



What the *Health Care Community* can do about Family Violence



Family Violence is a health issue: *Ask the question*

People affected by family violence often seek help from health care professionals. Health care professionals are often the first or only professionals with whom victims of family violence have contact. But even though they are seeking help, people may not tell you about the abuse.

Health care professionals in a therapeutic relationship with a client are in a position to detect family violence. This could be a pediatrician seeing a family with a newborn, a podiatrist working with an older adult, a massage therapist noting bruising on a young man or woman, a midwife teaching a couple expecting their first baby, a speech therapist working with a child or a dentist checking a client's teeth.

Your ability to recognize the signs of family violence and respond appropriately can help those affected change the situation. You may even save a life.



What is in this booklet

- Why family violence matters to health care professionals
- How to recognize signs of family violence
- What health care professionals and health organizations can do
- Where to get help

Definition of family violence

Family violence is the abuse of power within relationships of family, trust or dependency that endangers the survival, security or well-being of another person. It can include many forms of abuse including spouse abuse, senior abuse and neglect, child abuse and neglect, child sexual abuse, parent abuse, and witnessing abuse of others in the family. Family violence may include some or all of the following behaviours: physical abuse, psychological abuse, criminal harassment/stalking, verbal abuse, sexual abuse, financial abuse, and spiritual abuse.¹

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Did you know...

- In 65 per cent of female homicide or attempted female homicide, either the victim or the perpetrator had been seen by a criminal justice or health care professional before the event.*
- The second most common helping system that women accessed was the health care system (42 per cent) with the largest group (26 per cent) going to the emergency department and 11 per cent to a mental health professional.²*
- The majority (55 per cent) of victims of actual or attempted female homicide, especially those who had been abused, had called the police before they were killed.²*
- Fifty-eight per cent of abusive perpetrators had been arrested before they killed their partner.²*
- Twenty-two per cent of abusive perpetrators had been seen in the mental health care system and four per cent by substance abuse professionals.²*
- Men abused by a woman often reported feeling emasculated and marginalized, tending not to express fears, ask for help, or discuss details of their experiences.³*
- According to an in-depth narrative study, some men indicated their disclosures were met with disbelief, surprise and skepticism from staff of shelters and hospitals.³*
- Men were less likely to report spousal violence to the police than women (17 per cent versus 37 per cent).⁴*

Family violence affects the health system

If you are a health care professional, your clients may include adults or children affected by family violence. However, even if they are seeking help to deal with symptoms that result from family violence, clients may not mention family violence. They may feel ashamed to talk about it or be afraid of repercussions if they tell you. They may deny or minimize the abuse.

Whether they choose to disclose abuse, family violence affects clients' health and how they are able to respond to health services or treatment.

Some health care professionals may be unsure how to ask about family violence. They may not know what to do when abuse is confirmed, or what resources are available to assist in situations of abuse. Therefore, health care professionals may be afraid to ask about family violence or may not act on their suspicions of abuse.

For people experiencing family violence, one of the most important things you can do is ask about it. By asking, you provide permission for a person to discuss his or her situation. That opens the door for a discussion about immediate safety and help available in the community.

You do not need to be an expert on family violence to help. You already have experience in forming a therapeutic relationship with people. Your ability to recognize the signs of family violence and respond appropriately can help clients begin to take steps to deal with the abuse. Your intervention may help them begin to move from an environment of anger, fear and violence to a life of safety, compassion and healing.

A SIGNIFICANT PORTION OF THE POPULATION

Family violence is not uncommon. It affects a large portion of the population and crosses all demographic and cultural boundaries.

- In the 2004 General Social Survey, Alberta had the highest reported rate of spousal assault among Canadian provinces (10 per cent of women and seven per cent of men).⁵
- According to federal statistics released in 2006, Alberta has the second highest rate of spousal homicide of all provinces in Canada.⁶
- In Canada, 21 per cent of women abused by their marital partners were assaulted during pregnancy. Forty per cent of women who were abused during pregnancy reported that the abuse began when they were pregnant.⁷
- In 2004, 21 per cent of Aboriginal people reported being victims of spousal violence, a rate three times higher than for non-Aboriginal people.⁸
- Between 1997 and 2000, the spousal homicide rate among Aboriginal women was eight times higher than the rate among non-Aboriginal women. Among Aboriginal men, the rate was 38 times higher than the rate among non-Aboriginal men.⁹
- According to some studies, persons with disabilities are 50 per cent more likely to be victims of violence or abuse.¹⁰
- According to the 2004 General Social Survey, only 28 per cent of victims of spousal violence turned to the police for help.¹¹ In 2006 in Alberta, 4,836 incidents of spousal assault were reported to police and 3,532 charges were laid.¹²
- The three primary categories of substantiated child maltreatment in Canada, excluding Quebec, are neglect (30 per cent), exposure to family violence (28 per cent) and physical abuse (24 per cent). Emotional maltreatment accounts for another 15 per cent and sexual abuse accounts for three per cent of substantiated investigations.¹³
- About seven per cent of older Canadians report having experienced some form of psychological or financial abuse by an adult child, caregiver or spouse in the previous five years.¹⁴

A HUGE IMPACT

Family violence can and does affect the physical, sexual, emotional, financial and spiritual health of children and adults, and of abused and abusive family members. It affects females and males, in heterosexual, same-sex and LGBTQ* relationships, in short- and long-term relationships. Children exposed to family violence live in a constant state of elevated fear, which affects their brain development. This in turn affects every other aspect of their development.¹⁵

Three Canadian studies¹⁶ documented that the economic costs associated with violence against women related to health care, criminal justice, social services and lost income range in the billions. These indicators show that violence has a range of negative impacts that extend beyond victims and their families to society as a whole.

