

# Welcome!

## Day 2



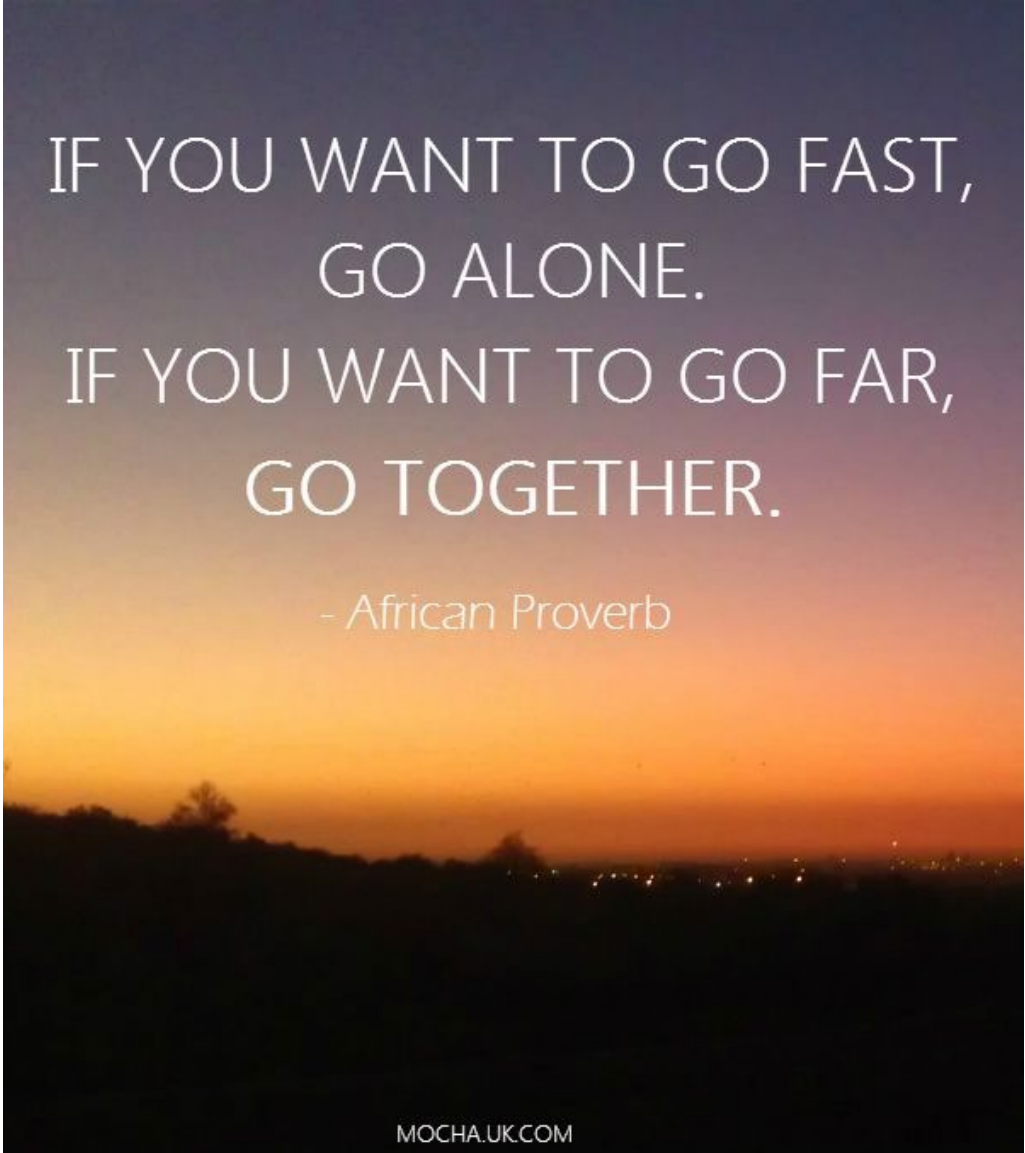
# Agenda

- **Identification**
- **First-Line Support**
- **Role Play**



# REMINDER: GROUND RULES

- ✓ **Timeliness**
- ✓ **Learn & work together**
- ✓ **Respect each other**
  - Listen with an open mind
  - Let everyone participate
  - Express disagreements respectfully
  - Give feedback constructively
  - ✗ Interrupting others
- ✓ **Safe space**
  - Respect confidentiality, personal info stays in the room
- ✓ **Be present**
  - Limit use of electronics
- ✓ **Suggestions to improve are welcome!**



IF YOU WANT TO GO FAST,  
GO ALONE.  
IF YOU WANT TO GO FAR,  
GO TOGETHER.

