



CLINICAL MANUAL

Policy/Protocol

TITLE:	Screening for Adolescent and Adult Patients Experiencing Intimate Partner Violence	NUMBER:	50030
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Applies To:	All IWK healthcare providers, learners, and volunteers		

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PREAMBLE

For the purposes of this policy, intimate partner violence (IPV) may include one or more of the following: family violence, gender-based violence, interpersonal violence, domestic violence, and elder abuse. IPV may also include one or more of the following types of abuse; physical, psychological/emotional, sexual, and financial.

Individuals who identify as women, transgendered or non-binary continue to be overrepresented and experience intimate partner violence at a disproportionate rate, as do individuals who are pregnant, have disabilities and the elderly population.

Intimate partner violence in Aboriginal communities in Canada is also more prevalent due to "...poverty and its correlates (limited education, substance abuse) and the "legacy impact" that residential schools have had on traditional gender roles and family structure across generations" (Public Health Agency of Canada, 2012).

Individuals who are in their adolescence (age 13 – 19) may experience IPV as they are beginning to engage in intimate relationships with others. This can be complicated by past childhood trauma/abuse, abuse they may still be experiencing, and/or emerging mental health issues, drug/alcohol use and the ongoing maturity of the adolescent brain.

It is important to note that this policy is not intended to address child abuse/the duty to report a child in need of protection. Please speak to an IWK Social Worker and/or refer to [IWK Policy 1101 - Reporting Allegations of Abuse/Neglect or Suspected Abuse/Neglect](#).

POLICY STATEMENTS

1. IWK healthcare providers, learners and volunteers must understand their professional obligations to report and/or offer support upon disclosure of Intimate Partner Violence (IPV).
2. Individuals who are experiencing IPV may be fearful, anxious, or ashamed to talk about it. Therefore, all healthcare provider assessments and interactions with patients regarding IPV must occur within the context of trauma informed care and through a culturally sensitive lens.
 - 2.1. If a patient's family member, partner or support person discloses IPV please refer to the *Mandatory Duty to Report* information in this policy to assess if a duty to report exists.

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3. **Duty to Report:** IWK healthcare providers **are required by law** to report IPV to the appropriate authority noted below **in the following circumstances:**
 - 3.1. When an individual under the age of 19, discloses IPV, is exposed to IPV or aware of it occurring in their home, the IWK healthcare provider is required by law to contact the appropriate authority noted below:
 - 3.1.1 Department of Community Services (DCS) if the individual resides in Nova Scotia
 - 3.1.2 Mi'kmaw Family and Children Services for individuals who reside on a First Nation community in Nova Scotia
 - 3.1.3 The child protection agency in the province where the individual resides (i.e. for a NB resident contact the agency in NB).
 - 3.2. When an individual over the age of 16 who by reason of mental or physical disability, are not able to protect or care for themselves discloses IPV under s.5 of Nova Scotia's *Adult Protection Act*. The healthcare provider must contact Adult Protection, Department of Health and Wellness.
 - 3.3. Due to the age "overlap" (age 16-19) between DCS and Adult Protection, whenever possible speak to an IWK Social Worker to receive direction on which agency to contact. When in doubt, it is advisable to contact DCS first.
4. The report to Department of Community Services (DCS) or Adult Protection must be made by the healthcare provider who has direct knowledge of the disclosure of IPV and in a timely manner (within 24 hours).
 - 4.1. An IWK Social Worker can assist healthcare providers with whether a call to Department of Community Services (DCS) or Adult Protection is warranted.
 - 4.2. If an IWK Social Worker is unavailable, IWK healthcare providers can contact DCS or Adult Protection to discuss the situation and receive guidance without giving any identifying information at that time.

NOTE: There is **no duty** to report to Department of Community Services (DCS) if a pregnant individual discloses IPV. Please refer to #3 below.

However, if the pregnant person is an "adult in need of protection" (i.e. unable to protect or care for themselves) a referral to Adult Protection is necessary.

