2020

# TRAUMA- AND VIOLENCE-INFORMED CARE TOOLKIT

for reducing stigma related to sexually transmitted and blood-borne infections (STBBIs)

Centre for Sexuality

CANADIAN PUBLIC HEALTH ASSOCIATION

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# INTRODUCTION

The prevention, diagnosis, treatment and management of sexually transmitted and blood-borne infections (STBBIs) (such as HIV, hepatitis, chlamydia, gonorrhea, syphilis and human papillomavirus) are important public health goals. However, stigma and discrimination in health and social service settings often create barriers to accessing STBBI services.

Trauma- and violence-informed care (TVIC) is a framework that helps individuals and organizations provide safe and inclusive sexual health, substance use and STBBI-related services. TVIC reduces service barriers and promotes strategies and changes in organizations to result in more caring, compassionate, person-centered and non-judgmental care.

## WHAT IS TRAUMA- AND VIOLENCE-INFORMED CARE (TVIC)?

TVIC improves how service providers and organizations serve clients who have experienced traumatic life events.[1] TVIC does not focus on encouraging clients to disclose details of trauma they have experienced or on treating their trauma symptoms. Instead, TVIC fosters an environment where all clients feel safe and there is less possibility they will be traumatized again. TVIC recognizes the impacts of individual trauma (e.g., sexual abuse, physical abuse, time spent in jail, etc.) as well as structural violence and inequities (e.g., racism, transphobia) on clients' health and well-being as well as how they engage with services.[2,3]

**Structural violence** describes social arrangements which harm individuals and groups of people by preventing them from reaching their full potential. These arrangements are structural because they are part of the economic, political, legal, religious and cultural organization of societies.[4] Often these arrangements seem so ordinary (are so normalized) in our ways of understanding the world, they are almost invisible. Unequal access to resources, political power, education, health care and legal standing are just a few examples.

**The word "client" is used in this Toolkit to refer to people who access services. Your organization may use other words such as patient, service user or consumer. The word client is used here because it covers both health and social service settings and is understood by both health and social service providers. However, it is important to note this word has potential limitations. It can seem to imply that people are passive and powerless in their participation in services.[5] The word client may also not be inclusive enough of those who have been refused services or who are unable or unwilling to access services. Although the word client is used throughout this toolkit, we encourage careful and critical thinking about the words we use and the unintended meanings they can communicate. It is important that we strive to use language and interpersonal approaches that place clients at the centre of all care decisions affecting their lives.**

## KEY PRINCIPLES OF TVIC

Your organization may already be working through the lens of TVIC – perhaps without even knowing it. TVIC requires organizations to monitor and adapt their services through policies, procedures and culture and consider provider-level approaches to enhance clients' sense of safety and trust.

**The guiding principles of TVIC are:**

1. **Foster an organizational culture that understands and attempts to reduce the harms of trauma on clients' health and well-being.**
2. **Create safe spaces and develop trust.**
3. **Provide ways to encourage choice, collaboration and connection between clients and service providers.**
4. **Build on clients' strengths and skills.[6]**

TVIC is especially important in how we prevent and treat STBBIs because of the many different ways that stigma, trauma, sexual health and substance use are connected. The conditions in which people work, live and play (social determinants of health [SDOH]), affect people's health, well-being and access to health and social services. Groups that are affected by stigma, discrimination and structural violence because of unequal power in society are more often exposed to STBBIs and may be more likely to experience traumatic events.[7] In Canada, experience of trauma is common overall,[8] but experienced even more often by people who are also most vulnerable to STBBIs, such as people living with HIV[9] and people who use substances.[10] Clients may also experience stigma through STBBI prevention programs or when they are tested or treated for STBBIs. This stigma may be based on their trauma experience or the ways they might be coping with it such as substance use or barrier-free sex.[11]

**IT IS VERY IMPORTANT FOR HEALTH AND SOCIAL SERVICE ORGANIZATIONS TO BE AWARE OF HOW STIGMA AND TRAUMA CAN AFFECT HOW CLIENTS ACCESS AND EXPERIENCE HEALTH AND SOCIAL SERVICES AND TO PROVIDE RESPECTFUL, SENSITIVE AND INCLUSIVE CARE.**

## ABOUT THE TVIC TOOLKIT

This Toolkit will help individuals and organizations apply the principles of TVIC and monitor and evaluate their progress. The toolkit consists of three separate tools:

1. **Provider Self-Reflection Tool:** Questions to examine personal attitudes, values and practices that support TVIC during client interactions.
2. **Organizational Assessment Tool:** Questions to help implement TVIC principles through organizational culture, policies and procedures.
3. **Monitoring and Evaluation Tool:** Guidance to help evaluate and monitor TVIC within an organization, focusing on approaches that apply to a broad range of organizations and services.

