

## **Webcast: *Woman Abuse: Screening, Identification and Initial Response***

### **Answers to Questions from the December 5<sup>th</sup>, 2012 Webcast**

**Question:**

How would you manage language barriers?

**Answer:**

Knowing how to access the interpreter services in your facility or community would be very helpful – especially if the service is aware of the type of questions around violence you'll be asking the woman. When you do use an interpreter service, be sure to document the name of the interpreter who assisted you. Use of a family member as an interpreter is not advised, as they may not interpret your questions – and the woman's responses – correctly.

**Question:**

When asking a woman about abuse, is best practice to take a comprehensive approach (for example: by asking about past abuse or only current abuse)?

**Answer:**

It is best to ask about the current abuse that is disclosed, and base your responses around that information. If you have access to a sexual assault/domestic violence program, these nurses can perform a more comprehensive history about abuse that occurred in the past. Shelter staff can also talk with the woman about past abuse history.

**Question:**

I have noticed that sometimes, women are verbally abusive to their male partners in the hospital. How do you suggest we acknowledge this form of abuse when the partner is not my patient?

**Answer:**

You can acknowledge to the woman that you have a respectful environment for all. Then, make her aware that her verbalization is making you and others uncomfortable and to please show more respect to all. Privately, you can ask the woman if she is being abused by her partner. You can also lead the partner to a quiet, private space to ask him if he is being abused by his partner. You can use the same questions and responses from the Best Practice Guideline (BPG) when addressing men who are being abused.

**Question:**

How do we, as nurses, help an individual who discloses an old abuse/assault?

**Answer:**

First, acknowledge that this abuse must still be hurting him/her emotionally as he/she is still talking about it. Then, ask if they are safe in their home. Offer them services including counseling so they can address their lingering abuse concerns.

**Question:**

How successful are public health nurses when collaborating with police, when it comes to raising awareness about intimate partner violence (IPV) and working towards preventative strategies?

**Answer:**

They can be very successful working together to help with community awareness and prevention. Invite your local police – they may have an abuse coordinator who can come to a meeting to have discussions and learn how you can work together. We (at the Lake of the Woods District Hospital) have included our local health unit with other community partners to share knowledge, resources and plan events for the community.

**Question:**

How can a nurse deal with the fact that even if he/she assists the woman when asking for help, that same woman will possibly be ignored once she gets to court, which could lead to re-traumatization, particularly if she is trying to protect her children. How can we, as nurses, give the woman a realistic view, rather than lead her to believe she is now suddenly going to have competent help wherever she turns?

**Answer:**

I would suggest that you have a presentation from the crown's office or a victim witness to learn how they manage domestic violence (DV) cases and how they assist the woman while in court. The local shelters often have a worker who can assist the woman when they go to the court.

I let the woman know that, as a nurse, my role is to document her visit so it can be used by her lawyer or the courts. I do not try to give any advice about the court to them. Instead, I link them to someone such as a representative from the victim witness program to explain the court process.

**Question:**

At what age do nurses have to report child abuse to the Children's Aid Society, and at what age is it no longer appropriate to report abuse on behalf of children?

**Answer:**

The *Child Protection Act* stipulates any child up to the age of 16, who is experiencing abuse – if the young person is under their care 16-18yrs old, needs to be reported to Children's Aid Society (CAS). For any child 16 years and older, you would ask if they wish to involve the police. Have a meeting with your local CAS team to learn more about the duty to report.

**Question:**

How does a visiting public health nurse stay safe in the client's home, if there has been disclosure of violence?

**Answer:**

If DV is a known concern, develop a strategy in advance between you and the client. For example: decide when the best time to make a visit is. Ask her if she can invite a family member/friend. Or, determine if a visit to the office is the safest option.

In the case of some health facilities, the public health nurse will call a co-worker to let them know where they are going. The nurse will ask their colleague to call at specific intervals. If the co-worker does not get a phone call, the co-worker will call the home to ask for the nurse. If there is no answer, they call the local police. Talking about this type of situation in advance with your co-worker(s) and management is important so you have a protocol to guide you.

**Question:**

What are our obligations as nurses when a co-worker discloses (personal) abuse? Are there guidelines or protocols for health-care organizations?

**Answer:**

First, listen and provide support. Ensure their safety at work and home, and link them to services such as the sexual assault/domestic violence program. Both you and your colleague should talk with your manager or your facility's occupation/staff health nurse. Thanks to the new workplace violence legislation, all organizations have to have protocols and resources to assist – and safeguards – staff dealing with DV/IVP. Talk with your manager to learn about the process when assisting a colleague.

**Question:**

In the emergency department, what has research – or the BPG – revealed about the best timing for universal screening for women abuse? Sometimes at triage, for example, the abuser may be present, which doesn't provide a safe environment for disclosure.

**Answer:**

The first point of contact can be the triage room, if possible. But the abuser may be present, so finding a moment when the woman is alone while in the ER is acceptable, as long as you ask the

screening questions. For example, you can also take the woman to the bathroom to get her alone to ask the questions.

**Question:**

As a newly registered and practising RN, I am surprised by the young age (12 years old) when abuse can begin and when we, as nurses, may begin screening patients. I am very curious about the issue mentioned in this seminar about “behaviour that leads to being controlled.” What is this behaviour, and how can we, as nurses, identify it?

**Answer:**

Youth form relationships at early ages. Research (found in the BPG) provided a clear direction: start screening at 12 years of age. Check out the articles used and the list in the reference section (of the BPG) to assist your understanding.

There are many behaviors that lead to a woman being controlled. Some are actions, such as being directed on what she can wear, what make-up to use, friends she can socialize with, or being repeatedly called or texted as to where she is at all times. For example: a young woman must check with her male friend if she can go to the mall with her girlfriend. If he says OK, she can go. If he says no, she can't.

**Question:**

I am a client support co-ordinator. If I feel a woman should seek medical attention, but she does not want to go to the hospital, am I able to call the domestic assault/sexual violence response program nurses, to meet myself and the woman in a public place to support the woman, or should the client have to go to hospital first?

**Answer:**

I would suggest you talk with your local sexual abuse/domestic violence program when it comes to how best to assist the woman in this situation. The nurse may be able to talk with the woman to find out why she isn't willing to come to the hospital and where else she may access health care. I know a local woman's shelter has visiting nurses who can assist in cases such as this one.

**Question:**

Are there resources to educate other professionals in public health about the need and process for screening and initial response? We are looking at bringing this information to other professionals in one-on-one contact with the public, dieticians, and dental hygienists.

**Answer:**

I have used the same resources provided in the BPG to assist many other health professionals to learn about screening for abuse. These health-care professionals often use the same sample questions, and make small adjustments to their situations to raise the question of abuse.

**Question:**

Is it realistic to expect women to say that they've been abused when they could be afraid of repercussions at the hand of their abusers? What kind of protection can we offer as nurses?

**Answer:**

At the Lake of the Woods District Hospital, we have a poster around the hospital which says "Violence is a health and social issue. We are here to help. Just ask a nurse." We include our sexual assault/domestic violence program's phone number as well.

The staff know when they ask a woman that she can let them know that at any time she can come to the hospital for help. It often takes many questions before the woman feels safe enough to disclose. It is important not to pass judgment if the woman doesn't acknowledge abuse you think she could be experiencing – the woman will learn if she is respected and giving compassionate care that the next time she may make the move to disclose and ask for help.