Family violence creates human costs for health organizations:

- Staff workload in assisting clients dealing with the impact of family violence.
- Traumatic stress for staff who deal with critical incidents.
- The emotional toll of dealing with unnecessary injury and pain.

Family violence

A PATTERN OF ABUSE

Family violence is the abuse of power within relationships of family, trust or dependency that endangers the survival, security or well-being of another person. In some family violence situations, one family member develops a pattern of trying to control other family members. In other families, abuse can erupt at any time by any family member.

Family violence in relationships almost never happens “just once.” Once any act of abuse occurs, a barrier has been broken and the risk of further abuse is higher.

To an outside observer who is not aware of what goes on behind closed doors, family violence may appear to be an “isolated incident.” In fact, family violence can happen over months and years. As it continues, it nearly always becomes more frequent and more severe. That is one reason why it is so important to recognize indicators of family violence, and learn how to respond appropriately.

SIX FORMS OF ABUSE

Abuse can take many forms and all are meant to increase the abusive person’s power and control over the abused person. The most visible form may be physical abuse, but less visible forms such as psychological abuse can be just as destructive. Less visible forms of abuse are also a danger sign that there could be a risk of physical violence.

Physical abuse includes a wide range of physical acts such as hitting, hair pulling, biting, kicking, pushing, choking, scratching, burning and shaking. Physical abuse can also include locking or tying someone up, or preventing someone from getting help (including medical assistance). The purpose of physical abuse is to cause pain, injury and fear in the abused person.



Did you know...

Some people may think psychological abuse is of lesser concern than physical abuse, but it can be just as emotionally damaging and intimidating. Psychological abuse often precedes or accompanies physical violence.

Research done in 2004 found that in situations where women were subjected to one of the listed forms of psychological abuse, the following percentages were also assaulted:¹⁷

- *damaging property (61 per cent)*
- *harming or threatening to harm someone close (57 per cent)*
- *put-downs and name calling (37 per cent)*
- *preventing access to income (33 per cent)*
- *jealousy (25 per cent)*
- *limiting contact with others (24 per cent)*
- *checking the victim’s whereabouts (22 per cent).*

* Lesbian, gay, bisexual, transgendered, trans-identified, two-spirited and queer identities.

Did you know...

Fifty-eight per cent of Canadians who were stalked by a current or former marital or common-law partner in the previous five years also reported being the victim of spousal violence during the same period. This included 61 per cent of female victims and 48 per cent of male victims of intimate partner stalking.¹⁸

Psychological abuse includes actions and threats that cause emotional pain, injury and fear. The abusive person uses emotional or mental weapons, such as name-calling, putdowns, or controlling a person's activities and contact with other people. Psychological abuse includes intimidation tactics intended to scare other family members — for example, stalking and harassing, threatening to or actually destroying property, and threatening to, or actually harming other people or pets.

Sexual abuse includes abusive people forcing someone to kiss or touch them, touching a person who does not want to be touched or in places they do not want to be touched, forcing intercourse or other sexual acts, and forcing someone to look at another's private parts, sexual pictures or videos. Sexual acts are abusive if the abused person finds them unsafe, unwanted, uncomfortable, humiliating or painful.

Financial abuse includes withholding access to money, using or taking money or things from a person without asking, forcing someone to sell a home or possessions, forcing someone to change his or her will, or forcing a person to buy something unwanted. Financial abuse limits the ability of abused persons to have control over things that affect them.

Neglect is also considered abuse and can include not providing proper housing or enough food, clothing, medication, love or attention. It also includes withholding personal care, or destroying or withholding assistive devices such as canes or hearing aids.

Medication abuse includes using medication for any purpose other than to deal with a health issue. This can include:

- manipulation of medications to cause pain or reduce ability
- over- or under-medicating against a doctor's direction for any reason that is not specifically to deal with a health issue
- not filling a prescription (for financial or convenience reasons)
- stealing the person's medication for other uses or resale.

AN ABUSIVE ENVIRONMENT HARMS CHILDREN NOW AND IN THEIR FUTURE¹⁹

Adults in abusive homes often tell themselves that their children do not know about the abuse, or that the abuse does not affect or harm the children. But children are impacted, even if they are not directly abused themselves.

Being exposed to anger and violence affects children's brain development.

- Children in abusive environments use much of their brain to watch out for danger, so less of their brain is available for healthy growth and development. This affects children's physical, emotional and mental development and their ability to form healthy relationships.
- Even when children are not consciously aware of violence in the home, it affects them. For example, babies in violent or angry homes have faster heart rates, even in their sleep.

Because their brains are distracted by fear, children may:

- find it hard to concentrate or pay attention
- have difficulty sleeping
- have difficulty learning.

When a child is in a threatening environment, such as in a home where the adults are abusive, systems in the child's brain undergo changes over time. These changes result in emotional, behavioural, intellectual and physical symptoms.

EXPOSURE TO FAMILY VIOLENCE AFFECTS CHILD DEVELOPMENT²⁰

Children exposed to family violence may display some of the following behaviours:

- **Fear**
 - Anxiety and fear may inhibit an infant or toddler's desire to play and explore.
 - Loud noises or images of violence may distress babies and young children.
- **Aggression**
 - Children may learn and copy aggression based on what they see at home.
 - Preschoolers may express anger and other emotions in unhealthy ways.
- **Withdrawal**
 - Young children may withdraw from people or activities.
 - Children may lack interest in or feelings about anything.
 - Children may go back to behaviours that are more typical of younger children.
- **Weakened family bonds**
 - When parents cannot consistently respond to a child's needs on a regular basis, the parent-child bond weakens.
 - Children may become prematurely independent or have poorly developed respectful communication skills, which can result in increased parent-child conflict.²¹

Children in abusive homes may continue to cope as they did when they were younger, but they may also have additional reactions²², such as:

- **Taking on inappropriate responsibilities**
 - Some children take on an inappropriate level of responsibility for their age, such as caring for other family members or protecting a parent's safety during episodes of violence.
- **Struggling with adolescence**
 - Family violence can make a child's transition into adolescence more difficult. The child may run away, leave home at a young age or drop out of school.
- **Substance abuse**
 - Alcohol or drugs may be abused in reaction to family violence.

