



# ***OCASI Guidelines on Trauma and Violence Informed Approaches for Agencies***

*Serving Immigrants and Refugees*

**OCASI**  
Ontario Council of Agencies Serving Immigrants



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# TABLE OF CONTENTS

## 3 PREAMBLE

## 4 CORE PRINCIPLES

- Page 4 1. Generalist Practice
- Page 4 2. Preventing Re/Traumatization
- Page 4 3. Fostering Safety
- Page 5 4. Continuing Growth and Community Building

## 5 IMPLICATIONS

- Page 5 Principle 1: Generalist Practice
- Page 6 Principle 2: Preventing Re/Traumatization
- Page 6 Principle 3: Fostering Safety
- Page 6 Principle 4: Continuing Growth and Community Building

## 7 APPLICATIONS

- Page 7 Providing Services to People with Experience of Violence and Trauma
- Page 8 Providing Services to Staff

## 10 REFERENCES AND USEFUL RESOURCES



# PREAMBLE

**T**hese Guidelines were developed as part of OCASI's Mental Health Promotion in Immigrant and Refugee Serving Organizations Project, a three-year project funded by Immigration, Refugees, and Citizenship Canada through the Settlement Program Service Delivery Improvements Funding Stream. The Guidelines apply to all persons who, on behalf of OCASI, deal with members of the public or other third parties. The Guidelines are not intended to be prescriptive but applicable to all organizations regardless of mandates of organizations and type of services they provide. It is recommended that all organizations adapt the guidelines to develop their own procedure to complement existing policies and procedures within the organization and to meet the needs of the community the organization serves. These Guidelines are not meant to replace an agency's Anti-Racism and Anti-Oppression (ARAO) Policy and Procedures. Rather, they are meant to complement and align with existing ARAO policies. Acknowledging the heterogeneity of OCASI's member organizations, the term Staff is used in this document to refer to all people subject to this policy, including employees (providing direct or indirect services), Board members, volunteers, and contractors and Agency refers to OCASI and its member organizations.

Trauma and Violence Informed Approaches (TVIA) are policies and practices that acknowledge the widespread impact of trauma, recognize the connections among various forms of violence, trauma, and negative consequences in health, functions and life satisfaction, and foster the

potential paths for self-care, resilience, institutional and community capacity building. Trauma is part of the human experience. Conflicts and violence in all sorts (e.g., family conflicts, sexual exploitation, child abuse and neglect, various institutional and systemic injustice, racism and discrimination), accidents, natural disasters, wars, and harmful social conditions (e.g., stigma and bias) are inescapable. The Guidelines thus refer to trauma beyond the biomedical definition and approaches, adopting a feminist intersectional lens that emphasizes a structural understanding of trauma that incorporates de-colonial, anti-racist, anti-oppressive principles of practice.

TVIA recognizes that violence can impact the lives of individuals at the interpersonal, collective, systemic, and structural levels. These, often intersecting, forms of violence can be in the background or foreground of the lives of services users and Staff. As such, making use of TVIA policies and practices can support organizations in preparing and addressing the needs of their communities.

By incorporating evidence-based practices, the purpose of the Guidelines is to foster an organizational commitment to acknowledge and understand the role that trauma and violence play in the lives of people and to support a culture of learning, and building strength, resilience and capacity to create safe environments for both service users and Staff.

The Guidelines ensure that Agency promotes its underlying core principles and enacts its implementations as described in the following sections.



# CORE PRINCIPLES

Trauma and Violence Informed Approaches (TVIA) are based on the following Four Core Principles:

## 1. Generalist Practice

Treating everyone as if they have been subject to trauma and violence enhances 'universal trauma precautions,' which provide positive supports for all people. This principle provides a common ground that creates

institutional culture of addressing trauma and violence concerns, offers a basis for consistent ways of responding to people with such experiences, and helps to integrate services within and across systems.

## 2. Preventing Re/Traumatization

Doing no harm is the base of all policies and practices of the agency in addressing violence and trauma. TVIA is not aimed at treating trauma but preventing further harm by re/traumatization. Service users can have access to agency services regardless of disclosing their experience of violence and trauma. Staff who work with people who have experienced

violence often hear difficult stories and witness the impact of these experiences, which may subject them to vicarious traumatization, and/or may trigger their existing trauma. This principle ensures that staff care for themselves, and the agency supports staff in attending to that care, while they are providing ethical care and responses to other people's trauma.

