Trauma Informed Healthcare on Campus: A Guide for Gender-based Violence Survivors and Health-care Providers

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Farrah Khan: OK. So great to see you. So many lovely humans here today. So, again, welcome to the Trauma Informed Care on Campus: A Guide for Gender-based Violence Survivors and Healthcare Professionals. My name's Farrah Khan and I'm going to be your host today. And I can tell you that I'm so excited to be here. So just a little bit about us, today's training is the part of the national skills share series where we feature subject matter experts in conversation about urgent issues, emerging trends, and promising practices and strategies to address gender-based violence on campus.

I'm going to be in conversation today with the authors of the tool, Hilary Swan, Amal – oh my gosh, Amal Elmi and Laura Murray who are some of the authors of the workbooks, Addressing Campus Healthcare: A Guide for Gender-based Violence Survivors and Promising Practices for Campus Healthcare Professionals. These wordbooks are now available for free on download on our Courage to Act Knowledge Center. When you access these workbooks you will see a pop up asking if we can reach out to you in a few weeks to see how you're using the tools, what's interesting to you, what's working, and we can move forward that way. Do you want to go to the next slide?

So it's really important that we always situate ourselves in acknowledging the land and are connecting to this work. And we love this quote by Dr. Sarah Hunt, she says that, "Sexual violence is just one manifestation of the continuum of violence wrought by settler colonialism." If you haven't read her work about rape culture and decolonization on campus we highly recommend it. And for us, we really notice and name this every time we do this work, that this work is taking place on traditional territories of many Indigenous nations. The land that I'm on is the territory of the Mississaugas of the Credit, Anishinaabe, the Chippewa, the Haudenosaunee, and the Wendat peoples. And now is home to many Indigenous nations, Inuit and Metis people.

Toronto is covered by Treaty 13, agreement signed by the Mississaugas of the Credit and the Williams Treaties signed with the multiple Mississaugas and Chippewa bands to peacefully share and care for the resources. This agreement was broken by European settlers. The process of colonization Canada for the past two centuries has enacted systemic genocide against Indigenous people of this land. We see these acts of colonization and genocide continuing today in forced sterilization of Indigenous women. The epidemic of missing and murdered Indigenous women, girls, and two-spirit people, the overrepresentation of Indigenous children and care, the criminalization of Indigenous people resulting in overrepresentation in prisons and environmental racism and land theft of Indigenous territories.

As we come together to respond to experiences of gender-based violence we must acknowledge that this is a decolonial struggle; they cannot be separated. Supporting decolonization and Indigenous sovereignty is critical to working towards a culture of consent and accountability. Today we will take action by inviting everyone to read the Calls for Justice within Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. If you want to learn more about how your institution can take on these actions you can download the worksheet by clicking on the link in the chat.

So Possibility Seeds leads the Courage to Act project. We are a leading social change consultancy dedicated to gender justice, equity, and inclusion. We believe safe, equitable workplaces, organizations, and institutions are possible. With over 20 years of experience of working with community organizations, governments, private institutions, we care deeply about the impact of our work.

And let me tell you a little bit of Courage to Act. You probably are like, "We've been with you for five years, Farrah. We don't need to know anymore." But I think it's important to name that Courage to Act is a multi-year national initiative to address and prevent gender-based violence of post-secondary campuses in Canada. It builds on key reccomendations with the Possibility Seeds final report, Courage to Act, developing a national framework to address and prevent gender-based violence at post-secondary institutions. Our project is the first national collaborative of its kind to bring over 170 advocates and thought leaders from across Canada to address gender-based violence on campus.

I also want to take a moment to acknowledge our funders. Our project is made possible through generous funding and support from the Department of Women and Gender Equity, or WAGE, the Federal Government of Canada. This work can be challenging. Many of us have our own experiences of sexual violence, gender-based violence, and also supporting people we love who have been subjected to this harm. A general reminder to be attentive to our own well-being as we engage in these difficult conversations. You can visit the self-care section of our skill share page or visit our self-care room by visiting the link in the chat.

A quick note on accessibility and inclusion, attendees can view the live captions for this session by clicking on the link in the chat box. You can also listen to this session in French by selecting the French language channel using the interpretation menu. At the end of our session you will find a link to an evaluation form. We'd be grateful if you took a few minutes to share your feedback as it helps us improve. This is anonymous. Following the session we will also email the copy evaluation form and a link to the recording so you can view it again.

Before I introduce you to the authors, which I'm so excited to, I just want to remind you that you can add questions in the Q&A box throughout the session and we'll pose these to the authors at the end. We'll try to engage with as many questions as we can in the time we have together. So I'm so

excited that I get to introduce you to our brilliant panelists. So the first one is Amal Elmi, the Equity and Education Services Coordinator at Carleton University's Sexual Assault Support Centre. She's also my co-lead of the Response and Support Working Group of the Courage to Act. So Amal has been working on so many of these tools. We're so happy to have her insights and brilliance here.

