

Support Women Experiencing Violence



WITH WOMEN:

- 1. Listen to women and believe them –**
"That sounds like a horrible experience"
- 2. Affirm/validate –**
"No one deserves..."
- 3. Express concern –**
"I am really concerned for your safety..."; "I am concerned that these headaches are connected to your circumstances at home..."
- 4. Recognize strength –**
"You have really survived a lot..."
- 5. Offer collaborative safety planning –**
"I'd like to help you make a safety plan..."; "Would it be OK if I got us some advice from...?"

YOURSELF:

- 6. Examine your own privileges and assumptions – e.g., education, position, power, wealth, experiences of violence**
- 7. Learn about health effects of violence, danger assessment, safety planning**

WITHIN YOUR ORGANIZATION:

- 8. Challenge language that objectifies, judges or blames –**
 - Use "woman", "man", "people" –
[instead of "battered woman", "abuser", "IDU", "at risk"];
 - Switch from "she doesn't want help" to "our help isn't meeting her needs";
 - Switch from "non-compliant patient" to "unsuitable care"
- 9. Anticipate and mitigate disempowering practices – e.g., evaluate routine instructions to undress; cancellation policies; waiting spaces**
- 10. Contribute to organizational conditions to support good care – e.g., provider/patient ratios; policies, culture**

Source: 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 (Second Canadian Edition, pp. 120-137). Toronto: Elsevier.