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Welcome to Fireside Chat #437
February 26, 2015 1:00 pm – 2:30 Eastern Time
(Teleconference open for participants at 12:50 ET)

Family Violence Prevention: Building Trauma-Informed Communities

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Art Fisher, Director, Family Service of Western Nova Scotia

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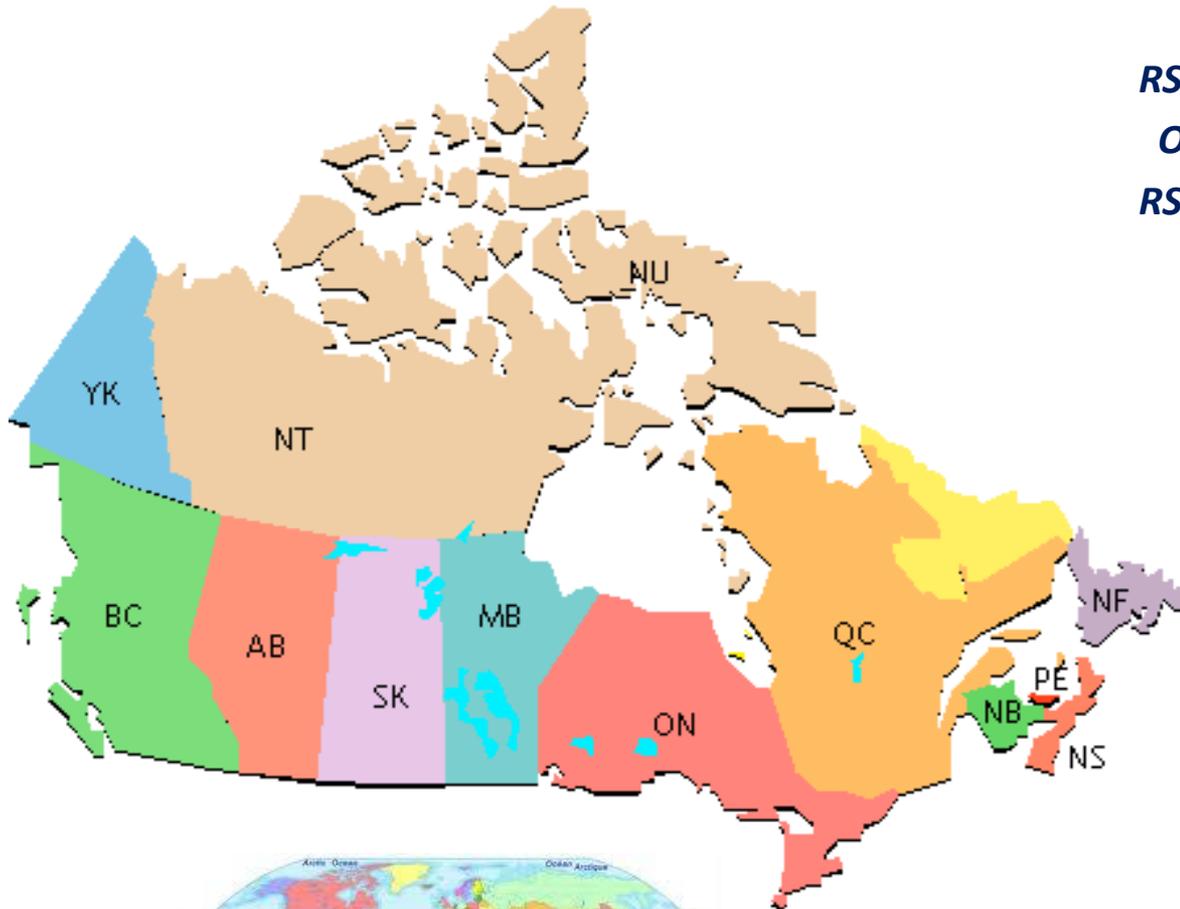


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Poll Question, Multiple Answer: *What is your role in relation to Family Violence Prevention?*