How health care professionals can help

Because of their therapeutic relationship with people affected by family violence, health care professionals are in a unique position to:

- recognize and help stop abuse that is already happening
- help victims and those who are abusive to end the abuse, deal with its impact and restore health
- help prevent family violence.

FIVE STEPS TO HELP CLIENTS AFFECTED BY FAMILY VIOLENCE

If your organization has policies in place regarding disclosures of adult or child abuse, follow the policies. Five steps to help clients affected by family violence are:

1. recognize indicators of family violence
2. ask the question
3. check safety
4. refer
5. document.



If you suspect a child is being abused, neglected or exposed to family violence, phone your local Child and Family Services Authority, the 24-hour Child Abuse Hotline at 1-800-387-KIDS (5437) or the police.

The five steps should happen in any situation where a client is affected by family violence. However, as a health care professional, your individual responsibilities in each of these steps, and the way you carry out the steps, may be different depending on:

- your role within the organization
- the location or setting
- your relationship with the person
- your organization's policies.

A flowchart describing this process is included on page 14 of this booklet. More detail about each step follows.

STEP 1. RECOGNIZE SIGNS OF FAMILY VIOLENCE

SIGNS THAT A CHILD MAY BE ABUSED AND/OR EXPOSED TO FAMILY VIOLENCE²³

Not all abused or neglected children have the following characteristics. Not all children who show these characteristics live in abusive or violent homes. However, if you observe one or more of the following signs, be aware that the child or young person may be abused, neglected, or exposed to family violence.

Physical signs

- unexplained bruises or injuries, especially in places where children do not usually get hurt when they play or move around
- injuries or bruises that do not match the explanation of how they occurred
- burns and/or bruises that leave a pattern outlining an object that may have been used; burns on hands, feet or buttocks from scalding water
- appearing hungry, dirty or not dressed appropriately for the weather
- eating disorders
- self-mutilation or burning.

Behaviour

Children who live in a threatening environment may:

- appear anxious or panicky
- find it hard to concentrate, have difficulty sleeping or have difficulty learning
- respond by withdrawing
 - have little energy or be very passive; not seem curious or interested in the sights, sounds or people in the environment
 - be more obedient and passive than other children
 - go into a fantasy world and tune out the real world
 - try to stay safe by becoming "invisible"
- respond by being aggressive
 - have angry outbursts
 - be defiant
 - be impulsive
 - act bossy or pushy; bully or hurt others or pick fights
- appear to be extremely watchful
 - be wary of parents' or other adults' reactions
 - find loud noises or loud voices unusually startling.

The effects of family violence on children vary with age.²⁴

- Young children (0 to 5 years) have been reported to experience bedwetting, sleep disturbances, separation anxiety and failure to thrive.
- School-aged children (6 to 12 years) report both physical complaints (stomachache is the most common) and eating disorders.
- Adolescents may run away, engage in early sexual activity or use drugs or alcohol.

Unusual sexual knowledge for the child's age

- know more about sex than is normal or appropriate for the age
- behave sexually around adults or other children
- hint or talk outright about sexual abuse.

Parent, guardian or caretaker behaviour

The parent, guardian or caretaker may act angry with or ignore the child, or may be reluctant to leave the child alone with a health care professional.

SIGNS THAT AN ADULT MAY BE ABUSED²⁵

Not all adults with the following characteristics are abused. Not all abused adults have the following characteristics. However, if you observe a cluster of characteristics such as those listed below, the person may be in a family violence situation.

Physical signs

Injuries

- Site: though injuries can occur anywhere, the most common areas tend to be those that are hidden, such as under clothes, the hairline, the back and behind the ears.
- Type: can be abrasions, bruises, dislocations, lacerations, bites, fractures, burns, and strangulation marks on the throat.
- Explanation for how the injury occurred does not match the type of injury.
- Note: there are often multiple old and new injuries that may be overlooked, especially if the presenting problem is a facial injury or profuse bleeding.
- Recurring physical ailments: headache, chest pain, backache, hyperventilation, difficulty catching breath, fatigue, gastrointestinal disorders, pelvic pain, menstrual pain, vague abdominal pain, heart palpitations, numbness and injuries to arms or fingers.

Behaviour

- delay in seeking help for injuries
- repeated emergency room visits
- timing of visits to emergency room is often in the evening and on weekends (the most frequent times when family violence occurs)
- use of drugs or alcohol to cope.

Emotional signs

- sadness
- anger
- fatigue
- depression
- anxiety
- fear
- nervousness
- sleep disturbances
- insomnia
- hostility
- withdrawal from people, events or touching
- avoiding eye contact
- low self-esteem and suicidal gestures.

Behaviour with partner, adult child or caregiver

- not willing to make even simple decisions without partner/caregiver
- appears watchful or wary of partner/caregiver
- says little or nothing when partner/caregiver is present
- minimizes the seriousness of the situation.