Applying a TVIC approach to how you interact with clients and to your organization's culture, policies and procedures is an ongoing journey.

Using the TVIC Toolkit will help you stay on track as you consider ways you are already using TVIC and identify areas for change or improvement.

# IDENTIFYING YOUR OWN APPROACH TO TVIC: THE PROVIDER SELF-REFLECTION TOOL

## USING THE PROVIDER SELF-REFLECTION TOOL

These questions will help you get to know your personal approach to TVIC. Thinking carefully about your answers may reveal where you can set some personal goals to align your practice with the principles of TVIC.

### KNOWLEDGE AND ATTITUDES

1. What assumptions do I have about people who have been through trauma and how they recover from it (for example, in relation to coping through substance use or sexual behaviour, in relation to how and whether individuals disclose their traumatic experience)? How might these beliefs affect my work?
2. What do I know about forms of trauma and violence (including structural violence)? What do I know about where stigma comes from and the various ways it can be experienced? Am I aware of how trauma and stigma can affect people's lives, health and well-being?

To learn more about how stigma in its various forms relates to sexuality, substance use and STBBIs, visit CPHA's learning site to access the online course, Exploring STBBIs and stigma: An introductory course for health and social service providers.

3. Most people have at some point contributed to stigma without knowing it or meaning to. Can I think of a time when I spoke or acted in a way that could have caused stigma or discrimination? If so, what can I learn from this experience?
4. What assumptions do I have about groups that may experience STBBI-related stigma through sexual health and harm reduction services (e.g., LGBTQ2S+ people, people who use injection drugs, sex workers, Indigenous peoples, newcomer populations, people in the criminal justice system)? How might these assumptions influence my work?

5. Do I regularly review and reflect on my own attitudes, values and beliefs? Do I know when my personal values are affecting my interactions with clients?

CPHA's resource, Self-assessment tool for STBBIs and stigma can help you reflect on your personal attitudes, values and beliefs about STBBIs and stigma.

## SKILLS AND PRACTICE

6. Do I feel at ease when talking to clients about sexuality, trauma, substance use and harm reduction? Can I have these discussions using TVIC-informed approaches?

CPHA's resource Discussing sexual health, harm reduction and STBBIs: A guide for service providers offers strategies for having safer more inclusive discussions about sexual health, harm reduction and STBBIs.

7. Do I know how to respond if a client tells me about a past or current experience of trauma or violence? Do I handle the disclosure in the right way and refer the client to trauma-specific services (available in the community or online) if needed?

The World Health Organization resource, Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook, covers ways to respond to and support someone who has disclosed to you that they are experiencing violence. The LIVES approach detailed here may also help with disclosures of other forms of violence/trauma.

8. How comfortable am I using various grounding techniques with clients who might be re-traumatized in my care?

If you want to learn more about grounding techniques, check out the website of the United Nations Entity for Gender Equality and the Empowerment of Women.

9. (How) do I show respect for my clients' life experiences and history? (How) do I show that I understand and acknowledge the social and structural factors (e.g., institutional racism, poverty, criminalization of substance use, criminalization of HIV non-disclosure) that may make clients vulnerable to STBBIs and experiences of trauma?
10. (How) do I level the power imbalances that exist between my clients and myself as a service provider? Do I accept that my clients are the experts of their own life and experience?
11. Do I ask clients how I can help them feel safe and comfortable? Do I see and support my clients' strengths? Do I give them credit for being resilient and coping well? Do I focus on what has worked for them in the past so I can help them identify and build upon their strengths?[10]

## PERSONAL FEELINGS AND EXPERIENCES

12. How do my cultural background and personal experiences of diversity affect my interactions? What do I bring to my relationships with clients?[13]

13. I may have had experiences in my life that affect how I provide trauma- and violence-informed care. How am I managing? What am I noticing in my body? Are there areas in my life I need to pay more attention to? Who can I turn to for support? [11]

14. Might any of my clients' responses or behaviours trigger me? How will I know when this is happening? How will I respond?[11]

15. How can I take care of myself so I can manage my own feelings resulting from personal or my clients' experiences of trauma and violence? What activities or surroundings make me feel relaxed and re-energized?[11]

## ACTION AND INTENTIONS

16. How often do I take opportunities to develop my personal TVIC knowledge and skills?

17. How often do I advocate to my fellow workers and managers to improve how we provide safer, more inclusive and trauma- and violence-informed services?

