

SECTION:	Patient Care	POLICY NUMBER:	05-r-112
SUB-SECTION:	Practice	EFFECTIVE DATE:	April 19, 2005
SUBJECT:	Routine Universal Screening For Intimate Partner Violence	LAST REVISION DATE:	

BACKGROUND:

The World Health Organization Declaration states that violence is a leading worldwide public health problem.¹ Intimate partner violence is one of the most common forms of violence against women.² Between 17-30% of all women treated in hospital emergency department are victims of domestic violence.³ Worldwide, 10-50% of women report having been hit or physically assaulted by an intimate partner.⁴

While it is recognised that men may also be victims of intimate partner abuse, the nature and impact of partner abuse is more severe for women. After an extensive search of the literature, no guidelines were found regarding screening of men to inform an evidence-based recommendation.⁵ Despite this lack of evidence at this time, the Hospital believes that it is important to be inclusive so both women and men will be screened for intimate partner violence.

The Cornwall Community Hospital will implement routine universal screening for all patients because most victims of domestic violence who present to hospitals report that if asked, they would be prepared to discuss their history of abuse and because earlier intervention is likely to increase the probability of stopping the violence before it escalates to more serious harm.

DEFINITIONS:

Universal screening refers to the characteristics of the group to be screened and occurs when nurses ask every person over a specified age about experiences of abuse.

Routine screening refers to the frequency with which screening is carried out. Routine screening is performed on a regular basis regardless of whether or not signs of abuse are present.

POLICY:

1. Routine universal screening (RUS) will be implemented to improve the care provided to victims of intimate partner violence by recognizing and referring patients to the appropriate resources.
2. RUS will be done by specially trained staff who:
 - a. will screen all women and men over the age of 12 for partner abuse
 - b. will be knowledgeable about the dynamics of woman abuse, and its impact on the abused woman and her child(ren)
 - c. Be skilled in responding effectively to disclosures of abuse
 - d. Be knowledgeable about community resources for abused women and their children

PROCEDURE:

- 1) Each Service Area/Department will develop procedures to ensure that each patient is screened for intimate partner violence once during each episode of care. This will take place at triage in the Emergency Department and at admission for all other departments.

- 2) During the admission assessment:
 - a) Ask any patient/client 12 and over when the patients condition is stable.
 - b) The clinical staff member routinely asks if the individual is currently experiencing or has experienced any form of abuse.
 - c) Nurses need to consider the immediate safety of the patient.
 - d) Questions are asked face-to-face to ensure privacy. Patients are not given forms to fill in.
 - e) Patients should be screened alone and not in the presence of their partner or children over the age of 3 years.
 - f) In the cases where language is a barrier, use only trained cultural interpreters.
 - g) Education about prevalence of abuse, the potential health impact and the types of abuse will be a part of this interview, regardless of disclosure. The degree and depth of the information shared will be determined by the client situation.

- 3) How do I ask?
 - a) A sample question is:
 “It is our duty to be patient advocates and screen for abuse. We know that many individuals experience problems in relationships, which can result in health problems. Are you in a relationship with someone who threatens to or has hurt you in any way?”
 - b) It is not necessary to ask the above question verbatim providing that the central screening message is clear.

- 4) The patient record will reflect that:
 - a) The question was asked
 - b) The client response

- 5) Partner Abuse/Sexual Assault Care Team (PASACT): The Domestic Violence Screening Form is filled out and one copy is provided to the PASACT. If the patient/client responds with a “yes” to the questions about abuse, offer a referral to the Partner Abuse/Sexual Assault Care Team (PASACT). If the patient declines PASACT, offer the emergency contact card.

- 6) CAS REPORTING: If abuse of a patient/client under the age of 16 has been disclosed, the Nurse has a legal obligation to report this disclosure verbally to the Children’s Aid Society (CAS).

APPENDICES:	
REFERENCE DOCUMENTS:	<ol style="list-style-type: none"> 1 World Health Organization. (2002). <i>World report on violence and health</i>. Geneva. World Health Organization 2 Malecha, A. (2003). Screening for and treating intimate partner violence in the workplace. <i>AAOHN Journal</i>, 5, 310-316. 3 Waller, A. E., Hohenhaus, S. M., Shah, P.J., & Stern, E. A.(1996). Development and validation of an emergency department screening and referral protocol for victims of domestic violence. <i>Annals of Emergency Medicine</i>, 27, 754-760. 4 Taket, A., Nurse, J., Smith,K., Watson, J., Shakespeare, J., & Lavis, V., et al.(2003). Routinely asking women about domestic violence in health settings. <i>British Medical Journal</i>, 327, 673-676. 5 RNAO (2004) Best Practice Guidelines, Woman Abuse: Screening, Identification and Initial Response Middlesex-London Health Unit, London, Ontario. Partner Abuse Sexual Assault Care Team, Cornwall Community Hospital, (2004) Policy and Procedures Manual
REPEALED POLICIES:	
APPROVAL PROCESS:	Clinical Policy Committee: April 19, 2005
APPROVAL SIGNATURE:	Heather Arthur Chief Clinical Officer