

## Responding to Domestic Violence in Clinical Settings



### Core Competencies:

1. Identification	
1.1	Define violence against women within the context of an intimate relationship
1.2	a) Describe the prevalence of intimate partner abuse in women b) Describe the prevalence of intimate partner abuse in pregnant women
1.3	a) Identify health effects of intimate partner abuse b) Identify health effects of intimate partner abuse in the pregnant woman, her fetus and/or infant
1.4	Describe: a) The dynamics of an abusive relationship b) Barriers women face in leaving c) Characteristics of abusive men
1.5	List presentations of abused women (includes injury pattern, behaviours, medical presentations, indicators of strangulation, vague complaints and emotional affect)
1.6	Discuss the effects of culture, geography, home environment, disability and sexual orientation on presentations
1.7	a) Identify those patients that may be at high risk of abuse (include pregnancy, partner's behaviour, etc.) b) Identify those patients/individuals at high risk of using abusive behaviours
1.8	Identify patient-related barriers to disclosure (include concerns about privacy, confidentiality, cultural/ethnic/religious beliefs, resource availability etc)
1.9	Acknowledge pre-existing values, attitudes, beliefs and experiences related to abuse among Health Care professionals and how these impact on the interaction with the patient
1.1	a) Explain issues that contribute to a lack of safety in identifying abused women in health care settings b) Identify factors that contribute to a safe environment for identifying abused women c) Describe how to create a safe environment enabling women to disclose abuse
1.11	Communicate with patients in a supportive, nonjudgmental manner
1.12	a) Demonstrate appropriate ways of asking about, or screening women for, intimate partner abuse b) Demonstrate appropriate ways of asking, or assessing men for, abusive behaviour
1.13	Identify factors that make pregnancy a vulnerable time for women

1.14	Describe health consequences/issues specific to the postpartum period (i.e. depression, maternal-infant attachment, breastfeeding)
<b>2. Assessment and Intervention</b>	
2.1	Communicate appropriate responses to disclosure, nondisclosure, and indicators of abuse despite nondisclosure
2.2	Acknowledge the patient's response in a non-judgmental, supportive manner
2.3	a) Describe legal obligations upon disclosure of abuse b) Describe reporting obligations regarding children c) Communicate with the patient regarding reporting issues (woman and her children) in a clear and supportive manner
2.4	Discuss repercussions of disclosure for the women and her children
2.5	a) Identify available local hospital, community, regional and provincial resources for abused women and abusive men and how to access them b) Review with patient available options c) Value and respect a woman's rights to make her own decisions d) Communicate information to the woman that supports her decision making e) Offer appropriate referrals
2.6	Identify high risk situations for: <ul style="list-style-type: none"> <li>• continued abuse</li> <li>• medical morbidity/mortality including suicide</li> <li>• homicide</li> </ul>
2.7	a) Perform a focused assessment of her immediate risk/safety b) Perform an assessment of his immediate risk for perpetration of abuse, femicide or femicide/suicide c) Distinguish among hospital and/or community resources to be called upon in the event of immediate risk to her safety
2.8	Perform appropriate documentation of patient's history, physical findings, working assessment/diagnoses, follow up arrangements