In a mental health clinic, one of the counsellors had a much greater number of disclosures of current or historical child sexual abuse than the other counsellors. When asked why so many people disclosed abuse to this counsellor, the counsellor replied, "I ask the question."²⁶

Drug or alcohol use

- sometimes used to block the pain of family violence.

Partner/adult child/caregiver's behaviour or injuries

- treats the abused person with disrespect
- hovers around or is unwilling to leave while the person is being examined
- answers questions for the person
- may have "defensive injuries" such as scratches from someone fending off an attack.

Additional signs that an older adult may be abused

In addition to indicators of adult abuse previously listed, any of the following signs may indicate that an older adult is being abused.

If there is psychological or physical abuse, the older adult may:

- seem frightened, withdrawn, depressed or apathetic
- seem groggy or "dopey" frequently
- seem too thin or have lost a lot of weight
- be wearing dirty clothing or clothes not suitable for the weather
- not have appropriate glasses, hearing aid, dentures or assistive aids
- have bruises, sores or broken bones that cannot be adequately explained or are too frequent.

Older adults sometimes suffer financial abuse by family members or caregivers. A health care professional who visits the older adult's home may be in a position to notice indicators of financial abuse.

If there is financial abuse, there may be:

- unexplained sale of property or items missing from the person's home
- someone other than the older adult cashing pension cheques
- the older adult's bank account being overdrawn
- the older adult appearing worried or distracted.

STEP 2. ASK THE QUESTION

The intent of this step in the process is to gather information to determine if abuse may be present. "Asking the question" may take several forms. When you are alone with the person, be non-judgmental and use the following conversational pattern to gather information about possible abuse:

- a. Make a general statement ("Everyone has arguments.").
- b. Ask a general question ("What happens when you argue?").
- c. Ask a follow-up question ("Has anything happened that may have caused your symptoms?").

If abuse is confirmed, your immediate response goals are to maximize safety and provide support. (Tell them, "It is not your fault. You deserve to be safe. Help is available.")

The "family violence screening flowchart" on page 14 of this booklet may assist you in checking for family violence, and providing appropriate help and support.

RESPONSE FOR A CHILD

If a child tells you of abuse...

1. Listen to what the child has to say without interrupting or judging.

- Listen calmly. Do not overreact, show anger or horror, criticize or make comments about the situation or the people. The child may stop talking.
- Ask any questions to help you understand only after the child has stopped talking.
- Do not ask for details. Do not ask leading questions ("Did ____ happen?") or probing questions ("Has this ever happened before?").

- You do not need to check if the child's information is true or accurate before you report the abuse. That is the responsibility of the Child and Family Services Authority or the police.

2. Reassure the child.

- Reassure the child that it was right to tell.
- Tell the child that the abuse is not his/her fault.
- Tell him/her, "You do not deserve to be hurt. Nobody does. You deserve to be safe."
- Acknowledge what he or she may be feeling.

3. Say "I will try to help."

4. Check for the child's immediate safety. Will he or she be safe after leaving the building?

5. Close the discussion.

- Explain what you will do next.
- Again reassure the child that telling was the right thing to do.

6. Report the abuse. Phone your local Child and Family Services Authority, the 24-hour Child Abuse Hotline at **1-800-387-KIDS (5437)** or the police.

7. Document what you saw and heard as the child was talking to you.

- Quote the child's words as much as possible. (Example: "The child said, 'I'm scared to go home because my dad is going to be mad at me.'" Not, "The child seemed afraid of the father.")
- Use words that describe what you saw specifically. (Example: "A bruise almost covered the child's left knee and red welts were on the child's upper left arm." Not, "The child had been hit.")

RESPONSE FOR AN ADULT OR OLDER ADULT CLIENT

If you observe indicators of family violence, approach the person in an open and accepting manner to determine whether injuries or symptoms are the result of abuse. If abuse is confirmed, the goals of your response will be to:

- maximize safety
- empower your client to take control
- provide support.

1. Confirm if family violence is happening (ask the question)²⁷

Talk in a private place where the person feels comfortable and secure.

Do not suggest abuse in the presence of the person's partner or caregiver because this person may be responsible for the abuse. If the partner or caregiver is present, suggest that he or she wait elsewhere, saying that examinations and consultations are usually done in private.

Follow a pattern of statement, question, and follow up question:

- Make a non-judgmental introductory statement. (Example: "Everyone has arguments." Or, "Every family has problems and they all handle them in different ways.")
- Ask an open-ended question looking for specific behaviours. (Example: "What happens when you argue?" Or, "How does your family handle problems?")
- Do not be afraid to ask if the person has ever been afraid of the partner or caregiver. This often provides the person with permission to talk about fears.
- Take notice of vague or evasive answers. Ask for clarification of vague answers, and pursue areas in which the client is evasive. (Example: "What happens when you or your partner gets angry?" Or, "Has anything happened to you that might have caused these symptoms?")

Did you know...

Women killed by spouses were more likely to be in a period of separation. Twenty-six per cent of female spousal homicide victims were separated from their spouses compared to four per cent of women in the population. In half of all ex-partner homicides against women, the woman was killed within two months of leaving the relationship.²⁸

2. If abuse is confirmed, support the person

- Listen.
- Provide reassurance. (“It is not your fault.” And, “You do not deserve to be abused. You deserve to be safe.”)
- What does he or she need right now?
- Do not ask questions such as why the person stays in the relationship. This implies that the person has control over the violence or that he or she is doing something wrong.

