

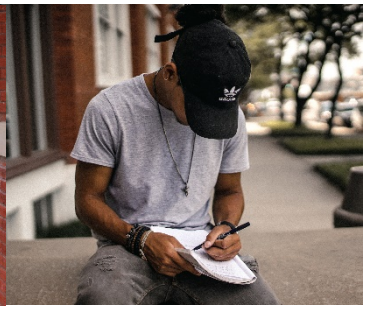

A Conceptual Framework for a Trauma- and Violence-Informed Approach to Youth Employment and Skills Training

DECEMBER 2020

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TABLE OF CONTENTS

1. PROJECT BACKGROUND AND RATIONALE

Trauma is both the experience of, and a response to, an overwhelmingly negative event or series of events that impede an individual's ability to cope (Klinic Community Health Centre, 2013; Urquhart & Jasiura, 2013). Traumatic events happen to all people at all ages and across socio-economic strata; however, certain populations are more likely to experience them. In Canada, racialized people[1] face higher likelihood of exposure to trauma and violence at individual, interpersonal, and systemic levels (PHAC, 2018).

For racialized young people living in Canada,[2] social disadvantage, challenging environmental circumstances, and poor health interact and compound mechanisms by which experiences of trauma influence well-documented barriers to both finding and thriving in employment (Block & Galabuzi, 2011; Goodman, 2015). Given that employment is a critical determinant of health, and since unemployed youth living in Canada make up a large share of young people who access multiple social services such as housing, mental health, justice, and education supports (Henderson, Hawke, & Chaim, 2017), employment support programs offer an important opportunity for intervention.

Growing recognition of the links between trauma and violence with health and social outcomes has led to the development and implementation of trauma- and violence-informed (TVI) approaches in many sectors, including justice, mental health, housing, anti-violence, and social work (Ponic, Varcoe, & Smutylo, 2016). TVI approaches "recognize the connections between violence, trauma, negative health outcomes and behaviours," and aim to "increase safety, control and resilience for people who are seeking services in relation to experiences of violence and/or have a history of experiencing violence" (PHAC, 2018). By taking a socio-ecological lens and embedding TVI practices throughout all levels of a system, these approaches facilitate an environment where negative symptoms and effects of trauma can be mitigated (Poole, Talbot, & Nathoo, 2016). Evidence from within the health sector suggests that adopting TVI approaches in health care settings can lead to better outcomes (Ford-Gilboe et al., 2018; Morrissey et al., 2005).

Because experiences of trauma and violence cause changes to learning ability, behavioural reactions, and ability to form social connections (SAMHSA, 2014), it has been suggested they may be **critical to employment success** (Dean, 2013). Yet research on TVI approaches in

1 According to the Ontario Human Rights Commission, 'race' is "socially constructed differences among people based on characteristics such as accent or manner of speech, name, clothing, diet, beliefs and practices, leisure preferences, places of origin and so forth. The process of social construction of race is called racialization: the process by which societies construct races as real, different and unequal in ways that matter to economic, political and social life." See http://www.ohrc.on.ca/en/racial-discrimination-race-and-racism-fact-sheet.

2 We define 'young people' or 'youth' as people aged 15-30, inclusive.

employment is scant, and the potential for TVI approaches to improve outcomes in the employment and skills training sector remains largely underexplored (Maguire, 2017). Consequently, our collective understanding is limited of how current employment support programs can be modified to improve outcomes for clients, and especially for racialized youth who are disproportionately affected by both experiences of trauma and unemployment (Ibid).

In this report, we examine how young people's experience of trauma and violence – individually, communally, and historically – can intersect with barriers to programs, services, and supports aimed at facilitating their entry into the labour market. We also examine ways in which these interventions can draw on and embed trauma- and violence-informed practices to minimize barriers to engagement and retention in employment supports for youth with experiences of trauma. Given the importance of employment as a determinant of both physical and mental health (e.g., Hergenrather, Zeglin, McGuire-Kuletz, & Rhodes, 2015 and 2015ba), finding more effective ways to support youth in achieving employment success is an important mechanism for promoting overall health and wellbeing.

The report is part of a larger project entitled, *Enhancing outcomes for vulnerable youth: trauma, mental health, and employment and skills training*. With support from the Public Health Agency of Canada (PHAC), the Social Research and Demonstration Corporation (SRDC) aims to understand ways to improve employment and training support programs, particularly those funded by Employment and Social Development Canada (ESDC). Project objectives are to:

1. **Expand knowledge** by building evidence on the links between (a) trauma, social determinants of health, and health; and (b) trauma and youth experiences in health, social and skills/employment program delivery, with a particular focus on racialized youth.

2. **Apply knowledge** by developing a TVI program delivery model for youth employment and skills training, considering the unique needs of racialized youth.

3. **Mobilize knowledge** by exploring early reactions to the program delivery model with practitioner and government representatives, to inform potential next steps that could involve testing and dissemination.

In the next section of this document, we describe the methodological approach undertaken to conducting the research. In section 3, we provide context regarding youth employment and the landscape of youth employment services in Canada. In section 4, we present the research findings relevant to the development of the conceptual framework, beginning with a synthesis of evidence on trauma and violence, effects on individuals and communities, and the key features and principles underlying TVI approaches as applied within the healthcare sector. We then outline other key theoretical frameworks in the area of youth development and wellbeing. Finally, in section 5 we extrapolate the findings to inform development of the conceptual framework.

2. METHODOLOGY

2.1 APPROACH

The field of trauma research contains extensive literature on experiences of trauma, the consequences of these experiences, and clinical interventions aiming to address the physical and mental health symptoms associated with trauma. While growing, the literature on TVI approaches specific to service delivery is comparatively limited, and predominantly focuses on health care or clinical settings. The objective of this literature review was to gather research evidence on the effects of trauma, particularly on racialized youth, and on the principles of trauma- and violence-informed service delivery, in order to inform the development of a conceptual framework for a TVI approach to employment and skills training.

Based on our collective understanding of the broader trauma literature, our research team expected that our search for evidence on TVI approaches in employment and skills training would yield few results. We therefore engaged in an iterative search of the literature, grounded in rapid review strategies[3] and focused on broad research questions and searches guided by practical considerations (Grant & Booth, 2009). The literature review was supplemented with an environmental scan of employment programs, and key informant interviews with Canadian academic experts in trauma and violence, youth development, and youth mental health. The purpose of these informational interviews was to validate our findings from the literature review and environmental scan, and to gather further insights about TVI programs, for which published information would likely be unavailable.

The following compass questions guided this iterative approach to gathering evidence:

1. What is trauma and what are its effects on youth and their wellbeing? How do socio-ecological factors, particularly those affecting racialized youth, influence the experience of trauma?

2. What are the key principles for delivering trauma- and violence-informed services?

3. How can TVI principles inform employment service delivery for youth facing multiple barriers to employment who may have experienced trauma and violence at individual, community, and societal levels? What elements and modifications to TVI approaches could be taken to support youth facing multiple barriers to employment?

[3] A rapid review is a type of literature review that is critical and rigorous, but time limited. It is characterized by a narrow question, transparent and reproducible search methods, and limited sources.

In our next phase of work, we aim to understand the facilitating factors and barriers to delivering TVI in practice, as well as to validate and refine the conceptual framework. We will do this by speaking with employment service providers and youth who have received employment support services. We will also develop a final program delivery model for employment support serving racialized and vulnerable youth, that takes into account how a trauma- and violence-informed approach to service delivery can universally support coping and resilience in the face of multiple barriers to employment.

Figure 1 below summarizes the planned approach for the project.

Figure 1 Planned approach for the project

Phase	Research questions	Methods	Outputs
Background research (June – September 2019)	Q1: What is trauma and what are its effects on youth and their well-being? How do socio-ecological factors, particularly those affecting racialized youth, influence trauma? Q2: What are the principles for delivering trauma- and violence-informed services? Q3: How can TVI principles inform employment service delivery for youth facing multiple barriers to employment, who may be currently/ formerly exposed to trauma and violence at individual, community, and societal levels? What elements and modifications to TVI approaches may be taken to support youth facing multiple barriers to employment?	▪ Rapid literature review ▪ Key informant interviews	Draft conceptual framework for a TVI approach to youth employment and skills
Data collection (October 2019 – March 2020)	Q4: What are promising practices in delivering TVI or empowerment-focused service delivery for racialized youth in Canada and similar contexts?	▪ Environmental scan ▪ Skills Link data analysis ▪ Key informant interviews	Draft TVI program delivery model for youth employment and skills training
Knowledge validation and mobilization (April – June 2020)	Q5: What are facilitators and barriers to implementing TVI approaches in practice?	▪ In-person engagement with youth, practitioners, and government representatives (methods TDB)	Validated final proposed TVI program delivery model for youth employment and training

2.2 LITERATURE SEARCH AND ENVIRONMENTAL SCAN

To orient and scope our search strategy (e.g., inclusion and exclusion criteria), we first reviewed PHAC resources on TVI approaches, positive mental health, and determinants of health and mental health. After identifying definitions for key terms in our areas of inquiry (e.g., trauma,

trauma-informed services, trauma-informed care, racialized youth, employment support programs), we conducted an iterative search of the peer-reviewed and grey literature. We searched Google Scholar, EconLit, and PsycINFO databases for relevant literature, and PROSPERO for systematic reviews related to our areas of inquiry. The search was focused on the use of TVI approaches across service delivery contexts, excluding effectiveness studies related to clinical interventions.

We also conducted targeted Internet searches for evaluations of programs utilizing TVI approaches to design and deliver social supports to youth, and particularly racialized youth, in Canada or similar high-resource contexts (i.e., member countries of the Organization for Economic Cooperation and Development (OECD). Finally, we conducted supplemental searches of targeted online journals found through key references (e.g., hand searches of reference lists for conceptual frameworks and TVI service delivery principles). Figure 2 illustrates the iterative nature of our search strategy.

Figure 2 Iterative search strategy

Table 1 provides an overview of our search terms for the search strategy. Note that wherever possible, search terms were expanded to retrieve all references indexed to that term.

Table 1 Search strategy and key terms

Domain	Search terms
Population	Youth, young adult, emerging adult, teen, (ages 15 to 30)
Area	Canada, province/ territory names
Demographics	Black, Indigenous, First Nations, Inuit, Aboriginal, minority ethnic, immigrant, newcomers, racialized
Approach	Trauma informed, trauma and violence informed, safety, empowerment, choice, trauma awareness, positive youth development
Program types	Employment support, job training, literacy, essential skills, work experience
Exclusion	Medical or clinical program or intervention, publication prior to 2004

As anticipated, the literature search yielded limited results for our specific inquiry on TVI approaches for employment and skills training for youth (fewer than 20 peer reviewed articles). While the search identified a breadth of literature on trauma and its effects, as well as several articles and reports on TVI approaches as applied in health care settings and conceptual frameworks for youth development and wellbeing, it did not locate any literature on TVI interventions in the context of employment, or youth employment services.

2.3 KEY INFORMANT INTERVIEWS

We supplemented our rapid review of the literature by conducting informational interviews with key informants. The purpose of these informational interviews was to assess and validate our findings from the literature review, identify gaps in our understanding of TVI principles, and highlight areas that require further development to help contextualize the principles of TVI for employment. Given the paucity of published documents on TVI in employment services, the interviews were also designed to gain practice-based insights from health and social programs that engage in trauma- and violence-informed service delivery, but for which published information may be unavailable.