- African Proverb

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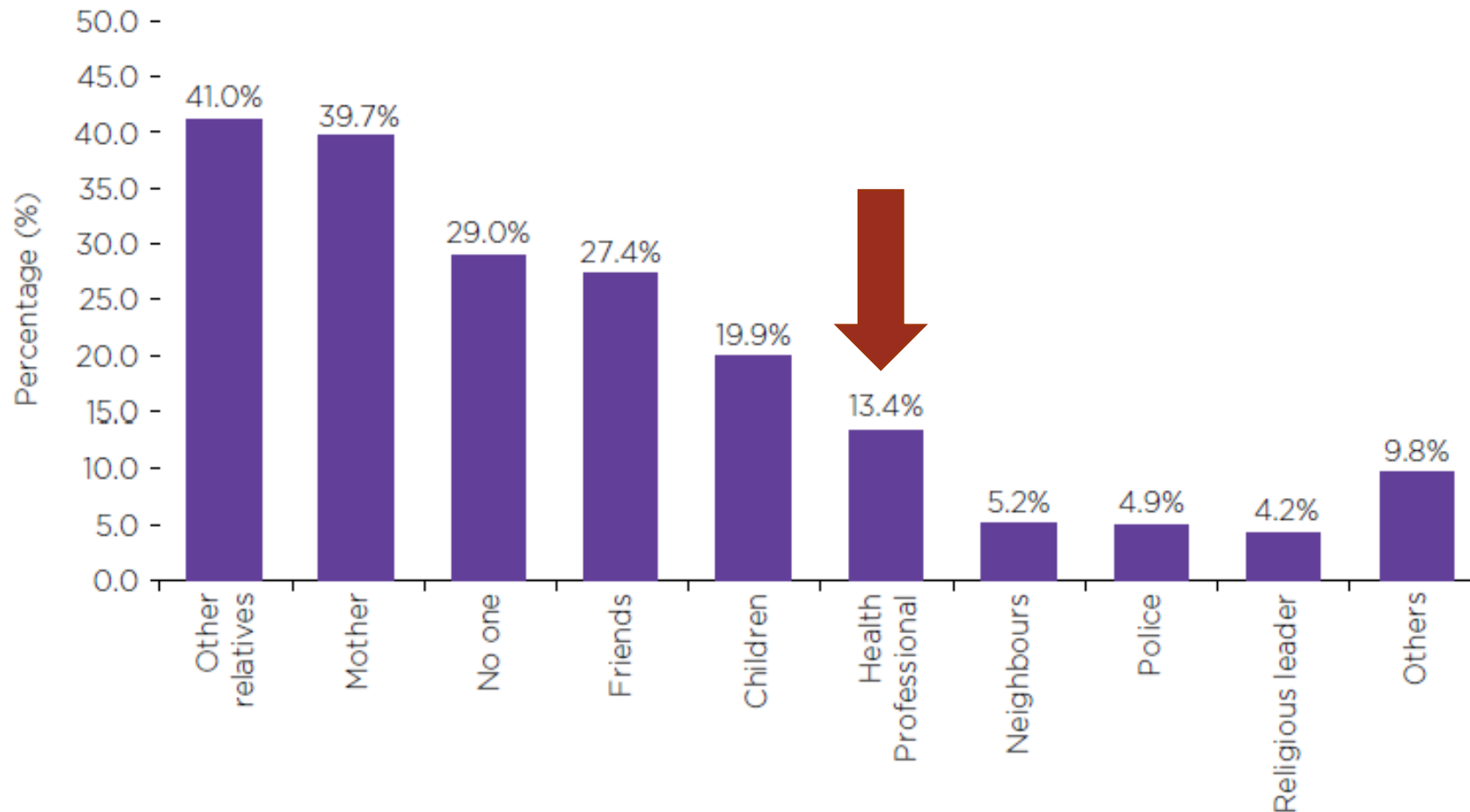


