Promising Practices for Campus Healthcare Professionals Working with Gender-based Violence Survivors

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Land Acknowledgement

This work is taking place on and across the traditional territories of many Indigenous nations. We recognize that gender-based violence is one form of violence caused by colonization that is still used today to marginalize and dispossess Indigenous Peoples from their lands and waters. We must centre this truth in our work to address gender-based violence on campuses and in our communities. We commit to continuing to learn and take an anti-colonial inclusive approach in all our work. One way we are honouring this responsibility is by actively incorporating the Calls for Justice within Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.

About Possibility Seeds

Courage to Act, is a national initiative to address and prevent gender-based violence at Canadian post-secondary institutions. It is led by Possibility Seeds, a social change consultancy dedicated to gender justice, equity, and inclusion. We believe safe, equitable workplaces, organizations and institutions are possible. Learn more about our work at www.possibilityseeds.ca.

We hope this document will be a valuable resource to those seeking to address and prevent campus gender-based violence. As this is an evolving document, it may not capture the full complexity of the subject matter. The information provided does not constitute medical or legal advice, and is not intended to be prescriptive. It should be considered a supplement to existing expertise, experience, and credentials; not a replacement for them.

We encourage readers to seek out training, education, and professional development opportunities in relevant areas to enhance their knowledge and sustained engagement with this work.

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List of Abbreviations

- Gender-based violence (GBV)
- Post-secondary institution (PSI)
- Trauma- and violence-informed care (TVIC)
- Two Spirit, Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual (2SLGBTQIA+)

Key Terms

Gender-based violence: GBV is the use and abuse of power and control over another person. It is perpetrated against someone based on their gender expression, gender identity or perceived gender (British Columbia Federation of Labour, 2018). Gender-based violence can take many forms: sexual harassment; sexualized violence; sexual exploitation; sexual assault; human trafficking; stalking; intimate partner violence; technology-facilitated violence; "stealthing" or non-consensual condom removal; reproductive coercion (pressure about reproductive decision-making); threats of violence (including self-harm) to coerce sex; emotional and psychological abuse; financial abuse; physical abuse; neglect; early or forced marriage; and genital mutilation and/or cutting (Khan et al., 2019).

Survivor: We use the term survivor to refer to any individual who was subjected to gender-based violence on or off-campus, whether or not a disclosure, informal complaint or formal complaint has been made. An individual may use the term survivor to reclaim power and/or highlight the strength it took to survive such violence. The term survivor is often interchanged with the victim, which is often used as a legal term in the criminal justice system. Some individuals choose to identify with the term victim. While there is an ongoing debate over the use of the terms "victim" or "survivor" (Setia & An, 2021), in the end, every individual should have the opportunity to be identified by the language of their choice.

Sanctuary Trauma: Sanctuary trauma occurs when a survivor's expectations of a supportive and protective environment are not met, resulting in their retraumatization (Rose, n.d.).

Trauma: Trauma is when individuals and/or communities experience, witness, or learn of the profound event(s) that involve actual or threatened serious harm to the integrity of self or others, and where these event(s) overwhelm their ability to cope. Trauma can be intergenerational, historical, complex, acute, vicarious, chronic, and community-based. Being subjected to GBV can be incredibly traumatic and can have a profound effect on a person's identity, beliefs, and worldview. Feelings of powerlessness and shame are common reactions, and are compounded by the fact that society shames, blames and stigmatizes survivors. Notably, the impacts of traumatic events do not simply dissipate once the event is over. If survivors are not supported in processing the traumatic event, they may experience long-term negative effects and symptoms of post-traumatic stress. Trauma may become the organizing principle from which they live their life, always trying to cope with or avoid its impact. If survivors are supported in safely processing the trauma, they may be able to integrate it into their lives like any other experience. Understanding trauma's layered, complex nature is crucial for healthcare professionals to provide effective care and support to survivors of GBV.

Trauma- and violence-informed: A trauma- and violence-informed approach means acknowledging the harm endured by survivors. It includes an awareness of trauma's impacts on an individual's emotional, psychological, physical, spiritual and sexual well-being, and how a trauma-informed orientation can support a survivor's healing journey. This approach allows us to respond with compassion and sensitivity and helps avoid survivors' further re-traumatization.

Note

This workbook is intended for healthcare professionals, including physicians, nurses, nurse practitioners and social workers. It will also interest health educators and health administrative staff serving PSIs. The term **healthcare professionals** is used throughout to describe this audience.

This toolkit is not intended to be used in isolation. Expertise on these topics is extensive and diverse, and this toolkit is merely an introduction to best practices for trauma-informed care for campus healthcare professionals. If your organization or institution has promising practices for trauma-informed care in a campus health setting that are not captured in this resource or if you have feedback on this document, we want to hear about it! Please email operations@possibilityseeds.ca.

Introduction

Summary

Gender-based violence (GBV) at Canadian post-secondary institutions (PSIs) is a public health crisis and safety issue with disruptive far-reaching consequences. GBV impacts a survivor's psychological, physiological, learning and academic outcomes, and negatively impacts the broader campus community. 71% of Canadian post-secondary students either witnessed or experienced unwanted sexualized behaviours in a postsecondary setting in 2019 (Burczycka, 2020) and in 2014 41% of all reported incidents of sexual assault were reported by students (Government of Canada, 2021). These statistics are startling and disconcerting, and lay bare the severity and prevalence of the problem.

