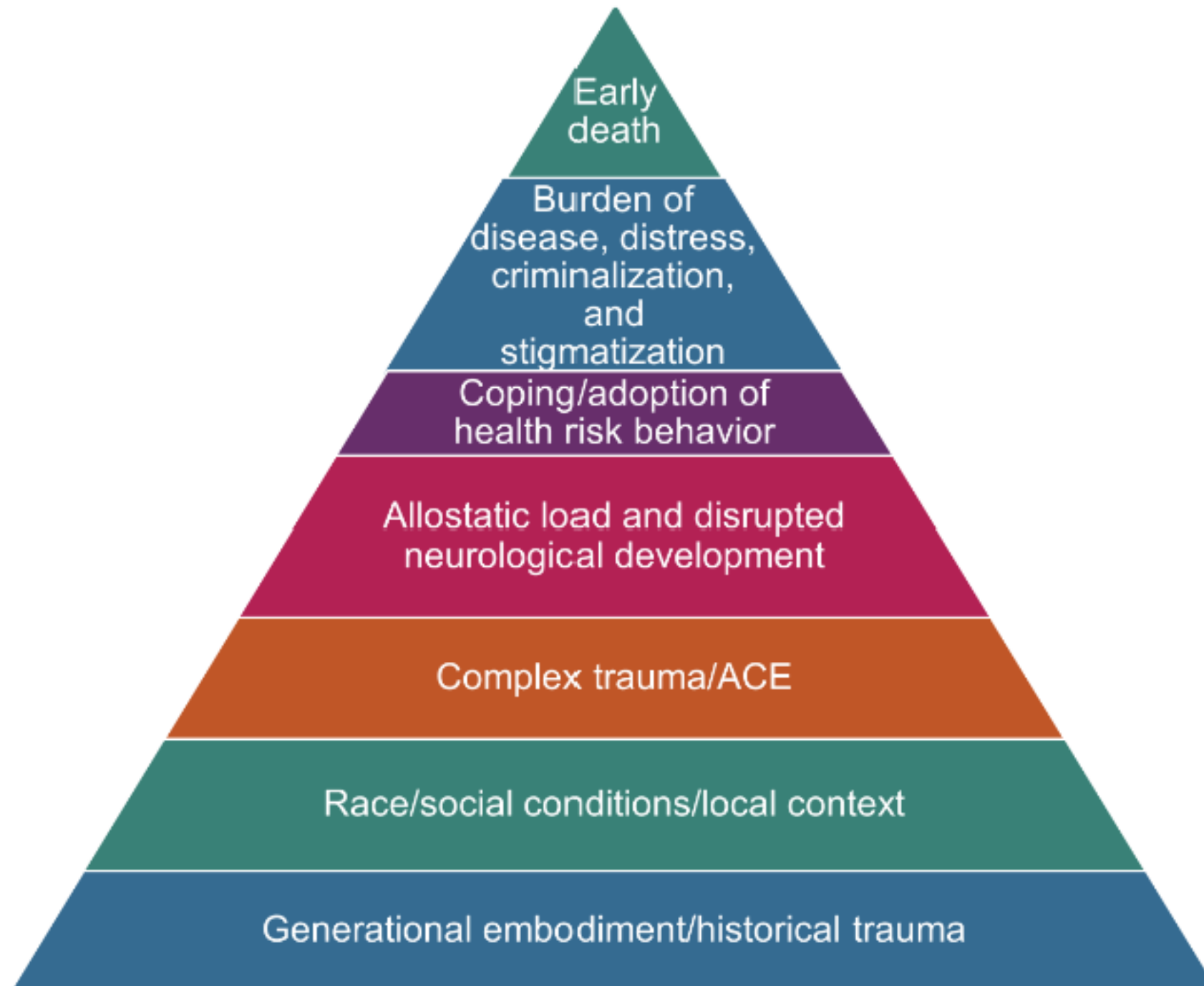
“Wellness from an Indigenous perspective is a whole and healthy person, expressed through a sense of balance of spirit, emotion, mind, and body.” Elder Jim Dumont, Indigenous Wellness Framework.



Thunderbirdpf.org



2. Updates from ACES and public health more broadly



Source: Centers for Disease Control and Prevention. (2016). Violence prevention: *The ACE pyramid* (adapted by RYSE Youth Center). <https://www.cdc.gov/violenceprevention/acestudy/about.html>



Canadian Public Health Association & CEWH - Canadian Substance Use Resource and Knowledge Exchange Centre (SURE) <https://substanceuse.ca/>

3. Updates on neurobiologically informed approaches

Rosenzweig, J. M., & Sundborg, S. A. (2022). The neurobiology of toxic stress: Implications for social work.

- presents an overview of brain architecture activated and changed by toxic stress. It describes the mind–body stress response systems, including polyvagal theory. The chapter analyses social–cultural and historical vulnerabilities to adversity and toxic stress consequences for individuals and communities. As the neuroscience of toxic stress becomes better understood, researchers also strive to unpack the concept and biology of resilience as it relates to adversity. Knowledge about the neural underpinnings of resilience is slowly emerging as the neuroscience of toxic stress becomes clearer.

French, W. P. (2023). The neurobiology of violence and victimization: Etiology, biological substrates, clinical implications, and preventive strategies. In T. W. Miller (Ed.), *School violence and primary prevention*.

Weisman, L. (2022). Neurobiology of trauma for first responders and social workers.

Naeem, et al. (2022). The neurobiology of infant attachment-trauma and disruption of parent–infant interactions.

Michaels, T. I., et al. (2021). Brain reward circuitry: the overlapping neurobiology of trauma and substance use disorders.

Hernández, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: a new concept in work with those who survive trauma.

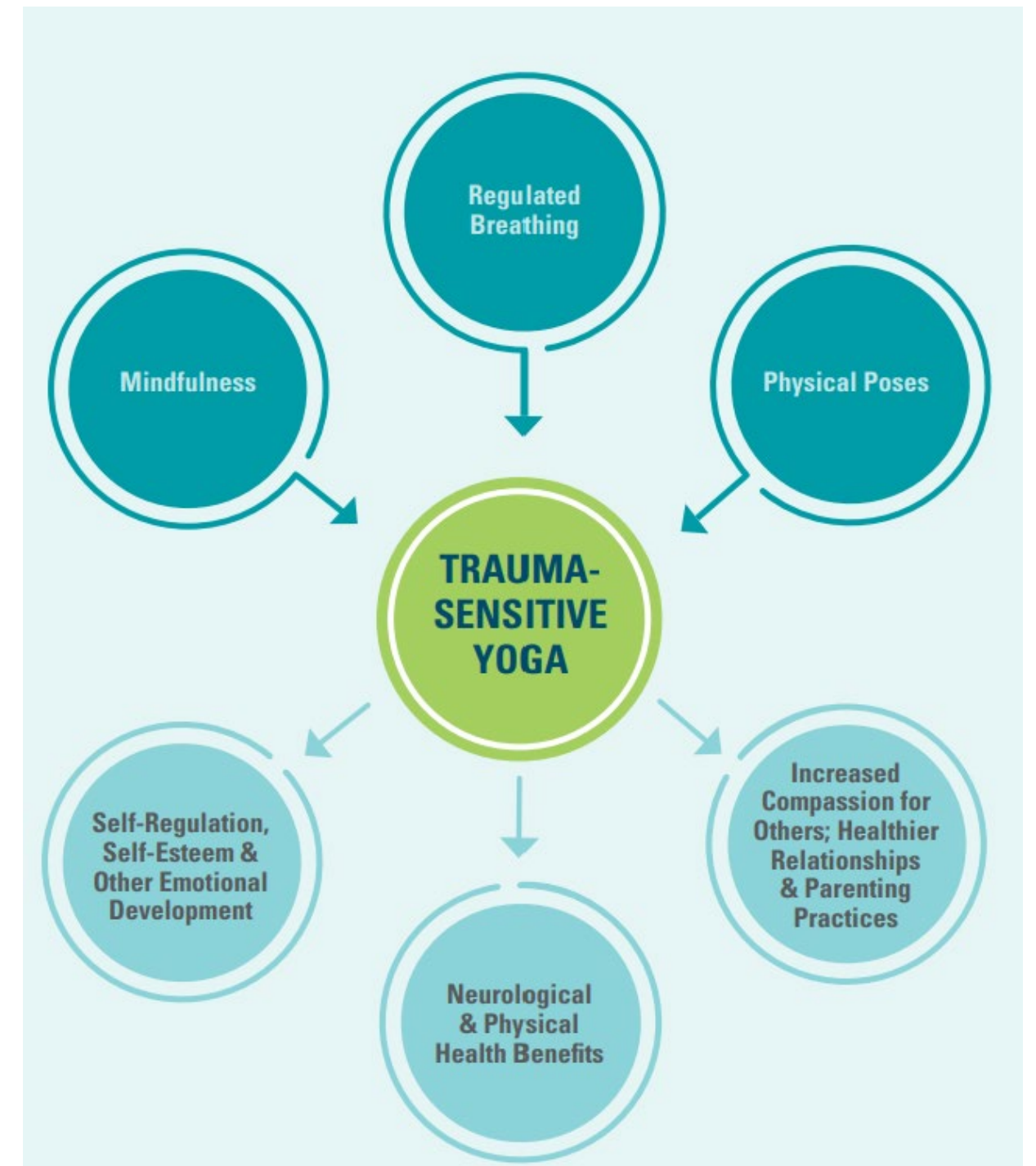
Fam Process, 46(2), 229- 241.

GENDER & TRAUMA

Somatic Interventions for Girls in Juvenile Justice:
Implications for Policy and Practice

Rebecca Epstein
Thalia González

- Executive Summary
- Introduction
- Unique Factors for Girls Who Experience Trauma
 - Differences in Prevalence and Types of Trauma
 - Race and Ethnicity
 - Social and Cultural Context
 - Sexual Orientation and Gender Identity
- Trauma-Informed Yoga: An Effective Somatic Intervention for Girls in Juvenile Justice
 - Self-Regulation, Self-Esteem, and Other Emotional Development
 - Neurological and Physical Health
 - Relationships and Parenting Practices
- Considerations for Policy and Practice
 - Evaluate Existing Programs To Determine Viability (or Introduce New Programs) and Bring Them To Scale
 - Promote Legal and Policy Reform to Support Somatic Interventions
 - Invest in Sustainable Programming and Infrastructure
 - Build Capacity and Facility Support
 - Ensure High-Quality Curricula and Training
 - Increase Research Support
- Conclusion

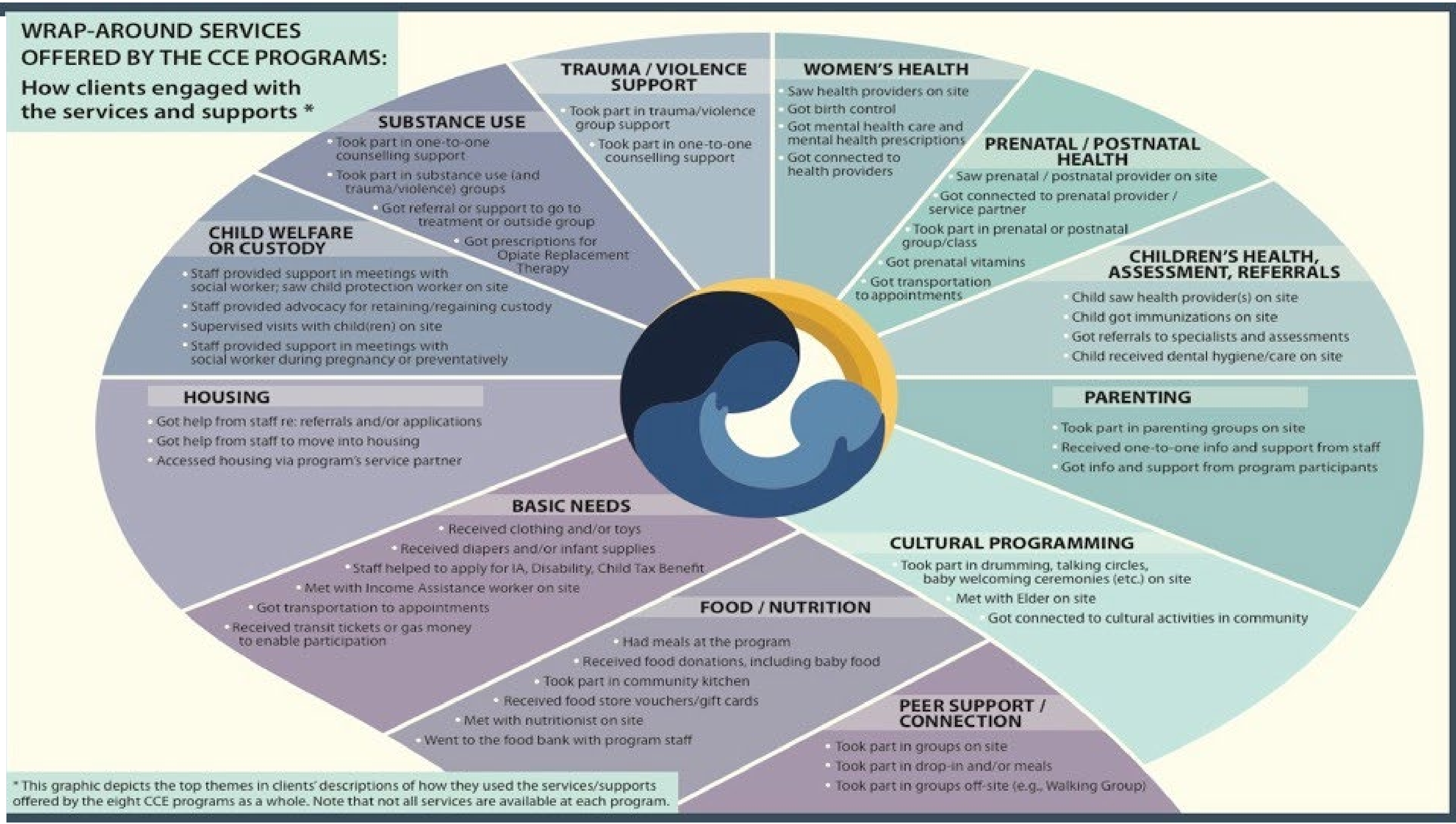


<https://genderjusticeandopportunity.georgetown.edu/wp-content/uploads/2020/06/gender-and-trauma-1.pdf>