# Identification



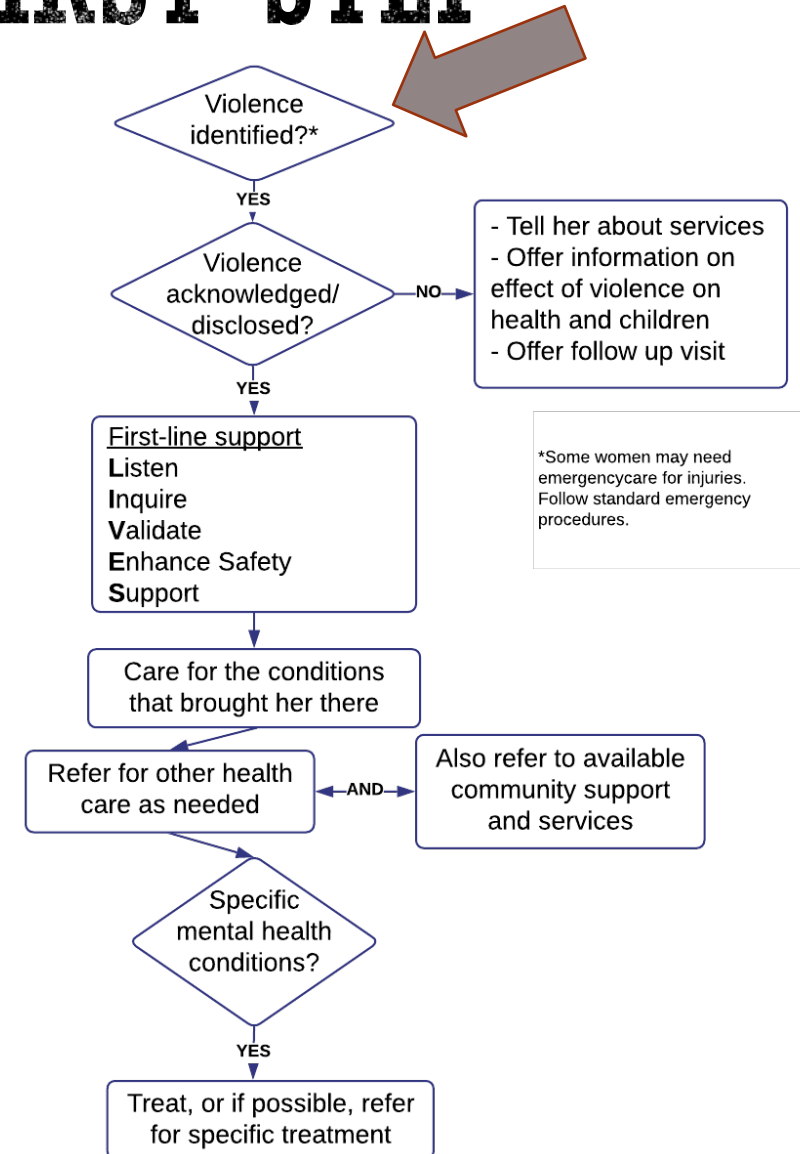
# HEALTH WORKERS ARE OFTEN THE FIRST PROFESSIONAL THAT WOMEN SURVIVORS TELL ABOUT THE VIOLENCE THEY HAVE EXPERIENCED

Percentage of women who had told others, and persons whom they told about the violence, among women experiencing physical or sexual partner violence: National Women's Health Survey Trinidad and Tobago, 2017