Every campus community member has a role to play in addressing and preventing GBV. One way is by equipping faculty, staff and administrators with the knowledge and skills to respond to those subjected to GBV. Not only is this crucial in supporting a survivor's healing journey, but it helps to cultivate trauma-informed campuses that allow for safety and growth. Campus healthcare professionals are in an especially unique position to offer support to individuals subjected to GBV. Often, they are first responders, and the first to receive disclosures and connect patients/clients with available support. Consequently, it is vital that they are familiar with and experienced in providing trauma and violence-informed care (TVIC) to survivors accessing their services. This helps to create a space where patients/clients feel safer and more empowered in their healing journey. It also mitigates the risk of retraumatizing patients/clients in ways that interfere with and impede their recovery (Klinic Community Health Centre, 2013, p. 15).

This workbook thus aims to provide campus healthcare professionals (physicians, nurses, nurse practitioners, social workers, etc.) and health administrative staff with promising practices to use when working with survivors who have been affected by GBV. It will help healthcare professionals and their respective offices/departments work from a trauma-informed framework to cultivate safety, trust and healing. The specific practices outlined in this tool address considerations before, during and after a patient/client visit; considerations during physical examinations; considerations while completing documentation, and writing referrals and requisitions; and considerations for follow-up

care. Reflection questions provide built-in opportunities for campus healthcare professionals and administrative staff to consider how they can implement these practices.

Background

In 2019, *Courage to Act: Addressing and Preventing Gender-based Violence at Post-Secondary Institutions in Canada* provided a national framework and key recommendations to address and prevent gender-based violence (GBV) at post-secondary institutions (PSIs). Building upon this report, a team of experts from across Canada sought to develop toolkits to bring these recommendations to life. This specific tool is designed for healthcare professionals to provide TVIC to individuals impacted by GBV.

It applies an intersectional lens in recognition of how social location, including, but not limited to, race, class, gender, sexuality, ability, and citizenship status, impacts how people are targeted for, heal from, and access justice after being subjected to sexual and gender-based violence. It acknowledges how sexual violence is intertwined with oppressive systems in our society, such as colonialism, racism, classism, transphobia, ableism, xenophobia and other forms of systemic oppression (Crenshaw, 2006, p. 10). It also employs a strengths-based approach that recognizes how patient/client responses may be a result of trauma, rather than an indicator of "illness" (Menschner & Maul, 2016). Through this lens, coping strategies are understood to have a purpose in healing rather than being seen as self-destructive tendencies. Healthcare professionals can reframe and destigmatize these coping strategies in their care of people subjected to GBV by asking, "What has happened to you?" rather than "What is wrong with you?" (Hopper, Bassuk, & Olivet, 2010).

In terms of methods, Courage to Act first completed a literature review and then applied community-based participatory research methodology to survey front-line GBV workers at 11 Canadian PSIs. Findings showed that almost all institutions surveyed provide trauma-informed counselling practices; however, none identified that they had doctors or nurses on campus trained in TVIC language and practices. This gap in service provision can prevent the delivery of effective compassionate care. As trauma is so prevalent, healthcare professionals ought to assume that their patients/clients have, in one way or another, been directly or indirectly affected by trauma, and implement TVIC language and practices in delivering care (Klinic Community Health Centre, 2015, p. 5). This provision of TVIC minimizes the risk of sanctuary trauma and being re-traumatized in the healthcare setting,

and allows healthcare professionals and their patient/client to build a relationship based on understanding, safety and trust. This tool offers strategies and practices to do just that.

Healthcare Does Not Exist in Vacuum

Healthcare providers and health administrative staff must acknowledge the diversity of survivors accessing campus healthcare centres. Survivors may be part of communities that are historically and currently underserved, and who have been harmed by the medical profession through individual and institutional discrimination resulting in their alienation and reluctance to access care unless absolutely necessary. These communities include but are not limited to Black, Indigenous and racialized people, 2SLGBTQIA+ people, people with disabilities, migrants, fat individuals and sex workers. Survivors from these communities face additional barriers to accessing care and typically receive poorer quality of care when seeking health services due to the systemic violence, colonialism, racism, homophobia, transphobia, xenophobia and ignorance in the health system (Kattari, Torres, Fountain, & Swenson, 2020).

Prejudice, bias and maltreatment toward patients who are Indigenous, racialized, 2SLGBTQIA+, homeless, and migrants remains an ongoing problem in Canada's healthcare system (Wylie & McConkey, 2019). For instance, Black women in Canada report having their medical concerns dismissed more frequently than white women (Katshunga, Massaquoi, Confronting Anti-Black Racism Unit, City of Toronto, Ontario Council of Agencies Serving Immigrants, & Wallance, 2020). The abuse and neglect experienced by Joyce Echequan, an Atikamekw woman, in September 2020 before her death similarly highlights the normalized mistreatment that Indigenous patients experience within healthcare (Nakuset, quoted in Lowrie & Malone, 2020). It is paramount that healthcare professionals work to address these inequities; a starting point for education is this anti-racism resource list by Public Health Training for Equitable Systems Change (2020).

Addressing barriers is also critical to providing appropriate health services to 2SLGBTQIA+ people affected by GBV (Kattari et al., 2020). It is estimated that only 21 percent of trans survivors seek help from a healthcare professional due to fear of discrimination and concerns regarding identity documents (Kattari et al., 2020). These concerns can be mitigated when healthcare professionals are appropriately trained with respect to the treatment and care of trans patients/clients and by honouring the patient/client's chosen

name, pronouns and words to identify their genitalia. For further education, please see the Trans Primary Care Guide available via Primary Health Care for Trans Patients (Rainbow Health Ontario, n.d.). Best practices in care for 2SLGBTQIA+ communities remain an under-researched area.

In the same way, campus healthcare professionals are responsible for addressing and implementing equitable, inclusive practices to meet the needs of survivors of gender-based violence at their PSIs and campus healthcare centres. This work must happen at both the individual and organizational level, and requires sustained commitment and thoughtful planning.