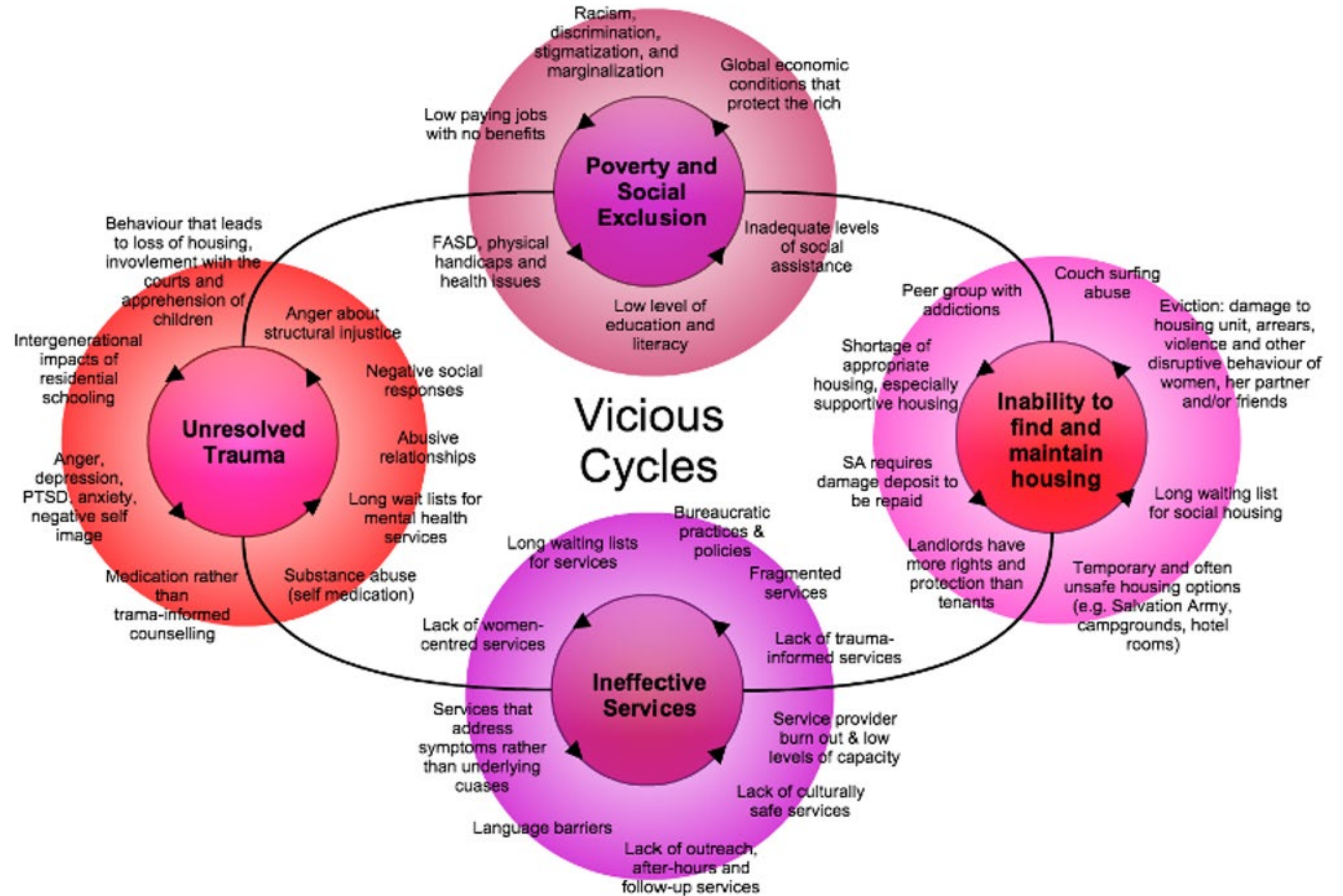
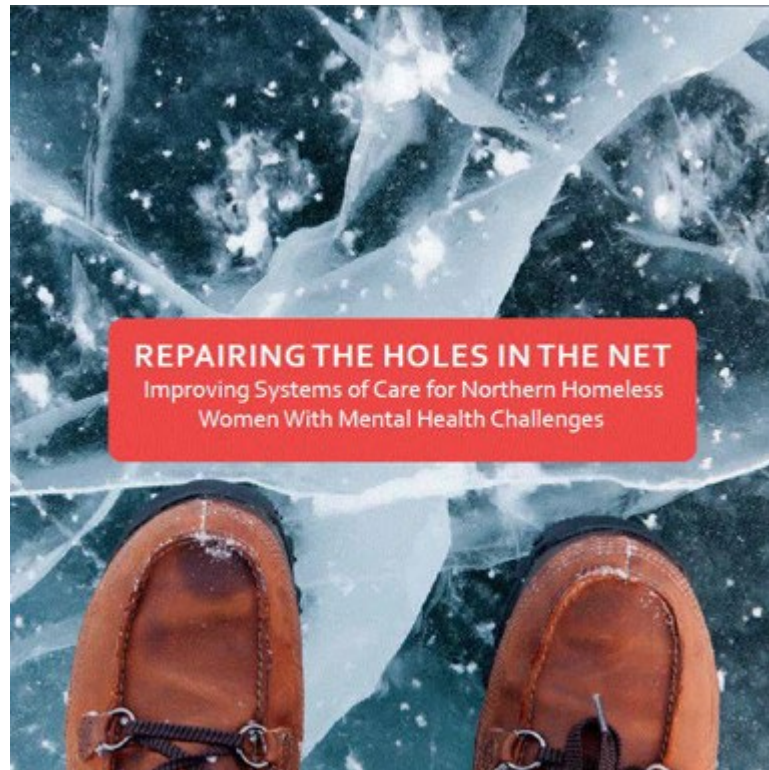
4. Evolving work by women's organizations

Linkage by community-based women's services of trauma informed, equity oriented, practical approaches

Rutman, D., Hubberstey, C., Van Bibber, M., Poole, N., & Schmidt, R. A. (2021). Stories and Outcomes of Wraparound Programs Reaching Pregnant and Parenting Women at Risk. <https://cewh.ca/>



Importance of coordinated women-centred services



https://cewh.ca/wp-content/uploads/2022/01/RTN-Summary_August-9-2015.pdf

Trauma informed in the hands of service users

Attention to the voices of women with lived and living experience.

Finding Trauma-Informed Support

This resource is designed to assist you to find, and advocate for, health and social care that is trauma-informed, to help you build safety in your healthcare experiences.

Trauma-informed services do not require you to disclose traumatic experiences. Instead, in trauma-informed services, it is understood that women seeking support for chronic pain may have experienced trauma; so they create safe and trustworthy services, encourage collaboration and connection, and build on women's skills and strengths.

It is as important for you to have the confidence to advocate for trauma informed support, as it is for service providers to offer it. To support you in doing so, the following are key principles of trauma informed practice that you can advocate for in your care:

Connection

- Know that a respectful and positive connection with your provider is important to your care. It is in this way that trauma informed support can be reparative of prior unsafe and overwhelming experiences.
- Notice how the health/social care team models respectful relationships among themselves, with other professionals, and with you. This relational and emotionally intelligent approach is key to trauma-informed care.

Choice & Collaboration

- Ensure your health/social care provider listens to you, and involves your preferences as much as possible, at each stage of your pain management journey.
- Ask for options and discuss your choices – about diagnostic processes, pain management options, and who to add to your care team – so you feel empowered when accessing care.



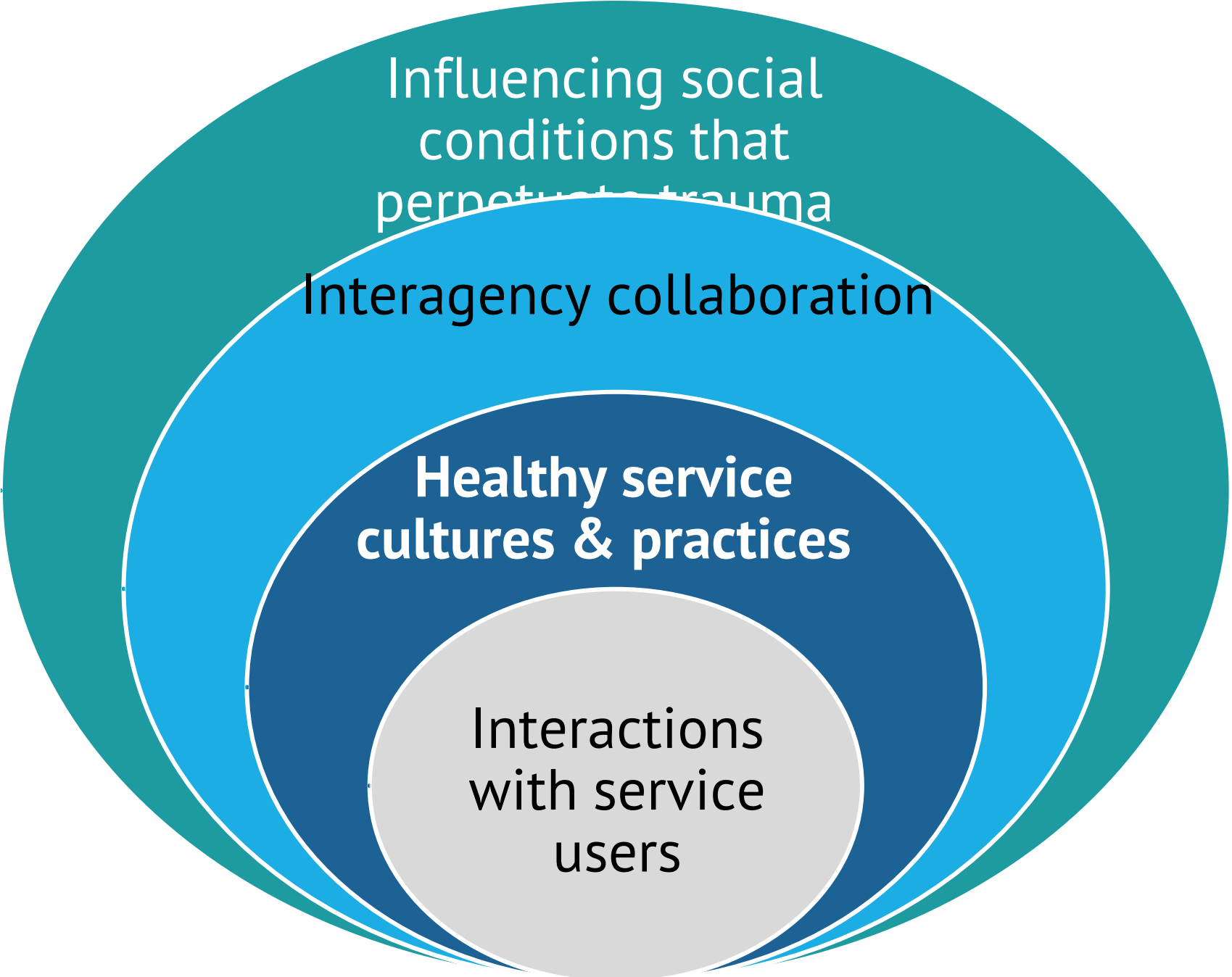
Safety & Trustworthiness

- Tell your health care provider what safety means for you, including any options that the health or social care team could offer to help address your safety concerns.
- Discuss what the signs of feeling overwhelmed are for you (for example, do you get agitated, or become numb during some care interactions?); and what you find helpful to re-centre (e.g. mindfulness exercises, walking, saying affirmations, breathing exercises, having an Elder present). Ask for support in noticing these signs and using centering strategies.
- Ensure your health care provider explains all procedures beforehand with continuous consent as you go along, so the process is predictable for you.

Strengths & Skill Building

- Know that opportunities to learn and practice self-calming skills can be important to your wellness.
- Connect with community services that offer walking groups, mindfulness practice, yoga, drumming, and other wellness-oriented practices to support your wellness, growth, recovery, and healing.
- Connect with local anti-violence services and support groups as needed.
- Know that you are strong and resilient, that you already possess survival skills. You can continue to develop further skills to support your wellness, growth, recovery and healing.

Approaches that are collective and address trauma at agency and systemic levels



Trauma-Aware
Basic awareness of signs and implications of trauma; staff start to discuss this

Trauma-Sensitive
Staff start to explore principles of TIC and consider how they might implement them

Trauma-Responsive
Change at all levels of the organization have begun; procedures and practices are reconsidered

Trauma-Informed
Full implementation of trauma-informed practice; culture of TIC with clients/each other

Becoming Trauma-Informed Occurs on a Spectrum, TIC Collective

What developments are you seeing that can inform our approaches to being trauma informed in research, knowledge exchange, policy initiatives and service provision ?



A dialogue on bringing trauma informed and equity oriented approaches to our projects

**Aligning trauma-informed approaches with other key frameworks –
Implications for our research, knowledge exchange, service
provision and policy**

By: Dr. Nancy Poole

**TVI practice +
Sex/gender informed
and gender
transformative
approaches**

T&VI + gender informed – BTC brings a focus to the mother, the child and the mother-child unit



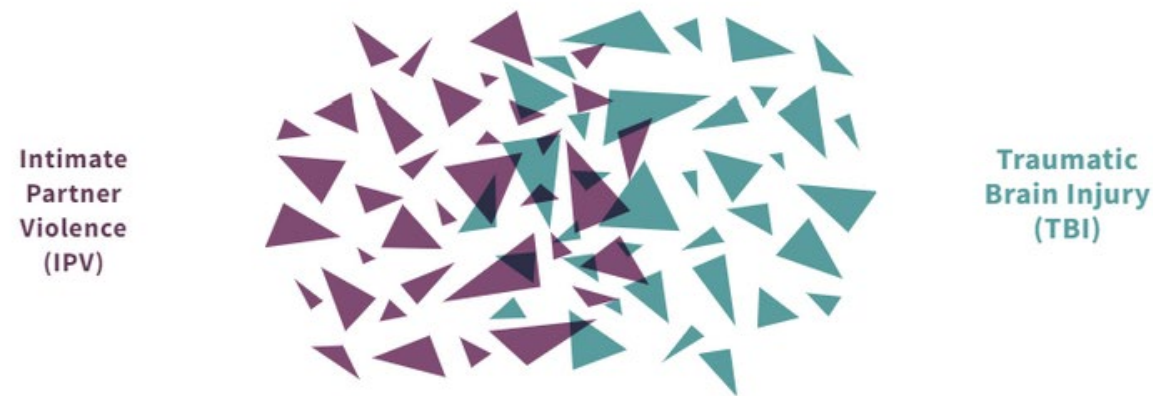
Applying multiple frameworks for research and clinical services at Breaking the Cycle, linking:

- Developmental theory
- Attachment theory
- Historical trauma theory
- Relational theory

p. 9 The Mother Child Study

TI + Sex/gender informed by WomenatthecentrE and the ABI Lab

Abused and Brain Injured: A Toolkit



Frontline workers

We want to help make your job easier. If you are a service provider, use this toolkit to learn about:

- Communication challenges & how to adapt
- Strategies for working with TBI/IPV clients
- Barriers & facilitating factors
- To screen or not to screen
- Care guidelines
- Referral resources

Trauma-Informed Service Provision

<https://www.abitoolkit.ca/>

Fondation Brain Canada
Foundation

Project Directory Français

About Brain Conditions Research Impact How You Can Help

Women's Brain Health

Like much health research, neuroscience research has historically focused on male subjects, materials, and participants (i.e., animals, cell lines and humans), biasing results towards the male body and men's experiences, distinct from those of females, women, and gender diverse people. This has led to ongoing deficits in evidence regarding sex and gender-related dynamics in brain health and disease and, more specifically, the brain health of females, women, and gender diverse people. While these deficits are slowly being rectified in health research more broadly, a comprehensive approach to developing sex and gender brain science is needed.

<https://braincanada.ca/impact/womens-brain-health/>



a Canadian foundation dedicated to protecting the brain health of women

<https://womensbrainhealth.org/>

Gender transformative approaches

Key elements of gender transformative approaches include:


1. Engaging people in **critical thinking** about their internalized beliefs about gender roles, norms, relations and how to improve gender equity through changing gender norms, roles, and relations.
2. **Engaging boys and men** in promoting gender equity, promoting healthy equitable relationships, and preventing VAWG.
3. Supporting the **empowerment of girls and women**.
4. Moving toward solutions that **shift the unequal distribution of power and resources between women and men**, such as promoting equal pay, ending forced marriages, ending demeaning advertising, unequal caregiving, and domestic work.




<https://communicatingequality.ca/toolkit-training/>

Under the masc.
women often feel unsafe.

Lift the
masc.



 @CEWHca
Lift the Masc. - Build Safe Spaces

Help build
safe spaces.

End violence against women and girls.