Next, we welcome Hilary Swan. Hilary Swan is the campus Sexual Assault Support and Advocate serving the Frederickton tri-campus community and partnership with Sexual Assault New Brunswick. She also was on our first advisory committee for Courage to Act in 2019. So she's been with us for a long time. Lastly, we have Laura Murray who's the Project Coordinator for Courage to Act project. We're so happy that you're here and thank you for jumping in and getting this tool finished.

I also want to acknowledge Anoodth Naushan who's the Director of Courage to Act. She also is a co-author of these reports and has done exceptional work on them. We thank you for her work and her always ongoing brilliance. Now, of course, my name is Farah Khan. I already introduced myself, but I'll do it again. I use she/her pronouns. I'm the CEO of Possibility Seeds and I'm the co-lead, along with Amal, for the response and support working group at Courage to Act. So I'm going to pass this on to Amal.

Amal Elmi: Awesome. Thanks so much, Farrah. So Farrah mentioned earlier that the guides are available to be downloaded at Courage to Act's website under the Knowledge Centre Hub. I just wanted to give a quick overview of the first workbook which is Promising Practices for Healthcare Professionals Working with Gender-based Violence Survivors. So this is a really amazing and really comprehensive guide for folks who are healthcare professionals, if you're admin staff, even if you're working in a campus sexual violence office, like myself. When I was going through the guide I was like, these reflection questions are really applicable to the spaces that we're at on campus.

So the guide covers really lots of great terminology that is really applicable to the work that we do. We'll be talking a lot about trauma and violence-informed care. You know, thinking about those principles how do adopt that on an interpersonal level amongst yourselves, of the clients that you work with, with the patients that you work with, and how can you think about trauma and violence-informed care from an organizational standpoint? Hiring, recruitment, retention, making sure that yourself and your colleagues feel safe when you're doing this work.

We'll talk about that in much more detail later on in this webinar, but we did want to kind of share a little bit about the first part of this workbook. And also we'll talk about this at the end, as well, having a commitment for all of us to really be intentional with this work and the reflection questions in this guide I think are really important and really critical. And I think that's one takeaway that we can all take after this webinar is really engaging with this guide as an ongoing practice and tool.

And we really like this quote from this guide, because I think it really perfectly sums up the intention of why there's sort of more of a separate guide specifically for healthcare professionals and folks who are doing administrative work within a campus healthcare clinic. And the quote is, "Being trauma-informed means acknowledging the prevalence of trauma and working to determine the root cases of violence and abuse while providing services to support survivors in their journeys towards wellness."

Hilary Swan: So part two of this toolkit is designed specifically for those that have experienced gender-based violence, so of survivors. We recognize that survivors accessing healthcare, practitioners might come with varying experiences. Perhaps they have had some really positive ones or maybe they haven't been listed to or valued. And we recognise that individuals that come from minority communities on how that would also further maybe harm that they experience or maybe concerns that they might have accessing healthcare. So this guide and this workbook is designed specifically to allow survivors to kind of think of boundaries, think of different strategies, and different things that might kind of help them make the process feel a little bit safer, a little bit better in being able to self-advocate.

So if we go to the next slide. We divided into three different sections of things that survivors can do before the visit, during the visit, and kind of after the visit. And the next couple of minutes we're going to dive deeper into all those different areas and talk about specific strategies that survivors can utilize.

Farrah Khan: Great. Thank you. Yes, this is so exciting to see both of you kind of name the two different workbooks. I'm really glad that they're separated to kind of give us a feel for one, for survivors to be able to go to a place and be like, "OK, what do I need in these moments?" Give some guiding questions, and then for healthcare providers to do the same. Hilary, I'd love to know from you just how this project came to be. I know you and I, through the advisory committee, this is one of the key things that was named in the initial Courage to Act report and you ran with it for the first two years of the project. Do you want to share with us?

Hilary Swan: Absolutely. So I think this idea around trauma and violence-informed care even pre-dates the start of our work together at Courage to Act. So a couple of years ago I was accessing health care and saw a practitioner that I left that session and went right to my home and wrote a thank you note because I had never experienced such a trauma and violence-informed care in that the practitioner was listening to everything I said, was validating my concerns, was giving me options and choices, and was explaining everything in detail and that just was such a revolutionary experience in terms of receiving medical care that that kind of stuck with me.

And so fast-forward a few years later and I'm getting the privilege to get to work with survivors in a front-line role and seeing them navigating

healthcare systems and seeing that same experience that I had isn't necessarily being replicated across the board. And so when we started this project and we did a review with different post-secondary institutions across the country and seeing where they say strengths and their trauma-informed care and where there were scenarios of opportunity we noticed that a lot of institutions didn't have guidelines for their healthcare practitioners. And that health centres were located in this really unique way which provided discrete and confidential care for survivors that were often being like a first place for disclosure.

And so recognizing on how uniquely situated and how key those providers could be and providing that initial experience of belief and of support this suddenly became kind of the project of how can we further build that out? And then how can we also provide resources to survivors that maybe their practitioner hasn't received this training or hasn't done any work in TVIC care but can we then give them some skills to be able to self-advocate in those types of situations?

