



Resource Type: **Education & Training**

Primary Audience: **Employers**

# **Model Hospital and Healthcare Industry Training: Improving Safety and Respect in the Workplace – Training for Supervisors**

## **Introduction**

The following is an in-person and interactive training curriculum guide for trainers who will train hospital supervisors and managers – anyone in a leadership or supervisory role in all departments – and not exclusive to nurses and doctors. This training was created specifically for a hospital-setting, with relatable scenarios that may happen for hospital staff.

Specificities related to the employer's policy have been redacted for privacy, but if you have any questions, please feel free to reach out to Futures Without Violence or the University of Maryland St. Joseph Medical Center directly.

## **Access Training Materials**

- Awareness Raising Materials (PDF – [English](#), [Spanish](#))
- Handouts ([PDF](#))

## **Considerations & Lessons Learned**

**Accountability:** Employers must already have a policy and a response protocol in place to ensure that victims are supported and perpetrators will be held accountable. In addition to the training evaluations, consider tracking other data points that would illustrate the effectiveness of this training program (i.e., the number of reports).

**Trainers:** Because it is not realistic to expect HR staff to be experts on the very sensitive topic of domestic and sexual violence, the training is intended to be delivered jointly by the hospital's HR team and an advocate from the community's local anti-domestic violence or sexual assault service provider.

**Training Delivery:** Total instructional time is 3 hours made up of 2 modules that are approximately 90 minutes each. Hospitals are busy places with staff that often have last minute changes in their schedule or cannot commit to such a long training. Consider breaking up the training into shorter parts that can be delivered over a period of time.

While it may not be possible for every organization, making these trainings mandatory instead of optional will yield the highest results.

Ensure that staff will understand the training. If English is not their first language, consider having on-site interpreters or translate the curriculum and deliver the training in that particular language.

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*Workplaces Respond provides technical assistance to workplace stakeholders seeking to better prevent and respond to domestic violence, sexual assault, stalking, and sexual harassment impacting the workplace. Scan this QR code to access the Resource Center.*

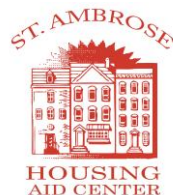


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# IMPROVING SAFETY AND RESPECT IN THE WORKPLACE: TRAINING FOR SUPERVISORS

## IN PARTNERSHIP WITH:



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## Overall Trainer Instructions

### Room Set Up Instructions

#### ***Seating:***

If at all possible, participants should be seated at tables rather than just in chairs. Avoid a classroom style (seated in rows, side by side) or lecture hall set up. These set-ups inhibit interaction among the participants.

Seat participants at round or rectangular tables (pods), each with 6-8 participants.

#### ***Materials (Flip charts, A/V, etc):***

Every module has specific materials detailed at the start of each module. Look over these requirements and make sure your team prepares those in advance so trainers can make a seamless transition between modules. The power point slides in this guide are much more detailed than the ones that the participants will see. These details are included to help you elaborate on the illustrative points on the slide.

Set up at least two flip charts, with multi-colored wide markers. If flip chart paper is not self-sticking to walls, also have masking tape available.

If participants are seated in groups (pods) of 6-8 persons, try to have one flip chart for each group at a table, to facilitate note-taking when working in small-group activities.

A LED projector, screen, computer, and presentation remote control will also be needed for the training program.

#### ***Sign-in Sheets:***

Place a sheet of paper with a pen on a table clearly designated as “sign-in” for participants to sign in as they arrive.

#### ***Total Instructional Time (Modules 1 and 2):***

3 hours (or 90-minutes per Module). Make sure you have a timer or a clock in view to help keep time and a co-facilitator that can keep time for each section.

## **Appendix: List Of Handouts**

Pre-test Evaluation

Handout 1-1 “Clara’s Story”

Handout 1-2 “Manifestations of Violence”

Handout 1-3 “Lucy’s Story”

Handout 2-1 “Responding Do’s and Don’ts”

Handout 2-2 “Responding and Reporting Flowchart”

Handout 2-3 “Employer’s Policies”

*Not included to respect the privacy of the employer this training was originally created for.*

Handout 2-4 “Resources”

Post-test Evaluation

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## Module 1 Overview



**Total Time:** 1 hour and 30 minutes or 90 minutes



### **Learning Objectives:**

Participants will be better able to:

1. Describe the dynamics underlying domestic violence, sexual assault and stalking.
2. Identify and deconstruct myths and stereotypes about victims and perpetrators of violence.
3. Explain why it is important for the hospital to address the workplace impact of violence.



### **Learning Methods:**

1. Individual exercise
2. Lecture/Presentation
3. Group discussion
4. Video clips



### **Materials Needed:**

1. Power point slides for Module 1
2. Markers and pens for participants
3. Laptop
4. Projector and screen
5. Audio system for videos
6. Flipchart or board with appropriate writing tools
7. Post it notes
8. Time-keeping cards



### **Handouts:**

1. Handout 1-1 "Clara's Story"
2. Handout 1-2 "Manifestations of Violence"
3. Handout 1-3 "Lucy's Story"



### **Video Clips:**

1. "Consent: It's Simple as Tea" (3 min)  
<https://www.youtube.com/watch?v=fGoWLWS4-kU>
2. [OPTIONAL] "Private Violence" (7 min)  
<https://www.youtube.com/watch?v=IU50HksugZk&feature=youtu.be>

## A. Introduction (Overall 8 Min) – Slide #1-1

### Trainer Instructions

#### Time Breakdown:

3 min Trainer introductions and background

3 min Participant introductions

1 min Overall training introduction and learning objectives

1 min Module 1 learning objectives

Trainers should begin by introducing themselves, explaining generally the subject matter of the training and its importance, and having participants introduce themselves, giving their names, titles and departments/units.

[Optional: Trainers refer to the post-it notes on each table, and ask participants to write down in an anonymous manner, on the post-it notes, whether they have dealt with domestic and/or sexual violence on the job, or what their greatest concern is regarding the issue. Trainers ask participants to place the post-it notes on a sheet of flip chart paper on the wall. Trainers should review the post-it note comments, and either read a few aloud, or address the concerns throughout the training.]

Talking points are provided throughout this training guide. Trainers do not have to follow the script word-for-word. These talking points are provided to give trainers a sense of the most important areas to cover. Feel free to paraphrase.

### A1. Background and Ground Rules (3 min)

#### Talking Points

- *Trainer introductions – names and jobs/organizations*
- The purpose of this training is to discuss how domestic violence, sexual assault, sexual harassment, and stalking affect us and our workplace.
- This training was developed collaboratively by University of Maryland St. Joseph's Medical Center (St. Joseph's), House of Ruth Maryland, Turnaround, Inc. (Turnaround), St. Ambrose Housing Aid Center (St. Ambrose), and Futures Without Violence (FUTURES).
- This program development was funded by the U.S. Department of Justice, Office on Violence Against Women.
- We want to create an environment that is free of violence. [Employer] looks to its supervisors to help respond to violence and support the

hospital in creating a safe, respectful, and healthy environment for all workers. Healthy, happy employees are also productive employees, and that's good for the hospital.

- This training was created specifically for supervisors from your departments/units.
- “Supervisors” includes anyone whose duties deal with the direct supervision of employees. You do not need to have the word “supervisor” in your title to be considered a supervisor in this training.
- We have a culture of care at this hospital; we take pride in doing our best for our patients, sometimes at our own expense. But we don't extend that culture of care to ourselves and our co-workers.
- Supervisors are on the front lines of communication with employees. You play an important role in both enforcing [Employer] policies, and also as role models that set good examples for all employees.
- We know these topics can be upsetting for some people. If you become distressed, please take care of yourself and feel free to step outside for a break.
- We will try to address your concerns throughout the training. This training is meant to be very interactive and have all of your active participation. If there is a question that we could not answer, we are happy to discuss your concerns with you individually afterwards.
- Lastly, while we encourage you to share your experiences with all of us here today, please be mindful about respecting peoples’ privacy and not mentioning any names or identifying factors.

## **A2. Participant Introductions (3 min)**

- Trainers ask participants to introduce themselves. Participants should state their name, title and department/unit, and anything else that the trainer thinks would be interesting for the group!
- *OPTIONAL POST-IT NOTE ACTIVITY:* Trainers refer to the post-it notes on each table, and ask participants to write down in an anonymous manner, on the post-it notes, whether they have dealt with domestic and/or sexual violence on the job, or what their greatest concern is regarding the issue. Trainers ask participants to place the post-it notes on a sheet of flip chart paper on the wall. Trainers should review the post it note comments, and either read a few aloud, or address the concerns throughout the training.

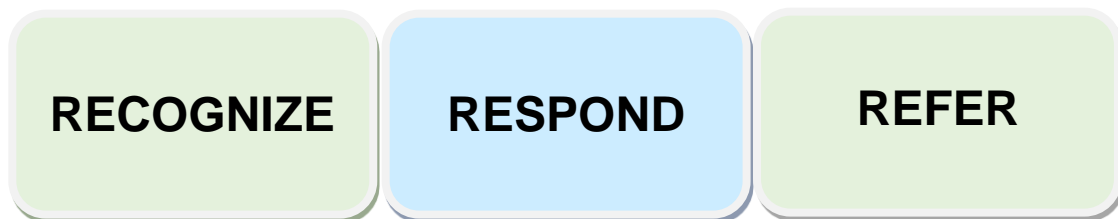
### **A3. Overall Training Introduction and Learning Objectives (1 min) – Slide #1-2 – #1-3**

As a result of the entire training program, supervisors will be better able to:

1. Describe domestic and sexual violence and stalking in all their forms.
2. Discuss why it is important to address the impact of domestic and sexual violence and stalking on the workplace.
3. Demonstrate how to recognize and respond to warning signs of violence in co-workers (either victims or perpetrators), and refer them to sources of help.
4. Use policies and procedures as a guide to preventing and responding to domestic and sexual violence and stalking.

