

Welcome!

Day 2



Recap

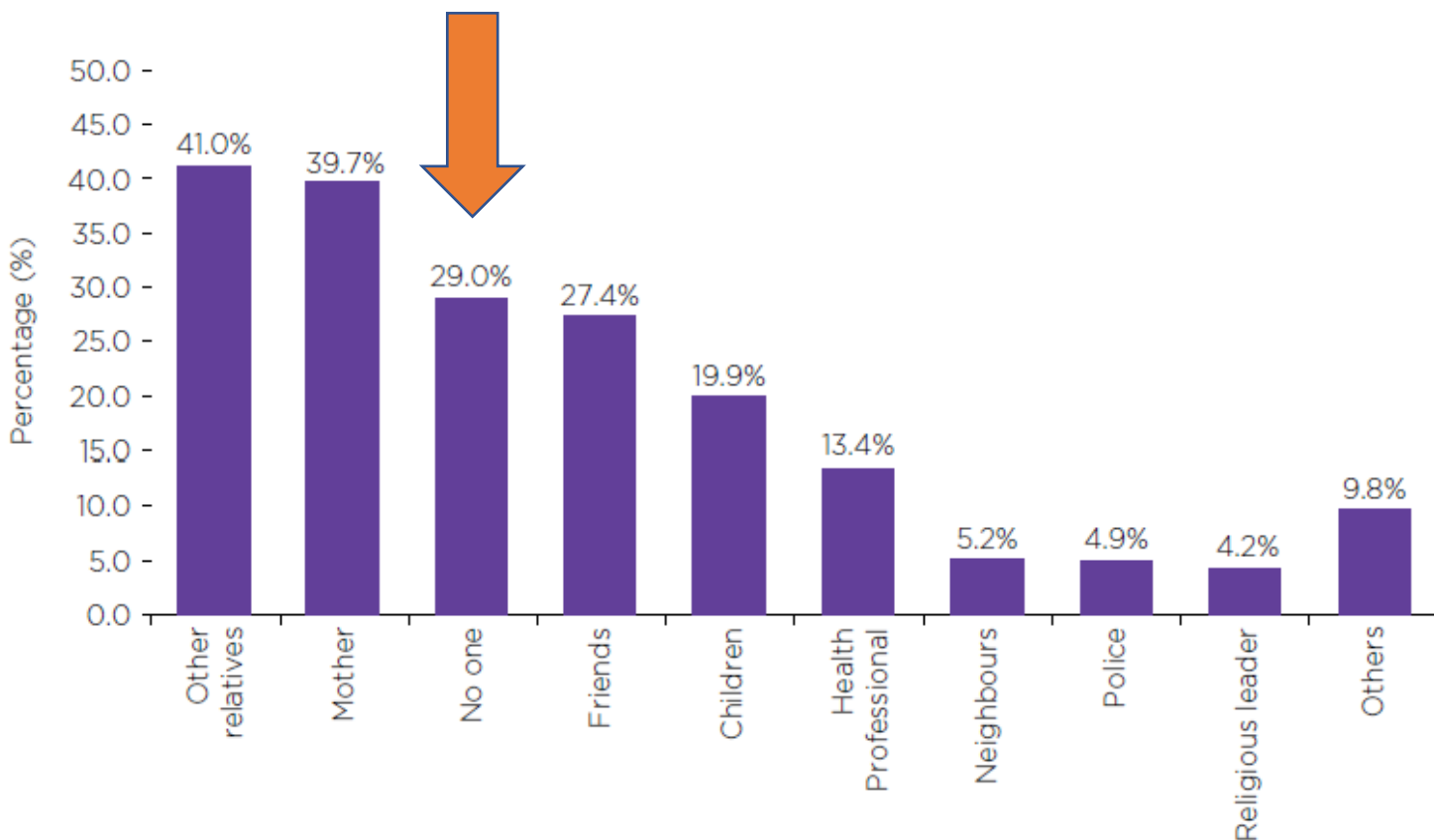


How to Identify VAW



Many women never tell anyone about the violence

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



What do women say about violence discussion in the health care setting?

