

Appendix B

Guide for Professionals Who Suspect Woman Abuse



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This guide provides general information for professionals on woman abuse and screening for woman abuse. Many professional colleges and associations also provide information specific to your occupation. You are encouraged to access these resources.

What is woman abuse?

Woman abuse is a pattern of behaviour in which one intimate partner uses physical violence, coercion, threats, intimidation, isolation or emotional, sexual or economic abuse to control the woman in the relationship.

It does not necessarily involve physical violence and it equally affects all members of our society, rich or poor, regardless of race, ethnicity, religion or sexual orientation.

Woman abuse can take the following forms: physical abuse; psychological and emotional abuse; stalking and harassment; forced social isolation; rape, sexual assault, sexual harassment and other forms of sexual violence; financial abuse; spiritual abuse; intimidation and threats; and/or threats of such abuse directed at a woman by a person known to her in an attempt to control her.

Why screen your clients to determine if they are victims of woman abuse?

Given the prevalence of woman abuse in our society, it is likely that some of your clients are in, or have been in, violent relationships. This can affect her safety and well-being, and can also affect the services you provide. For example, a health care professional may be treating an injury that is the result of abuse, or a lawyer may be provide advice on a family law matter, in which woman abuse plays a role.

Screening helps you provide better service to your client. It also allows you to provide information to her that may help change her situation.

Who should screen for woman abuse?

All professionals should screen for woman abuse, including:

- Health care professionals (e.g. physicians, public health nurses, emergency room staff, etc.)
- Mental health professionals
- Physiotherapists
- Dentists
- Lawyers

Who to screen?

All females aged 16 years and older should be screened.

Females under the age of 16 are protected by the *Child and Family Services Act*. As a professional, you have a duty to make a report to the CAS if you have reasonable grounds to suspect that a child is or may be in need of protection.

When to screen?

Routinely screen new clients. Ongoing screening can occur when you regularly update client information.

Routine screening means that inquiry about woman abuse occurs with all women over the age of sixteen, whether or not symptoms or signs are present and whether or not the professional suspects that abuse has occurred.

Women should be asked again when they:

- Begin or end relationships
- Are in the middle of a struggle over child custody or visitation
- Are pregnant
- Have visible physical injuries
- Their partners insist on attending their appointments with them
- Express concern about their partner's alcoholism, drug abuse, "bad temper", or mistreatment of children (or you suspect child abuse)
- Show any of the mental health issues associated with woman abuse, including post traumatic stress disorder, depression, or chemical dependency

How to screen?

Screening should be routine and done in a routine manner.

At a minimum, screening for woman abuse should:

- Be part of your standard intake / initial interview process
- Be part of a face-to-face encounter
- Be direct and nonjudgmental
- Take place in private – no friends or relatives should be present during the screening
- Be confidential – patients should be told of the confidentiality of the conversation and told of the limits of that confidentiality

Ideally, screening should also:

- Be included as part of your written new client questionnaire
- Be conducted in the client's primary language, with use of a professional interpreter when appropriate

Use inclusive language. Avoid gender-specific pronouns and say 'partner' until you know how the client refers to their partner. Woman abuse is not just a heterosexual phenomenon. Lesbian, gay, transgender and bisexual (LGTB) clients may also be abused, and will more easily disclose if they perceive you as accepting of their sexual orientation. *Never* attribute the abuse to the client's sexual orientation or gender identity.

Suggestions for framing the discussion:

When you ask simple, direct, non-judgemental questions as part of your routine client / patient interview it can elicit previously unrecognized risks and histories of violence. You can use the following to introduce your questions:

- Because violence is so common in many people's lives, I've begun to ask all my clients about it.
- I am concerned that some of your symptoms / issues may have been caused by someone hurting you.
- I don't know if this is a problem for you, but some of the women I see as clients / patients are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I've started asking about it routinely.
- Woman abuse can impact on how I provide services and what type of services I provide. I can also provide

Suggestion for direct questions:

- Are you in a relationship with someone who physically or emotionally hurts or threatens you?
- Has your partner or ex-partner ever hit you or physically hurt you? Has your partner ever threatened to hurt you or someone close to you?
- Do you feel controlled or isolated by your partner?
- Do you ever feel afraid of your partner? Do you feel you are in danger? Is it safe for you to go home?

Responding to disclosures:

If a client discloses being abused:

- Listen to her story in detail and validate her experience.
- Acknowledge her fear, and the risk she takes in speaking with you.
- Recognize and label abusive behavior.
- Treat her feelings of fear, anger, love and hope as legitimate.
- Assume that her choices are rational ones.
- Keep strict confidentiality.
- Leave her in control of decisions that affect her.
- Make her safety your top priority.

You should not provide her with counseling or tell her what you think she should do about the situation. Instead, provide her with information about resources in the community for herself and her children.

ACKNOWLEDGEMENTS:

Preventing Domestic Violence: Clinical Guidelines on Routine Screening,
The Family Violence Prevention Fund, 1999

Guidelines for Mental Health Professionals, NYS Office for the Prevention of
Domestic Violence

Where she can get help:

For advocacy, counseling and referrals 24 hours a day, provide her with the following information:

Yellow Brick House	1-800-263-3247
Sandgate Women's Shelter	1-800-661-8294
Domestic Abuse & Sexual Assault Care Centre (York Central Hospital)	1-800-521-6004 Ext. 3
Women's Support Network	1-800-263-6734
Victim Services of York Region	905-474-2955
Tele-Health Ontario	1-866-797-0000

Explain that she will reach someone who can talk with her about her situation, her safety, and the options available to her.

All conversations are strictly confidential.

In an emergency she should call 911

Where you can get more information:

www.yrvawcc.ca