 Communicating
Equality

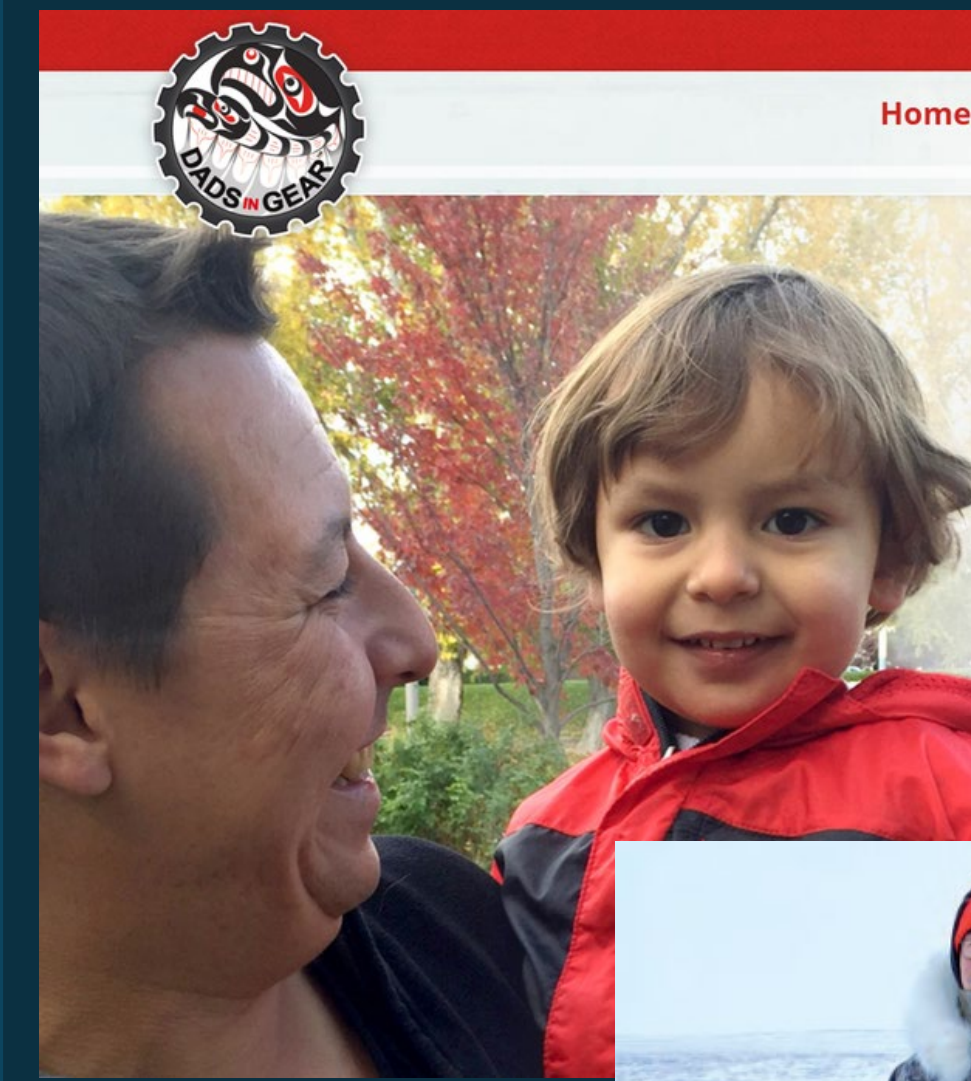
 @CEWHca
Lift the Masc. - Build Safe Spaces

<https://communicatingequality.ca/gender-transformative-messaging/>

Trauma informed, gender responsive work with boys and men

- **Safety and trustworthiness** - Empathize with the 'disconnection dilemma', i.e. the conflict between their identity as men and their experience of powerlessness
- **Skill building** - A key trauma recovery skill for men is developing a broader range of options for expressing emotions
- **Collaboration and connection** – Men who have been sensitized to abuse of power in relationships may need to **hear offers of collaboration repeatedly.**
- **Strengths based** – acknowledgement of relational strengths may be 'water in the desert' for male survivors

Fallot, R., & Bebout, R. (2012). Acknowledging and Embracing "the Boy inside the Man": Trauma-informed Work with Men. In N. Poole & L. Greaves (Eds.), *Becoming Trauma Informed*



<http://facet.ubc.ca/>



"It's important to walk away from a cycle of violence."
– Lars Qaqqaq

Lars Qaqqaq **National Inuit Role Model**

Hunter, trapper,
Member of the Hamlet Council in Baker Lake,
Musician, sewer.

Baker Lake, Nunavut

<https://pauktuutit.ca/wp-content/uploads/EMB-Pilimmaksarniq-Toolkit-EN.pdf>

Trauma, violence, gender transformative approaches

The YWCA Culture Shift project aims to shift attitudes and practices that perpetuate the sexualization of women and girls and corresponding hypermasculinization of men and boys. We know these issues are linked to unhealthy relationships, increased mental health problems and the societal tolerance of violence against women. Through research and broad community engagement, the project focuses on driving systemic change at all levels of civil society



<https://ywcavan.org/programs/combating-sexualization/cultureshift/culture-shift-research>

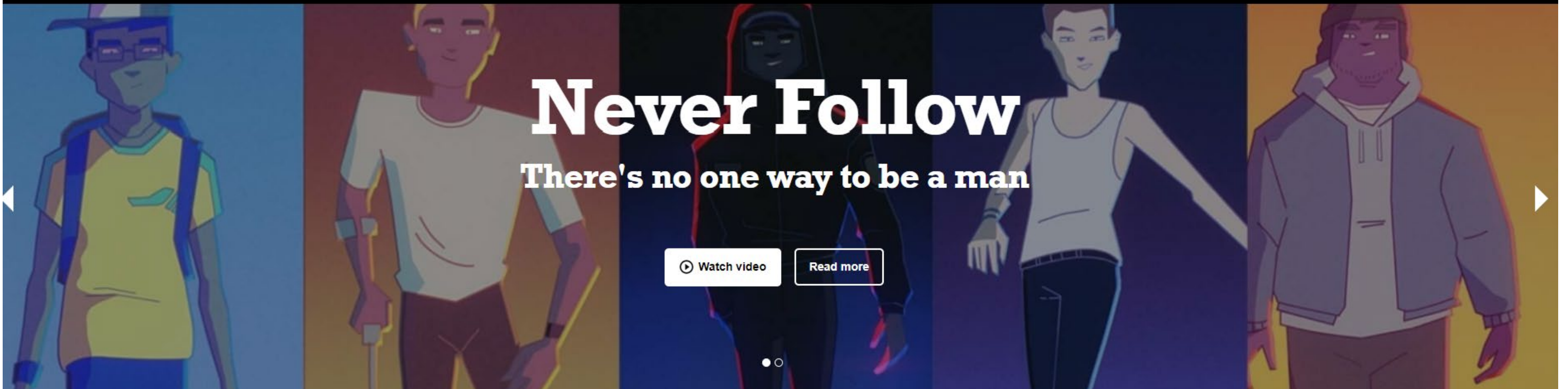
The Line talks about what's ok and what's not when it comes to sex, dating and relationships.

Never Follow

There's no one way to be a man

▶ Watch video

Read more



The logo for 'sh!ft' features the word 'sh!ft' in a bold, lowercase sans-serif font. The exclamation point is a bright orange color, while the other letters are black. The logo is set against a light orange rectangular background that has a subtle gradient.

THE PROJECT TO END
DOMESTIC VIOLENCE

Our focus is in three areas:

1. Changing the policy environment which includes large social structures and systems that reinforce male violence.
2. Partnering with community leaders and organizations to include men and boys as part of their violence prevention strategies.
3. Co-creating opportunities and community of practices within the human service sector to transform the work to be more inclusive of men and boys.

**TVI practice +
Cultural safety
Racial equity
Wellness and
resiliency frameworks**

P2

Identifying the traumatic experiences we have in childhood, known as adverse childhood experiences (ACEs), can be useful when combined with an understanding of racialized trauma to learn more about a person's history and how they experience the world.

Racial trauma, or race-based traumatic stress, refers to the [mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes.](#)

Mental Health America

<https://www.mhanational.org/racial-trauma>

Incorporating Racial Equity into Trauma-Informed Care

By Danica Richards, Center for Health Care Strategies

TAKEAWAYS

- Racism is trauma and should be treated as such in any comprehensive trauma-informed care framework.
- Trauma-informed care requires a nuanced understanding of not only how trauma impacts the lives and care of patients, but the root causes behind that trauma.
- This brief offers practical considerations to help health systems and provider practices incorporate a focus on racial equity to enhance trauma-informed care efforts. It draws from the experiences of two federally qualified health centers — the Stephen and Sandra Sheller 11th Street Family Health Services in Philadelphia and Bread for the City in Washington, D.C.

In recent years, trauma-informed care¹ has become a valuable tool to assist health care providers in delivering more person-centered care. Trauma-informed care seeks to both acknowledge the role trauma plays in people's lives and the impact it has on their health and well-being, and to engage in practices that prevent retraumatizing individuals. As the health care sector, like many industries, faces its own racial reckoning,^{2,3,4} trauma-informed approaches to care should not overlook the critical impact of racism and racialized trauma⁵ on patient health and staff well-being. The work of trauma-informed care requires a nuanced understanding of not only how trauma impacts the lives and care of patients, but the root causes behind that trauma. Health care organizations that adopt a trauma-informed approach to care should acknowledge and be held accountable for the historical and present-day trauma experienced by patients and staff from communities of color.



<https://www.chcs.org/media/Brief-Incorporating-Racial-Equity-into-Trauma-Informed-Care.pdf>



Black women's motivations for participating in IPV research

A qualitative study informed by critical race feminism, investigating Canadian Black women's motivations for participating in research on their experiences with the police in the context of IPV.

Read Article >

- centers the voices of racialized
- Forefronts Black women's narratives while providing a comprehensive analysis of their experiences.

<https://www.dvpreventioninblackcommunities.com/publications>

Alberta's Primary Prevention Playbook

Indigenous women and girls.

43% of Indigenous women have been sexually assaulted at least once since age 15, compared to 30% of non-Indigenous women.⁴³

21% of intimate partner femicide in Canada were Indigenous women between 2014 and 2019 while representing about 4% of all women in Canada.⁴⁴

Racialized and Black women.

35% of racialized women have experienced public sexual harassment that has made them feel unsafe or uncomfortable compared to 31% of non-racialized women.⁴⁵

42% of Black Canadian women have experienced intimate partner violence since the age of 15, compared to 29% of the total racialized population.⁴⁶

PLAY 03

REWRITING THE RULES OF THE GAME - CHANGING THE CULTURAL AND STRUCTURAL FACTORS THAT LEAD TO PERPETRATION OF VIOLENCE

- Create protective environments through initiatives that foster empathy, equity, safety, and non-violence within environments, settings, and spaces where people live, work, play, worship, and learn.
- Develop initiatives that address the unique challenges faced by equity-deserving groups.

https://preventdomesticviolence.ca/wp-content/uploads/2023/08/R76b_Shift_2023_Albertas_Primary_Prevention_Playbook_PrintFriendly.pdf

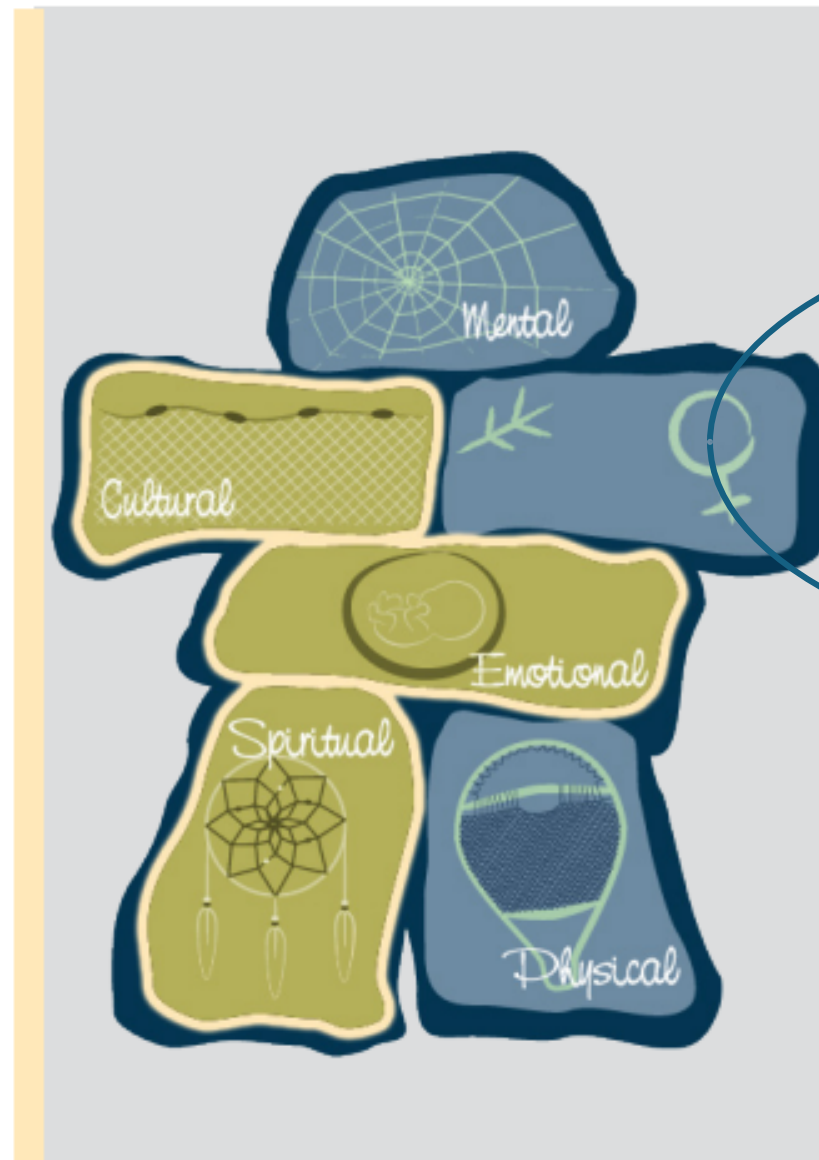
TI and attention to wellness

<https://www.criaw-icref.ca/publications/the-wellbeing-of-women-identifying-nunatsiavut-beneficiaries-in-and-around-happy-valley-goose-bay/>

Spirituality, Culture and Women's Wellbeing

Background

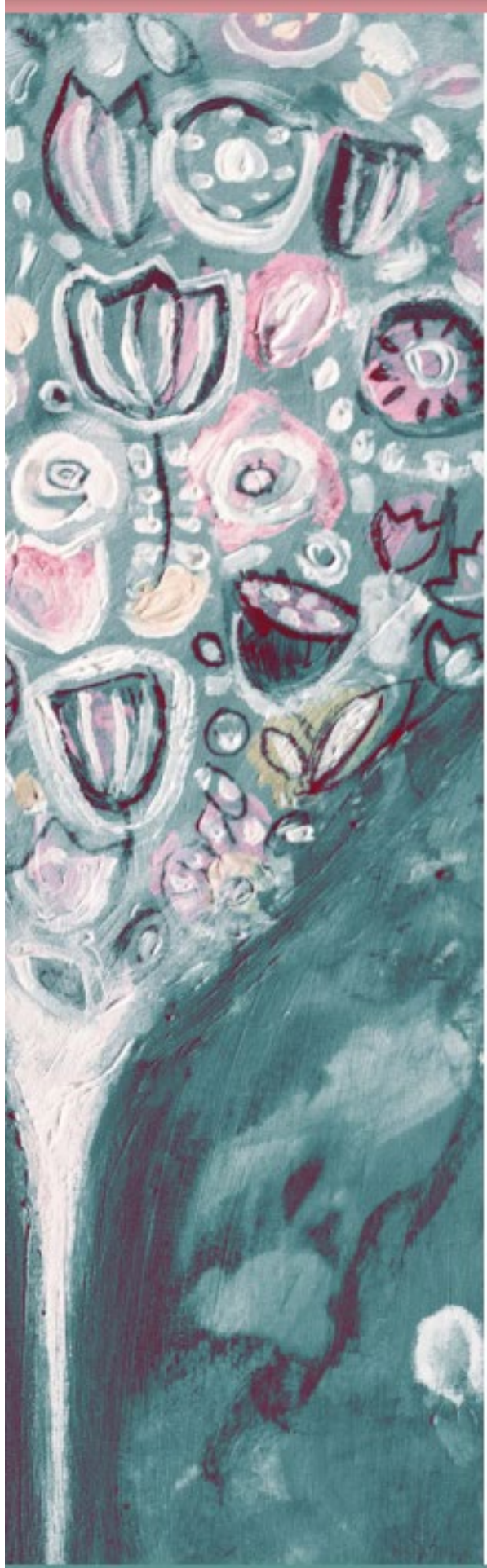
Resource development and extraction projects in the north of present-day Canada have a history of failing to consider community wellbeing and input from various community members, including women.¹ In 2012, given the changes anticipated related to the multibillion-dollar hydroelectric dam being built on the Lower Churchill River, a group of diverse women-identifying people in Happy Valley-Goose Bay (HV-GB), Labrador, came together to talk about women's wellbeing in the community. They described and depicted² women's wellbeing as follows:



"The wellbeing of women in the north depends on having the opportunity to enjoy and develop a healthy and sustainable relationship with the environment. Having the ability to value yourself – both where you have come from and where you are going – is also important. Wellbeing requires having a sense of safety and security, and having access to appropriate food, housing, resources, finances, and support services. Having a social support network, and being free from violent relationships, are critical factors that affect wellbeing for all women. Food security; having or being able to learn coping mechanisms; being able to make choices about what's best for you and your family; having access to information and resources; and social acceptance of diverse social identities are also critically important factors that affect women's wellbeing. Having a space to meet to share and learn with other women is also important. Overall wellbeing is made up of: (1) physical; (2) emotional; (3) mental/intellectual; (4) spiritual; and (5) cultural wellbeing.