Farrah Khan: Thank you so much, Hilary. Yes, and so that was a conversation that many of us had when we started working on this project. So Hilary – we're so lucky to have Hilary with us for the first two years of this project and then Amal, and myself, and Anoodth, and Laura take on the project and take it to the finish line. We know with re-writing and jigging and working on it and editing it, so it was so great to have such a collaborative process with this to move it forward and to have such a way of kind of having that conversation of trauma-centred, making sure that survivors are having the autonomy to name what they need and how to move forward.

So I'm going to leave it to the next question I really want to understand too is Amal and Laura, survivors from communities that underserved and face barriers to accessing care may be hesitant to engage with healthcare providers. What should healthcare providers know when working with diverse GBV survivors? Amal, I'll start with you.

Amal Elmi: Yes, this is something I thought about a lot when going through this guide over the last year because this is something that is all too real and all too common in a lot of our communities. And I think survivors from underserved communities typically – or can receive poor quality of care and that can look like not being believed. It can look like having your concerns dismissed or ignored. It can look like not receiving a follow-up appointment when you know that that is the standard practice. It could look like having to advocate over and over again to maybe be referred to a specialist or an expert who is specialize in the care that you do need. It's just that constant act of having to fight for the care that you need and most importantly for the care that you deserve.

And that can be really traumatic, so that's something that was always in the back of my mind because I think a lot of us can point to someone in our personal lives, certainly within our professional lives, where it's sort of that ongoing battle of like I have to keep – like half of my appointment

is me just having to ask for what I need. And really it's what survivors deserve. It's that standard quality of care that's safe and that's accessible to them. So that's I think one thing I thought about a lot, specifically with part one of the guide is that hesitancy is not personal. And that's something that even for folks who were on the call, if you work at a campus sexual violence office, you would know this too, that that hesitancy is – it usually comes from a place of, "I've been through this before. I don't want to have to go through this again."

So I think it's really knowing that there's so many layers of trauma and those layers of trauma are often rooted in forms of racism, colonialism, ableism, homophobia, transphobia. How can I knowing this work from a place of building trust? And that can take a really long time. So those are the things that I thought about, sort of knowing that this is all too real, all too common. And knowing that as a provider, as a professional in this space, knowing that it's not about us in that moment, it's really about, again, providing the best standard quality of care because at the end of the day that's what survivors need and that's what survivors of underserved communities deserve.

Farrah Khan: I really like that you name it's not a nice thing to do, it's a have to, right? This have to piece that both you and Hilary are really naming. We shouldn't be shocked that a service provider in healthcare provides us with trauma-informed support. And we shouldn't not expect our healthcare providers also to have an intersectional lens. There's then that trauma survivors come from – a lot of times from racialized Indigenous communities, Black communities that are so underserved and feel so nervous about coming into care and maybe it's the first time that they've come to someone who they hope will get it this time. Laura, do you want to add anything? I know you trauma nerded out in this guide.

Laura Murray: I did. I absolutely did. And really building off of the work that you and Amal did on this piece. Amal, I absolutely agreed with so much of what you said, especially not taking this personally. One thing that's really important, especially for maybe people who look like me, who are incredibly privileged, to reflect on their own biases. What else do they need to learn and what training might they need to support their student body and the diverse gender-based violence survivors that access their services and access their campus health care centres.

Like one practice that we highlighted and included was that health admin staff should really ask about what pronouns and chosen names that the patient uses and communicate that to the health care professional that they're going to see or anyone else who's directly working with that person. Because we know that only about 21 percent of trans survivors week health care due to fear of discrimination. So we really want – I really just want to emphasize the importance of doing training and applying new skills that you've learned, especially training around anti-racism, cultural competency, trauma-informed care when working with the 2SLGBTQ community and applying these skills that you've learned afterwards.

And I think it's also important to recognize how important collaboration is in this work. And I think engaging the students especially to really understand the student body and the diverse needs that they have. Students have first-hand experience and perspective and can be incredibly valuable to helping your centre understand what the needs are because every campus is going to look different. So really wanting to know exactly what you campus needs is very important.

Farrah Khan: Yes, so not a one-size-fits-all cookie. I just think about even the three campuses that are here – sorry, the two campuses. I don't work on campus anymore. But for Hilary and Amal, it's such a difference between what the needs are in Fredericton compared to what's needed in Ottawa and like who's on our campus and what those health needs are really is dependant on your study body and knowing that. I want to ask the next kind of piece, really go back to you, Hilary, is like it could have been a toolkit when you – I remember talking when you first started just for service providers, but having that piece around for survivors, why was that important? Why is it important that survivors had to be able to prepare for their appointment before going in?

Hilary Swan: Thank you for asking that question. So we do recognize that there are so many hoops to jump through even before a survivor feels safe enough to walk in that door at the healthcare's office – at that healthcare practitioner's office. And so having a guide that can kind of be for either front-line to GBV workers that are working on campus or social workers or counsellors or something even that just like a student is able to download off of the centre here and kind of walk them through some of those considerations to think about before walking in that building I think can really help ease that stress. As well as let them start thinking about the boundaries that they want to set.