# DEVELOP AN ACTION PLAN

This form can be used to write out your own priorities and goals for incorporating TVIC principles.

What can you do to embody TVIC principles in your work? Think about changes that could result in providing safer, more inclusive care and how you could be more aware of your clients' and/or your own experiences of trauma and violence.

Identify three TVIC objectives for yourself. Focus on 'easy wins' –small manageable changes. Identify the actual steps you can take for each to reach the objective. Think about the resources available to help you achieve your objectives.

## OBJECTIVE 1:

_____

_____

**What are the steps I can take to reach this objective?**

_____

_____

## OBJECTIVE 2:

_____

_____

**What are the steps I can take to reach this objective?**

_____

_____

## OBJECTIVE 3:

_____

_____

**What are the steps I can take to reach this objective?**

_____

_____

# ASSESSING YOUR ORGANIZATION'S APPROACH TO TVIC: THE ORGANIZATIONAL ASSESSMENT TOOL

## WHY USE THE TOOL?

The *Organizational Assessment Tool* can guide your organization to implement a TVIC approach. It will help you identify how your organization understands TVIC principles, select realistic areas for improvement and evaluate your progress. Ultimately the Tool aims to help you improve the ways that services are provided to all members of the community.

Keep in mind that the pursuit of excellence in providing TVIC is ongoing. Your organization may not have all the resources or staff to fully meet each criterion. If this is the case, the Tool can help you to set priorities for action.

## WHO SHOULD USE THE TOOL?

The *Assessment Tool* works for **any health or social service organization**, especially those that provide sexual health, harm reduction or STBBI services. Although many of the questions are about sexual health, harm reduction and STBBIs, being aware of the impact of stigma, trauma and structural violence and protecting clients from re-traumatization is important for all health and social services.

The Tool should be completed by staff members who work in different capacities within your organization, such as **management, intake workers, front-line service providers and support staff**. The Tool is meant to encourage and support open discussion about how to create a more positive environment for clients.

## WHEN SHOULD THE TOOL BE USED?

The Tool should be used as **part of an organization's ongoing quality improvement process**.

## WHAT DOES THE TOOL ASSESS?

The Tool is organized into five sections, corresponding to five different areas for implementing TVIC: supporting staff development; physical environment; relationships/interactions with clients; policies; and monitoring and evaluation.

## HOW TO USE THE TOOL

Complete the assessment form individually and then discuss your rating and comments as a group to find the average for your organization. Next, using the sample template provided, work together to identify priorities for action.

Use the 5-point scale for each statement about the programs and services of your organization. Respond unsure if you do not have enough information or are not aware of how true the statement is. Respond not applicable if the item does not apply to your work.

### RATING SCALE:

| 1<br>Strongly Disagree | 2<br>Disagree | 3<br>Neutral | 4<br>Agree | 5<br>Strongly agree | ?<br>Unsure | N/A<br>Not applicable |
|---|---|---|---|---|---|---|

This assessment will help you identify and reflect on what your organization is doing well and what could be improved. There are no right or wrong answers.

The sub-questions below each numbered statement are prompts that may help you decide on your response. Be aware that some of these questions are subjective and your answer may depend on your role in the organization.

## SECTION 1

# SUPPORTING STAFF DEVELOPMENT

| INDICATOR | QUESTIONS TO CONSIDER | RATING (1-2-3-4-5-?-NA) | COMMENTS |
|---|---|---|---|
| **1.** Staff members are trained on topics relating to TVIC. | • Do training opportunities cover many different TVIC topics?<br>For example: types of trauma; impacts of trauma on health and well-being; various responses to trauma; trauma-sensitive language and approaches; impacts of structural violence and inequities; cultural safety; coping with the trauma of others; how to respond when a client discloses trauma; other relevant community services and how and when to refer clients to them.<br>• Is training provided to all types of staff (e.g., clinical and non-clinical, management and non-management) and volunteers?<br>• Is TVIC training optional or mandatory?<br>• Is TVIC training part of staff and volunteer orientation?<br>• Is TVIC training offered regularly, so all staff can update their skills if needed? | | |
| **2.** Staff members are trained about sexuality, substance use and gender and sexual diversity. | • Is this training provided to all types of staff (e.g., clinical and non-clinical, management and non-management) and volunteers?<br>• Is this training optional or mandatory?<br>• Is this training part of the orientation of new staff and volunteers?<br>• Is this training offered regularly, so all staff can update their skills? | | |