NWAC - Cultural integration and trauma informed environments

Native Women's Association of
Canada
Transforming our Approach to
Promoting Sexual and
Reproductive Health
[https://nwac.ca/assets-
documents/Trauma Infor
med Care Fact Toolkit.p
df](https://nwac.ca/assets-documents/Trauma_Informed_Care_Fact_Toolkit.pdf)



TRANSFORMING OUR APPROACH TO PROMOTING SEXUAL AND REPRODUCTIVE HEALTH

Cultural Integration and Supportive Environments:

- **Utilize Traditional Methods of Information Sharing:** Implementing traditional methods like storytelling and sharing circles empowers Indigenous individuals to reclaim narratives of misconception, pain, trauma, and stigma while reconnecting with their cultural roots and identity.
- **Trauma-Informed Approaches:** Employing trauma-informed sharing circles can foster healing and address perceptions of sexual and reproductive health to destigmatize discussions on healthy sexuality, sexual health, and harm reduction, transforming shame into resilience.
- **Collaboration with Elders and Advisors:** Engaging with Indigenous Elders and cultural advisors offer spiritual guidance, cultural ceremonies, and counselling services to Indigenous patients, enhancing healing.

Creating Inclusive Health Care Spaces:

- **Health Care Training:** Provide cultural sensitivity and Indigenous awareness training to all health care professionals, ensuring they are well-prepared to serve Indigenous patients effectively.
- **Integration of Cultural Elements:** Incorporate traditional teachings, language courses, and cultural workshops into health care programs to support cultural reconnection.
- **Establishment of Safe Spaces:** Creating talking circles or healing circles within health care settings provides a safe and supportive environment for Indigenous patients to share their experiences, emotions, and challenges.

This comprehensive approach fosters a sense of cultural inclusion, trust and personalized care for Indigenous individuals and communities within health and social service settings.

Utilize traditional methods of information sharing like storytelling and sharing circles

Employ trauma informed sharing circles

Engage with Indigenous Elders and cultural advisors

Principles of a Trauma-Informed System

Understanding Trauma & Stress

Without understanding trauma, we are more likely to adopt behaviors and beliefs that are negative and unhealthy. However, when we understand trauma and stress we can act compassionately and take well-informed steps toward wellness.

Safety & Stability

Trauma unpredictably violates our physical, social, and emotional safety resulting in a sense of threat and need to manage risks. Increasing stability in our daily lives and having these core safety needs met can minimize our stress reactions and allow us to focus our resources on wellness.

Cultural Humility & Equity

We come from diverse social and cultural groups that may experience and react to trauma differently. When we are open to understanding these differences and respond to them sensitively we make each other feel understood and equity is advanced.

Compassion & Dependability

Trauma is overwhelming and can leave us feeling isolated or betrayed, which may make it difficult to trust others and receive support. However, when we experience compassionate and dependable relationships, we reestablish trusting connections with others that foster mutual wellness.

Collaboration & Empowerment

Trauma involves a loss of power and control that makes us feel helpless. However, when we are prepared for and given real opportunities to make choices for ourselves and our care, we feel empowered and can promote our own wellness.

Resilience & Recovery

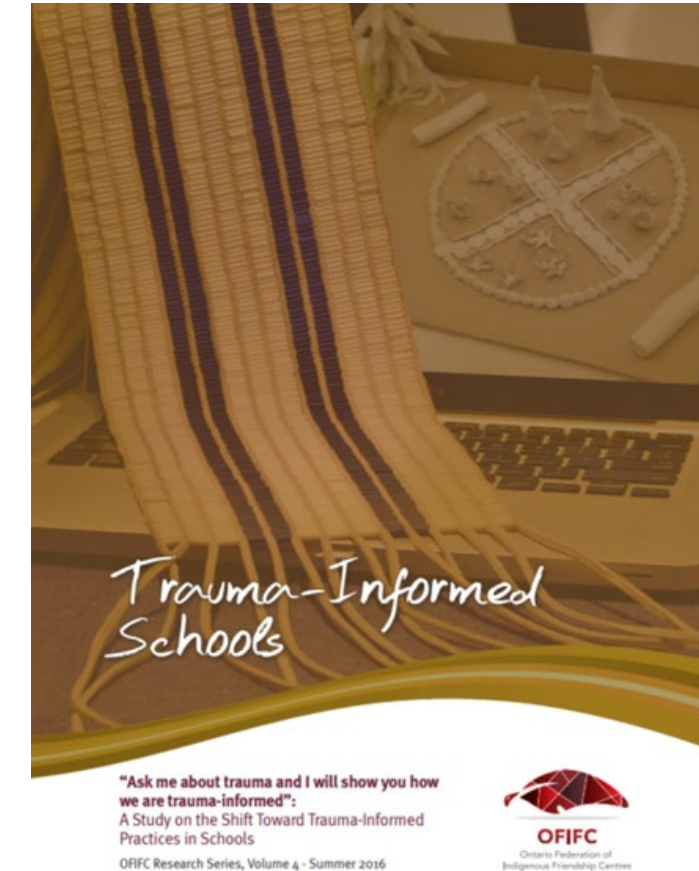
Trauma can have a long-lasting and broad impact on our lives that may create a feeling of hopelessness. Yet, when we focus on our strengths and clear steps we can take toward wellness we are more likely to be resilient and recover.

“We come from diverse social and cultural groups that may experience and react to trauma differently. When we are open to understanding these differences and respond to them sensitively we make each other feel understood and equity is advanced”

<https://traumatransformed.org/documents/Principles.pdf>

TIP in schools

- This resource offers wise practices for bringing culture and trauma-informed approaches into the school environment and offers descriptions of how some schools in Ontario have taken up these practices.
- It describes how trauma-informed school environments are predicated on the formation of respectful and supportive relationships and offers a wealth of ideas of how these can be realized.



<https://ofifc.org/wp-content/uploads/2020/03/Trauma-Informed-Schools-Report-2016.pdf>

**TVI practice +
Harm reducing,
Participant driven
approaches**

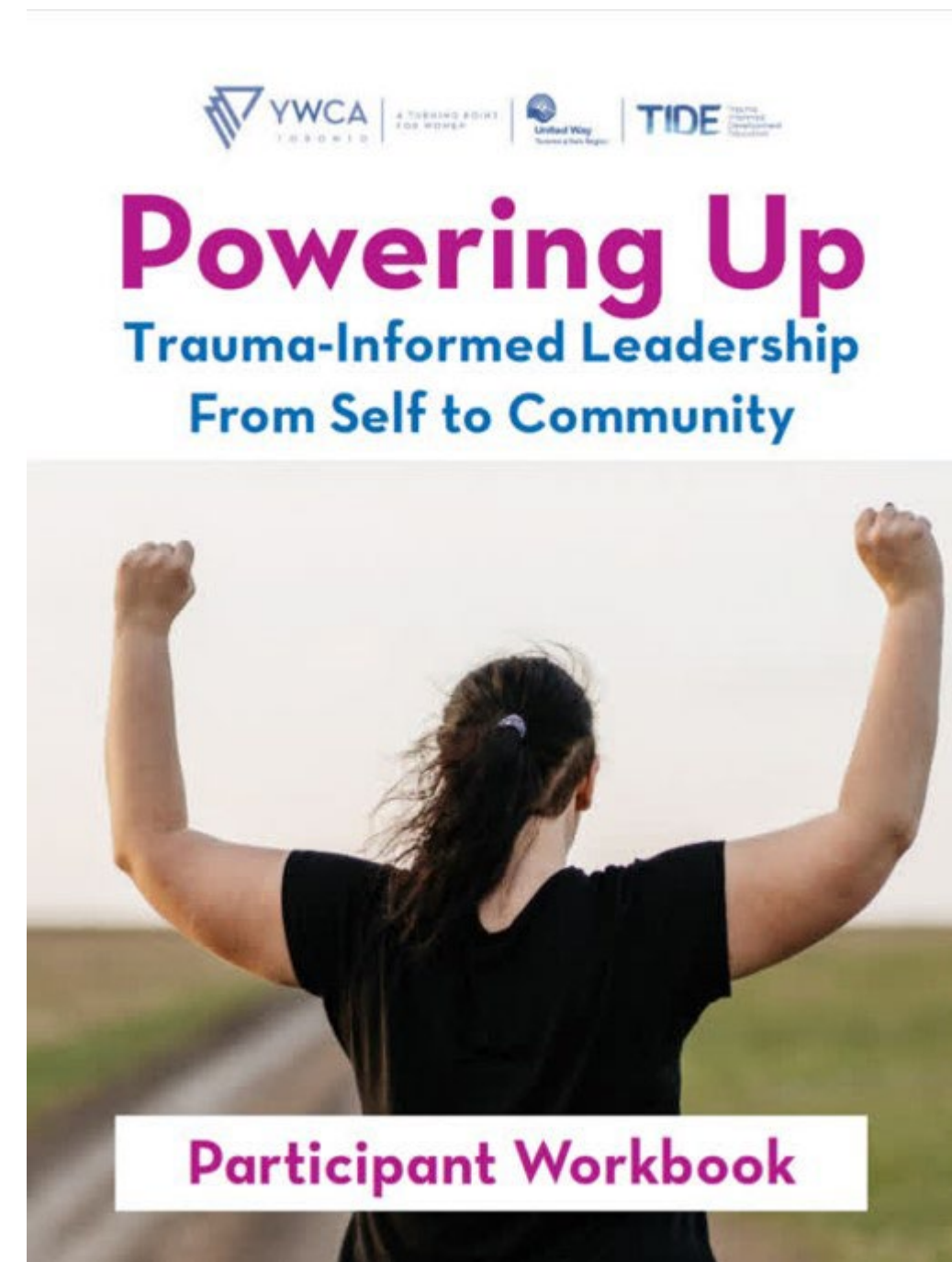
Involving service users in a trauma informed way

Conducted patient focus groups to identify: (1) how, when, and by whom women want to be screened for trauma; (2) the types of trauma-specific services that patients want, and how these should be implemented; (3) ways to ensure more meaningful involvement of patients in the implementation of trauma-informed primary care; and (4) other issues affecting women's ability to heal from trauma.

Each focus group included participants with past and current substance use disorders, histories of IPV, as well as those experiencing post-traumatic stress disorder (PTSD).

Recommendations stemming from the focus groups included strategies for meaningful incorporation of patient feedback into the clinic's trauma-informed primary care implementation process.

Women's HIV Program at the University of California



YWCA Toronto, TIDE project

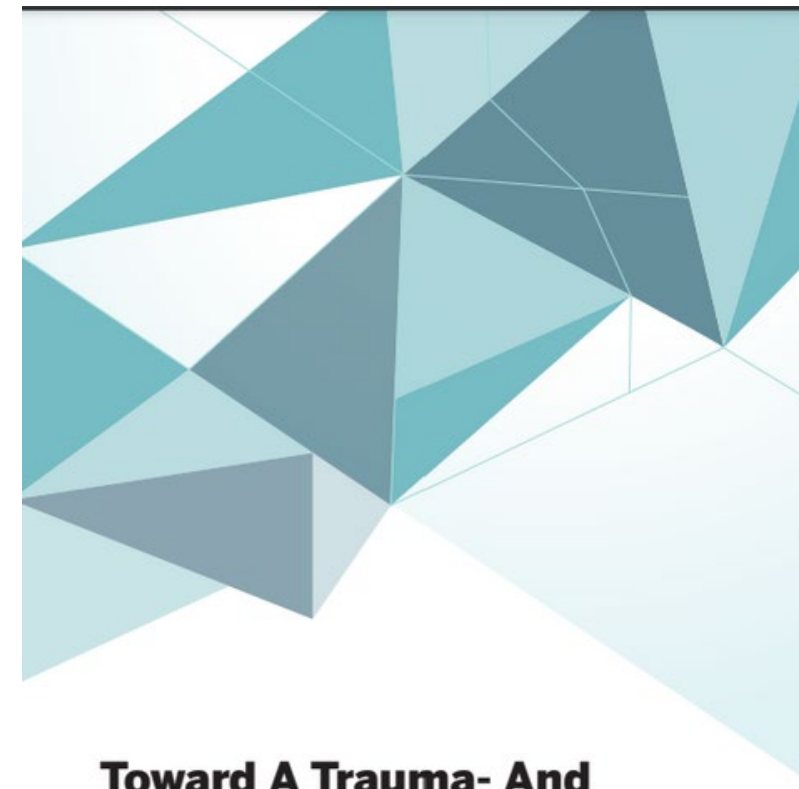
Involving research participants in a trauma informed way

