

Domestic Violence Routine Screening Policy for Patients

1. Policy Purpose

Routine screening for DV provides a critical opportunity for disclosure of DV and provides a victim 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 DV incidents occurring at the workplace.

Historically, the health care system has played an important role in identifying and preventing widespread public health problems. VCH believes that the models developed to prevent other chronic health problems may effectively be applied to DV. Routine screening, with its focus on early identification and its capacity to reach patients whether or not symptoms are immediately apparent is a primary starting point for this improved approach to addressing DV (The Family Violence Prevention Fund, 1999).

2. Policy Statement

It is a policy of VCH that every adult patient, clients and residents be asked DV Screening Questions and assessed for safety while receiving care at a VCH facility. This policy is intended to provide: added safety and security measures for *both* clients and staff when there is a high risk of DV entering a VCH program or facility; allows health care professionals to address DV in the community; and provide resources for both the victim and the perpetrator of DV, should she/he feel ready to do so.

3. Policy Scope

This policy applies to all staff at all VCH sites.

4. Policy Principles

In November 2005, the BC Deputy Minister of Health issued a Policy Communique (#2005-01) - *Prevention and Management of Aggression and Violence in the BC Health Care System* to all Chief Executive Officers of Health Authorities (HAs) in British Columbia. This policy had been developed in response to serious issues raised by a Coroner's report into the violent deaths of two women in a BC hospital in 2003 perpetrated by an estranged husband (the Heron case), and WorkSafeBC statistics indicating violence contributes to more claims more frequently among health care workers than among the rest of the workforce.

It is mandated by the Ministry of Health that all HAs have a comprehensive policy regarding domestic and workplace violence. This includes the development of a comprehensive program to prevent and manage aggression and violence directed at all staff, patients, residents, visitors and others in HA programs and facilities.

Domestic Violence (DV) has been recognized as having a severe and widespread effect on the health of Canadians. By far, the vast majority of victims of DV are women. Statistics Canada (1993) reports that 25% of women experience DV at some time in their lives. It is one of the most common causes of injuries to women, and is responsible for more injuries than rape, mugging, and auto accidents combined (Hotch, Grunfeld, Mackay, & Cowan, 1995). However, it is important to recognize that anyone can be abused. This includes males, individuals in same-gender relationships, and the elderly.

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Policy Number: D-00-11-30069 HR_3200	Section: HR – Worksafe & Wellness	
Original Date: 2008-11-26	Revision Date(s): yyyyy-mm-dd	Review Date: 2011-11-26
Issued By: VP, Employee Engagement		
Implementation Site: All VCH sites		Page: 1 of 9

5. 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 continue with a ‘Special Safety Alert & Plan’ form to assess further safety/security concerns****

▪ **Who should be screened for domestic violence?**

- ✓ All newly admitted patients or residents to any VCH acute, residential or community facility/program OR whenever a reassessment is conducted on a long-term mental health/community care/residential care client or home care client.

▪ **Who should screen for DV?**

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

- ✓ Has been educated about the dynamics of DV, 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 DV 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 care, or residential care
- ✓ As part of a routine health check-up or reassessment of a long- term mental health/community/residential care client or home care client.

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Issued By: VP, Employee Engagement			
Implementation Site: All VCH Sites			Page: 2 of 9

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 SW come to speak with you (appropriate to your care program)

2. Make referrals

- » Refer to a social worker (in ER, 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 VGH and can be accessed by self-referral. This program is offered to all patients and residents under VCH and PHC. 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, DV 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 d/c
 - 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 DV Office
 - Inform patient that they can always return to the ER 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 SW will answer that call 24 hrs a day, seven days a week.

5. If the adult experiencing abuse or neglect is vulnerable

- » Vancouver Coastal Health is designated under the *Adult Guardianship Act, Part 3*, to receive and investigate reports of abuse and neglect of vulnerable adults. Follow the **Abuse, Neglect and Self-Neglect of Vulnerable Adults Policy** and report the situation to the **Designated Responder** in your area.

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Review Date: 2011-11-26	
Issued By: VP, Employee Engagement	
Implementation Site: All VCH Sites	Page: 3 of 9

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 patient may request additional security measures if she/he feels at high risk for violence or abuse while in a VCH facility:**

- Initiate the ‘Special Safety Alert & Plan’ form for a high- risk patient to communicate additional safety and security instructions to all staff caring for pt.
- 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.
- Provide “NIC” for patient, or, if high risk for violence, transfer patient to another VCH facility under “NIC”.

Universal Roles and Responsibilities

- If any employee of VCH 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 DV 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 DV, 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.”