(Next slide)

### **The 3R'S – Slide #1-4**



### **Talking Points**

- *Trainer advises that this training consists of two 90-minute Modules and that the training will be interactive and incorporate a variety of participatory activities.*
- *Trainer advises that throughout the training, they will be referring to the 3Rs to help participants understand how to prevent and respond to violence: Recognize, Respond and Refer.*
- Training 1 will focus on RECOGNIZING signs of violence. What do domestic violence, sexual violence, and stalking look like? What does it look like when it affects the workplace or happens here? How will co-workers who are survivors act? How can you recognize the signs that a co-worker is a perpetrator?
- Training 2 will focus on RESPONDING to violence: how do you help someone you work with? What do you say to them? What are you required to do under hospital policy?

- Module 2 will also focus on the third R, REFERRING people to expert help in the hospital or in the community.

#### **A4. Module 1 Learning Objectives (1 min) – Slide #1-5-1-6**

##### **Talking Points**

- *Trainer advises participants to keep the overall training learning objectives in mind as they move into the first Module.*
- Here is what we are specifically going to cover in today's training.

(Next slide)

As a result of this training day, you will be better able to:

1. Describe the dynamics underlying domestic violence, sexual assault and stalking.
2. Identify and deconstruct myths and stereotypes about victims and perpetrators of violence.
3. Explain why it is important for the hospital to address the workplace impact of violence.

## **B. Exercise: Secrets (Overall 5 Min) – Slide #1-7**

### **Trainer Instructions**

#### **Time Breakdown:**

2 min: Instructions and passing out paper and pens

3 min: Writing down secrets and discussion of questions

This exercise is designed to help participants empathize with victims of sexual or domestic violence and their reluctance to disclose the violence due to shame or fear. Victims may be isolated from supports and unable to seek help due to risk of greater harm.

Pass out pieces of paper (or post it notes) and pens.

## **B1. Instructions and Exercise (5 min) – Slide #1-8**

### **Talking Points:**

- *Trainer asks participants to think of a secret that no one knows. Once they have identified this secret, Trainer instructs participants to write the secret down on a piece of paper and put it in their pocket.*
- *Trainer asks participants to indicate if they would ever tell anyone this secret by a show of hands (raise hands if the answer is yes).*
- *Trainer then asks for volunteers to answer the following questions, without revealing the details of their secrets:*

### **Discussion Questions:**

1. Why don't you want others to know this secret? What are you afraid of?
2. What might happen if others found out about your secret?

### **Learning Points**

- Victims of domestic and sexual violence carry the fact of the violence and its impacts as a secret.
- Victims' reluctance to disclose the violence can be due to shame or fear - fear of being judged by co-workers and friends, and fear for their safety.
- Victims may be isolated from supports and unable to seek help due to risk of greater harm.
- Victims/survivors keep their secrets for the same reasons that the group expressed, in addition to the ones listed.

- "We" are no different from "them."

## C. Recognizing And Understanding Violence (Overall 34 Min) – Slide #1-9

### Trainer Instructions

#### Time Breakdown:

2 min Explaining prevalence through statistics  
3 min Domestic Violence Exercise: "Clara's Story"  
8 min Large Group Discussion and Mini-Lecture  
5 min Sexual Violence Exercise: "Lucy's Story"  
10 min Large Group Discussion on Consent Video and Mini-Lecture  
5 min Stalking Large Group Discussion & Mini-Lecture  
1 min Conclusion

#### Handouts:

1-1 "Clara's Story"  
1-2 "Manifestations of Violence"  
1-2 "Lucy's Story"

#### Video:

"Consent: As Simple as Tea"

<https://www.youtube.com/watch?v=fGoWLWS4-kU>

These exercises and discussions are designed to help participants identify and understand how domestic violence, sexual violence, sexual harassment, and stalking can manifest, either inside or outside the workplace. Trainer should solicit answers to the questions from the audience and write them on the flip chart. Cover the learning points in the large group discussion about the answers to the questions.

Trainer should ensure that the focus of each form of violence focuses on dynamics of power and control rather than just physical violence.

## C1. Prevalence Of Domestic Violence, Stalking And Sexual Assault (2 Min) – Slide #1-10 – #1-12

### Talking Points:

- *Introduce that trainers will provide basic statistics about violence to provide a foundation for participants. Trainer explains that domestic violence, sexual assault and stalking are major problems at a national level and share some stats specific to your locality.*



- One in 4 women has been the victim of severe physical violence by an intimate partner, while 1 in 7 men has experienced the same. (CDC, NISVS 2011)
- Nearly 1 in 5 women (18%) and 1 in 71 men (1%) have been raped in their lifetime. (CDC, NISVS 2011)
- One in 6 women (16%) has been stalked during their lifetime, as has 1 in 19 men (5%). (CDC, NISVS 2011)

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- A 2005 phone survey of 1,200 full-time American employees found that 44 percent of full-time employed adults personally experienced domestic violence's effect in their workplaces, and 21 percent identified themselves as victims of intimate partner violence. (CAEPV National Benchmark Telephone Survey 2005)
- In 2013, there were 16,817 domestic violence cases reported statewide in Maryland. This includes 6,475 reported incidences in Baltimore County and 3,383 incidences in Baltimore city. Many of these calls are repeat calls for service. (Crime in Maryland: 2013 Uniform Crime Report)
- In 2013, there were over 425 sexual assaults reported in these two jurisdictions.

(Next slide)

- Nationally, an estimated 70% of sexual assault crimes are perpetrated by someone known to the victim (U.S. Dept. of Justice, 2005 National Crime Victimization Study, 2005), which can complicate both reporting and safety.
- The behaviors and actions making us domestic violence, sexual violence, and stalking are connected. They exist on a continuum, and start to escalate and lead to one another, or happen at the same time, as we'll see today.

## **C2. What Is Domestic Violence? (11 min) – Slide #1-13 & Handout 1-1**

### **C2.1 Individual Activity – Clara's Story (3 min) – Slide #1-14**

- *Trainer distributes **Handout 1-1** "Clara's Story."*

- *Trainer advises participants to take 3 minutes and read the fact pattern. While reading, participants should circle factors which concern them or are red flags.*

*“Clara’s Story”*

*Clara and her husband Elias are both employees at the same hospital. Elias works as a Radiation Technician and Clara works as an assistant in Transport.*

*Recently, coworkers have noticed that Clara is often late or absent from work. When she does show up, she is distracted and often misses calls or is late completing her work. Clara’s behavior has also changed in the last several months. She is very jumpy at work and appears fearful when startled or caught off guard. Coworkers note that she has started wearing more make-up and long-sleeves, even in the summer months.*

*Despite working in another unit, Elias often appears at Clara’s desk several times a day. He drops her off every morning, meets her for lunch every day, and picks her up at the same time every evening. Clara appears anxious at the end of the day.*

## **C2.2 Domestic Violence – Large Group Discussion and Mini Lecture (8 min)**

- *Trainer asks participants to identify concerning behaviors from the fact pattern and writes them on the flip chart.*

**Possible responses:**

- Clara’s change in demeanor
- Clara’s change in attendance/attentiveness
- Clara’s change in appearance
- Elias is controlling Clara’s schedule
- Elias ' constant presence
- Possible physical abuse indicated by makeup and long sleeves

After 2 minutes, Trainer provides a working definition of domestic violence:

### **C2.2.1 Definition of Domestic Violence – Slide #1-15 & Handout 1-2**

- Domestic violence is a pattern of behaviors

- One person exerts power and control over another person or persons.
- Domestic violence can occur between people with these kinds of relationships:
  - Spouse
  - Dating relationship
  - Former Partners
  - Have a child in common
  - Parent-child (both are adults)

### Talking Points:

- Domestic violence is a pattern of coercive behavior, including acts or threatened acts, that is used by a perpetrator to gain power and control over a current or former spouse, family member, intimate partner, or person with whom the perpetrator shares a child in common.
- Domestic violence is not just *physical*; can also include emotional, psychological, economic, and/or sexual violence.
- *Trainer Distributes **Handout 1-2 “Manifestations of Violence.”***
- *Trainer asks participants to provide specific examples of each manifestation of violence, and examples in the exercise, and writes them on a flip chart. Trainer should then show the corresponding slide and add any examples if necessary (don't go through every one).*

### Examples Of Physical Violence – Slide #1-16

- Hitting, kicking, punching, slapping, scratching, physical harm of any kind or threatening to exert physical harm.
- Throwing objects or use of weapons.
- Strangulation
- Preventing medical or mental health care
- Threatening to kill, or hurt victim or a loved one
- Property damage: Breaks walls, windows, personal items

### Examples Of Emotional Violence – Slide #1-17

- Putting the person down
- Making person feel bad about themselves
- Name calling
- Making person think they are crazy
- Making person feel like they are walking on egg shells
- Making them feel guilty
- Threatening a person and/or their loved ones
- Threats of suicide or self-harm
- Threats of taking away children, or using children to send messages
- Isolation – controlling what she does, who she sees, where she goes, using jealousy as a justification
- Male privilege: treating her like a maid
- Harasses and stalks victim at work, school, or public places

### **Examples Of Economic Control – Slide #1-18**

- Preventing victim from getting or keeping a job
- Preventing victim from going to school or becoming independent
- Control over their finances or access to finances
- Giving victim an allowance
- Making all big/important decisions
- Property damage: Breaks walls, windows, personal items, harm to pets

### **C3. What Are Sexual Harassment and Assault? (15 min) – Slide #1-19 & Handout 1-3**

#### **C3.1 Lucy's Story (5 min) – Slide #1-20**

#### **Talking Points:**

- We've looked at domestic violence, now we're going to examine another form of violence that affects the workplace.