RTI

Incorporating a Victim-Centered, Trauma-Informed Lens to Research
For example

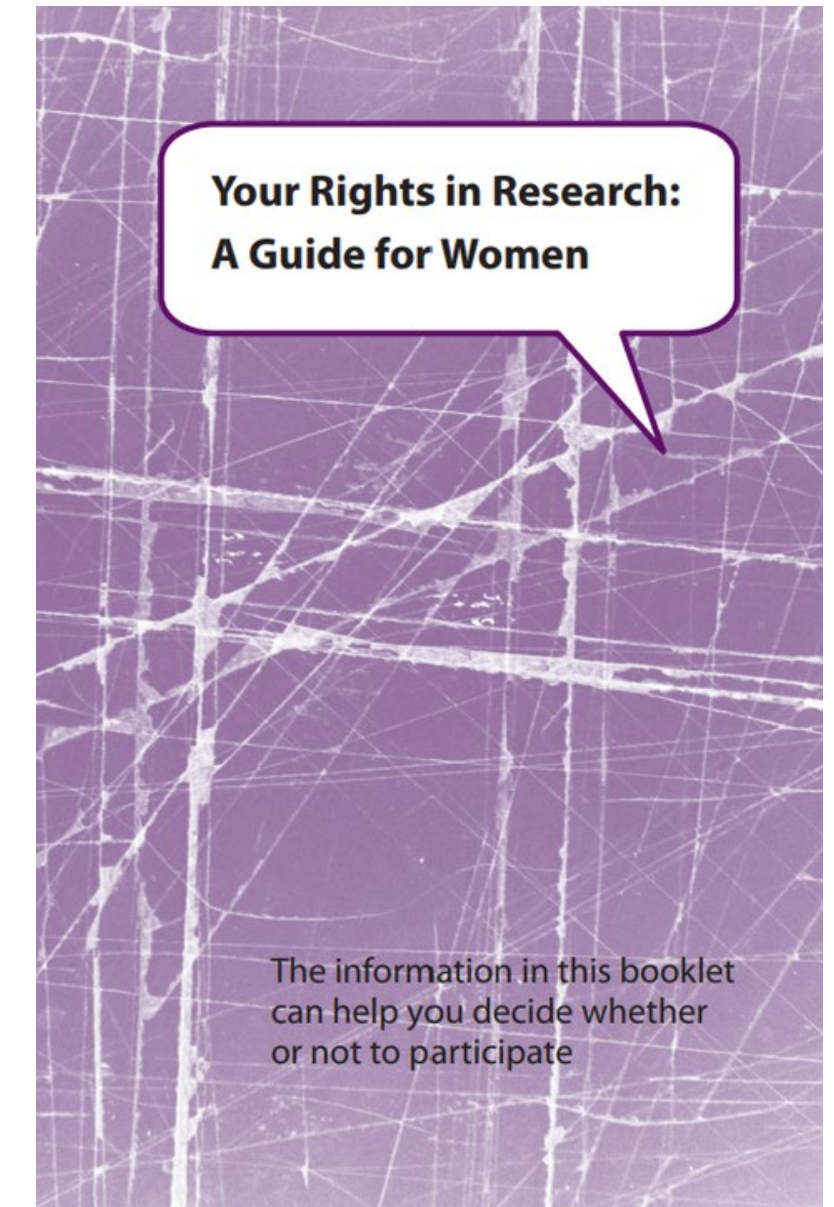
- Planning for reactions
- Reducing burden by examining questions, preparing participants, offering breaks

<https://www.rti.org/insights/trauma-informed-research>



**Toward A Trauma- And
Violence-Informed
Research Ethics Module:
Considerations And
Recommendations**

<https://kh-cdc.ca>



**Your Rights in Research:
A Guide for Women**

The information in this booklet
can help you decide whether
or not to participate

<https://cewh.ca/>

Trauma informed research and evaluation frameworks

- TIER - Trauma informed evaluation and research framework - Bosk E. (2023)
<https://journals.sagepub.com/doi/10.1177/13558196221124740>
- Trauma informed evaluation – Wilder Research (2016)
https://www.wilder.org/sites/default/files/imports/TraumaTipSheet_10-16.pdf
- TELL - Trauma-informed Evaluation Learning and Leadership - Barbra Schlifer Clinic (2022)
<https://www.schliferclinic.com/wp-content/uploads/2022/05/TELL-Framework-2022.pdf>
- TIRGs Trauma informed Research Guidelines for Qualitative Research – Alessi, EJ. & Kahn, S. (2023)
<https://www.tandfonline.com/doi/full/10.1080/14780887.2022.2107967>
- TISJR - Trauma informed Socially Just Research Framework - Voith et al. (2020)
<https://academic.oup.com/swr/article-abstract/44/3/169/5924601?redirectedFrom=fulltext&login=false>
- Valuing all Voices - Riche, P. Shimmin, C et al.(2020)
<https://researchinvolvement.biomedcentral.com/articles/10.1186/s40900-020-00217-2>
- TRIRPP – Trauma- and Resilience-Informed Research Principles and Practice - Edelman NL (2023) <https://pubmed.ncbi.nlm.nih.gov/36326603/>

Reducing drop-out

Teaching coping skills



www.seekingsafety.org

Adapted Seeking Safety model:

1. **Seeking Information** sessions (3): focus on coping strategies

1. **Seeking Understanding** (12 session group), choice point after first 6 session): in-depth examination of topics related to trauma and substance use

Victoria Sexual assault centre

TI and health promotion - Trauma informed yoga and walking groups

Leveraging trauma- and violence-informed physical activity (TVIPA) to support individuals who have experienced family violence: A community-based participatory approach



Reaching the root & healing the issues in our tissues

Our bodies have a unique story to tell, and when trauma and stuck energy are held within the body we may experience physical and emotional distress such as chronic fatigue, illness, and dis-ease. By using a trauma-informed approach, yoga can provide a pathway towards holistic healing that supports the mind, body, emotions, and spirit. Trauma informed yoga can help release past stressors enabling us to live more fully in the present and reclaim our sense of self and wellbeing.

SHERECOVERS[®]
FOUNDATION



Walking group for pregnant and parenting women in Vancouver. The physical activities, which focused on creating strong and healthy bodies and minds, had the benefit of fortifying friendships and reclamation of space for women walk safely in public.

A solid teal vertical bar runs along the left edge of the slide.

TVI practice + Integrated and collective approaches

Integrated approaches, including TIP, identified in research on needed IPV responses



Linking Practices on Intimate Partner Violence and Substance Use

DURING COVID-19

Interconnected escalating concerns during COVID-19

The relationship between substance use (SU) and intimate partner violence (IPV) is multidirectional.

Anti-violence and substance use service providers must offer information and support on *both* issues.

It is key to integrate awareness of SU and IPV into crisis responses, services, training, and information.

There are several principles and better practices to build upon to better link our responses.

During the pandemic:

- ▶ 1 in 10 women in Canada has been worried about their safety ([Statistics Canada, 2020](#)).
- ▶ 46% of gender-based violence service providers have reported changes in the prevalence and severity of violence they see ([Trudell, 2020](#)).
- ▶ Canadians have reported an increase in tobacco (3%), cannabis (6%) and alcohol (18%) use ([NANOS Research, 2020](#); [Statistics Canada, 2020](#)).
- ▶ Women report worse mental health than men ([Moyser, 2020](#)).

Common principles for practice and policy include:

Established better practices include:

- ▶ Thinking critically about gender equity
- ▶ Enhancing safety with survivors
- ▶ Noticing readiness for change
- ▶ Building on strengths of survivors
- ▶ Developing skills for supporting change
- ▶ Reducing stigma about substance use
- ▶ Addressing the determinants of health
- ▶ Linking mental health to SU and IPV
- ▶ Promoting health and preventing harm
- ▶ Making space for addressing both issues
- ▶ Collaborating across sectors
- ▶ Connecting virtually

For more info see our [Key Reports & Resources](#)

Getting started with integration: Resources with practice advice

Information on discussing violence concerns and making safety plans can be found at:

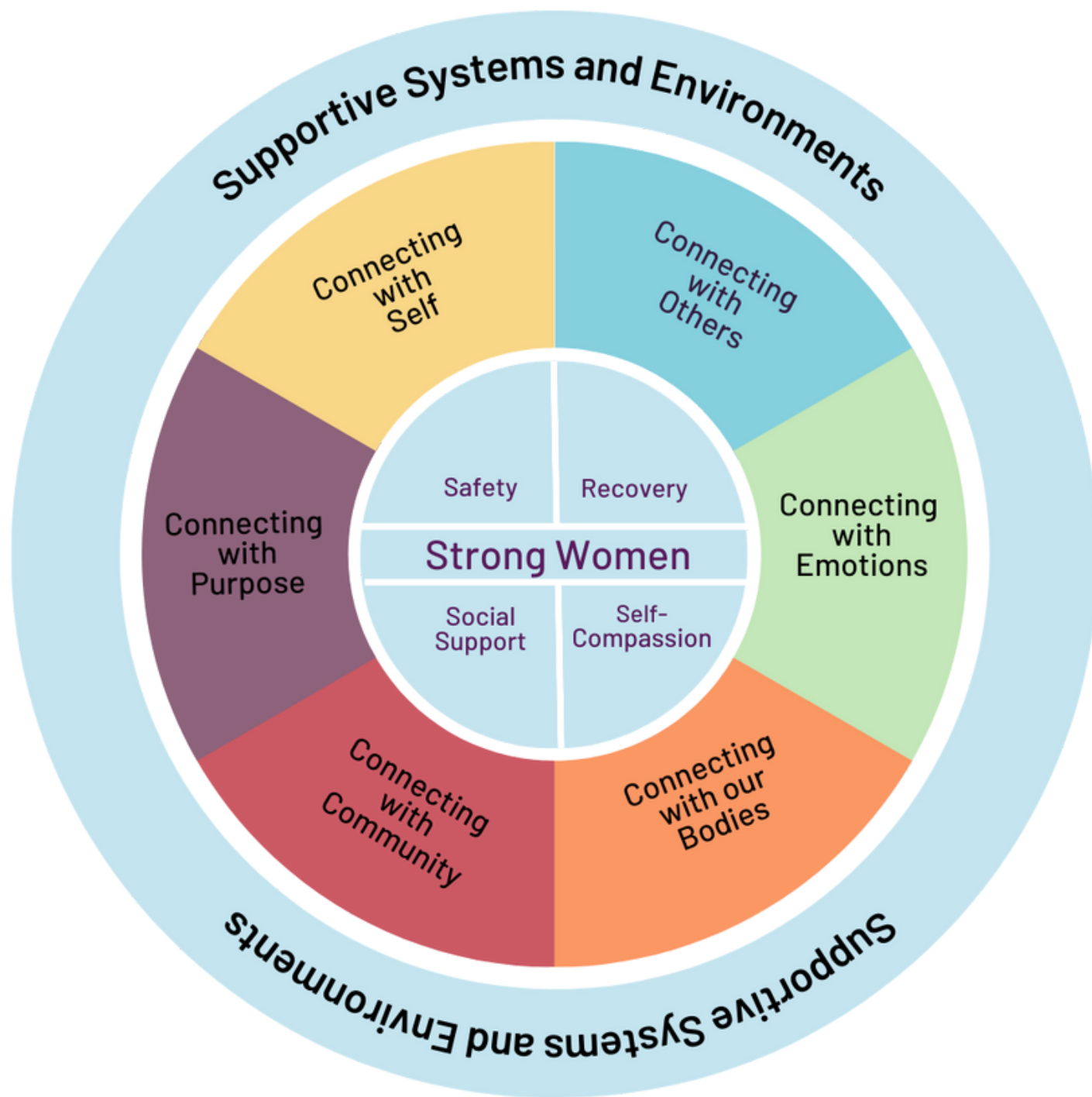
- ▶ Infographic - [Supporting Victims of Family Violence & Abuse During COVID-19](#), Calgary Women's Emergency Shelter
- ▶ Infographic - [3 Considerations for Supporting Women Experiencing Intimate Partner Violence](#), Learning Network
- ▶ App - [myPlan Canada](#)
- ▶ Guide - [Real Talk Guide](#), Sagesse Domestic Violence Prevention Society
- ▶ Resources - [Violence 101](#), Women's Shelters Canada
- ▶ Toolkit - [Reducing Barriers to Support for Women Fleeing Violence](#), BC Society of Transition Houses

Information on discussing substance use can be found at:

- ▶ Self assessment, info & support - [Here to Help](#)
- ▶ Self assessment, info & support - [Wellness Together Canada](#)
- ▶ App - [Saying When](#), Centre for Addiction and Mental Health
- ▶ Lower Risk Guidelines - [Canada's Lower-Risk Cannabis Use Guidelines](#), Centre for Addiction and Mental Health; [Canada's Lower-Risk Alcohol Drinking Guidelines](#), Canadian Centre on Substance Use and Addiction
- ▶ Info sheet - [Coping with Stress, Anxiety and Substance Use During COVID-19](#), Canadian Centre on Substance Use and Addiction
- ▶ Guide - [Doorways to Conversations](#), Centre of Excellence for Women's Health

<https://cewh.ca/>

Strong Women virtual social support group – integrating support on violence and substance use

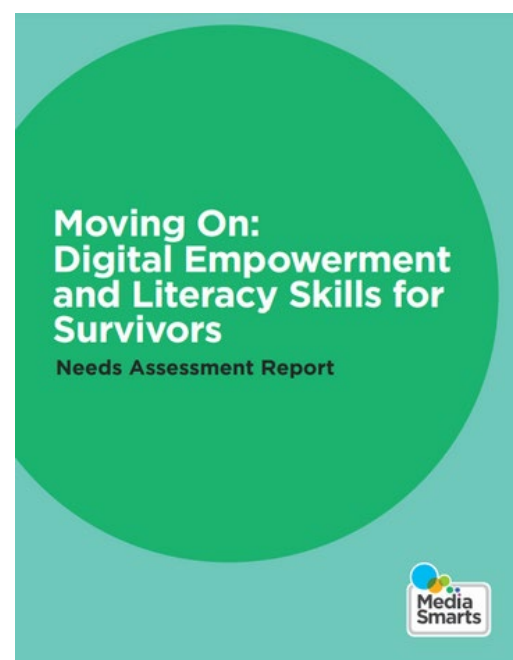


In the section on connecting with community:
 How society matters to IPV – racist and sexist ideas, economic and social policies that create poverty and gender inequality, gender stereotypes and norms of male violence, religious and family pressures that limit women’s roles

Importance of belonging in community including recovery community, culture and nature

Parenting Group	Recovery Group	Dance Class	Soccer Team	Kids' School
Church, temple, synagogue, mosque	Community Choir	Community Kitchen	Apartment/Condo building council	Community Garden
Drum Circle	Disease Support Group	Sweat/Moon Lodge	Powwow	Workplace
Art Class	Hockey Team	Skateboard Park	Gaming Community	Social Justice Action Group
Book Club	University class	Swimming Pool	Community Centre	Gym
Local Park	Coffee Shop	Street/Neighbourhood	Facebook	Instagram
Whatsapp group	Volunteer Group	College	Beading Group	Foodbank
Parent Advisory Committee	Support Group	Bowling	Walking Group	Health Clinic

P 124 – Strong Women Social Support Group Workbook



Impacts of Trauma and Violence

A complex axis of impact we observed relates to the trauma and violence that survivors have faced. Some practitioners commented that they want to reassure survivors of their safety but are unsure how, mainly because they did not know how to determine how much of survivors' worries about their online safety reflected realistic possibilities of what they might experience online and how much of these fears primarily reflected the trauma they've experienced. This concern was echoed by VAW practitioners and researchers in our project advisory committee, who noted that practitioners must walk a difficult and careful line in reassuring survivors of their safety while avoiding dismissing their genuine fears resulting from their personal experiences of harm and violence.

Collective Resilience

Finally, we note the theme or critical importance of building *collective* resilience for survivors. At MediaSmarts, we understand collective resilience as the ability of a community or group of people to collectively respond to or recover from changing and sometimes stressful or adverse environments. In the online context, this can be expressed as a person's ability to participate in safe and inclusive online communities, draw strength and support from the people around them, foster trust, and engage in meaningful dialogue.

Some survivors commented on the value of finding community online, and others expressed a desire to be online to empower others. They commented on the value of hearing from other survivors (through digital storytelling) and how that helped them to know that they could "get to the other side." Survivors want to be able to tell their own stories in their own words and in their own ways online, but at the same time, they recognize the risks of doing so - especially regarding their privacy and well-being. They acknowledged that engaging in digital storytelling could open them up to online hate or additional harassment, and they expressed a need for resources to mitigate these risks - or at least make survivors aware of what these risks are.