6. Exceptions (situations where the policy may not be applicable)

None

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Issued By: VP, Employee Engagement			
Implementation Site: All VCH Sites			Page: 4 of 9

7. Tools, Forms and References

- The 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 DV Program & Outpatient Clinic at VGH or SPH for statistical purposes and follow up. Ideally, the DVR is filled out by a SW, however, a health professional conducting the assessment can fill out the document.
- The DVR can be downloaded from the DV Program website (under ‘ For Professionals’, PDF Emergency Record Form) www.vch.ca/programs/domestic_violence.htm. The duplicate paper form can be ordered through VCH printing services- Form- Emerg#4 Revision 7-2004.
- If DVR is printed and used, a copy should be mailed or faxed to the DV Outpatient Program Clinic (fax: 604-875-5460 or use inter-hospital mail or send in confidence to DV Program, 855 West 12th Ave. Vancouver, BC V5Z 1M9).
- 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 DV, neurological, gynecological, mental status exam
 - » If there are injuries (past or present) describe type, color, texture, size and location
 - » 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

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Issued By: VP, Employee Engagement		
Implementation Site: All VCH Sites		Page: 5 of 9

8. Related Policies

- Workplace Violence Prevention Policy
- [Adult Protection: Abuse, Neglect or Self-Neglect of Vulnerable Adults](#)
- [Respectful Workplace and Human Rights](#)
- Weapons in the Workplace
- Guidelines to Addressing Perceived, Threatened or Actual Assault (Risk Management)
- [VCH/PHC Code White/Emergency Response](#)
- [Adult Guardianship Act](#)
- WorkSafe BC Occupational Health and Safety Regulations 4.42-4.26 (Workplace Conduct), OH&S Section 4.28 (Risk Assessment), 4.30 (Instruction of Workers) and Section 4.27 (Violence in the Workplace).

9. Definitions

Domestic Violence: a pattern of physical, emotional, verbal, and sexual abuse, which includes, but is not limited to, threats, intimidation, isolation, and/or financial control. Domestic Violence is an intentional pattern of behavior that is used by one person as a means to harm and take power and control over another person in the context of an intimate, family, roommate or caretaker relationship.

Domestic violence knows no boundaries in terms of socioeconomic status, religion, race, ethnicity, ability, age, sexual orientation, immigration status or gender.

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 DV 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.

DV can include violence inflicted on, or witnessed by, children. The wide adverse effects of living with DV for children must be recognized as a child protection issue. They link to poor educational achievement, social exclusion and to juvenile crime, substance misuse, mental health problems and homelessness from running away.

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

Staff: excluded staff, union staff, medical staff, students, volunteers and contracted workers who are on site at a VCH 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.

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Original Date: 2008-11-26	Revision Date(s): yyyy-mm-dd	Review Date: 2011-11-26	
Issued By: VP, Employee Engagement			
Implementation Site: All VCH Sites			Page: 6 of 9

10. References

- Canadian Advisory Council on the Status of women. (CACSW). (1991). Facts sheet: Sexual Assault. Ottawa: CACSW.
- Day, T. (1995). The health-related costs of violence against women in Canada. Center for Research on Violence Against Women and Children.
- The Family Violence Prevention Fund, 1999. Preventing domestic violence: Clinical guidelines on routine screening. U.S. Department of Health and Human Services.
- Gelles, R. J., & Straus, M.A. (1988). Intimate violence: The causes and consequences of abuse in the American family. New York: Simon & Schuster.
- Greaves, L., Hankivsky, O., & Kingston-Riechchens, J. (1995). Selected estimates of the costs of violence against women. London, ON: The Center for Research on Violence Against Women and Children
- Greaves, L., Hankivsky, O., & Kingston-Riechchens, J. (1995). Selected estimates of the costs of violence against women. London, ON: The Center for Research on Violence Against Women and Children.
- Hotch, D., Grunfeld, A., Mackay, K., Cowan, L. (1995). Domestic violence intervention by emergency department staff. Vancouver Coastal Health, Vancouver, B.C.
- Johnson, H. (1996). Dangerous domains: Violence against women in Canada. Toronto: Nelson.
- Kerr, R., & McLean, J. (1996). Paying for violence: Some of the costs of violence against women in B.C. Victoria, B.C.: Ministry of Women’s Equality.
- Koss, M. P. (1994). The negative impact of crime victimization on women’s health and medical use. In A. J. Dan (Ed.). Reframing women’s health : Multidisciplinary research and practice (pp. 189-199). Thousand Oaks, CA:Sage.
- Lee, J. (2005). Addressing domestic violence in the workplace. HRD Press, Inc: Amherst, Mass.
- Legal Services Society B.C. Retrieved October 7, 2007 from www.familylaw.lss.bc.ca/assets/
- McGregor, M. (March, 2000). Sexual assault: Medical evidence and legal outcomes. British Columbia Medical Journal.
- Saunders, D. G. (1995). Child custody decisions in families experiencing woman abuse. Social Work, 39(1), 51-59.
- Stark, E. (2001). Health intervention with battered women: From crisis intervention to complex social prevention. In Renzetti, J., Edleson, J, & Bergen, K. (Eds.) Sourcebook on Violence Against Women. California: Sage Publications.
- Strategic Employer Responses to Domestic Violence. The Family Violence Prevention Fund. Retrieved October 2, 2007 from, www.endabuse.org/workplace.
- Vancouver Police Department- Domestic Violence and Criminal Harassment Unit. Retrieved October 3, 2007 from, www.city.vancouver.bc.ca/police/investigation/sis/dvach/Index.htm.
- Violence Against Women- Improving the Health Care Response. A Guide for health authorities, health care managers, providers and planners. BC Ministry of Health Women’s Health Bureau. www.health.gov.bc.ca/whb/publications/violence00.pdf

