

Connections Between Early Adversity, Resilience and TRAUMA- AND VIOLENCE-INFORMED APPROACHES

The [Ontario Early Adversity and Resilience Framework](#) is a call for collective action across sectors. It aims to inspire and mobilize communities to work together to develop innovative and meaningful solutions that prevent adversity, strengthen protective factors, build resilience, and support healing in families and communities.

Due to the prevalence of trauma and early adversity across all populations, the concept of Trauma- and Violence-Informed (TVI) approaches is embedded throughout the Framework as a foundational guiding principle for planning and implementing strategies related to early adversity. This document will provide a summary of how early adversity and resilience connect to Trauma- and Violence-Informed approaches and how this lens can enhance outcomes for staff and clients.

Reducing early adversity and strengthening resilience is a powerful **prevention strategy**. By implementing evidence-informed interventions that build protective factors and address risk factors linked to the social determinants of health and inequity, we can act upstream to lessen both the likelihood and impact of harm and improve health and well-being.

What is a Trauma- and Violence-informed Approach?

A Trauma- and Violence-Informed (TVI) approach is fundamental to early adversity and resilience work, as the goal of a TVI approach is to create an environment that promotes safety for all clients, families, and service providers, including those who may have experienced trauma or violence.¹ A program, organization, or system that is trauma informed *realizes* the widespread impact of trauma and understands potential paths for recovery; *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; *responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively *resist* retraumatization.² This approach to care builds awareness of the interacting effects of past and ongoing forms of adversity including Adverse Childhood Experiences (ACEs), historic or intergenerational trauma and violence. TVI organizations recognize that violence can be episodic, interpersonal and structural.³ Structural violence refers to the insidiousness of social, political, and economic systems that disadvantage individuals and populations, producing social deprivations, perpetuating inequity, and exposing children and families to ongoing harm.¹

Key Dimensions of Equity-Oriented Care



What is the connection between early adversity and a Trauma- and Violence-Informed Approach?

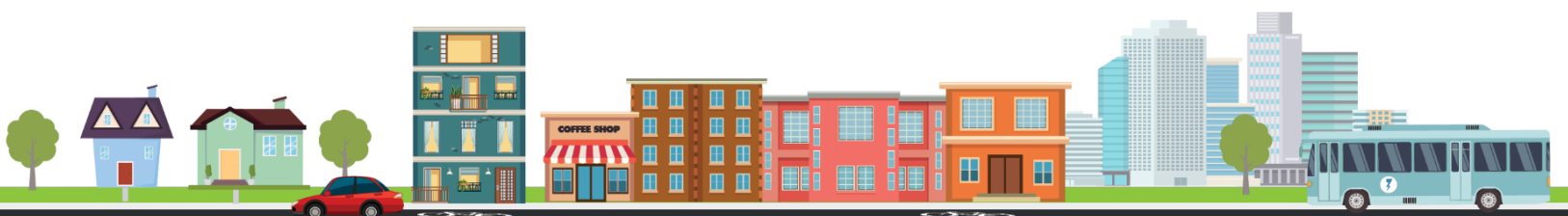
- 1. Early Adversity impacts sense of safety, TVI approaches aim to rebuild a sense of safety.** Experiences of early adversity and trauma can disrupt a person's sense of safety, trust, and the developmental processes that support emotional regulation, attention, learning, and relational connection.⁴ TVI approaches prioritize the creation of safe environments within services and systems, including not only individual interactions but also through addressing organizational policies, practices, and power dynamics that can unintentionally re-traumatize.
- 2. TVI is a Universal Precaution:** It's not possible or necessary to know if the clients or communities we are working with have had experiences of trauma, whether recent, ongoing or historical. As such, TVI approaches are an important universal precaution, designing services in a way that is beneficial for all, but essential for some. Everyone, especially those with experiences of early adversity, benefits from a strengths-based approach that centres safety, choice, and agency.³
- 3. Healing-Centred Approaches:** Trauma- and Violence-informed approaches go beyond simply understanding the effects of trauma, to instead view trauma and healing as things that are experienced collectively and to centre the importance of cultural practices to support healing and resilience.^{5,6}



4. **Equity Oriented Care:** TVI practice is a key dimension of Equity-Oriented Care, which brings together the principles of Harm Reduction, Cultural Safety and TVI. This requires services to adapt how care is designed and delivered to account for the intersecting impacts of systemic and interpersonal violence and structural inequities across a person's life, considering intersectionality and centring the needs of those most impacted by inequities.⁷
5. **Caring for the Caregiver:** TVI organizations also consider staff experiences of trauma and violence. This means creating a safe workplace that embeds individual and organizational strategies that support staff well-being and resilience, helping to mitigate the impacts of witnessing violence and trauma in their work (such as vicarious trauma), and reduce the risk of re-traumatization.^{8,9}

What actions does the Ontario Early Adversity and Resilience Framework recommend?

