Family Violence & Family Law Brief

Trauma-Informed Approaches to Family Violence in Family Law

Issue #7 | *September 2021*

This Brief was prepared by the Atlantic Research Team of the *Supporting the Health of Survivors of Family Violence in Family Law Proceedings* project and the Muriel McQueen Fergusson Centre for Family Violence Research (MMFC) on behalf of the Alliance of Canadian Research Centres on Gender-Based Violence.

The MMFC is based at the Faculty of Arts, University of New Brunswick, Fredericton, New Brunswick, Canada, on the traditional and unceded territory of the Wolastoqiyik, Mi'kmaq, and Peskotomuhkati peoples.

Design

Karla O'Regan, based on Natalia Hidalgo, Communications Coordinator at the Centre for Research & Education on Violence Against Women & Children

Translation

Text in Context Translation
www.textincontext.ca

Share Your Feedback on This Brief

Use the following link to share feedback about this Brief or suggestions about future resources:
https://uwo.eu.qualtrics.com/jfe/form/SV_agXAIZkeU6LFsUu

Join us

Email us if you would like to receive information about future resources and webinars: crevawc@uwo.ca for the pan-Canadian activities and FVRC@unb.ca for the activities in the Atlantic region.

Supporting the Health and Well-being of Survivors of Family Violence

The family court system presents many challenges for survivors of family violence. Many of the parties are self-represented, in need of protection, and dealing with multiple legal matters at once, such as child custody or protection orders, criminal court proceedings, landlord and tenant tribunals or immigration hearings. The school system adds a further layer that can complicate the family court experience for survivors, along with the many interventions of social services agencies that work to address mental health, substance abuse, and trauma-related issues. These overlapping processes create delays and confusion, further exhausting the emotional and financial resources of families. Moreover, research has shown that the disconnect between these legal systems can be a dangerous one for family violence survivors, distancing them from the supports and protections they need and putting them at greater risk of future violence (Martinson & Jackson, 2016).

Supporting the Health of Survivors of Family Violence is a project aimed at dismantling the "separate silos" approach to family violence (Birnbaum et al., 2014). Funded by the Public Health Agency of Canada, the project creates five regional Communities of Practice (CoP) through the Alliance of Canadian Research Centres on Gender-based Violence. Each CoP will bring together survivors, researchers, legal practitioners, health and social service providers and other key stakeholders in the family law and family violence sectors to foster cross-sector communication and collaboration, developing multi-disciplinary best practices and evidence-based policy to address pressing issues of health and safety for survivors of family violence in Canadian family court systems.

"In this Brief"

The Hidden Epidemic of Trauma

Trauma is understood as both an event and a *response* to an event that has an immediate and lasting impact on the physical, emotional, and mental health of survivors. Trauma can result from a single incident (acute or "Type 1" trauma) or a repetitive pattern of abuse over a long period of time (complex or "Type 2" trauma), often experienced in childhood (Soyer; 2018; Terr, 1991). Research has also identified vicarious forms of trauma, such as secondary victimization, as well as historical and intergenerational trauma, including the increased vulnerability to post-traumatic effects that collective experiences of trauma create (Bombay, et al, 2009).

The negative impacts of trauma on both individual and population health have been well documented, including links to cancer, heart disease, diabetes, chronic pain, liver disease, and obesity (Barber, 2016; Fuller-Thomson et. al, 2010; Fuller-Thomson & Brennenstuhl, 2009; Levine, Varcoe & Browne, 2021). The social and economic costs associated with trauma are extraordinary, with an *annual* estimated cost of $51 billion in health care, lost productivity, and quality of life reductions associated with mental illness and addiction alone (CAMH, 2021). Moreover, these costs are only expected to increase. A study released by the Mental Health Commission of Canada in 2011 projected that within a generation, more than 8.9 million Canadians will be living with a mental illness (Smetanin et al., 2011).

"Unaddressed trauma worsens quality of life, makes it hard to rise out of poverty by posing barriers to success at school and work, and raises the likelihood of aggressive behavior. In this way, untreated trauma… feeds the cycle of poverty and violence." (Buitrago, et al., 2017, p. 1)

The heavy burden of trauma is not, however, borne equally. Its effects are influenced by a complex array of factors, not least of which is the lived experiences of survivors. Research has shown that exposure to traumatic events is disproportionately higher among individuals on the basis of socioeconomic status and race (Assari, 2020), sexual orientation and gender identity (Sheer et al., 2020), and immigration status (Desiderio, 2020; Saunders et al., 2020). Prevalence rates of post-traumatic stress disorder (PTSD) have been found to be higher among lower income households and immigrants from minority groups (Davison et al, 2021). Importantly, how an event is labelled or assigned meaning – by the survivor and others, including social institutions – can compound its traumatic effects (Scheer et al, 2020).

This has led researchers to describe trauma as a "hidden epidemic" and public health concern in both Canada and abroad (Lee et al, 2021). Much of the recent statistical data supports this claim. Self-reported data suggests the percentage of Canadians who have experienced victimization or exposure to trauma is as high as 76% (Cyr, 2013; Lee et al, 2021). Internationally, Canada is fairing worse than most. A 2016 study

The Three "E's" of Trauma

Events of physical or psychological harm, including threats, violence, life-threatening neglect, or exposure thereto. These events may be the result of a single occurrence or a repetitive pattern of exposure over a long period.

The effects of trauma have been found to be long-lasting and detrimental to physical, emotional, and mental health, including decreased cognitive abilities (like memory, attention, and emotional control) as well as increased anxiety and levels of mistrust.

The individual's experience of a trauma is a critical part of assessing its impact. How an event is labelled or assigned personal or cultural meaning (e.g. blaming/shaming) can compound its traumatic nature.

(Adapted from SAMHSA, 2014a)

of national rates of PTSD found that Canada had the highest prevalence rate of lifetime PTSD among 24 countries and 7 continents (Dückers, et al., 2016). Statistics Canada data released in 2020 showed an increase in the overall volume and severity of violent crime for the fifth consecutive year (Moreau, et al., 2020). In more than one-quarter (26%) of these cases, the violence was committed by a family member of the victim, pointing to another "hidden" crisis in Canada – family violence.

Trauma & Family Violence

Experiencing and witnessing interpersonal violence is a leading cause of complex trauma and has been associated with poor physical and mental health, substance abuse, eating disorders, and poverty (SAMHSA, 2014b). When violence is perpetrated within relationships of care, its negative effects are compounded by issues of identity formation. Judith Herman, a pioneer of trauma research, characterized this as one of

complex trauma's central traits: "While the victim of a single acute trauma may say she is 'not herself' since the event, the victim of chronic trauma may lose the sense that she has a self" (1992, p. 385).

> *Although the history of modern trauma research is often traced to military labs in the aftermath of WWI, feminist investigations into the impact of sexual and domestic violence have shown "that the most common posttraumatic disorders are not those of war but 'of women in civilian life'"* (Gerber & Gerber, 2019, p. 4).