The Unique Role of Campus Health Centres

Campus health centres are uniquely positioned to provide students affected by GBV with access to private, confidential and discreet healthcare. Some students, for instance, may be receiving healthcare for the first time without the presence of a parent or caregiver. Further, for international students, or even domestic students without a primary care physician, campus health centres may be their only option for receiving care. This can provide a valuable opportunity for a survivor to disclose abuse/trauma, discuss safety planning and receive support for the next steps in confidence. How campus healthcare providers respond to survivors will have a major influence on a survivor's willingness to seek support services/disclose to others in the future.

Campus health centres are also an important resource for students navigating academic considerations after being subjected to GBV. The ability to defer an assignment, reweight coursework, modify an exam date and/or writing location, among other forms of academic support, are essential in supporting students affected by GBV. Campus health centres can provide medical documentation to support these requests, and assist students in understanding and communicating the impact of trauma on their studies to relevant offices. For more information on how PSIs can support students impacted by GBV to receive academic considerations, refer to Possibility Seeds' 2022 guide, *Developing Academic Considerations for Students Affected by Sexual and Gender-Based Violence at Canadian Post-Secondary Institutions*.

While campus health centres may be accessible and responsive to survivors' needs due to their proximity to campus, individuals who are subjected to GBV often encounter various barriers when seeking care and support. These barriers may include fear of judgment about their sexual practices, physical pain or re-traumatization associated with clinical exams and procedures. They may also worry that healthcare professionals will not make the link between the trauma they're experiencing and the challenges they're facing, or even acknowledge the impact of GBV on their lives. As such, it is vital that campus healthcare providers and administrative staff understand intersectionality and are trained in TVIC language and practices. If an institution does not have an on-site medical clinic, a TVIC approach would include maintaining relationships with community professionals trained in anti-oppression and the delivery of trauma-informed care.

Why is TVIC crucial on campuses?

Young people between the ages of 15-24 are the most targeted age group for sexual violence and gender-based violence in Canada (Government of Canada, 2019). As noted, 71% of post-secondary students have either witnessed or been subjected to sexual violence during their time on campus (Burczycka, 2020), resulting in the high likelihood of trauma. Survivors of trauma experience poorer health outcomes, including the onset of chronic physical and mental health conditions, at a higher rate than those who have not experienced trauma (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, & Marks, 1998). Furthermore, shame and stigma may prevent survivors from disclosing experiences of trauma during clinical encounters (Reeves, 2015). This underscores the importance of campus healthcare professionals being knowledgeable about the impact of trauma, as well as TVIC language and practices. Providing TVIC strengthens the quality of care delivered by campus healthcare professionals, not only improving patient/client experiences with healthcare professionals but resulting in improved patient outcomes.

TVIC and a Strengths-Based Approach

People subjected to GBV experience barriers to healthcare for many reasons, including that trauma can prevent or limit the ability to build therapeutic relationships and trust with service providers (Menschner & Maul, 2016). The ways a person has survived or adapted from trauma are often stigmatized by healthcare professionals (Center for Substance Abuse Treatment, 2014). When a patient/client adopts strategies such as using substances,

self-harming or putting up walls to protect themselves, healthcare professionals may make judgments about the patient/client, dismiss their needs and hold victim-blaming attitudes. These behaviours can retraumatize patients/clients, cause disengagement from services and lead to a corresponding increase in mental health distress (Poole, Urquhart, Jasiura, Smilie, & Schmidt, 2013). Healthcare professionals who practice TVIC use a strengths-based approach, rejecting the colonial and western-focused dependency on symptomatology and diagnoses and focusing on asset-based tools of capacity building, cultural safety and self-determination (Fogarty, Bulloch, McDonnell, & Davis, 2018).

The focus in health services delivery on diagnosing and treating problems and concerns can make it easy to miss a patient/client's strengths. Rather than using a specific set of interventions, TVIC creates a safe environment for clients to feel respected, to build trust, to make informed choices, and to collaborate and become empowered when engaging in services (Center for Substance Abuse Treatment, 2014).

Being trauma-informed means acknowledging the prevalence of trauma and working to determine the root causes of violence and abuse, while providing services to support survivors in their journey toward wellness

- Center for Substance Abuse Treatment, 2014

Principles of Trauma- and Violence-informed Care

The following guidelines for providing TVIC for individuals affected by GBV are based on principles of trauma-informed care identified by Guarino, Soares, Konnath, Clervil and Bassuk (2009) in the Trauma-Informed Organizational Toolkit, and supported by findings from the Making Connections Project by Sexual Violence New Brunswick (2019).

1. **Understanding Trauma and its Impact:** Apply an empathetic non-judgemental lens to understand trauma and how it impacts survivors. Recognize that many patient/client behaviours and responses may seem confusing, ineffective and unhealthy to the healthcare professional but that they represent adaptive responses to the traumatic experience(s). Applying a strengths-based approach to frame the patient/client's coping behaviours and strategies as a means of survival

while simultaneously exploring other strategies and pathways as part of their healing is important.