Although all of the activities in the framework contribute to an environment that will address adversity and increase resilience, **the actions highlighted on the next page** are those that support fostering an emotionally and physically safe environment for all clients and providers by integrating a TVI approach in policy and program design. Adopting a TVI approach requires going beyond focusing on training and staff practice - it requires embedding changes at multiple levels: individual, organizational, and structural. The recommendations on the following page are in alignment with the [Public Health Agency of Canada's Trauma- and Violence-Informed Approaches to Policy and Practice](#),¹ EQUIP Health Care's [Principles of Trauma- and Violence-Informed Care](#),³ and with the foundational six trauma-informed principles of the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA).¹⁰



	CHILD/YOUTH	FAMILY	COMMUNITY	SOCIETY
Shift social norms	Promote an environment of equitable Social Emotional Development with an applied racial equity lens that acknowledges the needs for unique services tailored to students	Advance parent/caregiver-infant interventions that prioritize early relational health, nurture secure attachments, and promote mental well-being as foundational to strong families	*Workplaces should complete an organizational TVIC assessment ¹¹ to identify opportunities to build a safe and inclusive organizational culture, provide appropriate mental health resources, and train leaders to address the impact of trauma on employees' well-being ^{12,13}	*Adopt culturally affirming and inclusive health care practices such as Afrocentric care ^{14,15} or two-eyed seeing approaches, ¹⁶ that affirm the importance of "culture as treatment" ^{16,7} and that specifically address racism in care ^{18,19}
Integrate upstream strategies	Expand access and reduce barriers to multi-component family-focused interventions for perinatal mood and anxiety disorders to enhance parenting skills, mental health, parent/caregiver-child relationships, and infant development	Integrate concepts of trauma- and violence- informed care, harm reduction, resiliency and responsive parenting/caregiving into prenatal education and across reproductive health supports	Train service providers and educators in culturally safe care to improve support for immigrant and refugee children and youth, fostering self-awareness and reflection on biases	Create and optimize policies that prevent interpersonal and cultural racism and violence and that reduce stigma and discrimination around seeking help with challenges like substance use, mental health challenges, and financial hardship
Influence healthy public policy	Implement research and best practices on alternative approaches to suspension, expulsion and restraint for students	Support workplace policies that promote wellness, professional development, healthy living, mindfulness, and team building	Integrate a trauma-informed approach into all stages of land use planning and development	Explore how SED implementation and practice can be used to transform inequitable systems and promote justice-oriented civic engagement
Intervene to lessen harm	Raise awareness about how an individual's culture affects how they perceive trauma, safety, and privacy	Support adults to access healing practices and mental health services to support their roles as parents/caregivers and themselves	Support schools and community partners to ensure programs, services and resources are culturally specific, culturally accessible and trauma sensitive	Adopt a healing-centred approach that empowers individuals exposed to trauma to actively participate in their own healing process, focusing on their agency and well-being ⁶
Collect and use data	Support the collection and sharing of local and provincial data to monitor indicators of interest (e.g., child poverty rates stratified by race and other sociodemographic characteristics)	Conduct and disseminate evaluation results of new programs and initiatives to support high quality, evidence-based interventions	Support research and evaluation efforts to better understand the links between early adversity and reproductive health outcomes	Call on the Government of Canada and Statistics Canada to collect larger survey samples of 2SLGBTQ+ people to support better intersectional analysis

Legend:
Each colour corresponds to a focus area

SOCIALLY CONNECTED, EQUITABLE, AND INCLUSIVE COMMUNITIES

SOCIAL AND EMOTIONAL DEVELOPMENT AND RESILIENCE

REPRODUCTIVE HEALTH AND PARENTING/CAREGIVING READINESS

RESPONSIVE AND CULTURALLY SAFE PARENTING/CAREGIVING

*Interventions not included in the OEAR framework

TRAUMA- AND VIOLENCE-INFORMED APPROACHES IN PUBLIC HEALTH ROLES

The content below gives examples of how a TVI approach can be applied across a range of public health roles. It could also be adapted for use in community settings or other organizations using the resources cited in this document.