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Issued By: VP, Employee Engagement			
Implementation Site: All VCH Sites			Page: 7 of 9

Appendices and Links

The Vancouver Police Department has a dedicated team of trained officers, investigators, and community counselors that specialize in domestic violence cases. The Domestic Violence & Criminal Harassment Unit (DVAH) is comprised of two separate but complementary units within one office and under the supervision of one Sergeant. Their office is located at 312 Main Street, Vancouver, BC. <https://vancouver.ca/police/investigation/sis/dvach/index.htm>

Other Links

- [BC Institute of Family Violence](#)
- [Family Services of Greater Vancouver](#)
- [Ministry of Public Safety and Solicitor General \(VAWIR Policy\)](#)
- [Legal Services Society](#)
- [Vancouver General Hospital](#)
- [St. Paul's Hospital](#)
- [Department of Justice Canada](#)
- [BC Yukon Society of Transition Homes](#)
- [JIBC](#)
- [Police International](#)
- [Statistics Canada](#)
- [Juristat](#)

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Signature of issuing official		

Appendix A: Safety Planning

You may employ many strategies to keep yourself safe if you are in an abusive relationship. You might feel that the safest option is for you to stay in the relationship for the time being. In addition to what you are already doing, the following link provides some suggestions you might want to consider to increase your safety and develop a *safety plan*. A manager/leader/employer may want to meet with an employee who is experiencing DV concerns and develop a safety plan for work and home:

- <https://vancouver.ca/police/investigation/sis/dvach/Safety.htm>
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Issued By: VP, Employee Engagement			
Implementation Site: All VCH Sites			Page: 8 of 9

Appendix B:

Produced by the [Legal Services Society, BC](#). Also available in Chinese, Farsi, Punjabi, and Spanish.

What is a restraining order?

- A restraining order is a piece of paper prepared by a judge. It can say that a husband/wife, partner, or family member has to stay away from where you and/or your children live, and where you work and the children go to school. The judge can also order him/her not to contact you by phone or by mail, or through other people.
- A restraining order is not a criminal charge. However, if the person disobeys a restraining order, the police can arrest and charge him/her.
- Usually you get a restraining order when you are settling other legal questions with your partner, like custody or financial support. To get a restraining order, you often have to be married to the man/woman, or have lived with him/her for two years, or have children who are somehow related to him/her.
- You need a family law lawyer to get a restraining order. Be sure to tell the lawyer everything you want in the restraining order.

What is a peace bond?

- A peace bond is a court order saying that your husband/wife, partner or ex-partner has to behave well and “keep the peace” for up to 12 months. Usually it says that he cannot have any “direct or indirect” contact with you, and it can apply to your children also. This means he/she must stay away from where you live and work and must not contact you by phone or mail, or get anyone else to contact you for him/her.
- A peace bond is not a criminal charge. However, if your partner disobeys what the peace bond says, the police can arrest him/her and charge him/her with a criminal offence.
- You can apply for a peace bond even if you are **not** married to or living with your partner.
- A lawyer can’t help you get a peace bond, but it is a good idea to get help from a victim support worker, a transition house worker, a Native Court Worker, or a Family Justice Counselor. You can tell the police you want to apply for a peace bond, or you can go to provincial court to ask for one. You will have to make a written statement about what has happened and why you are afraid, and appear as a witness in court before a Justice of the Peace. Your husband/wife or partner will be in court as well.
- If your situation is urgent, the police may arrest your partner while you are applying for a peace bond.

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Issued By: VP, Employee Engagement			
Implementation Site: All VCH Sites			Page: 9 of 9