- Prevention Work
- Intervention Work
- Practice with diverse people across populations
- Practice primarily with one population
- Women's Services Work
- Men's Services Work
- First Nations Work
- Youth Work
- Community-based Management
- Government Management
- Social Work
- Public Health Work
- Addictions & Mental Health Work
- Policy
- Researcher
- Other

- Welcome by Public Health Agency of Canada, **Shannon Hurley**, Manager, Family Violence and Injury Prevention Unit
- Introduction of Presenters

The NSTIN Presenters

- **Nancy MacDonald**, Director of Family Service of Eastern Nova Scotia www.fsens.ns.ca and **Art Fisher**, Director of Family Service of Western Nova Scotia www.fswns.org are co-founders of the **Nova Scotia Trauma Informed Network**. For the past decade, they have been pioneering the development of a community-based approach to Trauma Informed practice in the context of Family Violence Intervention and Prevention.



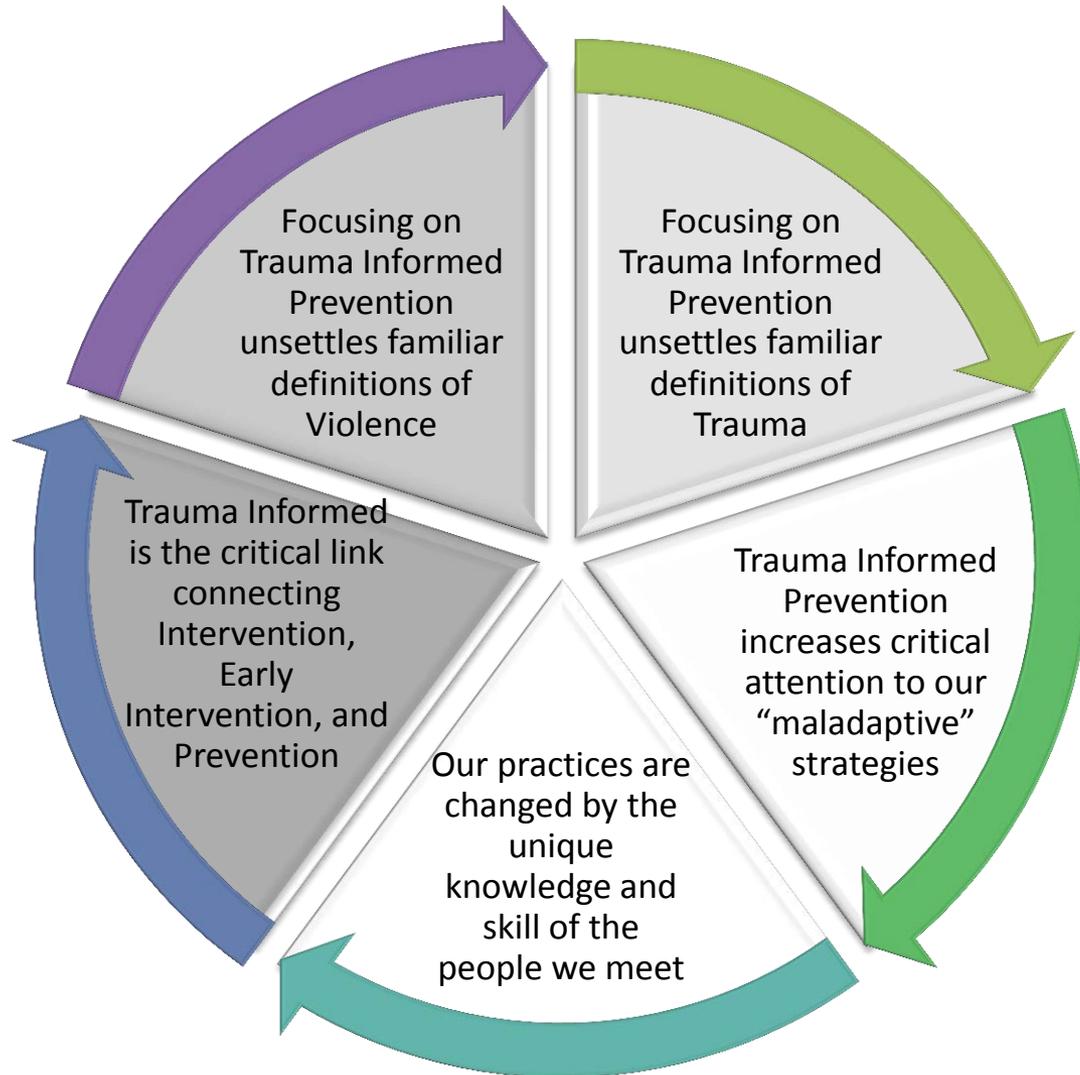
The NSTIN Presenters on *Trauma Informed Prevention*