3. Provide information

People in abusive situations may not be aware that:

- Abuse does not end unless something is done to change it. If nothing is done, abuse and violence almost always get more frequent and severe.
- Physical abuse, threats, stalking, harassing people and hurting animals are crimes.
- The level of risk may be higher than the family member realizes. In particular, if there is a separation, if separation is being considered, or if the person is being stalked or harassed, this is a high-risk situation.
- If there are children in the household, let the person know that children are affected by being exposed to abuse in their home. They are affected even if abuse happens in a different room, or if they are asleep. It affects their brain development and their ability to learn.
- Help is available.

STEP 3. CHECK SAFETY

If there is an immediate threat, call 911.

If you believe the person is in danger, say so. Strongly encourage the person to inform the police.

Arrange for a safety plan. (See box “Eight parts of a safety plan” on page 11.) For adults, arrange for someone to assist them to develop a safety plan to reduce risk of further harm from the abusive person. Phone the 24-hour Family Violence Info Line at **310-1818**, toll-free in Alberta, for information about local resources that may be able to help develop a safety plan.

Be careful when handing out information. The abusive person could find it. Talk with the client about staying safe with the information. You may decide it is too risky to take away the information, so there will need to be an alternate plan for ensuring the client can access the information if needed.

Never recommend joint family or couple counselling in situations of family violence. It is dangerous for abused people because the abusive person can use the process against the abused person. Encourage separate counselling for the partners if they want counselling. (Note: some treatment programs for people who abuse family members have a component that involves partners. In this case, it would be safe for the abused person to be involved.)

STEP 4. REFER

Have educational information about family violence readily available in your work setting for staff and families.

Create a list of professional and community resources in your area that can support those experiencing family violence and abuse. This could include police, 911, a telephone help line, safe place or shelter, legal assistance, a community support group, a private psychologist and a psychiatrist.

EIGHT PARTS OF A SAFETY PLAN

Useful information that a health care professional can give to an abused adult.

- 1. Tell people you trust** about the abuse, so they can help protect your safety. Arrange for phone signals or other ways to get them an emergency message.
- 2. Plan where to go in an emergency.** Make sure you have car keys and gas in the car, or another means of transportation, at all times.
- 3. Memorize emergency numbers** such as police, taxi, and phone numbers of key individuals who will need to know what is happening. You could also keep the numbers in a safe place where you can get them if you need to leave in a hurry.
- 4. Learn to erase phone numbers from call display** so the abusive person will not know who called or was called. Tell people not to leave messages that the abusive person could hear.
- 5. Find out about emergency protection orders,** restraining orders, peace bonds or other legal ways to stop an abusive person from contacting a child or adult. (See the “Get help” section on page 15.)
- 6. Pack a small emergency bag** and put it in a safe place where the abusive person will not find it. Include:
 - cash, credit or debit cards
 - health care cards
 - car keys
 - important documents like driver’s license, passport or immigration papers
 - any prescriptions or prescription drugs
 - copies of any no-contact orders.

If you have children, pack whatever they will need for a few days.

- 7. If a former partner is stalking or harassing you, report this to the police.** Keep a record. Write down what happens, including times and dates. (This will help to prove the harassment.) Tell key people such as co-workers, friends, childcare workers and the children’s teachers that an ex-partner is stalking you. Show them a picture of the ex-partner so they can watch out, too.
- 8. If you have children,** tell them exactly what they should do in an emergency, how they will know it is an emergency and exactly where they should go and what they should do when they get there.

STEP 5. DOCUMENT

Accurately record:

- the victim's statements
- the nature and extent of injuries
- symptoms
- treatments
- referrals.

Write legibly. Do not be vague. Be specific and write in detail. Provide facts, not opinions. (For example, describe the injury instead of saying, "The person was hit." Or, "It is not very serious.")

What the person says is important and how you record this information is critical to its usefulness.

- Statements must clearly come from the victim. Use quotation marks around actual quotes. (Remember, people would use the word "I" when talking about themselves.) Or, use the phrase "client states" to indicate that the information came directly from the victim.
- Describe the person's behaviour or state, such as crying, angry or agitated.

Talk with the person about the importance of photographing injuries. The abused person may be in court when all the injuries have healed. The photos show what the person looked like shortly after the abuse. Some bruises take a few days to show, and should be photographed again.

Do not use legal terms because you may convey an unintended meaning (for example, "alleged perpetrator"). As well, do not use words that could imply doubt about the victim's reliability, such as "client alleges."

If the victim names the abusive person, record this in quotation marks. This prevents the abusive person from putting the responsibility onto someone else.

Record the current day and time and how much time has passed since the incident.

KEEP YOURSELF SAFE

You, as the health care professional, need to think about your own safety. For you may be at increased risk if you work alone in an Emergency Unit at night in a rural hospital, or if you go into a client's home alone.

- For information about protecting your safety when working alone, visit www.employment.alberta.ca and enter "working alone" into the search box.²⁹
- For information about protecting your safety when you encounter family violence, phone the 24-hour Family Violence Info Line at **310-1818**, toll-free in Alberta.

General safety tips include:

- If you are working alone in a facility, have an emergency call system in place so someone knows if there is an emergency.
- If you are travelling to someone's home:
 - Make sure someone knows where you are and when to expect you back. Arrange for this person to call or check on you if you do not check in by a certain time.
 - Park in a spot that allows you to leave quickly, if necessary, and lock your car doors when you are in your car in a parking lot.
 - As you are entering a home, look to see how you can exit quickly.
 - If you suspect abuse, do not acknowledge or discuss it while the possible abusive person is present.

- If you witness a physical assault:
 - Call police immediately. Do not assume someone else has already done that. Do not intervene physically.
 - Do not confront an abusive person.
 - Use calm words and emphasize that your number one priority is to protect the safety of everyone.
- If you are concerned that an abusive person may blame you for causing problems, inform the police and your organization's security staff. Work with them to develop a safety plan for yourself.