I know as someone that is fat, walking into the office and knowing that I'm going to be weighed, that's something that weighs on me heavily every time. Pun intended. That idea of I'm going to go there and maybe I'm going for a cough or maybe I'm going for something that's not related to my weight at all, but that's going to be something that's brought up, is something that would be a barrier for me accessing health. So being able to access a resource like this and being able to kind of think of my boundaries of like, maybe I don't want to be weighed and maybe I don't have to be weighed. And so being able to articulate that or my healthcare practitioner saying that, "No, you absolutely have to be weighed," then being like, "Well, I don't want to hear that number, nor do I want to have a conversation around that weight," type of thing. And so asking to be weighed while turning my face away or having them just record that number with a sticky note on top and me leaving type of thing.

So allowing survivors to think in advance of what those boundaries are. Allowing them to consider would a support person be helpful in this instance? Could I bring in a partner or a friend or a family member that would be able to be there and kind of be a secondary person maybe to

hear information and having that conversation with them in advance of, "This is what I'm going to need from you in this instance." Being able to kind of think about tracking those systems in advance. So frequently practitioners are looking for, "OK, tell us more about like when did the symptoms start? What types of medications or what types of things have you done in the past to support that?" And so being able to articulate that all in advance I think helps the survivor feel A, more prepared. And just feel stronger in being able to kind of present to those appointments.

Another thing too is like thinking of packing lists of what they want to bring. Do they want to bring a water bottle? Do they want to bring some snacks? Do they want to bring clothing that's comfortable to them? So often when we were doing these consultations survivors talked about how it was really challenging to have to struck down and put on a gurney or put on a paper sheet. So the idea of can a survivor bring a robe? Can the survivor bring like a dress or an extra long t-shirt to wear so that they have something that's a little bit more comfortable for them.

These aren't revolutionary but I think it goes to creating safety and creating autonomy for survivors that in turn allow it to be more of a co-collaborative experience.

Farrah Khan: And I think about the fact that sometimes – not even sometimes, for many survivors the unknown is what is so traumatizing, right? Not being able to plan because that's what happened with harm, right? It took away the ability to have control, and so being able to prepare allows us to gain that sense of control. I really love that part in the guide. I think it's just so beautiful to think about, "OK, what are ways that make myself feel safer?" Not that I can ever fix this piece but I can create those spaces. Amal, for you, what strategies or tools are provided in the workbook to help survivors in their healthcare appointment, what are ones that really stood out for you?

Amal Elmi: Yes, I think just going off with Hilary's points on how survivors can prepare for their appointment or before appointment. One thing that really stook out for me was taking notes and how sometimes appointments can go by so quickly the information. The information can be so overwhelming and really scary too. So I think having that option to maybe quickly use the notes app on your phone, which is something I use every day and the workbook for survivors as a template at the end of the guide for survivors if they want to take hard copy notes as well during their appointment. So I think having that information handy afterwards because, again, that information can be overwhelming and it can be difficult to process in the moment because sometimes appointments can be quite fast paced.

And then sort of going off Hilary's earlier point about a support person, in the guide one of the tips that we share is asking questions. But again, I also recognize asking questions can be really difficult. And again, it can be scary. It's that fear of, "Will this change the nature of my relationship with my healthcare provider?" So one thing that I've done at lot in

personal life, a lot with my family members, I still do it, is when one of goes to a doctor appointment sometimes we're the ones who ask those questions on behalf of my sibling or a cousin or a loved one, just to kind of be that buffer. Because in that moment, again, when processing all of the information it can be difficult to have questions ready and it could be difficult to pose those questions, too, depending on the nature of the relationship you have with your provider.

And then, again, adding on to the points around boundaries, maybe part of what that conversation can be if you are having – asking questions is, you know, these are what my non-verbal boundaries are. These are the non-verbal ques I'm going to give you when I want you to stop, when I want you to pause, and when I want you to pause and ask questions. I'm going to raise my right hand so you know that I want you to pause and I want to know what's going to happen after. The verbal ques I'm going to use, "Can you please stop?" So those are some of the things that you'll find in the guide.

And then I think going back to the point around questions, I think one question that I always talk about with my family members is always ask, "How much is this prescription going to cost me? Can you recommend a place that's more affordable for me to find this prescription? Can I find it at Costco? Can I find it at Walmart? Will my insurance cover this prescription for me?" Those are questions that me and my relatives we always ask because one of the worst things is when you finally get the thing that you need, you go to the counter, and you realize, "I don't even think I can afford this anymore." So I think ensuring that, you know, sometimes that information isn't readily available, so having those points ready.

So those are some of the things that stuck out to me in the guide. They are in the guide, which I think is really helpful for folks if you are working with survivors, you can print it out, you can have it ready in your offices. But it's also available online.

