
Domestic Violence Assessment and Screening:

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Intimate Partner Violence

Any act of violence that results in or is likely to result in physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

United Nations 1993 Declaration on the Elimination of Violence



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85-224-X > [Family Violence in Canada: A Statistical Profile](#) >

Highlights: Family violence in Canada – A statistical profile

Self-reported spousal violence, 2009

- 6% of Canadians with a current or former spouse reported being physically or sexually victimized by their spouse in the preceding 5 years.
- Females who reported spousal violence were about three times more likely than males (34% vs. 10%) to report that they had been sexually assaulted, beaten, choked or threatened with a gun or a knife by their partner or ex-partner in the previous 5 years
- 22% of spousal violence victims stated that the incident came to the attention of the police.



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Highlights: Family violence in Canada – A statistical profile

Self-reported spousal violence, 2009

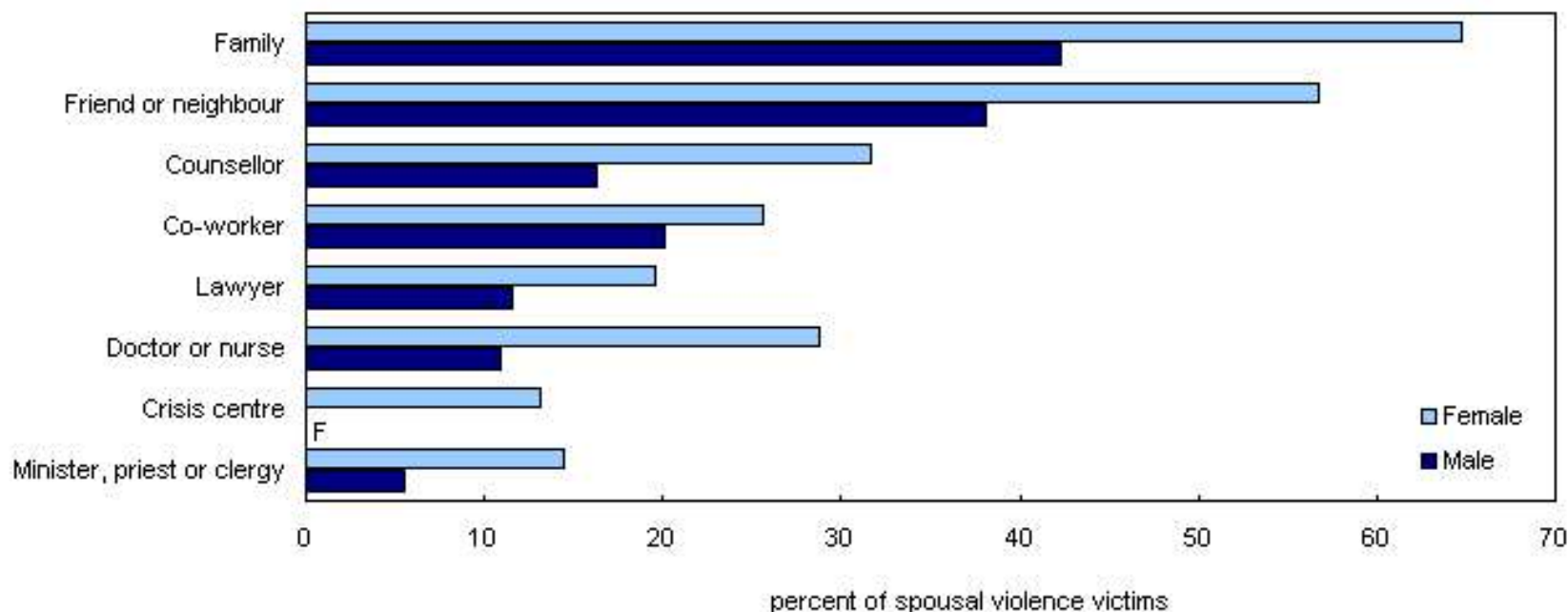
Spousal homicides, 2000 to 2009

- 738 spousal homicides in Canada. The spousal homicide rate has remained stable for 3 years.
- The rate of spousal homicide against women was about three times higher than that for men.
- Female victims were more likely than male victims to be killed by a partner from whom they were separated (26% versus 11%).
- For both male and female spouses, homicide rates peaked among 15 to 24 year olds and declined with increasing age.

