

# Sensitive Practice Principles Checklist

**By** consciously applying these principles of Sensitive Practice, the Hearing Aid Practitioner can not only enhance the therapeutic relationship with the survivor, but will also prevent re-traumatizing the client. Many survivors have indicated how interactions with healthcare practitioners have left them feeling violated and re-traumatized.

## **Principle 1: Respect**

Conveying respect for another involves seeing the “other” as a particular and situated individual, with unique beliefs, values, needs and history. Survivors often feel diminished as human beings and may be sensitive to any hint of disrespect. Many survivors say that being accepted and heard by a practitioner helped them to feel respected.

## **Principle 2: Taking time**

Time pressures are a reality to today’s healthcare system. Being hurried often results in survivors feeling depersonalized and devalued. For some, being rushed or treated like an object diminishes their sense of safety and undermines any care that follows. Feeling genuinely heard and valued is healing in itself.

## **Principle 3: Rapport**

While rapport is essential to every therapeutic relationship, it is an absolute necessity to facilitate safety for survivors. Practitioners who are warm and compassionate facilitate good rapport and subsequent feeling of safety. Good rapport also facilitates clear communication and engenders cooperation.

## **Principle 4: Sharing information**

Being told what to expect on an ongoing basis helped many survivors allay their fear and anxiety and often prevented them from being triggered by unanticipated events. Having a running commentary on what you are doing does not require any additional time, is a great tool for client education, and can be tremendously reassuring to the survivor.

## **Principle 5: Sharing control**

Sharing control of what happens in the interactions enable the survivors to be active participants in their own care, rather than passive recipients of treatment. The process of ascertaining informed consent is a vital part of sharing control, as well as a legal responsibility. Informing, consulting and offering choices are all part of seeking consent and sharing control.

## **Principle 6: Respecting boundaries**

For many survivors, healing from abuse involves establishing or re-establishing personal boundaries and learning healthy and effective boundary maintenance strategies. By demonstrating respect for and sensitivity to personal boundaries, the practitioner models healthy boundaries and reinforces the client’s worth and right to personal autonomy.

### **Principle 7: Fostering mutual learning**

Many survivors need encouragement to become full, active participants in their own health care. As practitioners learn about the health effects of interpersonal violence and about working effectively with survivors, the best teachers may be the survivors themselves.

### **Principle 8: Understanding non-linear healing**

Healing and recovery from sexual abuse is not a linear process. As a result, the degree to which a survivor is able to tolerate or participate in treatment may vary from one health care encounter to the next. Therefore, practitioners must check in with their clients throughout each encounter and adjust the behavior accordingly.

### **Principle 9: Demonstrating awareness and knowledge of interpersonal violence**

Many survivors look for indications of a practitioner's awareness of issues of interpersonal violence. Incorporating these principles of Sensitive Practice into daily practice indicates that a practitioner is aware of the issues and is able to deal with the special needs of survivors.

Source: *Handbook on Sensitive Practice for Health Care Practitioners*. Public Health Agency of Canada (2008).