5. If an individual is experiencing IPV and is pregnant (with no other children in their care), the individual **must consent** (if able to) for the healthcare provider to share information to Department of Community Services (DCS).
6. IWK healthcare providers must ensure an interpreter is available to explain what the individual is consenting to if English is not their first language.

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7. After a disclosure of IPV is made, IWK healthcare providers must:
 - 7.1. Ask the individual if they need assistance in making a safety plan (see Appendix C for sample safety plan)
 - 7.2. Provide access to resources (see Appendix D *important numbers*).
 - 7.3. Ask if there are minors being cared for in the home.

It is also recommended that the individual is asked if they would like to speak to an IWK Social Worker about their situation.

8. Healthcare providers at the IWK are accountable for ensuring their documentation is complete, factual, and timely and clearly identifies the individual(s) who provided the care ([IWK Policy 1003.0 - Minimum Documentation Standards for Health Care Providers](#)).
 - 8.1. It is recommended that the patient is made aware that this will be documented in their chart.
 - 8.2. If the individual who discloses IPV is a family member, friend or support of a patient, then documentation must be placed on the applicable patient's medical record
9. Healthcare providers must remain vigilant for signs of abuse in older individuals during the provision of care. NOTE: there is a lack of validated screening guidelines for IPV in the older population.
 - 9.1. Healthcare providers may also witness elder abuse towards a partner who is also elderly. Healthcare providers **must** contact an IWK Social Worker or Adult Protection to discuss what the best intervention would be in this situation.

GUIDING PRINCIPLES AND VALUES (see Definitions-Appendix A for explanations)

The following guiding principles and values are an integral part of IWK Health and are to always be considered when working with individuals who have experienced or are experiencing IPV.

- Trauma-informed care
- Patient and people centered care
- Respect for autonomy
- Respect for privacy
- Power Imbalances and Empowerment.
- Diversity and Inclusion
- Cultural sensitivity

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PROTOCOL

The recommended screening guidelines for IPV **no longer** include universal screening of patients. Ideally, IPV screening should be done in a gradual process with the patient only after some time is spent building rapport during the appointment (VEGA Family Violence Education Resources, 2019). It is recognized that this may not be possible in certain care areas.

1. Create an emotionally and physically safe space:
 - 1.1. Screening for intimate partner violence should be conducted in a private and safe setting. For example, without family members or friends present if possible.
 - 1.2. Patients/individuals have the choice to not answer screening questions. It should not be interpreted that a refusal to answer means that the individual is in an abusive situation.
2. Confidentiality:
 - 2.1. Healthcare providers are responsible to discuss the “limits of confidentiality” i.e. if the patient discloses harm to oneself, is threatening direct harm towards other individuals or reports harm to a child/vulnerable adult/elderly individual to the healthcare provider then confidentiality can be breached to the appropriate personnel/authority.
3. Patients who do not speak English:
 - 3.1. Interpretation services (by phone or in person) are available and strongly recommended to be involved for the IPV screening. It is not recommended to use a family member or support person to be an interpreter for the patient. This should only be used as a last resort. Please see IWK policy: 1137 - Interpretation of Languages.
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4. Consent for IWK Social Work Referral:
 - 4.1. Upon disclosure of IPV, the patient must give consent to the healthcare provider to see an IWK Social Worker. IWK Social Work can be contacted by pager, phone or faxing a consultation report form (Monday to Friday 830am – 430pm). On weekends and holidays, contact the IWK Switchboard and ask for the IWK Social Worker on standby.
 - 4.2. Once the patient consents to a Social Work referral, the healthcare provider must ensure that proper documentation, such as the consultation report form (IWKCOREA), is completed and faxed to the Social Work office and a copy is scanned to the patient’s medical record.