The individuals consulted in key informant interviews were selected based on their expertise in the areas of trauma and violence and/or in designing programs and services for racialized populations. We first identified a short list of individuals from key publications found in the literature search, and then reviewed their online biographies and expertise areas. By aiming to balance research and practice-based expertise, we selected three initial interviewees to be consulted (interviews with additional experts are planned in the next phase of research), using their publicly available contact information. Interviewees had expertise in the following areas:

- Violence and trauma for women in Indigenous contexts, health care for marginalized populations, and structural violence and inequities.
- Gender and trauma, trauma-informed care, and trauma training and policy initiatives with governments and organizations at local, provincial/territorial, national, and international levels.
- Refugee trauma and resilience, programs for refugee youth and family resettlement, community-based research, and capacity building for culturally responsive interventions.

In the next section, we summarize the key findings from the literature review and key informant interviews as relevant to the development of a draft conceptual framework for TVI approach to youth employment, which in turn, we present in the final section of this report.

3. FINDINGS

3.1 WHAT IS THE YOUTH EMPLOYMENT LANDSCAPE?

Understanding that employment is a key determinant of health and wellbeing in Canada (Benach et al., 2010; CSDH, 2008; Hergenrather, Zeglin, McGuire-Kuletz, & Rhodes, 2015), and in response to differential access to the labour market, federal, provincial, and territorial governments have made investments in a wide variety of initiatives, programs, and services aimed at connecting youth with training, supports, and work experiences.

Young people in Canada generally report challenges to entry into and retention in the labour market, and experience more than double the unemployment rate of adults (Bernard, 2013). In addition to barriers faced by young people more broadly, youth within racialized communities consistently report poorer employment outcomes in the Canadian labour market compared to their non-racialized counterparts (Block & Galabuzi, 2011). Racialized youth report the highest unemployment rates (Statistics Canada, 2016a, 2016b), as well as barriers such as racial stigma and workplace discrimination (Fang & Gunderson, 2015). Among Black youth aged 15 to 24, for instance, the unemployment rate is 24 per cent, and among Indigenous youth, the rate is 23 per cent – about 10 per cent higher than for the overall youth population (Statistics Canada, 2016a, 2016b). Refugee youth also experience poorer employment rates compared to both other immigrants and Canadian-born peers (Wilkinson, 2008; Wilkinson & Garcea, 2017).

These findings reflect racialized youth's inequitable access to critical determinants of health, human capital, and supports that facilitate entry into meaningful employment, as well as the barriers they face to entering and succeeding in the labour market (Kolahdooz, Nader, Yi, & Sharma, 2015). To address these issues, targeted employment support services have been developed with the aim of improving employment outcomes for racialized youth, recognizing the need to counter the multiple levels and sources of barriers to employment success (Block & Galabuzi, 2018; Froy & Pyne, 2011).

The landscape of employment and skills enhancement programs available to youth is varied, with four broad categories: (1) literacy and essential skills training; (2) job-specific or technical training; (3) work experience or work-integrated learning; and (4) employment support services (Kluve et al., 2016). In addition to these core types of employment supports, a fifth common component includes financial supports (e.g., subsidies for wages, financial incentives, funds for pursuing education/training), and supports that provide holistic, person-centered services and programming. Holistic supports may include counselling, mentorship, or practical support for housing, health care, or other matters (e.g., obtaining a Social Insurance Number, opening a bank account), as well as subsidies for childcare and transportation. Table 2 below summarizes

the main types of employment programs in Canada for youth, including examples of program components.

Table 2 Types of employment programs

Type	Description	Example components
Literacy & Essential Skills Training	Building general skills for entry-level employment or pursing further education. May cover the primary essential skills promoted by Employment and Social Development Canada (ESDC, 2015).	▪ General computer skills ▪ Communication ▪ Numeracy ▪ Basic education
Job-Specific Training	Aimed at building specific skills for an industry or a job. May also include certified apprenticeship, trades, or other technical training programs.	▪ Pre-trades courses ▪ Apprenticeships ▪ Technical/equipment training ▪ Workplace certifications
Work Experience	Internships, summer jobs, or other on-the job experience.	▪ Gaining experience in the work environment ▪ Potential wage subsidies ▪ Practical, on-the-job training
Employment Services	Focused on job search. This may include resume writing, interview practice, or support for practical barriers to finding and obtaining a job.	▪ Job search ▪ Resume writing ▪ Interview skills ▪ Drop-in supports

One of the largest funding programs at the federal level is ESDC's Youth Employment Strategy (YES). As part of the renewal of YES, the Government of Canada is committed to equipping all young people with the skills and opportunities needed for economic and social success. Other federal programs include the First Nations Inuit Youth Employment Strategy (FNIYES), which specifically serves Indigenous youth (Government of Canada, 2018). Provincial programs such Ontario's Youth Job Connection, the WorkBC Employment Service Centres, and Manitoba Youth Employment Services operate similarly to deliver support to different groups of young clients.

The YES funding program supports Skills Link – a program aimed specifically at supporting multi-barriered youth to develop a broad range of skills that will help them gain employment or further education (Strategic Policy and Research Branch, 2015). In recent years, Skills Link has seen mixed success for its participants (Government of Canada, 2019). A 2015 evaluation showed that while 88 per cent reported finding employment after the program, participants had lower earnings over five years than a comparison group that only received Employment Assistance

Services, and those without post-secondary education fared considerably worse in the labour market (Strategic Policy and Research Branch, 2015). While specific data about racialized youth enrolled into Skills Link is not available, the challenges faced by racialized workers in the Canadian labour market (Block & Galabuzi, 2011) mean it is likely that racialized youth make up large proportions of Skills Link program participants.

Given the known interconnections between health, wellbeing, and employment (e.g., Waddell & Burton, 2006), efforts to improve the employment prospects of vulnerable or multi-barriered youth could benefit from incorporating a health/mental health promotion approach (Mendelson, Mmari, Blum, Catalano, & Brindis, 2018). Research evidence clearly links exposure to abuse, violence, discrimination, and other traumatic experiences to detrimental effects on wellbeing and overall life opportunities (Metzler, Merrick, Klevens, Ports, & Ford, 2017; Ponic et al., 2016). Indeed, evaluations of employment programs consistently point to the importance of providing holistic, culturally-grounded employment supports to improving employment outcomes for youth facing multiple barriers (Cooper, 2018; McCreary Centre Society, 2014). Understanding how current employment support programs such as Skills Link can be modified to incorporate TVI approaches, has the potential to guide service providers in delivering content that is contextualised for their clients and ultimately lead to better outcomes.

3.2 WHAT IS TRAUMA AND WHAT ARE ITS EFFECTS ON YOUTH?

Trauma and violence

While there are many definitions of trauma, we adopt the definition used by the US Substance Abuse and Mental Health Services Administration (2014), which states that trauma is the collective neurobiological, emotional, and psychological disruption that may occur as a consequence of a single or series of harmful events. Traumatic events can involve a single experience, or enduring repeated or multiple experiences (Klinic Community Health Centre, 2013). Moreover, traumatic events can be diverse and may include domestic or community violence, sexual, physical and emotional abuse, severe neglect, homelessness, incarceration, deprivation caused by extreme poverty, war, or natural disasters (SAMHSA, 2014). These events can also include structural violence, or forms of systemic or historical trauma from experiences of racism, cultural erosion, or the intergenerational legacy of colonization or slavery (SAMHSA, 2014). Regardless of the source, trauma is understood as consisting of three common elements (Klinic Community Health Centre, 2013):

- It was unexpected
- The person was unprepared
- There was nothing the person could do to stop it from happening.

Trauma and violence

The inclusion of 'violence' as a distinct component of trauma-informed care is relatively recent (PHAC, 2018), and emphasizes the unique effects of violence, which can be lived as chronic, persistent, and pervasive experiences (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005; Sitler, 2009). Exposure to violence goes beyond single events and disrupts an individual's entire sense of physical and emotional safety, relationships, and view of the world (Elliott et al., 2005). Specific reference to violence-informed approaches highlights the fact that violence can be historical and intersect with many systemic inequalities such as poverty and racial discrimination (Browne, Varcoe, Ford-Gilboe, & Wathen, 2015).

In our review, we found that within many research and program documents, particularly those from the United States, *violence was implicit within trauma-informed care.* As such, only where the literature describes the unique effects of violence, have we also reflected it on our findings, and not otherwise.

There are a number of dimensions of trauma, including its magnitude, complexity, frequency, duration, scale, and intentionality, and whether it derives from interpersonal or natural events. In general, there are five main categorizations of trauma:

- **Single event trauma** that occurs after exposure to a harmful or debilitating incident, such as a single episode of abuse or assault, sudden loss, or an accident (Urquhart & Jasiura, 2013).
- **Complex or repetitive trauma** caused by ongoing or recurring events of abuse, domestic violence, neglect, or discrimination (Urquhart & Jasiura, 2013).
- **Developmental trauma** related to exposure to early, ongoing, or repetitive trauma as an infant, child or youth (Urquhart & Jasiura, 2013). It is caused by abuse or other adverse events during critical developmental years of childhood, interfering with healthy attachment and development and leading to poor outcomes throughout life (Anda et al., 2006).
- **Intergenerational trauma** describes the psychological or emotional effects that can be experienced by people who live with trauma survivors. Coping and adaptation patterns developed in response to trauma can be passed from one generation to the next (Aguiar & Halseth, 2015; Bombay, Matheson, & Anisman, 2014; Urquhart & Jasiura, 2013).
- **Historical trauma** is cumulative emotional and psychological wounding over the lifespan and across generations (Urquhart & Jasiura, 2013). It results from long- standing effects of abuses, discrimination, and injustices that affect populations or groups of people, such as through slavery, genocide, or colonialism (e.g., residential schools). These abuses can have both psychological effects and may also perpetuate an environment that permits ongoing trauma (Mohatt, Thompson, Thai, & Tebes, 2014; Sotero & Vegas, 2016). Intergenerational trauma is an aspect of historical trauma (Urquhart & Jasiura, 2013).

Effects of trauma and violence

Experiences of trauma and violence are increasingly recognized as pervasive in society (Centre for Chronic Disease Prevention, 2017). Consequently, many people seeking services – in health, housing, justice or other systems – will have histories of trauma and violence (PHAC, 2018). Being exposed to traumatic experiences can have diverse impacts, depending in part whether trauma is experienced directly/personally, witnessed, or through repeated exposure over time and history (Klinic Community Health Centre, 2013).

Likewise, the type, frequency, and duration of traumatic events, can manifest differently for different people (SAMHSA, 2014; Urquhart & Jasiura, 2013). For some, traumatic experiences lead to mild, temporary changes, whereas for others, they can have severe and/or persistent effects on their wellbeing (SAMHSA, 2014). Some of the effects of trauma on individuals may include different emotional, physical, cognitive, and behavioural changes, such as those listed in Table 3 below (see subsequent sections for social and interpersonal effects).

