

Trauma and Violence Informed Practices in Victim Services: A Comparative Review



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Abstract

Trauma and Violence Informed Practices (TVIP) mark a critical shift in the delivery of victim services by acknowledging not only the psychological impact of interpersonal violence but also the structural and systemic conditions that perpetuate harm. Positioned within a victimological framework, this paper explores the evolution of TVIP from its clinical and community-based roots to its institutional applications across justice, health, and social care systems. Through a comparative examination of Canada, the United States, and Australia, the study identifies key strategies such as inter-agency collaboration, culturally responsive service design, and survivor-led engagement that have enabled the integration of TVIP principles into diverse legal and social infrastructures. The analysis demonstrates how these countries have begun embedding trauma awareness into routine operations, despite the challenges in standardization, accessibility, and sustainability. Drawing from these insights, the paper critically examines the Indian context, where services for survivors of gender-based violence and legal mechanisms exist but often lack trauma-informed orientation. The paper argues that localizing TVIP in India requires both systemic reform and cultural adaptation, particularly in how police, judiciary, and support services engage with women and children experiencing domestic violence, sexual assault, and child abuse. Ultimately, the paper positions TVIP as a foundational approach to survivor-centered justice, one that transcends procedural assistance to affirm dignity, safety, and empowerment as core institutional values. By foregrounding the lived experiences of survivors, the study advocates for the urgent integration of TVIP within India's evolving victim assistance ecosystem.

Key words: Trauma and Violence Informed Practices (TVIP); Survivor-Centered Justice; Victim Services; Comparative justice; Victimology

1. Introduction

Over the years, the discourse on trauma has shifted from the margins of psychology to the center of public health, social policy, and justice reform. This shift is most visible in the development of Trauma and Violence Informed Practices (TVIP), a framework that reconceptualizes the delivery of victim services by recognizing both the psychological impact of trauma and the structural violence that sustains it. Rooted in trauma science, feminist theory, and anti-oppressive practice, TVIP offers a systemic and relational approach to care that acknowledges how individual harm is shaped by broader contexts of inequality, discrimination, and historical injustice (Ponic, Varcoe, & Smutylo, 2016; Hopper, Bassuk, & Olivet, 2010).

The emergence of TVIP has been especially influential in shaping responses to gender-based violence (GBV), including domestic violence, sexual assault, and coercive control, i.e., forms of trauma that are often chronic, interpersonal, and compounded by social silencing. These harms disproportionately affect women, LGBTQIA+ individuals, racialized and Indigenous communities, and those living in poverty, populations for whom trauma is not a singular event but a continuum of threat, often reinforced by the very systems intended

to provide safety (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005; SAMHSA, 2014).

Unlike traditional trauma-informed care, which often focuses on the psychological impact of discrete events, Trauma and Violence Informed Practices (TVIP) explicitly integrate structural analysis into service design and delivery. In doing so, TVIP responds not only to the neurobiological and emotional aftermath of trauma but also to the social determinants that constrain recovery, such as housing insecurity, systemic racism, cultural erasure, and institutional betrayal (Varcoe et al., 2016). It is not merely a set of therapeutic techniques, but a philosophy of engagement, grounded in safety, trust, empowerment, collaboration, and cultural responsiveness (BC Centre of Excellence for Women's Health, 2013).

Internationally, TVIP has been formalized in several national and regional frameworks. In Canada, the TVIP approach has been widely adopted across healthcare, justice, and victim services, guided by federal reports from the Department of Justice and provincial implementation strategies (Justice Canada, 2016). In the United States, the Substance Abuse and Mental Health Services Administration (SAMHSA) has developed system-wide guidelines for trauma-informed care, influencing practices in

criminal justice reform, domestic violence shelters, and substance abuse programs (SAMHSA, 2014). In Australia, trauma-informed responses have been adapted to the needs of Aboriginal and Torres Strait Islander communities, emphasizing cultural safety, collective healing, and the intergenerational legacy of colonial trauma (Atkinson, 2013).

Grounded in the principles of restorative, feminist, and therapeutic victimology TVIP shifts the locus of service delivery from a deficit-based model to one that is rights-based, survivor-centered, and dignity-affirming. It challenges dominant institutional logics that prioritize efficiency, surveillance, or compliance over care, and instead centers the lived experiences, voices, and healing trajectories of survivors (Walklate, 2011; McGlynn & Westmarland, 2019). Research indicates that TVIP leads to increased survivor engagement, reduced re-traumatization, improved emotional safety, and greater staff resilience in high-stress service environments (Hopper et al., 2010; Isobel & Edwards, 2017).