| INDICATOR | QUESTIONS TO CONSIDER | RATING (1-2-3-4-5-?-NA) | COMMENTS |
|---|---|---|---|
| **3.** Trauma- and violence-informed knowledge and skills are assessed during hiring, volunteer recruitment and performance reviews. | • Is there active outreach to and recruitment of prospective staff and volunteers who are trauma-informed?<br>• Do hiring/recruitment practices take into account education in and experience of providing trauma-informed services? Lived experience of trauma and recovery?<br>• Are there incentives (e.g., promotions, bonuses) for prospective or current employees based on their trauma-related education and experience? | | |
| **4.** Potential for and impacts of vicarious trauma are minimized and staff are supported to manage feelings relating to their own experiences of trauma and violence. | • Are staff given opportunities to debrief challenging situations/ interactions?<br>• Does management support staff self-care and stress management? Are staff allowed time to ground themselves if they need to (e.g., take breaks for meditation, physical activity, alone time, peer support, etc.)?<br>• Are safety/self-care issues addressed at staff meetings? Are staff encouraged to speak openly about their TVIC challenges and needs and how they deal with vicarious trauma?<br>• Are staff supported to cope with vicarious trauma or their own experiences of trauma/violence (e.g., vacation time, health insurance coverage for psychotherapy/ personal counselling, and other benefits that promote staff well-being)? | | |

## SECTION 2

# PHYSICAL ENVIRONMENT

| INDICATOR | QUESTIONS TO CONSIDER | RATING (1-2-3-4-5-?-NA) | COMMENTS |
|---|---|---|---|
| **5.** Signs and other visual materials (e.g., posters) are engaging, clear and easy-to-read. | • Do signs and visual materials show different ages, cultures, abilities, gender expressions and/or relationship types in a positive way?<br>• Are signs and visual materials provided in different languages?<br>• Do signs and visual materials avoid language and images that may cause trauma or be stigmatizing (e.g., graphic images depicting harms related to alcohol or drug use, abortion, sexual or domestic violence, etc., or fear-based language about sexual activity, substance use, STBBIs, etc.)? | | |
| **6.** The physical space (e.g., waiting room/ reception areas, interview rooms, area around the building) is comfortable and inviting. | • Is there enough personal space for individual clients?<br>• Is the area around the building safe and well lit?<br>• Are there private spaces for clients and/or staff to discuss personal issues?<br>• Are there comfortable places for clients to sit?<br>• Is the atmosphere calm? Think about how clients might react to the sights, smells and sounds. | | |
| **7.** Clients are able to make suggestions about how to make the physical space feel safe and welcome. | • How is client feedback collected? What tools (e.g., suggestion box, online feedback) are used?<br>• Are there both public and private ways for clients to make suggestions? | | |

## SECTION 3

# RELATIONSHIPS/INTERACTIONS WITH CLIENTS

| INDICATOR | QUESTIONS TO CONSIDER | RATING (1-2-3-4-5-?-NA) | COMMENTS |
|---|---|---|---|
| **8.** Services are flexible and able to accommodate clients' unique needs and situations. | • Are policies and procedures for cancelling/rescheduling appointments non-punitive?<br>• Are same-day appointments or walk-in services available?<br>• Are clients allowed to and encouraged to bring family or friends to appointments if they wish? | | |
| **9.** The intake process feels safe and promotes trust for clients. | • Are client wait times minimized as much as possible?<br>• Are intake/screening questions open-ended? Are staff comfortable discussing the purpose of these questions and their responses with clients? Does the organization ensure that intake/screening questions are relevant and unlikely to re-traumatize or stigmatize clients?<br>• Are clients able to respond in a way that respects their privacy (e.g., verbally in a private room or through an inclusive intake form)? | | |
| **10.** Information is available so that clients know what to expect when accessing services. | • Are clients offered clearly-stated directions for getting to and around the building?<br>• Are tasks and procedures clearly explained including why certain information or procedures are important (e.g., about STBBI testing, potentially invasive examinations, HIV disclosure)?<br>• Does each contact conclude with information about next steps? | | |