For Any Role:

- Promote coordinated services and friendly warm transfers²⁰ between teams and services. This can reduce the harm of individuals having to repeatedly share their story, including potentially traumatic experiences, and supports the creation of a 'no wrong door' supportive environment for individuals and families
- Understand that coworkers may have also experienced trauma in their past and approach interactions with empathy, compassion and a focus on connection in the workplace. Be aware of how some topics discussed can impact colleagues personally and offer support
- Be trained in de-escalation strategies to reduce the likelihood of violence occurring if stressful situations arise

Senior Leadership

- Undertake an organizational assessment of TVI readiness including examining policies, practices, opportunities for reflective practice¹¹
- Implement actions to address areas from assessment that require more attention
- Lead and support organizational TVI approaches to ensure safety for staff and clients
- Support the importance of taking time to build trust and rapport in relationships

Public Health Nurses

- Understand the signs and symptoms of trauma and violence as well as how to connect to mental health services or substance use support if a client discloses that they experienced trauma and would like support
- Know how to provide culturally safe and inclusive services for anyone who has past experiences of trauma and violence. Offer choice for how the service is provided as much as possible
- Approach clients from a harm reduction lens, build on their strengths and have them guide goal setting

Human Resources and Management

- Implement trauma- and violence-informed principles and reflective practice in supervision in order to respond to effects of vicarious trauma or moral distress in staff^{8,21}
- Lead reflective practice sessions with team around underlying values that underpin structural violence and support or undermine equity
- Roll out training for staff in trauma- and violence-informed principles and practices and consider trauma- and violence-informed capabilities in recruitment and performance management²²

Administrative Staff

- Consistently welcome community members and clients into services with empathy, warmth, and compassion to ensure that the first point of service emphasizes safety and trust
- Administrative staff can ask clients if there's anything they need to help them be able to fully participate in the service or appointment, for example, bring in a support person, book an interpreter, any cultural practices the service provider needs to be aware of for the appointment

Health Inspectors or Enforcement

- Approach all operators from a perspective of what experiences they may have had in the past, understanding that emotional responses may be linked to previous experiences, and ensuring they are not re-traumatizing operators in interactions. Enforcement of health protection regulations is necessary, and messages can be delivered in a way that does not cause more harm

Health Promoters

- Ensure that health promotion messages are created using a lens of how residents may experience the message, ensuring they build trust, and do not stigmatize any populations or cause more harm
- Design engagement with partners, health and social service agencies to promote authentic trust-building,²³ centre community strengths and cultural safety, challenge oppressive structures,²⁴ and support healing centred approaches^{5,6}

Vaccine Administration

- Provide a warm welcome and ask questions like “is there anything you’d like to share with me about your previous experience with vaccines or needles?” and “what can I do to make this a more positive experience?”
- Allow choice and control when possible (e.g. which arm to administer vaccine into, gain consent before touching arm or sleeve)^{25,26}

Dental

- Be aware of how typical aspects of oral care may trigger traumatic memories (being reclined, not being able to speak) and inform client about each step in the appointment and solicit consent
- Ensure findings, options and recommendations are shared rather than imposed to provide a sense of control and ownership to build the client's confidence²⁷

Sexual Health/ Infectious Disease Management

- Review intake and screening processes to ensure questions are not likely to re-traumatize or stigmatize clients, and that clients are able to respond in a way that respects their privacy. If sensitive disclosures are made, offer validation, empathy, and acknowledgment of the disclosure²⁸
- Use trauma- and violence-informed communication methods when sharing diagnoses or other difficult information^{29,30}

Ontario Early Adversity and Resilience Framework Topic Summaries

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The strategic actions in this document are drawn from the *Ontario Early Adversity and Resilience Framework*, which includes actions originally adapted from *A Health Promotion Strategy to Prevent Adverse Childhood Experiences (ACEs) and Foster Resilient Children, Families and Communities* published by Fraser Health Authority, as well as additional actions included specifically for the OEAR framework and referenced therein.

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This topic summary was produced by members of the Public Health Ontario ACEs and Resilience Community of Practice, with contributions from collaborators and subject matter experts, to support implementation of the Ontario Early Adversity and Resilience (OEAR) Framework.

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