

Intimate Partner Violence Communication Guide for ED Clinicians

The aim of this communication guide is to help provide trauma-informed care to victims/survivors and patients suspected of experiencing Intimate Partner Violence in the ED*.

Step	What to Say/Do
<p>Prepare yourself. Ensure safety and comfort of the patient.</p> <p>Take a deep breath. Take time. Listen.</p> <p>Remember, it is not your responsibility to fix things or have all of the solutions.</p> <p>Be compassionate, empathetic, non-judgemental.</p> <p>Discuss confidentiality and duty to report with the patient.</p> <p>In Ontario: Physicians report to child welfare authorities a child in need of protection, or report to the medical officer of health patients with certain communicable diseases.</p>	<p>Separate the patient from the accompanied person or suspected abuser. Find a private place to obtain disclosure.</p> <p><i>“I need a urine sample. Let me show you where the bathroom is.”</i></p> <p><i>“I need a weight measurement. Please follow me.”</i></p> <p><i>“I will take you to the x-ray department for your test now. Please come with me.”</i></p>
<p>Screening universally or through meaningful inquiry</p> <p>Consider universally screening patients for IPV using the Partner Violence Screen.</p> <p><i>I ask every patient about domestic violence because many patients may experience violence domestic violence, and there is help available.</i></p> <ol style="list-style-type: none"> 1. Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom? 2. Do you feel safe in your current relationship? 3. Is there a partner from a previous relationship who is making you feel unsafe now? <p>Positive screen if yes, to any question.</p>	<p>Make inquiry in a supportive but direct manner.</p> <p><i>“I see bruises on your arm. How did this happen?”</i></p> <p><i>“Is there anything that is putting you in danger at home or at work?”</i></p> <p><i>“I am worried about you. You can talk to me. I am here to help.”</i></p>
<p>Offer support and validate strengths.</p>	<p>What to Say/Do</p>
<p>Give the patient control over the disclosure.</p>	

<p>Validate the patient’s experience and normalize the emotions but not the abuse.</p> <p>Be aware of <u>victim-blaming</u>. (Do not say, “Why didn’t you fight back?”, “If it’s so bad, why don’t you just leave?” “Why didn’t you call police?”)</p> <p>Do debrief your emotions with a trusted person after the encounter.</p> <p>Do not ask irrelevant/inappropriate questions. (Why did you let him back in the room? Why did you call him after the assault? Why would you stay in this relationship?)</p> <p>Be aware that staying with abuser can sometimes be easier than leaving. Victims/survivors of IPV face the highest fatality risk upon leaving the abuser, so do not push anyone if they are not ready to leave. Victims/survivors also may not be able to leave due to, but not limited to, financial dependence, immigration status, child custody.</p> <p>Do not judge the patient if the patient has frequently visited the ED, has not left, or refused to report abuse to the police</p>	<p><i>“I’m sorry this has happened to you. This must have been incredibly difficult.”</i></p> <p><i>“I know this must be very hard to talk about. Thank you for sharing with me.”</i></p> <p><i>“You have a right to be safe and respected.”</i></p> <p><i>“You deserve to live a life free of violence.”</i></p> <p><i>“Abuse is never ok.”</i></p> <p><i>“Do you know your options and what you would like to do next? How can I best support you at this time?”</i></p>
<p>Injury documentation</p> <p><i>Remember:</i></p> <ul style="list-style-type: none"> • Write legibly or dictate your note – your note will be used in court. • Document “times” (Time seen by MD, approx. time violence occurred) • Document the final diagnosis and include <i>Intimate Partner Violence or Domestic Violence.</i> 	<ul style="list-style-type: none"> • Use “patient states”, or “patient reports” (do not use claims, or alleges) • Always describe patient’s demeanour: i.e., tearful, shaking, crying, angry, agitated, calm, or indifferent.. • Document using body diagrams or describe the injuries in detail. • Recommend to the patient that they should take photos of their injuries and to keep a written record of the abuse and subsequent assaults if they decide to go to police in the future.
<p>Assess patient safety and mandatory reporting indications</p> <p>Identify risk markers:</p> <ul style="list-style-type: none"> • Increasing severity and frequency of violence • Weapons used or available • Threats to kill 	<p><i>“Do you feel safe?”</i></p> <p><i>“Are your children safe?”</i></p> <p><i>“Are you worried about your children’s safety or well-being?”</i></p>

- Forced or threatened sexual acts
- Life transition (pregnancy, separation, divorce)
- History of violence
- History of suicide attempts

Criminal Justice System in Canada

- Mandatory charging policies which requires police to make an arrest if they believe on reasonable and probable grounds that violence occurred.
- Victim does not lay charges and cannot withdraw charges. Only the police can.

Mandatory Reporting

CAS must be notified if:

- Sexual assault of a minor 17 or under
- Abuse of a minor 17 or under
- If there are children 17 or under living in the home who may have been witness to the violence

Consider:

Calling CAS with the patient.

“I’m afraid for your safety.”

“I’m afraid for the safety of your children.”

“There is help available for you and your family.”

“Would you like our team to call the police on your behalf?”

Safety planning and follow-up

Local Ontario Resources:

Ontario Network of Sexual Assault/Domestic Violence Treatment Centres

Available 24/7, Self-Referral

<https://www.sadvtreatmentcentres.ca/>

Assaulted Women’s Helpline

Available 24/7. Support is available in 154 languages.

<https://www.awhl.org/>

1-866-863-7868

Sheltersafe.ca

An online resource to help women and their children seeking safety from violence and abuse. The clickable map will serve as a fast resource to connect women with the nearest shelter that can offer safety, hope and support.

Offer every patient to seek services to an Ontario Network of Sexual Assault/Domestic Violence Treatment Centre.

- Scarborough Health Network – Birchmount Hospital

Assess patient awareness of dangerous areas (kitchen stairs), exits, phone.

Tell the patient to call 911 if in immediate danger.

Keep safe contact on speed dial and establish a code word for help.

Keep an emergency bag prepared and hidden somewhere safe with important documents, contact numbers.

Deactivate GPS on smart devices.

Creating a Safety Plan

<http://www.pcawa.net/>

Legal Options in Ontario

cleo.on.ca

Consider advising employer of abuse and their responsibility to keep the survivor safe.

“Many women call a women’s shelter to learn more about it. Would you like to use a telephone?”

“If you decided to leave, where could you go?”

“Where could you go in an emergency? How would you get there?”

“Would you like our team to help make shelter arrangements for you?”

If a patient is high risk for violence/lethality if discharged from the ED (see risk markers on the left), consider keeping in the ED while making arrangements for police/shelter.

- Inform security/triage/unit clerks to maintain patient privacy and not let anyone looking for the patient know about their whereabouts.

*Although designed for the ED, this resource may be used in other clinical settings.