| INDICATOR | QUESTIONS TO CONSIDER | RATING (1-2-3-4-5-?-NA) | COMMENTS |
|---|---|---|---|
| **11.** Clients can make choices about the services they receive including when and where they receive services and who provides them. | • Are clients informed about the choices and options available to them verbally and/or in writing (e.g., options for contraception or for STBBI testing such as HIV rapid testing or anonymous testing)?<br>• Are clients informed about the potential implications associated with the various services or programs available? Can they choose how to move forward?<br>• Is informed consent requested before tasks and procedures are performed? (e.g., prior to STBBI testing)?<br>• Are there processes in place to ensure that consent is always requested? | | |
| **12.** Clients can choose how much information they share. | • Do policies and procedures result in clients feeling pressured to talk about their experience of trauma or violence?<br>• Are clients always informed they have a right to not answer questions (including those asked by staff as well as those in intake or screening forms)? | | |
| **13.** Staff members respond to client disclosures of past or present trauma in an appropriate way and know where to refer clients for trauma-specific services. | • Do staff learn and follow a specific approach for responding to a client who discloses trauma or violence (e.g., the LIVES approach)?<br>• Is information available about where to refer clients for different trauma-related supports? | | |

| INDICATOR | QUESTIONS TO CONSIDER | RATING (1-2-3-4-5-?-NA) | COMMENTS |
|---|---|---|---|
| **14.** Staff speak respectfully and do not use judgmental language when speaking with or about clients. | • Do staff use person-first language, such as person who uses substances or person living with HIV as opposed to substance user or HIV-infected?<br>• Do staff use correct pronouns when referring to clients?<br>• Do staff use accurate and respectful words when referring to aspects of their clients' identity, sexual practices, or substance use? (e.g., sex worker rather than prostitute; substance use rather than substance abuse) | | |

**RESOURCE** You may find CPHA's resource Language matters: Using respectful language in relation to sexual health, substance use and intersecting stigmas (2019) helpful for informing personal or organizational language choices about sexual health and relationships, substance use, STBBIs and key populations.

| INDICATOR | QUESTIONS TO CONSIDER | RATING (1-2-3-4-5-?-NA) | COMMENTS |
|---|---|---|---|
| **15.** The organization strives to offer culturally safe care to all clients. | • Does the organization develop formal and informal relationships with local cultural services and community groups and ensure programs and services are designed to meet the needs of different groups in the community?<br>• Does the organization have policies and procedures to offer culturally safe care (e.g., a protocol to ask clients appropriately about potential culturally-specific needs or requests)?<br>• Are staff supported to develop skills (e.g., through training) so they can communicate effectively and strengthen relationships with individuals from different cultural backgrounds who are seeking care?<br>• Are clients able to speak their language of choice when they access services (relevant to the languages commonly spoken in the area)? Are interpretation services available?<br>• Does the organization recruit volunteers and staff from different population groups that reflect the diversity of the community? | | |
| **16.** Clients are involved in decisions about referrals to external programs (when necessary) and are told about what to expect at the referral agency. | • Does the organization cultivate relationships with other organizations that are safe, inclusive, and trauma- and violence-informed?<br>• Are clients supported through the transition to referral agencies?<br>• Is there follow-up with clients after referral to ensure their needs are being met? | | |

| INDICATOR | QUESTIONS TO CONSIDER | RATING (1-2-3-4-5-?-NA) | COMMENTS |
|---|---|---|---|
| **17.** Past and present clients are part of planning and delivering programs/ services. | • Do past and present clients participate on a consumer advisory board, as peer educators, greeters, etc.?<br>• Are past and present clients well-compensated for their contributions (e.g., honoraria for participation on advisory boards)? | | |

**RESOURCE** See CATIE's Practice Guidelines in Peer Health Navigation for People Living with HIV (2017)

## SECTION 4
# POLICIES

| INDICATOR | QUESTIONS TO CONSIDER | RATING (1-2-3-4-5-?-NA) | COMMENTS |
|---|---|---|---|
| **18.** There is a formal TVIC policy or values statement focusing on the need to account for potential experiences of trauma/structural violence in how services are delivered. | • Are clients and staff made aware of the policy/values statement?<br>• Are policies/values statements posted where they can be seen by clients and staff (e.g., online and/or on the physical premises)? | | |
| **19.** There are clear policies about client privacy and confidentiality. | • Are clients told about limits to privacy/confidentiality?<br>• Do staff know how to handle limits to privacy and confidentiality about STBBI reporting, HIV disclosure, client safety, etc.?<br>• Are policies posted where they can be seen by clients and staff (e.g., online and/or on the physical premises)?<br>• Is there a process in place for when policies have been violated? | | |