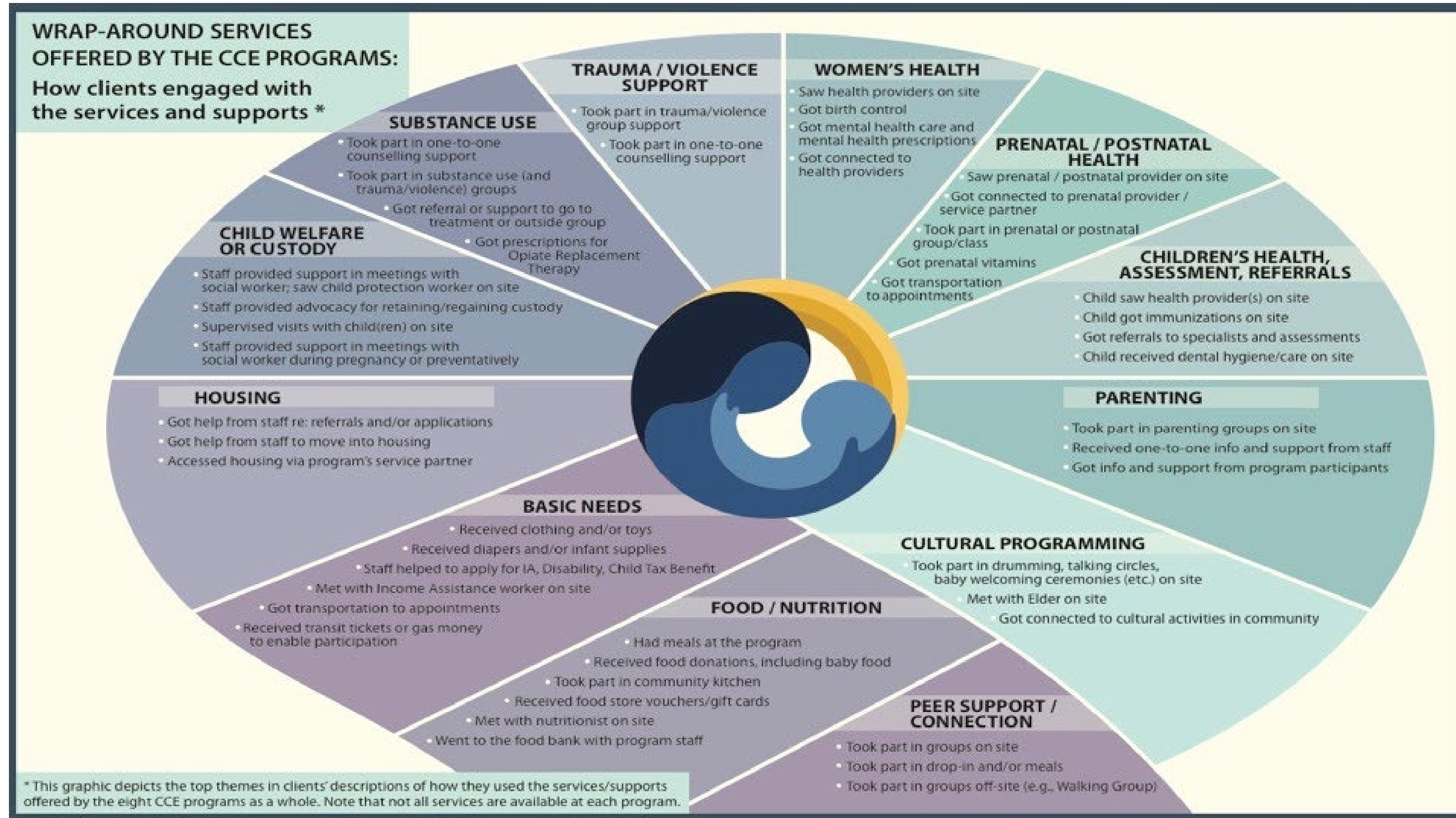
<https://mediasmarts.ca/MODELSS>

Evolving work by women's organizations

Wrap-around model in community-based services – trauma informed, equity oriented, practical

Rutman, D., Hubberstey, C., Van Bibber, M., Poole, N., & Schmidt, R. A. (2021). Stories and Outcomes of Wraparound Programs Reaching Pregnant and Parenting Women at Risk.

<https://cewh.ca/>



Becoming trauma informed at the systems level - Girls' justice in Hawaii

Focus is on cross-agency efforts among the state's mental health, juvenile justice, education, and child welfare systems to promote system-of-care (SOC) principles

Project Kealahou

Suarez et al. (2014) Project Kealahou: Improving Hawai'i's System of Care for At-Risk Girls and Young Women through Gender Responsive, Trauma-Informed Care. HAWAII JOURNAL OF MEDICINE & PUBLIC HEALTH 73 (12).

Project Kealahou
Navigating pathways to healing

search

who we are | research & evaluation | news & events | contact

FOR Girls

FOR Families

FOR Providers/Referrers

ABOUT US

MISSION & VISION, INOA & LOGO

GUIDING VALUES & PRINCIPLES

LOGIC MODEL

A Message from Our Director

Welcome to our website! Project Kealahou is establishing a trauma-informed system of mental health care to help Hawai'i's ethnically diverse girls with significant trauma issues. We seek to collaborate effectively with state child-serving agencies, communities and families to nurture healthy relationships, well-being and community connections for girls.



THE TRAUMA-INFORMED CARE COLLECTIVE



Trauma-Aware
Basic awareness of signs and implications of trauma; staff start to discuss this

Trauma-Sensitive
Staff start to explore principles of TIC and consider how they might implement them

Trauma-Responsive
Change at all levels of the organization have begun; procedures and practices are reconsidered

Trauma-Informed
Full implementation of trauma-informed practice; culture of TIC with clients/each other

Becoming Trauma-Informed Occurs on a Spectrum, TIC Collective



Kathryn Babcock



CEO
Capital W

Katreena Scott



Academic Director
CREVAWC





Collective Impact Sustainability

Challenges with Project-Based Funding

- It takes time to develop trust with communities, especially those experiencing structural forms of violence
- Projects typically involve a lot of “invisible” extra work
- Having to end projects due to lack of funding can weaken and harm trust, hope, and limit engagement
- Can increase in tension between research and practice

Tensions and Opportunities

Project-based funding

Novel approaches

Developing grass-roots agencies

Reach to new populations

Discover more effective approaches and programs

Leverage most recent research

Continuing funding

Stable and well-established programs

Well-established, larger agencies

Try to reach all populations

Continue with existing approaches and programs

Leverage quality improvement



Agencies one by one work to leverage their strengths, relationships and impact statements to compete for (project-based, charitable, government) funding

Much of what we are examining is about

- recognition of GBSV; prevention
- providing service access to communities without access to service
- providing the workforce with necessary skills to work in trauma and violence-informed ways

Shifting the Question

What are our funding priorities? Why are we still working to fund what are obviously necessary services?

Potential Path to Sustainability

1. Understand the broad flow of funding to the sector
2. Demonstrate collective impact
3. Embed collective sustainability

The Five Conditions of Collective Impact

(Reprinted with the permission of FSG and the Stanford Social Innovation Review)

Common Agenda

All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed upon actions.

Shared Measurement

Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.

Mutually Reinforcing Activities

Participant activities must be **differentiated while still being coordinated** through a mutually reinforcing plan of action.

Continuous Communication

Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation.

Backbone Support

Creating and managing collective impact requires a dedicated staff and a specific set of skills to **serve as the backbone for the entire initiative and coordinate participating organizations and agencies.**

Project Example



Collective Sustainability

- Emergent area of practice
- Embeds sustainability into the collective impact frame from the outset
- The promise for social change

Introducing the GBV Platform

Possibilities and Limitations

Next Steps

- Are there projects interested in working together on a series of steps;
 - Identifying the specific problem we want to address
 - Understanding flow of funding to this area/addressing this specific problem
 - Documenting/demonstrating the collective impact of their projects
 - Working towards a potential plan/pitch for collective sustainability

2024 Knowledge Exchange

“Day Two”

June 4-5, 2024



Agenda- Day Two

1. Icebreaker
2. Developments in applying trauma-informed principles and practices in research and intervention. -Facilitated by Nancy Poole
3. Knowledge Hub Updates
4. Tour of the “Resource Room”
5. Lunch
6. Healing with the holistic and Atikamekw approach -
7. Storytelling Engagement
8. Evaluation and Feedback



Dr. Nancy Poole



Director

Centre of Excellence for Women's Health



A dialogue on bringing trauma informed and equity oriented approaches to our projects

**Developments in bringing
T&VI principles and practices
into agency cultures and practices, and
advocacy for system level change**

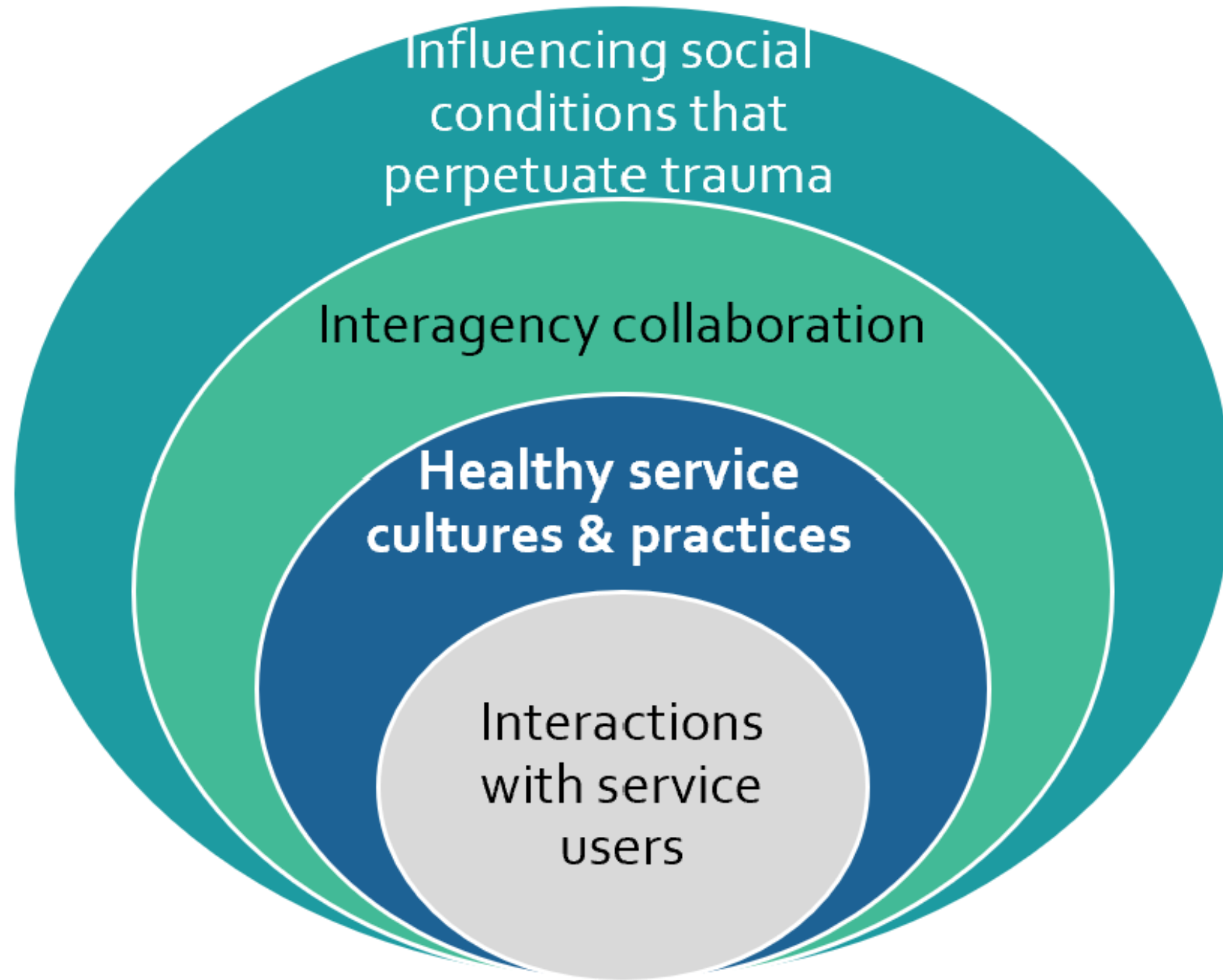
By: Dr. Nancy Poole



**Trauma is structural,
historical, political,
intergenerational,
interpersonal, and
embodied.**

**So then must be our
healing.**

<https://www.cahmi.org/docs/default-source/prop64/prop64roadmap-slide-deck-may-2019.pdf>



Centre for Sexuality, and Canadian Public Health Association
(2020)

Trauma and violence-informed care toolkit for reducing stigma
related to sexually transmitted and blood-borne infections
(STBBIs)

https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/STBBI-TVIC-toolkit_e.pdf



SECTION 1
SUPPORTING STAFF DEVELOPMENT

INDICATOR	QUESTIONS TO CONSIDER	RATING (1-2-3-4-5-7- NA)	COMMENTS
1. Staff members are trained on topics relating to TVIC.	<ul style="list-style-type: none"> Do training opportunities cover many different TVIC topics? For example: types of trauma; impacts of trauma on health and well-being; various responses to trauma; trauma-sensitive language and approaches; impacts of structural violence and inequities; cultural safety; coping with the trauma of others; how to respond when a client discloses trauma; other relevant community services and how and when to refer clients to them. Is training provided to all types of staff (e.g., clinical and non-clinical, management and non-management) and volunteers? Is TVIC training optional or mandatory? Is TVIC training part of staff and volunteer orientation? Is TVIC training offered regularly, so all staff can update their skills if needed? 		
2. Staff members are trained about sexuality, substance use and gender and sexual diversity.	<ul style="list-style-type: none"> Is this training provided to all types of staff (e.g., clinical and non-clinical, management and non-management) and volunteers? Is this training optional or mandatory? Is this training part of the orientation of new staff and volunteers? Is this training offered regularly, so all staff can update their skills? 		

DEVELOPING A TVIC IMPROVEMENT ACTION PLAN

Once you have used the Organizational Assessment Tool to identify areas of strength and areas for improvement, your next step will be to develop a plan with clear priorities for action that can be achieved within available resources.

KEY STEPS IN DEVELOPING A TVIC IMPROVEMENT ACTION PLAN

- Set priorities for action.** Focus on a few important areas and take direct action rather than scattering your efforts. List the priority issues identified through the organizational assessment. Are some more urgent than others? Is there adequate energy and resources available to address these issues?
- Bring together a working group.** Who has the knowledge, experience and understanding to develop the plan? Involve an outside group or organization if this would help (e.g., an organization already working closely with members of the community you serve). Set up a clear accountability link with management to ensure access to resources and consistency with organizational policies and direction.
- Clarify the issue(s).** Consider the feedback received during the organizational assessment and group discussion process. Do you need additional information to better understand the issue? You might want to get the perspective of clients, which could involve conducting a survey, key informant interviews or a focus group.
- Identify potential solutions.** Once you have a better picture about the issue(s), consider different solutions. How have other organizations handled similar issues? Is it possible to build on current initiatives of your or other organizations? What are the challenges you may encounter and how can they be addressed? What are the resource implications?
- Develop the improvement plan.** This plan should identify the issue(s) you are going to address, the outcome you are hoping to achieve, action items, a designated person responsible for each and the timeline and resources.
- Get approval from management.** It will be important to ensure the necessary permissions and resources are in place to address the issues you have identified.
- Circulate the improvement plan.** Relevant staff, volunteers and management need to know about the plan. Not everyone's concerns can be addressed at once, but those who were involved in the assessment process need to know they were heard.
- Check-in and evaluate progress on the plan.** Has the implementation gone as planned? Have you achieved the outcomes you were hoping for? If not, adjust the plan.
- Celebrate your achievements!** Recognize the work that went into addressing the identified issue(s) as well as the people who contributed. Celebrating accomplishments will help to develop a positive organizational TVIC culture committed to safe and inclusive services.