This shift is particularly relevant in systems that have historically produced secondary victimization, where survivors are retraumatized by disbelief, procedural rigidity, or moral judgment from service providers (Campbell, 2006). TVIP reframes service engagement not as a linear intervention, but as a collaborative process of trust-building and empowerment, recognizing that trauma disrupts one's sense of agency, identity, and relational safety (Herman, 1992). In doing so, it aligns with recent victimological debates that call for relational justice, where survivor needs are prioritized over institutional outcomes (Holder & Daly, 2008).

Empirical research underscores the efficacy of trauma-informed approaches. Studies have shown that TVIP implementation in domestic violence shelters, crisis response units, and mental health services leads to increased survivor engagement, reduced dropout rates, greater emotional safety, and enhanced staff resilience in high-stress environments (Hopper, Bassuk, & Olivet, 2010; Isobel & Edwards, 2017; Wilson, Fauci, & Goodman, 2020). Importantly, it also contributes to a culture shift within organizations, fostering reflective supervision, compassion fatigue awareness, and more equitable power dynamics between staff and clients (Elliott et al., 2005; Knight, 2015). Accordingly, TVIP not only improves service outcomes but also shifts institutional perspectives from surveillance and authority to care, recognition, and relational accountability.

This paper offers a conceptual exploration of Trauma and Violence Informed Practices as an emerging global framework in victim service delivery. It begins

with the theoretical foundations of TVIP, tracing its evolution from clinical psychology and feminist victimology. It then examines its implementation across three national contexts – Canada, the United States, and Australia before identifying its conceptual strengths, practical challenges, and implications for expanding trauma-informed justice frameworks in diverse global settings. The paper also examines how these practices are present in the Indian legal framework and explores how it can be enhanced during investigation, trial and recovery processes. Through this analysis, the paper seeks to contribute to a more nuanced, survivor-centered discourse on justice in India.

2. Early Understandings of Trauma and Victimization

The conceptual origins of Trauma and Violence Informed Practices (TVIP) can be traced back to clinical understandings of trauma developed in the late 20th century, particularly through the work of Judith Herman (1992), who described trauma as a profound disruption to safety, trust, and control which are foundational elements of human attachment and identity. Early trauma theory was informed by the psychological treatment of survivors of war, childhood abuse, and sexual violence, focusing largely on individual symptomatology such as dissociation, hyperarousal, and intrusive memory (Van der Kolk, 2014). While this body of work was pivotal in identifying the long-term impact of interpersonal trauma, it largely existed within therapeutic and diagnostic domains, without sufficient consideration of how social systems responded to survivors or contributed to their harm. In these early stages, the justice system was rarely implicated in discussions of trauma. Individuals who experienced gender-based violence often encountered disbelief, victim-blaming, and strict procedural requirements. These experiences were sometimes categorized as anecdotal or interpreted as psychological challenges to recovery. Medicalizing trauma often hides its structural causes, resulting in individual-focused treatment and isolated professional responses (Goodman et al., 2016).

2.1. Critiques of Institutional Responses to Victims

By the late 1990s and early 2000s, growing feminist, critical, and victimological scholarship began to challenge dominant institutional responses to trauma survivors, particularly in the domains of policing, legal aid, shelter services, and healthcare. Empirical research began documenting widespread secondary victimization, a phenomenon in which survivors experience additional psychological harm when engaging with institutional systems meant to provide protection or justice (Campbell, 2006). Victims of sexual assault, for

instance, were often required to repeatedly recount traumatic experiences, face character judgments in court, or contend with untrained frontline responders who failed to validate or support their disclosures (Wemmers, 2013).

Feminist victimologists highlighted how structural power imbalances, particularly related to gender, race, caste, and class shaped not only the experience of violence but also the response to it (Daly & Stubbs, 2006; Walklate, 2011). Informed by decades of survivor advocacy, these critiques underscored the urgent need for victim services that did more than process cases or treat symptoms, but instead engaged with survivors as rights-bearing individuals entitled to dignity, care, and self-determination (Holder & Daly, 2008). This critique of institutional complicity and emotional neglect created the conceptual opening for a more expansive framework, one that could hold both the psychological aftermath and systemic causes of trauma.