Table 3 Potential effects of trauma on individuals
Adapted from (SAMHSA, 2014; Urquhart & Jasiura, 2013)

Physical	Emotional or cognitive	Spiritual	Relational	Behavioural
▪ Fatigue and exhaustion ▪ Disrupted sleep ▪ Increased heart rate ▪ Nausea ▪ Sweating or shivering	▪ Anxiety or fear ▪ Anger ▪ Feeling of helplessness ▪ Numbing ▪ Disrupted concentration ▪ Affected memory	▪ Loss of connection ▪ Self-blame or hate ▪ Hopelessness ▪ Loss of purpose ▪ Cynicism	▪ Conflict in relationships ▪ Distrust ▪ Difficulty maintaining and/or making close relationships ▪ Feeling ashamed	▪ Restlessness ▪ Withdrawal or avoidance ▪ Aggression ▪ Substance abuse ▪ Self-harm or suicidal impulses

For most people, the immediate effects of traumatic experiences are expected, temporary, and do not lead to long-term impairments or long-term consequences for healthy functioning (SAMHSA, 2014; Sherin & Nemeroff, 2011). However, an estimated ten per cent of individuals who face traumatic experiences go on to develop posttraumatic stress disorder (PTSD) or other more severe mental health disorders (Breslau, 2009). Essentially, traumatic experiences can create stressors that can fundamentally alter the structure of the brain, particularly impairing the prefrontal cortex, which is responsible for higher emotional processing and cognitive abilities (Arnsten, 2009).

Mental and physical health

Trauma is known to affect a person's mental wellbeing and emotional stability. It can affect a person's sense of safety, sense of self, emotional regulation, self-esteem, and memory (Anda et al., 2006; Arnsten, 2009; Klinic Community Health Centre, 2013; SAMHSA, 2014):

- Children who face abuse or other adverse childhood experiences have an increased risk of suicide, mental and physical illness, substance use, and many other poor health conditions throughout their life (Hughes et al., 2017).
- Youth exposed to community violence are at two times increased risk for major depressive disorder, up to five times higher risk for substance abuse disorders, and higher rates of committing delinquent acts compared to non-traumatized peers of similar age, gender, and ethnicity (Ford, Elhai, Connor, & Frueh, 2010).
- A recent meta-analysis found that nearly one quarter (24.2 per cent) of children exposed to trauma develop a clinical diagnosis for depression, which was 2.6 times higher than the rate of depression among children not exposed to trauma (Vibhakar, Allen, Gee, & Meiser-Stedman, 2019). Violence can also exacerbate the risk of depression, with children exposed to family violence showing an even greater risk of developing depression than children exposed to other forms of trauma (Vibhakar et al., 2019).
- Trauma can lead to physiological changes affecting physical health. There is strong evidence to show trauma increases fatigue and chronic pain (Afari et al., 2014). Sleep-disturbances, once commonly regarded to be a secondary symptom, may be a core aspect of the physical effects of trauma (Spoormaker & Montgomery, 2008).

Behavioural impacts

Psychological and emotional changes due to trauma can also manifest as behavioural changes (SAMHSA, 2014). For example, emotional changes can create a sense of fear and loss of safety of one's environment, which can lead some individuals to withdraw and avoid leaving their homes (SAMHSA, 2014). Other behavioural effects may include:

- Young people affected by trauma may show a lack of motivation or appear disengaged, especially in education settings. Trauma can affect the ability to concentrate, disrupt memory, and the ability to process new information (McInerney & McKlindon, 2014; Sitler, 2009).
- Youth who have faced trauma may be more likely to show irritability, frustration, and aggression (West, Day, Somers, & Baroni, 2014). Such behaviours can often be driven by heightened sensitivity to triggers in the environment that bring about feelings of lack of empowerment or danger (West et al., 2014).

- Individuals with PTSD have an increased risk of suicidal thoughts and suicidal attempts. This association is in large-part related to a higher risk of severe depression (Krysinska & Lester, 2010).

- Increased severity of trauma is associated with higher risk for substance and drug abuse as well as severe physical and mental health problems (Wu, Schairer, Dellor, & Grella, 2010). Other research shows strong associations between hazardous and binge drinking among both men and women exposed to trauma, and in some cases, heightened risk of trauma for women as a result (Kachadourian, Pilver, & Potenza, 2014).

Social and interpersonal impacts

Trauma and violence can have devastating effects on a person's relationships across many social spheres: with other close individuals, with their families, with social institutions, and with their communities (Klinic Community Health Centre, 2013; Smith & Freyd, 2014). Traumatic experiences can heighten a person's sensitivity and affect how they interact with people and organizations, leading them to avoid others and potentially, become isolated (Klinic Community Health Centre, 2013). In particular:

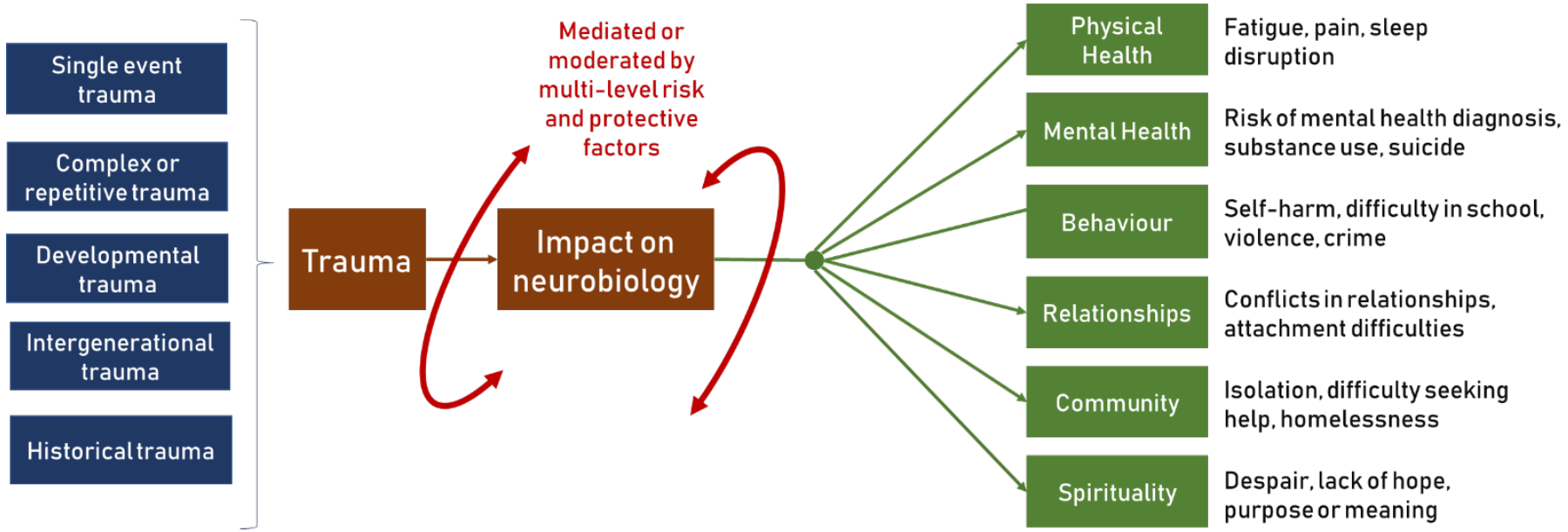
- Youth who were traumatized by adults may become distrustful of adults, authority figures, and even institutions (referred to as institutional betrayal) who may have failed to protect them from harm (McManus & Thompson, 2008; Smith & Freyd, 2014).

- Individuals affected by trauma may suffer from shame, guilt, and self-hate (Klinic Community Health Centre, 2013). Trauma and PTSD is strongly associated with relationship anxiety and may contribute to individuals developing distrust of others (Dorahy et al., 2013).

- Trauma can cause distinct changes in the brain, leading to lower levels of oxytocin, a hormone important for forming social connections, building attachment, and developing trust. Understanding the fundamental biological changes occurring as a result of trauma is important for recognizing that people affected by trauma may face challenges in maintaining and making close relationships (Heim, Mletzko, Purselle, Musselman, & Nemeroff, 2008).

Several frameworks have been proposed that aim to describe trauma experiences and their effects at individual, interpersonal, and community levels (e.g., Pinderhughes, Davis, & Williams, 2015). Figure 3 below adapts one such framework from the Klinic Community Health Centre (2013) to summarize the effects of trauma and their implications for employment and skills training (see also Appendix B). Note that trauma effects are mediated and/or moderated by risk and protective factors at multiple levels. The section that follows focuses on socio-ecological factors and models to better understand the factors that exacerbate or alleviate the effects of trauma.

Figure 3 Model for the effects of trauma



**Adapted from* (Klinic Community Health Centre, 2013)

3.3 HOW DO SOCIO-ECOLOGICAL FACTORS INFLUENCE TRAUMA?

Socio-ecological model of trauma

Trauma is not limited to a certain group of people, and can affect anyone (SAMHSA, 2014). This is reaffirmed by the fact that, within Canada, one in three adults have experienced childhood maltreatment and nearly three quarters of adults have been exposed to traumatic events at some point in their lives (Ameringen, Mancini, Patterson, & Boyle, 2008; Burczycka & Conroy, 2017). While there is a growing literature to support the contention that the effects of traumatic experiences are wide-reaching, we also know that both *the likelihood* that someone experiences trauma as well as *how they respond to and cope with* trauma are shaped by risk and protective factors that operate at individual, family/network, community, organizational, and systems levels.

A socio-ecological model allows for a more complete understanding of trauma by recognizing that these risk and protective factors are experienced at multiple levels over the life-course (Maercker & Hecker, 2016). This perspective also helps explain why a certain population's likelihood and response to trauma may differ from others' (Maercker & Hecker, 2016; SAMHSA, 2014). Adverse experiences lie at the intersection of other lived experiences and determinants of health which occur throughout a person's life, such as poverty, racial inequality, and gender-based violence and discrimination (PHAC, 2018; SAMHSA, 2014).

Recognizing the intersectionality of different factors within a socio-ecological context is important to understanding how these multi-faceted experiences exacerbate or reduce the effects of trauma, and affect individuals, communities, and entire cultures (Bombay, Matheson, & Anisman, 2011; Bombay et al., 2014; Brave Heart, Chase, Elkins, & Altschul, 2011; Elias et al., 2012; Ellis, Miller, Baldwin, & Abdi, 2011; Jones et al., 2019; Yehuda & Lehrner, 2018).

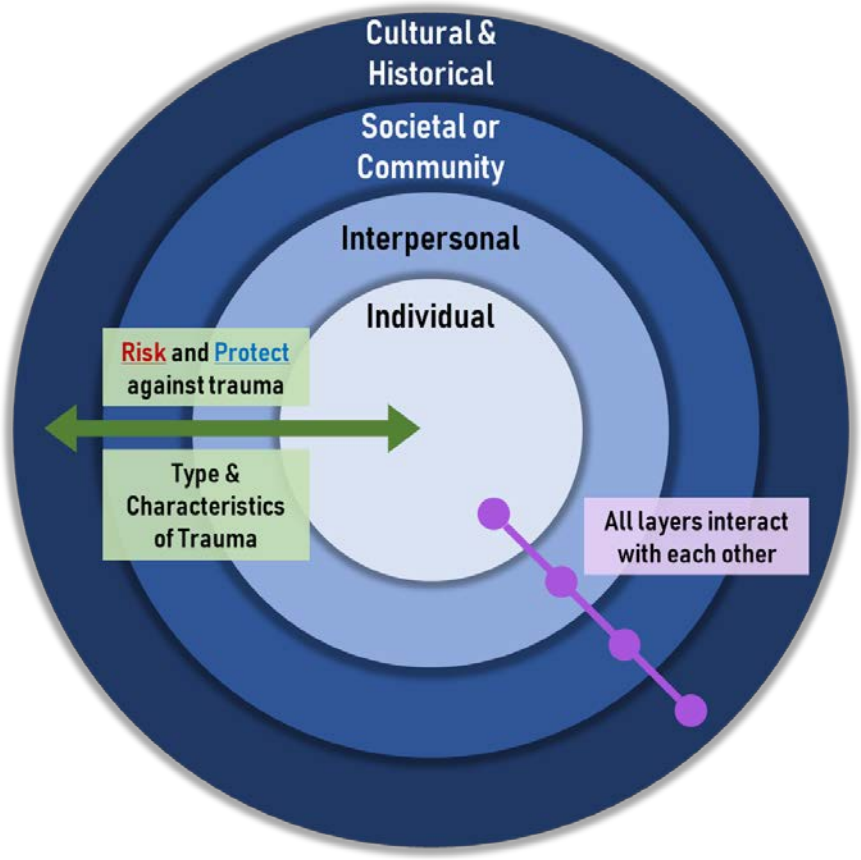
Figure 4 (adapted from SAMHSA, 2014), proposes a socio-ecological model of trauma. As the model depicts, trauma affects individuals, communities, and populations, and the ways in which trauma is experienced and manifested are affected by different spheres of influence. The individual lies at the centre of the model, along with their personal characteristics, degree of agency, and resources – all factors that contribute to an individual's ability to respond and cope with trauma. Each subsequent level in the model beyond the individual represents broader social and ecological domains that can have bi-directional influence on an individual's experience of trauma.