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- 4.3. If the individual does not consent to speak to an IWK Social Worker, the healthcare provider can encourage them to develop a safety plan, document the safety plan on the patient's medical record and provide the "Community Resources" handout.
- 4.4. An IWK Health Centre Social Worker is available to discuss any situation involving abuse/intimate partner violence with the healthcare provider, even if the individual or family decline to meet with the Social Worker.
- 4.5. Individuals who have disclosed IPV may want to contact the police/law enforcement. An IWK healthcare provider can support the individual with this call but should not communicate directly with police without further guidance from a Manager or the Director on Call. See [IWK Policy 304.0 Interacting with Law Enforcement](#).
- 4.6. IWK healthcare providers do not have a duty to report incidents of IPV to the police. (There may however be a duty to report to the Department of Community Services or Adult Protection. See Policy statement 3.1 on Page 2 in this document and [IWK Policy 1101 - Reporting Allegations of Abuse/Neglect or Suspected Abuse/Neglect](#).)

LEGISLATIVE ACTS/ REFERENCES

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RELATED DOCUMENTS

Policies

IWK Health Policy #124.01 - Consent to Treatment

IWK Health Policy #304.0 - Interacting with Law Enforcement

IWK Health Policy #1101 - Reporting Allegations of Abuse/Neglect or Suspected Abuse/Neglect

IWK Health Policy #1137 - Interpretation of Languages

IWK Health Policy #1377 – Care of the Patient Experiencing Sexual Abuse/Assault

IWK Health Policy #1003.0 - Minimum Documentation Standards for Health Care Providers

IWK Health Policy #1800.1 - Taking into Care of a Child by Child Protection Authorities

Forms

Woman and Abuse Assessment and Intervention Record (# IWKWOAB)
Consultation Report (#(IWKCOREA)

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Brochures

[Diversity and Inclusion Lens](#)

Appendices

Appendix A: Definitions

Appendix B: Algorithm

Appendix C: Example Safety Plan

Appendix D: Important Numbers

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APPENDIX A: DEFINITIONS

Abuse: an infliction of harm through any act or failure to act that endangers the health or wellbeing of another. It is the misuse of power in personal relationships by an individual through threatened or actual physical violence, psychological threats, sexual abuse and/or financial control. Descriptions of abuse include:

- Physical – inflicting or threatening to inflict physical pain, injury or discomfort on an adult.
- Sexual - any form of sexual activity with a person without the consent of that person.
- Emotional/Psychological– inflicting mental pain, anguish, stress or distress through verbal or nonverbal acts.
- Financial – the withholding or illegal misuse of the money, property or other assets of another adult, including placing inappropriate pressure on the other person in order to gain access to their assets.
- Neglect – the failure to provide the necessities of life such as proper food, fluids, suitable clothing, a safe and sanitary place of shelter, proper medical attention, personal care and necessary supervision. (World Medical Association, 2019)

Abuse descriptions related to the elderly also recognize other forms of abuse, including systemic, spiritual, medical as well as civic and human rights abuse. (World Medical Association, 2019)

Child: Refers to an individual who is under age 19.

Gender based violence (GBV): Gender-based violence is any form of violence against an individual because of their gender expression, gender identity or perceived gender. This can take many forms: cyber, physical, sexual, psychological, emotional, and economic. Neglect and harassment can also be forms of GBV (Status of Women Canada, 2018).

Intimate Partner Violence (IPV): violence or abuse that happens within a marriage, common-law or dating relationship; in an opposite-sex or same-sex relationship and at any time during a relationship, including while it is breaking down, or after it has ended. (Department of Justice: Family Violence, 2017)

Elder abuse: is generally defined as the maltreatment of individuals over the age of 60. Types of abuse include, but are not limited to, psychological/emotional, physical, sexual abuse, and financial exploitation. (Van Den Bruele, 2019)

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Vulnerable Adult/Adult in need of protection: Adults, 16 years and older, who, by reason of mental and/or physical incapacity, are living in a situation of significant risk of self-neglect or experiencing abuse or neglect by others which results in serious harm to the person. (NS Health and Wellness, 2011).

IPV Screening: assessment of current harm or risk of harm to the patient from their current or past intimate partner. Individuals presenting with injuries from family violence undergo a diagnostic, not screening, evaluation. (Lyons, 2020).

