



MASSACHUSETTS
GENERAL HOSPITAL



TOOLKIT FOR PROVIDERS: Understanding and Responding to Gender-Based Violence Through a Trauma-Informed Lens

MGH Center for Immigrant Health and Strength & Serenity:
Global Initiative Against Gender-Based Violence



Content Warning:

This workshop discusses difficult topics including sexual violence, abuse, and mention of suicide

Responding to gender-based violence as a practitioner includes taking care of yourself

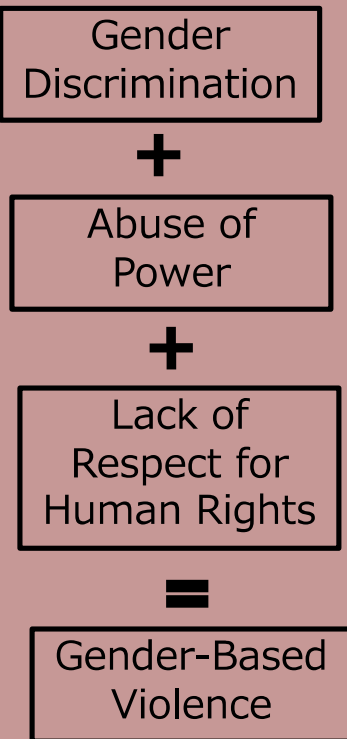
Teaching Objectives

- Introduce gender-based violence
- Discuss the intersection of gender-based violence and migration
- Describe keys for integrating trauma-informed principles into practice
- Inform responsibilities when someone discloses experience with gender-based violence
- Review multicultural guidelines and cultural humility

What is Gender-Based Violence?

Sexual and gender-based violence refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships (United Nations High Commissioner for Refugees)

Violence against women- any act of gender-based violence that results in, or is likely to result in, physical, sexual, 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 (WHO)



Types of Gender-Based Violence

Physical

- Physical assault (beating, biting, burning, kicking)
- Infanticide/femicide
- Confinement
- Slavery
- Female genital mutilation
- Deprivation of basic needs

Sexual

- Rape, marital rape
- Sexual abuse and assault
- Revenge pornography
- Reproductive coercion
- Sabotage of contraception
- Sexual harassment
- Sexual exploitation
- Trafficking

Emotional

- Verbal abuse
- Intimidation
- Forced marriage and child marriage
- Humiliation
- Manipulation
- Coercion
- Social exclusion

Groups At Risk For Gender-Based Violence

Although GBV can affect men and boys, it disproportionately afflicts women, girls and gender-diverse people

Within these groups, the risks are higher for Indigenous women and women of color, trans and non-binary people, and women who are experiencing homelessness or are underhoused

GBV and Migration

Pre-migration:

- **Organized crime**
- **Domestic abuse**
- **Economic exclusion**
- **Symbolic violence**

During migration:

- **Sexual violence**
- **Trafficking**

Post-migration:

- **Vulnerable to exploitation and coercion in the workplace**
- **Acculturation stressors increase tension & IPV**

Signs of Gender- Based Violence

Injuries inconsistent with explanation/hiding of injuries

Reluctance to speak in front of partner

Frequent missed appointments

Recurring STDs or UTIs

Early self-discharge from hospital

Suicide attempts

Repeated miscarriages, terminations, stillbirths or preterm labor

Depression, anxiety, self-harm, or psychosomatic symptoms

Non-adherence with treatment

Partner is aggressive or dominant, talks for the patient or refuses to leave the room

Responding to GBV disclosure as a non GBV-specialist

The roles and responsibilities of non-specialist actors:
What to do, What not to do

Trauma-Informed Care

- Compassionate care
- A strengths-based approach that fosters healing through safe and collaborative relationships
- Seeks to maximize physical, psychological and emotional safety in all healthcare encounters (not just those that are trauma-focused)
- Understands the prevalence and impact of trauma and the complex paths to healing and recovery
- Not accomplished through any single technique or checklist, but rather through continuous appraisal of approaches to delivery

Hopper (2009), Gerber (2020), Kelly (2015), Substance Abuse and Mental Health Services Administration (SAMHSA). Definitions. SAMHSA News. 2014;22(2).

Trauma-Informed Care: Do No Harm

- Understands that traditional service-delivery models of care may trigger, silence or disempower those who have experienced trauma which can exacerbate poor outcomes and lead to disengagement from care
- Avoid traumatization and/or re-traumatization
- Re-traumatization is often unintentional- there are some “obvious” practices that could be re-traumatizing such as certain physical exams, however, less obvious practices or situations that involve specific smells, sounds or types of interactions may cause individuals to feel re-traumatized
- Much harm can be avoided through awareness; appropriate preparation and ethical standards; and a critical, reflective stance

Hopper (2009), Gerber (2020), Kelly (2015), Substance Abuse and Mental Health Services Administration (SAMHSA). Definitions. SAMHSA News. 2014;22(2).



