

Domestic Violence Routine Screening Policy for Patients

Approved Date: July 1, 2009

Revised Date: _____

1.0 PURPOSE

Providence Health Care (PHC) is committed to providing a safe and healthy workplace and recognizes that domestic violence is a leading public health issue that impacts both patients and health care staff. Routine screening for domestic violence provides a critical opportunity for disclosure of the violence and provides a victim-survivor and her/his health care provider the chance to develop a plan to protect her/his safety and improve their health. It also can potentially protect the health care provider from harm due to domestic violence incidents occurring in the workplace.

It is a policy of PHC that every adult patient and resident be asked Domestic Violence Screening Questions and be assessed for safety while receiving care at a PHC facility. This policy is intended to provide added safety and security measures for both patients/residents and staff when there is a high risk of domestic violence that could impact a PHC site. It also provides resources for both the victim and the perpetrator of domestic violence, should she/he feel ready to access such resources.

2.0 SCOPE

This policy applies to all staff at all PHC sites.

3.0 DEFINITIONS

Domestic Violence: A pattern of coercive behaviour that is used by one person to gain power and control over another. This may include physical violence, emotional, verbal or sexual abuse or psychological intimidation as well as actions such as stalking, use of electronic devices to harass, threats, intimidation, isolation, and/or financial control. Domestic violence occurs in current or former intimate partners and/or family relationships between people of all racial, economic, educational, religious backgrounds in same sex or heterosexual relationships, living together or separately, married or unmarried, in short or long term relationships

In addition to violence from a partner or ex-partner, domestic abuse can be experienced directly or by collusion from other family members and caregivers. It is acknowledged that domestic violence can also manifest itself through the actions of immediate and extended family members through the perpetuation of unlawful activities, such as forced marriage, so called 'honor crimes' and female genital mutilation. Extended family members may condone or even share in the pattern of violence.

Routine Screening: Routine inquiry by healthcare providers to patients about personal history with domestic violence. Unlike indicator-based screening, routine screening means screening is conducted routinely on all individuals.

Staff: excluded staff, union staff, students, and contracted workers who are on site at a PHC facility.

Vulnerable Adults: Individuals who are physically and/or mentally disabled, frail elderly, previous victims of crime, or are individuals whose circumstances render them more susceptible to harm from other people.

4.0 PROCEDURES

Direct Verbal Questions:

“We have a policy where we ask everyone a question about relationship abuse, so I am going to ask:”

- Are you, or have you ever been in a relationship with a person who physically or emotionally hurts or threatens you?
- Do you feel safe in your home?

Are you afraid that someone will come here and harm you? * *If you receive an affirmative response to this question, please ask the person if she would like to talk with a social worker to help you decide which resources could help with your choices right now?*

If the person doesn't want to see a social worker, offer the Woman's Resources Card. Also, safety planning should be discussed.

Possible Safety Planning format: *I know that you feel everything will be fine when you go home with the baby, but I want to be sure that you will be safe. Have you thought about how you would keep yourself and your family safe if your partner becomes abusive?*

Safety Planning Interventions:

- If you are in immediate danger, do not hesitate to call 911.
- Arrange a safe place to go to; e.g. trusted friend, family, shelter.
- Prepare an Emergency Kit containing: phone numbers of emergency shelters, extra money, extra set of house and car keys, important papers (medical cards, driver's license & registration, birth certificates and school records, separation agreement, custody and divorce papers), clothes for yourself and the children, favourite toys for the children. If possible, leave these items with a trusted friend so that you may leave immediately if needed.
- Decide on a code word to signal a friend that you are leaving and need assistance.
 - **Who should be screened for domestic violence?**
 - ✓ All newly admitted patients or residents to any PHC acute or residential, or community facility/program OR whenever a reassessment is conducted on a residential or community care client.

- **Who should screen for domestic violence?**

At a minimum, screening should be conducted by a health care provider who:

- ✓ Has been educated about the dynamics of domestic violence, the safety and autonomy of abused patients
- ✓ Has been trained how to ask about abuse and to respond with identified victims of abuse
- ✓ Has the opportunity to speak to the patient in a private setting
- ✓ Is authorized to record in the main body of a patient's medical record/chart

- **How should screening occur?**

At a minimum, screening for domestic violence should:

- ✓ Be part of a face-to-face health care encounter
- ✓ Be direct and nonjudgmental
- ✓ Take place **in private**; no friends or relatives of the patients should be present during the screening and preferably no children over the age of two should be present.

- ✓ Use professional interpreters when needed, rather than a patient's friend or family member.
- **When should screening occur?**
 - ✓ As part of admission to acute care, inpatient, community unit, or residential care facility
 - ✓ As part of a routine health check-up or reassessment of a community unit patient or residential care client.

Disclosure of Current or Past Abuse

Suggestions if a patient has identified current or past abuse:

1. Reassure the Person

- You are not alone
- Thank you for telling me
- How can I help?
- I will be having a social worker come to speak with you (appropriate to your care program)

2. Make referrals:

- Refer to a social worker (in the emergency department, in your department/unit)
- Make referrals to local agencies for resources and support (appropriate to care area)
- The *Domestic Violence Office & Out-Patient Clinic* is situated at Vancouver General Hospital and can be accessed by self-referral. This program is offered to all patients and residents under PHC and VCH. It is available to abused persons, abusers, and family members. A senior social worker provides counseling, liaison with community support agencies, advocacy and other clinical treatment options. There is no fee, and the office is child-friendly. Program brochures, clinical forms, Domestic Violence resource cards, and safety planning checklists are available in English and nine other languages, and can be picked up at the office, downloaded online, or sent out to various departments/units.
www.vch.ca/programs/domestic_violence.htm (604-875-4924).