OTHER STEPS YOU CAN TAKE

- **Learn** how to spot the signs of family violence in all its forms, such as physical abuse, psychological abuse, sexual abuse and neglect.
 - Make family violence education part of your ongoing professional development.
 - If you lack experience in this area, seek opportunities to gain experience.
- **Examine** your own beliefs, attitudes and views towards the different aspects of family violence.
- **Display** posters, literature about family violence, phone numbers of local shelters and other resources in plain view in every room of your work setting. Include the staff room.
 - This lets people know that your work area is a safe place to talk about family violence.
- **Be aware** that co-workers may experience family violence issues.
 - This will affect your workplace.
 - Talk with the Human Resources department to become informed about support services available for victims of family violence where you work.
- **Collaborate** with colleagues and others in your community to provide a comprehensive and coordinated approach to family violence in your area.
- **Raise awareness** by asking someone who is knowledgeable in the area of family violence and prevention to speak at your work site.
- **Be an advocate** for public policies that will reduce the risk for violence.

How health care organizations and professional regulatory bodies can help

1. Implement systems, policies, procedures and protocols to make sure family violence awareness, screening, recognition and appropriate response are a routine part of client care. In particular, it is important to ensure that procedures and protocols are in place for each of the five steps for responding to family violence (recognize, ask the question, check safety, refer, document).

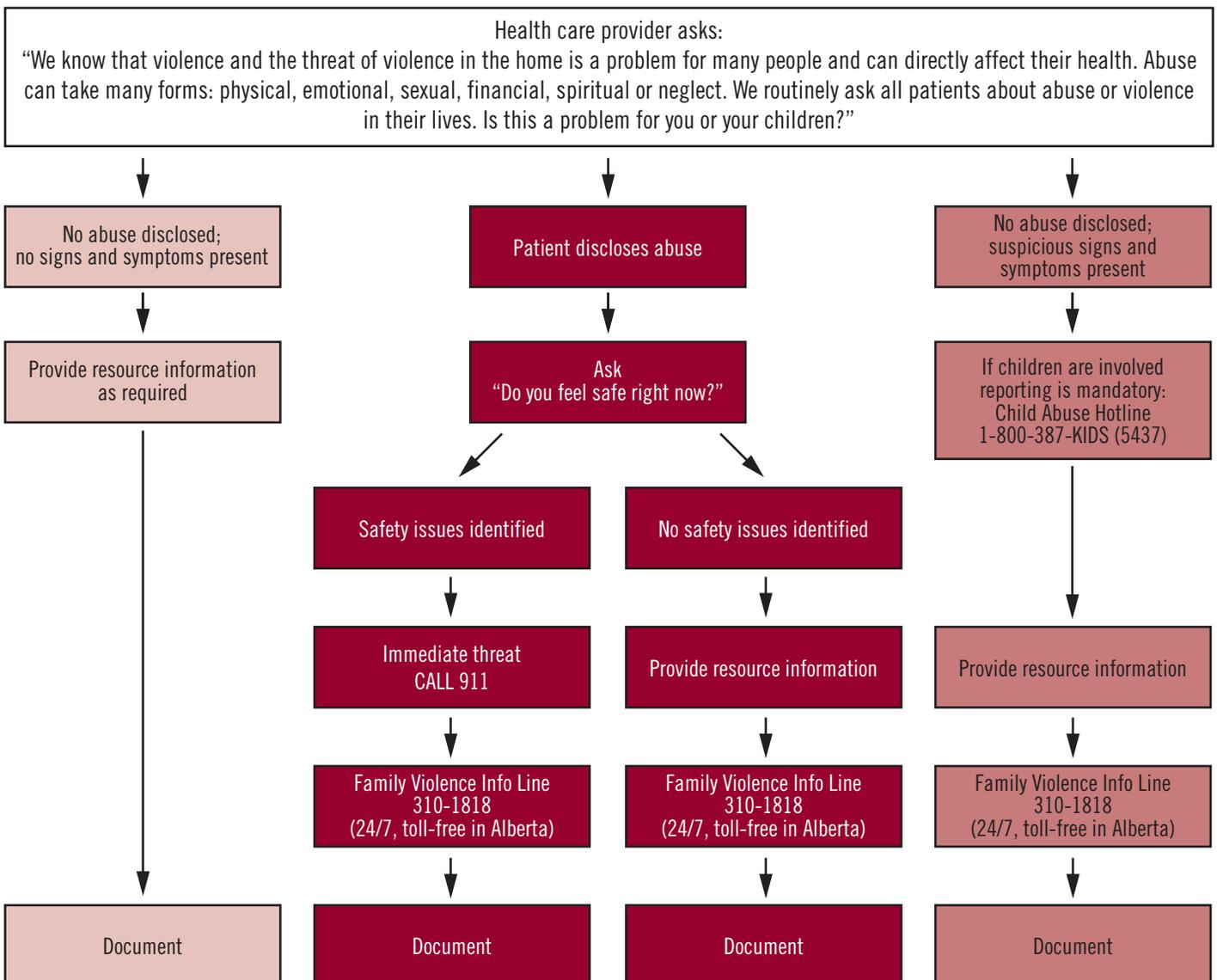
2. Provide training and support so that all staff members (administrative staff, as well as health care professionals) can:

- recognize indicators of family violence
- respond safely and appropriately to the indicators, and/or alert appropriate people who can respond directly
- know what community resources are available for assistance.