Trauma-Informed Services: Key Principles

Safety

Collaboration

Voice & Choice

Trustworthiness

Empowerment

Cultural, Historical
& Gender Issues

Safety



Choice



Collaboration



Trustworthiness



Empowerment



Definitions

Ensuring physical and emotional safety

Individual has choice and control

Making decisions with the individual and sharing power

Task clarity, consistency, and Interpersonal Boundaries

Prioritizing empowerment and skill building

Principles in Practice

Common areas are welcoming and privacy is respected

Individuals are provided a clear and appropriate message about their rights and responsibilities

Individuals are provided a significant role in planning and evaluating services

Respectful and professional boundaries are maintained

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

A Survivor-Centered Approach

A survivor-centered approach aims to create a *supportive environment* in which a survivor's rights are respected and in which they are treated with dignity and respect.

Helps to promote a survivor's recovery and their ability to identify and express needs and wishes, as well as to reinforce their capacity to make decisions about possible interventions.

The Importance of Language and Caution Around Labels

Victim:

Referring to people as victims can leave them feeling helpless and paralyzed

Victim label can make people feel demeaned and shamed by their experiences at a moment when the restoration of their dignity is a high priority

Survivor:

Thinking of themselves as survivors who have capacities and agency

Encourages feelings of empowerment and the ability to make choices

Calling someone a survivor can be jolting- They may not have come to terms with the fact that they have experienced violence. Prematurely increases levels of cautiousness

Person-first language

Survivor- Centered Approach

- Meeting a survivor where they are
- Transtheoretical model (stages of change)
 - Precontemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance
 - Termination
- Many survivors express goal of living violence-free: seeking changed behaviors from partner as opposed to leaving relationship
- Providing the space for survivors to reclaim their autonomy and control through final decision making

First line of support



LISTEN

Listen closely, with empathy, and without judgment



INQUIRE

Inquire about needs and concerns



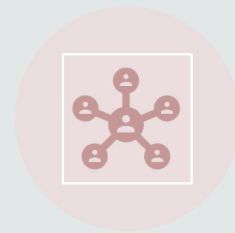
VALIDATE

Show client that you understand and believe them; assure them that they are not to blame



ENHANCE

Enhance safety; discuss a plan to protect themselves and children from further harm