Chart 1.4

Victims of self-reported spousal violence, by sex and type of support sought, 2009

[Next](#) | [Previous](#)



Ask these questions in privacy. If you need a translator, please do not use a family member.

Introduction:

As doctors we know that family violence affects women's health. Because of the widespread problem of family violence, it is routine in this hospital (clinic, office) to ask everyone these questions. There are people and services in our community that can help you.

Question:

Are you safe at home?

Are you afraid of anyone at home?

During the last year has anyone hit, slapped, kicked or otherwise physically hurt you?

Threatened you with harm?

Screamed or cursed at you ?

Insulted you or talked down to you?

1. Provide safety planning
2. Offer referrals
3. Offer resource card
4. Document what you have done

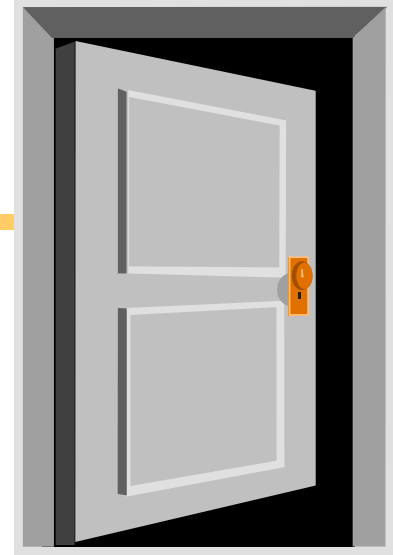
Asking and Responding:

- Gentle, direct
The injuries you have suggest to me that someone has hit you. Did someone hit you?
- Non-blaming, non-judgmental
We know that violence is common in the home; we ask everyone who comes here about it
- Don't press for disclosure
- Express belief in what she is saying
I am sorry that happened to you
- Support
It is not your fault
No one deserves abuse
I know it takes a lot of courage to tell me this
- Empower
Would you like help with this problem today?

Safety Planning

Help her make a plan for the next time:

- Who will she call?
- Where can she go?
- Emergency bag outside the house
 - Cash, credit card, driver's license, passports, birth certificate, immigration papers, care card, phone numbers, care keys and gas
 - Copy of protective orders, custody papers
 - Take the children
- Stay between him and the door
- Hide weapons



Documentation:

- Who was present during the interview or examination
- Presenting problem
- Details in patient's words of how injuries occurred
- Injury – type, location, length width, shape, colour depth, degree of healing, swelling
- Psychological demeanor
- Body diagram

Documentation:

- Laboratory and diagnostic tests
- Clothing
- Medical treatment
- How physical evidence was collected and stored
- Photos – with permission (2 sets)
 - Use scale or ruler
 - Sign and date
 - Name and hospital ID number on picture
- Referrals and follow-up plans

Our Goal: Harm Reduction

- These are usually complex cases
- There are no easy answers
- Focus on safety
- Have low expectations for dramatic change
- Urge small steps towards a healthier, more balanced life



*A successful assessment means
that you have (or have assured that someone) has:*

- Acknowledged the problem
- Validated the woman's experience
- Stated that they are not to blame
- Assessed safety needs
- Asked about safety of children
- Offered help
- Documented



Let's talk.

If a family member is making you live in fear or even hurting you physically, you can talk about it here. You are not alone. Family abuse is widespread and is a health care issue. That's why we ask all our patients about it. We listen. We care. We understand. And sometimes we can help. So please, let's talk.



Prediction of Repeat Visits by Victims of Intimate Partner Violence to Vancouver General Hospital

Janssen P, Mackay K.

Repeaters

25 patients (>20 visits each) 500 visits in total
Disclosed violence on 1.5 visits

Drug overdose	16 (64%)
Alcohol intoxication	12 (25%)
Psychological problems	8 (32%)
Suicide attempt/ideation	3 (12%)
Infections	14 (56%)
Lacerations/contusions	9 (36%)
Fractures	4 (16%)
Pain	5 (20%)
Burns	1 (4%)

Assessment , Routine Inquiry

Routine inquiry means asking all persons within certain parameters about an issue, regardless of whether or not there are signs and symptoms