3. Cooperate with others to create collaborative community responses to family violence.

- Join with other community organizations to:
 - Raise public awareness of family violence, and change social norms that make violence acceptable.
 - Connect community residents to services.
 - Change community and social conditions that contribute to violence.
 - Build networks of leaders in the community.
 - Make services and institutions accountable to community needs.
- Initiate or take part in joint professional development events and share professional development resources.
- Take part in developing cross-sector procedures (including necessary consent procedures) so all local agencies in contact with a family violence situation are alerted to risk levels and safety plans.
- Take part in cross-sector regional and provincial initiatives to prevent family violence and improve coordinated responses.
- Take part in provincial or national family violence initiatives of professional associations or associations of health care organizations.

Family Violence Screening in Emergency Departments



Get help

HELP IN AN EMERGENCY

If you or someone you know is in immediate danger, phone 911.

If you suspect a child is being abused, neglected or exposed to family violence, phone your local Child and Family Services Authority, the 24-hour Child Abuse Hotline at **1-800-387-KIDS (5437)** or the police.

Protection orders

- **An emergency protection order** provides legal protection to victims of family violence. Through an emergency protection order, the court can order an abuser not to go to places where the victim regularly goes, and not to communicate with the victim. The emergency protection order can allow the victim to stay in the home and order the abusive person to leave. It can also address other conditions necessary to provide for the immediate protection of the victim.

Police and Children's Services caseworkers can apply for an emergency protection order on behalf of a child or adult victim of family violence, 24 hours a day, seven days a week. *Know Your Rights: Alberta's Protection Against Family Violence Act (PAFVA)* information sheet is available at www.familyviolence.gov.ab.ca.³⁰

- **Restraining orders and peace bonds** are other court orders to stop an abusive person from contacting a child or adult. Police or a police-based Victim Services Unit can provide information about how to apply to a court for one of these protection orders.

Protection for Persons in Care. If you suspect someone is being abused in a group home, day program, shelter, personal care home, lodge, hospital, nursing home or other continuing care facility, phone the toll-free Protection for Persons in Care Reporting Line at **1-888-357-9339**.

Supports for Albertans fleeing abuse. Alberta Works can help eligible Albertans find jobs and cover basic costs of living. Phone **1-866-644-5135**, toll-free in Alberta, or **(780) 644-5135** in Edmonton to find out what assistance is available.

RESOURCES

For information about family violence resources in your community, phone the 24-hour Family Violence Info Line at **310-1818**, toll-free in Alberta, or visit www.familyviolence.gov.ab.ca.

Parent Link or Family Resource Centres exist in many communities. For contact information, check with your local Child and Family Services Authority office.

Sexual assault centres provide free and confidential support, crisis services, counselling, police and court support, education, outreach and volunteer support for women, men and children. Visit the Alberta Association of Sexual Assault Centres website at www.aasac.ca or phone **(780) 461-2009** to locate the nearest sexual assault centre.

INFORMATION

- Visit www.familyviolence.gov.ab.ca to access information and links to a variety of family violence and bullying prevention resources.

Your professional association may have resources or legal advice about responding to family violence within your professional role.

Alberta Employment, Industry and Immigration has information about staying safe while working alone. Visit www.employment.alberta.ca and enter "working alone" into the search box.