Farrah Khan: I love that you're naming that this can be – it is a tool for survivors, but it can be a tool also for us that work with survivors. And we can sit down with them and be like, "OK, let's plan this together. We can do this." You're not alone even to figure this out, because it can feel – you know, tools are beautiful and wonderful but it can still feel really overwhelming to start answering some of those questions. Laura, for you, what is something that really stuck out for you in the survivor tool?

Laura Murray: For me, it's really – one thing that stuck out to me was planning how to take care of yourself after the appointment is done. Thinking about what you need to feel comfortable and cared for. So one idea could be surrounding yourself with people. Are you bringing the support person with you to that appointment? If you're not, maybe making a plan to meet with someone afterwards. If you are bringing the support person, maybe talking about whether you want to debrief and compare your notes either directly afterwards. Or maybe you just need a moment to get

grounded. You want to go walk together or watch your favourite show together and then when you feel ready that's when you can kind of debrief the appointment and compare notes and go from there.

Also thinking about what brings you joy and maybe having that on hand. You can light a scented candle. I remember for me after this one particular healthcare appointment there was a café next door that sold amazing cookies, so I would also make sure to go and get a cookie. It was always a wonderful experience if I brought a support person, as well. And that made it just like a little bit easier to go to this health care appointment. And it's also really important to check in with yourself afterwards. Really reflecting on if you felt better or worse after the health care appointment. Thinking about the boundaries that you had established. Did the health care professional respect your boundaries? Did they validate or dismiss your concerns?

And to know that it's OK to walk away from a healthcare professional if they're not respecting you and that it's OK to ask to see someone new next time that you go to that centre.

Farrah Khan: Thanks for naming that. I think it's so intimidating to – like listen, we all grew up with that thing where doctors, they know best. Nurse practitioners, they know best. And so to be able to even have an intervention where you can challenge it, especially when you're in such a vulnerable place, is so important to be affirmed. And so thank you for naming that piece. And speaking of healthcare providers, I want to ask both Amal and Hilary as both of you do ongoing support for survivors of gender-based violence who are subjected to harm, what's one creative intervention that you've learned from a survivor that's helped you inform this workbook? Hilary, do you want to start?

Hilary Swan: Sure. The one that really stands out to me is something that I knew someone that was going to get a healthcare appointment at the hospital and it was going to be a transvaginal ultrasound. And their physician had told me that this is what was going to happen, but they didn't realize that that entailed like an internal object being inserted in them when they went to that hospital. And so, had that been something that was kind of communicated in advance to explain this is what's going to happen, this is what your going to experience, is that something that's even comfortable with you? Are you OK with that?

I think that that would have given that survivor some autonomy and some choice before showing up to that appointment. In addition for anything that has to be inserted into our bodies, giving that option back to that survivor of can they do that? Can you teach them on how to put that – or can they help guide that instrument in at the same thing? I think that's another way in which individuals that have experienced gender-based violence can try and feel a little bit more power and feel a little bit more autonomy in this situations that otherwise are really vulnerable.

Farrah Khan: Amal.

Amal Elmi: Yes, I think a lot about the conversations that I would have with survivors in my office and sometimes those questions are, "Is there a Muslim doctor that I can speak to or do I have to go off campus?" Or "Is there a Black doctor that I could speak to or am I going to have to be referred off of campus?" So those are some of the things that really informed the reflection points that I was thinking about throughout this guide, even some of the reflection questions that folks will see when you do download this guide. I know it may not be deemed as a creative intervention but it's an intervention that is all too necessary and all too critical for survivors who are, again, looking for the kinds of care that they need and that they deserve. "Will I have someone who is just going to get it? Or do I have to go off campus to another health centre?" if that doctor is even accepting patients.

And we'll talk a little bit about that with the healthcare providers workbook about some of those gaps but – yes, those are the conversations and the questions that was always on the back of my mind as we were working through this workbook.

Farrah Khan: Yes, it's so important, you know, the idea that creative intervention survivors can have and have had to advocate for themselves at some point what you're naming, Amal. And also thinking, Hilary, that exact example is what I always think about, you know, a survivor get a smaller speculum that they just brought to session with the doctor and they were like, "This is the size." And I was like, "You can do that?" It was just one of those moments that I didn't know and I think that's the piece that was really saw in this guide and I see throughout is that it's really not just our knowledges that came out but the knowledges of survivors that have informed it.

So telling us, "OK, this is what I need," or "this is what worked for me," or "can you talk about this? Because no one has told me if it's OK that I asked my doctor this. Like they're writing the things down, as well. Especially for Black, Indigenous, and racialized survivors who consistently are told that they medical needs are not real. Are told that it's in your head. Or for trans survivors. So writing things down, recording what they say. If they deny medical care is also part of that.

I want to move to talking about the healthcare, because we're almost actually getting close to this. So the healthcare providers workbook, for everyone here, what' something that sticks out for you within that workbook? I know because it's a different tool – and I will say this, that when Hilary started doing this project I remember meeting with you at the beginning and we were like, "Everything and the kitchen sink can be in this," but it started to – and then I remember when Amal and I met about it with Anoodth we're like, "OK, everything and the..." Because it's so hard. It's such an expansive conversation so this is a narrow one that can – lots more learning has to do, but it's one of many conversations that need to be had around gender-based violence and support.

