

## Top Things

# Any 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 care is an appropriate approach to use whether or not you know. Good care does not require a disclosure of such experience; the goal is safe care 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 partner in visit  
| Partner or parent is always present; answers for client.

### For All People

#### Assume

that a majority of clients will have a history of abuse of some form and that any client may be currently experiencing abuse.

#### Be alert

for signs that a person is currently experiencing abuse.

#### Create

emotionally and physically safe environments for all patients and service providers; care for all that is suitable for those who have experiences of abuse.

#### 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.

#### Engage

respectfully with all.

#### Foster opportunities

for choice and control by clients.

### For those who may have or are currently experiencing violence

#### Listen

Listen to the person closely, with empathy and without judging; be alert to the signs suggesting they are experiencing violence.

*“That sounds terrible”*

#### Inquire about needs and concerns

Assess and respond to their various needs and concerns e.g. emotional, physical, social, and practical (e.g. childcare).

#### 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...”*

#### Enhance safety

Discuss a plan to protect themselves from further harm if violence occurs again.

*“I’m really concerned for your safety”*

*“I’d like to help you make a safety plan”*

#### 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 **health effects** of violence, danger assessment, 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 patient” → “unsuitable care”

### Design and tailor care to support and empower.

E.g. evaluate routine instructions to undress; cancellation policies, waiting spaces

### Contribute to organizational conditions to support good care.

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

To learn more about EQUIP Health Care please visit [www.equiphealthcare.ca](http://www.equiphealthcare.ca)

## References

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

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