## 3. Fostering Safety

Safety is the foundation of any and all violence and trauma related work. This principle means that the agency commits to create and ensure emotional, physical, psychological,

interpersonal, social, cultural, and systemic safety for all people in all levels of services and service delivery in the environment.

## 4. Continuing Growth and Community Building

A strong belief for human growth and resilience despite adversities guides the agency and staff to create an environment that fosters hope. This principle highlights that the agency

incorporates a strength-based approach and fosters opportunities for choice, collaboration, and connection to support both service users and staff in coping and growth.



## IMPLICATIONS

Trauma and Violence Informed Approaches require fundamental and systemic changes in how staff engage with people, how organizations function and how systems are designed, operated, and evaluated according to each principle.

### Principle 1: Generalist Practice

- Acknowledge that all people, both Staff and service users in Agency are potentially subject to and/or have experienced violence and trauma.
  - Support an organizational culture of, and train all Staff on the connections between violence, trauma and their impact on life, including vicarious trauma.
  - Actively remove all stigma and further victimization due to the impacts of violence and trauma among service users and Staff. This means that service users are not subject to any discrimination against accessing to and using services
- and Staff should not be subject to any discrimination against promotion if they are impacted by trauma and violence.
  - Develop hiring practices that seek people who understand trauma and violence and their impacts on people and create reward systems that encourage Staff for building their competencies in this area.
  - By practicing universal trauma precautions, provide sufficient time and resources to support meaningful engagement between Staff and service users to promote early detection of the impacts of violence and trauma

## Principle 2: Preventing Re/Traumatization

- Support Staff to understand peoples' responses to violence and trauma, including their own.
- Acknowledge that it is often unsafe when re-telling the experience of violence and trauma and that the disclosure is not central in accessing and providing services at the Agency.
- Identify, respect, and minimize individual triggers, which can reactivate trauma in both Staff and service users.
- Create a culture of respect for the diversity of ways in which staff choose to manage their triggers when they occur.
- Actively support the well-being and self-care of Staff who are repeatedly exposed to others' stories of violence and trauma.

## Principle 3: Fostering Safety

- Provide clear information of what service users and Staff can expect from Agency to promote a sense of control.
- Attend to the set-up of a safe service and work environment in all aspects of Agency
- Seek service users' and Staff's input into inclusive and safe strategies.
- Train Staff (both administration and frontline Staff) in critical reflection on power differences between service users and Staff/Administration/Institute/System.
- Promote cultural safety by attending to a safe environment for everyone in the Agency regardless of their expressed or assumed culture.
- Create a procedure to support Staff and service users at risk of violence and trauma.

## Principle 4: Continuing Growth and Community Building

- Provide options that tailor interventions to Staff and service users' needs, strengths and contexts and respect their decision of the choice.
- Provide general skill building and wellness programs rather than focusing on problems, in order not to elicit shame when accessing services at the Agency.
- Provide community building programs that promote the collective experience of healing.
- Support an organizational culture of community care and self-care, and train Staff about its importance.



# APPLICATIONS

Create a TVIA Committee, if applicable, responsible for:

- Developing, implementing, and refining TVIA policies and practices.
- Developing and implementing TVIA training programs as specified in the policy.
- Developing a feedback procedure to improve TVIA policy and procedures.
- Documenting and filing relevant reports as specified in the policy.

## Providing Services to People with Experience of Violence and Trauma

- Making Agency commitment to TVIA visible to service users, staff, and public (e.g., updates in the website, pamphlets in waiting room in multiple languages, etc.)
- Creating a safe environment at the Agency. This is not limited to but could include the following:
  - › Simulating/Walking through the Agency setting to see and assess how service users and Staff might experience each moment (e.g., a visit to an Agency, waiting room, meetings, etc.) to help identify where improvements can be made.
  - › Paying attention to service and work procedures, signage, comfortable physical space, and consideration of confidentiality to make them in line with TVIA.
  - › Making all service and work routines and expectations clear: explaining why, what, and how services users will be provided services.
  - › Informing service users and Staff of their rights, and provide them with choice and control of what will be disclosed throughout providing or receiving services at the Agency.
  - › Creating procedures and structures to allow service users and Staff to bring a support person (e.g., friends, healers, elders, etc.) with them to meetings.
  - › Institutionalizing a procedure when service users and Staff are at risk and want to express their concern (e.g., critical incident report).
- Being aware of power imbalance between service users and Staff/Agency, acknowledging systemic injustice, and providing culturally safe services
  - › Seeking service users and Staff input for the development of inclusive and safe strategies.