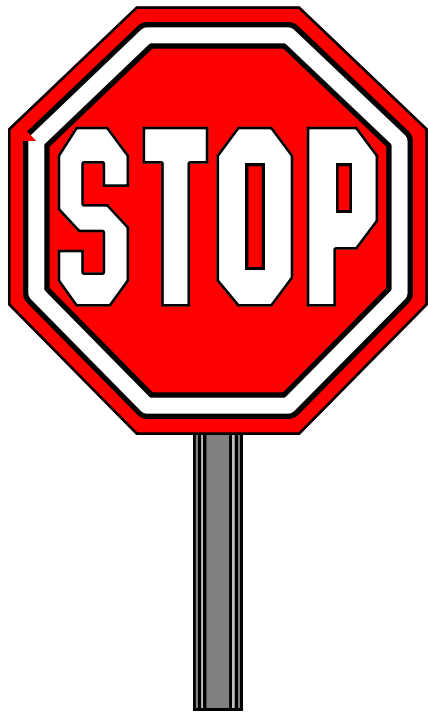
Is partner violence relevant to women's health?

Screening

- A strategy used in a population to detect a condition in defined members of a population who are without signs or symptoms.
- The intention of screening is to identify a problem early, thus enabling earlier intervention and management in the hope to reduce mortality and suffering.
- **Universal screening** - screening of all individuals in a certain category
- **Case finding** - screening a smaller group of people based on the presence of risk factors

Janssen P, Landolt M, Grunfeld A. Assessing for Domestic Violence Exposure in Primary Care Settings: The Transition from Classroom to Clinical Practice.

Journal of Interpersonal Violence, 2003;18:623-33.



“Domestic violence was unrelated to the chief complaint”

“Didn’t feel it was my role to discuss this issue with the patient”

“Did not have time to raise the issue”

“Did not feel that sufficient rapport with the patient had been established”

“Was unable to see the patient in privacy”

Bridging the gap between **what we know** (current best evidence) and **what we do** (evidence-based practice)



Are screening tools valid and reliable?

- Assessed 18 tools.
 - 141 papers reviewed
 - 10,289 participants
 - 1992-2006
- HITS – (Hurts, Insults, Threatens and Screams)
 - Across countries and languages
 - sensitivity 86-100%
 - specificity 96-99.2%

Are people willing to be asked?

- Qualitative Studies
- 13 studies, 1393 participants
- Overall, women found screening acceptable
 - Screening is beneficial – even without disclosure:
 - raises awareness, removes stigma
 - women gain a sense of support, relief
 - leads to disclosure and help-seeking
 - screening more acceptable when reason given

Quantitative Studies

- 10 studies, 11,849 participants
- Survey data
- 70-90% favoured screening/routine inquiry across primary care, emergency room, pediatric and maternity settings, general hospitals.

Do Interventions Work?

- Advocacy interventions – 7 RCTs, 2 cohorts
 - “This form of intervention, can reduce abuse, increase social support, and quality of life, and lead to increased usage of safety behaviours and accessing of community resources.”

A Little Contact Makes A Big Difference

**A 10-wk post-shelter
advocacy program
decreased by 50%
the number of
women experiencing
abuse over two
years.**

Sullivan et al, 1999



Support Groups

- Support Group Interventions
- Case control,
 - Significant reduction in depression
 - Significant increase in self esteem
 - Global self efficacy
- Cohort
 - Improvements in physical and non-physical abuse measures
 - Increased self-esteem, coping with stress

Psychological Interventions

- Psychological Interventions:
23 studies (3 RCTs)
- Wide range of interventions
 - Individual, group
 - Improvement in psychological outcomes, including depression, PTSD and self-esteem. global self efficacy

Interventions with Children of Abused Women

- 5 studies (4 RCTs)
- “Suggest that this type of intervention is promising and helps to reduce children’s behaviour problems and mother’s stress and PTSD symptoms.”

Is screening for partner violence acceptable to health care professionals?

10 qualitative studies, 446 health care professionals.

- Acceptable to most health care professionals
- Have a responsibility to screen for violence
- Helps remove stigma and indicates openness to the issue
- Indicator of good care
- The way professionals ask is important
- Training is important
- Range of opinion on which health care professionals should screen

Is screening for partner violence acceptable to health care professionals?

20 quantitative, 4453 health care professionals.

- Responses in favour of screening ranged from 70 - 90%.
- Those who had cared for survivors of partner violence more likely to state that screening was very important.

What do you do when you are too busy?