2. **Promoting Safety:** A feeling of safety can be enhanced by ensuring all healthcare professionals and administrative staff:
    a. maintain confidentiality;
    b. provide clear information;
    c. act consistently, predictably and respectfully;
    d. encourage the patient/client to set limits on the treatment process;
    e. encourage the patient/client to build safe relationships that are consistent, predictable and do not create feelings of shame;
    f. maintain clear boundaries;
    g. operate within well-defined roles; and
    h. create a safer physical environment (welcoming atmosphere, pleasant reception, good lighting, maintenance of property and disability accommodations).
3. **Recognizing that Healing Happens in Professional Relationships:** Establishing safe, trusting, authentic, predictable and positive relationships can be corrective and restorative to trauma survivors. Trauma can impair the ability to trust and maintain relationships, including therapeutic relationships with healthcare professionals. Trauma can disrupt healthy attachment, negatively affecting relationships at the micro-level. This can affect a person's sense of belonging at the macro level. Trust can be established by ensuring the patient/client's basic needs for safety, respect and acceptance are understood. Staff play a crucial role in building a patient/clients trust for the campus health centre as a whole. By ensuring that the survivors' basic needs for safety, respect, and acceptance are met, staff can establish positive relationships that may provide the non-judgmental space for survivors to disclose and receive support in their healing journey. This underscores the importance of all staff members understanding the role of relationship-building in TVIC.

4. **Striving for Cultural Safety and Humility:** White privilege and white supremacy in healthcare delivery impede safe and supportive care. To provide culturally safe care, campus healthcare professionals must recognize their privilege, understand how racism and colonialism are perpetuated in healthcare and society, and commit to addressing health inequity through their language and actions. Cultural differences will exist in the perception of and response to traumatic events and the recovery process. Healthcare professionals who present openness and interest in creating a culturally safe environment, and who recognize the limitations in their understanding based on their intersecting positions of privilege, create space for patients/clients to express their needs. At a minimum, TVIC includes respect for diversity, the provision of opportunities for patients/clients to engage in cultural rituals, define what healing means to them within their own cultural context, and access interventions that are respectful of and specific to their cultural background(s).
5. **Supporting Patient Control, Choice and Autonomy:** Survivors do not have control over the violence to which they have been subjected, so offering them opportunities for real choice can be a powerful part in restoring safety and trust, strengthening their autonomy, and facilitating their healing journey. As young adults, this may also be the first time students are able to make healthcare decisions for themselves without their parents/guardians. To allow patients/clients to regain feelings of control, create an atmosphere of choice in the health care setting; keep patients/clients well-informed about all aspects of their treatment; allow them to set the pace and take breaks as required; clearly outline processes and procedures; and provide opportunities for them to make informed decisions about their health and to participate in the planning of their care.
6. **Facilitating Collaboration:** There is an inherent power imbalance between healthcare professionals and patients/clients (Henderson, 2003), and this power imbalance is exacerbated for marginalized communities who experience intersecting forms of discrimination and oppression (Tabibi & Ahmad, 2018). TVIC uses a collaborative approach to address this imbalance, and to avoid pathologizing patients/clients. In the collaborative relationship, the patient/client brings their expertise about their life and coping mechanisms, and the healthcare professional

brings their professional knowledge. Patients/clients are advised that they have the right not to answer questions, to decline interventions and to request alternative options, and are informed about any potential consequences of these choices. When patients/clients who have been subjected to GBV are treated as equals, their resourcefulness and strengths are highlighted. For patients/clients accessing services from multiple departments/agencies, healthcare professionals can support inter-agency collaboration to centre the patient/client.

7. **Empowering patients/clients:** People who have been subjected to GBV may feel empowered when they can make conscious choices and feel in control of their relationships with healthcare professionals. A strengths-based approach sees patient/client actions and responses as adaptive and resilient. Reframing trauma responses as normal reactions to threatening events helps patients/clients develop ways to use those instincts to improve relationships and feel hope. A strengths-based approach supports the patient/client to focus on their capacities, opportunities for growth and feelings of empowerment.

Trauma- and Violence-informed Practices for Campus Health Centres

Introduction

Being trauma-and violence-informed means understanding how violence has impacted the lives of those who have experienced trauma to allow for more holistic, integrative services (Harris & Fallot, 2001) on both an individual and organizational level. On an individual level, this section considers TVIC language, practices and protocols in different settings: before patient/client arrival, during appointments, during physical examinations; providing referrals and requisitions, language in healthcare documentation, and providing follow-up care. It builds on the work of Ravi and Little (2017) and on Courage to Act interviews conducted with nurses, doctors and health researchers from across Canada. On an organizational level, this section builds on the work of Menschner and Maul (2016); it considers training for healthcare professionals and health administrative staff, hiring and recruitment, creating a safer physical environment, collaboration between offices and students, evaluation, and leadership and resource allocation.

TVIC Protocols Before Patient/Client Arrival

TVIC can inform campus health centre operations even before a patient/client enters the waiting room. Conversations at the time of booking can set an important tone to support the emotional well-being of patients/clients and to prepare them for what they can do to make their visit more empowering. This list provides suggestions for healthcare professionals and administrative staff to use in communication with all patients/clients to ensure TVIC is practiced.

For Health Administrative Staff

- Check to see if this is the first time the patient/client has attended the healthcare centre. If they are a student, this may be their first time navigating healthcare on their own, and may not be familiar with the resources and services available to them.
- Ask patients/clients if they prefer to receive care from a healthcare professional of a particular gender or of a particular racial and/or ethnic background.

- Ask what pronouns/chosen names they use. Always use those pronouns and names in communication.
- Ask if they are comfortable with residents, clinical students or other staff in the room.
- Ask if they would like to bring a support person or be interviewed alone. If they choose to bring a support person, note the expected presence of this person in the patient/client's appointment booking information.
- Provide a suitable solution for patients/clients who indicate they will have children with them.
- Remind the patient/client that they can bring a robe, dressing gown or oversized T-shirt instead of using clinic-provided items.
- Encourage patients/clients to bring headphones and music to support their comfort during examinations.
- Schedule patients/clients with a known trauma background for "slower" clinic days and late or longer appointments.
- If a language interpreter is required, ask if the patient/client has a gender and/or cultural preference for the interpreter. Friends, spouses or children proficient in the required language are not an acceptable substitute for a professional interpreter.
- Consider the burden for the patient/client of documentation requirements to book appointments. Facilitate access.
- Online and paper intake forms can include chosen names, pronouns and trauma history and can explain how and where the data will be stored.
- Review their chart for trauma-related documentation to avoid asking the patient/client to repeat their history.