- Trainer distributes **Handout 1-3 “Lucy’s Story.”**
- Trainer advises participants to take 5 minutes to read the fact pattern and answer the discussion questions with people at their table.

*“Lucy’s Story”*

*Lucy is new to the hospital, working as an ED Registration Representative. During her first month on the job, Lee, a surgery technician, would frequently appear near her to compliment her on her appearance. Once Lee showed her obscene pictures of a porn star that Lee claimed looked like Lucy. Lucy did not say anything or report Lee’s behavior because she was new and on her probationary period. A month later, Lucy and a co-worker were chatting when Lee stopped to talk to them. Lee engaged in a graphic discussion of female body parts, including those of an underage patient. Several weeks later, Lee followed Lucy into a supply closet, turned off the light and closed the door. Lee pinned Lucy against the wall, groped her chest and tried to kiss her. Lee blocked her path for several minutes when she tried to get away.*

**Discussion questions:**

1. Did you see any examples of behavior that you think are problematic?
2. What could Lucy do in this situation?

**C3.2 Large Group Discussion and Mini Lecture (10 min) – Slide #1-21**

**Discussion questions:**

1. Did you see any examples of behavior that you think are problematic?

**Possible responses:**

- Showing Lucy obscene pictures and indicating the person looked like Lucy
- graphic discussion of female anatomy
- following Lucy
- Unwanted sexual contact
- Prevention from leaving the closet

- Physical proximity to Lucy
- Comments on her appearance
- Risk of loss of employment as Lucy was on “probation” harassment occurred
- Discussion of underage females

### **C3.2.1. Definition of Sexual Violence – Slide #1-22**

- We're going to use the term "sexual violence" to refer to a range of behavior.
- Sexual violence is a collective term for a broad range of behaviors, including sexual harassment, coerced acts, unwanted touching, sexual assault and rape, perpetrated against someone's will or consent. Not everything that is sexual violence is considered a crime, however.
- Let's take a look at some of those terms individually and understand them.
- *Refer participants back to Handout 1-2 “Manifestations of Violence”*

### **Sexual Harassment – Slide #1-23**

- Sexual harassment is a form of sex discrimination that happens in the workplace.
- It is unwelcome
- It can be verbal, physical, and can include sexual assault and rape.
- Harassment affects an individual's employment, interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.
- Perpetrator may be a stranger; but it is more common for a victim to be harassed or assaulted by someone they know. Perpetrator can be any person such as a partner, family member, co-worker, acquaintance.

### **Talking Points:**

- What do we mean by the term sexual harassment?

- Sexual harassment in the workplace includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

### **Examples Of Sexual Harassment - Slide #1-24**

- Gestures, heckling, staring, whistling, unwanted flirtations, sexually charged jokes.
- Leering, unwanted comments or jokes about someone's appearance, body, sexual prowess, or sexual deficiencies.
- Promotions or improvement of working conditions in exchange for sexual favors.
- Harassment, false rumors, or defamation of character if victim doesn't respond to attention.
- Following employee in the work area
- Unwanted conduct or comments consistently targeted because of an individual's sex, even if the content is not sexual
- Any retaliation against another person for reporting or stating intent to report sexual harassment.

### **Talking Points:**

- What are some examples of sexual harassment from Lucy's story?

#### ***Possible responses:***

- Physical proximity to Lucy
- Comments on her appearance
- Showing Lucy porn
- Risk of loss of employment as Lucy was on "probation" harassment occurred
- Discussion of female body parts
- Discussion of underage females
- Unwanted sexual contact

- Prevention from leaving the closest

### **Sexual Assault – Slide #1-25**

- Sexual assault is a crime. It is any unwanted or forced sexual act and includes:
  - Rape and attempted rape
  - Unwanted touching or groping
  - Sexual harassment
  - Unwanted showing of private parts
  - Sexual exploitation
  - Child sexual abuse
  - Incest
  - Sexually obscene communications (in person, by phone, texting, email or social networking)

### **Talking Points:**

- Now let's talk about sexual assault.
- In Maryland, rape is still defined as vaginal intercourse, with force or threat of force, and without consent. Other sexual assaults are considered sex offenses, from first to fourth degree.
- This definition ignores rape perpetrated on men or rape perpetrated by items or parts of the body other than the penis.
- Language matters: regardless of the law, use the terms the victim is using.

### **C3.2.2 Consent Video – Slide #1-26 – #1-27**

### **Talking Points**

- Who knows what consent is? *Solicit answers from participants.*
- We're going to watch this 3-minute video that explains what consent means and how to tell if someone consents.
- *Play the video "Consent: It's Simple as Tea" (3 min)*  
<https://www.youtube.com/watch?v=fGoWLWS4-kU>
- Consent is clearly communicated by a yes, never does the absence of "No" mean yes.



- Consent cannot be given by someone who is unconscious, incapacitated due to drugs or alcohol, under the age of consent (16 in MD), or mentally or physically unable to resist or communicate unwillingness.
- In MD, persons between 14-16 years of age may consent to sex as long as the other partner is not more than 4 years older.

(Next slide)

- What could Lucy do in this situation?

**Possible responses:**

- Tell a supervisor
- tell a co-worker
- call the police
- call a community organization like Turnaround or House of Ruth

**NOTE:** We're going to talk more about this in the next training, and what you would say to Lucy is she asked you for help.

#### **C4. What is Stalking? Large Group Discussion and Mini-Lecture (5 min) – Slide #1-29 – #1-30**

##### **Talking Points**

- We've talked about domestic violence, sexual harassment, and sexual assault.
- Now we're going to focus on another form of violence that is connected to and frequently co-occurs with them.
- *Trainer uses the following questions to guide the large group discussion, and asks for volunteers to provide answers.*

##### **Discussion questions:**

1. Does anyone know what "stalking" means?

**NOTE:** *Trainer asks for a show of hands if yes*

2. What are some examples of stalking behavior?

**NOTE:** *Trainer should write responses on the flip chart. Then show the corresponding slide, and refer to a few examples but not all.*

##### **C4.1 Examples of Stalking – Slide #1-29**

- Approaching or following a victim or their family/friends/love interest
- Sending victim unwanted items, including gifts/flowers
- Repeatedly contacting victim in text, emails, or phone calls
- Breaking into a person's home/vehicle
- Forcing contact with victim
- Appearing at the victim's home, work, and school, while they are shopping or in a restaurant, etc.

3. What are examples of stalking in either Lucy's or Clara's story?

***Possible responses:***

- Elias was coming by Clara's desk a lot, dropping her off, meeting her for lunch, and picking her up every day.
- Lee would show up near Lucy frequently
- Lee followed Lucy into the closet

4. Suppose that Lee was fired for sexually harassing Lucy. He then began emailing her incessantly and leaving notes on her car. He asked coworkers about her activities and whether her schedule had changed. Lucy reports to her coworker that she is embarrassed to report this as she fears she may have led him on. **Is this stalking behavior?**

***Possible responses:***

- Yes

#### **C4.2 Definition of Stalking – Slide #1-30**

- Stalking is harassing, unwanted and/ or threatening behavior that causes the victim to fear for his/her safety or the safety of a family member, or would cause a reasonable person in a similar situation to fear for his or her safety.
- Stalking is a way to assert power and control over another person.
- Perpetrator can be intimate partner, family, acquaintance, coworker, dating, customer, client, or stranger
- Stalking behaviors may be isolated, but are often correlated to sexual assault and domestic violence perpetration.

- Stalkers often follow or harass their victims before perpetrating other forms of violence, or as they perpetrate, as we saw with Clara and Lucy.
- Use of technology: cyber stalking on social media, GPS units on vehicles, tracking devices on cell phones

#### **C5. Concluding Learning Points (1 min) – Slide #1-31**

- *Trainer concludes this section and reminds participants to make notes of any unanswered questions so that these can be addressed after the training.*

#### **Learning Points**

Domestic violence, sexual harassment and assault stalking are prevalent in the US and in Maryland.

- Domestic violence is not just physical; it encompasses a range of behaviors whereby one person exerts power and control over another.
- There is a whole spectrum of behavior that is considered "sexual violence"; some of it is actionable under the law and some of it is not. But the key is that these actions are imposed against someone's will or consent.
- Stalking frequently precedes, or happens at the same time as domestic and sexual violence, and is one of the most common forms of violence at work.