Research shows that abused and non-abused women alike feel that violence-related discussion in health settings...

- can help abused women get help
- makes women glad that someone took an interest
- is not insulting to women who are not being abused



Identification
in health
services can
open the
door to
support.



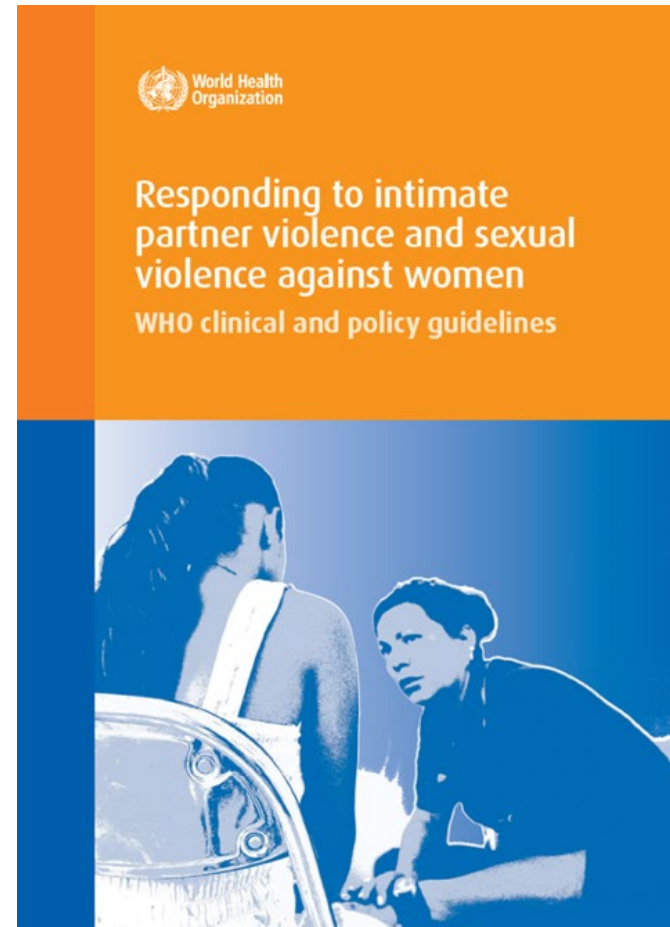
What
needs to
be in
place?

