

Organizational Implementation of Trauma- and Violence-Informed Care: A Multiple Case Study Analysis

Background & Rationale

Health and social inequities are increasing, especially for those already marginalized by systemic barriers, such as poverty, discrimination and racism. Many people, across the socio-economic spectrum, have experienced various forms of trauma and violence; for those facing structural barriers and marginalization, these exposures, and their consequences, are often worse, making it even more difficult to access health and social services. To address these challenges, there is a call to explicitly integrate equity-oriented care to address barriers and improve outcomes by addressing both individual and social/structural determinants of health. A core aspect of equity-oriented care is attention to trauma and violence, and their effects, and a commitment to minimizing harm by adopting what we call **trauma- and violence-informed care** (TVIC). TVIC, and its related concepts of contextually tailored, culturally safe care, and harm reduction, act both as “universal precautions” to reduce harm, and as an approach to tailoring care to improve the fit between people’s needs and provided services.

Study Overview

Very little is known about how to actually integrate TVIC into community-based services – this is an important research gap. A number of organizations in London, Ontario, have recently come together to discuss how to make our community trauma- and violence-informed. This means individual organizations are integrating common, but tailored, TVIC strategies into their services, so that clients experience this care across the system. This provides an important opportunity to evaluate the implementation and integration of TVIC into community-based health and social services. We are looking to partner with organizations that are in different stages of implementation of TVIC, including those already shifting their organizational culture toward TVIC and those in the planning stages of TVIC uptake and implementation. This multiple case study will explore:

1. How organizations come to understand the concept of TVIC for their service context.
2. What structural, cultural and practical changes are required to implement TVIC, and what factors enable or impede uptake.
3. How TVIC implementation impacts organizations.

Proposed Approach

This is a multistage, multiple case study design. In the first stage, we will approach organizations who participated in a meeting in November 2017, convened by the Centre for Research on Health Equity and Social Inclusion, on “Making London a TVIC Community”. Interviews with those who attended the meeting will help us understand organizations’ initial and subsequent interest and actions specific to TVIC. Three to five organizations from the initial sample will be selected based on their stage in the TVIC planning and implementation process: those who have initiated or are in the latter planning stages will be invited to participate as “cases” in the multiple case study. Data will be collected from interviews with key leaders and staff, document analysis, and observation of relevant meetings to understand TVIC planning and implementation.

The results of this study will inform the development of approaches to better integrate, and assess the uptake and impact of, TVIC into a range of health and social service settings.

For additional information:

Tanaz Javan, PhD Candidate: (226) 378-8717 tjavan@uwo.ca

Dr. Nadine Wathen, Professor: nwathen@uwo.ca