In many cases, these levels of influence include factors that are outside of an individual's control, such as access to health care to treat responses to trauma, policies and legislation that shape how trauma may be caused, dealt with, reported, or experienced in different settings, as well as stigma and discrimination.

In addition, the model highlights that the type, frequency, and characteristics of trauma (such as those described in section 3.1 of this report) can have different effects (SAMHSA, 2014). Finally, the figure emphasizes that a multitude of different risk and protector factors operate within each level of the model, as captured in Table 4 and thereafter.

This model of trauma closely mirrors other models of health and well-being to show how factors outside of the health care system come to influence health. The social determinants of health, for example, illustrate how the conditions in which we are born into, live, work, grow, age, and play in come to shape our health and well-being across the life course.

Figure 4 Socio-ecological model of trauma



**Adapted from SAMHSA, 2014.*

Table 4 Examples of risk and protective factors for trauma at multiple levels within a socio-ecological framework

Individual	Family/Interpersonal	Societal or community	Cultural & historical
▪ Age ▪ Gender ▪ Race and ethnicity ▪ Personality ▪ Education ▪ Income	▪ Parental relationships ▪ Siblings and peers ▪ Home environment ▪ History of trauma within immediate social network	▪ Access to health and social services ▪ Access to labour market ▪ Systemic inequalities or opportunities ▪ Laws, policies, attitudes	▪ Racism or other forms of discrimination ▪ Cultural norms ▪ Intergenerational factors ▪ Historical influencers

**Adapted from SAMHSA, 2014; and Urquhart & Jasiura, 2013.*

As mentioned above, certain population groups face multiple barriers in terms of accessing opportunities and resources (e.g., employment services). Below we highlight examples of how interactions among factors at multiple levels may increase the risk being exposed to and affected by trauma and violence:

- At the individual level, gender is linked to trauma susceptibility, specifically for women and transgendered people(Ponic et al., 2016). Global estimates show that 30 per cent of women over the age of 15 have experienced intimate partner violence in their lifetimes (Devries et al., 2013), and a 2015 survey indicated that 65 per cent of those who identified as transgendered had experienced domestic violence (Wathen, MacGregor, and MacQuarrie 2015, cited in Ponic et al., 2018).

- More broadly, racism and other forms of discrimination also detrimentally influence experiences of trauma and violence for certain groups of women. For instance, Indigenous women in Canada are particularly vulnerable, with rates of sexual assault more than triple that of non-Indigenous women (Boyce, 2016)[4] and a four times higher risk of experiencing intimate partner violence compared to non-Indigenous women (Brownridge, 2008). Moreover, Indigenous women and girls are 12 times more likely to be murdered or missing than any other women in Canada, and 16 times more likely than Caucasian women (Baum & McClearn, 2015, cited in the 2019 final report of the federal government's National Inquiry into Missing and Murdered Indigenous Women and Girls).

[4] According to Statistics Canada's 2014 General Social Survey (GSS) on Victimization in 2014, rates for self-reported sexual assault for Indigenous women were 113 per 1,000 compared to 35 for non-Indigenous women.

- Population groups that have faced severe traumatic experiences in history, for example through colonization or racial or ethnic violence, may continue to feel its debilitating effects across generations (Mohatt et al., 2014). Within Canada, the legacy of residential schools continues to have harmful effects on Indigenous communities that collectively experience current and past traumas (Aguiar & Halseth, 2015). Individuals who have had family attend residential schools are at an increased risk of suicide and experiences of abuse (Elias et al., 2012). In addition, there is growing evidence to suggest that intergenerational traumatic experiences – such as residential school and the Holocaust – create epigenetic, biological changes that persist through generations and can impair learning abilities and health outcomes (Bombay et al., 2014; Yehuda & Lehrner, 2018). These biological changes can multiply the effects of environmental stressors such as poverty and food insecurity and further perpetuate the conditions that place people in vulnerable circumstances, thus 'multiplying the risk' for individuals and their communities (Bombay et al., 2014; Inuit Tapiriit Kanatami, 2016).

- Refugees are more likely than those born in their host countries to have endured difficult conditions in their home countries, such as war, persecution, extreme poverty, dislocation, or violence (George, 2010). These newcomers often face additional complex challenges in their new country, such as discrimination and feeling unaccepted, which can create long-lasting traumatic experiences that elevate their immediate and long-term risk of mental health disorders (Bogic, Njoku, & Priebe, 2015; George, 2010).

- Among youth**,** those who have interacted with child welfare systems, experienced homelessness, are LGBTQ, and/or are from certain racial or cultural communities are more likely to experience trauma (NCTSN, 2019). These experiences may reflect some of the inequalities in opportunities, stigma and discrimination, or other factors that influence trauma historically, or at broader societal levels. For some populations, co-occurring issues and unique adversities may intersect to compound trauma experiences, and to complicate recovery from trauma, requiring specially adapted services and supports.

- Structural violence, which disadvantages people at a systems level and from early life into adulthood, disproportionately affects racialized populations in Canada. Structural violence constitutes both a form of violence and trauma, where political, social, and economic institutions cause injury or harm to individuals through no fault of their own (Farmer, 2004). This phenomenon is demonstrated in the over-representation of Indigenous and Black children and youth within child welfare and justice systems in Canada (Indigenous Services Canada, 2018; Ontario Human Rights Commission, 2018; Turner, 2016). Another example is racial profiling by law enforcement and higher incarceration rates that disproportionally affect Black Canadians and Indigenous peoples living in Canada, consequently impairing individuals' mental wellbeing and eroding the social capital of vulnerable communities (Khenti, 2014). Black youth are exposed to violence in Canada to a

greater degree compared to the general population, and are up to four times as likely to be victims of homicide in some cities (Galabuzi, 2005).

Socio-ecological factors that operate at higher levels of influence – such as at the societal/community level or the cultural/historical level – can also be protective against trauma and trauma-related harm, as outlined in the text box below.

Coping and resilience in the face of trauma

When faced with traumatic events, it is estimated that 35 to 55 per cent of people exhibit few adverse effects or have only temporary disruption to their healthy functioning, and about 10 to 30 per cent develop severe and chronic effects that could be characterized as trauma (Bonanno, 2005). Trauma, by definition, occurs when a person is disrupted to the point they are unable to effectively cope (SAMHSA, 2014).

Coping describes the thoughts and behaviours used to manage the impact of stressful events or experiences (Folkman & Moskowitz, 2004). Coping may be adaptive, whereby individuals manage their emotions and behaviours through their internal abilities (e.g., emotional regulation or self-efficacy) or by accessing external supports (e.g., family or community relationships) to tolerate and minimize the stress of the traumatic experience (Folkman & Moskowitz, 2004; Ungar, 2013). Coping may also be maladaptive, whereby emotional and behavioural responses do not minimize the stress of the traumatic experience and may even expose individuals to further harm, such through substance abuse (Olff, Langeland, & Gersons, 2005). Coping is a complex process and individuals may use different strategies at the same time (Olff et al., 2005). Coping may be better understood within the context of the environment (Folkman & Moskowitz, 2004), such that environments that facilitate coping are characterized by community cohesion, a sense of belonging, and access to resources. These in turn interact with individual factors to promote adaptive coping and resilience (Ungar, 2013).

In the face of exposure to significant adversity – whether psychological, environmental, or both – resilience is defined as "both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of wellbeing, and a condition of the individual's family, community, and culture to provide these health resources and experiences in culturally meaningful ways" (Ungar, 2008, p. 225).

Who develops trauma and who remains resilient after exposure to a traumatic event or experience is likely influenced by many individual and environmental influencers. These, along with characteristics of the traumatic experience, determine how individuals are able to cope (Bonanno, 2005; Cicchetti & Rogosch, 2009; Ungar, 2013).

We highlight select examples below that are particularly relevant to youth and their resilience:

- It is commonly reported that suicide risk among Indigenous youth can be substantially higher – between 5 and 25 times – than among the general Canadian youth population (Atkinson, 2017; Pollock, Mulay, Valcour, & Jong, 2016). However, work from British Columbia shows there is immense variation in suicide rates among Indigenous communities. For instance, about half of BC First Nations communities have had very low suicide rates, equal to or even lower than that of the general population (Chandler & Lalonde, 2008). These communities were shown to possess characteristics such as the right to self-

government, access to education and health services, women involved in government, and facilities dedicated to preserving cultural identity. These characteristics may have acted as protective factors against suicide for young people (Chandler & Lalonde, 2008).

- US-based research on African American youth shows that those who witness violence are more likely to show violent behaviour. However, higher racial respect (i.e., feeling respected as individuals and as African Americans by their family, peers, and society) and racial socialization (i.e., being guided and supported to learn how African Americans have overcome many adversities) can act as buffers to reduce the traumatic effects of violence and reduce the likelihood of a violent response (DeGruy, Kjellstrand, Briggs, & Brennan, 2012).
- While refugees can face many challenges (see above), refugee youth who are supported by strong family, peer, and teacher relationships report stronger academic engagement and improved academic performance. Moreover, refugee youth experience greater positive educational, health, and wider social outcomes when they have opportunities to connect with community supports such as immigrant or religious organizations (Juang et al., 2018).

Understanding trauma's impact on youth and employment

Youth who have experienced trauma both directly and intergenerationally face multiple and persistent barriers to employment. As noted previously, trauma is known to cause changes at an individual level to cognitive ability, behavioural reactions, and ability to form social connections (SAHMSA, 2014), all of which are critical to a person's ability to engage in programs and services or to achieve employment success. For example, trauma can impair memory, making it difficult to process the large amounts of new information that are common in classroom settings (Anda et al., 2006).

Individuals who have experienced trauma may also have difficulties forming relationships or trusting others (Kinniburg, Spinazzola, & Kolk, 2005), or may display aggressive or other inappropriate responses, especially if triggered by untrained staff who may be confrontational rather than calming (Urquhart & Jasiura, 2013). Since trauma can create shame and lead to negative self-perceptions (Platt & Freyd, 2012), some youth may find it difficult to learn new skills or content, especially in group and classroom settings (Perfect, Turley, Carlson, Yohanna, & Saint Gilles, 2016).