Non-binary: A person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do. May also use the terms non-binary, gender fluid, gender queer or gender non-conforming. (Human Rights Campaign, n.d.).

Patient: may include children, youth, women, men, non-binary or transgender seen at IWK Health.

Limits of confidentiality: informing a patient or family member that we have a duty to report any abuse to a minor (under age 19), harm to oneself (the patient) or harm to another person; therefore, confidentiality can be breached in these situations.

Healthcare provider: Refers to IWK Health employees, learners and volunteers.

Safety Plan: “A safety plan is a plan for increasing safety and preparing in advance for the possibility of abuse in the future” (NS Advisory Council on the Status of Women, 2018).

Trauma-informed care: is a universal, systematic approach that is grounded in an understanding of, and responsiveness to, the impact of trauma ([What is Trauma Informed Care? | Your Experiences Matter](#))

Patient and people centered care: Healthcare providers must recognize that intimate partner violence impacts the entire family, social networks and community of that individual. Resources should not only support the impacted individual but also consider the needs of those closest to that individual.

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Respect for autonomy: Healthcare providers must recognize that patients/individuals are the experts in their own lives and should be involved in every aspect of decision-making regarding the disclosure of IPV and their care. It is very important due to the power imbalance that exists in situations involving IPV, that the individual impacted by IPV, have the power and control given back to them within the IWK Health.

Respect for privacy: Subject to any statutory duty to report, healthcare providers must respect the patient's right to privacy and self-determination especially when discussing details of the IPV disclosure.

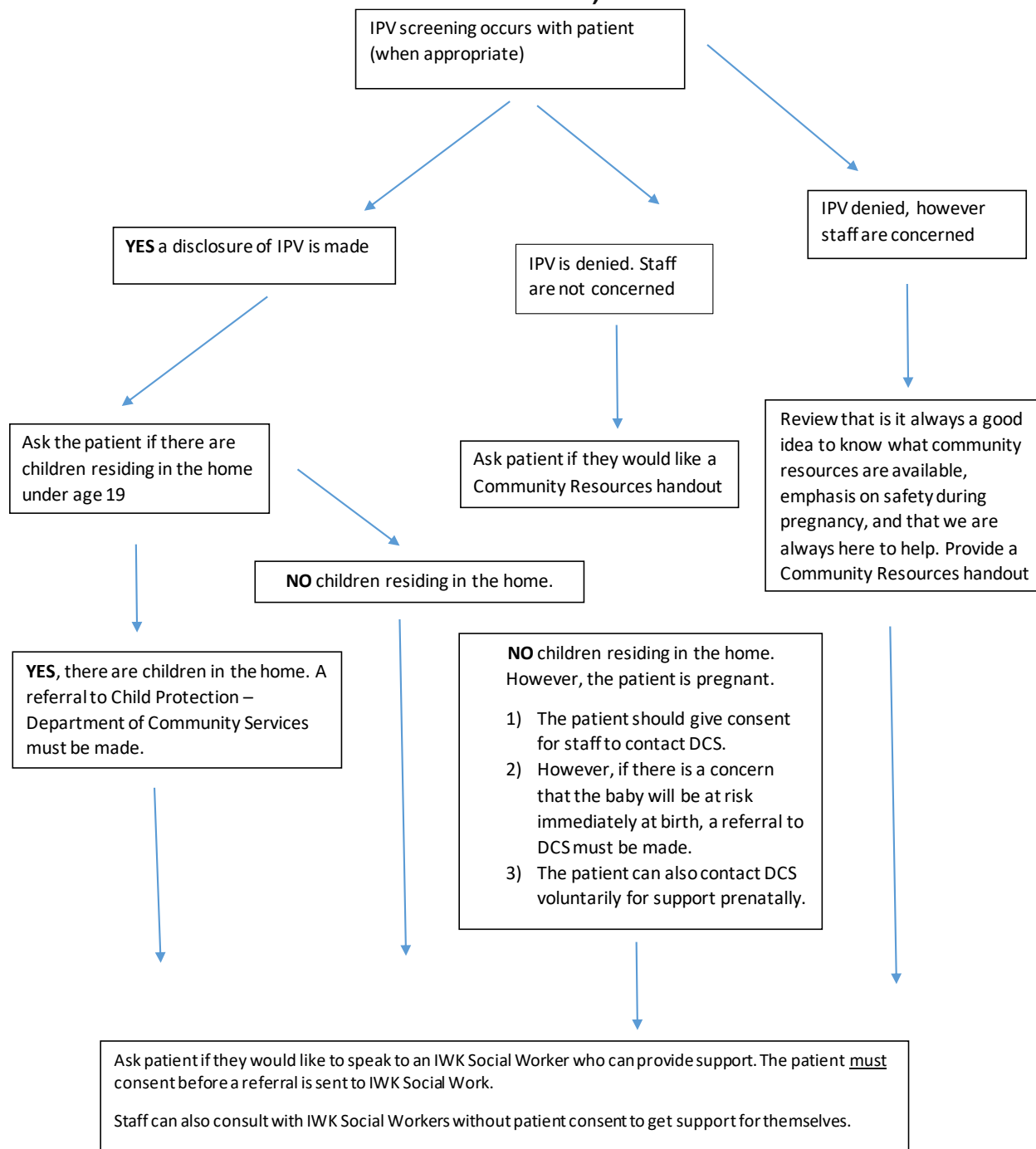
Power Imbalances and Empowerment: Healthcare provider must always consider the needs of diverse populations which can include patients who have been marginalized and feel powerless.