For Healthcare Professionals

- Before the patient/client arrives, review their chart for trauma-related documentation to avoid asking the patient/client to repeat their history and to improve visit preparation.

- Check to see if this is the first time the patient/client has attended the healthcare centre. If they are a student, this may be their first time navigating healthcare on their own, and may not be familiar with the resources and services available to them.
- Note the pronouns and chosen names they use, their race, gender and sexuality.
- Be conscious of your privileges and biases to ensure that you do everything possible to provide equitable access and quality care. Understand that racism in healthcare can result in discriminatory practices and long-term health disparities.

Reflection

1. Who are the communities that largely use my services?
2. Can patients request a healthcare provider of the same race, ethnicity and/or gender identity?
3. Which of the protocols listed above could I use in my services?
4. How can my biases and beliefs impact the care patients/clients receive, and what steps could I take to unlearn my harmful beliefs?
5. How can my biases and beliefs impact the care patients/clients receive?

TVIC Protocols During Appointments

- Greet the patient/client while they are still fully dressed.
- Knock before entering and ask permission to enter.
- Be seated to decrease the power differential between the healthcare professional and patient/client; encourage residents, clinical students or other staff present to also be seated.
- The patient/client is the expert about themselves. Ask them what might support their comfort during the visit.
- Emphasize to the patient/client your clinical responsibility for confidentiality and be clear about confidentiality limits, such as the duty to report the risk of harm to children.
- Tell the patient/client you may be taking notes during the encounter to ensure thoroughness in addressing all questions and concerns.
- When asking sensitive questions (e.g., about substance use, sexual history), explain to the patient/client why the question is being asked.
- Use sensitive, person-first language with the patient/client and in all charting. E.g., a person with diabetes vs. a diabetic.
- Do not use terms such as “refuses” or “non-compliant.” Declining care is an act of autonomy and can be important for healing.
- Do not use stigmatizing terms like “substance abuse” or “addict.” Substance use can help patients/clients cope. Ensure patients/clients know you support them. Be connected to harm reduction services in your community. Ask patients/clients if they would like help in this area of their life and refer them as appropriate.
- In any documentation, always refer to patients/clients in the way they wish to be referred to.

Reflection

1. What can I do to ensure patients/clients feel cared for and accommodated at the beginning of their appointment?
2. What language am I using? Is it person-first? Does it honour patient autonomy?
3. What do I know about local harm reduction services? How do I make referrals?

TVIC Protocols for Physical Examinations

Before the Examination

- Establish rapport before the exam. Sometimes, this means doing the physical exam on a separate visit.
- If clothing must be removed before meeting the healthcare professional for the first time, make sure the patient/client has adequate time to change.
- Provide a curtain barrier between the door and the examination table, and close the curtain before the exam. Ensure an appropriately sized blanket or sheet is available for patients/clients to cover up with before any physical examination.
- Remind the patient/client that each part of the exam requires prior consent and encourage them to set boundaries.
- Ask patients/clients if there are any parts of the physical examination they expect will make them feel anxious and/or what they think the most challenging part will be. Collaborate to make the patient/client feel more comfortable.

- Discuss in advance how the patient/client guides the pace of the examination. Tell them they can signal to you (through verbal or nonverbal signals) if they experience discomfort or need a break. Assure them you will stop immediately.
- To affirm autonomy, suggest which parts of the examination are most important and which would be “helpful” but not necessary or could be delayed until a subsequent visit.
- Inform patients/clients that they are the leaders in the examination process and can do some parts of the exam themselves. For instance, explain that evidence shows self-collected swabs are effective in diagnosing many types of infections. Instruct patients/clients about how to do their own vaginal/genital/anal swabs, and have instructions printed out on the back of your clinic bathroom stall doors. Allow patients/clients time to collect swabs and/or urine samples and provide a discreet method for retrieving the samples.
- If collection of weight information is necessary, ask the patient/client if they would like to weigh themselves or if they would prefer your assistance. Ask if they want to see the number, hear the number out loud or not be informed of the number at all. Do not weigh the patient/client unless necessary.
- Discuss with the patient/client how they would like you to let them know you are about to enter the room, such as knocking two times or slightly opening the door, introducing/identifying yourself and then asking permission to enter the room. Wait for verification before proceeding.
- Provide privacy for patients/clients to change into their own robe or the provided patient gown by leaving the room or drawing a curtain.
- Have a basket available for patients/clients to leave their clothing in.
- Be careful about the language you use. Refer to the examination table as the examination table, not the “bed.” Refer to the footrests as footrests, not “stirrups.”
- Describe how the patient/client must be positioned before they are seated on the table to prevent having to ask them to “slide down” the table.
- Where possible and while protecting sterility, set up the appropriate equipment and supplies where the patient/client can see them if they choose to.

During the Examination

- Before each part of the exam, describe to the patient/client how they may experience (e.g., “You may hear clicks when the speculum is opened”; “The lubrication on the speculum/anoscope may feel cool”; or “You may experience a gagging sensation with the throat swab”).
- Practice suggestive instead of instructive language. For example, instead of saying, “Take a deep breath and relax,” try “Some people find it helpful to take a deep breath during this part of the examination.”
- Ask the patient/client for consent before conducting each physical examination section. Wait for verification before proceeding.
- Ask the patient/client to shift their clothing out of the way rather than moving it yourself.
- If a bimanual exam is necessary, explain the rationale for the exam and what the exam entails. This information will empower the patient to provide informed consent.
- If possible, ask the patient/client if they prefer to self-insert the speculum. Explain and demonstrate the technique.