2.2. From Trauma-Informed Care to Trauma and Violence Informed Practices

The notion of trauma-informed care (TIC) began to take shape in the early 2000s as an attempt to transform organizational cultures, especially in the mental health and substance use sectors. The TIC approach called for all service providers, not just therapists, to understand trauma's impact on behaviour, perception, and trust (Fallot & Harris, 2009). Yet, while TIC broadened the scope of engagement, it remained largely focused on individual recovery, often insufficiently attentive to ongoing structural violence or historical injustice (Elliott et al., 2005; Sweeney et al., 2016).

The Canadian model of Trauma and Violence Informed Practice (TVIP) emerged as a corrective to the limitations of TIC, explicitly integrating an understanding of violence as systemic, relational, and ongoing (Ponic, Varcoe, & Smutylo, 2016). The inclusion of "violence" alongside "trauma" reflected a shift from viewing trauma as a past psychological injury to recognizing it as a present, embedded condition, particularly for women, Indigenous communities, racialized individuals, and other marginalized populations (Varcoe et al., 2016).

Governmental and non-governmental agencies in Canada, such as the Department of Justice Canada, BC Centre of Excellence for Women's Health, and Women's Shelters Canada have played a key role in operationalizing TVIP across victim services. These agencies developed practical frameworks, training protocols, and evaluation tools for integrating TVIP into housing services, domestic violence shelters, community policing, and court

support programs (Justice Canada, 2016; BCCEW, 2013). These materials emphasize survivor autonomy, emotional and cultural safety, power-awareness, and institutional reflexivity as core principles of service delivery.

2.3. TVIP in Victim Services: Embedding Justice, Safety, and Empowerment

TVIP represents a philosophical and structural shift in how victim services are conceptualized and delivered. Rather than asking, "*What is wrong with the victim?*", TVIP-oriented services ask, "*What has happened to them and how are we responding?*" (SAMHSA, 2014). In this framework, survivors are not passive recipients of care, but active agents of their own recovery, entitled to respect, choice, and meaningful participation.

This approach has been particularly influential in transforming rape crisis centres, domestic violence shelters, community health clinics, and legal aid services into environments that are less hierarchical, more culturally responsive, and emotionally safer for survivors (Wilson, Fauci, & Goodman, 2020). It also reframes the role of service providers: rather than enforcing procedural compliance, they act as allies and facilitators of healing, trained to recognize trauma responses, avoid coercive practices, and reflect critically on their own biases (Knight, 2015).

Importantly, TVIP aligns with relational and restorative justice frameworks, offering an alternative to adversarial models of justice that can alienate or retraumatize victims (McGlynn & Westmarland, 2019). It promotes relational accountability, community-based healing, and survivor-led definitions of justice emphasizing care, recognition, and structural transformation over punishment alone. Through this evolution, TVIP has established itself as a victimological innovation: a framework that bridges psychological science with social justice, institutional reform, and survivor empowerment.

3. Applications of Trauma and Violence Informed Practices in Victim Services: A Comparative Review

As Trauma and Violence Informed Practices (TVIP) evolve from conceptual frameworks into real-world applications, there is growing attention on how they can improve the quality of victim services, especially for survivors of gender-based violence. While early models focused on clinical and therapeutic settings, today TVIP is being adapted across a wide range of systems that routinely interact with victims, including shelters, police departments, courts, and healthcare providers. This shift reflects a deeper recognition that services designed to support survivors must also avoid causing further harm.

Traditional victim service systems especially in the criminal justice and legal domains have often been critiqued for their rigid procedures, emotional insensitivity, and institutional power imbalances. Survivors, particularly women facing domestic and sexual violence, frequently report feeling judged, dismissed, or retraumatized when seeking help (Campbell, 2006; Wemmers, 2013). These experiences are now widely referred to as secondary victimization, where harm does not only come from the original offence but also from the systems that are meant to provide support.

TVIP offers a way to respond to these failures. Its application in victim services is based on the understanding that violence and trauma are not just individual experiences, but often shaped by wider social and structural inequalities. This means support systems must not only address the immediate safety and needs of survivors, but also consider the cultural, economic, and historical contexts that affect how survivors experience harm and healing (Ponic, Varcoe, & Smutylo, 2016). Applying TVIP in victim services requires rethinking how institutions function at every level – from how survivors are greeted at reception, to how professionals listen to disclosures, to how policies are written and evaluated. It requires frontline workers and institutions to be self-reflective, aware of their own power, and committed to building emotional safety, trust, and choice into every aspect of care.