SUPPORT

Help them connect to information, services, and social support

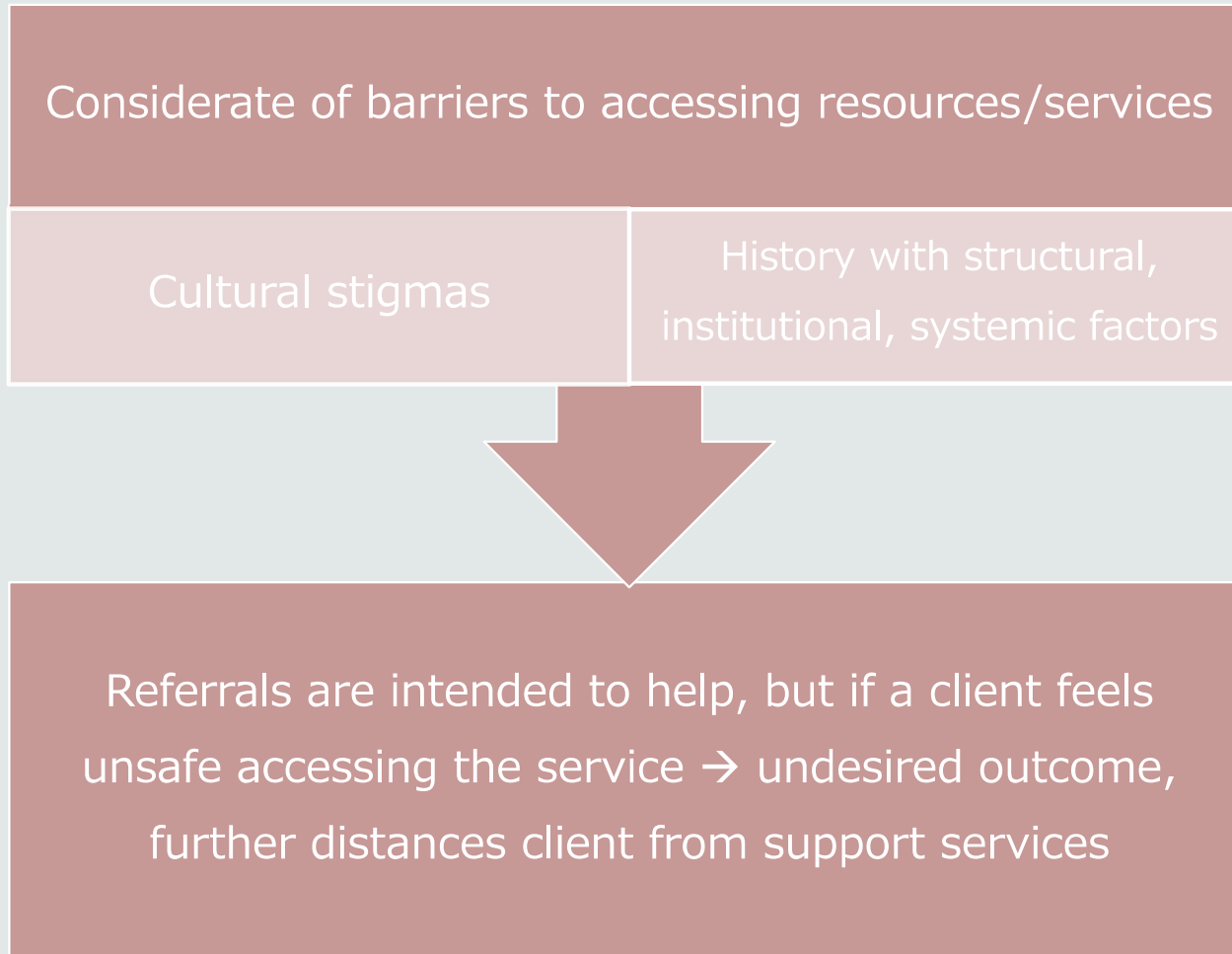
Referrals

A referral is the process by which a survivor gets in touch with professionals and/or institutions regarding their case

AND

The processes by which different professional sectors communicate and work together, in a **safe, ethical and confidential** manner, to provide the survivor with comprehensive support

Trauma-informed referrals



Why are referrals needed?

Referrals allow for a comprehensive set of services for survivors, who may have multiple complex needs

Needs	Example
Safety	Protection of children
Psychological	Coping skills
Medical	Address injury
Financial	Financial independence
Social	Social connectedness and belonging
Legal	Elicit a restraining order

One single organization cannot effectively provide these resources. Therefore, a coordinated, multi-sectoral response is necessary

Suggested Recommendations About Referrals

All personnel who engage with affected populations should have up-to-date written information about where to refer survivors for care and support

Ensure training on how to respectfully engage with survivors and provide risk reporting and/or referral information in an ethical, safe and confidential manner

Any programs that share information about reports of GBV must abide by safety and ethical standards (e.g., shared information does not reveal the identity of or pose a security risk to individual survivors, their families or the broader community)

Referrals at Massachusetts General Hospital

HAVEN offers a variety of services to help all survivors of intimate partner abuse

- For survivors:
 - Advocacy
 - Ongoing counseling
 - Safety Planning
 - Accompaniment to court or other appointments
 - Referrals to resources (within or outside of MGH)
 - Support groups
 - Educational workshops
- For healthcare providers:
 - Consults for professionals employed at MGH and others within the community
 - Trainings on all aspects of the work that HAVEN does and the dynamics of intimate partner abuse
 - Policy and protocol development within MGH



Referrals for IPV Services in The Greater Boston Area

***Center for Violence
Prevention and Recovery
at Beth Israel Deaconess
Medical Center***

Boston: (617) 667-8141

Elizabeth Stone House

Jamaica Plain/Boston:
(617) 427-9801

***Journey to Safety
(formerly Kol Isha)***

Waltham: (781) 647-5327

Portal to Hope

Malden and Lynn: (781)
306-6678

Trauma Center

Brookline: (617) 232-1303

***MGH Child Protection
Team***

Boston: pager 32728

***Victims of Violence
Program***

Cambridge: (617) 591-6360

***Asian Task Force Against
Domestic Violence***

Boston: (617) 338-2352

Casa Myrna Vasquez

Boston: (877) 785-2020 or
(617) 521-0100

DOVE, Inc.

Quincy: (617) 770-4065 and
ask for "the family advocate"

HarborCov

Chelsea: (617) 884-9799

RESPOND Inc.

Somerville: (617) 625-5996

thank you!

QUESTIONS?

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