**RESOURCE** See CPHA and Canadian HIV/AIDS Legal Network resource Reducing Stigma and Discrimination through the Protection of Privacy and Confidentiality (2017)

| INDICATOR | QUESTIONS TO CONSIDER | RATING (1-2-3-4-5-?-NA) | COMMENTS |
|---|---|---|---|
| **20.** There is a clear statement of clients' and staff members' rights and a process to handle client, staff and/or volunteer complaints. | • Is there a grievance policy and are clients and staff made aware of it?<br>• Are policies posted where they can be seen by clients and staff (e.g., online and/or on the physical premises)? | | |
| **21.** There are plans to handle crises and/or to minimize or de-escalate potentially (re)traumatizing situations. | • Are crisis plans clear about how to handle or de-escalate crisis situations? Do these plans provide direction about debriefing/follow-up in the event of a crisis or (re) traumatizing situation?<br>• Are staff and volunteers made aware of these plans?<br>• Does management regularly review crisis plans and share updates with staff and volunteers? | | |
| **22.** The organization is accountable for adhering to TVIC policies. | • Is there a clearly- defined body that is responsible for implementing trauma- and violence-informed services? This may involve a trauma and structural violence initiative, committee, or working group that is fully supported and endorsed by administration. | | |

SECTION 5

# MONITORING AND EVALUATION

| INDICATOR | QUESTIONS TO CONSIDER | RATING (1-2-3-4-5-?-NA) | COMMENTS |
|---|---|---|---|
| **23.** There is a regular review and planning process to monitor and evaluate trauma- and violence-informed policies and practices. | • How often are TVIC policies and practices monitored and evaluated?<br>• Is this information used to inform and adjust practice, programming and policies? | | |
| **24.** There is a formal process to request input from current and/or former clients. | • Are clients asked for input regularly?<br>• Are there options for clients to suggest improvements either openly or confidentially?<br>• Is data about client satisfaction and perception of services related to TVIC principles collected in a systematic way?<br>• Is client input used to monitor the effectiveness of TVIC initiatives? | | |

**RESOURCE** See the Monitoring and Evaluation Tool of this TVIC toolkit

# DEVELOPING A TVIC IMPROVEMENT ACTION PLAN

Once you have used the Organizational Assessment Tool to identify areas of strength and areas for improvement, your next step will be to develop a plan with clear priorities for action that can be achieved within available resources.

## KEY STEPS IN DEVELOPING A TVIC IMPROVEMENT ACTION PLAN

1. **Set priorities for action.** Focus on a few important areas and take direct action rather than scattering your efforts. List the priority issues identified through the organizational assessment. Are some more urgent than others? Is there adequate energy and resources available to address these issues?
2. **Bring together a working group.** Who has the knowledge, experience and understanding to develop the plan? Involve an outside group or organization if this would help (e.g., an organization already working closely with members of the community you serve). Set up a clear accountability link with management to ensure access to resources and consistency with organizational policies and direction.
3. **Clarify the issue(s).** Consider the feedback received during the organizational assessment and group discussion process. Do you need additional information to better understand the issue? You might want to get the perspective of clients, which could involve conducting a survey, key informant interviews or a focus group.
4. **Identify potential solutions.** Once you have a better picture about the issue(s), consider different solutions. How have other organizations handled similar issues? Is it possible to build on current initiatives of your or other organizations? What are the challenges you may encounter and how can they be addressed? What are the resource implications?
5. **Develop the improvement plan.** This plan should identify the issue(s) you are going to address, the outcome you are hoping to achieve, action items, a designated person responsible for each and the timeline and resources.
6. **Get approval from management.** It will be important to ensure the necessary permissions and resources are in place to address the issues you have identified.
7. **Circulate the improvement plan.** Relevant staff, volunteers and management need to know about the plan. Not everyone's concerns can be addressed at once, but those who were involved in the assessment process need to know they were heard.
8. **Check-in and evaluate progress on the plan.** Has the implementation gone as planned? Have you achieved the outcomes you were hoping for? If not, adjust the plan.
9. **Celebrate your achievements!** Recognize the work that went into addressing the identified issue(s) as well as the people who contributed. Celebrating accomplishments will help to develop a positive organizational TVIC culture committed to safe and inclusive services.

# TVIC IMPROVEMENT PLAN - SAMPLE TEMPLATE

**What are the issue(s) you need to address?**

**What are the outcome(s) you hope to achieve?**

| | Item 1 | Item 2 | Item 3 |
|---|---|---|---|
| **Action item** | | | |
| **Timeline** | | | |
| **Resources required** | | | |
| **Lead role** | | | |
| **Progress** | | | |

## THE TVIC ORGANIZATIONAL ASSESSMENT TOOL HAS BEEN ADAPTED FROM THE FOLLOWING RESOURCES:


BC Provincial Mental Health and Substance Use Planning Council. (2013). Trauma-informed practice guide. Vancouver, BC. Retrieved from http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Clark, C., Young, M.S., Jackson, E., Graeber, C., Mazelis, R., Kammerer, N., & Huntington, N. (2008). Consumer perceptions of integrated trauma-informed services among women with co-occurring disorders. Journal of Behavioral Health Services and Research, 35(1), 71–90.