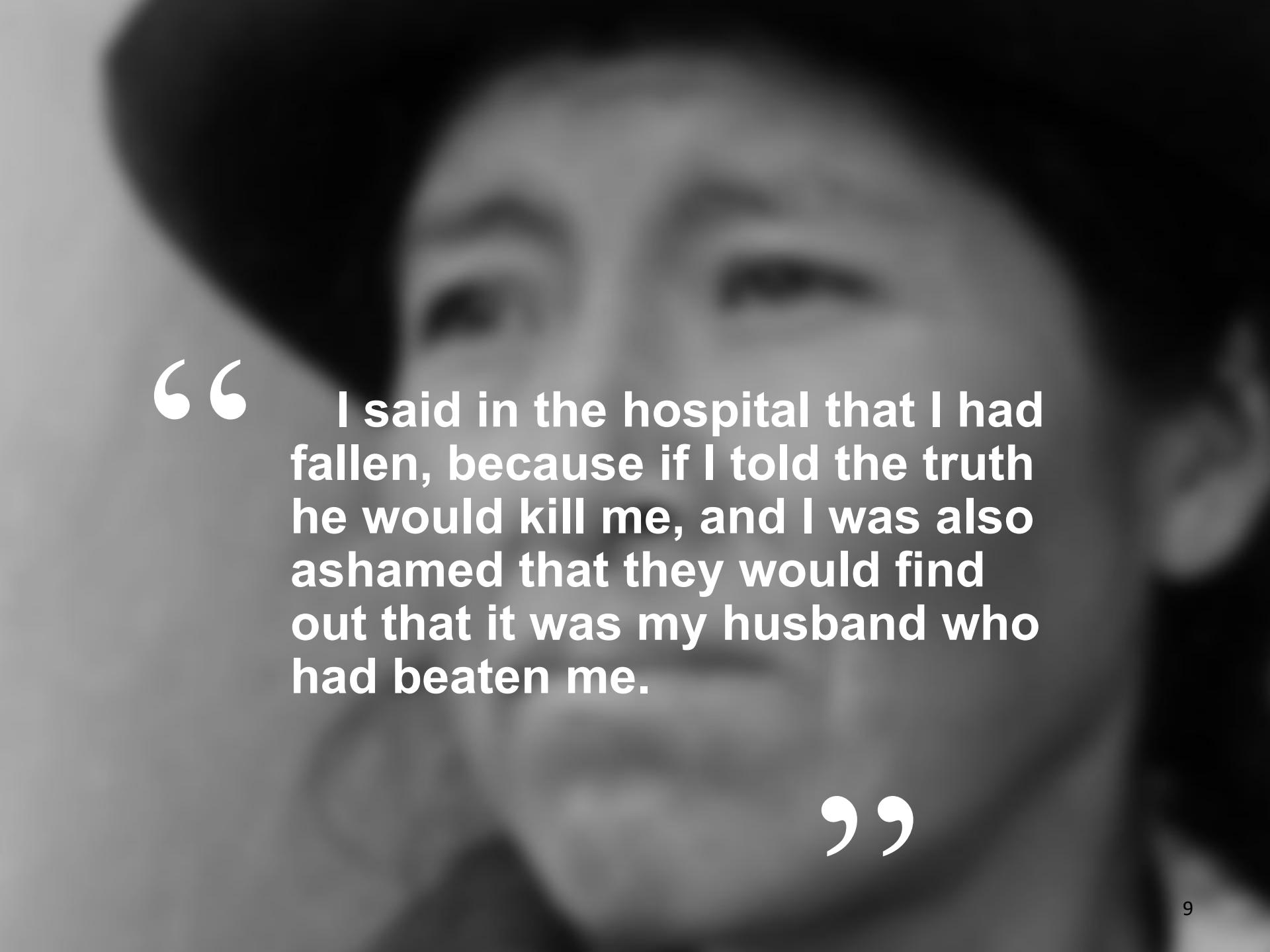
Minimum requirements for VAW assessment and response

- Training on how to ask, minimum response (LIVES)
- Private setting
- Confidentiality ensured
- System for minimum response in place, including LIVES and referrals
- Protocol/standard operating procedure should be put in place

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





“ 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.

”

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**



How to ask about violence: raise the subject

First – raise the subject indirectly:

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



How to ask about violence: direct questions

Second – ask direct questions, for example:

- *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?*

When to ask about violence: strategies to preserve confidentiality

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

“What if I suspect violence, but she doesn’t disclose?”

- Remember to BELIEVE her: it may not be a case of violence
- Do NOT pressure her
- Tell her of available services
- Offer information
- Offer a follow-up visit



WHAT WOULD YOU DO?

Jessica, a 26-year-old female patient, comes to the local health clinic for help. There is a deep cut near her right eye and numerous bruises on other areas of her body. She tells you she slipped and fell due to her street being flooded.

Break 😊



First line support





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

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: 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