- Our community-based Trauma Informed learning over the past decade has made it possible to link Family Violence Intervention with Prevention.
- The Nova Scotia Department of Community Services has funded (2014) a Prevention/Early Intervention/Intervention service delivery prototype housed at FSWNS in Lunenburg County. In the prototype, Family Violence Intervention & Prevention is embedded within a Preventive Community Capacity Building Youth Outreach, Family Support, and Community Hub coordination of local supports and services.
- The presenters have developed a two-day Trauma Informed Prevention training and this Webinar at the request of PHAC. The workshop assists practitioners, organizations, and government with implementing a Trauma Informed Prevention paradigm shift.

Poll Question, One Answer: *Where do you position yourself in relation to Trauma Informed practice?*

- This is my first Trauma Informed learning session
- I am becoming Trauma Informed
- My work has been Trauma Informed for some time now

Trauma Informed Prevention *philosophy*



1. Trauma Informed Prevention - the critical link connecting Intervention, Early Intervention and Preventive Supports

- Man (1) attends Trauma Informed Family Violence Intervention
- Man (1) refers Man (2) to Early Intervention
- Man (2) attends
- Man (2) refers Adult Son (3) to Early Intervention
- Adult Son (3) attends
- Adult Son (3) refers Partner (4) to Early Intervention
- Partner (4) attends
- Partner (5) of Man (2) attends
- Adult Son (3) and Partner (4) support their
- Children (6 & 7) by connecting with Prevention...



1.(a) Trauma Informed Prevention: Practice example

- Typically 70% of men accessing our Intervention Services every year disclose about experience of physical and sexual abuse in childhood/youth/adult life.
- “Inside the institution, you always needed to know what was going on around you 360 degrees. You always needed to know what was going on behind your back.”
- Trauma Informed Prevention invites us to not “profile” people, and to consider that more than one meaning may be made of “power and control” in Violence Intervention work.
- Trauma Informed Violence Intervention = Prevention

Text Chat: Question 1

1. Does using Trauma Informed practice linking Intervention with Prevention fit with your commitments in your work? If so, how?

2. Focusing on Trauma Informed Prevention unsettles familiar definitions of Violence

- On-going unaddressed unique experience of violence (Farmer, 2003), (e.g., further abuse, absence of inter-personal support, on-going systems violence, colonization...)
 - increase the likelihood of ongoing injury, and
 - increase the likelihood of this injury becoming overwhelming to the person,
 - may be much more overwhelming than any originating event.
- Violence isn't only in the past, or only an individual responsibility, or only accounted for with profiling of populations.

2.(a) Unsettling familiar definitions of Violence: Practice example

- Trauma Informed Prevention is at the same time “Violence Informed” (Smye, 2013)⁴ at three levels
 - 1) Intra-personal (e.g., the person’s response to self)
 - 2) Inter-personal (e.g., the person’s response to the violence of others in relationship), and,
 - 3) Structural (e.g., the person’s response to systems violence within the community’s capacity to provide support).
 - Trauma Informed practice has been largely developed within a individualized model of Health that tends not to attend to ongoing structural violence and colonization.

Text Chat: Question 2

2. Is it important in your work that Trauma Informed practice responds to people's experiences of systems violence and on-going colonization?