## **D. Identify and Deconstruct Myths And Stereotypes About Victims And Perpetrators Of Violence (Overall 25 Min) – Slide #1-32**

### **Trainer Instructions**

#### **Time Breakdown**

4 min Idea Generation: Who are Victims and Perpetrators?

6 min Who are Victims?

4 min Who are Perpetrators?

10 min Common Beliefs and the Real Facts about Victims Group exercise OR "Private Violence" clip (7 min)

1 min Conclusion

#### **Optional Video**

Private Violence:

<https://www.youtube.com/watch?v=IU50HksugZk&feature=youtu.be>

This section will review characteristics of, and red flags for identifying, victims and perpetrators. It concludes with a review of some common myths about victims and violence, including the role of culture.

Throughout this section, Trainers will first ask a question and obtain a few responses. One Trainer writes them down on the flip chart, while another Trainer facilitates a brief discussion by soliciting other participants' thoughts, before reviewing the learning points on the power point slide.

### **D1. Idea Generation: Who Are Victims And Perpetrators? (4 min)**

#### **Talking Points**

- Can anyone identify stereotypes about victims of violence?
- *One Trainer should facilitate the conversation and another Trainer records the responses on the flip chart. Trainer removes those sheets and places them on the wall.*
- Can anyone identify stereotypes about perpetrators of violence?
- *One Trainer should facilitate the conversation and another Trainer records the responses on the flip chart. Trainer removes those sheets and places them on the wall.*
- *Discuss why those stereotypes are not true.*
- Stereotypes are just that.

- Both victims and perpetrators of violence may present in ways that do not conform in any way to these stereotypes.

## **D2. Who Are Victims? (6 min)**

### **Trainer Instructions**

#### **Time Breakdown**

- 1 min Anyone can be a victim
- 3 min Signs of victimization
- 2 min Vulnerability to victimization

Trainer leads a discussion about myths and facts about victims of violence. Record responses on the flip chart.

### **D2.1 Anyone Can Be A Victim (1 min)**

#### **Discussion Question – Slide #1-33**

Who can be a victim of domestic violence, sexual harassment, sexual assault or stalking?

#### **Victims – Slide #1-34**

- Anyone can experience victimization.

### **D2.2 Signs Of Victimization (3 min)**

#### **Discussion Question – Slide #1-35**

What are some of the signs that someone could be a victim?

#### **Victimization – Slide #1-36**

- Changes in personality

#### **Examples:**

- Fear of conflict
- Self-blame for problems at home
- Stress related problems
- Quiet and/or passive if they are not usually like that
- Fearful, withdrawn, quiet, depressed, crying, lethargic
- Anxiety about getting home late
- Talking about a “friend” being abused
- Avoids taking phone calls from spouse/partner

- Depression/anxiety/stress
- Avoids eye contact
- Low self-esteem
- Uncontrollable crying, sadness, hopelessness
- Suicidal thoughts/attempts
- Drug/alcohol/prescription drug abuse;
- Unexplained trauma/Injury
  - **Examples:** Scrapes, bruises, cuts, and fractures; Arm, body, head scrapes and bruises; Broken teeth, nose, busted lips; Miscarriage; Swelling, welts; Burn marks; Repeated injuries; Attempts to conceal with makeup or long sleeves; Implausible or questionable explanations for how they occurred.
- Medical complaints/conditions
  - **Examples:** Headaches/migraines; Neck, chest, body pain/aches; Pelvis pain; painful sexual intercourse/vaginal pain; Miscarriage
- Uncharacteristic work-related problems
  - **Examples:** Excessive absences from work and/or school; Receives excessive phone calls or interruptions at work; Arrives late to work; Conversations where he/she is crying, angry, fearful or anxious; Poor concentration; Makes mistakes

## **D2.3 Vulnerability (2 min)**

### **Discussion Question – Slide #1-37**

What situations can increase a person's vulnerability for these types of violence?

### **Vulnerability – Slide #1-38**

- Someone having power/authority over the person
  - A supervisor might harass or assault someone they manage, because they know the employee is afraid of getting fired or demoted if they refuse or complain

- Immigration Status
  - Many immigrant women come from a country where violence may be tolerated. These types of cultures tend to blame the women that they have provoked the violence and causes them to be ashamed.
  - Language barriers many times prevent immigrants from communicating about the violence
- Low Income/Poverty
  - Individuals with low incomes are more likely to be exposed to violence and harassment.
  - Fear of losing financial stability/job
  - Lack of resources such as housing, food, and daily essentials
- Past Abuse/Harassment history
  - History of being involved in abusive relationships
  - Being exposed to abuse or sexual assault as a child
- Individuals with disabilities, illness, and mental illness are also vulnerable.

### **D3. Who Are Perpetrators? (4 min)**

#### **Trainer Instructions**

Trainer leads a discussion of myths and facts about perpetrators of violence. Record responses on the flip chart.

#### **D3.1 Anyone Can Be A Perpetrator**

#### **Discussion Question – Slide #1-39**

Who can be perpetrators of domestic violence, sexual violence or stalking?

#### **Perpetrators – Slide #1-40**

- Like victims, perpetrators come from all walks of life.
- They can be of any age, sex, education level, ethnicity, or income status
- Most victims of violence are women, and most perpetrators are men.

- However, men can be violent to other men and women can be violent towards both men and women.
- They are often well regarded and well liked in the workplace and/or community

### **D3.2 Signs that Someone Might Be a Perpetrator**

#### **Discussion Question – Slide #1-41**

What are some of signs that an employee might be a perpetrator?

#### **Perpetrator Signs – Slide #1-42**

- Anyone can be a perpetrator, so there isn't a definitive sign.
- However, you may observe or receive reports of certain kinds of behavior at work, such as:
  - declines in performance
  - missing work with unexplained absences
  - using work time and work resources (such as phones, computers, email) to harass or threaten someone.

### **D4. Common Beliefs And The Real Facts About Victims (10 min) – Slide #1-43**

#### **Trainer Instructions**

Conduct the group exercise

**OR**

Show the "Private Violence" Clip, with discussion of each using the "Beliefs and Facts" below.

**OPTION 1** Group exercise: Have someone volunteer and come to the front (they won't have to do anything, but ask if they are okay if people touch them). Then ask the group to share their thoughts on why someone might stay, or find it hard to leave. As each person shares an idea, ask them to come up and place a hand on the individual's shoulder.

**OPTION 2** Show the "Private Violence" clip, which features survivors of violence discussing their experiences and why they stayed in violence situations. Ask participants to identify some of the issues the victims in the clip address.

When a participant identifies one of the beliefs below, address the facts listed below it.



#### **D4.1 Group Exercise (5 min)**

##### **Talking Points:**

- *Have someone volunteer and come to the front (they won't have to do anything, but ask if they are okay if people touch them).*
- *Then ask the group to share their thoughts on why someone might stay, or find it hard to leave.*
- *People will share things like fear, want to keep family together, not a bad father/mother, money worries, fears of being homeless, family disapproval, cultural issues, etc.*
- *As each person shares an idea, ask them to come up and put a hand on the individual's shoulder, or back.*
- *One by one people come forward until you cannot see the individual at the center anymore, but you can see all of these barriers to leaving.*

#### **D4.2 "Private Violence" Clip (7 min)**

- *Cue up and play the clip from the film "Private Violence", which is seven minutes long.*
- *It features survivors of domestic violence discussing why they stayed with their abusers.*

#### **D4.3 Common Beliefs and Facts**

##### **Victim's Fault – Slide #1-44**

###### ***Belief:***

- Victim is to blame for violence or harassment
- Victim's attitude/life style/actions/personality provoke violence

###### ***Facts:***

- A victim's past or present actions, sexual activity, sexual preference, behavior, drug/alcohol use or dress in no way justify violence or harassment. No victim can be blamed for violence used against her or him.
- A perpetrator is always responsible for violence they carry out.
- The victim is NEVER responsible.

- Victim-blaming and how victims also buy into these messages. Victims often buy in to cultural messages, especially if reinforced or delivered by family or cultural leaders, and may express feelings of self-blame.

**NOTE:** Think back to the "Secrets" exercise we did earlier. What is driving your fear or reluctance to share the secret? What if someone blamed you for it? How would that make you feel?

### **Physical vs. Other Forms Of Violence – Slide #1-45**

#### ***Belief:***

- Violence is only physical

#### ***Facts:***

- Briefly refer to previous discussion of domestic and sexual violence
- Acknowledge that physical violence is sometimes easier to detect
- But violence is more than just physical; it takes many other forms such as Emotional, Verbal, Psychological, and Financial. In such cases, sometimes a report of violence may not result in legal charges or a protective order.

### **Staying In A Dangerous Situation – Slide #1-46**

#### ***Belief:***

- Victims are selfish and don't care about the well-being of their children, otherwise they would leave.

#### ***Facts:***

- Victims many times out of fear (or because they don't have other options, like a place to live, or child care, or money) will stay in a violent relationship/situation
- Perpetrators use manipulation and threats to create fear in victims
- Many victims believe that as long as s/he is the only one being physically/sexually abused his/her children are not affected.
- Victims may fear losing their children to perpetrator.
- Victim is financially insecure and in danger of becoming homeless with their children.