If the appointment includes an examination of genitalia i.e. pelvic exam, pap smear etc.

- Ask the patient/client if they would prefer you to touch their thigh before touching any genitalia or if they would prefer you just begin the exam and avoid any extra touching.
- Use the smallest size speculum possible.
- Prepare post-procedure supplies, including tissues or wipes, panty liners or pads.

Reflection

1. What else could I be doing to ensure patients/clients feel safer and are empowered during any physical examination I provide?
2. What else could I do to minimize trauma and revictimization when physical exams and procedures are required?
3. What other promising practices have I seen, heard of or read about that could improve patient/client safety and comfort?

TVIC Protocols for Referrals and Requisitions

- Seek and receive consent before making any referral or providing any requisition.
- Seek consent before disclosing a patient/client's trauma history information to another service, healthcare professional or PSI office.
- For diagnostic imaging requisitions, inform the patient/client beforehand what they can expect. For example, invasive procedures (e.g., transvaginal or scrotal ultrasonography), confined spaces (e.g., magnetic resonance imaging), potential pain (e.g., mammography), and/or the use of lead aprons (e.g., chest radiography).
- If known, describe the process to the patient/client. For example, "There are security guards at the entrance to the building; There is a common waiting room," etc.
- If known, share potential wait times/waitlists with the patient/client.
- If the patient/client is a student, consider referrals that are easily available on campus or via public transportation. If services are off-campus, ask the patient/client if they are familiar with the area and their mode of transportation.

Reflection

1. What information may be relevant or helpful to patients/clients when making referrals?
2. What professional relationships do I have with other service or healthcare providers that can continue to provide the client with TVIC?
3. What patient/client information is essential to provide in consultation requests or on requisitions for diagnostic imaging? Ie. Client does not consent to internal imaging.

TVIC Protocols for Follow-up Care

- Patients/clients will likely feel discomfort or anxiety after their appointment. Assure them in advance that this is a common reaction. Provide resources such as the contact information for the health centre/PSIs and a counsellor/social worker.
- Offer a follow-up appointment to address concerns or to discuss test results within a few weeks.
- Maintain an up-to-date list of service providers known to offer trauma- and violence-informed services.
- Use sensitive language in visit summaries provided to patients/clients and in the permanent health record.
- Encourage clients to share feedback about their care experience through an anonymous and easy-to-use process.

Reflection

1. How can I ensure follow-up care is available and appropriate?

Knowledge in Practice: Case Study

Please review the following case study and reflect on how you might support this patient.

Cam is a 20-year-old Indigenous person with a vagina who uses she and they pronouns interchangeably. They are a first-year student studying mechanical engineering. They are presenting to your office for the first time with concerns about pain during penetrative vaginal sex.

Before this patient/client arrives, how might you prepare?

What are some TVIC principles to consider for use during the appointment?

Cam will require a physical exam, including a pelvic exam. How will you communicate this to them, and what practices will you implement?

While performing the pelvic exam, you identify Cam has bruising in the perineal area and untreated genital warts. What type of language do you use to inquire about the bruising? How do you share with Cam that they have genital warts?

After asking Cam if they want to share anything with you about how the bruising came to be, Cam shares that they were recently sexually assaulted by their partner and the sex was unprotected. Upon hearing the diagnosis of genital warts, Cam is quite embarrassed and feels a lot of shame around the diagnosis and the assault. How does their reaction inform your practice?

You have left the room for Cam to change, and you return to conclude the appointment. How do you convey a summary of the appointment and next steps? What information do you include in your notes?

Upon further discussion, Cam agrees that seeing a therapist would be helpful for their healing. What practices will you consider, and what information will you include in the referral?

Other notes

TVIC Organizational Practices

Training Healthcare Professionals and Health Administrative Staff

It is crucial for all campus healthcare professionals and health administrative staff to receive training in TVIC language and practices. Health administrative staff, in particular, are often overlooked when it comes to patient engagement, but they play a vital role in setting the tone of the healthcare environment (Menschner & Maul, 2016). Training everyone creates common language and practices around TVIC, and ensures that all staff members are working from the same level of understanding and able to provide the same quality of care. Campus health centres ought to provide ongoing training and professional development opportunities. These should consider intersectionality and health equity, and build knowledge and skills around anti-racism, anti-oppression and cultural competency.

Reflection

1. How does my campus health centre provide training and professional development opportunities to understand the impacts of trauma and learn about TVIC language and practices? Does the training address the ways in which identity, culture, and oppression can affect a person's experience of trauma and access to support and services?
2. Have any of my staff and/or colleagues received training in TVIC language and practices? Have I noticed a difference in their approach and/or an impact these practices have had on the care the patients/clients receive?
3. Can a professional/faculty member on my campus provide TVIC training?

Hiring and Recruitment

Healthcare professionals are responsible for addressing and implementing equitable and inclusive practices to meet the needs of survivors of gender-based violence at their PSIs. This work must be done in tandem with addressing health equity in recruitment processes to ensure that the healthcare professionals on campus reflect the PSI's student population. This work is critical and requires careful and thoughtful planning. To learn more, please refer to Equity and Diversity in Medicine by the Canadian Medical Association (2019) and Recruiting for Diversity by Health Quality Ontario (2017).