A socio-ecological model illustrates how systematic discrimination can often be embedded in education and the labour market (Block & Galabuzi, 2018; Froy & Pyne, 2011). In fact, existing literature has established links between identifying as a visible minority (particularly for Indigenous youth) and having lower levels of educational attainment, program engagement, and employment (Calver, 2015; Ciceri & Scott, 2006; Delic, 2012; Feir, 2013; Friesen & Krauth, 2010; Harlow, Bohanna, & Clough, 2014; Hossain & Lamb, 2013; Walters, White, & Maxim, 2011).

Racialized communities also experience race-based discrimination, both interpersonally and systemically, in the form of educational streaming and suspension, higher rates of incarceration, apprehension into foster care, and unemployment (Block & Galabuzi, 2011; Codjoe, 2010; Khenti, 2014; Turner, 2016). For Indigenous youth, colonization, discrimination, and living in remote locations can compound a relative lack of access to educational supports and attainment, sustainable labour market participation, and other determinants of health (Ciceri & Scott, 2006; Expert Panel on Youth Employment, 2017; Hossain & Lamb, 2013; Reading & Wein, 2009).

The intersection of trauma with factors such as racial and gender-based discrimination, poverty, and colonization, can have multiple and layered negative effects on the employment outcomes of racialized youth. Furthermore, racial stigma and structural discrimination create further trauma for youth who interact with systems that are meant to facilitate healthy youth development (Paradies, 2016; Reading & Wein, 2009; YOUTHREX, 2018). Systems and institutions can also reinforce or exacerbate trauma – people may be re-traumatized by their experiences within health care, justice, housing, child welfare, or other systems (Ponic et al., 2016). This can happen when individuals must repeatedly describe their traumatic experience to service providers, for example, or when they encounter discrimination or stigma within organizations or institutions (PHAC, 2018). These experiences may prevent racialized youth from seeking or staying in employment and skills training programs, resulting in further marginalization and poorer outcomes.

Youth development and wellbeing

Youth is a time of immense developmental change, growth, and opportunity (Dahl, Allen, Wilbrecht, & Suleiman, 2018). Several theoretical frameworks have emerged for understanding youth development and wellbeing that aim to capture the complexity of interactions among the social, health and employment systems that shape youth's experiences, opportunities, and outcomes. Such frameworks are useful for understanding youth development in response to how youth interact with complex environmental factors and, in turn, for designing programs that support youth pathways to positive outcomes, such as employment. Below we briefly highlight key features of this research, then describe the principles for delivering trauma- and violence-informed services.

Research on youth development and wellbeing describes how individuals' ability to cope with and respond to life experiences relates to their personal, interpersonal, and tangible assets (and access to those assets), as well as their interpersonal networks, communities, and the systems with which they interact (Search Institute, 2019). In this context, assets may refer to relationships and opportunities in families, schools, and communities (external assets) as well as social-emotional strengths, values and commitments that are nurtured within young people (internal assets) (Ibid). It is important to note that assets related to coping and thriving are recognized as being culturally bound. As such, promoting youth wellbeing involves not only

improving individual experiences, but also addressing the interpersonal, community, and systemic challenges they face (Chan, Hollingsworth, Espelage, & Mitchell, 2016; Christens & Dolan, 2011; Durlak et al., 2007).

In this respect, the United Nations Convention on the Rights of the Child recognizes that youth live in complex environments that exert multiple influences on their lives in various ways that shape their experiences. The Convention asserts the rights of children (defined as those under the age of 18) to live free from physical and mental violence, injury or abuse, neglect, or negligent treatment (1989), and to recover from traumatic experiences that happen to them (Article 39). It also asserts that young people's environments should protect them from exploitation, violence, and abuse, regardless of their race, gender, or other socioeconomic factors. Furthermore, the Convention asserts that children and youth need to receive inclusive and high-quality services in education, employment, health, and other social domains (UNICEF, 2019). In so doing, the Convention underscores the importance of focusing efforts in trauma- and violence-informed service delivery to those that serve youth and support their development.

Positive youth development is a central framework that is an effective way to enhance youth programming to build youth assets, such as skills, competencies, and attitudes (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004). The framework asserts that a strengths-based approach – whereby services are focused on enhancing youth's positive qualities – is preferred, over a deficits-based approach, which views youth to be immature or delinquent (Catalano et al., 2004; Durlak et al., 2007). Positive youth development affirms that *all* youth have the capacity for growth if supported with relationships and enabling environments that facilitate their development (Anderson & Sandmann, 2009; Hinson et al., 2016). In essence, the framework recognizes that multiple dimensions of influence (i.e., assets, agency, contribution, and enabling environments) are critical to improving and facilitating youth development and wellbeing (see Appendix A).

3.4 WHAT ARE THE PRINCIPLES FOR DELIVERING TRAUMA- AND VIOLENCE-INFORMED SERVICES?

Trauma- and violence-informed approaches

Trauma- and violence-*informed* (TVI) refers to an approach adopted by services that aim to reduce harm that may have been caused by trauma (SAMHSA, 2014). Critically, trauma-informed services do not aim to *treat* trauma through clinical or other interventions, which is in contrast to trauma-*specific* services (see Table 5). These deliver therapeutic interventions to facilitate trauma recovery. They aim to assess, screen, diagnose and treat trauma and its effects with different clinical, behavioural, or psychological interventions (Hopper, Bassuk, & Olivet,

2010; Urquhart & Jasiura, 2013). For example, trauma-specific services may include psychotherapies to help children affected by traumatic events reduce their symptoms (Black, Woodworth, Tremblay, & Carpenter, 2012). Trauma-specific services are outside the scope of this project.

On the other hand, trauma-*informed* services deliver interventions that act on the core principles of trauma-informed care (PHAC, 2018). These services aim to reduce the potential harms of trauma for all, and to create enabling conditions to help individuals build resilience, enhance skills, and lead healthy and productive lives (Hopper, Bassuk, & Olivet, 2010; Urquhart & Jasiura 2013). While the aim of TVI services is to lessen the adverse effects of trauma, an individual receiving these services is not required to disclose experience with trauma and violence; instead, universal practices are implemented (PHAC, 2018). Table 5 below describes the key distinctions between trauma-informed and trauma-specific services.

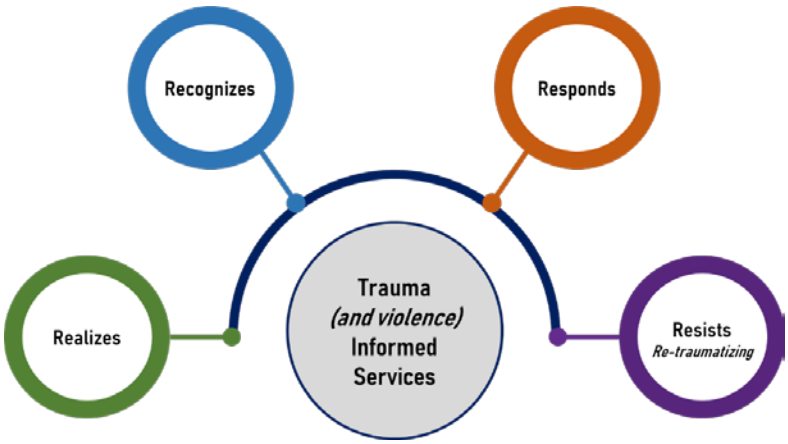
Table 5 Distinction between trauma-informed and trauma-specific services

Trauma-informed services	Trauma-specific services
▪ Deliver the core components of any non-therapeutic intervention but with trauma-informed care principles ▪ Build trauma awareness among all staff, which does not require clinical training ▪ The primary objective is to create a culture that cultivates safety and harm reduction ▪ Understand the connections between trauma, mental health, and substance use or substance-related harms for all clients ▪ Offer supports to increase safety and wellbeing; may refer clients to trauma-specific services ▪ Ensure clients are not re-traumatized; disclosure of traumatic experiences is not required *"Trauma-informed practice is more about the overall essence of the approach, or a way of being in the relationship, than a specific treatment strategy or method."*	▪ Deliver therapeutic interventions within a trauma-informed environment ▪ Involve practitioners with specific specialist and often clinical skills ▪ The primary objective is to diagnose (or screen), treat, and facilitate trauma recovery with counseling or other clinical services ▪ Offer services based on thorough assessments of clients with trauma, mental health, and substance use or substance-related harm ▪ Deliver treatment to those clients who seek and consent to treatment of their trauma ▪ Ensure clients are not re-traumatized

**Adapted from Urquhart et al., 2013.*

TVI services encompass what is often described as the "4 Rs of trauma" (see Figure 5 below). Specifically, TVI services *realize* the connections between trauma, violence and negative health and social outcomes and behaviours. Moreover, TVI services *recognize* the signs of trauma within clients and staff, and *respond* by providing a holistic approach to supporting individuals (SAMHSA, 2014). In TVI services, safety and empowerment for the service user are central, and are embedded in policies, practices, and approaches used by staff to relate to clients; this creates a culture of nonviolence, learning, and collaboration (Urquhart & Jasiura, 2013). Staff safety is also emphasized, since staff may be prone to secondary or vicarious trauma by being affected by the traumatic experiences of their clients (Klinic Community Health Centre, 2013). Finally, TVI services act on the principle of 'do no harm' to ensure clients are not *re-traumatized* or triggered through their program (Hopper et al., 2010; SAMHSA, 2014).

Figure 5 4 Rs of trauma- (and violence-) informed services



There has been increasing interest in using trauma- and violence- informed interventions among different types of health and social programs (Becker-Blease, 2017). TVI approaches are increasingly adopted in different sectors to build organizational capacity for reducing the harmful effects of trauma, and creating environments that promote growth and development (Urquhart & Jasiura, 2013). Evidence is also growing to show that adopting TVI approaches and its key principles can lead to better outcomes. For example, an intervention to help support women who faced abuse showed that those who received trauma-related support in addition to usual care saw greater improvement in their mental health and some improvements in substance use, compared to the usual care group alone (Morrissey et al., 2005). In schools, integrating a trauma-informed curriculum may help to improve students' self-esteem and the overall school environment (Day et al., 2015).

In Canada, a recent evaluation of primary health care clinics that incorporated TVI approaches and cultural safety into their care showed improvements in patients' mental health, quality of

life, and confidence in health services (Ford-Gilboe et al., 2018). The following are examples of organizations working with vulnerable populations in Canada that strive to incorporate TVI approaches (Centre of Excellence for Child and Youth Mental Health, 2016; Kidd et al., 2018; PHAC, 2018; Urquhart & Jasiura, 2013):

- The Homeless Hub: supporting and advocating for youth facing housing challenges (Homeless Hub, 2019);
- BC Centre of Excellence for Women's Health: supporting the health of girls and women (Centre of Excellence for Women's Health, 2017); and
- The Ontario Centre of Excellence for Child and Youth Mental Health: supporting refugees and newcomers' mental health (Centre of Excellence for Child and Youth Mental Health, 2016).

Several models have been proposed for advancing TVI services and approaches. Some are focused on the application of specific principles while others are focused on the overall system within which services and programs operate. For example:

- **The Sanctuary Model** emphasizes cultural changes within an organization to promote social and emotional learning, openness, safety, and opportunities for growth change (Bloom, 2007; Bloom & Sreedhar, 2008).
- **The Strengths, Prevention Empowerment, and Community Change (SPEC) Model** focuses on community interventions aimed to change the social context, promote individual wellbeing, and encourage knowledge sharing and collaboration with partners (Evans et al., 2010; McKenzie-Mohr, Coates, & McLeod, 2012).
- **The Attachment, Self-Regulation, and Competency (ARC) Framework** incorporates developmental needs of adolescents and youth and is designed for ethnically and culturally diverse youth who have faced complex trauma (Arvidson et al., 2011; Hodgdon, Kinniburgh, Gabowitz, Blaustein, & Spinazzola, 2013).