- › Giving choices in their decision making and honor them; doing things with not doing to service users and Staff.
  - › Culturally safe environments work against stereotypes and biases regarding race, ethnicity, culture, gender, and other differences. They recognize and respect the value of Indigenous connections and resources and work collaboratively with these resources for the benefit of service users and Staff.
  - › Historical trauma and the state violence are recognized and community healing is promoted.
- Providing services to counteract violence and trauma and enhance the following:
    - › Empowerment (e.g., psycho- and socio-education about trauma responses, general skill building programs, etc.)
    - › Community connection (e.g., peer support groups, social gathering events, etc.)
    - › Self-compassion: encouraging self compassion in service users and Staff will alleviate shame and guilt and give precedence to healing of the self and community.
    - › Strength, resilience and growth (e.g., volunteer opportunities, peer support and counselor opportunities, etc.)

## Providing Services to Staff

Agency commits to ensure that, when Staff are well-supported by TVIA and workplace wellness programs, Staff can provide better services to service users, and find satisfaction and growth in their work, despite the challenges of addressing multiple impacts of violence and trauma.

- Allowing staff time and other resources (e.g., space, funding) to focus on implementing services and programs according to TVIA
- Institutionalizing TVIA training to all Staff toward creating a culture of discussing:
  - › Various trauma responses and appropriate ways to address them
  - › Vicarious trauma, compassion fatigue and burnout as well as strategies to address them
  - › How to instill hope and resilience to service users and themselves
- Being clear about job tasks and personnel guidelines regarding TVIA
- Institutionalizing a procedure to support Staff at risk of vicarious trauma, compassion fatigue and burnout
  - › Creating a critical incident report form when Staff is subject to any critical violence and trauma experiences in the workplace
  - › This report should entail a series of follow up steps to monitor Staff resilience



- after being subject to trauma and vicarious trauma
  - › If a more active debrief is necessary, they are encouraged to contact a peer support system and supervision within the agency or outside consultation.
- Creating a space to discuss and address direct and indirect experience of violence and trauma:
  - › Using peer support, case debriefing group, and regular supervision in an open and respectful communication and accept stressors as real and legitimate, impacting individuals and the staff as a whole
  - › Debriefing that limits Staff exposure to stories of trauma
    - To prevent re/traumatization, asking permission from colleagues before sharing information, to warn them that they may be hearing something difficult
    - Discussing their situation as a part of self-care
    - Focusing on the interaction with the service users or Staff rather than the details of the violence and trauma experience narrative.
  - › Making support services visible to Staff as their rights rather than a sign of failure
- Promoting a culture of community care and self-care and institutionalizing Staff Wellness Program (e.g., workplace mental health programs)
  - › Highlighting that it is not only an individual responsibility to care for oneself as Staff, but also the responsibility of the Agency to create an environment where it is possible and regularly expected, while respecting that self-care will look widely different for different people and that this diversity should be respected.
  - › Providing various resilience and skill building services, from which Staff can have option to choose.
- Institutionalizing Monitoring and Evaluation of TVIA
  - › Gathering information on service users with experiences of violence and trauma as well as Staff with vicarious trauma, compassion fatigue and burn out in order to inform service planning and improvement
  - › The evaluation of TVIA policies and practices is conducted as part of the regular review and planning process, and this information is used to inform and adjust practice



# REFERENCES AND USEFUL RESOURCES

## APA Clinical practice guideline for the treatment of PTSD

[bit.ly/38PFzO6](https://bit.ly/38PFzO6)

## Australian Centre for Posttraumatic Mental Health. (2007).

*Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Post-Traumatic Stress Disorder.*

Retrieved from [bit.ly/36ySoul](https://bit.ly/36ySoul)

## BC Centre of Excellence in Women's Health

*Trauma-informed Practice Guide*

[bit.ly/2S0SRAt](https://bit.ly/2S0SRAt)

## Cloitre, M., Courtois, C. A., Ford, J. D., Green, B. L., Alexander, P., Briere, J., & Van der Hart, O. (2012). The ISTSS expert consensus treatment guidelines for complex PTSD in adults.