Reflection

1. Is the composition of my staff and/or colleagues representative of the communities that rely on our services?
2. What are the practices and protocols that we employ to ensure colleagues from marginalized communities feel affirmed and supported in the workplace?
3. How does our workplace support placement students, specifically those from marginalized communities?

Addressing Trauma Exposure in Healthcare Professionals

Healthcare professionals hear about the experiences of harm that have the potential to create a toll on their wellness. Trauma exposure response is “the experience of bearing witness to atrocities that are committed human against human. It is the result of absorbing the sight, smell, sound, touch and feel of the stories told in detail by survivors who are searching for a way to release their own pain...the impact of working directly with individuals who have experienced or been affected by trauma” (Klinic Community Health Centre, 2013). There is a toll in the exposure to traumatic experiences in healthcare professional roles, especially when added to the day-to-day stressful realities of their jobs and lives. It’s important that the campus health centre provide support to staff to reduce the impact of trauma exposure and include them in this process.

Campus health centres can support staff by fostering a culture of self-care and prioritizing TVIC principles in the workplace. By adopting TVIC to organizational practices, staff can be empowered to provide input and feedback on ways to reduce the impact of trauma exposure. It is essential that staff feel valued and have a say in what happens in their workplace in order to promote a safe and supportive work environment (Guarino et al., 2009). By creating a workplace culture that prioritizes TVIC language and principles and empowers staff, campus health centres can promote staff well-being and ensure the delivery of high-quality care to patients/clients.

For Organizations

- Foster a culture of self-care and community care;
- Train staff to understand trauma exposure;
- Encourage staff to share their perspectives and suggest improvements;
- Promote a more equitable work environment;
- Manage workload sustainably;
- Prioritize breaks and time off; and
- Create opportunities for peer support.

Reflection

1. Have I ever experienced or witnessed trauma exposure response in my role? How did it affect me, my work and my patients/clients?
2. What training does my campus health centre provide to staff to understand trauma exposure and develop coping strategies? What does my campus health centre do to promote the well-being of its staff?
3. How can my campus health centre involve staff in discussing addressing trauma exposure?
4. What barriers and challenges exist in addressing trauma exposure in the healthcare setting? What does my campus health centre need in order to overcome them

Creating a Safer Physical Environment

One aspect of promoting safety for patients/clients is the physical environment. When individuals feel physically and emotionally safe, they are more likely to build trust and engage with healthcare professionals (Guarino et al., 2009). Certain aspects of the physical environment (such as lighting, noise levels, and smells) can be distressing, and therefore it's important for campus healthcare professionals and health administrative staff to create an environment that feels safe and supportive. Patients/clients will notice the care put into the space, which can enhance their well-being and overall experience with the healthcare setting.

Here are some examples of what to consider:

- Ensure that all areas are well-lit;
- Use welcoming language on all signage;
- Remove any barriers or obstacles that may impede patients/clients' ability to move around the space;
- Ensuring patients/clients have clear access to the door and can easily exit if need to;
- Keep noise levels low in common areas;
- Provide a place for patients/clients to store their belongings during an examination; and
- Provide enough sitting for both the patient/client and their support person in the exam rooms.

Reflection

1. How does my campus health centre create a safer physical environment for patients/clients?
2. Has my campus health centre received any feedback from patients/clients about the physical environment? If so, what changes have we made in response to this feedback? Are there barriers preventing my campus health centre from changing the physical environment?
3. How can we involve patients/clients in the design and evaluation of the physical environment to ensure that it meets their needs and preferences?

Collaboration

Effective care for patients/clients impacted by GBV requires a collaborative approach. When implementing TVIC, campus health centres should explore the possibility of collaborating with campus sexual violence offices and actively involving students.

Campus sexual violence offices have specialized expertise in GBV, TVIC and healing-centred approaches. By collaborating with these offices, campus health centres can improve their processes and protocols for supporting people affected by GBV. Campus sexual violence offices and health centres could collaborate on building awareness and understanding that trauma and GBV are public health issues. Together they could create prevention education materials for patients/clients, social media campaigns, and public service announcements to build awareness and reduce stigma.

In addition to seeking out expertise from campus sexual violence offices, campus health centres should also engage with students. Students can provide valuable first-hand perspectives and unique insights that can inform organizational changes that can enhance service quality. To recognize the value of student input, campus health centres should consider compensating students for their time, as they would with other highly valued consultants (Menschner & Maul, 2016). This can help to foster a culture of respect and support for students and people affected by GBV on campus.

Reflection

1. How can my campus health centre collaborate more effectively with the campus sexual violence office to better support individuals subjected to GBV and address and prevent GBV on campus?
2. What specific ways can student input inform and improve our TVIC organizational practices and understanding of GBV on campus?
3. What steps can we take to ensure that we are compensating students fairly for their time and expertise?

Leadership and Resource Allocation

Providing TVIC requires strong support and buy-in from senior leadership. Leadership can play a key role in establishing strategies for rolling out changes, especially when communicating the need for implementing TVIC language and practices to staff, patients/clients and the larger PSI community. Open and respectful communication is not only important when speaking with patients/clients but also in fostering a trauma- and violence-informed culture within the campus health centre.

Implementing TVIC language and practices will require significant commitment and investment in staff training, consultant services, and facility modifications. Leadership plays a critical role in identifying and allocating the necessary resources, including exploring additional funding resources (Menschner & Maul, 2016). They can also work with staff to develop and implement a sustainability plan to ensure that TVIC is integrated into the campus health centre's culture and operations over the long term.

To effectively lead TVIC implementation efforts, leadership should be aware of their own biases and seek to create an inclusive environment where all staff feel valued and empowered to contribute to the success of TVIC. This can involve providing opportunities for staff to participate in decision-making, offering ongoing education and training on GBV and TVIC, and recognizing and celebrating successes along the way.

