



DANDELION INITIATIVE

Survivor Centred Care for Medical Practitioners & Survivors

The Dandelion Initiative is a survivor-centred nonprofit organization founded and staffed by survivors and experts in gender-based violence prevention and response. We created this short companion for practitioners and survivors, our intention is to provide an opportunity to create safer medical practices/procedures for survivors of sexual/gender-based violence.

Dr. Denis Mukwege, a champion for survivor centred practices and medical approaches has said that “Indeed, rape and sexual violence committed during conflict are often presented as the oldest crime of history and of humanity. This ancestral war weapon is a real strategy of humiliation and subjugation.”

Sexual violence is both a physical and psychological form of warfare. It is weaponized to destroy the dignity and prospects of communities and individuals. To recover and rebuild after experiencing conflict-related sexual violence it is essential to advocate a holistic, survivor-centred approach.¹

This includes listening to experts to address the various dimensions of sexual violence and its ramifications, such as reparations, reintegration into society, adequate mental and physical healthcare, legislative reform, socio-economic support and confronting harmful cultural narratives.

Doctors and other holistic medical care services/fields have a responsibility to ensure survivors are treated with survivor centred holistic care, this reduces the chances of re-traumatization and establishes trust between patient and medical care provider.

The move from a paternalistic system that emphasized the autonomy and expertise of the professional to a more flexible and empowering patient-centered model of practice is central to understanding the current transformation of health care.²

This simple one pager is intended to highlight the importance of survivor-centred trauma care and provide survivors and practitioners with tools and resources.

This is a short resource; we recognize that there are many more complexities and resources to build on from here and we hope this provides some support to both practitioners and survivors.

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<https://www.womenpoliticalleaders.org/survivor-centric-dr-denis-mukweges-holistic-approach-to-addressing-conflict-related-sexual-violence/>

² Murgic et al. BMC Medical Ethics (2015) 16:65 DOI 10.1186/s12910-015-0059-z

Don't immediately rush them out the door to go to the police and press charges. Only 5% of survivors report to the police, as the criminal justice system is set to cross examine, re-traumatize and fail survivors consistently.

Make sure you have survivor centred resources/referrals to organizations and other care services. A multi sectoral approach is needed to provide holistic medical and trauma care that is survivor centred. Use this list of resources/supports if you need to refer survivors of sexual/gender-based violence to follow up services, programs and supports.

Why survivor centered? And what is it what does it reinforce?

Trauma from sexual violence and gender-based violence leaves survivors navigating a long journey through healing, restoration and trust. You play a critical role in this journey as a medical practitioner.

Here are some Do's and Don't with survivors of gender-based violence and sexual violence. We are using gender-inclusive language and approaches here to meet the complex needs of women and people with feminized experiences.

It is important to recognize that men, especially queer/gay men are often further stigmatized when disclosing that they are survivors of sexual assault looking for medical care and trauma care.

We recognize again, there are additional values and needs to build on from here depending on your patients intersections and socio economic status.

Please Do Not

- Tell someone that they should go to rehab or stop drugs all together, that can cause extreme distress or distrust between you and your patient. Many substance users are using to stay alive, harm reduction practices are much safer and more patient friendly than abstinence.
- Impose your beliefs on a survivor, they/she deserves dignity regardless of their circumstances
- Tell them to move if they are in a dangerous situation, safe housing is extremely challenging to find and many wait lists in the City of Toronto are years long.
- Tell them to go to the police, only 5% of survivors report to the police and often the criminal justice system further re-traumatized survivors and does not lead to justice.³

Dr. Denis Mukwege on treating survivors and incorporating justice as the last final piece often, "Our goal is to contribute to the autonomy of women once they have completed their holistic care. **Our experience shows us that it is only after they have healed their physical and psychological wounds; and once their socio-economic reintegration is on track, that the question of seeking justice arises among victims of sexual violence.**"

- Do not Tell them to get a rape kit test done unless you have provided them with an overview of what the SEAK kit process will look and feel like, we recommend you encouraging survivors to go to hospitals with SANE nurses or Women's College Hospital

³ Conroy, S. & Cotter, A. (2017). Self-reported sexual assault in Canada, 2014. Statistics Canada. www150.statcan.gc.ca/n1/en/pub/85-002-x/2017001/article/14842-eng.pdf?st=PBh4ulaq.

