



# When she tells you about the violence

TIPS FOR GENERAL PRACTITIONERS

Over 1 in 5 women make their first disclosure of violence in an intimate relationship to their GP

- [www.bwss.org](http://www.bwss.org)
- 1.855.687.1868

# When she tells you about the violence

## TIPS FOR GENERAL PRACTITIONERS

**Over 1 in 5 women** make their first disclosure of violence in an intimate relationship to their GP <sup>1</sup>

**You may be the one she tells.  
Your skills and sensitivity are essential.**

This resource has been developed to assist you in identifying and responding to women and children who have experienced or are experiencing violence in an intimate relationship (also known as ‘domestic violence’ or ‘intimate partner violence’.)

Our medical community plays a key role in early detection, intervention, provision of specialized treatment and effective referral of survivors of violence in intimate relationships helping alleviate the physical, sexual and emotional consequences.

# The Scope of the Problem

The United Nations defines violence against women as “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”<sup>2</sup>

## **Physical abuse/violence includes behaviors such as:**

Hitting, pushing, kicking, burning, throwing objects, stabbing or shooting, sleep deprivation, failure to provide for basic needs, for example food and clothing if partner is dependent on the other for these needs to be fulfilled.

## **Emotional/psychological abuse/violence includes behaviors such as:**

Unremitting criticism, emotional blackmail, enforcement of petty rules, neglectful behaviors such as ignoring signs of distress and pleas for comfort, or prolonged refusal to communicate, isolation from friends, family and other support networks, surveillance of everyday tasks such as grocery shopping, intercepting mail, phone calls and text messages, threats to harm, or stalking behaviors.

## **Financial abuse includes behaviors such as:**

Taking absolute control over all finances and financial decisions, refusal to contribute to family incomes, depriving a person of access to cash and/or credit, running up debts in a person's name, forcing a person to engage in illegal activities such as theft.

## **Sexual abuse/violence includes behaviors such as:**

Rape, sexual assault, sexual exploitation, refusal to practice safe sex.

# Injuries That May Have Resulted from Violence

**Acute physical injuries** – Trauma to head, face, neck, fractures and broken bones, orbital fractures, black eyes, bilateral bruising, burns and internal injuries.

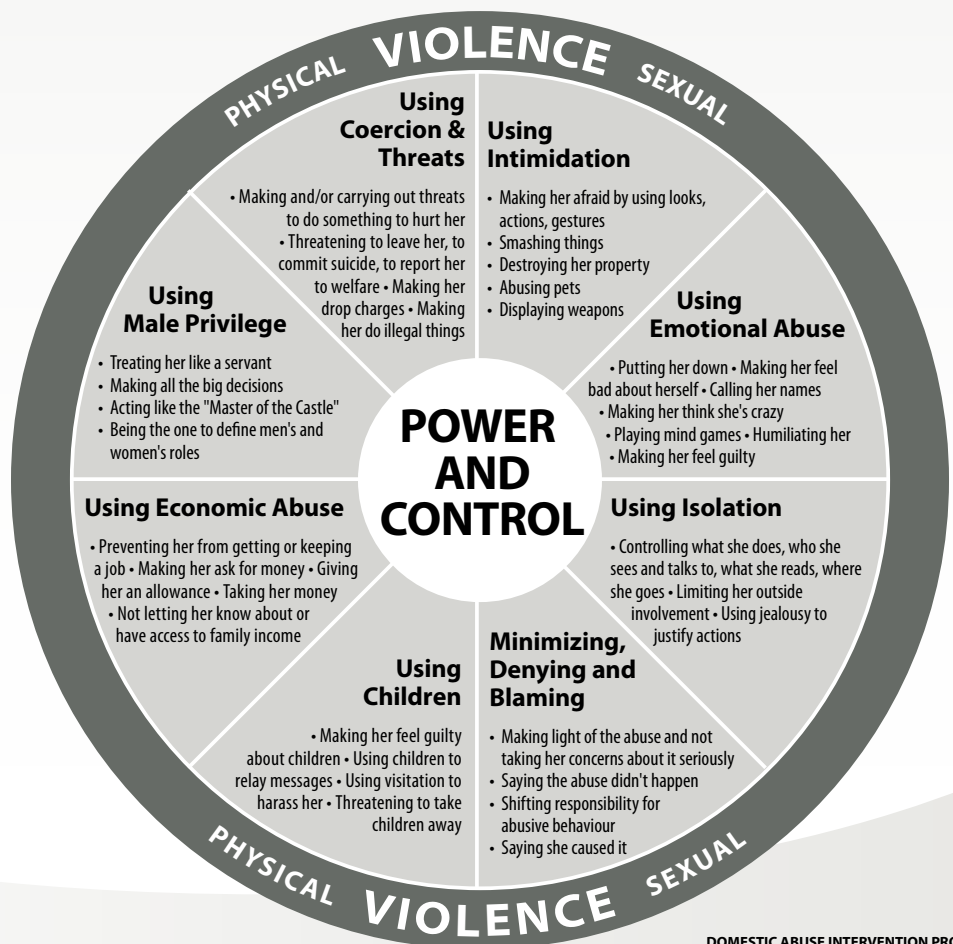
**Chronic Physical Injuries** – headaches, migraines, memory problems, seizures, traumatic brain injuries, cardiac and circulatory condition, complaints of pains and aches, irritable bowel syndrome, pelvic pain and sexually transmitted infection. Angina, high blood pressure, cardiovascular disease.

**Obstetric Problems** – reproductive issues such as chronic pelvic pain, genital injuries, low birth weight and premature labor (in pregnant women) and miscarriage.

