



# IMPRODOVA

## Factsheet

### Communication with victims of domestic violence in the health system

#### How to talk with patients about domestic violence

##### General conditions

In any situation where you suspect domestic violence, you can ask about it indirectly or directly. One should then ask to speak to a patient alone, separately from his or her partner or other family members. You should choose a place to talk where no one can listen (but not a place that shows others why you are there).

- You should assure the victim that you will not repeat to anyone what he or she said and that you will not mention to anyone who does not need to know that he or she was there. If you are obliged to report the situation, explain why you have to report what and to whom.
- One first encourages the victim to talk and shows that one is listening.
- You encourage the victim to keep talking if they want to, but you do not force them to talk ("Do you want to tell me more?").
- You allow silence. If the victim cries, you give him or her time to recover.

At the beginning of a suspicious situation, one can always ask general questions about whether the patient's current relationship is affecting his or her health and well-being. It is important to listen with an open mind.

##### For example, in the case of suspected domestic violence:

"How are things at home?"

"How are you and your partner/other family members getting along?"

"Is anything else going on that might affect your health?"

In addition to indirect questions, one can also ask direct questions about any violence.

##### For example:

"Are there times when you're afraid of your partner or another family member?"

"Are you concerned for your safety or the safety of your children?"

"Do you feel unhappy or depressed about the way your partner or other family member treats you?"

"Has your partner or another family member ever verbally intimidated or hurt you?"

"Has your partner or another family member ever physically threatened or hurt you?"

"Has your partner or another family member ever forced you to have sex when you didn't want to?"

"Has your partner or another family member ever tried to control you, for example by not giving you money or keeping you in the house?"

"Domestic violence is very common. I ask many of my patients about abuse they have experienced, because nobody should have to live in fear of their partner or another family member."

If you see certain clinical symptoms and you are sure of your suspicions, you can ask specific questions about them (e.g. bruises). These include:

"You seem very scared and nervous. Is everything okay at home?"

"When I see injuries like these, I wonder if someone might have hurt you."

"Is there anything else we haven't talked about that could contribute to this condition?"

## When your patient discloses domestic violence

Interviewing victims of domestic violence should be linked to an effective intervention, including a supportive response, appropriate medical treatment and/or care as needed and/or referral to a protective facility. They should

- listen
- convey that one believes the victim
- validate the decision to disclose
- stress that violence is not okay
- make it clear that the victim is not at fault
- do not ask questions that could cause stress and a feeling of powerlessness in the victim

## Enquire about the needs and concerns of the victim

When listening to the victim's story, special attention should be paid to what he or she says about his or her needs and concerns - and what is not said but hinted at with words or body language. You can inform the victim about physical, emotional or economic needs, about the security concerns or social support he or she needs. The following techniques can be used to help the victim express his or her needs:

Questions should be formulated as invitations to speak.

- "What would you like to talk about?"

Open questions should be asked to encourage the victim to talk, rather than say yes or no.

- "What do you think?"

What the victim says should be repeated to check their own understanding.

- "You mentioned that you feel very frustrated."

The victim's feelings should be reflected.

- "It sounds as if you are angry about this..."

The victim should be helped to identify and express their needs and concerns.

- "Is there something you need or are worried about?"

What the victim has expressed should be summarized.

- "You seem to be saying that..."

There should be no suggestive questions like "I imagine that upset you, doesn't it?"

No "why" questions should be asked, such as "Why did you do that?" It could sound accusatory.

The victim should understand that his or her feelings are normal, that it is safe to express them and that everyone has a right to live without violence and fear.

## Believing the victim and making it clear that he or she is not at fault

You should let the victim know that you are listening carefully, that you understand what he or she is saying, and that you believe what is being said without judging or imposing conditions.

Important things you can say:

"It's not your fault."

"It's okay to talk."

"Help is available." [You should only say this if it's true.]

"What happened cannot be justified or excused."

"No one deserves to be beaten by their partner in a relationship."

"You are not alone. Unfortunately, many other people have had to face this problem as well."

"Your life, your health, you are of value."

"Everyone deserves to feel safe at home."

"I am concerned this may affect your health."

### Use of an interpreter

If the patient's language skills are an obstacle to discussing these issues, a qualified interpreter or representative of the local Domestic Violence Unit should be used. This person should be of the same sex as the victim and sign a confidentiality agreement. During the conversation, the patient should be looked at and talked to. The patient's partner, other family members or children should not be used as interpreters. It could jeopardize the safety of the patient or they may feel uncomfortable talking about their situation.

### Special case: If the patient is a child

Family doctors are often the first point of contact for families under stress and for children at risk of abuse. It is important to be aware of the possibility of abuse when children have emotional problems, show behavioural problems or inexplicable injuries, or when a parent is known to experience violence.

During counselling or treatment, it can be very difficult to know definitely that the root cause of the idea is abuse or neglect. The family may also actively try to hide the abuse or neglect.

Child abuse can occur in countless ways, and the effects vary from child to child. While some children may have bruises or injuries that raise suspicion, this is not always the case. However, the majority of children are less likely to suffer direct physical injury; much more problematic are the long-term effects of violence on the neurological, cognitive and emotional development and health of the child.

There are children who do not want to talk at all. Others disclose domestic violence indirectly by not telling the details unsolicited or in a

roundabout way: "Sometimes my stepfather annoys my mother". The child hopes that the tip they give will be taken up. Many children are insecure because the perpetrator is someone they love.

The child should not be "interrogated". One should ask simple questions, such as:

"Is there something you're sad or worried about?"

"Some kids can get scared at home. What do you think scares them?"

The child should be reassured. You could say this:

"I believe you."

"I'm glad you came to me."

"I'm sorry this happened."

"It's not your fault."

"We'll do something together to get help."

### Sources

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