Bridging to Community Resources :

- Timely referral to psychologists, counsellors, other local agencies for treatment of anxiety, depression and post traumatic stress syndrome
- Refer to outreach assistance for accessing social welfare, employment services, language classes, housing assistance, peer support programs
- Make available pamphlets addressing social norms and laws with respect to family violence

In Your Community

- Advocate for mandatory information programs for new immigrants, refugees
- Community based education to decrease shame associated with disclosure of violence, i.e. posters and brochures in public spaces, media
- Advocate for language-specific crisis lines
- Make this a political issue

ROSE Campaign



women and girls **action**
ROSE stop violence
Campaign December 6
national advocacy campaign

take action on violence against women
dec 6

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Treatment for Perpetrators

- **Relationship Violence**

- 17 session program for men who abuse their partners contracted from the Corrections Branch of the Ministry of Public Safety and Solicitor General to 45 communities in BC.
- Completion of the program was associated with a 50% reduction in domestic violence recidivism over two years.

-

- Others not evaluated:

- MOSAIC – Men in Change Community Program – short term individual or group counseling program.
- Anger management – Ending Relationship Abuse Society of BC.
- Spousal Abuse Program for court-ordered South Asia men funded by the Ministry of Public Safety and Solicitor General.

BC's Domestic Violence Action Plan

- Office of the BC Representative for Children and Youth
 - Advocated for enhanced legislation, policies, standards, and training, the establishment of domestic violence courts in BC and the strengthening of services to immigrant women experiencing domestic violence.
- Coroner's report 2009
 - Focused on information –sharing across jurisdictions, training on standardized risk assessment tools and education programs for the public and school-based children and youth.

Who can help with prevention ?

In addition to the nurse,
doctor and police officer,,,,



- ✓The teacher
- ✓The veterinarian
- ✓The local newspaper
- ✓The dentist
- ✓The community centre
- ✓The church
- ✓The neighbour
- ✓The taxi driver
- ✓The bus driver
- ✓The landlord
- ✓The social assistance
worker



We Can End All Violence Against Women

British Columbia Campaign

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Changing Attitudes

The **We Can BC** campaign is part of an international social movement to change attitudes and behaviour to end all violence against women.

MAKE THE PLEDGE
BECOME A CHANGE MAKER

1184 CHANGE MAKERS
HAVE MADE THE PLEDGE

Join the Campaign
Become a Change Maker

Join the Coalition
Register Your Organization

Raise Awareness
Things You Can Do

Speak Out against Abuse

Be an active bystander

When trying to stop abusive relationships, we often focus on the victim, because we feel helpless to change the abuser.

But connecting with the abuser is just as important to end the cycle of abuse. If we look the other way we are simply bystanders.

Here are tips and tools on how you can be an active bystander and support someone being emotionally abused.

Understanding the bystander effect

The bystander effect is when people see a problem and do nothing. Maybe because:

- They don't understand the reality of what is happening
- They are afraid
- They are in disbelief

EVENTS

Thursday Nov 17, 2011

2:30pm - 4:00pm

[Networking for Professionals, Downtown Vancouver, jobs for 15- to 30-yr-olds](#)

Thursday Nov 24, 2011

10:00am - 2:30pm

[Career Exploration, Career Zone, downtown Vancouver](#)

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ENDING VIOLENCE

Association of BC

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[CCWS Program](#)

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[Publications](#)

[Public Education Tools](#)

[Calendar of Events](#)

[Ending Relationship Abuse](#)

Community Coordination for Women's Safety Program

The Community Coordination for Women's Safety (CCWS) Program provides assistance to BC communities to develop new models or improve existing models of cross-sector coordination on violence against women.

Coordination brings together different sectors in a community—counselling centres, transition houses, police, hospitals, Aboriginal services, etc—to ensure that all services work together as effectively as possible.

Our program

- Works with urban and rural communities and women who face particular discrimination in those

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Children Who Witness Abuse (Children and Youth for Domestic Peace)

Who this program is for

This is a Children Who Witness Abuse (CWWA) program for children and adolescents who have been exposed to abuse/violence in their home.

Program Objective

- to define the types of abuse (physical, emotional, sexual)
- to dispel common myths surrounding family abuse/violence
- to provide a safe place that allows children and adolescents to share feelings and stories
- to break the secrets of family abuse