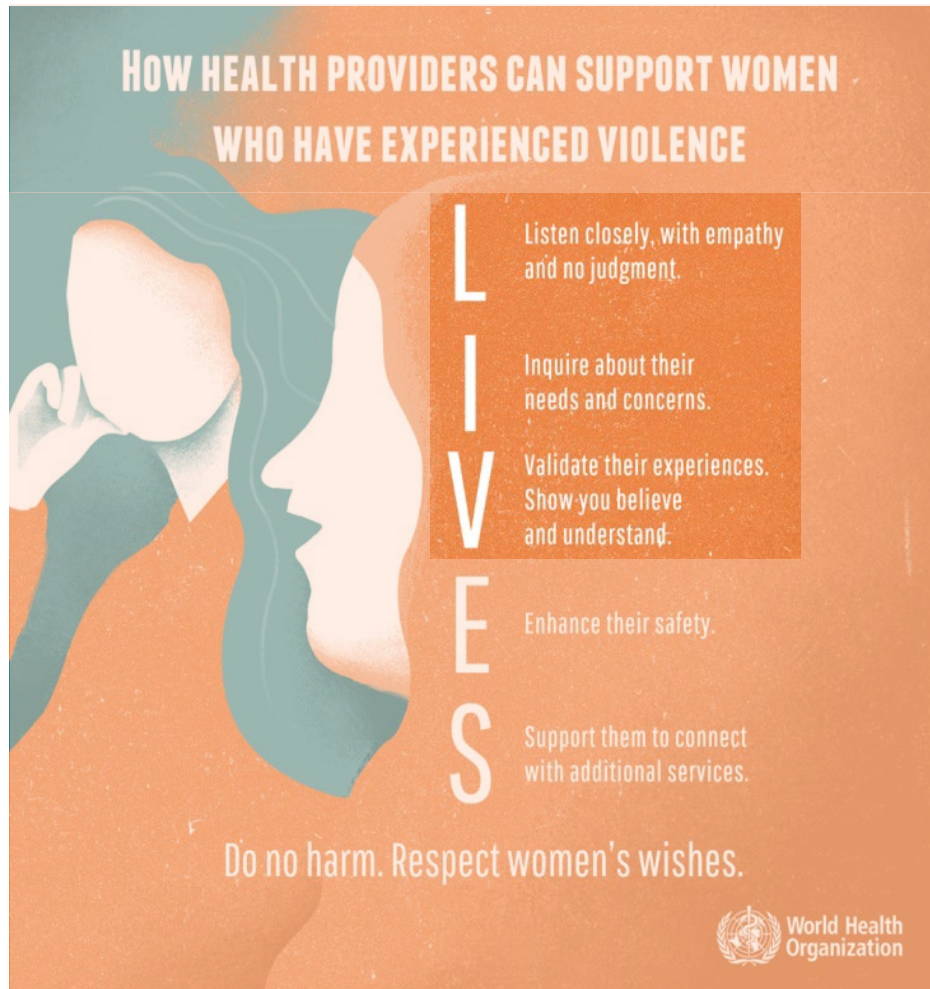
Enhance safety:

- Discuss a plan to protect herself from further harm

Support:

- Connect her to information, services and social support

First-line support – job aid



Learn to listen with your



Eyes – giving her your undivided attention



Ears – truly hearing her concerns



Heart – with caring and respect

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

Inquire about needs and concerns

- 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

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

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

Safety plans

Even women who are not facing immediate serious risk could benefit from having a safety plan. If she has a plan, she will be better able to deal with the situation if violence suddenly occurs or escalates.



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

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.



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

Provide “warm” referrals



Ask: “What would **help most** if we could do it now?”



Help her **identify and consider** referral and social support options



Explain how the referral service can **meet her need**



Give her **contact details** – location, how to get there, names



Offer to help **make an appointment**, if it helps



6. Help her **solve any practical problems** that might interfere – for example, no transportation, no childcare

Conclusions: LIVES

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Inquire:

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Enhance safety:

- Discuss a plan to protect herself from further harm

Support:

- Connect her to information, services and social support

The image depicts a stage setting. At the top, there is a thick, red, vertically-pleated curtain. Below this, a row of smaller, red, scalloped curtains hangs across the stage. On the left and right sides, long, red, vertically-pleated curtains hang down. In the center of the stage, a bright, circular spotlight illuminates the floor, creating a gradient from white in the center to dark grey at the edges. The words "ROLE" and "PLAY" are written in a bold, black, serif font, stacked vertically in the center of the spotlight.

ROLE PLAY

Recap & closing





End of Day Evaluation