### **Culture Is Not A Justification – Slide #1-47**

#### ***Belief:***

- Domestic and sexual violence are ok if accepted culturally and some cultures condone them.

***Facts:***

- Culture is not a justification or excuse for violence
- Important to challenge and change cultural norms that accept and justify use of violence. Every culture has some forces that condone and some that condemn violence.
- For instance, what are some forces in the United States that condone violence? (elicit examples from participants)
- Attitude of "minding one's business" or "looking the other way" must change
- Men and boys are very important for changing this attitude because men listen to other men

**D5. Concluding Learning Points (1 min) – Slide #1-48**

**Talking Points:**

- Anyone can be a victim of violence or harassment.
- Anyone can be a perpetrator, and men can harass men, women can abuse women, etc.
- People harm or harass others because the victims/targets are vulnerable for some reason, and the perpetrators want to control or take advantage of them. Certain conditions make some persons more vulnerable than others to violence or harassment.

## E. Why It Is Important For The Hospital To Address The Workplace Impact Of Violence (Overall 16 Min) – Slide #1-49

### Trainer Instructions

#### Time Breakdown

2 min Introduction and Talking Points

5 min Large Group Idea Generation and Discussion

8 min Mini-Lecture

1 min Conclusion

Trainer asks "why are we here today?" and states that they will focus on why this important to [Employer] and to their particular unit.

### E1. Introduction to Impact on Workplace (2 min)

#### Talking Points

- *Trainer introduces this section by indicating that [Employer] wants to create an environment that is safe and free of violence.*
- We know that some of our patients experience sexual assault or domestic violence. We all take pride in working hard, sometimes at our own expense, to take care of our patients and give them the best possible care.
- But violence is happening to hospital employees as well.
- We also know that hospital employees are not just victims of violence, but perpetrators as well.
- We need to extend the hospital's culture of care beyond patients, to employees, and look out for each other. You spend a lot of time with your co-workers, and you probably notice when something is going on with them.
- [Employer] is looking to you to help recognize and respond to violence. You have a lot of influence over your co-workers and can role model good behavior.
- Lack of response by a supervisor models an ineffective response, and tells other workers that the hospital does not take violence seriously or punish those who commit it.

- You can support the hospital in creating a safe, respectful, and healthy environment for all workers. This will help keep everyone safe and help the hospital financially.
- We're going to help you understand these situations, and figure out what to say and do.

## **E2. Impact on Workplace - Large Group Idea Generation and Discussion (5 min)**

### **Talking Points**

- *Trainer asks participants to come up with a list of ways that domestic violence, sexual assault, sexual harassment and stalking could have an impact on [Employer] and this work environment.*
- *Trainer records the responses on the flip chart.*
- *Make sure to explore the impacts not just on victim-employees, but also co-workers, perpetrator-employees, and the hospital as a company.*

## **E3. Impact on Workplace – Mini Lecture (8 min)**

### **Talking Points**

- Healthy, happy workers are also productive workers, and that's good for the company.
- This training is a way to help keep the hospital prevent negative consequences, such as liability, losses re productivity, and harm of public image.
- Trainer can mention a few of these national statistics:

### **E3.1 Financial Impact – Slide #1-50**

- The Centers for Disease Control and Prevention estimates that the cost of intimate partner rape, physical assault and stalking totaled \$8.3 billion annually in 2003 dollars. This includes costs of direct medical and mental health care services and lost productivity from paid work and household chores.
- A 2005 study using data from a national telephone survey of 8,000 women about their experiences with violence found that women experiencing physical intimate partner violence victimization reported an average of 7.2 days of work-related lost productivity and 33.9 days

in productivity losses associated with household chores, child care, school, volunteer activities, and social/recreational activities.

- According to the National Institute of Justice, rape costs our country more than any other crime, followed by assault (\$93 billion); murder (\$71 billion); and drunk driving, including fatalities (\$61 billion).

### **E3.2 Impact on Victims/Survivors – Victim Safety – Slide #1-51**

#### **Talking Points**

- As we discussed, with the two hospital employees, the most important impact on victims/survivors is their immediate safety.
- While both of these incidents occurred away from the workplace, a workplace becomes an easy target for violence because the perpetrator can readily locate or access an intended victim.
- *Trainer can mention a few national statistics:*
  - In one study, over 51% of stalking victims indicated that it had occurred at least once on work premises. (Reeves & O'Leary-Kelly, 2009).
  - In a US study, three-fourths of women suffering domestic violence were harmed or harassed at their workplace by abusive spouses or partners, either on the phone or in person. (ILO)
  - Nearly 33% of women killed in US workplaces between 2003 and 2008 were killed by a current or former intimate partner. (Tiesman 2012).
  - Women are much more likely than men to be victims of on-the-job intimate partner homicide. Spouses, boyfriends/girlfriends and ex-boyfriends/ex-girlfriends were responsible for the on-the-job deaths of 321 women and 38 men from 1997-2009. (US Dept. of Labor, Bureau of Labor Statistics 2010).
  - The United States Department of Justice estimates that eight percent of rapes occur while the victim is working. (US Dept. of Justice, Bureau of Justice Statistics 2001).
  - Injury to other coworkers may occur (intentional or while they are trying to help).

### **E3.3 Impact on Victims/Survivors – Lost Time/Performance Issues – Slide #1-52**

## Talking Points

- In the next section, we will talk about some of the emotional and mental health impacts of violence.
- Violence can lead to missed work, coming in late/leaving early, poor performance at work and being fired.
- *Trainer can mention a few national statistics:*
  - About 130,000 victims of stalking (about 5% of employed victims) in a 12-month period, from 2005 to 2006, reported that they were fired or asked to leave their jobs because of stalking.
  - About one in eight employed stalking victims lost time from work because of fear for their safety or because they needed to get a restraining order or testify in court. More than half these victims lost five days or more of work.
  - Of 79% of stalking victims who had a job, one in eight lost time from work. More than half the victims surveyed lost five or more days from work.
  - In 2000, 36% of rape/sexual assault victims lost more than 10 days of work after their victimization.(BJS 2009)

## E3.4 Impact on Perpetrators – Slide #1-53

- Employees who are perpetrators also have an impact on the workplace.
- Perpetrators may miss work, come in late, use work time/resources to further harass, threaten or perpetrate violence, and cause workplace accidents.

## E4. Concluding Learning Points (1 min) – Slide #1-54

- Employers must take proper measures to prevent domestic and sexual violence and stalking in their workplace.
- Victims might miss work, have problems concentrating, medical problems, or be harassed or threatened at work
- Physical and psychological problems create safety hazard for everyone, especially if operating machinery or working in a dangerous setting.

- We are looking to change the hospital culture to a culture of caring, that includes staff care and self-care
- *Trainer concludes this section by connecting our duty to care for our coworkers to the duty of care we have for our patients.*
- *Trainer reminds participants to make notes of any unanswered questions so that these can be addressed after the training.*



## **F. Module Conclusion (Overall 2 Min) – Slide #1-55**

### **Overall Learning Points**

- In this training, we learned to RECOGNIZE the different forms of violence and how they impact the workplace.
- Violence is not just physical, and it's not just about sexual desire. It's about the desire to exercise power and control over another person.
- Violence can be emotional (telling someone they are worthless, treating them as a sex object, humiliation), psychological (threatening to harm friends or family, threats to immigration status), economic (threatening to fire someone or transfer them to another crew or give them a different, worse duties etc.)
- Anyone can be a victim of violence.
- Anyone can be a perpetrator, and men can harass men, women can abuse women, etc.
- People harm or harass others because the victims/targets are vulnerable for some reason, and the perpetrators want to control or take advantage of them. Certain conditions make some persons more vulnerable than others to violence or harassment.
- We must adopt an approach free of judgment and recognize why victims do the things they do (taking into consideration the impact of isolation, shame, stigma, etc.). Remember the "Secrets" exercise. When you leave the room today, you have a choice what to do with your secret in your pocket: tear it up, share it, throw it away. We want to extend that same choice to our co-workers who are victims.
- This issue is important to [Employer] as we want to create an environment that is free of violence, safe, respectful, and healthy environment for all workers.
- DV/SA/stalking touches many in our community, both directly and impacting others in our lives.
- In our next training, we will discuss how to RESPOND to violence in the workplace and REFER to appropriate resources.

## Module 2 Overview



**Total Time:** 1 hour and 30 minutes or 90 minutes



### **Learning Objectives:**

Participants will be better able to:

1. Respond to a co-worker when seeing or hearing about violence.
2. Utilize workplace and community resources to assist co-workers.
3. Report to the right person when seeing or hearing about violence by any person against another person.
4. Apply relevant policies and procedures to warning signs or incidents of violence.



### **Learning Methods:**

1. Lecture/Presentation
2. Small and Large Group Discussion
3. Video Clip



### **Materials Needed:**

1. Power point slides for Module 2
2. Laptop
3. Projector and screen
4. Speakers
5. Flipchart or board with appropriate writing tools



### **Handouts:**

1. Handout 2-1. "Responding Do's and Don'ts"
2. Handout 2-2. "Responding and Reporting Flowchart"
3. Handout 2-3. "[Employer] Policies"
4. Handout 2-4. "Resources"



### **Video Clips:**

1. Ohio Domestic Violence Network, "How to Talk to an Employee Who Perpetrates Domestic or Sexual Violence" (3 min): <https://www.youtube.com/watch?v=IUFdmYiniSw>

## **A. Introductions And Learning Objectives (Overall 4 Min) – Slide #2-1-Slide #2-3**

### **Trainer Instructions**

#### **Time Breakdown**

2 min: Participant introductions

1 min: Review and Overview

1 min: Module 2 Learning Objectives

The trainer will welcome participants back to the second part of the training. Trainer will ask participants to introduce themselves by name, unit/department and position. Trainer will provide a quick reminder of content covered in Module 1 and what will be covered in Module 2.

