

TIPS for Domestic Violence and Sexual Assault Advocates Working with SURVIVORS in a Medical Setting



**MARYLAND
HEALTH CARE
COALITION**

Against Domestic Violence



www.HealthandDV.org

1211 Cathedral Street • Baltimore, MD 21201
410-539-0872 or 800-492-1056 x3316

- **Introduce yourself and your role**, including your hospital, clinic or agency affiliation.
- **Be aware of body language**. Make an effort to be at eye level with each survivor when speaking together. Be compassionate and supportive in message and tone. Be honest and transparent.
- **Maintain confidentiality**. Always initially speak to survivors in private. Explain confidentiality and reporting requirements. Have release and waiver forms available. Obtain the survivor's permission before communicating with others about them (e.g., ask if survivor wants to relay messages back to others in the waiting area).
- **Help all survivors feel more grounded and supported**. Support those who may be feeling overwhelmed, dissociating, or experiencing a trauma response (e.g., provide a "grounding kit" with comforting items, tactile toys or items to squeeze or hold, or coloring books).
- **Help with safety planning**, including safety in the medical setting itself (e.g., ask survivor if their abusive partner is in the waiting area).
- **Offer appropriate referrals and resources**. Provide safe print materials and/or offer to write things out for survivors. Be accommodating of survivors with low literacy levels or communication challenges. Include resources that are culturally responsive to underserved and marginalized communities. Signal your ability to assist survivors who face racism, homophobia, transphobia, ableism, agism and other forms of discrimination.
- **Offer survivors perspective** on the differences in focus for medical staff (medical diagnosis and treatment) and advocates (providing emotional support, assisting with safety planning and resources).
- **Arrange safe follow-up contact with each survivor**.

TIPS for Domestic Violence and Sexual Assault Advocates Working with STAFF in a Medical Setting



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- Suggest ways to optimize safety, comfort, and privacy.
- Model a trauma-informed, person-centered approach for others.
- Introduce VAWA-compliant “Release of Information” forms. Be clear about limits of information sharing with medical staff.
- Advocate for adequate time to spend with patients.
- Work with medical staff to make the best use of downtime (e.g., advocate talks to patient when waiting for treatment or test results).
- Work with medical staff to better understand an individual's experience of abuse through the lens of intersectionality, acknowledging that facing racism, poverty, ableism, ageism, homophobia, transphobia and other forms of oppression affect a person's experience of trauma and access to assistance.
- Defer to medical staff attending to medical issues, while advocating for the importance of emotional support, safety planning, and resource linkage.
- When possible, work with non-medical staff (such as social workers, chaplains, and care managers) who can be helpful.
- Be direct and supportive, being careful not to adversely affect the patient/provider relationship or proper care for the patient. When disagreements with medical staff occur, advocates should ask to speak to the staff member separately from the patient and, if needed, bring issues back to leadership at a later time.

Establish regular channels of communication with staff and leadership. Be professional, direct and approachable. Assist with training. Providing helpful and effective services is the best way to be seen as an important part of the team. See [Guidance for Domestic Violence and Sexual Assault Advocates Working in a Medical Setting](#) on the Coalition's website for more detailed information and suggestions.