Like other forms of trauma, family violence is disproportionately suffered by women and gender minorities, older adults, Indigenous people, and the differently abled (Cotter, 2021; Heidinger, 2021; Jaffray, 2021a; Jaffray, 2021b; Savage, 2021). Conditions during the COVID-19 pandemic have increased many of the risks of family violence worldwide. Several countries, including China, France, Italy, and Spain, have reported increases in reports of domestic violence during the pandemic, with Brazil estimating a spike as high as 50% (Campbell, 2021). Canada's rate of police-reported family violence in 2019 increased for the third consecutive year (Conroy, 2021). So, too, did family violence against children and youth, of which the youngest victims (i.e. aged 5 and younger) suffered the highest proportion (71%) of reported family violence (Conroy, 2021). This has prompted many researchers to raise concerns about the lasting impact of family violence on these vulnerable groups, calling particular attention to the importance of trauma- and violence-informed practices for children and youth (Campbell, 2020; Humphreys, Myint & Zeanah, 2020).

Defining Family Violence

There are many different ways in which family violence is described, whether that be in practice, literature, or everyday life. An oft-cited example is section 2(1) of the *Divorce Act*, which defines family violence as:

"any conduct, whether or not the conduct constitutes a criminal offence, by a family member towards another family member, that is violent or threatening or that constitutes a pattern of coercive and controlling behaviour or that causes that other family member to fear for their own safety or for that of another person."

This includes physical, sexual, psychological, and financial abuse, as well as threats and harassment. There are also various sub-definitions within the concept of family violence, all of which are defined independently. These include domestic violence (DV), gender-based violence (GBV), and intimate partner violence (IPV). A more in-depth look at each of these terms can be found in Issue 1 of the *Family Violence & Family Law Brief* series (p. 6).

Population in Focus: Children & Youth-at-Risk

While family violence typically occurs in the privacy of the home, its impact on youth has been well-documented and studied, particularly in the context of Adverse Childhood Experiences (ACEs) and the effect these experiences have on a young person's physical and mental health, academic success, and social cohesion. Public Health Ontario (PHO) identifies ACEs as "potentially traumatic events, such as emotional, physical or sexual abuse experienced in the first 18 years of life" (PHO, 2020).

Defining Youth-at-Risk

The term "youth at-risk" is defined by various agencies and researchers in differing ways, with the vagueness of the term begging the question: at risk of what? In practice, youth at-risk (YAR) refers to young people who are subject to factors which have been linked to a difficult transition into successful adulthood. YAR may have difficulty achieving financial independence and job readiness as adults, thereby potentially creating further challenges, such as homelessness and poverty. Family violence is another important risk factor. Children who have been exposed to interpersonal violence have been shown to be at a higher risk of developing anxiety and depressive systems, exhibiting hyperactivity and aggression, and having both social and emotional impairments and poorer cognitive outcomes (Berg et al., 2020). Research has also consistently correlated these factors with crime (Reid, 2010). It is projected that more than a quarter of children will bear witness to family violence by the age of eighteen (Berg et al., 2020)

Such events can have negative and long-lasting effects on health and well-being (Sacks, Murphey & Moore, 2014). Many examples of ACEs are common within the family violence context, including emotional, physical, or sexual abuse, neglect, parental substance abuse, and exposure to intimate partner violence (IPV). Researchers have also argued that poverty can itself constitute an ACE (PHO, 2020; Hughes & Tucker, 2018). ACEs are a key source of complex trauma in children and youth. Children in care have a particularly high prevalence rate of ACEs and exposure to family violence.

Often, children and youth enter the care system as a result of abuse or neglect and the process and very circumstance of state wardship is itself traumatic (Middleton et al., 2019). Studies have found that while the general diagnosed mental health condition rate for the child population at large is approximately 14%, the prevalence among children in care is much higher, with reported rates between 32-46% (Underwood, 2011). This harm is exacerbated for Indigenous children and youth who are overrepresented in care systems, namely in child welfare reports, investigations, and out-of-home care placements (Caldwell & Sinha, 2020). A literature review of the state of child welfare at the onset of the pandemic showed that "children in care are at a heightened risk of harm from not only the current COVID-19 pandemic, but in most cases, from government policies being implemented to contain the epidemic" (Sistovaris et al., 2020, p. viii).

For children and youth with trauma histories… the brain and body have already lived through 'worst case scenario' situations, know what it feels like and are hell-bent on never going back there again. The fight/flight/freeze response goes into overdrive. It's like living with a fire alarm that goes off at random intervals 24 hours a day. It is extremely difficult for the rational brain to be convinced 'that it won't happen' because it already knows that it has happened, and it was horrific."
(Peterson, 2018 as cited in Vezina, 2020, p. 174)

The Impact of COVID-19 on Children and Youth

While the COVID-19 pandemic has been viewed as a traumatic experience in its own right, it has also exacerbated the risk of childhood trauma. Government restrictions and lockdowns during the pandemic dramatically altered the everyday routines of children around the world, causing "isolation, worry, loneliness, and uncertainty about the future" (Mulholland & O'Toole, 2021, p. 1). This instability will also have the effect, for many children, of dismantling coping mechanisms for pandemic-related trauma. Research of past disastrous events shows that one of the key factors affecting a child's response to trauma is the stability of a day-to-day routine (Phelps & Sperry, 2020). The destabilizing impact, for instance, of Hurricane Katrina, the 2005 hurricane that devastated New Orleans and surrounding area, worsened pre-existing problems for affected children (Phelps & Sperry, 2020). Stress-induced reactions have also been shown to compound trauma for children who have already suffered ACEs and COVID-19-related uncertainty may further trigger anxiety responses in these groups (Collin-Vézina, Brand & Beeman, 2020).

> *"There are children in Canada's child welfare system who can't count the number of homes they have been in… Kids always hear the phrase, 'the placement didn't work out'. You're already often coming from a family on social assistance or with addiction or abuse issues. Then you're just bounced around and never really told why and it perpetuates feelings of shame and worthlessness" (Treleaven, 2019).*

What is more concerning, however, is that the pandemic has placed children and youth at higher risk of exposure to family violence. Since the beginning of the pandemic-related lockdown, there has been a rise in rates of both domestic violence and alcohol consumption, increasing children's risk of exposure to violence (Mulholland & O'Toole, 2021). School closures have "not only denied children of their right to education, but also their access to a place of safety, security, and connection" (Mulholland & O'Toole, 2021, p. 1). Schools are also a particularly crucial site of meaningful intervention in trauma-informed care and practice (Berg et al., 2020). Teachers especially benefit from training on how to respond to children who have been exposed to ACEs, such as family violence, in a trauma-informed way (Mulholland & O'Toole, 2021). This is because, while educators often have no formal mental health training, they are among the most trusted and stable individuals in a child's life, particularly when that child lacks stability at home. Pandemic-related closures have thus left "children suffering violence at home or online fall[ing] further from help, especially as they become cut off from teachers, social service workers and other key forms of support" (UNICEF, 2020).

Similar concerns have been raised in the American education context as well. While schools have made online academic instruction a high priority, school-provided behavioural and mental health supports have often ceased being offered, even in online formats (Phelps & Sperry, 2020). The lack of these services contributes to the cumulative traumatic effect of the pandemic for many children, increasing their chances of developing poor mental and physical health conditions and creating what some researchers have described as a "context for child neglect" (Bérubé, et al., 2021). For many researchers, these effects of COVID-19 have resulted in a renewed and widespread imperative to maintain and strengthen trauma-informed practices and policies (Collin-Vézina, Brand & Beeman, 2020).