### **A1. Trainer and Participant Introductions (2 min)**

#### **Talking Points**

- Trainer introductions – names and jobs/organizations

**NOTE:** The following is a repeat of the opening talking points for Module 1. Trainers should feel free to modify it for the opening of the second part of the training.

- This purpose of this training is to discuss how domestic violence, sexual assault, sexual harassment, and stalking affect us and our workplace.
- This training was developed collaboratively by University of Maryland St. Joseph's Medical Center (St. Joseph's), House of Ruth Maryland, Turnaround, Inc. (Turnaround), St. Ambrose Housing Aid Center (St. Ambrose), and Futures Without Violence (FUTURES).
- This program development was funded by the U.S. Department of Justice, Office on Violence Against Women.
- [Employer] wants to create an environment that is free of violence. [Employer] looks to its supervisors to help respond to violence and support the hospital in creating a safe, respectful, and healthy environment for all workers. Healthy, happy employees are also productive employees, and that's good for the hospital.
- This training was created specifically for supervisors from your departments/units.

- “Supervisors” includes anyone whose duties deal with the direct supervision of employees. You do not need to have the word “supervisor” in your title to be considered a supervisor in this training.
- We have a culture of care at this hospital; we take pride in doing our best for our patients, sometimes at our own expense. But we don't extend that culture of care to ourselves and our co-workers.
- Supervisors are on the front lines of communication with employees. You play an important role in both enforcing [Employer] policies, and also as role models that set good examples for all employees.
- We know these topics can be upsetting or triggering for some people. If you become distressed, please take care of yourself and feel free to step outside for a break.
- Trainers ask participants to introduce themselves. Participants should state their name, title and department/unit.

## A2. Review Module 1 (1 min) – Slide #2-4

### The 3R'S



### Talking Points

- *Ask participants if they remember the first training and if they can share with the rest of the participants their main takeaway.*
- Module 1 focused on **Recognizing** domestic violence, sexual harassment and assault, and stalking.
- Today we are going to focus on **Responding** to a co-worker who is a victim or a perpetrator, and **Referring** people to resources in the hospital and in the community.
- We must adopt an approach free of judgment and recognize why victims do the things they do (taking into consideration the impact of isolation, shame, stigma, etc.)

- This issue is important to [Employer] as we want to create an environment that is free of violence, safe, respectful, and healthy environment for all workers.

### **A3. Module 2 Learning Objectives (1 min) – Slide #2-5 – 2-6**

As a result of this training day, you will be better able to:

1. Respond to a co-worker when seeing or hearing about violence.
2. Utilize workplace and community resources to assist co-workers.
3. Report to the right person when seeing or hearing about violence by any person against another person.
4. Apply relevant policies and procedures to warning signs or incidents of violence.

## **B. Responding To An Employee Who Is A Victim Of Violence: Roadmap (Overall 3 Min) – Slide #2-7 – 2-8**

### **Trainer Instructions**

#### **Handout:**

2-1 “Responding Do’s and Don’ts”

#### **Time Breakdown:**

3 min: Overview of Handout 2-1

Trainer begins this section by distributing Handout 2-1 “Responding Do’s and Don’ts.” Trainer advises participants that they will use the Handout throughout the session to discuss and apply the 4 cornerstones of Responding and Referring.

The Handout will be explored section by section in the following group exercises, giving the participants the opportunity to practice what they would say and do in these situations. The corresponding sections of the handout are reproduced in this curriculum.

- *Trainer begins this section by distributing **Handout 2-1 “Responding Do’s and Don’ts.”***
- *Trainer advises participants that we will use this handout to discuss the 4 cornerstones of Responding and Referring:*
  1. *Listen and Support*
  2. *Assess Workplace Risk and Safety*
  3. *Formulate a Workplace Plan*
  4. *Provide Information*
- *Trainer will briefly elaborate on the subtopics covered in each cornerstone.*

## C. Responding Role Play Exercise: Listen & Support And Assess The Risk (Overall 25 Min) – Slide #2-9

### Trainer Instructions

#### Handout:

2-1 “Responding Do’s and Don’ts” Sections 1 and 2

#### Time Breakdown:

3 min: Explanation and set up

5 min: Participant role play in pairs

16 min: Report back and large group discussion

1 min: Concluding learning points

Participants will explore how to approach an employee who may be a victim, listen and expressing concern, how to elicit important information about potential threats to or safety risks for the workplace, and how to assess those risks.

Trainer or a volunteer reads "Clara's Story" (from Module 1 Training, Handout 1-1). Trainer then instructs the participants to divide into pairs at their tables and role play Clara and her supervisor for 5 minutes.

After 5 minutes, Trainer asks one pair from each table/group to report back on their strategy to “Listen and Support” the employee and “Assess the Risks”. The trainer will role play with a volunteer, then conducts a debrief with the large group about strategy for listening and supporting victims, and assessing risks to the workplace.

Trainer also distributes and reviews the first two sections of Handout 2-1 “Responding Do’s and Don’ts” on listening and supporting the victim-survivor and assessing risk.

## C1. Pairs Exercise (8 min) – Slide #2-10

### Talking Points

- *Trainer asks participants to think back to "**Clara's Story**" from **Module 1 (Handout 1-1)**.*
- *Trainer (or a volunteer) reads the Handout aloud to the group.*
- So now we are in a situation where Clara's co-workers have talked to their supervisor about Clara's behavior and what they have noticed. Clara's supervisor decides it's time to talk to her.

- I want each table to divide into pairs. One person in each pair will play Clara, and the other person will play her supervisor.
- For 5 minutes, each pair should practice eliciting and providing information about the violence and assessing any potential risks to the workplace.
- The goal of the person playing the supervisor is to create enough trust and security so that Clara can disclose what is happening and ask for help, and disclose any safety issues for the workplace.
- The goal of the person playing Clara is to protect her privacy, protect her job and to obtain support.

## **C2. Large Group Report Back and Discussion (16 min) – Slide #2-11 – #2-12**

### **C2.1 Listen and Support (8 min) – Handout 2-1 Responding Do's and Don'ts**

- After 5 minutes, the Trainer ask one pair from each table/group to report back on their strategy to “Listen and Support” the employee.
- Trainer asks a volunteer to come to the front and role play with the Trainer. Trainer plays the role of Clara and Participant plays the role of the Supervisor. Trainer allows the role play to continue for 1 minute before thanking the Participant and asking them to be seated.
- Trainer then asks the large group to add anything to add in regards to how they would “Listen and Support” the employee.



## From Handout 2-1: #1. Listening and Supporting the Victim

DO	DON'T
Find an <b>appropriate time and place</b> to talk, and ensure privacy.	Have this discussion in a place <b>where others can see or hear</b> .
Show <b>support and concern</b> . <ul style="list-style-type: none"> <li>• "You don't seem like yourself lately. Is something going on?"</li> <li>• "I'm concerned about you. Is everything ok?"</li> </ul>	<b>Blame or shame</b> the employee. <ul style="list-style-type: none"> <li>• "You're creating problems for the whole team because you're always late and missing deadlines."</li> </ul>
Focus on the employee's <b>work-related behavior in a non-invasive way</b> that <b>doesn't make assumptions</b> . <ul style="list-style-type: none"> <li>• "You have been late to work which isn't like you. Is something happening?"</li> <li>• "You seem really distracted and you've missed some deadlines."</li> </ul>	Make <b>invasive comments and assumptions</b> . <ul style="list-style-type: none"> <li>• "Is your husband hitting you?"</li> <li>• "Are you having problems with your girlfriend?"</li> <li>• "You keep showing up to work late without any explanation."</li> <li>• "You've been slacking off lately"</li> </ul>
Give the employee <b>a choice</b> whether to disclose, and <b>an opportunity to explain</b> their performance.	<b>Demand</b> an explanation.
<b>Listen without judging</b> <ul style="list-style-type: none"> <li>• Victims often believe the perpetrator's negative messages and feel ashamed, inadequate, and afraid of being judged.</li> <li>• "I'm sorry this is happening"</li> <li>• "This is not your fault"</li> </ul>	<b>Act like you know everything and offer unsolicited advice</b> <ul style="list-style-type: none"> <li>• Why don't you just leave?</li> <li>• Why didn't you call the police?</li> <li>• What did you think would happen when you went home with someone you barely knew?</li> </ul>
<b>Leave the "door open"</b> (as in you are available to help in the future) – especially if she/he chooses not to disclose <ul style="list-style-type: none"> <li>• "I'm here if you need me; I care about you"</li> </ul>	<b>Foreclose further help</b> <ul style="list-style-type: none"> <li>• "Well, I offered to help, but since you won't tell me what's going on, I can't do anything."</li> <li>• "Don't be surprised if I have to fire you."</li> </ul>

## Learning Points – Slide #2-13

- It can be hard for supervisors to ask these personal questions of their employees, and even more difficult for victims to disclose the violence.
- Many victims do not want their employer to know about the violence due to:
  - Fear of getting fired, being treated differently by supervisors, or being given different/worse duties or working conditions
  - Being ashamed, worry they will be blamed, and do not want co-workers or supervisors to know about the violence
  - Safety concerns: Fear of retaliation from the perpetrator for telling, safety risks for self or children
  - Belief that no support will be provided by employer

## **C2.2 Assessing Risk (8 min) – Slide #2-14**

### **Talking Points**

- *Trainer then asks a different pair from each table to discuss their strategy for "Assessing the Risks".*
- What factors do you consider when assessing the risk to the workplace?