*Complex Trauma Task Force (CTTF).*

## Equip Health Care: Research to Equip Primary Health Care for Equity (University of British Columbia, University of Victoria, University of Northern British Columbia, Western University)

*Trauma- and violence-informed care: A tool for health and social service organizations and providers*

[bit.ly/37G5B6p](https://bit.ly/37G5B6p)

## Forbes, D., Creamer, M., Bisson, J., Cohen, J., Crow, B., Foa, E., Friedman, M., Keane, T., Kudler, H., Ursano, R. (2010)

*A guide to guidelines for the treatment of PTSD and related conditions, Journal of Traumatic Stress.*

[bit.ly/2RGFV43](https://bit.ly/2RGFV43)

## International Society for Traumatic Stress Studies:

[www.istss.org](https://www.istss.org)

- **ISTSS Guidelines Position Paper on Complex PTSD in Adults:**  
[bit.ly/31cCEML](https://bit.ly/31cCEML)
- **ISTSS Guidelines Position Paper on Complex PTSD in Children & Adolescents:**  
[bit.ly/2RGB6Yi](https://bit.ly/2RGB6Yi)
- **Self-care for Providers:**  
[bit.ly/2GCUiWV](https://bit.ly/2GCUiWV)  
Get helpful tips for professionals working with trauma survivors in English ([bit.ly/319RbJm](https://bit.ly/319RbJm)), French ([bit.ly/2S5XxF8](https://bit.ly/2S5XxF8)), or Spanish ([bit.ly/2GEyP9U](https://bit.ly/2GEyP9U))
- **The Task Force on International Trauma Training of ISTSS published the *Guidelines for International Training in Mental Health and Psychosocial Interventions for Trauma Exposed Populations in Clinical and Community Settings.***  
[bit.ly/2U9ry9V](https://bit.ly/2U9ry9V)
- **White Paper: A Public Health Approach to Trauma:** white paper and the recommendations of the Task Force  
[bit.ly/2S3CumU](https://bit.ly/2S3CumU)

**Kealy, D. & Lee, E. (2018). Childhood trauma among adult clients in**

*Canadian community mental health services: Toward a trauma-informed approach, International Journal of Mental Health, 47:4, 284-297.*

[bit.ly/2S1usei](http://bit.ly/2S1usei)

**Klinic Community Health Centre**

*Trauma-informed: A resource for service organizations and providers to deliver services that are trauma-informed*

[bit.ly/37GSp13](http://bit.ly/37GSp13)

**Manitoba Trauma Information and Education Centre Toolkit:**

[bit.ly/37GSp13](http://bit.ly/37GSp13)

**Mitschke, D.B., Praetorius, R.T., Kelly, D. R., Small, E. & Kim, Y.K. (2017).**

*Listening to refugees: How traditional mental health interventions may miss the mark. International Social Work, 60(3), 588-600.*

[bit.ly/2u22HtS](http://bit.ly/2u22HtS)

**Ponic, P., Varcoe, C., & Smutylo, T. (2016).** *Trauma-(and Violence-) Informed Approaches to Supporting Victims of Violence: Policy and Practice Considerations. Department of Justice (DOJ) Victims of Crime Research Digest.*

Retrieved from [bit.ly/2S3VQYR](http://bit.ly/2S3VQYR)

**Provincial Health Services Authority of BC. 2013.**

*"Trauma-informed practice guide."*

[bit.ly/2S0SRAt](http://bit.ly/2S0SRAt)

**Public Health Agency of Canada**

[bit.ly/2S5tduj](http://bit.ly/2S5tduj)

**Public Health Agency of Canada. (2015).**

*Snapshot of Family Violence in Canada –Infographic.*

Retrieved from [bit.ly/2S1lCgy](http://bit.ly/2S1lCgy)



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