Defining Trauma-Informed Practice

Practices and services can be described as "trauma-informed" when they are developed and delivered with an understanding of trauma and its impact on survivors. Trauma-informed approaches emerged alongside research demonstrating the widespread nature and lasting effects of trauma (Sweeney et. al, 2018). Importantly, trauma is understood as both an event and a response to that event, therefore trauma-informed practices need to be flexible and responsive to the complex needs of survivors as they develop. Unlike *trauma-specific* services, trauma-informed practices are not designed to treat the symptoms or syndromes related to victimization. Instead, a service or program is trauma-informed because of the *way* it is delivered, i.e. with a principled understanding of the role that violence plays in the needs and lived experiences of trauma survivors. This is sometimes made explicit with the expanded term "trauma- and violence-informed", a linguistic turn which has been described as "an important change… which underscores the connections between trauma and violence" (PHAC, 2018).

Trauma-and-Violence-Informed-Practice

In recent years, there has been a shift in language from "trauma-informed" to "trauma and violence-informed" practice (Ponic, Varcoe & Smutylo, 2016). This is more than just a change in terminology, but a recognition of the significant link between violence and negative health outcomes and behaviours (PHAC, 2018). These include substance abuse, poverty, and poor mental health (Wathen & Varcoe, 2021). A more expansive understanding of the experience of violence better recognizes that there can be a cultural dimension to violent trauma. Often, as is the case with residential school survivors, systemic violence can be intergenerational and linked to "broader historical contexts" (Ponic, Varcoe & Smutylo, 2016). Additionally, a more violence-centred approach is better equipped to tackle the gendered nature of violence: women are the overwhelming victims of family violence, while men are its most common perpetrators.

A "trauma and violence-informed" approach helps to put emphasis on a person's experiences of violence as the cause of the trauma and "avoids seeing the problem as residing only in an individual's psychological state" (Ponic, Varcoe & Smutylo, 2016). This also helps to ensure that service providers do not re-traumatize victims of violence – those who do not understand the "complex and lasting impacts of violence and trauma" may do just that (PHAC, 2018).

The adoption of a trauma-informed approach represents a "profound cultural shift" in which the conditions and behaviours of survivors "are viewed differently, staff respond differently, and the day-to-day delivery of services is conducted differently" (Jennings, 2008: 9). The aim is to create spaces and processes that increase feelings of trust and safety. Most importantly, the use of a trauma-informed approach is about reducing the re-victimizing experiences, procedures, attitudes, and stereotypes that so many trauma survivors face when seeking support.

> The fundamental shift to providing support using a trauma-informed approach is to move from thinking "What is wrong with you?" to considering "What happened to you?"
> (Sweeney et al., 2018).

Guiding Principles of Trauma-Informed Practice

The feelings of confusion, intense fear, and helplessness that trauma survivors experience inform the crux of trauma-informed practice. It is specifically designed to avoid triggering these responses and re-victimizing survivors. This requires being informed, in the first instance, about the nature, history, and current forms of victimization that specific survivors have experienced. More importantly, it comes with an imperative to increase awareness and education about trauma in general, including the significance of historical, systemic, interpersonal, and intergenerational forms of violence. Survivors will develop a wide array of adaptive responses and coping strategies, some of which have negative health and behavioural outcomes (e.g. substance abuse). Staying informed about these responses to violence and their lasting impact on survivors' lived experiences is essential to trauma-informed practice.

"Trauma-informed practice does not require becoming a health expert, psychologist, or therapist. At the most basic level, becoming trauma-informed means that you are aware of the impact of trauma on the brain and body and that you actively implement strategies to avoid exacerbating trauma-related problems." (Wong, 2020, p. 8).

Trauma-informed approaches are guided by a set of principles attributed to clinical psychologists Maxine Harris and Roger Fallot, who outlined five central tenets of trauma-informed practice in their seminal text, *Envisioning a Trauma-Informed Service System: A Vital Paradigm Shift* (2001), namely: safety, trust, choice, collaboration, and empowerment. Recently, practitioners have been encouraged to approach trauma-informed care with a sensitivity to its gendered and cultural context. This imperative to consider how the experience of trauma is shaped by the intersecting social and historical identities of survivors has led to the addition of a sixth guiding principle of trauma-informed practice, identified here as intersectionality.

GUIDING PRINCIPLES OF TRAUMA-INFORMED PRACTICE

(adapted from Harris & Fallot, 2001; SAMSHA, 2014)

SAFETY

Prioritize survivors' safety needs and concerns. Design spaces and procedures that help people feel emotionally, culturally, and physically safe. Watch and listen for non-verbal signs of distress.

TRUST & TRANSPARENCY

Provide clear and consistent procedures and timelines. Conduct decisions with honesty and transparency. Support survivors with accurate information and reliable follow-up. Build trust with open communication and respected boundaries.

COLLABORATION

Everyone has a role to play in a trauma informed approach! Place the importance on partnerships and share the power. Peer support and mutuality are key components of healing relationships.

CHOICE & EMPOWERMENT

Return choice and control to survivors. Provide a platform for safe and informed decision-making and empower silenced voices to be heard. Model self-care. Support self-advocacy as healing.

INTERSECTIONALITY

Recognize how the experience of trauma is shaped by the intersecting social and historical identities of its survivors. Contest stereotypes and bias and listen for alternative narratives. Create space for survivor-defined practices and build cross-sector advocacy relationships.

Applications for Family Violence & Family Law

Trauma creates feelings of intense fear, helplessness, confusion, and a loss of control which can have harmful and enduring effects on "a person's sense of safety, sense of self, and ability to regulate emotions and navigate relationships" (CAMH, 2021). Research shows that these responses can be exacerbated by the procedures and policies of the legal systems that survivors of family violence must navigate (Nonomura et al., 2021; Saxton et al., 2021).

This is distressing for several reasons, not least of which is the disproportionately high number of litigated family disputes involving allegations of family violence (Sheehy & Boyd, 2020). More alarming, however, is that the vast majority of family violence remains unknown and unreported. According to self-reported victimization data collected in 2014, 70% of victims of spousal assault did not report the offence to police, most often citing a belief that the matter was private and/or "not important enough to report" (Burczycka, 2016). The value of adopting trauma-informed principles in systemic ways is that trust and safety can be built in collaboration with survivors at all stages of the family law and criminal justice processes. This requires an "all hands on deck" approach to raising awareness about trauma and violence-informed practice, highlighting the needs of the most vulnerable and extending trauma-informed care out to the first points of contact for survivors of family violence.

"It stripped me of any kind of strength that I had or courage that I had and put me back into that weak position that I was in when I was in the heart of a very abusive relationship. I was right back there. Instead of being put in a place of strength and feeling supported, I was getting abused all over again. And this time it was legal. And this time my ex was able to sit in the chair opposite me and watch it happen."
(as cited in Carman, 2020)

Children & Youth

The existing literature on trauma-informed practice focuses heavily on providing trauma informed support to children and youth. This is for good reason – traumatic childhood events can have life-long consequences for those who experience them (Jeske & Klas, 2016). Recognizing the long-term effects of childhood exposure to family violence, trauma-informed approaches to the provision of a wide array of services to children and youth most affected has been growing in popularity (Collin-Vézina, Brand & Beeman, 2020). This includes schools, the healthcare sector, child protection and mental health services, community organizations, and the many branches of the legal system. Not only do professionals working in these sectors benefit from trauma-informed training, but applications of its core principles of trust and collaboration can lead to creative and empowering approaches to trauma and violence.