Fallot, R. D., & Harris, M. (2009). Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol. Community Connections (version 2.2). San Francisco, CA.

Guarino, K., Soares, P., Konnath, K., Clervil, R. and Bassuk, E. (2009). Trauma-Informed Organizational Toolkit. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Retrieved from https://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf

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# TVIC MONITORING AND EVALUATION

**Implementing TVIC requires a shift in organizational culture and services at the organizational level and at the individual staff and volunteer level (e.g., in their interactions with clients).**

**Standard evaluation methodologies usually measure individual-level change but the impact of organization-wide shifts in culture, policies and practices are more difficult to assess.[15,16,17] Trauma-informed interventions can therefore be challenging to evaluate**

TVIC is important in many different service settings and shifting to a TVIC lens may impact services and client outcomes differently based on the type of organization and its services. For example, in some trauma-specific service settings it may be possible and appropriate to measure trauma outcomes directly (e.g., clients' trauma or other mental health symptoms). In other settings, it may be difficult or even inappropriate to screen for trauma experience and measure trauma symptoms. TVIC implementation and evaluation will also vary among organizations that provide different types of sexual health, substance use and STBBI-related services.

This *TVIC Monitoring and Evaluation Tool* offers several different approaches to evaluate TVIC in service settings that cater to a wide range of clients, including those who may or may not have a past or ongoing experience of trauma. It is important to think about how each of these approaches could work based on the services and clients of your organization and whether adaptations are needed.

## APPROACHES TO EVALUATION AND MONITORING

### WALKTHROUGH OF THE ORGANIZATION

One way to assess TVIC in an organization is to reflect on the 'journey' of a client from the moment their need arises: their referral or self-referral, initial contact, appointment scheduling, entry and intake, their experience in the waiting room, location of bathrooms, signage and so forth—all the way to when they end services including referral to other agencies.

A checklist, such as the TVIC Organizational Assessment Tool (see above) developed by CPHA, can help guide observations about what conditions may be helpful or hurtful to the process of healing from trauma.

### KEY CONSIDERATIONS

Look for conditions along the way that:

- Might cause a trauma response.
- Might be especially welcoming or healing to individuals with trauma experience (e.g., conditions that acknowledge and celebrate client strengths and resiliency).[18]

**Suggested resources:**

- TVIC Organizational Assessment Tool (CPHA, 2020)
- Community Connections Toolkit: Creating Cultures of Trauma Informed Care (CCTIC)[19]
- Trauma Informed Organizational Toolkit for Homeless Services, National Center for Family Homelessness[20]

## CLIENT PERSPECTIVES

The final goal of a TVIC approach is to help clients to feel safe and empowered and to reduce their risk of traumatization or re-traumatization in the service setting. For this reason, clients and/or representatives of priority service populations should be involved evaluation of TVIC efforts as much as possible (e.g. by participating in walkthroughs, completing questionnaires or participating in focus groups or interviews).

Closed-ended survey questions can be useful, but consumer satisfaction surveys often have a positive bias.[21] It may also be difficult to get reliable data in a written survey—particularly when seeking feedback from vulnerable individuals and/or people who may have limited use of English or French—without support and guidance about what is being asked and whether it is safe to answer honestly.[22] Surveys are best used to collect qualitative, open-ended responses in addition to or in place of survey items on a rating scale. Support and guidance should be provided to enable clients to provide honest feedback.

### KEY CONSIDERATIONS

When using a client-centered approach, some questions that may help guide evaluation include:

- Do clients feel they are respected?
- Do they feel service providers value their personal expertise and experiences?
- Do clients say they are listened to?
- Is there evidence of the clients'/community's view in the plan of care/program plan?[23]

**Suggested resources:**

- The Consumer Measure of Care (CMC)[24] was developed to evaluate a trauma-informed program from a client perspective. The measure includes questions about the level of consumer choice and sensitivity to trauma in the program and can be adapted to suit different needs.

  It may be useful to involve clients in the development of a questionnaire designed to best suit your organization and clients. If you do not wish to collect survey data, you can adapt select questions and use them in a focus group/interview.
- It may be useful to evaluate clients' perceptions of how their service provider(s) relate to them. *The Quality of Service Delivery Scale* was developed to measure clients' perspectives on their service provider's capacity to develop trust and their comfort level in discussing personal/sensitive matters.[25] The questions included in this scale might be useful as a starting point for assessing service providers' use of TVIC from the clients' perspective.