Across these and other models, several principles have been consistently articulated to help service providers and practitioners engage in TVI approaches at individual, organizational, and systems levels. These principles are outlined in the following section.

TVI principles

The principles of TVI approaches are applicable to diverse service providers of health, justice, housing, and other social programs (PHAC, 2018). These programs are also intended to be

universal for all clients, whether or not they have experienced trauma (PHAC, 2018). We choose to adopt the language used by the Public Health Agency of Canada to describe these principles but recognize that other organizations and research literature may use slightly different terminology.

Overall, the central principles of TVI approaches are to:

(1) Understand trauma and violence, and their impacts on peoples' lives and behaviours

The fundamental principle of TVI approaches is to build awareness about the prevalence of trauma and violence, including how trauma can manifest and result in debilitating effects, as well as the significance of cultural and historical context, and the ways in which people may adapt or cope with trauma (EQUIP Health Care, 2017b). A TVI program or service aims to educate staff about how a client's social and environmental circumstances may affect how they access and receive services (SAMHSA, 2014). Moreover, the goal is to embed an understanding of trauma and violence as a universal approach for all people, without requiring disclosure of specific traumatic experiences.

- **Example:** Staff training is a common approach to building awareness and understanding about trauma. A systematic review evaluated staff training in mental health, justice, and educational settings. Training programs, ranging from a one-day workshop to a year-long learning collaborative, were included in the analysis. The study found that most training programs increased both staff outcomes (e.g., knowledge and practices related to trauma), as well as client outcomes such as perception of care and positive behaviour (Purtle, 2018).

(2) Create emotionally and physically safe environments

Trauma and violence can create a profound sense of fear, shame, and vulnerability (Platt & Freyd, 2012). People may have experienced abuse or may currently be in unsafe relationships or living conditions, resulting in persistent feelings of threat or harm (Urquhart & Jasiura, 2013). Violence in particular – both as events and chronic experiences – may disrupt a person's sense of physical and emotional safety (Elliott et al., 2005). Consequently, creating environments that are physically, emotionally, and socially safe lies at the core of TVI programs (SAMHSA, 2014).

- **Example:** Creating a physically safe and welcoming environment may include activities such as providing a personalized approach to care, displaying local art, using language and materials that makes clients feel respected, and physical spaces that help clients feel comfortable (EQUIP Health Care, 2017a). Emphasizing safety is also about seeking to understand the challenges clients may face traveling to a service site, participating in the program, and interacting with staff and peers (Ponic et al., 2016).

(3) Foster opportunities for choice, collaboration, and connection

Trauma and violence are often associated with feelings of helplessness and powerlessness (Urquhart & Jasiura, 2013); they are also frequently associated with abuses of power within either formal relationships (e.g., work relationships or between client and service provider) or informal (e.g., family) relationships (SAMHSA, 2014). The principle of fostering choice, collaboration, and connection focuses on the relational aspects of services, and on minimizing power imbalances. This principle promotes services that offer flexibility and control to clients (Hopper et al., 2010). Clients are both encouraged and empowered to be involved in shared decision-making, have a voice, and build connections (Ponic et al., 2016).

- **Example:** A study examining effective practices for delivering trauma-informed care for women highlighted that in many settings (e.g., mental health or parenting support), a collaborative approach is needed between clients and staff to deliver effective care. When clients are empowered to make choices about their own recovery and treatment options, their self-worth increases and they are more motivated to reach their goals (Elliott et al., 2005).

(4) Provide a strengths-based and capacity-building approach to support client coping and resilience

Research suggests that taking a deficit perspective, whereby individuals (and particularly youth) are exclusively characterized by their problems, risk factors, or symptoms, is counter-productive to helping build resilience, and can negatively effect hopefulness and self-confidence (Catalano et al., 2004; SAMHSA, 2014). This principle for TVI interventions promotes services that recognize, appreciate, and build on their clients' strengths (SAMHSA, 2014). Moreover, it encourages services to help clients improve individual skills and capabilities, and connect them with supportive resources and networks (SAMHSA, 2014).

- **Example:** Within education settings, TVI approaches may incorporate elements of positive education, which takes a strengths-based perspective on building students' abilities (Brunzell, Stokes, & Waters, 2016). Strategies such as having predictable classroom routines, helping students identify and recognize their own strengths, adapting curriculum content to emphasize positive messages and examples of resilience, and instilling a mindset that all students can excel, are considered effective for trauma-affected pupils (Brunzell et al., 2016) as well as for the general student population.

The specific strategies that can be implemented at both the organizational level as well as by individual service providers to support realization of these TVI principles are summarized in Appendix B (adapted from PHAC, 2018).

3.5 HOW CAN TVI PRINCIPLES INFORM EMPLOYMENT SERVICE DELIVERY FOR YOUTH?

Insights from key informant interviews

Our review of the literature has shown there is a dearth of evidence about how employment programming can engage youth who have experienced trauma. Specifically, there is a lack of published practical guidance on how to integrate a trauma-informed approach into employment and training programs, including the process of setting and attaining employment and career goals. Developing a TVI approach to the delivery of employment and skills development supports for vulnerable youth is also likely to be more effective at reaching and engaging youth who may not have previously participated in such programming, while also enhancing the quality of service delivery more broadly. Given the lack of published evidence, we sought insights from our key informants to help orient our synthesis and develop a conceptual framework. We found that:

- Key informants agreed a TVI approach has an important role to play in employment. They suggested that the key insights from TVI approaches for which there is an evidence base could be transferable to employment.

- Many organizations (e.g., those that work with refugee and immigrant groups such as MOSAIC) recognize the importance of TVI approaches and provide services that are informed by trauma; however, the TVI lens may not be explicit or published. Learning more about the application of TVI in the context of employment supports necessitates gathering information directly from service providers.

- Key informants also emphasized the importance of a socio-ecological lens to TVI approaches and described the ways in which these connect and combine several key concepts such as neurobiology, social determinants, culturally competent care. Similarly, they suggested TVI employment programming for youth would need to take an ecological, holistic lens to what youth are experiencing, and tailoring that for employment.

- In addition, key informants stressed that TVI services are insufficient to tackle the *structural inequities* faced by the youth often targeted for these services (e.g., youth from low-income backgrounds, Indigenous youth, Black youth, refugee and newcomer youth). Indeed, much of the grey literature on implementing TVI approaches is about training for service providers. In our interviews, key informants emphasized that it is not possible to deliver TVI programs without *cultural safety* (defined as practices that ensure services are free of racism and discrimination, and where people are supported to draw strengths from their identity, culture and community) and an acknowledgement of systemic racism and other forms of discrimination (i.e., how employment services and processes may themselves be race-based

or perpetuate racism). In fact, key informants identified the cultural safety framework as an important component of any TVI program for racialized youth because of structural-level inequities (Northern Health, 2019).

- Finally, key informants suggested it will not be possible to remove all the "triggers" (i.e., barriers, negative experiences, hardships) that youth may experience along the pathway to employment. However, programs should aim to create environments (i.e., focus on structures, policies, etc.) that minimize the potential for re-traumatization and maximize potential for empowerment and skill building (e.g., managing emotions and responses to difficult experiences).

Integrating TVI principles into employment services

A TVI service provider, organization, and system realizes the widespread impact of trauma and understands potential paths for healing. They recognize the signs and symptoms of trauma in staff, clients, patients, residents, and others involved in the system. Finally, they respond by fully integrating knowledge about trauma and violence info policies, practices, and settings (Klinic Community Health Centre, 2013). In this section, we build on the four overarching principles of TVI care to discuss potential mechanisms to influence, design, and deliver employment supports for youth facing multiple barriers. In our work, we acknowledge the diverse landscape of employment support programs, youth populations and experiences, and contexts within which these clients, services, and organizations exist. For each principle, we provide examples of promising practice[5] from the field of employment programming.

Understand trauma and violence, and their impacts on peoples' lives and behaviours

Becoming trauma-aware encompasses a broad awareness of how trauma connects with violence, health, behaviour, and a person's overall life circumstances, and extends to family members, first responders and other professionals, broader social networks, and entire communities (Ponic et al., 2016). Trauma awareness recognizes that supportive, facilitative environments can be instrumental to building resilience and facilitating growth and recovery (Ungar, 2013). Finally, trauma awareness does not assume that everyone has a history of trauma, but rather, anticipates that possibility in all client interactions, such as intake processes, screening and assessment procedures (Hopper et al., 2010).

Employment service providers may not realize the links between trauma, health and mental health, and employment. Service providers also may not understand the ways in which trauma

[5] The research in this area is not yet sufficiently developed to determine evidence-based practices.

experiences are relevant to their work. For example, people with histories of trauma and violence make a wide range of adaptations to cope and survive, and their behaviours that may be misunderstood and mislabeled, and serve as barriers to program participation and engagement (Poole et al., 2016). Ensuring staff and organizations are better versed in understanding trauma is critical to creating environments where youth can feel validated, motivated, and encouraged to seek support (Ponic et al., 2016).

Promising practice spotlight

Hopeworks in Camden, New Jersey, was established in 2000 to help support marginalized young people (particularly youth from foster care) pursue education and prepare them for entry into the workforce. However, by 2010, the program saw limited success and staff were feeling overwhelmed. To revitalize the program, a trauma informed approach was implemented, with a core component to build trauma awareness and improve organizational structures. Staff were given a series of trainings about how trauma can affect young people and how to better support students. It also encouraged ongoing staff development and organizational changes to foster more democratic decision-making. Within the program, staff went from asking students, *"what's wrong with you?"* to *"what happened to you?"* Staff were trained to support youth and encourage them to be independent in solving their own challenges. More opportunities were created for staff to voice their concerns about any organizational policies, with less punitive policies created for students, and supports were put in place to help students set and reach their own goals. Overall, the program saw training rates that by 2016, had roughly tripled since the changes were enacted (Fletcher & King, 2016; Hopeworks, 2019).

Create emotionally and physically safe environments

As described earlier, experiences of trauma and violence can create a sense of fear, shame, and vulnerability (Platt & Freyd, 2012), as well as persistent feelings of threat or harm from unsafe relationships or living situations (Urquhart & Jasiura, 2013). Compounding these effects, youth from communities with high rates of violence and who have experienced racial discrimination may be deterred from attending or seeking supports because a lack of trust or fear of recurrent trauma (Rich & Grey, 2005).

Consequently, the goal of building strong relationships and creating environments that are physically, emotionally, and socially safe lies at the core of TVI programs. Examples of practices that employment (or other) programs can establish to foster safety and trustworthiness include (EQUIP Health Care, 2017a; Ponic et al., 2016; Urquhart & Jasiura, 2013):

- ensuring welcoming intake procedures and language;
- adapting the physical space to be less threatening;
- creating separate waiting spaces for family, women, or elders, including a place for clients to decompress or clear their mind, and where they can find comfort;

- providing clear information about the programming ensuring informed consent;
- creating crisis plans; demonstrating predictable expectations;
- scheduling appointments consistently;
- displaying words or phrases in diverse languages and displaying local art.

