



Reducing Harm, Empowering and Building Relationships Together:

Supporting Culturally Safe and Trauma-Informed Sexual and Reproductive Healthcare (SRH) for Indigenous Women, Girls, Two-Spirit, Transgender and Gender-Diverse (IWG2STGD) People

TRAINING TOOLKIT FOR SERVICE PROVIDERS

Introduction:

Indigenous Peoples face extensive health disparities and challenges related to their sexual and reproductive health within Canada (Bacciaglia et al. 2023; Horrill et al. 2018). These health disparities are related to cervical cancer, maternal health, sexual violence, and sexually transmitted and blood-borne infections (STBBIs) (Bacciaglia et al. 2023; Horrill et al. 2018). These disparities in care are the result of deep-rooted colonization, assimilative governmental policies, and systematic racism (Bacciaglia et al. 2023; Horrill et al. 2018).

Culturally safe and trauma-informed care is essential for enhancing Indigenous sexual and reproductive health as it can result in improved well-being but also plays a pivotal role in the de-colonization of health discourses, practices and systems (Dudgeon and Bray, 2019). The purpose of this toolkit is to enhance service providers' understanding of these concepts as well as their ability to engage in self-reflection around concepts of culture and trauma.

Funding Disclaimer: This project, and the resources developed, was funded by Health Canada's Sexual and Reproductive Health Fund.





SECTION 1: **Understanding Culturally Safe and Trauma-informed Care**

What Is Culturally Safe Health Care?

- **Culturally Safe Care:** A holistic approach that recognizes and respects the diverse cultural backgrounds of individuals while building trust and fostering collaboration. This approach aims to deliver health care services in a manner which aligns with the values, perspectives, and traditions of everyone (Curtis et al., 2019).

What is Trauma-informed Care?

- **Trauma-informed Care:** A comprehensive approach which acknowledges the existence and impact of trauma on individuals, prioritizing safety, trustworthiness, and empowerment, within a safe and supportive environment. Although this approach recognizes the physical and emotional effects of trauma on an individual's health, it does not aim to address past trauma directly, but instead to prevent re-traumatization during the delivery of care (Treatment, 2014).

Self-Reflection: Take a moment to define culturally safe and trauma-informed health care in your own words. Reflect on the differences and similarities between the definitions.



SECTION 2: **Principles of Culturally Safe and Trauma-informed Care**

Principles of Culturally Safe Health Care (Nursing, 2021)

- **Cultural Humility:** The continuous commitment to self-reflection and learning through acknowledging and addressing one's biases and assumptions in the context of providing health care (Nursing, 2021).
- **Cultural Awareness:** Acknowledging and understanding the similarities and differences between different cultures fosters sensitivity in all health care interactions (Nursing, 2021).
- **Cultural Competence:** Developing skills, knowledge, and attitudes necessary for effective and respectful collaboration with diverse individuals and cultures in health care (Nursing, 2021).
- **Cultural Safety:** Ensuring that health care environments are secure and considerate, creating spaces that are free from discrimination for diverse individuals (Nursing, 2021) and ensuring that patients have access to cultural supports.

Self-Reflection: Take a moment to reflect on how your cultural background influences your perception of health care. How might this impact your interactions with individuals from diverse cultural backgrounds?



Principles of Trauma-informed Health Care

- **Safety:** Establishing a health care environment that prioritizes physical and emotional security, free from harm or danger for patients and health care providers (Nursing, 2021).
- **Trust:** Building confidence and reliance in health care relationships, fostering a belief in the reliability, honesty, and integrity of health care providers (Nursing, 2021).
- **Choice:** Providing individuals with the autonomy to make decisions that are aligned with their values and preferences in their health care experiences (Nursing, 2021).
- **Collaboration:** Encouraging joint efforts and shared decision making between patients and their health care providers to achieve common health care goals (Nursing, 2021).
- **Empowerment:** Facilitating individuals to assert control over their health care decisions, well-being and lives, empowering them to actively participate in their care (Nursing 2021).

Self-Reflection: Can you think of any other principles that could be incorporated into culturally safe and trauma-informed health care?



SECTION 3:

What Does Culturally Safe and Trauma-informed Health Care Look Like in Practice?

What Does Culturally Safe Health Care Look Like?

- **Connections in Care:** Ensuring that patients and families are in equal partnership with health care providers and connected throughout the health care experience (De Zilva et al. 2022; Schill and Caxaj, 2019).
- **Indigenous Health Providers:** Indigenous health care providers are highly valued in health care settings for their ability to foster trust, facilitate communication, and promote culturally safe care (De Zilva et al., 2022).
- **Interactive Dialogues:** Respectful, straightforward, culturally appropriate, and personable communication between patients and their health care providers (De Zilva et al., 2022; Schill and Caxaj, 2019)
- **Trusting Relationships:** Establishing personal connections with health care providers through effective communication, high continuity of care, adequate interactions between patient and provider and provider characteristics (empathy, compassion, warmth, and genuine interest) (De Zilva et al., 2022).
- **Shared Decision Making:** Patients and health care providers collaborate to make informed and personalized decisions about a patient's health care journey (Schill and Caxaj, 2019).