This section explores how Canada, the United States, and Australia have applied TVIP principles to improve their victim support systems. Each country brings unique cultural, political, and historical influences to their implementation, but all share a common goal: to create safer, more respectful, and more empowering environments for survivors. These case studies not only show the possibilities of TVIP in practice, but also highlight the challenges and learning that come with shifting long-standing institutional cultures.

3.1. Canada: Embedding TVIP in Multi-Sectoral Victim Services

Canada is one of the leading countries in the development and implementation of Trauma and Violence Informed Practices, particularly in the context of victim services. The work of the BC Centre of Excellence for Women's Health (BCEWH) and the Department of Justice Canada has been central in creating practical guidelines and training resources for applying TVIP across shelters, health systems, and legal services. Canadian TVIP models emphasize four key principles: understanding trauma and violence, creating emotionally and physically safe

environments, fostering collaboration and choice, and building on individual strengths (BCEWH, 2013). These principles are designed to address both interpersonal trauma (like domestic or sexual violence) and structural violence (such as racism, colonization, or poverty).

Victim services in Canada, particularly domestic violence shelters, sexual assault centers, and child protection agencies have integrated TVIP into frontline interactions, staff training, intake assessments, and organizational policies. Importantly, these reforms are not only about delivering support, but also about changing how support is delivered emphasizing survivor autonomy, reducing power imbalances, and avoiding coercive or triggering interactions (Varcoe et al., 2016). TVIP has also been adapted to meet the needs of Indigenous communities, where trauma is often collective, intergenerational, and connected to colonial violence. In these contexts, TVIP includes cultural safety, Indigenous worldviews, and community-led healing practices—acknowledging that western therapeutic models alone are not always sufficient (Atkinson, 2013; Government of Canada, 2019).

3.2. United States: Trauma-Informed Justice and Survivor Engagement

In the United States, Trauma and Violence Informed approaches have gained momentum within rape crisis centers, court-appointed victim advocacy programs, and trauma-informed policing. The Substance Abuse and Mental Health Services Administration (SAMHSA) played a major role in introducing a national framework for trauma-informed care that has since been adapted into victim services. TVIP in the U.S. is increasingly being used to reform systems known for retraumatizing survivors, such as the police, family courts, and emergency departments. For example, some jurisdictions have introduced trauma-informed interview protocols for sexual assault survivors, ensuring they are not blamed or rushed during statements. Training programs also teach law enforcement officers to recognize trauma symptoms and avoid confrontational approaches that can escalate survivors' distress (Wilson et al., 2020).

Victim advocates in the U.S. often work alongside prosecutors and defense attorneys to help survivors navigate the complex justice system, a role made more trauma-informed by integrating practices like emotional safety planning, informed consent, and self-paced disclosures. Some victim assistance programs specifically address survivors from marginalized communities (e.g., Black, Indigenous, undocumented, and LGBTQ+ survivors), highlighting the importance of intersectionality in trauma-informed justice (Goodman & Epstein, 2008).

Despite these advances, implementation across the U.S. remains uneven, as victim services are often fragmented across state and local agencies with varying resources and levels of training. There is also tension between TVIP and carceral approaches that prioritize punishment over survivor well-being.

3.3. Australia: Cultural Trauma and Community-Centered Healing

Australia's engagement with TVIP is closely linked to its efforts to respond to the intergenerational trauma experienced by Aboriginal and Torres Strait Islander communities. Much of the country's victim service reform has focused on culturally responsive, community-led healing approaches, informed by Indigenous knowledge systems and collective care practices (Healing Foundation, 2017). In practice, TVIP is being applied in domestic violence services, child protection agencies, and community legal centers. Australian models emphasize relational healing, restoring cultural identity, and recognizing historical injustice as core components of support. Programs like *Safe & Together* and *Strong Culture, Strong Peoples, Strong Families* promote trauma-informed responses that do not isolate individual survivors from their communities, but instead focus on strengthening connections, culture, and safety.

Some of the most powerful applications of TVIP in Australia come from grassroots and community-controlled organizations. These services often combine trauma-informed care with decolonial, gender-sensitive, and family-focused models that respond to violence in context, not in isolation. However, many mainstream institutions continue to struggle with institutional racism, and there is often a disconnect between government-run programs and Indigenous-led practices. The Australian experience shows the importance of cultural humility, long-term relationship-building, and survivor leadership in ensuring that TVIP is truly inclusive and effective.