## CLIENT BEHAVIOURS/OUTCOMES

Directly measuring client behaviour and outcomes is one way to assess if your TVIC efforts are improving clients' health and well-being.

### KEY CONSIDERATIONS

Think carefully about what types of outcomes might indicate positive effects of TVIC implementation within the specific context of your organization and its services. Some examples of TVIC-related outcomes are:

- Client/patient engagement and retention in services.
- Rates of follow-through on appointments.
- Buy-in with service plans.
- Adherence to plan provisions.
- Reduced non-indicated use of emergency services.[26]
- Reduction of trauma symptoms. Remember that universal screening for trauma (i.e., screening in the absence of symptoms or conditions related to trauma) is not a requirement of TVIC, nor is it advised for general health and social service organizations[27,28]. Outcomes related to trauma symptoms and/or disclosures of trauma may not be relevant measures for many organizations.
- Fewer reports of experiencing stigma when accessing services at the organization.

**Suggested resources:**

Again, it is important to think carefully about what outcomes are appropriate to measure based on the types of services provided by your organization. For example, a client's increased use of your organization's services could indicate a positive outcome (e.g., indicating client's trust/comfort in accessing services) or a negative outcome (e.g., indicating declining health).

The following resources may help you determine what measures can be used to evaluate your organization's TVIC efforts.

- The Finding Respect and Ending Stigma around HIV (FRESH) Study used a collection of measures to assess experiences of stigma relating to HIV and intersecting identities among patients of an HIV clinic. These measures could be adapted to address a broader or narrower context.
- The Briere & Runtz (1989) Trauma Symptoms Checklist is one example of a measure that could be used to assess if there has been a reduction in trauma symptoms among clients.
- Service utilization measures that consider continuity of care and accessibility of services may be useful to your evaluation strategy[29] as well as administrative data collected by your organization about service utilization (e.g., frequency of visits, follow-through on appointments).

## STAFF KNOWLEDGE AND ATTITUDES ABOUT TRAUMA AND STRUCTURAL VIOLENCE

TVIC is a perspective that embeds knowledge and awareness of trauma and structural violence into an organization's policies, procedures and practices. It is therefore important to demonstrate that staff members have knowledge about trauma and positive attitudes that support TVIC.

### KEY CONSIDERATIONS

- Determine what topics or knowledge areas to assess. Some topics relevant to TVIC could include:
- Different types of trauma.
- Various impacts of trauma.
- Various responses to trauma.
- Neurology/physiology of trauma experience.

Determine how you will assess staff knowledge in these topic areas.

- Staff knowledge on specific topics relevant to TVIC should be measured before and after training in order to determine if training increased knowledge.
- Staff could subjectively self-assess their baseline level of knowledge pre- training and their growth of knowledge following training.
- Staff could respond to questions that are tailored to what has covered in the training to assess their level of knowledge.

**Suggested resources:**

- Knowledge, Attitudes and Practices of Trauma-Informed Practice: A Survey of Health Care Professionals describes measures to assess healthcare professionals' knowledge and attitudes about TVIC.
- Attitudes Related to Trauma-Informed Care (ARTIC) is a psychometrically validated scale that assesses staff attitudes toward trauma-informed care, which could be used to assess readiness to implement TVIC or to assess whether a shift in staff attitudes has occurred as a result of TVIC training or other steps undertaken to implement TVIC.

## STAFF SAFETY AND EMPOWERMENT

TVIC is also meant to foster feelings of safety, trust and empowerment among staff members of an organization, to reduce vicarious traumatization, and account for staff's potential personal history of trauma and violence. Therefore, it is important to collect data about staff perceptions of TVIC in their workplace.

### KEY CONSIDERATIONS

- When collecting feedback from staff it can be helpful to use both quantitative (e.g., survey) and qualitative approaches (e.g., semi-structured interviews).
- It can be helpful to get a sense of how staff are responding to and coping with the work (e.g., their own experience of vicarious trauma, stress, burnout, etc.), in addition to what supports are available or could be made available to better support staff in providing trauma-informed care.

**Suggested resources:**

- Professional Quality of Life Scale (ProQOL) addresses burnout, compassion fatigue and vicarious trauma for staff/volunteers of an organization.[30]
- The Safety Attitudes Questionnaire (SAQ) contains 60 questions and measures organizational factors (e.g., safety climate and morale, quality of work environment, managerial support and team factors such as teamwork climate and cooperation.)[31]

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