Promising practice spotlight

Choices for Youth in St. John's, Newfoundland, offers young people who experience multiple barriers with opportunities to lead stable and productive lives. The program takes a trauma-informed and harm reduction approach. It recognizes that it can be difficult for youth to take part in effective employment training, education, or work programs if the youth lack the basic necessities to meet their wellbeing (e.g., housing). Youth who are enrolled into the program are offered housing support at the onset, and staff work with them to find more stable living conditions. The program emphasizes safety by creating a non-judgmental and inclusive environment where young people from all backgrounds are supported. Partnerships with social and community groups help to provide different opportunities and ensure that youth feel valued for their diversity (Choices for Youth, n.d.).

A similar approach is taken by BladeRunners, part of Work BC, which connects youth to holistic support services at any time of the day. Youth who are facing challenges with mental health, housing, or other social service needs can get the support they need while still pursing their job training, and even after completing the training (Currie, Foley, Schwartz, & Taylor-lewis, 2001).

Foster opportunities for choice, collaboration, and connection

Trauma or violence are often associated with feelings of helplessness and powerlessness (Urquhart & Jasiura, 2013); it is also frequently associated with abuses of power within either formal or informal relationships (SAMHSA, 2014). The principle of fostering choice, collaboration, and connection among service providers is intended to create environments and conditions that foster a sense of efficacy, self-determination, dignity, and personal control for those accessing the program or service. Having the opportunity to establish safe connections – through providing choices, allowing the expression of feelings without fear of judgement and providing opportunities for decision making – can help equalize power imbalances in relationships and be reparative for clients (Ponic et al., 2016; Urquhart & Jasiura, 2013).

Our research did not result in findings specific to the application of this principle in employment. However, below we present an example of a promising practice that fosters choice, collaboration, and connections through providing Black youth with opportunities to mentor and be mentored.

Promising practice spotlight

NexGen Builders in Toronto, Ontario, was established with a partnership between the Laborers' International Union of North America and Toronto Community Benefits Network. The program aims to support Black youth who have an interest in construction or trades. In Ontario, visible minorities make up less than 4% of all apprentices and are an underserved group (Ministry of Advanced Education and Skills Development, 2018). Black youth who have an interest in construction or the trades often lack mentors or other personal supports who can guide their careers. NexGen Builders pairs Black youth with Black mentors working in the trades. Mentors are selected to ensure they can relate to youths' challenges and circumstances, and serve as both professional and personal role models (NexGen Builders, n.d.).

Provide a strengths-based and capacity-building approach

Because exposure to trauma is known to disrupt opportunities to build competencies and to be associated with low self-esteem, TVI programs and services aim to identify their clients' strengths and to further develop their resiliency and coping skills. While recognising the impacts of trauma, TVI approaches place an emphasis on creating environments that are nurturing and focus on positive growth, change, and being forward-looking (Urquhart & Jasiura, 2013; Bloom, 2007; Elliott et al., 2005; Brunzell, Stokes, & Waters, 2016).

Our research did not yield findings specific to how TVI principles are applied in employment services; however, below we present an example of a promising practice from a program that utilized a strength-based approach to develop self-efficacy and coping skills amongst youth.

Promising practice spotlight

Truth N' Trauma is a project in Chicago that worked with high-school aged youth from communities facing high levels of community violence. The program took a positive, strengths based approach that emphasized building social capital and enhancing resilience, with a focus on restoration. Youth were enrolled into a nine-month after-school program where they worked with their peers to create media and theatre productions. As part of the program, youth received training on building coping strategies, recognising triggers, and responding to trauma in their communities. An evaluation showed that the program participants saw many improvements compared to a group that received no training, including increased community involvement, self-efficacy, working effectively with others, and their ability to deal with challenging problems. Youth reportedly found it rewarding to work with staff who were aware of the challenges in their community and who helped them grow their creative abilities (Harden et al., 2014).

4. CONCEPTUAL FRAMEWORK

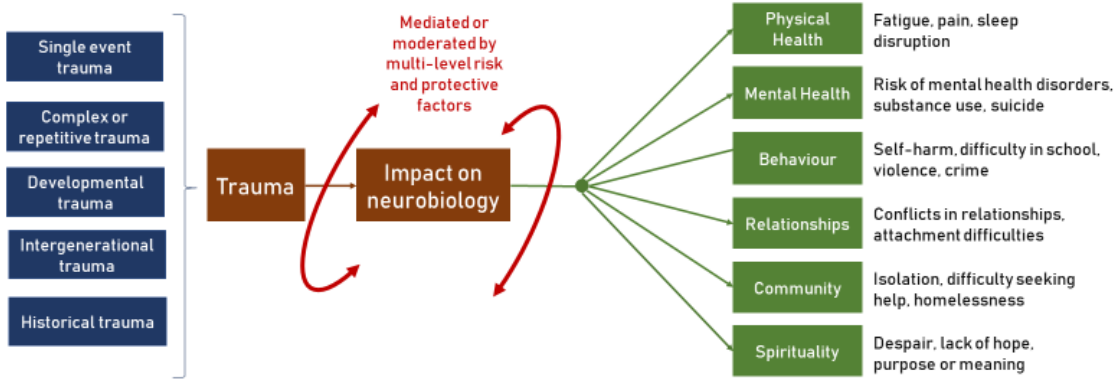
In this section, we present our preliminary conceptual framework for a TVI approach to youth employment and skills training, based on our interpretation and adaptation of existing frameworks, best practices, advice from key informant interviews, and key components of employment supports for youth. It is critical to emphasize that the conceptual framework (illustrated in Figures 6 and 7 below) will necessarily be iterative and informed by the findings from interviews with service providers and focus groups with youth.

Figure 6, below, adapts and extends the model of trauma developed by the Klinic Community Health Centre (2013) to describe the effects of trauma for individuals across several life domains, and highlights the implications for employment and training. As seen in the table on the right side of the figure, trauma can have a wide range of implications for individuals, including but not limited to job performance, morale, and behavioural and interpersonal effects. Employment service providers taking a TVI-approach to service delivery need to consider how the design of their programs for racialized youth alleviates or exacerbates trauma's impacts on areas such as memory, mental fatigue, relation to authority, comfort in classroom environments, communication, trust, self-confidence, and self-esteem.

Figure 7 articulates the foundational principles for designing employment and skills training programs for racialized youth and represents our preliminary conceptual framework. It builds on key conceptual frameworks from the field of employment (i.e., *supported employment*) and other sectors working with youth (i.e., *positive youth development*), racialized populations (i.e., *cultural safety*), and others affected by trauma (i.e., *trauma- and violence-informed*). This figure illustrates how interventions to support these foundational principles must occur at multiple levels, with the right side of the figure highlighting interventions at the policy, organizational, and individual/practitioner levels.

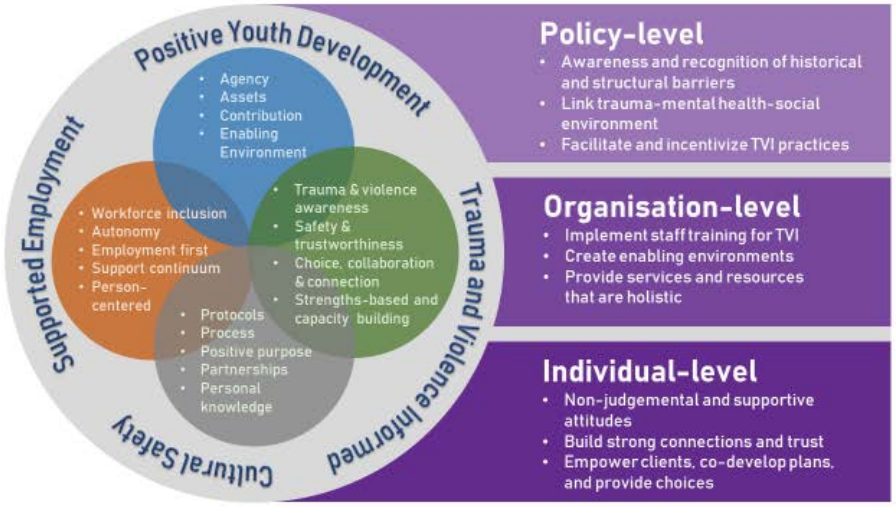
While overcoming broader systemic barriers lies beyond the scope of individual employment programs, they should nonetheless consider the impacts of structural challenges on their clients and seek to embed inclusive practices into their environments and interventions so as not to further perpetuate these impacts. Programs may wish to incorporate this awareness, given that youth from racialized backgrounds face many structural barriers to employment that stem from the long-standing effects of colonization, racism, and inequitable outcomes in education and health (Fang & Gunderson, 2015; Froy & Pyne, 2011; OECD, 2018; Petrasek-Macdonald, 2015).

Figure 6 Implications of trauma for employment and skills training



Implications for Employment and Training			
Job performance	Morale	Behavioural	Inter-personal
Low motivation	Loss of interest	Overwork	Poor commu-nication
Task avoidance	Apathy	Tardiness	Conflicts
Decreased productivity	Dissatis-faction	Exhaustion	Withdrawal from others/ aversion to forming connections
Altered capacity for memory	Lower self-esteem and confidence	Frequent job changes	Impatience
		Disrupted emotional regulation	Apprehen-sion towards classroom structure

Figure 7 Preliminary conceptual framework for TVI-informed employment and skills training programs for racialized youth



5. CONCLUSION

The findings of this evidence synthesis underscore the importance of taking a socio-ecological lens when developing employment support programming for youth, recognizing that the experiences of and responses to trauma are influenced and manifested at multiple levels: individual, family/interpersonal, societal/community, and cultural/historical. Our review of the literature also highlighted gaps in evidence on how to integrate a TVI approach into employment and training programs at multiple levels, in terms of service delivery by individual providers, organizational policies, programs, and practices, and broader policies. Indeed, the insights from our key informants suggest that while TVI principles could be transferrable to employment supports, it is necessary to learn directly from existing programs that incorporate a trauma-informed approach (explicitly or otherwise) to working with youth.

Drawing on multiple areas of scholarship and well-established frameworks for best practices in trauma-informed care, we have outlined foundational principles of trauma-informed service delivery – fostering understanding of trauma and violence, creating safe environments, fostering choice and collaboration, and focusing on building strengths and capacity. We have also outlined the implications of these principles for design and delivery of programs and services in the context of youth employment supports. Further engagement with practitioners delivering youth employment supports in Canada is needed, as well as with youth themselves, to explore how TVI principles, strategies, and mechanisms are manifest in practice, and can inform a feasible and relevant model of TVI youth employment supports.