3.4. Comparative Insights and Emerging Themes

Across Canada, the United States, and Australia, the implementation of TVIP in victim services shows promising advances, but also reveals ongoing tensions. A few clear themes emerge:

- **Survivor-centeredness:** The most effective programs are those that value survivor voice, choice, and autonomy, not just as goals, but as part of how systems function daily.
- **Structural awareness matters:** TVIP is most powerful when it considers not just individual trauma, but also structural violence such as racism, poverty, and historical injustice.
- **Institutional transformation is slow and uneven:** While some agencies have embraced TVIP, others continue to rely on procedural or punitive models that can perpetuate harm.

- **Cultural responsiveness is essential:** Whether in Indigenous communities in Canada and Australia or among marginalized survivors in the U.S., TVIP must be flexible, locally grounded, and respectful of different ways of healing.

Together, these cases show that TVIP can be a powerful framework for transforming victim services, especially when combined with community leadership, feminist values, and justice system reform. These insights hold valuable lessons for contexts like India, where institutional systems such as One Stop Centres could benefit greatly from trauma and violence informed reforms.

4. Legal Anchors for Trauma and Violence Informed Practice in India

While Trauma and Violence Informed Practices (TVIP) have yet to be formally integrated into Indian legal discourse, several progressive legal reforms over the past two decades have paved the way for embedding trauma-aware and victim-centered principles into justice delivery. These legal shifts reflect an evolving recognition that survivors of violence, particularly women and children require not only procedural justice but also dignity, sensitivity, and support throughout their interactions with the legal system.

The Justice Malimath Committee Report (2003), while primarily focused on balancing the rights of the accused and victims, recommended the formal recognition of victims in criminal trials, suggesting that victims be allowed participation and be informed of proceedings, principles that resonate with TVIP's emphasis on agency and inclusion (Malimath Committee, 2003). This momentum was further carried forward by the 2008 Criminal Law Amendment Act, which laid the foundation for more survivor-centric procedures, including enhanced definitions of sexual violence and revised evidentiary norms.

The Madhava Menon Committee on Victim Compensation (2008) also contributed significantly to victim justice by conceptualizing compensation as a right, not as charity. This aligns closely with the TVIP principle of restitution and empowerment, advocating institutional acknowledgment of harm and concrete steps toward redress.

Similarly, the Justice Verma Committee Report (2013), constituted after the Nirbhaya case, explicitly advocated for gender-sensitive policing, trauma-sensitive interviewing, and respect for survivor dignity, particularly in cases of sexual violence (Verma Committee, 2013). The resulting Criminal Law (Amendment) Act, 2013 introduced several important provisions: mandatory registration of FIRs

in sexual offence cases (Section 166A IPC), expanded definitions of sexual assault, and special procedures for the recording of statements from child victims under POCSO.

The more recent Bharatiya Nyaya Sanhita (BNS), Bharatiya Nagarik Suraksha Sanhita (BNSS), and Bharatiya Sakshya Adhiniyam (BSA) (2023) have consolidated and expanded many of these survivor-sensitive provisions that aligns with several trauma-informed principles. For instance, the BNSS (2023) mandates that survivors of sexual violence be interviewed by female police officers and allows for the recording of statements via audio-video means to reduce trauma during repeated disclosures (BNSS, Sec. 176). It also provides for in-camera trials in cases of sexual offences, thereby safeguarding survivor privacy and emotional safety (BNSS, Sec. 369). Additionally, child victims and witnesses are afforded protections under both the BNSS and the POCSO Act, with special emphasis on child-friendly procedures, minimizing re-victimization during investigation and trial.

The Bharatiya Sakshya Adhiniyam (BSA) also strengthens evidentiary procedures by upholding the admissibility of electronic records, which can be vital in cases of cyber-enabled abuse and online exploitation, an increasingly relevant form of violence, especially against women and children. Moreover, the growing recognition of victim compensation and support services under Section 357A of the Code of Criminal Procedure (retained under BNSS with revisions) signals a legal shift toward restorative and survivor-centered justice.