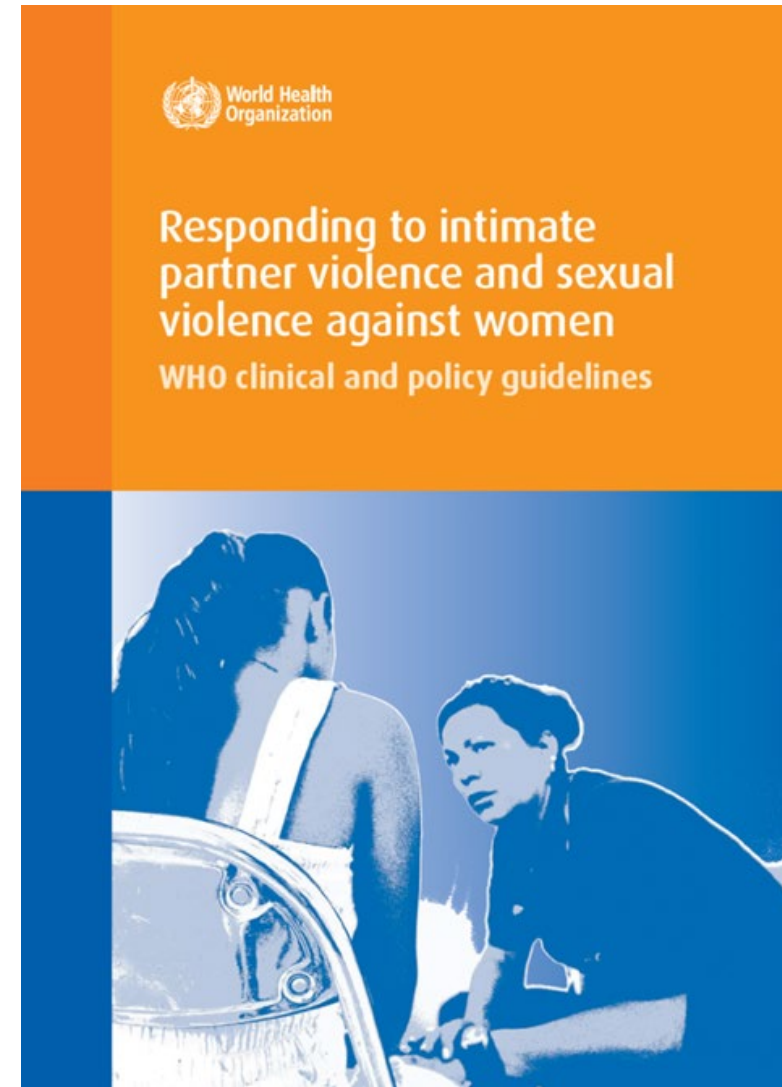
# IDENTIFICATION IS THE FIRST STEP

1. Identify partner violence
2. First-line support: Listen, Inquire, Validate (LIV)
3. Treat health conditions that brought her to the facility
4. First-line support: Enhance safety, offer Support (ES)
  - a. Assess and plan for safety
  - b. Refer for other support services
5. Assess for mental health conditions
  - a. Manage or refer for moderate to severe mental health conditions



# WHO RECOMMENDATIONS

- “Universal screening” or “routine inquiry” (i.e. asking women in all health-care encounters) is not recommended
- Raise the topic when assessing injuries and conditions that could be caused or complicated by VAW
- Make printed information available in facilities