Finding ways to bring the voices of children and youth to the table is critical to developing policies and practices that speak to their lived experiences. This was the conclusion of a recent Québec study that asked young people who had been exposed to IPV during their childhoods or adolescence to reflect upon its influence on their lives (Lessard et al., 2021). Participants identified multiple forms of victimization (also known as polyvictimization) experienced over the life course, including a number of factors which influenced its impact, such as frequency and perceived abnormality of the violence. Lessard et al. (2021) note how useful these accounts are in "understanding how intervention and prevention programs could be better adapted to the experiences of young people exposed to IPV" (p. 102).

Regional Research Spotlight

Two current projects in the Atlantic region develop trauma-informed practices within the correctional setting to address the lasting impacts of ACEs. Both projects are conducted by Dr. Susan Reid through the Centre for Research with Vulnerable Women and Youth (CRVWY) at St. Thomas University.

Trauma to Strength is a study on the polyvictimization of incarcerated women, exploring the strong correlation between incarceration and exposure to ACEs, including family violence and other traumatic life events. The study has been developed collaboratively with women offenders who provide reflection and re-storying of their life histories, using a trauma-informed and gender-responsive approach. Through online modules, workshops, and gatherings, the women participants are learning to better understand the impact that trauma has had on their lives.

Playing Away with Mom is a study that explores the benefits of video conference playdates between incarcerated mothers and their pre-school children. This creates several benefits for both mother and child. The preparation for and experience of the playdates allow mothers to build positive parenting skills and goals. For the children, a stronger mother-child bond may ameliorate some of the adverse consequence brought about by separation due to maternal incarceration.
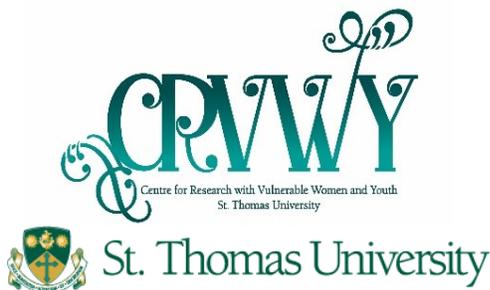
Trauma-Informed Law

The need for a richer and applied understanding of trauma within the practice of law has been well documented (James, 2020; Neilson, 2020; Nonomura, 2021). Sadly, it is rooted in the revictimizing experiences that survivors of family violence have with criminal justice and family law systems. Research has identified several problems, and they are wide-ranging, from the chronic under-funding of legal aid programs (Lee & Backes, 2018) to trauma-insensitive police practices (Gezinski, 2020) and statutory interpretations, such as the use of anti-absconding provisions in the *Criminal Code* (s. 545(1)) to incarcerate sexual assault complaints, as was done in a 2015 Alberta sexual assault trial where the complainant was ordered to testify in shackles (Alberta Justice & Solicitor General, 2018; CBC, 2018; Ibrahim, 2021). These retraumatizing experiences serve to discourage reports of family violence, incentivize dropped legal actions, and impede the ability of survivors to leave abusive environments and seek help.

A trauma-informed approach to law creates the imperative to *rethink* the processes and protocols that have gained a customary or unquestioned status. Developing new frameworks for understanding conventional concepts is key to reconfiguring family law and criminal justice systems to better suit the needs of trauma survivors. Researchers, for example, have called for revised definitions for many of the central terms that govern child welfare determinations, such as "neglect", arguing for a reconceptualization that considers the law's colonial paradigm and the country's overrepresentation of indigenous children in care (Caldwell & Sinha, 2020).

This points to the need for family law practitioners to receive training which his inclusive of culturally safe practices. Indigenous, newcomer, and 2SLGBTQIA+ (two-spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and others) clients have intersectional identities and inter-generational trauma which make the immediate crisis of family violence more complex.

Want to learn more? Watch the past **webinar:** *2SLGBTQ+ Inclusive Trauma-Informed Care* hosted by the Violence Against Women Learning Network & Knowledge Hub on May 18, 2021.

Trauma & Legal Practice

The implications of understanding trauma from the point of view of family law is clear. Credibility of witnesses is generally gaged around the capacity to recall detail, to form a consistent and chronological narrative, and to maintain an appropriate (i.e. relatable) level of emotion in the recounting of events. Clients who change their narratives, remember things later, have a lack of affect in their presentation or, on the other hand, express rage or laughter, are all vulnerable to being discredited (Belknap, 2010). Survivors are expected to be able to function as if they had not experienced trauma while perpetrators have the advantage of being able to craft their narratives from a properly cognitively functioning brain. Perpetrators also operate from positions of greater control and power and are thus in better positions to make strategic choices. Research has shown how perpetrators engage in **systems abuse**, "manipulat[ing] legal, administrative and/or welfare systems in order to exert control over, threaten or harass a current or former partner" (Reeves, 2020, p. 92).

First Responders to Family Violence

The police, social workers, and transitional housing counsellors are most often the first point of disclosure or contact for survivors of family violence. The interventions of these agencies are aligned in their initial priority: to ensure survivors of family violence are safe. This will sometimes include no-contact orders, peace bonds, and the establishment of safety plans. When family law lawyers become involved after these "first responders", a clearer narrative has sometimes been developed around family violence that can assist in establishing the survivor's credibility.

When family law lawyers *are* the first responders, their position is far more complex. The trauma experienced by survivors of family violence can compromise their ability to navigate the expectations of the family court system. Family law lawyers must be able to identify traumatized clients and support them in seeking appropriate professional help to mitigate the trauma they have already experienced. This may include support to find transitional housing, but it also may involve helping them ensure that they and their children are safe when filing custody applications. Lawyers should have a network of other professionals who can fills these gaps.

As lawyers become more aware of the potential harm that comes from crafting narratives that cast their clients into hardened identities of perpetrator and survivor, they can begin to shift toward a more collaborative process. This need not involve face-to-face meetings between the parties. Conversations between lawyers where they are able to express, without prejudice, the flags and concerns that they see in their respective positions can help to proactively identify and assess safety risks for families suffering from domestic

Remember, applying a trauma-informed approach to legal practice begins with you: the law student, the lawyer, the judge, the legal educator. Critically self-reflect on your relationship to control, trauma, emotional expressions and processes. Creating a trauma-informed approach to legal practice will require your intentional commitment to do no further harm to those who cross your professional path (Wong, 2020, p. 11).

violence. If lawyers are focused on fair and safe outcomes for their clients, they will be more likely to find ways of discerning better outcomes. Trauma-informed principles improve practitioners' compassion and competence.