Together, these reforms suggest that while India may not yet have a formal TVIP policy framework, the legal infrastructure increasingly reflects its values. The challenge lies not in legislative absence, but in implementation. Recognizing and interpreting these provisions through a TVIP lens offers a powerful opportunity to realign institutional practices with the lived realities and recovery needs of survivors. These legislative reforms, intended to modernize India's criminal justice system, include key provisions that support victim dignity, procedural sensitivity, and participatory justice, core tenets of TVIP.

5. Potential Applications of TVIP in the Indian Context

While India's legal reforms over the past two decades have introduced several victim-centered provisions, many of which align with the principles of Trauma and Violence Informed Practices (TVIP), the translation of law into meaningful practice remains inconsistent. The inclusion of in-camera trials, special procedures for children and women

under the Criminal Law (Amendment) Acts of 2008 and 2013, and most recently under the Bharatiya Nyaya Sanhita (BNS), BNSS, and BSA (2023), reflects a policy shift toward procedural sensitivity. However, these legal tools are often under-utilized, misinterpreted, or not implemented at all, especially in cases involving marginalized survivors.

Numerous studies have documented how survivors of sexual assault, domestic violence, and child abuse continue to face secondary victimization, procedural insensitivity, and a lack of trauma-responsive care (Verma, 2021; Arora & Sarkar, 2023). For instance, despite provisions for video-recorded statements and female officers, police personnel are often inadequately trained, leading to insensitive interviewing practices or delayed responses (Jagori, 2018). Courts, while empowered to conduct in-camera proceedings, do not always exercise this discretion, especially in lower judiciary contexts where caseload pressure and infrastructural limitations prevail (Centre for Social Research, 2016). TVIP can offer a holistic operational framework to bridge these gaps, especially across the three critical touchpoints of victim services: (i) trauma-informed investigation procedures, (ii) judicial support and courtroom sensitivity and (iii) post-trial recovery and psycho-social reintegration.

5.1. Trauma-informed Investigation Procedures

Sensitive investigations often require survivors to recount traumatic events in high-pressure environments, such as police stations or hospitals, where confidentiality, compassion, and power balance are lacking. A TVIP approach would train police officers, medical professionals, and child protection personnel to:

- Recognize trauma responses (e.g., dissociation, avoidance, hypervigilance) as normal rather than deceptive;
- Use non-threatening, survivor-paced communication strategies;
- Avoid repeated questioning or leading disclosures that can retraumatize;
- Offer survivors choices in interview settings, the gender of personnel, and the presence of trusted individuals.

Provisions such as Section 161(3) CrPC (requiring statements of female victims to be recorded by female officers) are rarely implemented in full spirit. A TVIP lens would require not just female presence, but psychological safety, informed consent, and minimal repetition of disclosure, all of which are routinely compromised (Verma, 2021; Mathur, 2022). Incorporating these principles into standard operating procedures can reduce secondary victimization and encourage disclosure, particularly

in cases of child sexual abuse and intimate partner violence.

5.2. Judicial Support and Courtroom Sensitivity:

The courtroom can be arduous space for survivors, especially those navigating cross-examinations, delays, and procedural formalities. TVIP-informed victim support during trials may include:

- Assigning trained support persons to guide survivors through the justice system;
- Establishing child-friendly or survivor-sensitive courtrooms that minimize intimidation;
- Ensuring survivors are not forced to confront perpetrators directly during proceedings;
- Offering procedural accommodations (e.g., testimony via video, flexible scheduling, breaks).

Section 327 of the CrPC provides for in-camera trials in cases of rape, but judicial discretion is inconsistently applied. Trauma-informed courtrooms must go beyond physical segregation and ensure non-adversarial settings, respectful language, and preparedness for emotional responses – elements that are rarely addressed in practice (Arora & Sarkar, 2023). Such measures not only improve survivors' experience of justice but also uphold relational justice, where the system seeks to repair harm rather than reproduce it (Goodman & Epstein, 2008; Wemmers, 2013).

5.3. Post-Trial Recovery and Psycho-Social Reintegration:

Beyond justice, survivors need long-term support to rebuild their lives – emotionally, socially, and economically. Though schemes like the Nirbhaya Fund and the Victim Compensation Scheme exist, disbursement remains irregular and psychosocial support is minimal (Lal, 2020). TVIP encourages a long-term, survivor-led recovery process involving access to trauma counselling, peer support, housing, and reintegration, all of which remain fragmented or inaccessible for most survivors in India, particularly in rural and low-income settings (Choudhury, 2019). Trauma-informed victim recovery frameworks during post-trial emphasize:

- Access to counselling and mental health services that are non-pathologizing and survivor-paced;
- Group or community-based healing models, particularly in collectivist cultural settings;
- Skill-building, education, and employment support integrated into recovery plans;
- Cultural and religious sensitivity in the design of rehabilitation programs.