So maybe I'll start – Hilary, I'm going to go back to you. What was something within that that you were like, "This had to be in there"?

Hilary Swan: For me, it was the practice. And so throughout this we talk about direct interventions and give folks examples of what you could do as a provider before your client even arrives. What you can do while they're there and post and all those types of things. But then we have opportunities for practitioners to go through and we have a case study that's been created and gives practitioner the option to – or that opportunity I guess, rather, to go through and to work through, "OK, this is my patient in front of me and these are their considerations and their presenting problems." And the things that are going through the appointment, "How would I respond in this instance? What would I do? What considerations could I apply from this learning that I've just done throughout."

So really having that practice I think is a way – it's one thing to read it, but I think it's another thing to kind of cement that learning. So when you're able to put that into action or into practice. So thrilled about that.

Farrah Khan: So it's not just a theory, it's actually how we act? Yes. What about you, Laura? What was something that really struck with you in this one?

Hilary Swan: For me, I think it was that all staff members can be able to use this workbook, not just for doctors and nurses, but also for admin staff management, maybe being custodians and maintenance staff can be able to utilize this because it's everyone's job to promote safety and be trauma and violence informed at a campus healthcare centre. This does include practices specifically for health admin staff. It also includes a section on creating a safer physical environment. That might be one place where custodians and maintenance staff can play a role. And it really highlights how important it is to train all staff members about trauma and violence informed care because they all play a role in this. So I thought it was really important and it's really great to see that all staff members can take the time to review this workbook and review different sections and really think about how they can be trauma-informed in their role, as well as how they can help their campus health centre provide trauma-informed care.

Farrah Khan: Yes, so it's not just one member of the team, it's a holistic member. There's so many things within it just reminding us that this takes everyone in that health care space to really ensure from the moment you look at the door to even the way it's advertised. And Hilary, I'm going back to thinking about even you talk about fat people and what we see as pictures even in imagery in healthcare centres and who gets to be seen and who doesn't get to be seen by that, you know? I think about how too often it's such a narrow version of who gets to be even represented in any of the conversations of how they advertise for this. And we want to make sure that all survivors can feel like they can access it and will be welcome. So it's from the door to inside the room to everywhere. Amal, what about for you? For healthcare providers, what did you see?

Amal Elmi: What really stuck out for me was sort of the beginning of the guide when there's a paragraph on the unique roles that campus health care centres play for survivors. And we spoke about it a little bit earlier, so many students, so many survivors don't have a primary care physician. And I think we know in Ottawa, we know across Ontario and maybe parts of Canada there is a massive shortage of healthcare professionals and that just makes the work of campus health centres even more critical for survivors. So that's something that I thought about a lot, it's talk about it's free of charge, it's accessible because it's already on campus, but we also know that there's just a shortage across the board. Like when you can find someone who can give you the are that you need it's so, so important. And it's even now so much more difficult to do.

And I think some of the things I thought about or some of the different experiences that students might have and survivors might have if you're an international student, this might be your very first time navigating getting care on your own. Even if you're a domestic student, maybe this is your first time going to doctors appointments without having a caregiver or a parent or a loved one in the room with you. And kind of trying to figure things out on your own or even just going to a doctor's appointment in a brand-new province or in a brand-new city, those could be really scary feelings.

So those are some of the conversations that I know we had when putting some of this work together is that we know that the work campus health care centres do is so critical and just naming why exactly it's so critical for so many survivors. And one point that I thought about is, you know, I work at a campus sexual violence office. You know, campus sexual violence offices and campus health care offices or health and counselling services offices have such a critical relationship because the work that we do, there's so much similarity around academic accomodations or considerations, receiving disclosures of sexual violence. And I think about the relationship that we have and my place of work with our campus health care centre and it's so important and it's such a great relationship, too, because sometimes you don't always talk about what happens with the doctors or the nurses.

We talk about care from a holistic perspective, as well, such as we've been hearing that survivors are looking for support groups. Have you been hearing that as well? Maybe we should work together and find a space on campus. Or we did this really great training on anti-Black racism. This is a facilitator. Are you folks interested in receiving this training as well? So that relationship that we have, I thought about it a lot as well when this guide was coming together and it's just another kind of affirmation. The work that we do is similar and the relationship that we have to try and ensure that survivors, again, receive the most supportive care and the most holistic care as well is really important.

Farrah Khan: I love that connection-making. I think back to the conversation we had on possibilities to do a podcast and we did an interview with Notisha Massaquoi, Dr. Notisha Massaquoi who's a professor at the University of

Toronto. And she used to run the Executor Director of Women's Health in Women's Hands, which was the only healthcare centre in Canada for Black and racialized women. And she named – you know, she said the majority of the women that were coming to our service were coming in some ways because they were talking about violence. Yet, they were coming to their health care provider. They weren't going to a violence against women service. They weren't going to a sexual assault centre. So we have to see medical health professionals as partners in this work. And also sometimes they will see survivors that we may never see in sexual assault services. And so there's a power there and there's also an opportunity.