Reflection

1. What can I do to create an inclusive environment where all staff feel valued and empowered to contribute to the success of TVIC implementation?
2. What needs to be put in place (i.e. resources) to ensure that TVIC remains a priority at my campus health centre?
3. How can I ensure the TVIC language and practices are being implemented consistently across all staff and service areas?

Evaluation

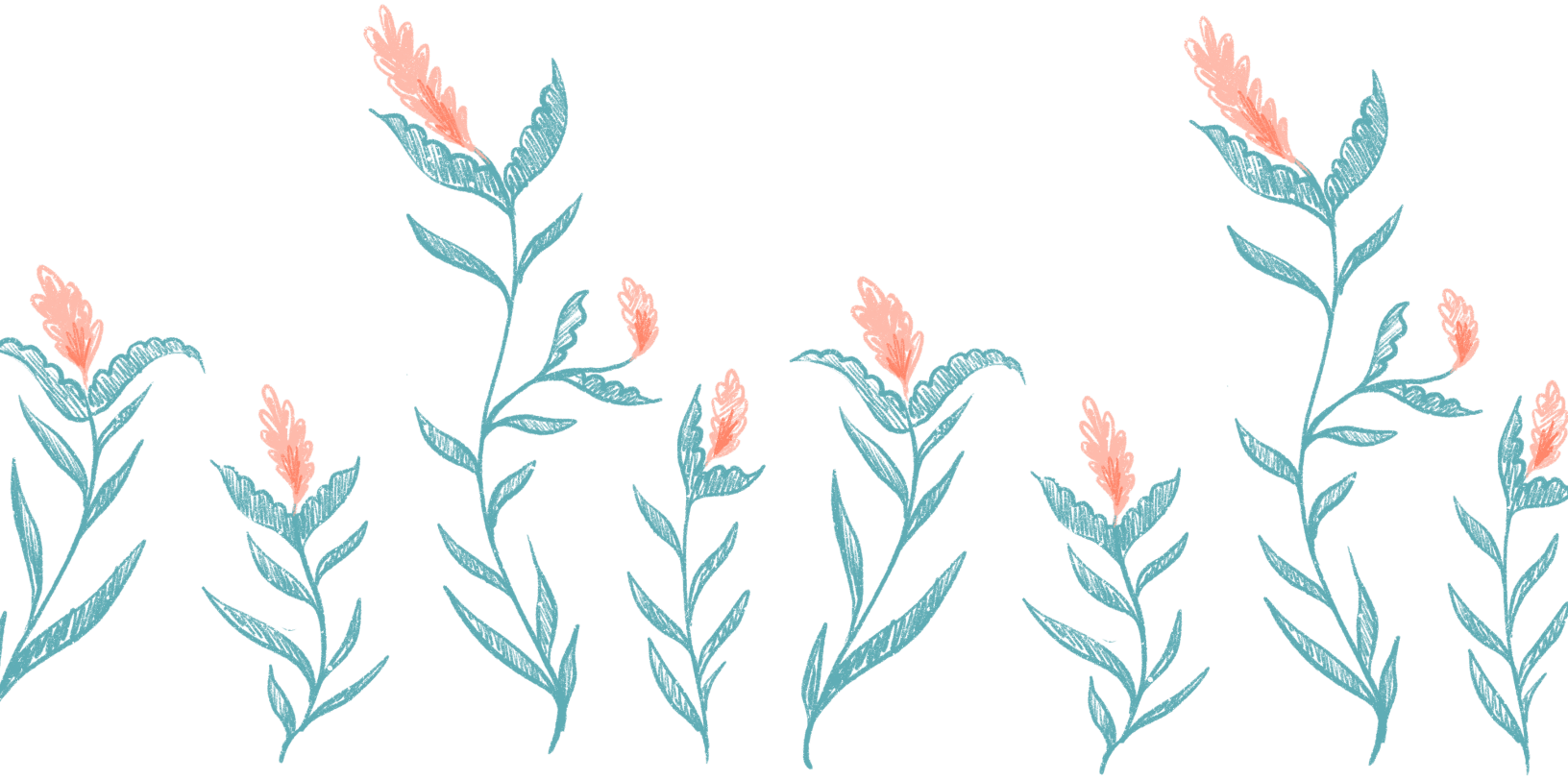
Once TVIC organizational practices are established, it is important to evaluate and assess their impact on the campus health centre and the larger PSI community. Evaluation can help clarify why TVIC language and practices were implemented, its impact, and how the campus health centre can continue to improve on this work (Flood & Rowe, 2021). TVIC is always evolving, and it's important to assess on a regular basis to ensure that the campus health centre is providing the most effective and supportive care possible for those affected by GBV.

Reflection

1. How does my campus health centre conduct TVIC organizational assessments?
2. What measures or indicators could we use to evaluate providing TVIC?
3. How do patients/clients who were subjected to GBV provide feedback and input to my campus health centre beyond a patient/client satisfaction survey?

Conclusion

Campus healthcare center staff must provide trauma and violence-informed care as they are often the first responders to students subjected to sexual and gender-based violence. Providing TVIC strengthens the quality of care delivered by campus healthcare professionals, thereby improving patient/client experiences with healthcare professionals and improving patient outcomes. The practices and protocols outlined in this guide are intended to support campus healthcare professionals in delivering equity-oriented compassionate care that is attentive to the root causes of trauma and violence. Our hope is that this guide will help build trust between patients/clients and campus healthcare professionals, reduce retraumatization of patients/clients, and foster important opportunities for choice, collaboration and healing.



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