These approaches align with global TVIP models that view recovery as a socially embedded process, shaped by trust, empowerment, and structural

awareness (Ponic et al., 2016; Varcoe et al., 2016). In this context, TVIP offers not merely a supplemental framework, but a transformational philosophy that challenges the legal system to evolve from procedural compliance to relational justice. It reframes each interaction with a survivor as an opportunity to either reaffirm agency and safety or perpetuate institutional harm.

5.4. Institutional Capacity and Multi-Agency Coordination

For TVIP to become systemically embedded, government agencies must adopt a holistic approach, including:

- Training and sensitization modules on trauma-informed practice for police, medical staff, legal professionals, and OSC personnel;
- Cross-sector case management frameworks that reduce survivor fatigue from navigating multiple agencies;
- Monitoring and evaluation mechanisms to assess survivor outcomes and institutional adherence to TVIP principles;
- Survivor feedback mechanisms to improve service responsiveness and inclusivity.

Building this infrastructure requires policy-level mandates, inter-ministerial collaboration (e.g., Health, Women and Child Development, Law & Justice), and sustained investments in human capacity.

From a victimological standpoint, the integration of TVIP into India's victim service systems represents more than a procedural reform, it signifies a shift in ethos. It challenges the dominant narrative of survivors as passive recipients of aid or evidence providers, and instead centers them as agents of recovery, justice, and transformation. Recent reforms under the BNS, BNSS, and BSA further demonstrate that elements of a trauma-informed legal framework are already emerging in India, though their operationalization remains uneven and often detached from survivor-centered practice (Ministry of Home Affairs, 2023). Victim assistance mechanisms such as One Stop Centres, Protection Officers, and legal aid programs signal a growing commitment to supporting survivors. Yet, the absence of a coordinated, trauma-informed philosophy limits their effectiveness. Survivors continue to encounter emotionally unsafe environments, fragmented services, and procedural re-traumatization (UN Women, 2022). Integrating TVIP into India's justice and support systems is not a matter of importing Western models, but of localizing universal principles such as trust, autonomy, and structural awareness into culturally grounded, survivor-centered frameworks.

6. Conclusion

Trauma and Violence Informed Practices (TVIP) offer a compelling paradigm to reimagine how justice systems engage with survivors of violence, not merely as complainants, but as individuals navigating the aftermath of harm. By acknowledging the interplay of psychological trauma, structural violence, and institutional response, TVIP repositions safety, respect, and empowerment as non-negotiable rights within victim services.

This paper traced the evolution of TVIP from its clinical and community origins to its broader institutional applications across Canada, the United States, and Australia. These international examples illustrate how systems can become more responsive to survivors through collaborative practice, culturally attuned frameworks, and sustained capacity-building. Within this global context, the Indian legal system has demonstrated a gradual alignment with TVIP principles through key reforms such as the Criminal Law Amendment Acts (2008, 2013), the Verma and Malimath Committee reports, and more recently the BNS, BNSS, and BSA (2023).

However, the presence of survivor-sensitive provisions in law does not guarantee their implementation in spirit or practice. As this paper has shown, systemic challenges, including limited training, poor infrastructure, and inconsistent application continue to undermine the delivery of compassionate, trauma-informed services. Ultimately, embedding TVIP in India's victim services requires more than procedural compliance. It calls for a cultural and institutional transformation, one that recognizes trauma, responds to violence, and redefines justice as a site of restoration rather than re-traumatization. With appropriate adaptations, TVIP can strengthen the operations of One Stop Centres, special courts, and victim aid systems, ensuring not only legal redress but also psychological restoration and social reintegration.

The victimological lens adopted in this paper emphasizes that survivors are not passive subjects but active agents whose recovery depends on how they are treated within institutional settings. TVIP, as argued here, is not a supplementary tool, it is a necessary foundation for ethical, effective, and survivor-centered service delivery. As India continues to reform its approach to gender-based violence, trauma and violence informed practices can serve not only as a framework for change but as a commitment to justice with compassion.

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