**Application of TVIC Principles to Cases**

**Instructions:** Read the case. Discuss, from your own practice role or position, the following:

* What would the “usual” response be to this person? Is it trauma-and-violence-informed?
* How could this encounter be reframed to align with TVIC principles?
* What would this look like at the provider-client level?
* What would need to be in place at the organizational level to support these actions?

**Case 1:**

Elaine is a 49 year old woman whose husband has been physically and psychologically abusive for the entirety of their 24-year marriage. He recently lost his job, and the violence has escalated. Elaine seeks refuge in the local women’s shelter, but can’t seem to settle or sleep. After the third night, due to her alcohol use, she is asked to leave. She has no local family in her small rural town, and is embarrassed to ask for help from her friends. When she works up the courage to seek help from the Nurse Practitioner at the local Community Health Center, she tells her that if she’s serious about making changes, she should leave her partner, since he is obviously contributing to her drinking.

**Case 2:**

JJ is a 9 year-old boy who lives with his parents and two younger sisters on a farm about 15 kilometers out of town. JJ was born at 30 weeks gestation and has always struggled in school but, recently, problems with concentration, attention, distractibility and aggression have increased. JJ's mother, Arlene, has recently been depressed due to the death of her sister, while his father has been concerned about flagging farm revenues, and angry and resentful about his position as the sole financial provider and now principal caregiver to the children. Arlene brings JJ to the Health Centre for assessment and she mentions that things are tough at home, and that JJ’s outbursts have increased. The physician believes JJ has ADHD and prescribes Ritalin.

**Case 3:**

Cat is a young trans woman who has recently completed her transition. She has an extensive history of child sexual abuse, bullying and dating violence. She is experiencing symptoms consistent with either a urinary tract infection or a sexually transmitted infection. She goes to a health centre for help, and sees that intake is completed in the open, with everyone in the reception area able to hear the questions being asked. She starts to sweat and feels light-headed and then leaves before it’s her turn to approach the counter. She thinks of going to the nearby pharmacy, but is worried that the same thing will happen. Besides, she doesn’t have money for expensive over-the-counter treatments. Meanwhile, her symptoms get worse and her worry increases. She can’t sleep and missed work this morning because she overslept.

**Case 4:**

Lamar has lived on the streets, on an off, for years. He’s suffering serious oral pain – even though he only has a few teeth left - and has come to a free dental clinic being offered at the Community Health Centre. While he waits his turn in reception, two men get into an argument about money that almost turns physical. Lamar goes into the treatment room a bit shaken. The hygienist approaches him without warning or asking, opens his mouth and starts inserting an instrument. Lamar lunges from the chair. The hygienist, startled, tells the rest of the team that Lamar is violent and may be “psychotic”. The community police officer who patrols the area hears the commotion and comes in to escort Lamar from the premises, telling him he has to stop “acting up” or his next stop might be a holding cell. On the way out, the office manager stops him to say that they can’t tolerate clients being violent to staff and that he isn’t welcome to return.

**Case 5:**

Louie just celebrated his 78th birthday. He’s in pretty good shape, except for his COPD and some arthritis. He’s proud, as a Métis man, of his Canadian military service, even though it cost him the lower half of his right leg. Louie has a medical appointment at the hospital for a lung function test. The paratransit service hasn’t arrived at the appointed time, so he’s had to take a cab, which he can ill-afford on his Veteran’s pension. As he arrives, 15 minutes late, he’s greeted curtly by the receptionist, who tells him he’s missed his appointment and will need to re-schedule – in about 6 months; she mumbles something about some people not having a sense of ‘Western time’.