Trauma & Legal Education

Research has shown that lawyers can experience **secondary** or **vicarious trauma** when working on cases involving family violence (Moghadami, 2021). Apart from engaging with clients who have experienced trauma, lawyers often need to read and listen to graphic descriptions of violence, research details of abuse, and closely examine photos and evidence of injuries. A recent study of PTSD symptoms among Canadian lawyers found that those who were exposed to aversive details about trauma during the course of their work were at an increased risk of developing PTSD (Leclerc, Wemmers & Brunet, 2020). Lawyers working in family law have been found to be at a higher risk of secondary trauma given the interpersonal, emotional, and often painful events at issue (Morgillo, 2015; Katz & Haldar, 2015). These indirect forms of trauma are given little recognition in the legal profession, despite the reported prevalence of family violence in the cases handled by lawyers (21.7%) and judges (25%) (Cross, et al., 2018). Instead, a "conventional approach to trauma in the legal profession is to deny the problem and assert that lawyers should get used to it, be resilient, toughen up or 'grow a thick skin'" (James, 2020, p. 276).

Rising awareness about trauma and its negative health outcomes has given rise to a call for the inclusion of trauma-informed practice in standard law school curriculum (Carnes, 2017). This will provide lawyers with the skills needed to respond to the trauma of their clients, but also to help them identify modes of self-care to address the more indirect forms of victimization (Craig & van Mook, 2020). Unaddressed vicarious trauma can provoke painful emotions and violent images that become associated with personal traumatic memories, sometimes disrupting core senses of trust, safety, control, esteem, and intimacy – all of which can affect a lawyer's competence (Katz & Halder, 2016).

TRAUMA-INFORMED LAWYERING

Former prosecutor and Indian Residential School adjudicator, Myrna McCallum, explores the role of trauma-informed practice in law in her podcast *The Trauma-Informed Lawyer*, streaming on CBC. McCallum and her guests examine trauma-informed lawyering as a "do-no-further harm, relational approach to the practice of law which benefits not only clients, but the lawyers and firms supporting these clients" (CBA, 2021).
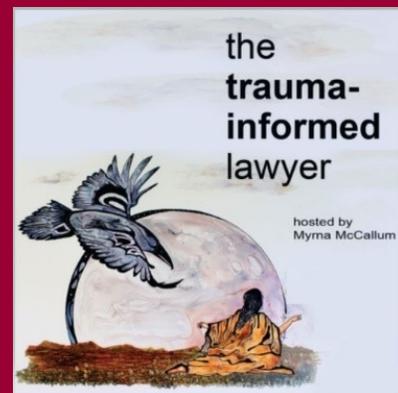

Image: *Lunar Messenger* by Colleen Gray

SIGNS of VICARIOUS TRAUMA

Lawyers experiencing vicarious trauma may adopt certain mental frameworks or cognitive distortions, particularly when working with clients who have experiences of trauma. Some of the signs of vicarious trauma can include:

- **All or Nothing Thinking**: People, events, and relationships are all good or all bad (no grey).
- **Should-ing or Must-ing**: Unreasonable/inflexible rules or expectations (for oneself or others).
- **Tunnel Vision**: Limiting a view of an issue/event to only one aspect or perspective.
- **Minimizing or Magnifying** a single trait or event, including "catastrophizing" or having an overly pessimistic outlook
- **Personalization**: Assuming blame or responsibility for outcomes outside one's control; characterizing setbacks as personal failures
- **Overgeneralizations**
- **Jumping to Conclusions**   (Adapted from Moghadami, 2021)

Bridging the Gap – Communities of Practice

Communities of Practice (CoP) are a form of social learning. A CoP is a group of people with a shared interest or concern that work collaboratively to investigate problems, develop solutions, and share what they've learned across their fields of expertise. They are cited as a "best practice" in multiple fields, including those which endorse trauma-informed practices. The capacity of CoP's to create shared reflective space in which new ideas can take shape is often cited as a means of stimulating systemic change (Bopp et al., 2016). Within the context of domestic violence, CoP's have been formed as a way of addressing a "lack of practitioner capacity to practice primary prevention" (Claussen et al., 2017, p. 2). CoP's create the opportunity to connect practitioners with field-related research that can be applied to their work and client contexts. Integrating this knowledge with the experiences of other service providers has been noted as one of the key strengths of a CoP, along with its relationship-building capacity.

Atlantic Family Violence & Family Law Community of Practice

Supporting the Health and Well-being of Survivors of Family Violence is a project funded by the Public Health Agency of Canada to create five regional Communities of Practice (CoP) through the Alliance of Canadian Research Centres on Gender-based Violence. Each CoP will bring together key stakeholders in the family law and family violence sectors to learn how to better address domestic violence in the family law context.

The amount of people in the room that normally aren't together… I thought that was really useful… I came back and shared things with my staff after almost every meeting. Just about 'did you know this was going on?' or did you know [about] this research? (as cited in Claussen, 2017, p. 9)

The Atlantic Family Violence & Family Law Community of Practice [COP] is coordinated in collaboration with the Muriel McQueen Fergusson Centre for Family Violence Research. Its members come from a wide variety of sectors, including family law lawyers with expertise in mediation and immigration and refugee law; criminal law practitioners, social workers, family violence and transition house counsellors, academics, Indigenous leaders, a nurse practitioner, a police officer with IPV specialization, and representatives from the Public Legal Education and Information Service of New Brunswick (PLEIS NB), the Elizabeth Fry Society, and the White Ribbon campaign (Fredericton chapter). Please contact us to learn more about the Atlantic CoP and its upcoming activities: Dr. Karla O'Regan, oregan@stu.ca and Dr. LA Henry, la@la-henry.ca.

Continuing Legal Education in Family Violence & Family Law

In response to changes to federal family law in 2019, Canada's Department of Justice developed online courses to inform legal practitioners about the impacts of these amendments. Several Law Societies have accredited the courses for CPD/CLE credit. The self-paced 3-hour module, *Family Violence and Family Law for Legal Advisers,* is now available and covers a number of essential topics, including the intersectional nature of family violence, its disclosure, and its wide-ranging impacts.

Access it now by clicking on the image.

Family Violence and Family Law for Legal Advisers

Department of Justice Canada / Ministère de la Justice Canada

Canada

Webinar Highlights

Healing Trauma: Gender, Trauma, and Paths of Healing in Family Law Disputes
March 31, 2021

Speakers:
Jenn Gorham, Sexual Violence New Brunswick
Leland Maerz, Bridges Institute

Fight, flight or freeze

- The amygdala, the core fear system in the human body, is always on alert for danger.
- Trauma can trigger this instinctive system, shutting down the full functioning of the cerebral cortex. This is sometimes referred to as a "fight or flight" response, but also common is the "freeze" instinct, where the body shuts down and becomes unresponsive.
- In this reflexive state, it is not possible to make decisions involving careful consideration.
- Repeated exposure to trauma can cause the nervous system to be *constantly* heightened, resulting in states of hyper- and hypo-arousal with lasting effects.

How does trauma impact credibility?

Traditional Approach

Credibility is assessed on the capacity, while recounting events, to:
- recall detail
- offer a consistent and chronological narrative
- maintain an "appropriate" (relatable) level of emotion.

Trauma-Informed Approach

When assessing credibility, take into account that:
- individuals may tend to over-focus on odd details that their brains latched on to during the trauma
- it may be difficult for survivors to recall information in a chronological order
- emotional reactions to trauma vary

Hyper-arousal - "Fight or Flight"
can cause anxiety, panic, & racing thoughts.
Hypo-arousal- "Freeze"
can cause numbness, emptiness, or paralysis.