Diversity and Inclusion: seeks to challenge the assumptions and biases and become aware of the broad spectrum of diversities, perspectives, beliefs and values that can influence and contribute to how IPV is interpreted, reported, to whom and how it is reported.

Culturally sensitive: Healthcare providers must make every effort to understand the implications of different cultures and how relationship dynamics vary from culture to culture.

APPENDIX B: ALGORITHM

(*This can be used with any IWK patient who is involved in a relationship where there is IPV)



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APPENDIX C: SAFETY PLAN QUESTIONS

Healthcare providers may want to speak to an IWK Social Worker about IPV disclosure/suspected IPV.

If a Social Worker is not available or the individual declines a Social Work referral, staff may want to ask these questions to help a patient who is experiencing Intimate Partner Violence (IPV) with developing a safety plan:

- 1) Do they have a safe place to go if they don't want to return home?
- 2) Do they want to go to a shelter?
- 3) Are there other children in the home who may not be safe?
- 4) Do they have money and identification, like a driver's license and health card (for themselves and their children)?
- 5) Do they have a family member or friend who they trust and can talk to?

**** Please note that these questions should be modified for the situation as not all of these may be applicable to every situation**

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APPENDIX D: IMPORTANT NUMBERS

NS Department of Community Services

During business hours	902-424-5800
After business hours	1-888-922-2434
Adult Protection	1-800-225-7225

Child Protective Services (PEI)

During business hours	1-877-341-3101
After business hours	1-800-341-6868
Adult Protection	(902) 368-4790

NB Social Development (Child Protection)

During business hours	1-888-992-2873
After business hours	1-800-442-9799
Adult Protection	(506) 453-2001

Transition House Association of Nova Scotia which is 24-hour toll-free line at **1-855-225-0020** (To get advice on how to deal with a situation involving Intimate Partner Violence)

Avalon Sexual Assault Centre - 24-hour crisis line/SANE response line 902-425-0122

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Bryony House – 24-hour crisis line – 902-422-7650

Mental Health Mobile Crisis Team – 1-888-429-8167

Child Protection – 902-424-5800/Provincial After hours Team 1-866-922-2434

Paws & Support (SPCA) pets live with trained temporary foster families and are reunited once their owner is in a healthy, safe space free of cost. **1-844-835-4798**

District Health Authority/IWK Policies Being Replaced

(Please List)

Version History

(To Be Completed by the Policy Office)

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)

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