So I feel like this should have been the first question, but we're coming to the end with it. Because so much jargon sometimes in the gender-based violence sector – I think in every sector because I'm working a different sector at this moment, I'm just like, "Wow, every sector has got lots of words." But you've all talked about trauma a lot here and trauma and violence-informed care. Can everybody kind of tell me like what do we mean by that and why is it important? Because usually people say trauma-informed care and people say violence over here. Why is it important they come together? And Hilary, I'm going to start with you because when you first solely started this work that was something that really was a big part of the research that you were doing in conversations.

Hilary Swan: Yes, and it was you that really inspired that violence piece of how important that was. Because I think when we talk about exclusively just trauma-informed care, that's focusing on how – like running that assumption that everybody that we're coming in contact with has experienced some sort of trauma that is then impacting them. And so, instead of asking, "What's wrong with you?" or "why are you behaving this way?" It's coming from that understanding of like, "Well, what has actually happened to you?" And maybe the way in which you're coping is actually just like a response to that trauma versus it being something else.

But I think that violence and only focusing on just trauma-informed care, I think we missed the violence piece and within that violence piece we missed the oppression and we missed on how individuals like social location, so their race, their ability, their gender, their sexuality, and how all those different aspects play into an individual's experience of both accessing care, their healing, and also just their targetedness for that term. So I'm really glad that we had expanded that term to include both that violence piece as well as the trauma because I think just to say just trauma-informed care kind of misses that necessary but of pression and that social location.

Farrah Khan: Amal, what about for you? Why was that important to have in there? And I know you even talked about another layer of that, so it's not just trauma-informed and violence-informed but also taking the social location piece to recognize too it's not just like – I love listening to you

talk about it because you're like, "OK, Farrah, yes, it's not just what happened to you, it's also what's been done to your community."

Amal Elmi: Yes, absolutely. And what I like about the guide for healthcare practitioners is that it's divided into sort of thinking about trauma-informed care from an interpersonal level, such a questions that you can ask yourself, how are racism and colonialism perpetuated in health care? Who is the makeup of the clients who request and use my services? Who are those communities? Do I have connections with those communities? Again, thinking of not just from the individual perspective, but from the collective perspective too, because when harm and trauma happens to one person it really affects communities as a whole. So thinking about that and thinking about those questions really critically are really great principles to adopt.

And then I thought about near the end of the guide when we talk about trauma and violence-informed care from an organizational standpoint and what I thought the most of is how can we take care of each other? Because again, this work can be really difficult. It can be really isolating. I know the folks who work at the campus health care clinic on my campus work non-stop. Like maybe five, six, seven clients in a day. That's a lot. That's really difficult work. So I think there's some tips at the end of the guide, you know, thinking about these practices in a way of ensuring safety for yourself, how can you do this work where you feel supported, but then also how can you do this work where folks who need the most support, Black, Indigenous, and racialized staff, how can they also feel supported, as well?

So I kind of thought about it in those two ways, like you as an individual from an interpersonal perspective. But then also the culture of your workplace, how do we make sure that we're able to do the best job that we can but then also making sure that we feel cared for and supported by our team?

Farrah Khan: Laura, I'm going to go to you next.

Laura Murray: Yes, for me a big part of trauma and violence-informed care is understanding how key relationships are. Relationships that are built on trust, understanding, and safety. This comes from an understanding that trauma can impair the ability to have trusting and maintained relationships. And it really – trauma can really negative affect a person's relationships and a person's sense of belonging. So staff at campus healthcare centres really play an important role on building trust. As Amal had mentioned earlier, this might be the first time a student is navigating health care on their own. For international students, this might be the first time they're navigating health care in Canada, and so they might not be familiar with the processes.

So being able to call someone on the phone who is compassionate and non-judgmental and is starting building trust from the very beginning is very important. And I really just want to highlight how key relationships

are when it comes to trauma and violence-informed care.

Farrah Khan: Thank you so much. Yes, I think the relationship piece is such a part of this. And same that patients are not just someone that is taking in this but are part of the process. I know we have about 10 more minutes and I just the two in the Q&A and I want to name one of them. So I want to give a shoutout to Martha Paynter who was our community reviewer and we were so honoured to have Martha. I'm going to put her website down here, but I'm going to tell you a little bit about – so we actually had Martha look over the toolkit to give us really good feedback. And Martha herself is Dr. Martha – I always got to remember that, Dr. Martha Paynter is an Assistant Professor at the Faculty of Nursing at the University of New Brunswick. Her clinical teaching and research focus is on the intersection of reproductive health and a criminal justice system. She's also affiliate scientist with a Nova Scotia Women's Choice Clinic and the founder and past chair of Wellness Within, an organization where health injustice – the only organization in Canada dedicated to advancing reproductive justice for people experiencing criminalization.