# WHO TO ASK?

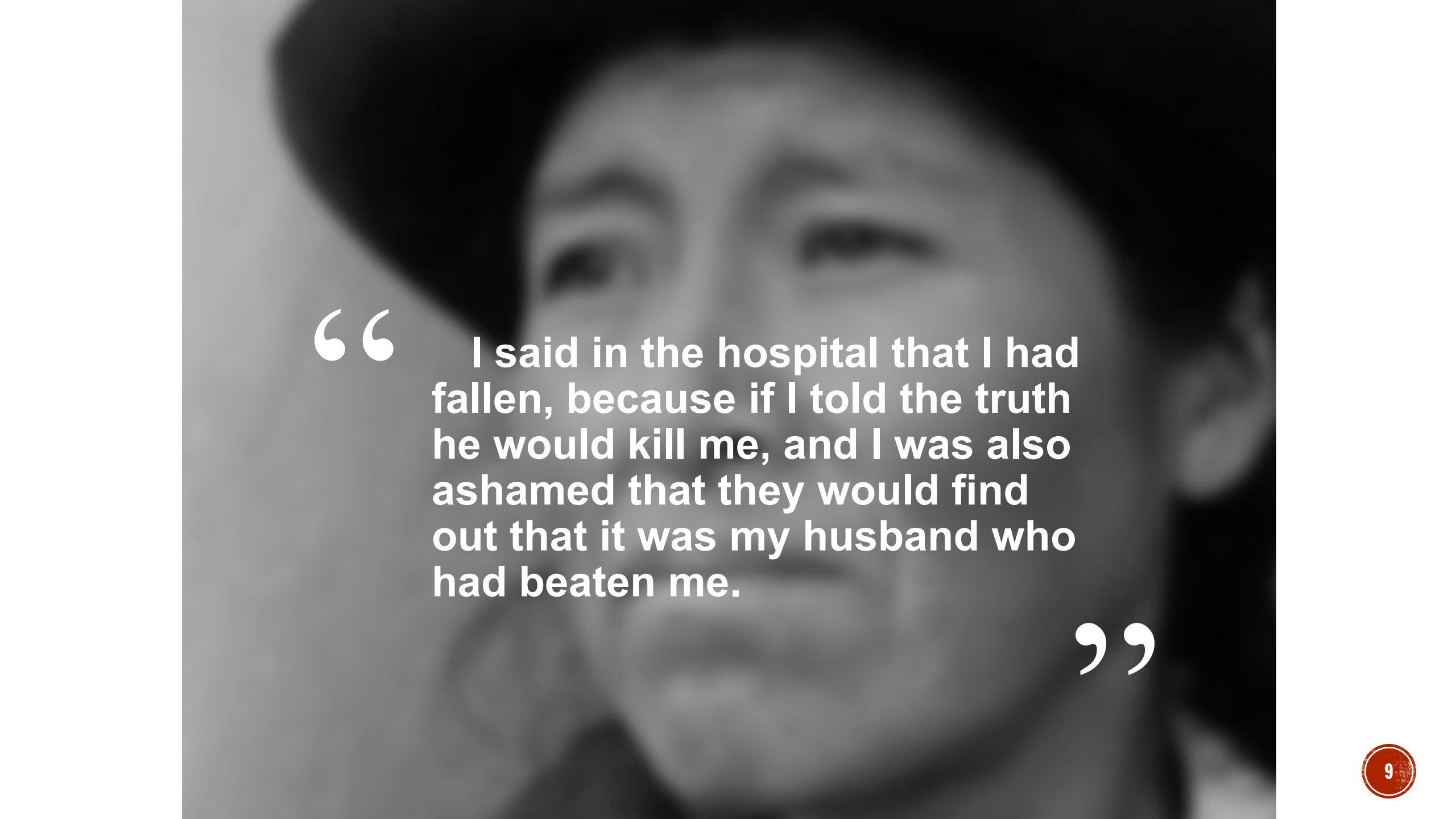
- “Health-care providers should ask about exposure to intimate partner violence when assessing conditions that may be caused or complicated by intimate partner violence, in order to improve diagnosis/identification and subsequent care.”

## Box 1

### Examples of clinical conditions associated with intimate partner violence\*

- Symptoms of depression, anxiety, PTSD, sleep disorders
- Suicidality or self-harm
- Alcohol and other substance use
- Unexplained chronic gastrointestinal symptoms
- Unexplained reproductive symptoms, including pelvic pain, sexual dysfunction
- Adverse reproductive outcomes, including multiple unintended pregnancies and/or terminations, delayed pregnancy care, adverse birth outcomes
- Unexplained genitourinary symptoms, including frequent bladder or kidney infections or other
- Repeated vaginal bleeding and sexually transmitted infections
- Chronic pain (unexplained)
- Traumatic injury, particularly if repeated and with vague or implausible explanations
- Problems with the central nervous system – headaches, cognitive problems, hearing loss
- Repeated health consultations with no clear diagnosis
- Intrusive partner or husband in consultations





“ I said in the hospital that I had fallen, because if I told the truth he would kill me, and I was also ashamed that they would find out that it was my husband who had beaten me.

”

# WHEN TO ASK?

## **Minimum requirements for asking about partner violence**

- A protocol/standard operating procedure
- Training on how to ask, minimum response or beyond
- Private setting
- Confidentiality ensured
- System for referral in place

# SUSPECT VIOLENCE IF...

- On-going **stress, anxiety or depression; substance misuse**
- Thoughts, plans or acts of self-harm or (attempted) suicide
- Injuries that are repeated or not well explained
- Repeated STIs; unwanted pregnancies
- unexplained **chronic pain or conditions**
- **repeated health consultations** with no clear diagnosis.
- partner or husband is **intrusive** during consultations
- often misses her own or her children's **health-care appointments**
- her children have **emotional and behavioral problems**



Identification  
in health  
services can  
open the door  
to **support.**



# HOW TO ASK ABOUT VIOLENCE: FIRST RAISE THE SUBJECT INDIRECTLY

For example, ask: (general questions about relationship, life at home, etc.)

