

Topic specific recommendations: Universal Trauma- and Violence-Aware Care/Practice

The [Key recommendations for developing a national action plan to advance the sexual and reproductive health and rights of women living with HIV in Canada](#) (Kaida et al., 2022) cut across four community-identified topics, including Universal Trauma and Violence Aware Care/Practice; Supporting Safer HIV Disclosure; Reproductive Health, Rights, and Justice; and Resilience, Self-efficacy, and Peer Support. Through an iterative process of analysing stakeholder input across all discussions (webinars, in-person event) and feedback forums, the five cross-cutting key recommendations for action emerged. They are described in the linked paper ([Table 1](#)). Here, we have shared the discussion specific to the [Universal Trauma- and Violence-Aware Care/Practice](#) webinar topic, including topic-specific recommendations for action.

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Summary of Discussion

Women living with HIV experience high rates of trauma and violence. Given this, Trauma- and Violence-Aware Care/Practice (TVAC/P) should be embedded in all levels of service provision to prevent re-traumatization. During discussions exploring how best to use TVAC/P to support women living with HIV, several key themes emerged. The group defined “Trauma- and Violence-Aware Care/Practice” (TVAC/P) as a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma. This approach emphasizes physical, psychological, and emotional safety for both survivors and providers and creates opportunities for survivors to rebuild a sense of control and empowerment.

“I did not want ‘trauma-informed care’, I wanted support. I didn’t want ‘interventions’, I wanted tools and information.”

The importance of language was an enduring theme; language matters, as it is a reflection of attitude. For example, the use of the term “trauma-aware” instead of “trauma-informed” suggests humility in that a care provider is not an expert in trauma or one person’s trauma, but can still practice such care. The term ‘Trauma- and Violence-Aware Practice’ (TVAP) is recommended because ‘care’ denotes that the care provider holds power and may be considered patronizing. When delivering TVAP, it is essential to unpack and critically assess the language that we use. Further, *Universal Trauma- and Violence-Aware Practice* (U-TVAP) offers equal respect to all.

“It’s about power: Who has it, who doesn’t have it, and how to change that. Having the cultural humility to acknowledge the way I’ve been trained likely may or may not work with the person sitting in front of me.”

Women living with HIV may face multiple intersecting forms of marginalization. Use of an intersectional lens is essential to respond to women’s unique experiences of trauma and violence (e.g., those relating to racism, colonization, and gender identity). Practice must be approached by understanding women’s unique experiences of trauma, and applying individualized and culturally safe responses. For example, U-TVAP can improve institutional responses to women immigrating to Canada, who may bring with them unique experiences of violence and trauma, and thereby prevent re-traumatization during resettlement. Additionally collaborative integration of Indigenous perspectives and practices can help to create cultural safety for Indigenous women living with HIV.

U-TVAP can be practiced by all and in every interaction. It can be achieved through relational care; by being kind, genuine and open, and by listening, and showing care and humanity. Self-reflexivity and humility (clinical, personal, cultural humility) are critical to such an approach. Rather than interventions, women want tools, information, and support. Ultimately, women should lead; their experiences, agency, and power should be prioritized and their decisions respected.

“Service providers must work to support women’s power.”

Supportive policies must integrate U-TVAP at all levels and across sectors, including the medical system, legal system, and social services. Within the medical system, this can be done by integrating U-TVAP into training (eg. Training for nurses, midwives, physicians), improving continuity of care, providing women-centred care, and transforming the medical system structure to ensure collaboration among service and care providers. As part of this, care providers should be adequately trained to recognize and respond to signs of trauma and violence. U-TVAP within the legal system supports women, women’s freedom from violence, and women as parents (i.e. every effort should be made to keep children with their mothers) with access to supports to parent their children (e.g. access to safe housing). U-TVAP must be explicitly written into institutional policies and practices.

Key Recommendations: Universal Trauma- and Violence-Aware Care/Practice

I. Meaningfully engage women living with HIV across research, policy, and practice aimed at advancing the sexual and reproductive health and rights by, with, and for all women living with HIV.

Women’s diverse social and cultural backgrounds must be honoured; Universal Trauma- and Violence-Aware Care/Practice (U- TVAC/P) must be culturally safe and responsive to women’s unique and intersecting experiences of violence and trauma (e.g. those relating to racism, colonization, and gender identity).

In recognition of the pervasiveness of experiences of violence among women living with HIV, *anyone* providing support to women living with HIV must be trained in U-TVAP. **Fundamental qualities of and considerations for providing U-TVAP across a multitude of disciplines are as follows:**

- **U- TVAC/P is provided without judgment or discrimination**; central to this is clinical and cultural humility, kindness, genuineness, and taking/making the time that is needed in a practice setting.
- **U- TVAC/P supports equity in care.** Providers should seek to understand how experiences related to race, culture, class, gender identity, and sexual orientation can reinforce bias and power imbalances in the healthcare system, shape the perspectives and experiences of women living with HIV and healthcare providers, and create barriers to health and other services for women living with HIV.
- **U- TVAC/P is grounded in woman-centered care**, which supports women living with HIV to achieve their own best health and well-being by addressing a woman's unique and interconnected health and social needs. In so doing, U-TVAP supports the individual choices and autonomy of women living with HIV.
- **U- TVAC/P requires support for providers**, who may carry their own histories of violence and trauma, and who may experience re-traumatization and/or vicarious trauma through practice.

II. Centre Indigenous women's priorities, voices, and perspectives in all efforts to advance sexual and reproductive health and rights of women living with HIV.

Indigenous women face systemic and structural violence and trauma related to current and historical processes of colonization; Indigenous-led, culturally safe services are critical (e.g. incorporation of spiritual guidance into services and supports).

U- TVAC/P requires personal and professional commitment to Indigenous cultural awareness and cultural humility among non-Indigenous providers.

III. Use language and terminologies that are actively de-stigmatizing, inclusive, and reflective of women living with HIV's strengths and experience when discussing sexual and reproductive health and rights of women living with HIV.

Language shapes and reflects implicit bias and judgment and carries the potential to reinforce stigma and re-traumatize; use de-stigmatizing, non-judgmental language to discuss and address the SRHR of women living with HIV within practice and across sectors.

IV. Strengthen and expand Knowledge Translation and Exchange (KTE) initiatives to support access to and uptake of relevant and up-to-date sexual and reproductive health and rights information for all stakeholders.

Integrate U- TVAC/P into training, education, and practice across sectors (e.g. during medical school and residency) for anyone working with or supporting women living with HIV.

V. Catalyze the reciprocal relationship between evidence and action such that action on sexual and reproductive health and research is guided by research evidence, and research is guided by what is needed for effective action.

Leverage current evidence around effects of trauma and violence to inform action across policy, programming, and research; for example, women living with HIV are often separated from their children. The long-lasting effects of this and other adverse childhood events on children are well-documented. Every effort should be made to support women as parents, and this should be reflected in policy and practice.

Resources: Trauma- and Violence-Aware Practice

View *Trauma- and Violence-Aware Practice* webinar recording at:
<https://www.youtube.com/watch?v=qSNlf29Q7rw&feature=youtu.be>

Access additional webinar resources at: http://www.chiwos.ca/wp-content/uploads/2017/09/Webinar-resources_13Sept17.pdf