- If your patient is trans or gender-non conforming- Do not use their deadname or incorrect pronouns – this is a human rights violation, please try your best even if it is new for you to use trans/non-binary pronouns, like they/them ze/hir.
- Do not use rape myths and sexism to categorize your patient's situation, no survivor ever asks for it and it is never their/her fault in anyway for experiencing sexual/gender-based violence.

Please Do

- Challenge your unconscious or conscious bias around sexuality and gender roles when treating survivors who are women/feminized people

The physical examination of sexual assault victims must be thorough; it will inevitably be intrusive and time consuming. In the interest of avoiding multiple examinations and further distress for the patient, the medical examination and forensic evidence collection should, when possible, occur simultaneously.⁴

- Obtaining informed consent for the examination and for the release of information to third parties is a crucial component of the service.
- All parts of the examination should be explained in advance; during the examination, patients should be informed when and where touching will occur and should be given ample opportunity to ask questions. The patient's wishes must be upheld at all times.
- Ask how the person (survivor) would like to be called, and what their pronouns are
- Ask the survivor or person if they would like you to use gendered language like breasts, vagina, penis, or if they would like you to use trans inclusive language like referring to their chest rather than breasts.

Ask questions that are consent based and informed like:

"do you want me to leave the door open or closed"

"do you feel comfortable sitting where you are"

"do you want a specific nurse here with you?"

"do you want to listen to music or distract in anyway that is helpful during the exam?"

Re-affirm their trust and that you are a safe person by saying things like:

"It is not your fault this happened"

"I believe you"

"I can see how upset this is making you, do you need some water or a break?"

Feelings/Experiences Survivors may enter the space with

⁴ https://www.who.int/violence_injury_prevention/resources/publications/en/guidelines_chap4.pdf

Triggered – flight, fight, freeze and fawn, none of these hyper aroused states provide an opportunity for the survivor to make decisions or self regulate as they normally may be able to- go slow and ask them to breathe or have a drink of water or text a friend for a check in to stabilize.

Fear of not being believed of being re-traumatized

Fear of being sexually assaulted or humiliated again by a doctor or person of authority especially if the survivor is a BIPOC or 2S+LGBTQ woman/feminized person or trans person.

Body language and nonverbal communication- if you notice that the survivor/patient is disassociating or they have tightened their body, you can make time for compassion and presence that reinforces the patient/survivor-centric model. Ask them if they need water or to take a break.

This is just a short overview; we invite you to please see our resources section and other survivor centred organization for further resources/training opportunities.

Here are some survivor centred resources for you to explore

1. BUILDING SURVIVOR CENTERED RESPONSE SERVICES UNFPA - Pakistan November 2010 Facilitator's Manual.
2. Briere, J.N. & Scott, C. (2015). Principles of trauma therapy: A guide to symptoms, evaluation, and treatment (Second Ed.) (p. 10). Thousand Oaks, CA: SAGE Publications.
3. Decolonizing trauma work: indigenous stories and strategies, Renee Linklater (2014)
4. Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror, Judith L. Herman (1997)
5. The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma, by Bessel A. van der Kolk. (2014).
6. Trauma Matters (2013) Jean Tweed Centre Manual for Peer Support
7. <https://www.rainn.org/news/many-black-survivors-reporting-raises-complicated-issues>
8. <https://www.health.harvard.edu/blog/trauma-informed-care-what-it-is-and-why-its-important-2018101613562>

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www.dandelioninitiative.ca