- *“Is everything okay at home?”*
- *“I have seen other women with problems like yours.”*
- *“Many women have problems with their husbands.”*

# THEN ASK DIRECT QUESTIONS

For example, ask:

- *Are you afraid of your husband/partner?*
- *Has your husband/partner ever threatened to hurt you or your children?*
- *Does your husband/partner try to control you, for example not letting you have money or go out of the house?*
- *Has your husband/partner forced you into sex?*
- *Has your husband/ partner threatened to kill you?*

# **“WHAT IF I SUSPECT VIOLENCE, BUT SHE DOESN'T DISCLOSE?”**

- Do NOT pressure her
- Discuss available services and offer information (including information that she could take home - if safe to do so)
- Offer a follow-up visit
- Focus instead on building rapport and trust and in creating a safe and affirming environment (so that she might feel comfortable with disclosing at a later time)



Talk about abuse only when you and she are alone

Never discuss it if someone who has accompanied her—even a friend or child—may be able to overhear

You may need to think of an excuse to be able to see the woman alone



# Break



# Identification Role Play



# INSTRUCTIONS

- In each scenario, consider:
  - Should you ask the woman about violence?  
(*Should you actively identify?*)
  - If you should, how should you ask her about violence?
    - What needs to be in place before you ask?
    - What questions should you ask?

# SCENARIO 1

- Rosa, a caseworker, goes to visit Martha in her home to follow-up after a recent visit to the hospital. When Rosa arrives, Martha and her husband Jose are both home. Rosa notices that Martha has some bruising around her arms.
  - Should Rosa ask Martha about violence?



# SCENARIO 2

- Blanca comes into the health clinic with her baby. She seems very worried about how long she is going to have to wait to see the doctor, and she tells her nurse, Sonia, that she needs to be home in time to cook her husband dinner. Blanca seems very worried about what will happen if she is not able to have dinner prepared for her husband.
  - Should Sonia ask Blanca about violence?

# SCENARIO 3:

- Anna comes to the hospital with several severe injuries. She was brought in by her husband, who says that she fell down the stairs. He has constantly been at her side, but she does not engage with him and seems very mad at him.
  - Should the emergency department doctor ask her about violence?

# First-Line Support



# FIRST-LINE SUPPORT

**IMPORTANT!** Immediately refer survivors with life-threatening or severe conditions for emergency treatment.

- Care that you can provide  
– in any context, you do not need resources
- This is the first thing you should do if a patient discloses violence to you
- As you will now learn, this does not require extensive training



## Steps for the clinical management of rape

Step 1	First-line support (LIVES, Part 2): listening, inquiring about needs and concerns, and validating the survivor
Step 2	Obtaining informed consent and preparing the survivor
Step 3	Taking the history
Step 4	Performing the physical and genital examinations
Step 5	Providing treatment
Step 6	Enhancing safety and referring for additional support (LIVES, Part 2)
Step 7	Assessing mental health and providing psychosocial support
Step 8	Providing follow-up care





# GOALS OF FIRST-LINE SUPPORT

- Identify her needs and concerns
- Listen to and validate her concerns and experiences
- Help her to feel connected to others, calm, and hopeful
- Empower her to feel able to help herself or ask for support
- Explore her options and respect her wishes
- Give her the power to continue talking if she wishes
- Respond to emotional, physical, safety and support needs

# **YET, BEFORE YOU PROVIDE FIRST-LINE SUPPORT... YOU MUST CONSIDER:**

- **Mandatory reporting requirements:**
  - **If a patient discloses violence, under what circumstances are you required to report this**
    - **Will vary by context, but some examples: gunshot wound or other serious bodily injury, children (under the age of 18 or those under the age of consent), persons deemed mentally incapable**
  - **You must share mandatory reporting requirements PRIOR to disclose or to providing any care**

# YET, BEFORE YOU PROVIDE FIRST-LINE SUPPORT... YOU MUST CONSIDER:

- Informed consent process:
  - Before providing any care or follow-up resources, survivors must be capable of providing informed consent for services
- Clinical care protocol
  - What is your context's protocol for responding to intimate partner and sexual violence?
    - Including: what are the documentation requirements? What is the lab/resource capacity (e.g., can a forensic examination be performed – and then can DNA be processed)?
    - This will be further discussed, but needs to be considered before you begin providing care to survivors

