

PART C: HEALTH CARE SERVICES

Health Care Services

This section recommends general guidelines for health care providers in addressing the issue of woman abuse. It outlines guiding principles in providing comprehensive care. Guidelines on woman abuse, published by individual professional organizations, can also provide further reference.

The Recommended Guiding Principles Are:

- Discuss with women the limits of confidentiality;
- Always screen women in private. Not doing so may place her in further jeopardy;
- Screen for the possibility of abuse with all female clients;
- Provide a safe and supportive environment when screening for abuse;
- Demonstrate a non-judgemental attitude toward the woman and respect her right to self-determination;
- Acknowledge that disclosing the abuse is difficult and courageous. If a woman discloses abuse, do not minimize her experience, blame her, or ignore her disclosure;
- Inquire about the safety of any children. Inform the woman that you are obligated to notify the Children's Aid Society if there is any physical, sexual, emotional harm and/or neglect of children under the age of sixteen;
- Inform her that some forms of abuse are a crime;
- Inform her that she has the right to call the police. Support her choice about when, or if, she involves the police;
- Help her to develop a plan to promote safety for herself and her family or refer her to appropriate community resources;
- If she is in immediate danger assist her in accessing emergency services – please see appendices A and B;
- Be aware that the abused woman may be reluctant to have a physical examination. This sensitivity may be more pronounced if the health care examiner is the same gender as the abuser;
- Never discuss the disclosure of her abuse to others (especially her partner);
- Be sensitive that cultural and/or religious issue may influence the way the woman views abuse and, in turn, may impact her decisions regarding safety planning, separation, and police involvement. Also, it is important not to use children as interpreters for non-English speaking women.

The role of health care provider in woman abuse cases includes five steps:

- Screen for abuse
- Assessment
- Intervention
- Linking with other services
- Documentation

Screening for Abuse

It is ideal that every woman is screened for abuse as a part of a health assessment since women may not present with an abuse-related complaint or obvious injury. Her interaction with a health care provider can be an opportunity for her to access resources.

Screening women for abuse must be done in a private environment. Do not use children or family members as interpreters for non-English speaking women.

A framing statement such as:

“ Abuse within relationships can have an impact on health, so I ask all my patients about it,”

prepares the patient for the screening questions and demonstrates the concern of the health care professional.

Direct questions about abuse posed to the woman might include:

“ Is there anyone in your home/life that you are afraid of?” *or*

“ Your injuries suggest to me that someone has hurt you. Is that possible?” *or*

“ Is there anyone in your home/life that hits, slaps or otherwise hurts you?”

Assessment

The health care professional's assessment may include:

- assess the frequency, severity and type of abuse
- determine if injuries are a result of the abuse
- assess her support systems
- assess risk of harm to children under the age of sixteen. Refer to the Child and Family Services Act and the Child and Family Services section of this protocol.

Intervention

When there is a disclosure of abuse, intervention may consist of:

- treating the woman's injuries, if present or encourage her to obtain appropriate medical treatment
- a referral to the Domestic Abuse and Sexual Assault Care Centre of York Region
 - documentation of medical findings such as physical injuries
 - photographs of injuries
 - available 24 hours a day
 - prophylaxis for STDS pregnancy
 - testing for STDS, pregnancy
- help her to develop a plan to promote safety for herself and her family or refer her to appropriate community resources
- discussing a follow-up plan for future contacts with consideration to:
- determining when it is safe for her to talk (e.g. abuser is at work) – follow up
- developing a plan of how to respond if the abuser answers the phone
- determining whether a message can be left on her telephone answering machine and what that message can include
- determining if the woman has specific telephone features such as the ability to redial the last number (the abuser may discover her contact with a particular agency, and may place her at greater risk of abuse)
- determining when she can leave her home.
- informing woman of lack of confidentiality when using Internet
- explaining that when police are called, they are obligated to lay charges if there are reasonable grounds to believe that a criminal offence has occurred, independent of the woman's wishes.

Linking With Community Resources

- It is important that each woman is provided with information about the community services, resources, and supports available to her and her children. With her consent, refer her to appropriate services and assist her in accessing suitable resources. Please see Appendix A for a list of the services available in York Region.

- Inform her that she can document her current injuries without involving the police by accessing the Domestic Abuse and Sexual Assault Care Centre of York Region, based at York Central Hospital.
- Explain that when police are called, they are obligated to lay charges if there are reasonable grounds to believe that a criminal offence has occurred, independent of the women's wishes.

Documentation

Documentation may include:

- a clear and detailed description of the woman's physical injuries (may include a body map)
- photographs (if photographic equipment and skill are available) of any injuries.
- interventions
- referrals
- follow up recommendations

It is recommended that all health care providers follow the above five areas of care and that each health care agency consider developing their own woman abuse policies based on this protocol.