Benchmarks for TI implementation

- Governance & Leadership
- Physical Environment and Safety
- Workforce Development
- Service (Education) Delivery
- Ongoing System Change

Table 3 p 178

Yatchmenoff, D. K., Sundborg, S. A., & Davis, M. A. (2020). Implementing Trauma Informed Care: Recommendations on the Process.

<https://traumainformedoregon.org/wp-content/uploads/2020/11/Implementing-Trauma-Informed-Care-Recommendations-on-the-Process.pdf>

Overview of Guide



- **Maximize** children's and young people's sense of safety, assist them in managing their emotions, and in making meaning of their current coping strategies and trauma histories.
- **Include** the perspectives of children and youth in defining what is triggering for them and what creates safety and learning.
- **Continuously** explain and clarify to children and youth the agency processes, next steps, and measures being taken to ensure their safety and wellness.
- **Make** the physical environment of service settings welcoming and safe. Signal through the physical environment and informational materials that talking about and getting support on trauma is welcome and available in the setting.
- **Understand** and map the supports and treatments available for children and youth



- **Recognize** how gender affects the types of trauma experienced and the expression of its effects and openness to discussing trauma. Provide gender responsive options for support.
- **Recognize** how historical trauma affects Aboriginal children and youth, and involve Aboriginal youth, parents, family members, Elders and communities in bringing holistic wellness and other culturally competent practices to trauma-informed approaches with Aboriginal children and youth.
- **Add** a line about trauma awareness in relation to some immigrant and refugee populations.
- **Recognize** how age and developmental trends impact the experience and effects of trauma for children and youth. Provide responses that are appropriate for their age and cognitive, physical, and emotional developmental stage.



- **Understand** that all children and families with histories of trauma have areas of strength and resilience, and support workers need to identify not only risk factors, but also protective factors for each child and family.
- **Provide** training to families of all types (birth, foster, respite) on: bringing a trauma lens to understanding child behaviour, managing conflict and displaying empathy, and teaching coping and resilience strategies.
- **Provide** opportunities for families of all types who are parenting children and youth to enhance self-care and where relevant to access support/treatment for their own experiences of trauma.
- **Link** to, refer to and collaborate with multi-setting, multi-level interventions that optimize child and family resilience.
- **Involve** brokers, liaisons and Elders to bridge trauma-informed and culture- and gender-informed approaches for children and families, communities, and child serving agencies.



- **Understand** and recognize the risk of secondary traumatic stress for all staff members, and the agency as a whole.
- **Provide** training on secondary trauma and stress management for all staff, promote self-care and well-being through policies and communications and encourage ongoing discussion among staff and administration
- **Create** and maintain a work environment that conveys respect and appreciation, that is safe and confidential, and that provides support for continuing education, supervision, collaboration, consultation, and planned mental health breaks.
- **Support** staff development, debriefing after critical incidents, individual/group supervision and related strategies that support worker health.
- **Cultivate** a workplace culture that normalizes (and does not stigmatize) getting help for mental health challenges and actively promotes awareness of the supports available to workers.

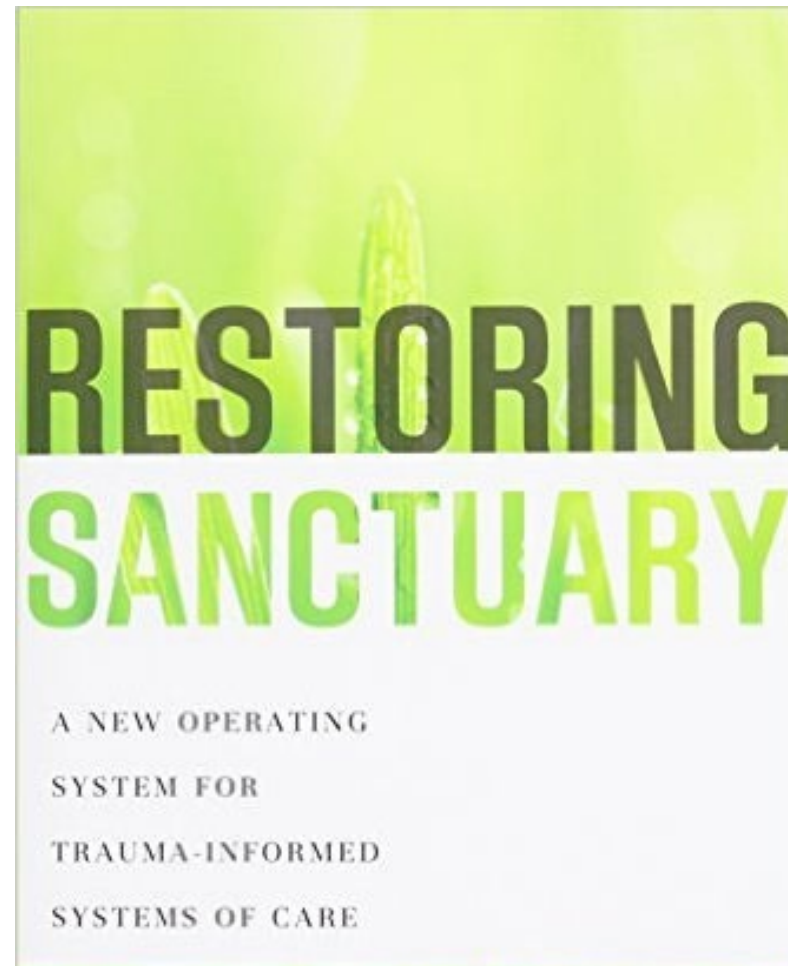


- **Conduct** organizational level assessments that identify the range of practices and policies that might be initiated and/or enhanced to support trauma-informed practice.
- **Facilitate** culture change in the organization towards social learning and agency-wide emotional intelligence.
- **Identify** and map existing trauma-informed practices, which can be built upon and more widely used.
- **Incorporate** trauma knowledge into all practice models.
- Integrate safe, respectful, learning-oriented approaches to case review, debriefing of incidents and supervision
- **Discuss** how to address trauma experienced by different system stakeholders (children, parents, workers) and how strategies for building resilience in all these groups can be linked in agency-wide approaches.
- **Share** trauma-informed resources including resources reflecting traditional Aboriginal healing practices across teams, agencies and systems.
- **Integrate** family-centred and trauma-sensitive forms of information sharing to support trust and ensure understanding between workers and families.



- **Build** a system-wide learning culture about trauma. Provide forums for training all staff on types of trauma, common reactions to traumatic events, short- and long-term impact of trauma, and principles of trauma-informed practice
- **Identify** leaders who can serve as trauma champions to promote change within their workplaces.
- **Link** leaders/champions in all six services areas, provincial programs, contracted agencies Delegated Aboriginal Agencies in learning together and discussing and acting on trauma-informed approaches.
- **Link** leaders in child safety, mental health, education, youth justice, victim services, police, crown attorney's and other systems to collectively take a trauma-informed approach to their work with children, youth and families.
- **Discuss** with other systems the benefits of a trauma-informed approach and the importance of interagency collaboration when creating safe environments, learning about trauma and adapting practice and policy, and creating a trustworthy service net/network of support and treatment.

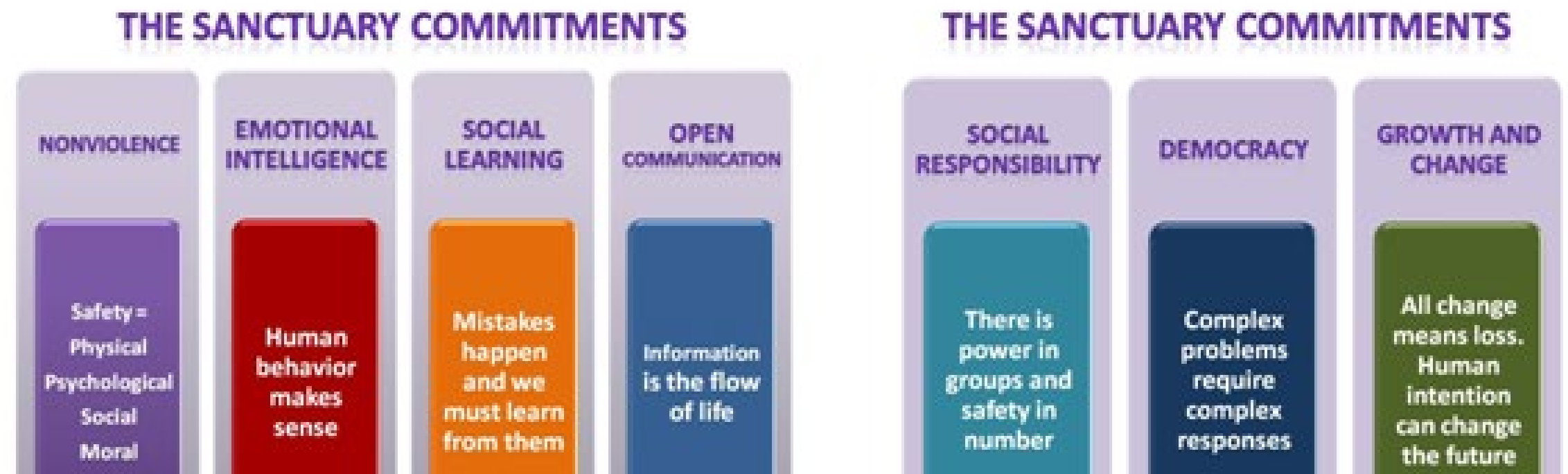
The work of Dr. Sandra Bloom



<https://www.creatingpresence.net/>

The Sanctuary Commitments

- Non violence
- Emotional intelligence
- Social learning
- Open communication
- Social responsibility
- Democracy
- Growth and change



Worker wellness

Aboriginal women create mindfulness app in language, bringing outback meditation to the world

By Katrina Beavan

Posted 16 Mar 2019, 1:19pm



PHOTO: Wanatjura Lewis worked on the Uti Kulintjaku program and app. (Supplied: NPY Women's Council)

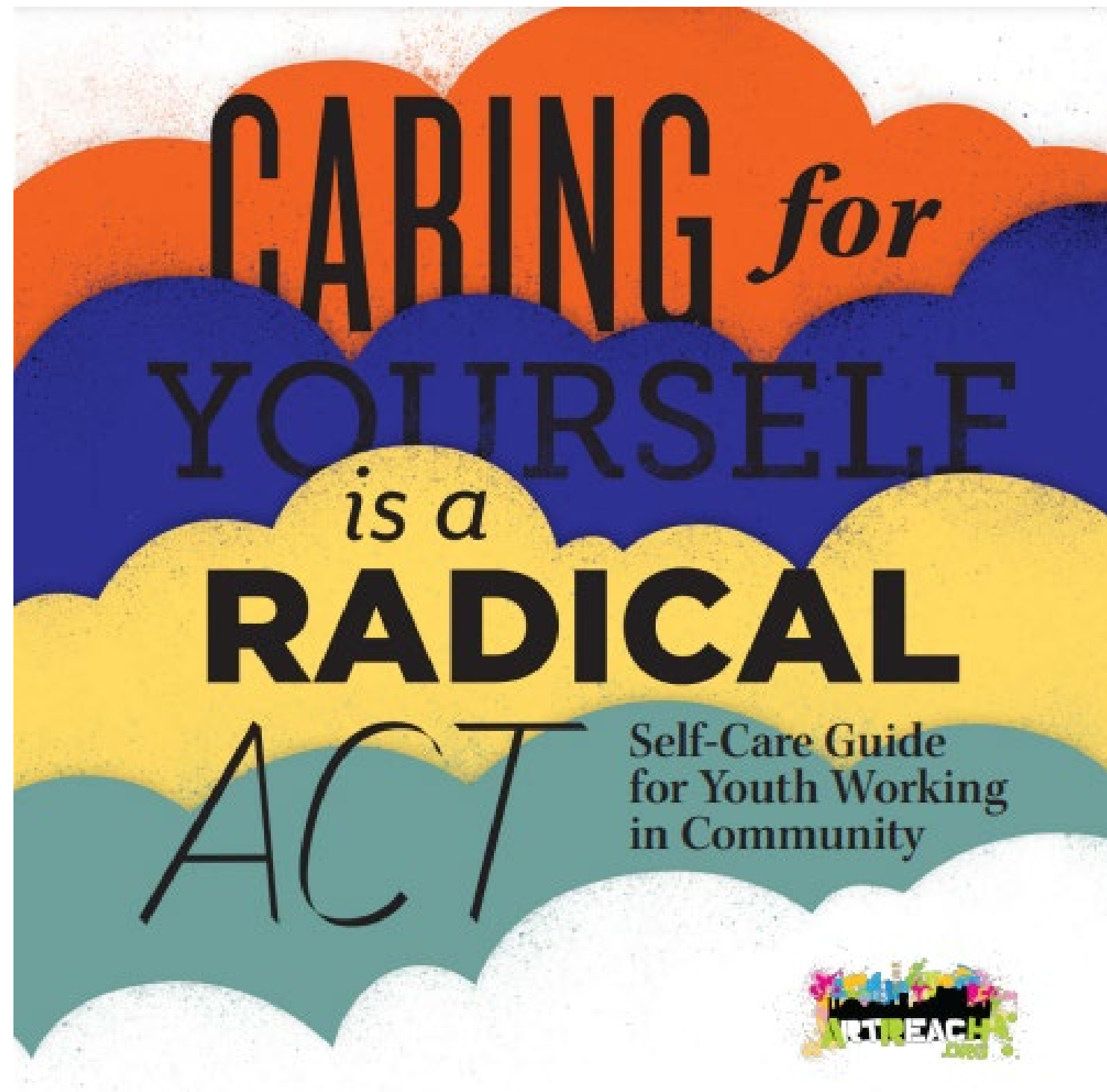


THE ZONE OF FABULOUSNESS

Alternative way to look at worker burnout



Self Care as a Radical Act



"Caring for myself is not self indulgence, it is self-preservation, and that is an act of political warfare" Audre Loude

<https://youthrex.com/wp-content/uploads/2019/02/Caring-for-Yourself-is-a-Radical-Act-Self-care-Toolkit.pdf>

Collective Debriefing -Take 5 questions

What did we learn?

What went well?

Did we have any system issues (e.g., communication, policy or procedure gaps, lack of staff)?

Who is going to follow-up to address the problems?

What would we do differently next time?