**Psychological or psychosocial problems** – depression, anxiety, PTSD, sleep disturbances, insomnia, suicidal ideation, self-harm, social isolation, nightmares, alcohol or drug misuse, exacerbation of psychotic symptoms.<sup>3</sup>

## Understanding the “Dynamics” of Power and Control

The Power and Control Wheel helps illustrate the dynamics of an abusive relationship. ➤



# Practitioner Intervention Flow Chart

1

Non-judgmental Listening

2

Safety Planning

3

Referrals

4

Note-taking

5

Continuing Care

# How do you ask your patient if she is experiencing violence?

You can always **ask broad questions** about whether your patient's relationships are affecting her health and wellbeing.

**For example:**

- How are things at home?
- How are you and your partner getting on?
- Is anything else happening which might be affecting your health?

Or **direct questions** about any violence.

**For example:**

- Are there ever times when you are frightened of your partner?
- Are you concerned about your safety or the safety of your children?
- Does the way your partner treats you make you feel unhappy or depressed?
- Has your partner ever physically threatened or hurt you?
- Violence is very common in the home. I ask a lot of my patients about abuse because no one should have to live in fear of their partners.

# Responding to Disclosures

## **Listen**

- Being listened to can be an empowering experience for a woman who has been abused.

## **Communicate empathy**

- “That must have been frightening for you.”

## **Validate the decision to disclose**

- “I understand it could be very difficult for you to talk about this.”

## **Emphasize the unacceptability of violence**

- “Violence is unacceptable; you do not deserve to be treated this way.”

## **Be clear that she is not to blame**

- Never suggest that the woman is responsible for the violence or that she is able to control the violence by changing her behavior.

## **For initial safety planning, you will at least need to: Speak to the woman alone**

- Check for immediate concerns by assessing if she feels safe going home after the appointment, if her children are safe, if she needs an immediate place of safety, if she needs to consider an alternative exit from your building. If immediate safety is not an issue, check her future safety: Does her partner have weapons? Does she need a referral to police or a legal service for a protection order? Does she have emergency telephone numbers? Does she need a referral to a crisis/counseling service to help make an emergency plan when she decides to leave?

## **Safety Planning**

Ask your patient to evaluate her immediate and future safety, and that of her children. Best practice risk assessment asking her about her perception of risk and using your professional judgment. Be prepared to refer your patient to specialized community-based services such as a transition house, community-based victim service.

POWER AND CONTROL PRESENT IN THE RELATIONSHIP

SURVIVOR'S OWN PERCEPTION OF RISK

YOUR PROFESSIONAL JUDGMENT



## Risk Assessment

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**For more information on conducting a safety assessment see:**

**Taking Back Your Power**

<https://www.bwss.org/take-back-your-power-planning-for-safety-in-abusive-relationships/>

**Understanding Financial Abuse**

<https://www.bwss.org/resources/economic-empowerment-strategies-for-women/understanding-financial-abuse-safety-planning/>

**Safety Plan for Youth**

<https://www.bwss.org/youth-safety-plan/>

**For specialized training on Risk and Safety Assessment email: [endingviolence@bwss.org](mailto:endingviolence@bwss.org)**

## Effective Note-taking

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Your notes may be required as evidence if there's police and legal system involvement. If suspect your patient is experiencing violence by an intimate partner you should keep detailed notes.

**Describe physical injuries**

Include the type, extent, age, and location. If you suspect violence is the cause and your patient has not confirmed this include a comment as to whether her explanation accurately explains the injury.

**Record what your patient said** Using quotation marks

**Record any relevant behavior observed** containing comments to detailed and factual rather than general opinion.

**Consider taking photographs of injuries**

**Your files should include** date and time, the name of patient, and identify you as the author.

**Avoid generalizations, unsubstantiated opinions**

## Continuing care:

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Consider your patient's safety as a paramount issue. A woman is usually a good judge of her own safety. You can help to monitor the safety of her and her children by asking about any escalation of violence. Empower her to take control of decision-making; ask what she needs and present choices of actions she may take and services available. Respect the knowledge and coping skills she has developed. You can help build on her emotional strengths, for example, by asking 'How have you dealt with this situation before?' Provide emotional support. Ensure confidentiality – the woman may suffer additional abuse if her partner suspects she has disclosed the abuse. Be familiar with appropriate referral services and their processes. Patients may need your help to seek assistance. Have information available for the patient to take with her if appropriate. <sup>4</sup>



# Alleviating Isolation

## KNOW THE RESOURCES IN THE COMMUNITY

If she needs a safe place to go, here is a **list of transition houses** throughout British Columbia:

<https://www.bwss.org/resources/transition-houses-in-canada/>

If she needs crisis and/or counselling support, she can

**call BWSS: 604.687.1867** or toll free at **1-855.687.1868**

For crisis/counselling services throughout British Columbia:

<https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/bc-criminal-justice-system/if-victim/victim-of-crime/staying-safe/stv-directory.pdf>

For crisis/counselling support throughout the world: <http://www.hotpeachpages.net/>

### Training and Resources

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**ACGP** – Abuse and Violence: Working with our patients in general practice

[www.racgp.org.au/your-practice/guidelines/abuse-and-violence](http://www.racgp.org.au/your-practice/guidelines/abuse-and-violence)

**Strategic Interventions** – An Education Centre to End Violence

[www.bwss.org](http://www.bwss.org) Email: **endingviolence@bwss.org**

### References:

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<sup>1</sup> <http://www.wlsnsw.org.au/wp-content/uploads/GP-Toolkit-2014.pdf>

<sup>2</sup> <http://stoprelationshipabuse.org/educated/definitions/united-nations-definition-of-violence-against-women/>

<sup>3</sup> Black, 2011 & Trevillion, Agnew-Davies & Howard, 2013

<sup>4</sup> <http://www.wlsnsw.org.au/wp-content/uploads/GP-Toolkit-2014.pdf>

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