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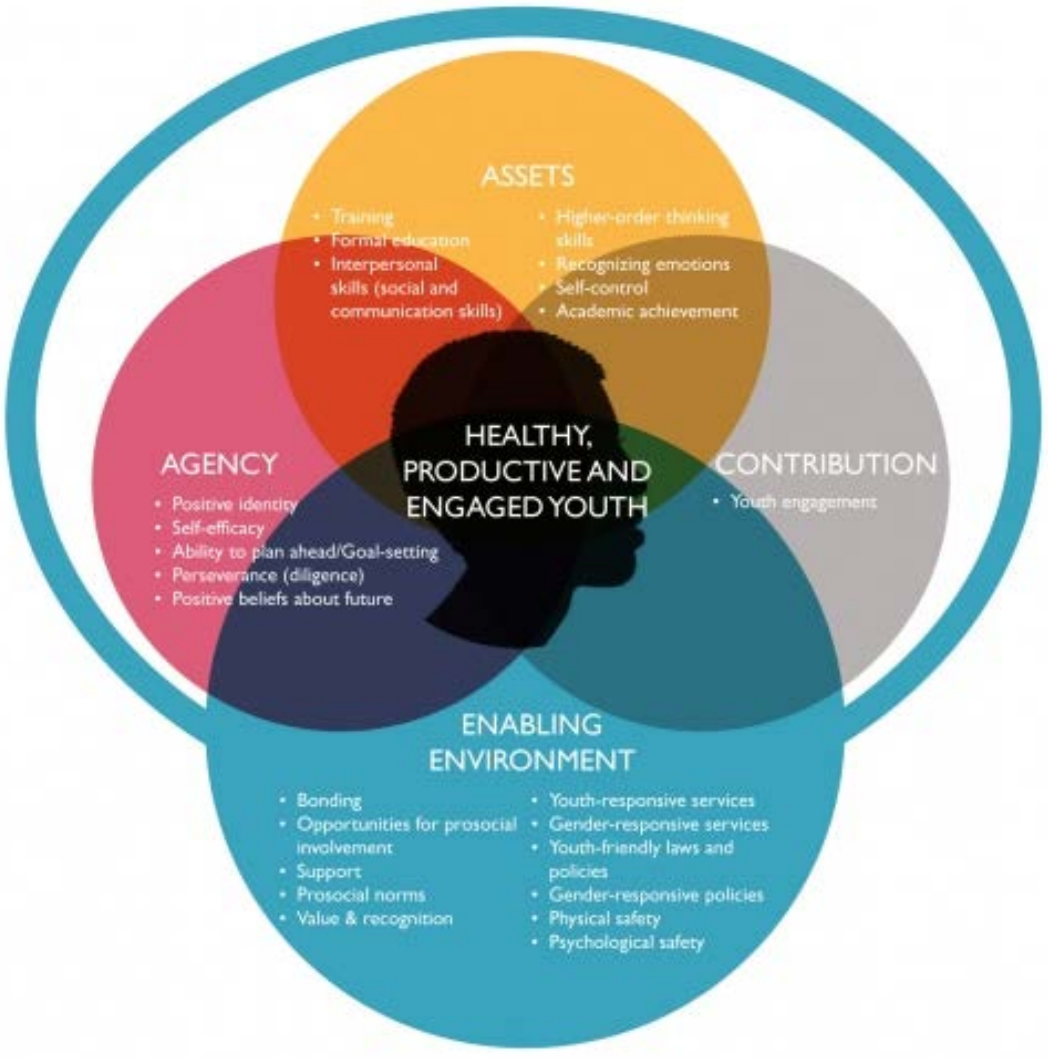
APPENDIX A: POSITIVE YOUTH DEVELOPMENT FRAMEWORK



**From Hinson et al., 2016.*

APPENDIX B: TVI PRINCIPLES AND ORGANIZATIONAL- AND SERVICE PROVIDER-LEVEL STRATEGIES

Principles	Organizational-level Strategies	Individual/ Service Provider Strategies
1. Building trauma and violence awareness: Realizing the prevalence of violence and trauma, and understanding their impacts on peoples' lives and behaviours	▪ Develop organizational structures, policies, and processes that foster an organizational culture built on understandings of trauma and violence, for example through hiring practices and reward systems ▪ Develop organizational structures, policies and processes that foster a culture built on an understanding of how trauma and violence affect peoples' lives ▪ Develop hiring practices that seek people who understand trauma and violence and reward systems that incentivize employees to build their competencies in this area ▪ Train all staff on the connections between violence, trauma and health outcomes and behaviours, including vicarious or secondary trauma	▪ Listen and believe victim's experiences: "That sounds like a horrible experience" ▪ Affirm/validate: "No one deserves…" ▪ Recognize strength: "You have really survived a lot…" ▪ Express concern: "I am really concerned for your safety…" ▪ Acknowledge the root causes of trauma without probing. Your clients do not necessarily need to disclose what may have happened to them for you to help them: "I know that people who have had difficult experiences often have difficulty trusting people in authority or have chronic pain." ▪ Pause and reflect when someone acts or reacts in an unexpected way: Use "What happened to this person?" vs. "What's wrong with this person?"

Principles	Organizational-level Strategies	Individual/ Service Provider Strategies
2. Emphasis on safety and trustworthiness: Creating emotionally, culturally, and physically safe environments for clients and staff to prevent individuals from being re-traumatized	▪ Attend to how a safe service environment is set up, including welcoming intake procedures and signage, comfortable physical space, consideration of confidentiality ▪ Seek client input into inclusive and safe strategies ▪ Provide support for service providers at risk of vicarious trauma and facilitate their self-care (e.g., peer support, regular check-ins with supervisor, self-care programs) ▪ Walk through the practice setting to see and assess how a client might experience each moment. This simulation can help identify where improvements can be made. For example: Travel to the site on bus and see what it feels like to arrive at the service site. Is it difficult to access? Spend time in the waiting area, fill out the forms and experience how long a client might wait to be seen. Go through all client activities, such as being asked to undress/put on a gown, being physically examined or asked sensitive questions. ▪ Create policies and structures to allow clients to bring a support person with them to meetings ▪ Provide support for service providers at risk of secondary trauma and facilitate their self-care ▪ Consider peer support, regular clinical supervision, and self-care programs ▪ Create an atmosphere of safety, respect, and acceptance ▪ Develop procedures avoid re-traumatization and reduce impacts of trauma ▪ Ensure practices recognize the significance of race and culture as integral to understanding a person in their environment, and sense of self ▪ Ensure an understanding of the complex interactions between personal and global history, including past and continued trauma experienced by the individuals and families	▪ Communicate in non-judgemental ways so that people feel deserving, understood, recognized, and accepted: "I am happy to see you came in today." ▪ Foster an authentic sense of connection to build trust: "I can see from your body language/ face/ comments that you don't agree with what I've said. What are you thinking about right now? What are you worried about?" ▪ Provide clear information and consistent expectations about services and programs: "I can't give/provide you with [that service] because of the rules I have to follow. But I'd like to help you find other ways to help manage your situation." ▪ Encourage clients to bring a supportive person with them to meetings or appointments: "If bringing a family member or friend or someone else would help you feel more comfortable at our next meeting, you are more than welcome to do so." ▪ Consistency and predictability, address basic needs, maintain clear and consistent boundaries ▪ Authentic, respectful relationships ▪ Providers understand and assess the role that culture plays in resiliency and the importance of community resources as potentially mediating the trauma experience ▪ Work towards cultural competence, understand contextual factors

Principles	Organizational-level Strategies	Individual/ Service Provider Strategies
3. **Fostering choice, collaboration, and connection:** Providing opportunities to make choices, foster a sense of efficacy and control, and build safe connections	▪ Offer training and professional development opportunities for staff on: the importance of critical self-reflection on power differences between practitioners and clients; how experiences of violence can influence the way that clients engage with providers ▪ Set expectations, create opportunities, and provide the time and space for collaborative relationships to be formed between (e.g., generous appointment time allocations, clients' advisory mechanism)	▪ Consider choices collaboratively ▪ Listen actively to privilege the clients' voice ▪ Provide choices for treatment and services and consider the choices together: "Last time you were here, we had a plan to try [strategy x]. How did that work out for you? What about our plan would you like to change?" ▪ Communicate openly and without judgement ▪ Provide the space for clients to express their feelings freely: "Is there anything you would like to tell me that might be helpful for our work together?" ▪ Listen carefully to the client's words and check in to make sure that you have understood correctly: "So it sounds like your living situations is ... difficult, stressful, etc."
4. **Promoting strengths-based and capacity-building approach to skills building:** Identifying strengths, building resilience and coping skills while being sensitive to barriers	▪ Provide sufficient time/resources to support meaningful engagement between service provider and client ▪ Provide programming options that tailor interventions to peoples' needs, strengths and contexts ▪ Support an organizational culture of, and train staff in, emotional intelligence and social learning ▪ Provide sufficient time and resources to support meaningful engagement between practitioners and clients ▪ Offer a range of services and interventions that respond to people's needs, strengths, and contexts ▪ Foster an organizational culture that recognizes the importance of emotional intelligence and social learning in the workplace	▪ Help clients identify their strengths through techniques such as motivational interviewing (a communication technique that improves engagement and empowerment) ▪ Teach and model skills for recognizing triggers, calming, centering, and staying present, including developmentally appropriate skills for children and youth ▪ Acknowledge the effects of historical and structural conditions on peoples' lives: "Life circumstances often make it difficult to move forward in your life, like finding housing or getting a job." ▪ Help people understand that their responses are normal: "It's understandable that you feel angry about being treated unfairly. It sounds like you feel you were dismissed."

APPENDIX C: KEY TERMS

Intersectionality: "Acknowledges the ways in which people's lives are shaped by their multiple and overlapping identities and social locations, which, together, can produce a unique and distinct experience for that individual or group, for example, creating additional barriers or opportunities. In the context of race, this means recognizing the ways in which people's experiences of racism or privilege, including within any one racialized group, may differ and vary depending on the individual's or group's additional overlapping (or 'intersecting') social identities, such as ethnicity, Indigenous identification, experiences with colonialism, religion, gender, citizenship, socio-economic status or sexual orientation" (Ontario, 2017, p. 53).

Marginalization: "Long-term, structural process of systemic discrimination that creates a class of disadvantaged minorities. These groups become permanently confined to the margins of society; their status is continually reproduced because of the various dimensions of exclusion particularly in the labour market, but also from full and meaningful participation in society" (Ontario, 2017, p. 54).

Social determinants of health: Refers to conditions in which people are born, grow, live, work, play and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between different groups of people. Social determinants of health encompass many factors that influence individual and population health, including how responses to trauma may manifest in individuals. Some of these factors are income, employment, social status, education, gender, culture, and race. For certain population groups, such as Indigenous peoples, LGBTQ2S+ minorities, and Black Canadians, racism, historical trauma, and discrimination are particularly important social determinants of health. (Government of Canada, n.d.)

Systemic Racism: Policies and practices of institutions or systems that create or maintain racial inequity. Often these practices are not overt but hidden, embedded within institutions to privilege some groups and disadvantage others based on race and its associated factors. Systemic racism is often synonymous with structural racism, both of which emphasize that racism goes beyond individual attitudes and actions and acts primarily at a higher systems level through processes and social forces. The term ***structural racism*** may be used emphasize how historical and cultural aspects have contributed to contemporary racialized society. Both systemic and structural racism are concepts that describe how political, social, and economic barriers can be a part of the daily experience of racialized communities and creates inequalities across many facets of life. (Clair & Denis, 2015; Ontario, 2017; The Aspen Institute, n.d.).

Trauma: "Experiences that cause intense physical and psychological stress reactions that disrupts a person's healthy functioning. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual wellbeing. Often the events are unexpected. Traumas can affect individuals, families, groups, communities, specific cultures, and generations. Trauma occurs when such events or experiences overwhelm an individual or community's resources to cope, and it often ignites the 'fight, flight, or freeze'" reaction at the time of the event(s). It frequently produces a sense of fear, vulnerability, and helplessness. Trauma or symptoms of trauma may not meet the criteria for post-traumatic stress disorder or other mental health illness, yet can still lead to many debilitating effects" (SAMHSA, 2014, p. xix).

Trauma-informed care: Trauma-informed care is a strengths-based service delivery approach "that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper et al., 2010, p. 82). It also involves vigilance on the part of service providers in anticipating and avoiding institutional processes and individual practices that are likely to traumatize individuals who already have histories of trauma, and it upholds the importance of consumer participation in the development, delivery, and evaluation of services. (SAMHSA, 2014)

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