MOREOB
(www.moreob.com)

Workforce Wellness – Prevention of secondary trauma

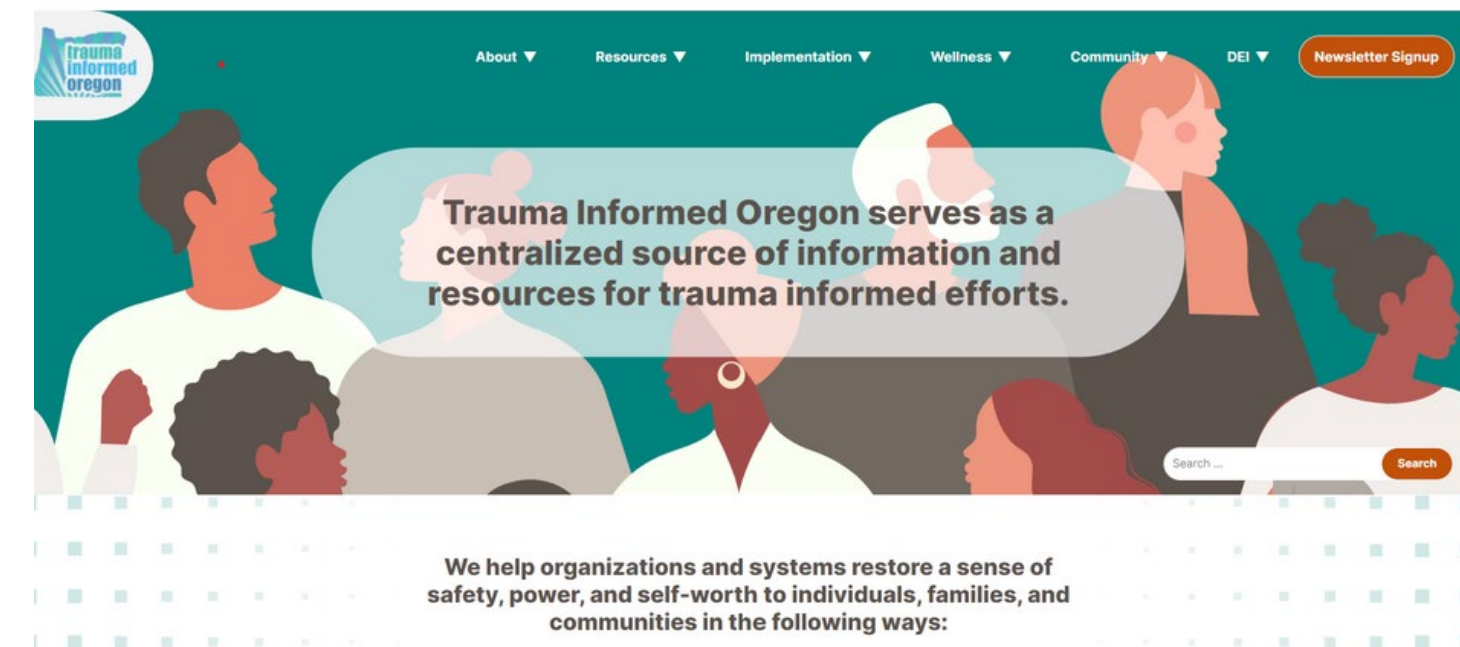
There are personal and organizational strategies that mitigate the impact of working with survivors of trauma and adversity

Protective factors

- **Team spirit** - Feeling part of a team and having social support can buffer workplace stress
- **Seeing change as a result of your work** – having tangible evidence that your work is important and helpful
- **Training** – Feeling competent to apply a trauma informed approach as a result of effective training and education
- **Supervision** – Receiving regular and predictable supervision as a way to prevent, monitor and respond to stress
- **Balanced caseload**

Source: Trauma informed Oregon

https://traumainformedoregon.org/wp-content/uploads/2016/01/A-Trauma-Informed-Workforce_An-introduction-to-workforce-wellness.pdf





Vicarious resilience describes the positive, transformative process experienced by helping professionals in response to witnessing client trauma survivors' own resiliency.

Professionals can benefit from an increased awareness of the ways in which they can heal and grow along with their clients.

See Pilar Hernandez-Wolfe
<https://pubmed.ncbi.nlm.nih.gov/17593887/>

Relatedness energizes – human connection – and specifically a compassionate connection – can actually build resilience and resistance to burnout

Compassionomics Trzeciak and Mazzealli



“These recommendations seek to ensure that a culturally responsive, racially just, healing-centered and trauma-informed approach guides expenditure decision processes.”

Pro 64 Roadmap Portal

- Training and capacity for all staff
- Cross-sector collaboration for a coordinated response
- An enduring and purposeful infrastructure to foster meaningful reflection and learning, innovation and support for scaling of innovations as they emerge

<https://www.cahmi.org/docs/default-source/prop64/prop64roadmap-slide-deck-may-2019.pdf>

<https://traumatransformed.org/communities-of-practice/communities-of-practice-healing.asp>



Principles of a Trauma-Informed System

Understanding Trauma & Stress	"Learning about the psychology of stress, toxic stress, and trauma is liberating for people. It gives us explanatory reasons for some of the puzzling behaviors we engage in and the feelings that can come to dominate us." (Bloom, 2014, p.48)
Safety & Stability	Trauma unpredictably violates our physical, social, and emotional safety resulting in a sense of threat and need to manage risks. Increasing stability in our daily lives and having these core safety needs met can minimize our stress reactions and allow us to focus our resources on wellness.
Cultural Humility & Equity	We come from diverse social and cultural groups that may experience and react to trauma differently. When we are open to understanding these differences and respond to them sensitively we make each other feel understood and equity is advanced.
Compassion & Dependability	Trauma is overwhelming and can leave us feeling isolated or betrayed, which may make it difficult to trust others and receive support. However, when we experience compassionate and dependable relationships, we reestablish trusting connections with others that foster mutual wellness.
Collaboration & Empowerment	Trauma involves a loss of power and control that makes us feel helpless. However, when we are prepared for and given real opportunities to make choices for ourselves and our care, we feel empowered and can promote our own wellness.
Resilience & Recovery	Trauma can have a long-lasting and broad impact on our lives that may create a feeling of hopelessness. Yet, when we focus on our strengths and clear steps we can take toward wellness we are more likely to be resilient and recover.

Leadership Competencies of a Trauma-Informed System

Trauma-Informed Communication	Focuses on the practice of intentionality about the mode, frequency, and amount of information to offer to others in order to minimize the impact of stress and trauma. Examples: Connect before correct - Right-sizing information - Framing + Storying Offering stabilization: Providing the why's, likely impacts, and what's next
Inclusive Leadership	Makes space for diversity and difference. Understands power analysis and uses both power building and sharing to create more expansive contexts and communities. Promotes voice and choice. Acknowledges some wounds are results of oppression and must be remedied in relationships and institutions. Examples: Power analysis - Power sharing - Power building - Doing with and not for - Taking multiple perspectives - Participatory management
Mindfulness & Reflection	Practice of cultivating awareness, contemplation, and deliberation. Long-term focused versus reactive. Creates opportunities for healing in real time and prevents reverting back to former structures and practices that re-produces stress and trauma. Examples: Reflective supervision - Curiosity - Capacity to see & feel without reacting
Complexity	Awareness of systems thinking and change management. Able to operate in space of uncertainty and ambiguity in order to evolve our systems and structures where there are no pre-defined roadmaps. Examples: Tolerate ambiguity - Synthesize disparate pieces of information - Ability to consider multi-variate inputs simultaneously
Radical & Critical Inquiry	Capacity to be deeply reflective about one's own self-concept (radical) as well as the institution one leads (critical inquiry). Examples: Critical self awareness - Willingness to challenge assumptions - Humility - Critical Institutional Inquiry about organizational treatments, interventions, and problem formulation.
Relational Leadership	Values centrality of relationship. Uses relationship and influence more than power and authority to affect change and systems transformation. Examples: Frequent use of appreciation - Whole person consideration - Build cultures of staff connection and shared success - Express and hold emotion and vulnerability - Interact with transparency and trust

<https://traumatransformed.org/documents/Principles-and-Leadership-Competencies-of-Trauma-Informed-System-1-1.pdf>



KNOWLEDGE HUB UPDATES



Resources

for Evaluating Trauma- and
Violence-Informed Practice



Western
Centre for Research & Education on
Violence Against Women & Children

Mid-term Evaluation of the CoP

Why?

- Ensure accountability to the Knowledge Hub and PHAC objectives
- Add to the literature on CoPs, including evaluation
- Ensure the programming is performing as desired

How?

- Virtual focus groups with CoP members
- Online survey
- Lead by Ajirioghene Evi (Research Associate) and Jenna Lopez (Research and Evaluation Coordinator)

When?

- Focus groups taking place on Wednesday July 17th and Wednesday August 7th at 1:00-2:30pm EST
- Online survey will be open from June 14th to July 26th

Report to be shared in the fall



Alice Echaquan

**Atikamekw Niheriwisiw
Iskwew, Petapan,
spiritual name. Daybreak**



Melissa Coutu

**Atikamekw Niheriwisiw
Iskwew, Atikamekw de
Manawan**



Debby Flamand

**Atikamekw Niheriwisiw
Iskwew**



A landscape photograph capturing a sunset over a large, calm body of water. The sun is positioned in the upper center, partially obscured by light, wispy clouds, casting a bright, golden glow across the sky and reflecting on the water's surface. The shoreline in the distance is lined with a dense forest of evergreen trees, their silhouettes dark against the bright sky. In the foreground, the dark, out-of-focus silhouettes of bushes and a small, thin tree are visible, framing the scene. The overall mood is peaceful and contemplative.

Notcimik , Where I come from!
Healing: A Holistic and Atikamekw
Approach

Atikamekw Niherowisi iskwew



Alice Echaquan
Debby Flamand
Melissa Coutu

Kekwan ke arimotamekw

What are we going to talk about?

- The Indian Act
- Residential schools
- Missing and murdered children
- Systemic racism (Joyce Echaquan)
- Forced sterilization
- Atikamekw approach
- Medicine wheel
- Ways of healing (Ceremonies, plants, medicinal plants, Sweat Lodge etc.)
- Resilience

The Indian Act.

- The government tried to kill the Indian in us.
- If an Atikamekw woman married a Quebecer, she lost her rights.
- We are confined to our reserves (communities) and we have to ask the government for permission.
- We don't own our land.



Residential schools

- Numerous residential schools across Canada.
- Many children taken from their families at an early age.
- Many children sexually abused by clergy
- Uprooted from their culture
- Loss of identity and language
- Intergenerational impact
- Psychosocial problems (alcoholism, substance abuse, early pregnancy, suicide)



Awacak, little being of light

- Missing children, murdered for many years
- Laureanna Echaquan's story, still searching
- Some have been found
- Many children have been found
- The remains of 215 children were found buried on the site of a former Kamloops residential school in British Columbia in 2021.
- Wounds were opened across Canada
- Awacak Association to find missing children
- Children used as guinea pigs

Joyce Echaquan, kicimno, kimisno

- September 28, 2020, a call for help through her cell phone
- Racist remarks by CHRDL nurse
- Investigation
- Results: Racism and that she shouldn't have experienced it.
- Joyce's principle
- Resilience



Forced sterilizations

- Many women have undergone forced sterilization without their consent
- Young women
- Vulnerable
- Older women share stories
- Recourse



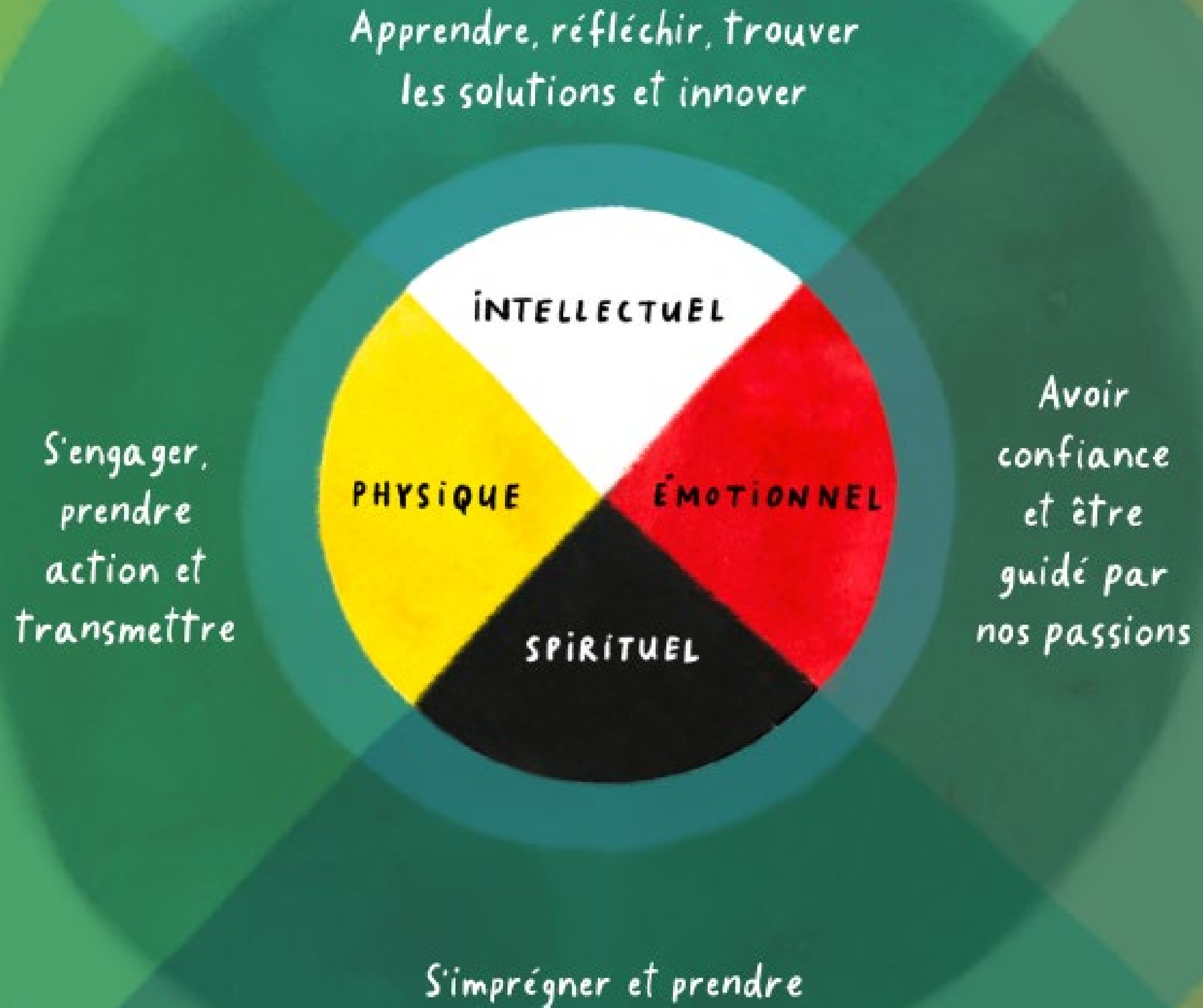
Holistic and Atikamekw approach

- Nin Center
- 4 directions
- Physical, Emotional, Spiritual and Intellectual
- Traditions
- Atikamekw values
- Extended family
- Being in balance



Medicine Wheel

- Physical:
- Spiritual :
- Emotional :
- Intellectual:



Healing methods

- Ceremonies
- Territory
- Medicinal plants
- Rain dance, Pow Wow
- Sweat lodge (Swaet)
- Talking feather
- Sharing circle
- Sweet Grass
- Drum
- Vision, dreams



Resilience

- Speak loud and clear
- Innu Meshkuni
- Tapiskwan sipi
- Mirerimowin site
- Matakan site
- Motetan Mamo Walk
- Atikamekw Pride
- Towards healing
- From victimization to healing




- "Witamowikok aka wiskat eki otci pakitinamokw kitaskino, nama wiskat ki otci atawanano, nama wiskat ki otci meckotonenano, nama kaie wiskat ki otci pitoc irakonenano Kitaskino."


- "Tell them we've never ceded our land, we've never sold it, we've never traded it, and we've never ruled otherwise with regard to our territory.."

- César Newashish, 1994





Ekote , tan e iki iteritaman, e iki iterimowin

- Periods of questioning, reflection ..Emotions
 - Mikwetc kaskina , mikwetc mictai
 - For the hope and future of our children
- 

EVALUATION AND FEEDBACK



Link to Survey