- **Supportive Health Care System:** Flexibility in the health care system to incorporate Indigenous beliefs, knowledge and traditions to accommodate the needs of patients and their families (De Silva et al., 2022).

Self-Reflection: Reflect on an experience where you witnessed or experienced culturally unsafe health care. What aspects of the interaction made it culturally unsafe and what strategies could have been employed to create a safer and improved health care experience?

What Does Trauma-informed Care Look Like?

- **Trauma Screening and Patient Disclosure:** Performing a sensitive inquiry into a patient's history of trauma, while ensuring privacy and confidentiality (Reeves, 2015).
- **Patient-Provider Relationships:** Building a trusting patient-provider relationship requires providers to recognize and address power imbalances while promoting collaboration between patients and providers (Reeves, 2015).
- **Minimizing Stress:** Managing patient stress through understanding how trauma may manifest during health care interactions, assessing patient distress, responding sensitively to patient distress, and pausing, stopping, skipping, or modifying procedures (Reeves, 2015).
- **Maximizing Autonomy:** Increasing a patient's autonomy through informed consent at the beginning of care and transitional points of care and allowing

sufficient time and privacy for each patient (Reeves, 2015).

- **Integrated Care:** Ensuring multidisciplinary collaboration which reduces the stress associated with retelling their stories and referring patient's to the appropriate providers who practice trauma-informed care (Reeves, 2015).

QUESTIONS FOR SELF-REFLECTION

Self-reflection is an essential aspect of enhancing service providers' knowledge, attitudes, skills, and practices when working with individuals who have experienced trauma. It is a skill that requires practice like any other. Here are some questions that service providers can use for self-reflection:

Knowledge:

1. What is my understanding of the various forms of trauma that individuals may have experienced?
2. How well-informed am I about the impact of trauma on mental, emotional, and physical well-being?
3. Have I sought additional training or education on trauma-informed care to enhance my knowledge?

Attitudes:

1. Do I approach individuals who have experienced trauma with empathy and without judgement?
2. How do I react to disclosures of trauma?



3. Am I able to remain non-reactive and supportive?
4. Are there any biases or preconceived notions I hold about people who have experienced trauma that might impact my interactions with them?
5. What assumptions do I hold about people who have experienced trauma(s), and the mechanisms they use to cope with it (drug use, sexual activity, self-harm)?

Skills:

1. What specific skills do I possess in creating a safe and supportive environment for individuals who have experienced trauma?
2. Am I proficient in active listening, and do I allow individuals to share their experiences at their own pace?
3. How well do I collaborate with colleagues and other professionals to provide comprehensive care for those who have experienced trauma?

Practice:

1. Do I consistently integrate trauma-informed approaches into my practice?
2. How do I adapt my communication style to be more trauma-sensitive and culturally responsive?
3. In what ways do I involve individuals in decision making about their care, considering the potential impact of trauma on their agency?

Cultural Competence:

1. How culturally competent am I in providing trauma-informed care to individuals from diverse backgrounds?
2. Have I actively sought to understand the cultural context of the populations I serve and how trauma may be perceived within those cultures?
3. What steps am I taking to continuously enhance my cultural competence in the field of trauma-informed care?

Boundary Setting:

1. Am I clear about my professional boundaries and how they align with the needs of individuals who have experienced trauma?
2. Do I recognize the importance of respecting and maintaining appropriate boundaries while still offering support?

Reflecting on Impact:

1. How do I assess the impact of my interactions on individuals who have experienced trauma?
2. Am I open to feedback from individuals and colleagues to improve my trauma-informed practices?
3. In what ways do I promote a sense of safety, trust, and empowerment in those I serve?





Ongoing Learning:

1. What steps am I taking to stay updated on the latest research and best practices in trauma-informed care?
2. Have I engaged in any supervision or consultation to discuss challenging cases and further develop my skills?

Team Collaboration:

1. How effectively do I collaborate with other professionals, such as mental health providers, social workers, or community organizations, to provide holistic care?
2. Am I aware of the culturally safe resources available in the community that can support individuals who have experienced trauma?

Personal Well-Being:

1. How do I prioritize my own well-being and self-care to ensure I am emotionally equipped to support those who have experienced trauma?
2. Am I seeking supervision or support when needed to process the emotional challenges associated with this work?

These questions are intended to guide service providers in self-reflecting on their current practices and identifying areas for growth and improvement in providing trauma-informed care. Regular self-reflection can contribute to a more compassionate and effective approach in supporting individuals who have experienced trauma.

Visit www.stbbi.nwac.ca and explore NWAC's related resources on Sexual and Reproductive Health Care and to enroll in our self-guided training course for service providers on providing culturally safe and trauma-informed care:

- Informed Choices Fact Sheet for Providers.
- Knowing Your Rights Toolkit.
- Sexual and Reproductive Health Literature Review.





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