Trauma-Informed Approaches to Family Violence in Family Law

Reframing the gender binary

While cis-gendered men are the *primary* perpetrators of violence in the family context, taking a gendered approach to family violence can be harmful.
- It leaves no space for same-sex couples to be able to locate themselves in dealing with intimate partner violence.
- It identifies women as victims, which has the potential to eclipse empowerment.

Stay in your lane.

It is important to develop a network of trusted professionals who can step in and assist when lawyers recognize their clients need counselling support to address family violence. In small communities, like New Brunswick, this can be particularly challenging as counselling resources may be limited. When lawyers try to help their clients as arm-chair counsellors, however, they can unintentionally harm.

Healing from trauma: three phases

The Bridges Institute in Nova Scotia follows a three-phase model for healing from trauma:

1 Establishing **safety** for the survivor.

2 Recognizing one's use of power, whether positive or negative

3 Seeing the possibility of transforming a toxic relationship through communication.*

Not all survivors and perpetrators enter Phase 3, nor should they.

Watch the full webinar at: https://www.youtube.com/watch?v=mesd02tlm1k

Contact Us

To learn more about the *Supporting the Health and Well-being of Survivors of Family Violence in Family Law Proceedings* project, go to https://alliancevaw.ca or our partnered research centres:

Muriel McQueen Fergusson Centre for Family Violence Research
in partnership with St. Thomas University

https://unb.ca/mmfc/
Dr. Catherine Hoffman (website)
Dr. Karla O'Regan (website)

The Centre for Research and Education on Violence Against Women

https://learningtoendabuse.ca
Dr. Peter Jaffe (website)
Dr. Katreena Scott (website)

The Freda Centre for Research on Violence Against Women and Children

https://www.fredacentre.com
Dr. Margaret Jackson (website)

Recherches Appliquées et Interdisciplinaires sur les Violences intimes, familiales et structurelles
in partnership with Université du Québec à Montréal

https://www.raiv.ulaval.ca/en
Dr. Geneviève Lessard
Dr. Dominique Bernier (website)

RESOLVE: Research and Education for Solutions to Violence and Abuse

https://umanitoba.ca/resolve
Dr. Kendra Nixon (website)

References

Alberta Justice and Solicitor General. (2018). *Independent Report on the Incarceration of Angela Cardinal.* https://justice.alberta.ca/publications/Documents/IndependentReportIncarceration-AngelaCardinal.pdf

Assari, S. (2020). Family Socioeconomic Status and Exposure to Childhood Trauma: Racial Differences. *Children, 7(6),* 57-69. https://doi.org/10.3390/children7060057

Barber, J. (2016, September 6). *The Hidden Epidemic.* University of Toronto Magazine https://magazine.utoronto.ca/research-ideas/health/the-hidden-epidemic-esme-fuller-thomson-child-abuse-research-links-to-physical-health-john-barber/

Belknap, J. (2010). Rape: Too hard to report and too easy to discredit victims. *Violence Against Women, 16(12)*, 1335-1344. https://journals.sagepub.com/doi/10.1177/1077801210387749

Berg, K.A., Bender, A.E., Evans, K.E., Holmes, M.R., Davis, A.P., Scaggs, A.L. & King, J.A. (2020). Service needs of children exposed to domestic violence: Qualitative findings from a statewide survey of domestic violence agencies. *Children and Youth Services Review*, 118, 1-10. https://doi.org/10.1016/j.childyouth.2020.105414

Bérubé, A., Clément, M.È., Lafantaisie, V., LeBlanc, A., Baron, M., Picher, G., Turgeon, J., Ruiz-Casares, M., Lacharité, C. (2021) How societal responses to COVID-19 could contribute to child neglect. *Child Abuse & Neglect, 116(2)*, 104761. https://doi.org/10.1016/j.chiabu.2020.104761

Birnbaum, R.; Bala, N.; and Jaffe, P., Carman, T. (2020, September 28). *Survivors of domestic abuse told to keep quiet about it in court or risk jeopardizing child custody*. CBC. https://www.cbc.ca/news/canada/domestic-abuse-custody-1.5738149

Bombay, A., Matheson, K., & Anisman, H. (2009). Intergenerational Trauma: Convergence of Multiple Processes among First Nations Peoples in Canada. *International Journal of Indigenous Health, 5(3)*, 6-47. https://doi.org/10.3138/ijih.v5i3.28987

Bopp, J., Poole, N., & Schmidt, R. (2016) "Communities of Practice as Locations for Facilitating Service Systems Improvement for Northern Homeless Women" in Nichols, N. & Doberstein, (Eds), *Exploring Effective Responses to Homelessness*. The Homeless Hub Press, Toronto.

Burczycka, M. (2016). Trends in self-reported spousal violence in Canada, 2014. *Juristat* (Catalogue no 85-002-X). https://www150.statcan.gc.ca/n1/pub/85-002-x/2016001/article/14303/01-eng.htm

Caldwell, J. & Sinha, V. (2020). (Re) Conceptualizing Neglect: Considering the Overrepresentation of Indigenous Children in Child Welfare Systems in Canada. *Child Indicators Research*, 13(2), 481-512. https://doi.org/10.1007/s12187-019-09676-w

CAMH. (2021, July 7). *Mental Illness and Addiction: Facts and Statistics.*
https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics

Carmen, T. (2020, September 27). Survivors of domestic abuse told to keep quiet about it in court or risk jeopardizing child custody. *CBC News*. https://www.cbc.ca/news/canada/domestic-abuse-custody-1.5738149

Carsley, S. & Oei, T. (2020). *Interventions to Prevent and Mitigate the Impact of Adverse Childhood Experiences (ACEs) in Canada: a literature review*. Public Health Ontario. https://www.publichealthontario.ca/-/media/documents/a/2020/adverse-childhood-experiences-report.pdf?la=en

CBA, (2021). The trauma-informed lawyer podcast. Canadian Bar Association. https://www.cba.org/Truth-and-Reconciliation/Events/The-Trauma-Informed-Lawyer

CBC. (2018, February 23). Jailing of Edmonton sex assault victim 'a call to action'. *CBC News*. https://www.cbc.ca/news/canada/edmonton/angela-cardinal-justice-alberta-jailed-victim-1.4547990

Claussen, C., Well, L.M., Aspenlieder, L. & Boutilier, S. (2017) Developing domestic violence primary prevention capacity through a community of practice project: Learnings from Alberta, Canada, *Cogent Medicine, 4(1)*, 1333697, https://doi.org/10.1080/2331205X.2017.1333697

Collin-Vézina, D., Brand D. & Beeman I. (2020). When it counts the most: Trauma-informed care and the COVID-19 global pandemic. *Developmental Child Welfare*, 2(3), 172-179. https://doi.org/10.1177/2516103220942530

Conroy, S., (2021). Family violence in Canada: A statistical profile, 2019. *Juristat, 85-002-X*. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00001-eng.htm

Cotter, A. (2021). Intimate partner violence in Canada, 2018: An overview. *Juristat, 85-002-X*. Statistics Canada.