# FIRST LINE SUPPORT: LIVES

## Listen:

- Listen to the woman closely, with empathy, and without judgment

## Inquire:

- Assess and respond to her various needs and concerns: emotional, physical, social, and practical

## Validate:

- Show her that you understand and believe her. Validation means that you believe what she says without judgment or conditions

## Enhance safety:

- Discuss a plan to protect herself from further harm

## Support:

- Connect her to information, services and social support

# L - LISTEN

- The purpose is to give the woman a chance to share her experiences in a safe and private place
  - This is important to her emotional recovery!
- Let her know you're listening through verbal and non-verbal cues
- Acknowledge how she is feeling
- Let her tell her story at her own pace
- Let her say what she wants. Ask "How can we help?"
- Encourage her to keep talking if she wants through open ended questions. "Would you like to tell me more?"
- Allow for silence. Give her time to think
- Stay focused on her experience
- Acknowledge her needs and respect her wishes

## Active listening dos and don'ts

<b>Dos</b> ✓	<b>Don'ts</b> ✗
Allow for silence. Give her time to think.	Don't try to finish her thoughts for her.
Stay focused on her experience and on offering support.	Don't tell her about someone else's story or talk about your own troubles.
Acknowledge what she wants and respect her wishes.	Don't think and act as if you must solve her problems for her.



# I - INQUIRE

- The purpose is to learn what is most important for the woman
- Phrase your questions as invitations to speak
- Ask open-ended questions that encourage her to talk
- Verify your understanding by restating what she says
- Reflect back to her feelings she expresses
- Explore as needed
- Ask for clarification if you don't understand
- Help her identify and express needs and concerns
- Summarize what she expressed

Phrase your questions as <b>invitations to speak</b> .	“What would you like to talk about?”
Ask <b>open-ended questions</b> instead of yes or no questions.	“How do you feel about that?”
<b>Check your understanding</b> (repeat what she says).	“You mentioned that you feel very frustrated.”
<b>Reflect her feelings</b> .	“It sounds as if you are feeling angry about that...” , “You seem upset.”
<b>Explore</b> as needed.	“Could you tell me more about that?”
Ask for <b>clarification</b> if you don’t understand.	“Can you explain that again, please?”
Help her to <b>identify and express</b> her needs and concerns.	“Is there anything that you need or are concerned about?”
<b>Sum up</b> what she has expressed.	“You seem to be saying that....”

# V - VALIDATE

- The purpose is to let her know that her feelings are normal, that it is safe to express them, and that she has a right to live without violence.
- For example, by saying:
  - It's not your fault. You are not to blame
  - No one deserves to be hurt by their partner
  - You are not alone. Unfortunately many other women face this problem
  - Your life and your health are of value
  - Everybody deserves to feel safe at home
  - I am concerned this may be affecting your health

## Steps for the clinical management of rape



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# E — ENHANCING SAFETY

- The purpose is to show her that you understand and believe her
  - Assure her that she is not to blame
  - Help assess her situation and make a plan for her future safety
- Many women who have been subjected to violence have fears about their safety and the safety of their loved ones
- Other women may not think they need a safety plan because they do not expect that the violence will happen again
- Assessing and planning for safety is an ongoing process – it is not just a one-time conversation



## **ASSESSING IMMEDIATE RISK OF PARTNER VIOLENCE**

Some women will know when they are in immediate danger and are afraid to go home

- If a woman is worried about her safety, take her seriously

Other women may need help thinking about their immediate risk

- There are specific questions you can ask to see if it is safe for her to return to her home
- It is important to find out if there is an immediate and likely risk of serious injury



# **AVOID PUTTING HER AT FURTHER RISK:**

- Talk about abuse only when you and she are alone.
- Maintain the confidentiality of her health records.
- Discuss with the woman how she will explain where she has been, and what to do with the paperwork she will take home.



## Questions to assess immediate risk of violence

Women who answer “yes” to at least 3 of the following questions may be at especially high immediate risk of violence.

- Has the physical violence happened more often or gotten worse over the past 6 months?
- Has he ever used a weapon or threatened you with a weapon?
- Has he ever tried to strangle you?
- Do you believe he could kill you?
- Has he ever beaten you when you were pregnant?
- Is he violently and constantly jealous of you?

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Adapted from Snider, 2009.