3. Assess Safety:

- Do you feel safe to go home?
- Do we need to provide added security measures while you are here?
- Problem solve with the patient to develop a safety plan that addresses:
 - Where they will stay after discharge
 - The safety of the children
 - Prepare a safety bag with important items, papers and cash
 - Offer the **Safety Planning Checklist (see Appendix A)** card from the Domestic Violence Office.
 - Inform patient that they can always return to the emergency department for help.

4. If there are Child Protection Concerns

- The Ministry of Children and Families is to be notified, with the patient's awareness, if there are child safety and protection concerns. Call the B.C. Helpline for Children @ 310-1234 (no area code required). A ministry social worker will answer that call 24 hrs a day, seven days a week.

5. If the adult experiencing abuse or neglect is vulnerable

- Providence Health Care is designated under the *Adult Guardianship Act, Part 3*, to receive and investigate reports of abuse and neglect of vulnerable adults. Follow the guidelines and report the situation to the [Designated Responder](#) in your area.

If Patient Reports a Peace Bond/Restraining Order or Requests Added Security:

If a patient reports that there is an existing Peace Bond or Restraining Order against someone, an alert will be initiated on the patient's demographics. **A pt may request additional security measures if she/he feels at high risk for violence or abuse while in a PHC facility:**

- Have the patient made an "NIP" or no information patient.
- Notify security personnel with details. Security may need to increase presence on the unit or have a guard stationed on the unit.
- Get a detailed physical description of the perpetrator and note it in chart. Secure a photograph of the abuser/perpetrator if possible.
- With permission from the patient, request a copy of the Peace Bond/Restraining Order for the chart. Discuss the parameters of the order.
- If high risk for violence, consider transferring patient to another PHC facility.

Universal Roles and Responsibilities-

- If any employee of PHC is made aware of **any** threat to the workplace, she/he shall notify security immediately. If the threat is imminent, notify security and call 911.

IF PATIENT DOES NOT DISCLOSE DOMESTIC VIOLENCE OR ABUSE:

- ✓ Document that the Domestic Violence screening questions/assessment were asked and that the patient did not disclose abuse
- ✓ If you suspect abuse, document your reasons for concerns: i.e. "physical findings are not congruent with history or description," "patient presents with indications of abuse"
- If you notice that the patient has NOT been screened for Domestic Violence, please assess and document. If you are unable to ask the questions, please briefly note on the form why: i.e., "unconscious", "language barrier- no translator", or "unable to ask screening questions in private."

5.0 EXCEPTIONS

There are no exceptions to this policy.

6.0 REFERENCES

Tools, Forms and References

DVR (Domestic Violence Record) is a duplicate form designed to accurately document current abuse and a history of abuse. The DVR should be used in all clinical areas - acute, community, and residential. It is a legal document that is part of a client's chart and medical history. One duplicate of the DVR remains in the client's chart, and the other copy goes to the Domestic Violence Program & Outpatient Clinic at Vancouver General Hospital for statistical purposes and for follow up. Ideally, the DVR is filled out by a social worker; however, a health professional conducting the assessment can fill out the document.

- The DVR should be available on all units and can be downloaded from the Domestic Violence Program website (under ' For Professionals', PDF Emergency Record Form)

www.vch.ca/programs/domestic_violence.htm. If DVR is printed and used, a copy should be mailed or faxed to the Domestic Violence Outpatient Program Clinic (fax: 604-875-5460 or use inter-hospital mail or send in confidence to Domestic Violence Program, St. Paul's Hospital, 1081 Burrard Street, Vancouver, BC V6Z 1Y6).

- Documentation should be conducted by a health care professional that is authorized to record in the patient's medical record. Providers should document the patient's statements and avoid pejorative or judgmental documentation (i.e. write "patient declines services" rather than "patient refuses services", "patient states" rather than "patient alleges").
- If the DVR is **not available** to the health care professional, an assessment notation can be written in the Nursing Notes or History/Progress Notes. This assessment should include:
 - ✓ Injuries and other symptoms
 - ✓ Patient's statement about what happened, not what lead up to the abuse (i.e. "my husband, John Smith, hit me in the face" not "patient arguing over money")
 - ✓ Who is the abuser and what is the relationship?
 - ✓ What happened in this instance and when? Include the date, time, and location of incidents where possible.
 - ✓ Patients appearance and demeanor (i.e. "tearful, shirt ripped" not "distracted")
 - ✓ Any objects or weapons used in an assault (i.e. knife, iron, closed or open fist)
 - ✓ Patients accounts of any threats made or other psychological abuse
 - ✓ Names or descriptions of any witnesses to the abuse
 - ✓ What happened in the past regarding abuse?
 - ✓ Are there children? If so, are they safe?
 - ✓ Observations made by the clinician
 - ✓ What the client wants (home, police, shelter, follow up)
 - ✓ Referral information
- Document results of physical examination:
 - ✓ Findings related to domestic violence, neurological, gynecological, mental status exam
 - ✓ If there are injuries (past or present) describe type, color, texture, size and location and document lab and other diagnostic procedures. Record the results of any lab tests, x-rays, or other diagnostic procedures and their relationship to the current or past abuse.

7.0 RELATED POLICIES / REFERENCES

- Workplace Violence Prevention Program
- Adult Guardianship Act
- Weapons in the Workplace
- Abuse Policy
- PHC Code White Emergency Response