3. Focusing on Trauma Informed Prevention unsettles familiar definitions of Trauma

- This Webinar develops a community-based definition of Trauma as personal, social, and collective/cultural response to violence experienced at personal, interpersonal and structural levels (Smye, 2014; Varcoe, 2014).
- Burstow (2003) in Toward a radical understanding of trauma and trauma work: “Trauma is not a disorder but a reaction to a kind of wound. It is a reaction to profoundly injurious events and situations in the real world, and indeed a world in which people are routinely wounded.”
- Linklater (2014) in Decolonizing Trauma Work: Indigenous Stories and Strategies, “Trauma refers to a person’s reaction or *response* (emphasis added) to an injury. ...Trauma is also intergenerational and multigenerational... Multigenerational trauma points to the multiple types of trauma understood as current, ancestral, historical, individual or collective experience.” (pp.22-23)

3.(a) Unsettling familiar definitions of Trauma: Practice example

- We are resisting the familiar Trauma Informed individualistic model that locates Trauma
 - only in relation to past events and,
 - only in relation to perceived “impact” and,
 - only in relation to perceived resulting “maladaptions” within the individual person.

Text Chat: Question 3

3. There is more than one version of Trauma Informed practice. Is a Trauma Informed practice that honors the knowledge and skill of peoples' *responses*, to interpersonal and structural violence, seem like a relevant approach in your work?

4. Trauma Informed Prevention increases self-critical attention to our “maladaptive” strategies

- Linklater (2014) in Decolonizing Trauma Work: Indigenous Stories and Strategies:
 - “The aim of psychiatry is to identify and treat mental disorders.
 - Unfortunately, this has often resulted in pathologizing the experiences of Indigenous peoples who may be responding to colonization.
 - And more so, psychiatry was part of the colonial assault.” (p.101).

4.(a) Increased attention to our “maladaptive” strategies, and, people’s strengths: Practice example

- To unsettle normalized practices of colonization within the helping professions, we want to invert the familiar assumptions of Health and Human Services:
- We want to locate
 - (a) ‘maladaptive strategies’ within our dominant helping systems, and
 - (b) response knowledge and skill within the individuals, families and communities seeking our support (Fisher & MacDonald, 2015).

Critical Reflection: Question 4

4. Could locating 'maladaptive strategies' with our well-intended helping systems, and locating response knowledge and skill with the individuals, families and communities seeking our support, be a helpful strategy in your work?

5. Our practices are changed by the unique knowledge and skill of the people we meet.

- Linklater (2014):
 - “It is imperative that approaches discussed here are not interpreted as a pan-Indian practice template. ...There simply is not a melting pot of traditions among Indigenous nations.” (pp.158-159)
 - Trauma Informed Prevention is transformed every day by honoring the unique knowledge about life, and skill at responding, of the person we are consulting.

5.(a) Our practices are changed by the unique knowledge and skill of the people we meet:

Practice example

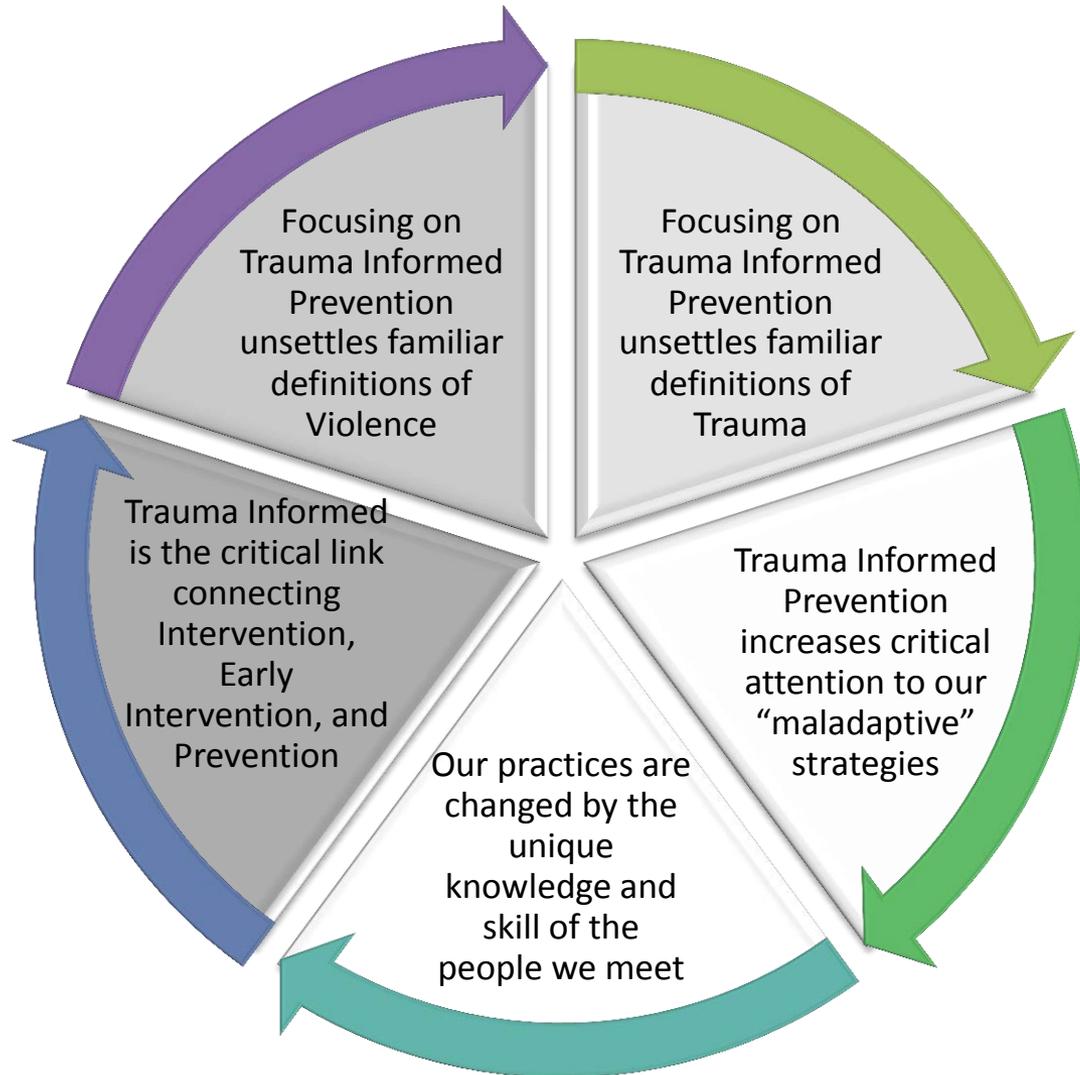
- Eva Sophia Myers (2010) “So what you are saying then, is that this person, is the only person in the world, who can answer these questions.”

Critical Reflection: Question 5

5. Trauma Informed competency promises not to re-traumatize. Based on your experience, can you identify ways that Trauma Informed practice may re-traumatize while promising not to?

Trauma Informed Prevention *practice*

2-Day Workshop



The NSTIN 2-Day Workshop: *Preventing Family Violence by Building Trauma Informed Communities*

- The workshop builds on the Preventive prototype service delivery framework we have been developing in Nova Scotia, and the knowledge and skill of workshop participants, to create an invigorating two-day practice-based exploration of Trauma Informed Prevention.
- Building on examples from Art and Nancy's work and the everyday practice of participants, the workshop offers large and small group sessions translating Trauma Informed Prevention principles into our everyday conversations, and, translating the knowledge that exists within our communities - about violence and trauma - into collective personal, inter-personal, and community change.
- The workshop extends our community capacity to link Preventive supports together with Early Intervention and Intervention Services, and mitigate on-going forms of individual, relational, and structural inequities experienced by diverse children, youth, adults, and families.

Selected Bibliography 2-Day Workshop

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Text Chat: Closing Question Session

- Questions
- Thank You from the Facilitators
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