# CREATING A SAFETY PLAN

Safety planning	
Safe place to go	If you need to leave your home in a hurry, where could you go?
Planning for children	Would you go alone or take your children with you?
Transport	How will you get there?
Items to take with you	Do you need to take any documents, keys, money, clothes, or other things with you when you leave? What is essential?
	Can you put together items in a safe place or leave them with someone, just in case?
Financial	Do you have access to money if you need to leave? Where is it kept? Can you get it in an emergency?
Support of someone close by	Is there a neighbour you can tell about the violence who can call the police or come with assistance for you if they hear sounds of violence coming from your home?

Job aid



Recognize violence/impact on health and well-being



Clarify priorities for safety (e.g. children, having resources, feelings for partner, stigma/privacy)



Identify alternatives/support for safety priorities



Use available support systems



Safety priorities change, discuss revisiting safety actions with trusted person



**RESPECT HER DECISIONS**

# S - SUPPORT

- Goal is to support women to connect with other resources for her health, safety, and social support
  - Women's needs generally are beyond what you can provide in the clinic
- Remember- women face multiple barriers to reaching out for help
  - Your voice is important in encouraging her to seek support
  - Discuss the woman's needs with her, and share sources of help
  - Offer to help make a call on patient's behalf if it would be more comfortable for her

# **WHAT TYPE OF RESOURCES OR SERVICES MIGHT WOMEN NEED REFERRALS TO OUTSIDE OF THE HEALTH SYSTEM?**

Shelter/housing

Crisis center

Financial aid

Legal aid

Support groups

Counseling

Mental health  
care

Economic aid



# REMEMBER – YOU SHOULD NOT:





- try to solve her problems
- try to convince her to leave a violent relationship, to go to the police or courts
- ask questions that force her to relive painful events
- ask her to analyze what happened or why
- pressure her to tell you her feelings & reactions
- rush her or interrupt. Wait until she has finished before asking questions
- try to finish her thoughts for her
- look at your watch, speak rapidly, or write while she is speaking
- invalidate her experiences or use statements expressing pity such as “You shouldn’t feel that way” or “Poor you”

# FIRST-LINE SUPPORT – SUMMARY



## Learn to listen with your

 **Eyes** – giving her your undivided attention

 **Ears** – truly hearing her concerns

 **Heart** – with caring and respect

# Break





# Role Play



# INSTRUCTIONS

- In your break-out group, identify someone who will play the frontline provider and who will play the survivor. Everyone else will be the observers.
  - The job of the frontline provider is to ask questions and provide first-line support/ as described in LIVES.
  - The role of the patient is to describe why you are there or what symptoms you are seeking care for, and to respond to the questions asked.
  - The observer(s) should observe the interaction, take notes and give feedback.
- Please note that only the survivor and the frontline provider should read the scenario below. Please be as creative as you wish in playing out the scenario.
- Do not initially share the details of the scenario with observers in your group.
- Practise the role play in your group as many times as you like – you can also switch roles if there is time.
- Return to the plenary to share your experience.



# SCENARIO 1

- Nora is a 37-year-old mother of three. She has been married for 15 years and her husband is very abusive. She suffered a miscarriage last year due to his violence. Four days ago, he beat her badly. She comes to your clinic to seek help for her physical injuries as she has significant bruising and is unable to raise her right arm.

# SCENARIO 2

- Ines is an 8-year-old living in a temporary shelter following the hurricane. On his way home two he was held at a checkpoint by three armed men. After beating him, they took turns to rape him and held him in a hut for 2 days. He managed to run away and made it to the health clinic today. He was brought to the clinic by his mother. He is badly beaten and is weeping uncontrollably.

# SCENARIO 3

- Carolyn is a 16-year-old. She is brought to your clinic by her father. He tells you that she was attacked by some men when they went out helping with the clean-up after Hurricane John. He agrees to your request to speak with her alone. She is very silent, unable to communicate and appears fearful.

# SCENARIO 4

- Jade is a 65-year-old woman who has been married for over 37 years, with five children aged 34 to 18 years old (three of whom live with her; the others have moved away). She is a stay-at-home wife. Her house was destroyed in the floods, and she cannot find all members of her family. She spent the night with neighbours and arrives at the shelter distraught.

# Recap and Closing





**End of Day Evaluation**