#### ***Possible responses:***

- Victim's statements regarding risk: does perpetrator have weapons
- is he/she likely to come to the workplace
- Perpetrator's knowledge of the location of the workplace, victim's schedule, where victim parks, entrances/exits the victim uses, where security is located.
- Whether the perpetrator has made threats
- What if Clara told you Elias said that "she better watch out, he was going to get her at work one day"? Looking at the flow chart and policy, what would you do?

#### ***Possible responses:***

- Violence in progress, or immediate or clear potential threats of violence, should be reported immediately to Security for

emergency response. Security will then report the violence or threat to Human Resources.

- The hospital also has a Response Team, composed of, at a minimum, representatives from Human Resources, Security, and Integrated Care Management.

## From Handout 2-1: #2. Assessing Workplace Risk/Safety

DO	DON'T
<p>If the employee asks, be <b>able to provide information about contacting law enforcement</b> so that he/she can assess their options.</p>	<p>Tell the survivor <b>what they have to do</b>.</p> <p><b>Try to “fix” him/her</b> – they are not broken.</p> <ul style="list-style-type: none"> <li>• You are not the expert on her/his life</li> <li>• You may increase his/her danger by making suggestions that could be unsafe</li> </ul>
<p>If there is a direct threat to the workplace, tell the employee that you will need to <b>take action to protect everyone</b>. Discuss with employee what action you plan to take, who you must tell and who they want you to tell.</p> <ul style="list-style-type: none"> <li>• "Do you think there is a threat to the workplace"</li> <li>• "Do you think that person will come here? Are we in danger"</li> </ul>	<p><b>Take away a survivor's agency by forcing them</b> to do something, or taking action without telling them. Doing so could increase the danger to them and/or the workplace.</p>
<p><b>Ask if they need any changes</b> in the workplace to do their job and stay safe (i.e., accommodations)</p>	<p>Tell the employee <b>they are suspended, or that they are on administrative leave</b> until they "fix the problem"</p> <p><b>Fire the survivor</b> in the belief that the problem will go away if you remove the survivor from the workplace.</p>

## Learning Points – Slide #2-15

- When an employee who is a victim discloses violence, there are two kinds of safety concerns: the victim's safety, even away from the workplace; and the safety of the entire workplace.
- As supervisors, you must take the information and assess what risk the violence presents to the workplace, and what interventions or actions are possible to increase safety at the workplace.
- It's **not** your job to assess the personal risk to the survivor or their family and tell them what to do.
- It is important to respect victim's autonomy and decision making, such as a decision not to report to the police or seek an order of protection. Often, they are the best judge of threats to safety and the perpetrator's behavior.
- However, it **is** your job to know who the experts are at the hospital or in the community who can provide advice on safety planning. It **is** your job to connect a survivor to those expert help sources.

## C3. Concluding Learning Points (1 min) - SLIDE #2-16

- Be proactive and don't wait for someone to approach you. Remember that not every situation involves something physical or obvious.
- You don't have to be an expert on violence, but you can express concern and support for a survivor, and help them address work-related issues.
- Expressing concern and letting someone know that you care can help a survivor obtain assistance and stay safe.

## D. Responding Small Group Exercise: Formulate A Workplace Plan (Overall 35 Min) – SLIDE #2-17

### Trainer Instructions

#### Handouts:

- 2-1 “Responding Do’s and Don’ts” Section 3
- 2-2 “Responding and Reporting Flowchart”
- 2-3 “[Employer] Policies”

#### Time Breakdown:

- 5 min: Overview of hospital policies
- 10 min: Small group exercise
- 19 min: Report back and large group discussion
- 1 min: Concluding learning points

In this section participants will explore how to elicit information about supports or assistance the employee needs, how to provide them, and what is required under hospital policy and procedure.

Trainers should pass out Handouts 2-2 “Responding and Reporting Flowchart” and Handout 2-3 “[Employer] Policies”

Divide participants into small groups of 3-4 or by table.

## D1. Overview of Hospital Policies (5 min) – Slide #2-18 & Handout 2-3 “[Employer] Policies”

### Talking Points

- *First, direct participant’s attention to the Domestic and Sexual Violence policy and provisions. Explain how it became created, and how it fills a previous gap.*
- The hospital also has a Response Team, composed of, at a minimum, representatives from Human Resources, Security, and Integrated Care Management.
- The Response Team will be responsible for receiving reports of threats or incidents of violence, requests for assistance or accommodations, conducting assessments and determining and implementing appropriate responses.
- Refer to **Handout 2-3 “[Employer] Policies”** for review of other relevant hospital policies.

**NOTE:** Handouts 2-3 are not included to respect the privacy of the employer this training was originally created for.

## **D2. Small Group Discussion (10 min)**

### **Talking Points – Slide #2-19**

- Each small group should take 10 minutes to discuss and answer the following questions.
  - Use Handout 2-1 Responding Do's and Don'ts to help guide your answers.
  - Pay particular attention to #3. Formulating an Action Plan.
- 1) Elias always shows up at lunchtime and drops Clara off and picks her up from work. Clara wants to keep working but doesn't want Elias around at work. What could be done to help her?
  - 2) How would you address Clara's performance issues? What would you say to her?
  - 3) Clara says that although she appreciates your help, she doesn't want anyone to know what you've talked about. How do you respond?

## **D3. Large Group Discussion (19 min) – Slide #2-20 - #2-21**

1) Elias always shows up at lunchtime and drops Clara off and picks her up from work. Clara wants to keep working but doesn't want Elias around at work. What could be done to help her?

### ***Possible responses:***

- HR can work with the supervisors to make certain accommodations:
  - Ask employee to name an emergency contact person in case the employee is missing or unreachable
  - Distribute perpetrator's photograph to security and any others who might interact
  - Designate code word or phrase so the victim can alert you (family/friends) to danger
  - Ensure work station is away from the public access, stairs, elevators
  - Move parking space closer to entrance

- Escort to/from the building by security (not a coworker as this could put coworker at risk)
- Remove victim's name from the company and public directory/website
- Change work hours or location
- Explore possibility of someone else answering victim's phone
- Change work phone, email, address
- Keep information about the employee confidential i.e. new address, phone number, work hours
- Encourage victim to save any threatening emails or voice mails

2) How would you address Clara's performance issues? What would you say to her?

***Possible responses:***

- offer time off
- offer different shift/schedule
- offer a different location
- performance plan, taking into account the violence

3) Clara says that although she appreciates your help, she doesn't want anyone to know what you've talked about. How do you respond?

***Possible responses:***

- It's critical to respect victim's privacy and confidentiality. It helps them feel supported and can be crucial to help keep them safe.
- However, as a supervisor you have an obligation to tell certain people, especially to help keep the workplace safe and to implement any changes/accommodations.
- Tell the employee that you will respect their privacy to the extent possible, and only tell people that you are required to tell. Explain what is required by policy/procedure. Let the employee know who exactly you need to share the information with before you do so.



### From Handout 2-1: #3. Formulate a Workplace Plan

DO	DON'T
<p><b>Work with the employee</b> to determine what kind of assistance they want or need.</p> <ul style="list-style-type: none"> <li>• "What do you need?"</li> <li>• "What can I do to help?"</li> </ul>	<p><b>Put the burden on the employee to "fix" the problem</b> by not coming to work, or forcing them to report to the police or get an order of protection.</p>
<p><b>Inform the employee of the hospital policy</b> regarding DV/SV/Stalking and safety.</p> <ul style="list-style-type: none"> <li>• "Did you know the hospital has a policy addressing these issues?"</li> </ul>	<p><b>Assume they know</b> about hospital policy and procedures.</p>
<p>Inform the employee of any requirements under hospital policy that <b>require you to report information and to whom.</b></p> <ul style="list-style-type: none"> <li>• "If you need time off/schedule change/etc, you need to make a request to ____"</li> <li>• "Once you make a request I have to tell ____"</li> <li>• "If another employee is the perpetrator, I have to report this to ____ and HR will conduct an investigation."</li> </ul>	<p><b>Don't just tell the employee to talk to HR.</b></p>
<p>Inform the employee about the <b>specific accommodations available.</b></p> <ul style="list-style-type: none"> <li>• change work location</li> <li>• change work hours/shift</li> <li>• use different entrances and exits to workplace</li> <li>• change telephone extension</li> <li>• permit time off to go to court, talk to the police, seek medical attention, get legal advice, counseling</li> </ul>	<p><b>Wait for them to ask for something.</b></p>

#### D4. Concluding Learning Points (1 min) – Slide #2-22

- The safety plan should specify specific accommodations to minimize risks at the workplace
- A structured internal reporting system is beneficial in that:
  - makes it clear for employees what will/will not happen
  - identify the roles and responsibilities of managers
  - identify what managers and supervisors should do related to safety
- Define the importance of confidentiality and seriousness of safety for all workers
- Ensure there are no consequences or retaliation for victims or bystander who are trying to give support
- Creates multiple points where victims can access information – in case he/she is not comfortable with a supervisor
- Consequences for not reporting:
  - Failure to report a serious issue doesn't just affect you, but also affects the hospital as a whole.
  - Can cause the hospital to incur costs and liability if something should happen or if someone gets hurt. If the hospital loses money, then all the employees lose money, too.

