

TOP THINGS

ANY SERVICE PROVIDER CAN DO TO SUPPORT PEOPLE EXPERIENCING VIOLENCE

Usually you do not know if a person has a history of or is currently experiencing violence. Trauma-and-violence informed service is an appropriate approach to use whether or not you know. Good service does not require a disclosure of such experience; the goal is safety for all.

Signs that a person may be experiencing violence

Injuries | Mental health symptoms | Alcohol/drug misuse | Financial strain | Recent separation |
Client cancels visits, uses health services more frequently, or defers to a partner in visit |
Partner or parent is always present; answers for client.

FOR ALL PEOPLE

- A Assume** – that the majority of clients will have a history of trauma/violence of some form and that any client may be currently experiencing abuse.
- B Be Alert** – for signs that a person is currently experiencing trauma/violence.
- C Create** – psychologically and physically safer environments for all clients and service providers; care for all that is suitable for those who have experiences of trauma/violence.
- D Demonstrate knowledge** – that mental health issues and substance use issues are often connected to histories of violence, and that events such as pregnancy may be a time when violence begins or escalates.
- E Engage** – respectfully with all.
- F Foster opportunities** – for choice and control by clients.

FOR THOSE WHO MAY HAVE OR ARE CURRENTLY EXPERIENCING VIOLENCE

- L** **Listen** – Listen to the person closely, with empathy and without judging; be alert to the signs suggesting they are experiencing violence.
“That sounds terrible”
- I** **Inquire about needs and concerns** – Assess and respond to their various needs and concerns e.g. emotional, physical, social, and practical (e.g. childcare).
- V** **Validate** – Show them that you understand and believe their EXPERIENCE. If they disclose violence, assure them that they are not to blame. *“You have really survived a lot” “No one deserves...”*
- E** **Enhance Safety** – Discuss a plan to protect themselves from further harm if violence occurs again. *“I’m really concerned about your safety” “I’d like to help you make a safety plan”*
- S** **Support** – Support them by helping them connect to information, services, and social support. *“Would it be OK if I got us some advice from...?”*

FOR YOURSELF

Examine your own **privileges and assumptions** – e.g., education, position, power, wealth, experiences of violence.

Learn about **mental health and wellness effects** of violence, risk assessment, and safety planning.

WITHIN YOUR ORGANIZATION

Challenge language that objectifies, judges or blames.

Use “woman”, “man”, “people” (instead of “battered woman”, “abuser”, “IDU”, “at risk”)

Switch “she doesn’t want help” → “our help isn’t meeting her needs”

Switch “non-compliant client” → “unsuitable care”

Design and tailor services support and empower.

E.g. evaluate routine intake procedures and practices, cancellation and policies, waiting spaces

Contribute to organizational conditions to support good service

E.g. provider/client ratios; policies, culture

Adapted from EQUIP Health Care. To learn more, please visit www.equiphealthcare.ca

References:

Varcoe, C. (2014). Interpersonal violence assessment. In A.J. Browne, J. MacDonald-Jenkins, & M. Lucktar-Flude (Eds.). Physical Examination and Health Assessment by C. Jarvis (2nd Canadian Edition. Pp. 120-137). Toronto: Elsevier

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