- 1 Alberta Children's Services. (2005). *Alberta Roundtable on Family Violence and Bullying: Finding Solutions Together*, p. 2. Edmonton, AB: Alberta Children's Services. http://www.child.alberta.ca/home/documents/familyviolence/rpt_opfvb_finding_solutions_high.pdf
- 2 Campbell, J. & Wolf, A. *Assessment of Dangerousness in the Field of Intimate Partner Violence: What Professionals Need to Know*. PowerPoint presentation. http://www.co.bergen.nj.us/ADV/Risk%20Assessment%20for%20Batterers%20praxis%20notes_files/frame.htm
- 3 Government of Canada. (2004). *Intimate Partner Abuse Against Men*, p. 6. Ottawa, ON: Elaine Grandin. http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/fv-intime_e.pdf
- 4 Government of Canada. (2005). *Family Violence in Canada: A Statistical Profile*, p. 9. Ottawa, ON: Canadian Centre for Justice Statistics. <http://www.statcan.ca/english/freepub/85-224-XIE/85-224-XIE2005000.pdf>
- 5 Government of Canada. (2006). *Measuring Violence Against Women*, p. 19. Ottawa, ON: Statistics Canada. www.statcan.ca/english/research/85-570-XIE/85-570-XIE2006001.pdf
- 6 Government of Canada. (2006). *Family Violence in Canada: A Statistical Profile*, p. 66. Ottawa, ON: Canadian Centre for Justice Statistics. <http://www.statcan.ca/english/freepub/85-224-XIE/85-224-XIE2006000.pdf>
- 7 Government of Canada (2001). *Responding to Abuse During Pregnancy*, p. 3. Ottawa, ON: Public Health Agency of Canada. http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/fem-2001pregoverview_e.pdf
- 8 Government of Canada. (2006). *Measuring Violence Against Women*, p. 64, 65, 67. Ottawa, ON: Statistics Canada. <http://www.statcan.ca/english/research/85-570-XIE/85-570-XIE2006001.pdf>
- 9 Ibid at 67.
- 10 Government of Canada. (2005). *Family Violence in Canada: A Statistical Profile*, p. 78. Ottawa, ON: Canadian Centre for Justice Statistics. <http://www.statcan.ca/english/freepub/85-224-XIE/85-224-XIE2005000.pdf>
- 11 Government of Canada. (2006). *Family Violence in Canada: A Statistical Profile*, p. 6. Ottawa, ON: Canadian Centre for Justice Statistics. <http://www.statcan.ca/english/freepub/85-224-XIE/85-224-XIE2006000.pdf>
- 12 Police statistics provided by Alberta Solicitor General and Public Security.
- 13 Public Health Agency of Canada. (2003). *Canadian Incidence Study of Reported Child Abuse and Neglect—2003: Major Findings*, p. 2. Ottawa, ON: Nico Trocme, Barbara Fallon, Bruce McLaurin, et. al. http://www.phac-aspc.gc.ca/cm-vee/csca-ecve/pdf/childabuse_final_e.pdf
- 14 Government of Canada. (2002). *Family Violence in Canada: A Statistical Profile*, p. 27. Ottawa, ON: Canadian Centre for Justice Statistics. <http://www.statcan.ca/english/freepub/85-224-XIE/85-224-XIE00002.pdf>
- 15 Perry, B. and Alberta Children's Services. (2005). The Destructive Impact of Domestic Violence on Children. *Family Violence: It's Your Business Community Resource Guide*, p. 9. http://www.child.alberta.ca/home/documents/familyviolence/rpt_opfvb_community_resource_guide.pdf
- 16 Government of Canada. (2006). *Measuring Violence Against Women*, p. 35. Ottawa, ON: Statistics Canada. <http://www.statcan.ca/english/research/85-570-XIE/85-570-XIE2006001.pdf>
- 17 Ibid at 39.
- 18 Government of Canada. (2005). *Family Violence in Canada: A Statistical Profile*, p. 9. Ottawa, ON: Canadian Centre for Justice Statistics. <http://www.statcan.ca/english/freepub/85-224-XIE/85-224-XIE2005000.pdf>
- 19 Perry, B. and Alberta Children's Services. (2005). The Destructive Impact of Domestic Violence on Children. *Family Violence: It's Your Business Community Resource Guide*, p. 9. http://www.child.alberta.ca/home/documents/familyviolence/rpt_opfvb_community_resource_guide.pdf
- 20 Baker, L., Jaffe, P., & Moore, K. (2001). *Understanding the Effects of Domestic Violence – A Handbook for Early Childhood Educators*. Retrieved July 2007 from Centre for Children and Families in the Justice System website: <http://www.lfcc.on.ca/ecehandbk.PDF> and Royal Canadian Mounted Police. (2007). *The Effects of Domestic Violence on Children – Where does it Hurt?* Retrieved January 21, 2008 from: http://www.rcmp-grc.gc.ca/crim_prev/child_abuse_e.htm
- 21 Cunningham, A. & Baker, L. (2004). *What About Me? Seeking to Understand a Child's View of Violence in the Family*, p. 93. Retrieved February 2008 from Centre for Children and Families in the Justice System website: <http://www.lfcc.on.ca/ecehandbk.PDF> and Goldblatt, H. & Eisikovits, Z. (2005). Role Taking of Youths in a Family Context: Adolescents Exposed to Interparental Violence. *American Journal of Orthopsychiatry*, 75 (4), 645.
- 22 Ibid.
- 23 Baker, L., Jaffe, P., & Moore, K. (2001). *Understanding the Effects of Domestic Violence – A Handbook for Early Childhood Educators*. Retrieved July 2007 from Centre for Children and Families in the Justice System website: <http://www.lfcc.on.ca/ecehandbk.PDF> and Royal Canadian Mounted Police. (2007). *The Effects of Domestic Violence on Children – Where does it Hurt?* Retrieved January 21, 2008 from: http://www.rcmp-grc.gc.ca/crim_prev/child_abuse_e.htm
- 24 Royal Canadian Mounted Police. (2007). *The Effects of Domestic Violence on Children – Where does it Hurt?* Retrieved January 21, 2008 from: http://www.rcmp-grc.gc.ca/crim_prev/child_abuse_e.htm
- 25 Public Health Agency of Canada. (2007). *Woman Abuse*. Ottawa, ON: Hart, L. & Jamieson, W. http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/femviof_e.html
Public Health Agency of Canada. (1994). *Resource and Training Kit for Service Providers: Abuse and Neglect of Older Adults*. Ottawa, On: Murphy, N. http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/agekit_e.html#SECTIONTHREE and
Public Health Agency of Canada. (2004). *Intimate Partner Abuse Against Men*. Ottawa, ON: Lupri, E. & Grandin, E. http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/fv-intime_e.pdf
- 26 An anecdote told to the writers during the development of this booklet.
- 27 Adapted from Harvard School of Public Health materials. *Researchers Look at Role of Medical Records in Domestic Violence Legal Cases*. (2000). Retrieved July 2007 from Harvard School of Public Health website: <http://www.hsph.harvard.edu/ats/Aug11>
Also adapted from Canadian Nurses Association materials. *Family Violence and Clinical Guidelines for Nurses*. (1992). Retrieved July 2007 from the National Clearinghouse on Family Violence website: http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/fvclinical_e.html
- 28 Government of Canada. (2006). *Measuring Violence Against Women*, p. 38. Ottawa, ON: Statistics Canada. http://www.child.alberta.ca/home/documents/familyviolence/rpt_opfvb_finding_solutions_high.pdf
- 29 Employment, Immigration and Industry. (2002). *Working Alone Safely: A Guide for Employers and Employees*. Edmonton, AB: Minister's Committee to Promote Health and Safety. http://www.employment.alberta.ca/documents/WHS/WHS-PUB_workingalone.pdf
- 30 Alberta Children's Services. (2006). *Know Your Rights: Alberta's Protection Against Family Violence Act (PAFVA)*. http://www.child.gov.ab.ca/whatwedo/fvp/pdf/Final%20-%2006898ACS_Info_sheet_Rights.pdf



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www.familyviolence.gov.ab.ca

What the *Health Care Community* can do about Family Violence