Craig, V. & van Mook, H. (2020). "Why Law Schools Must Teach Law Students Trauma-Informed Practice"in *Trauma-Informed Legal Practice Toolkit*. Golden Eagle Rising Society, Vancouver, BC. https://www.goldeneaglerising.org/docuploads/Golden-Eagle-Rising-Society-Trauma-Informed-Toolkit-2021-02-14.pdf

Criminal Code of Canada, RSC (1985) c C-46.

Cross, P.C., Crann, S., Mazzuocco, K., & Morton, M. (2018). *What You Don't Know Can Hurt You: The importance of family violence screening tools for family law practitioners.* Minister of Justice and Attorney General of Canada. https://www.justice.gc.ca/eng/rp-pr/jr/can-peut/can-peut.pdf

Davison, K.M., Hyland, C.E., West, M.L., Lin, S.L., Tong, H., Kobayashi, K. & Fuller-Thomson, E. (2021). Post-traumatic stress disorder (PTSD) in mid-age and older adults differs by immigrant status and ethnicity, nutrition, and other determinants of health in the Canadian Longitudinal Study on Aging (CLSA). *Social Psychiatry and Psychiatric Epidemiology 56*, 963–980. https://doi.org/10.1007/s00127-020-02003-7

Desiderio, M.V. (Ed). (2020) *Canada-EU Migration Platform on the Integration of Migrant Women*: *Outcomes Report*. European Commission, European Website on Integration. https://ec.europa.eu/migrant-integration/librarydoc/outcomes-report-canada-eu-migration-platform-on-the-integration-of-migrant-women

Divorce Act, RSC 1985, c 3 (2nd Supp), s 2.

Dückers, M., Alisic, E., & Brewin, C. (2016). A vulnerability paradox in the cross-national prevalence of post-traumatic stress disorder. British Journal of Psychiatry, 209(4), 300-305. https://doi.org/10.1192/bjp.bp.115.176628

Fuller-Thomson, E., Brennenstuhl, S., & Frank, J. (2010). The association between childhood physical abuse and heart disease in adulthood: Findings from a representative community sample. *Child Abuse & Neglect*, *34(9)*, 689-698. https://doi.org/10.1016/j.chiabu.2010.02.005

Fuller-Thomson, E. & Brennenstuhl, S. (2009). Making a link between childhood physical abuse and cancer. *Cancer, 115(14)*, 3341-3350. https://doi.org/10.1002/cncr.24372

Gerber, M.R. & Gerber, E.B. (Eds.) (2019). *Trauma-Informed Healthcare Approaches: A Guide For Primary Care*. Springer.

Gezinski, L.B. (2020). "It's kind of hit and miss with them": a qualitative investigation of police response to intimate partner violence in a mandatory arrest state. *Journal of Family Violence (2020).* https://doi.org/10.1007/s10896-020-00227-4

Gill, C., Campbell, M.A. & Ballucci, D. (2021). Police officers' definitions and understandings of intimate partner violence in New Brunswick, Canada. The Police Journal: Theory, Practice, and Principles, 94(1), 20-39. https://doi.org/10.1177%2F0032258X19876974.

Harris, M., & Fallot, R.D. (Eds.). (2001). *Using trauma theory to design service systems.* Jossey-Bass/Wiley.

Heidinger, L. (2021). Intimate partner violence: Experiences of First Nations, Métis and Inuit women in Canada, 2018. (Catalogue No. 85-002-X). *Juristat*. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00007-eng.htm

Herman, J.L. (1992) *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror*.

Hughes, M. & Tucker, W. (2018). Poverty as an Adverse Childhood Experience. *North Carolina Medical Journal*, 79(2), 124-126. https://doi.org/10.18043/ncm.79.2.124

Humphreys, K.L., Myint, M.T., & Zeanah, C.H. (2020). Increased risk for family violence during the COVID-19 pandemic. *Pediatrics, 146(1),* e20200982. https://doi.org/10.1542/peds.2020-0982

Ibrahim, K. (2021). "Why Create a Trauma-Informed Legal Practice" in *Trauma-Informed Legal Practice Toolkit*. Golden Eagle Rising Society, Vancouver, BC. https://www.goldeneaglerising.org/docuploads/Golden-Eagle-Rising-Society-Trauma-Informed-Toolkit-2021-02-14.pdf

Jaffray, B. (2021a). Intimate partner violence: Experiences of sexual minority women in Canada, 2018. (Catalogue no. 85-002-X). *Juristat*. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00005-eng.htm

Jaffray, B. (2021b). Intimate partner violence: Experiences of sexual minority men in Canada, 2018. (Catalogue no. 85-002-X). *Juristat*. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00004-eng.htm

James, C. (2020). Towards trauma-informed legal practice: a review. *Psychiatry, Psychology and Law, 27(2)*, 275-299, https://doi.org/10.1080/13218719.2020.1719377

Jennings, A. (2008). *Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services*. Center for Mental health Services, National Center for Trauma-Informed Care. U.S. Department of Health and Human Services. https://vawnet.org/material/models-developing-trauma-informed-behavioral-health-systems-and-trauma-specific-services

Jeske, J., Klas, M.L. (2016). Adverse Childhood Experiences: Implications for Family Law Practice and the Family Court System. *Family Law Quarterly*, 50(1), 123-137.

Katz, S. (2019). Trauma-Informed Practice: The Future of Child Welfare? *Widener Law Journal*, 28(1), 51-83.

Katz, S. & Haldar, D. (2016). The Pedagogy of Trauma-Informed Lawyering. *Clinical Law Review, 22,* 359-393.

Leclerc, M-E., Wemmers, J-A., & Brunet, A. (2020). The unseen cost of justice: post-traumatic stress symptoms in Canadian laywers. *Psychology, Crime & Law, 26(1)*, 1-21.

Lee, J.G. & Backes, B.L. (2018). Civil legal aid and domestic violence: a review of the literature and promising directions. *Journal of Family Violence, 33*, 421-433. https://link.springer.com/article/10.1007/s10896-018-9974-3

Lee, E., Kourgiantakis, T., Lyons, O., & Prescott-Cornejo, A. (2021). A trauma-informed approach in Canadian mental health policies: A systematic mapping review. *Health Policy, 125(7),* 899-914. https://doi.org/10.1016/j.healthpol.2021.04.008

Lessard, G., Dumont, A., Alvarez-Lizotte, P., Bisson, S.M., Bourassa, C., & Roy, V. (2021). Exposure to Intimate Partner Violence: Perceived Links with Other Victimizations and the Severity of Violence by Young Adults in Québec. *Open Journal of Social Sciences, 9*, 86-106. https://doi.org/10.4236/jss.2021.96009

Levine, S., Varcoe, C., & Browne, A. J. (2021). "We went as a team closer to the truth": impacts of interprofessional education on trauma- and violence- informed care for staff in primary care settings. *Journal of Interpersonal Care, 35(1)*, 46-54.