## E. Referring Large Group Discussion: Provide Information (Overall 10 Min) – Slide #2-23 – #2-24

### Trainer Instructions

#### Handouts:

2-1 “Responding Do’s and Don’ts” Section #4

2-4 “Resources”

#### Time Breakdown:

10 min: Large group discussion

In this section, participants will explore how a supervisor may be the first and/or only person the victim talks to about the violence. As such, supervisors need to provide clear information to the victim about the hospital’s requirements and available supports/resources.

### Talking Points

- *Trainer introduces this section by indicating that an important part of our response to violence is to have resources to connect the victim with, to meet both their immediate and long-term needs.*
  - The supervisor may be the first and/or only person the victim talks to about the violence. As such, supervisors need to provide clear information to the victim about the hospital’s requirements and available supports/resources.
- 1) What resources would be helpful for a victim generally, or Clara in particular?

#### **Possible responses:**

- police
- emergency shelter
- counseling, hotline, safety planning
- Health Services: Sexual Assault Forensic Exam, Pregnancy, STI testing, Injuries (esp. strangulation and to document)
- Legal: Protection Orders (should include workplace if applicable), Divorce, Custody, Immigration
- Financial support for victim and children
- Relocation

- Transportation: Perpetrator may have vehicle and/or attempt to limit victim/children's movement.
- Access to safe telephone/email to reach family
- Cyber assistance: changing passwords, preventing online stalking, protecting online assets

(Next slide)

- Trainer distributes to participants **Handout 2-4 "Resources"**
- Trainer briefly mentions a few resources available at the hospital, and highlights some resources in the community.
- Trainer reviews how resources are accessed. Often providing a phone number is only minimally helpful; consider including location, hours, list of services, and if possible a contact person.
- Review section #4 Provide Information of **Handout 2-1 "Responding Do's and Don'ts"**
- Trainer indicates how resources will be posted in the hospital, i.e., available to in supervisors office but also available for anonymous access
- Trainer briefly reviews posters and safety card with resource information

### From Handout 2-1: #4. Provide Information

DO	DON'T
<p><b>Offer contact information for in-house resources</b>, including a contact at HR, ICM, or EAP.</p> <ul style="list-style-type: none"> <li>"If you need someone to talk to about what you're going through, or get some advice on what to do, here are some numbers here at the hospital for ICM and EAP. It's confidential and they can help."</li> </ul>	<p><b>Claim you don't know</b> a way to help them. While it's not your job to be an expert on violence or to address this person's non-workplace issues, it is your job to know who the experts are in the hospital and in the community, and to give the victim contact information for them.</p> <ul style="list-style-type: none"> <li>"I don't know anything about this, I can't help you."</li> </ul>
<p><b>Offer contact information for community resources/hotlines.</b></p> <ul style="list-style-type: none"> <li>"If you need someone to talk to about what you're going through, or get some advice on what to do, here are some numbers for experts in the community. It's confidential and they can help."</li> </ul>	<p>(Same as above)</p>
<p>End conversation with <b>sympathy and respect</b>:</p> <ul style="list-style-type: none"> <li>Thank you for opening up to me</li> <li>Summarize/review the plan</li> <li>Has this been helpful?</li> <li>Do you have what you need?</li> <li>Are you feeling safe?</li> <li>If not, what can I do to help you feel safer?</li> <li>I'm here if you need me</li> </ul>	<p><b>End abruptly</b> without leaving time for questions or summarizing the plan.</p>

## F. Responding To Perpetrators: Large Group Discussion (Overall 10 Min) – Slide #2-25

### Trainer Instructions

#### Time Breakdown:

- 1 min: Why it's important to address this
- 3 min: Ohio Domestic Violence Network video clip
- 5 min: Large Group discussion
- 1 min: Concluding learning points

#### Video clip:

Ohio Domestic Violence Network, "How to Talk to an Employee Who Perpetrates Domestic or Sexual Violence" (3 min)

<https://www.youtube.com/watch?v=IUFdmYiniSw>

In this section, participants will address why it is important for people to recognize and respond to these situations.

## F1. Why It's Important to Address This (1 min) – SLIDE #2-26

### Talking Points

- *Trainer reminds the participants that at the first training, they learned how prevalent domestic and sexual violence and stalking are.*
- The statistics mean that while some employees are likely victims of violence, it also means that there are employees who are perpetrators of violence.
- Perpetrators who are employees can create safety issues, performance issues, and liability/legal issues for the hospital.
- In two studies of domestic violence perpetrators in Vermont:
  - 80% of perpetrators said their own job performance was negatively affected by their perpetration of domestic violence. (Schmidt & Barnett, 2012)
  - 19% caused or almost caused an accident at work. (Schmidt & Barnett, 2012)
  - Between 42% and 51.8% of perpetrators of domestic violence were either late or missed work entirely because of their abusive behavior.

- More than three-quarters of perpetrators used workplace resources at least once to express remorse or anger, check up on, pressure, or threaten the victim. (Lim, et al, 2004)
- As supervisors, it is your responsibility to recognize behavior that is illegal or in violation of hospital policy, to respond to it, and to refer perpetrators to the right place. (refer to Hospital Policy)
- It's important to address this kind of behavior when you see, and let perpetrators know it isn't acceptable and that there will be consequences. That sends a strong message to perpetrators that they will be held accountable for their actions - and can therefore stop them from doing something.
- In the Vermont study, in many cases supervisors were aware of the perpetrator's behavior but failed to confront/admonish the employee about it. (Schmidt & Barnett, 2012). The perpetrators said that if their supervisors have said something to them, they would have thought twice about engaging in that behavior.

## **F2. Video Clip (3 min) – Slide #2-27**

Trainer plays a 3-minute video for the participants. In it, a male supervisor in an office confronts a male employee about stalking and other violent behaviors at work.

Ohio Domestic Violence Network, "How to Talk to an Employee Who Perpetrates Domestic or Sexual Violence" (3 min)

## **F3. Large Group Discussion Questions (5 min) – Slide #2-28**

- 1) Identify the "recognize" in the video
- 2) Identify "respond" in the video

### ***Possible responses:***

- Know who to report it to
- Conduct an investigation: check hospital policies about this
- Expressing concern about reported behavior
- Didn't reinforce the behavior
- Clarified what behavior will or will not be tolerated
- Made it clear they will be held accountable for their behavior as it impacts work and what the consequences were

### **Learning Points – Slide #2-29**

- Always consider safety first. Can you confront the perpetrator in a manner that is safe for you and the other employees?
- If so, respond to the situation immediately and stop the inappropriate behavior.
- If both victim and a perpetrator are in the workplace, immediately address with your team how safety will be maintained in the workplace.
- Make it clear to all parties involved (the perpetrator(s), the victim(s), and bystanders) that this type of behavior will not be tolerated and that there will be consequences.

3) What kind of referrals could the supervisor provide, if appropriate?

#### ***Possible responses:***

- Human Resources
- EAP
- Law enforcement
- Community resources
- Help lines

### **F4. Concluding Learning Points (1 min) – Slide #2-30**

- Supervisors and managers have the important responsibility to respond immediately to a situation where violence or harassment occurs.
- If you recognize any suspicious activity or behavior that could be dangerous or that violates any company policy or rules, you must respond to the situation instead of letting it go unaddressed.
- As supervisors, you act as role models for your staff. By responding to an inappropriate situation, you are demonstrating what positive behavior looks like.



## **G. Module Conclusion (Overall 3 Min) – Slide #2-31 – #2-32**

### **Talking Points**

- Remember the 3Rs as you think through what you should do when confronted by a situation of violence and harassment: Recognize, Respond, Refer.
- As leaders of the team, Supervisors must ensure that their behavior is safe, respectful, and conforms to policies.
- Supervisors should promptly respond to concerns about violence
- Supervisors should reinforce and praise victims who reach out for help and coworkers who support victims
- Supervisors must keep the lines of communication open; encourage employees to come speak with you and do not dismiss their concerns, no matter how trivial they may seem to you.
- Supervisors should give their teams the tools and language to talk about these issues.
- Applying policies is important to promote transparency: everyone knows what to expect
  - Victims know the different places/people they can report to
  - Supervisors have a roadmap of how to respond
- You don't need to memorize each policy word for word, but we want you to be confident about what policies exist, what is the purpose of each, and how they apply in situations of domestic violence, sexual harassment, sexual assault, stalking, and other forms of violence and harassment.
- Ways that [Employer] is enhancing disclosure and communication:
  - Publicizing the Policy
  - Let employees know it's OK to talk about violence
  - Let employees know violence will not be tolerated
  - Literature, posters, etc. is posted around the hospital