She is the author of Abortion to Abolition: Reproductive Health and Justice in Canada, which was published last year. It's a fantastic book if you haven't read it. We were so lucky to have her feedback and insights throughout this as the clinician and then just having her as a community member in this conversation was really important. So I know it was one of the questions, did we have practitioners? We did, which was really important for us.

And we also had a question how this could be used in public school board. You know, public school boards have health and wellness teams often times. So social workers, counsellors, they have super intendants, everyone, so it is really a part of that. We often times say at Possibility Seeds when we work with high schools because we do a lot of that work is that moving from a response first to a support first model is really key. So not going to that place when a student comes to you and said they were sexually assaulted, to go straight to that place of, "OK, we got to report it. We got to do all these things," to actually a place of what does that student need to heal in this moment? A healing centred approach is really important. And naming that and having that place and so this is one of them.

So if you're working with a student who, you know, often times their parent was coming with them to healthcare needs, this would really help them. So I don't think that any of the tools that are produced with Courage to Act cannot be amended to use in high schools and we're seeing that. So Peel District School Board is using a lot of these tools and other school boards, as well. Is there any other questions from the crowd before we – I see one more. I think we did answer them all. OK. Great.

So I'm going to leave with one last question, because, you know, giving us a little bit of moment. So for the three of you, what sustains you in this work? You're all doing very difficult work – I know see Hilary and

Amal, you both have been in this work for a very long time doing front-line work. What's sustaining you in it? What's giving you joy in this moment and what's keeping you hopeful? Besides love is blind.

Hilary Swan: I can go first if that's OK. I feel so privileged to be able to have a position where I get to work on the frontlines, get to work with survivors and hear their stories and support them along that journey. And also get to sit at some of those tables with administrators and being able to advocate and support survivors throughout complaint processes and highlight to admin after like, "Here's areas for growth. And here's areas in which we've failed survivors." And so being able to take that knowledge on the frontlines to then some of those larger meetings with people that have that power to be able to make change and to have administrators that will listen and respect that and value that perspective I think is so maybe unique, but also such an awesome, restorative – or not restorative, but just such a wholesome – I'm trying to figure out the right word here. It's great. I love it. It's valuable to be able to have that. And I think without that this work would be a lot harder to not have that.

Amal Elmi: Yes, I always think about kind of the quieter moments or sort of the behind the scene moments of the work because I find some of the more systemic pieces can be really exhausting. Like working on updating your policy, trying to implement yearly trainings for different departments or faculty, like all of that could be a lot. But I find when I get that email and accommodation went through I'm OK, yes, thank God. Or when a survivor just pops by my office because they just want to chat about life or TV shows, I'm like, "I love that." And I say, "Great. Let me make some coffee and let's chat." Those are the moments that are really fulfilling and yes, it keeps me sustained in this work. And like you were saying earlier Farrah, too, Love is Blind also helps. Well, not the reunion, specifically, but the season's good.

Farrah Khan: And Laura, what about for you?

Amal Elmi: For me, community is what sustains me. Community is what gives me hope. It's incredible to see like how many people are out there that are doing this work. When I worked at community organizations that supported those affected by gender-based violence I worked in rural areas, so sometimes my community felt really small but being a part of this project and seeing how many people from across Canada truly care. And also being able to talk about feelings where you might be a little burnt out or just needing a break and knowing that you're not alone when doing this work is really important. So yes, community is what gives me hope.

Farrah Khan: I love that. Yes, and I think for all of you, kind of names just like we don't do this work in isolation. This work is always in community. This work is always informed by the people most effected and how it keeps us going is knowing that we can connect with those people. Hopefully with this tool it will be helpful for survivors and I really see and I know that you all see that too, is that this tool is one that is an ongoing project. And

so if there are people that are watching this and engaging and they're like, "Oh, this tool misses out on a part of questions that I'd like to see." Send them along to Possibility Seeds. We'd love to see them to build on. You're part of this community and we want to hear that. We want to know if we can continue to build this.

I want to thank Hilary for really starting off this great project. It was so great to have you on the advisory committee and with Possibility Seeds from 2019 to 2020 – or wow, it's a long time. It's so great to have you with us and to doing this work. Is it 2021? Yes, it's 2021. Yes. But it was so great to have you in this project and the work that you've done on the tool to lay the foundation was so important. And I want to thank Amal and Laura and Anoodth for taking up the next phase of it and getting us to the finish lines. It's so exciting to see such a collaborative tool to come together and see this kind of give birth. It's so great.

Thank you everybody for joining. And of course, this will be posted in the next couple weeks. Thanks, everyone. Have a great day. Wait. I have things I have to say to you first. I have to say things and I'm so sorry that I didn't. I also want to just give a shout out to just two other things. I want to give a shout out for Britney, Aubrianna, Anoodth, Andréanne, our interpreters, and our translators, and our whole team and Maya for doing all the background work to make this happen. I want to make sure and thank our funders WAGE, as well. Thank you for doing all the work that we can have this beautiful moment in space. We an only do it with your support and your ability to juggle so many things. OK. Have a great day now. Thank you. Bye.

[End of recorded material 00:56:46]