Martinson, D. & Jackson, M. (2016). *Risk of Future Harm: Family Violence and Information Sharing Between Family and Criminal Courts* [Research Report]. FREDA Centre, Simon Fraser University. https://fredacentre.com/wp-content/uploads/Observatory-Martinson-Jackson-Risk-Report-FINAL-January-14-2016-1.pdf

Middleton J.S., Bloom S.L., Strolin-Goltzman, J. & Caringi, J. (2019). Trauma-informed care and the public child welfare system: the challenges of shifting paradigms: introduction to the special issue on trauma-informed care. *Journal of Public Child Welfare*, 13(3), 235-244. https://doi.org/10.1080/15548732.2019.1603602

Moreau, G., Jaffray, B., & Armstrong, A. (2020). Police-reported crime statistics in Canada, 2019. *Juristat.* Statistics Canada Catalogue no. 85-002-X. https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00010-eng.htm

Morgillo, L. (2015). Do not make their trauma your trauma: Coping with burnout as a family law attorney. *Family Court Review: An interdisciplinary journal, 53(3)*, 456-473. https://onlinelibrary.wiley.com/doi/10.1111/fcre.12167

Mulholland, M. & O'Toole, C. (2021). When it matters most: a trauma-informed, outdoor learning programme to support children's wellbeing during COVID-19 and beyond. *Irish Educational Studies*. https://doi.org/10.1080/03323315.2021.1915843

Neilson, L. (2020). *Responding to Domestic Violence in Family Law, Civil Protection & Child Protection Cases, 2nd ed*. Canadian Legal Information Institute. http://commentary.canlii.org/w/canlii/2017CanLIIDocs2 '

Nonomura, R., Poon, J., Scott, K., Straatman, A.L. & Jaffe, P. (2021). Supporting the Health and Well-Being of Survivors of Family Violence in Family Law Proceedings. Family Violence & Family

Law Brief (1). London, Ontario: Centre for Research & Education on Violence Against Women & Children. ISBN: 978-1-988412-44-3.

Phelps, C. & Sperry, L.L. (2020). Children and the COVID-19 Pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(1), 73-75. http://dx.doi.org/10.1037/tra0000861

Ponic, P., Varcoe, C. & Smutylo, T. (2016). Trauma- (and Violence-) Informed Approaches to Supporting Victims of Violence: Policy and Practice Considerations. *Victims of Crime Research Digest*, *No. 9*. https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd9-rr9/p2.html

Public Health Agency of Canada. (2018, February 2). *Trauma and violence-informed approaches to policy and practice.* https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html

Reeves, E. (2020). Family violence, protection orders and systems abuse: views of legal practitioners. *Current Issues in Criminal Justice, 32(1)*, 91-110. https://doi.org/10.1080/10345329.2019.1665816

Reid, S.A. (2010). The Untapped Potential in our Communities to Assist Youth Engaged in Risky Behaviour. *International Journal of Child, Youth & Family Studies, 1(2)*, 179-203. https://doi.org/10.18357/ijcyfs122010686

Sacks, V.H., Murphey D., Moore K. (2014). Adverse Childhood Experiences: National and State-Level Prevalence. https://doi.org/10.13140/2.1.1193.8087

Saunders, N.R., Guan, J., MacPherson, A., Lu, H., & Guttmann, A. (2020). Association of Immigrant and Refugee Status with Risk Factors for Exposure to Violent Assault Among Youths and Young Adults in Canada. *JAMA, 3(3),* 1-12. https://doi:10.1001/jamanetworkopen.2020.0375

Savage, L. (2021). Intimate partner violence: Experiences of women with disabilities in Canada, 2018. (Catalogue no. 85-002-X). *Juristat*. Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00006-eng.htm

Saxton, M.D., Olszowy, L., MacGregor, J.C.D., MacQuarrie, B.J., Wathen, C.N. (2021). Experiences of intimate partner violence victims with police and the justice system in Canada. *Journal of Interpersonal Violence, 36(3-4)*, NP2029-2055NP. https://journals.sagepub.com/doi/10.1177/0886260518758330

Scheer, J. R., Harney, P., Esposito, J., & Woulfe, J. M. (2020). Self-Reported Mental and Physical Health Symptoms and Potentially Traumatic Events Among Lesbian, Gay, Bisexual, Transgender, and Queer Individuals: The Role of Shame. *Psychology of Violence, 10(2)*, 131–142. https://doi.org/10.1037/vio0000241

Scheer, J. R., Harney, P., Esposito, J., & Woulfe, J. M. (2020). Self-Reported Mental and Physical Health Symptoms and Potentially Traumatic Events Among Lesbian, Gay, Bisexual, Transgender, and Queer Individuals: The Role of Shame. *Psychology of Violence, 10(2)*, 131–142. https://doi.org/10.1037/vio0000241

Sistovaris, M., Fallon, B., Miller, S., Birken, C., Denburg, A., Jenkins, J., Levine, J., Mishna, F., Sokolowski, M. & Stewart, S. (2020). *Child Welfare and Pandemics*. Fraser Mustard Institute of Human Development (Policy Bench), University of Toronto.

Smetanin, P., Stiff, D., Briante, C., Adair, C.E., Ahmad, S. & Khan, M. (2011). *The Life and Economic Impact of Major Mental Illnesses in Canada: 2011 to 2041*. RiskAnalytica, on behalf of the Mental Health Commission of Canada.

Soyer, M. (2018). *Lost Childhoods: Poverty, Trauma, and Violent Crime in the Post-Welfare Era*. University of California Press.

Statistics Canada. (2020, November 25). Majority of Canadians in the provinces reported having confidence in the police in 2019. *The Daily.* https://www150.statcan.gc.ca/n1/daily-quotidien/201125/dq201125b-eng.htm

Substance Abuse and Mental Health Services Administration. (2014a). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. (HHS Publication No. (SMA) 14-4884). U.S. Department of Health and Human Services. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Substance Abuse and Mental Health Services Administration. (2014b). *Trauma-Informed Care in Behavioral Health Services*: *Treatment Improvement Protocol (TIP) Series 57*. (HHS Publication No. (SMA) 13-4801). U.S. Department of Health and Human Services. https://www.ncbi.nlm.nih.gov/books/NBK207201/

Sweeney, A., Filson, B., Kennedy, A., Collinson, L., & Gillard, S. (2018). A paradigm shift: relationships in trauma-informed mental health services. *British Journal of Psychological Advances, 24(5)*, 319-333.

Terr, L.C. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry, 148(1)*, 10-20.

Underwood, E. (2011). Improving Mental Health Outcomes for Children and Youth Exposed to Abuse and Neglect. *Healthcare Quarterly, 14(2)*, 22-31.https://doi.org/10.12927/hcq.2011.22360

UNICEF. (2020, September 21). *Protecting the most vulnerable children from the impact of coronavirus: An agenda for action*. UNICEF. https://www.unicef.org/coronavirus/agenda-for-action

Wathen, C.N. & Varcoe, C. (2021). *Trauma- & Violence-Informed Care (TVIC): A Tool for Health & Social Service Organizations & Providers*. Gender, Trauma, and Violence Incubator, University of Western Ontario. https://equiphealthcare.ca/files/2021/05/GTV-EQUIP-Tool-TVIC-Spring2021.pdf

Wong, A. (2020). "What is Trauma-Informed Legal Practice?" in *Trauma-Informed Legal Practice Toolkit*. Golden Eagle Rising Society, Vancouver, BC. https://www.goldeneaglerising.org/docuploads/Golden-Eagle-Rising-Society-Trauma-Informed-Toolkit-2021-02-14.pdf