Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

POLICY AND PROCEDURE ON

THE MANAGEMENT OF DOMESTIC ABUSE BY ALL HEALTHCARE STAFF

IN CORK UNIVERSITY HOSPITAL

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1 Policy Statement

This Policy will be managed

- By all health care staff according to the procedures listed below.
- It is gender neutral

2 Purpose

The purpose of this policy is to:

- Outline the management of Domestic Abuse
- To ensure that standard processes exist on the management of Domestic Abuse in Cork University Group of Hospitals

3 Scope

All health care staff

Target Population
All patients male and female over the age of 16 years and under the age of 65 years

4 Legislation/Related Policies

- The main legislation relevant to domestic abuse is:
- Domestic Violence Act 1996 and amendments in 2002 and 2011.
- Non Fatal Offences Against the Persons Act 1997
- Civil Legal Aid Act 1995
- Child Care Act 1991
- Children First Guidelines 2011
- Protections for Persons Reporting Abuse Act, 1998
- HSE staff responsibility for the Protection and Welfare of Children
- Policy and Procedures on the Management of Domestic Abuse by Medical Staff

5 Glossary of Terms and Definitions

5.1 Domestic Abuse

"...refers to the use of physical or emotional force or threat of physical force, including sexual violence in close adult relationships. This includes violence perpetuated by a spouse, partner, son, daughter or any other person who has a close or blood relationship with the victim. The term 'domestic abuse' goes beyond actual physical violence. It can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone"

Forms of Abuse

Physical Abuse

Including hitting, slapping, and pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Psychological Abuse

Including emotional abuse, threats or harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Sexual Abuse

Including rape and sexual assault or sexual acts to which the older adult has not consented, or could not consent, or into which he or she was compelled to consent.

Financial or Material Abuse

Including theft, fraud, exploitation, pressure in connection with property or financial transactions or the misuse or misappropriation of possessions or benefits.

Neglect and Acts of Omission

Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory Abuse

Including racism, sexism that is based on a person's disability, and other forms of harassment, slurs or similar treatment.

Definitions

5.2 Disclosure

Where a patient, family member, relative or member of the community makes it known to a staff member that the patient may be subjected to Domestic Abuse.

5.3 Concern/Suspicion

Where a member of staff has a belief that a patient may be a victim of Domestic Abuse without definite proof. This belief may be formed for example if a patient presents with unexplained injuries or with injuries, which are inconsistent with the history given. Information provided by family or relatives may also give rise to concern.

5.4 In Confidence

Something told as secret. Disclosures of Domestic Abuse will be logged discreetly on the medical chart. This forms part of the holistic care given

to the patient. There are limits to the confidentiality form an agency perspective. If information is given suggesting that a child is at risk workers will be obliged to notify the Medical Social Work Department during office hours (Monday to Friday 09:00 to 17.00hrs) or the Gardai (during weekends and between the hours of 17.00 to 08.00hrs).

5.5 Child at risk

Where there is concern that there is an immediate and serious risk to the health and welfare of a child.

5.6 Designated Officer

Under Protections for Persons Reporting Abuse Act, 1998, Section 2 (2) the CEOs of the former health board appointed a wide range of nursing, medical, paramedical and other staff as designated officers for the purposes of the Act. These officers are obliged to take reports from any person who has a concern that a child is being abused / or at risk. Those providing the information are immune from civil liability if they make the report to Designated Officers in good faith

Legal Definitions

5.7 Safety Order

Prohibits a person from using or threatening violence towards the person applying for the order and/or dependent children. The person named in the order is not required to leave the house.

5.8 Protection Order

This is a temporary safety order. A court may make an order when a person applied for a safety and/or barring order. A protection order only lasts until the full hearing of the application for the safety or barring order. The person named in the order is not required to leave the house.

5.9 Barring Order

Requires a person, against whom the order is made, to leave and stay away from the residence of the person applying for the order and/or dependent children. The person named in the order is required to leave the house.

5.10 Interim Barring Order

Is a temporary barring order, a court may make this order when a person applies for a barring order. An interim barring order only lasts until the full court hearing of the application for the barring order and is only made in exceptional circumstances. The person named in the order is required to leave the house.

5.11 Legal Aid

Through locally based services the Legal Aid Board provides legal advice in civil cases to persons who satisfy the requirements of the Civil Legal Aid Act 1995. Solicitors and Barristers are available on a means test cost.

5.12 Injunction

This enables persons who do not quality under the Domestic Violence Act 1996 to seek protection from the courts.

Something told as secret. Disclosures of Domestic Abuse will be logged discreetly on the medical chart. This forms part of the holistic care given to the patient. There are limits to the confidentiality form an agency perspective. If information is given suggesting that a child is at risk, workers will be obliged to notify the Medical Social Work Department.

5.13 Section 12 of the Child Care Act 1991

This section of the act authorizes a member of the Gardai to remove a child where they assess that there is an immediate and serious risk to that child.

6 Roles and Responsibilities

6.1 Responsibility for complying with the policy

All health care staff

Medical Social Workers

6.2 Responsibility for ensuring compliance with the policy

Divisional/Service Managers

Divisional/service managers maintain overall responsibility for ensuring that all staff are aware of this policy and procedure and that it is implemented appropriately. It is also their responsibility to ensure that staff are facilitated to attend appropriate training.

Clinical Nurse Manager

The clinical nurse manager with support from the Medical Social Work Department is responsible for monitoring and implementing this policy and procedure.

Medical Social Worker

The medical social worker is responsible for carrying out the assessment and adhering to all policies and procedure pertaining to the management of Domestic Abuse in CUH (Appendix ?)

7 Procedure

- Identify if Domestic Abuse is present.
- To do this you will need to consider the following:

  - Is there a mismatch between what the patient says and any observed behaviour or signs e.g. Says arm is not sore but then winces at minor movement?
  - Is there a delay in presentation to hospital?

- Are there any injuries which are inconsistent with the history of how they occurred?
- Are there injuries to the face, head, neck, chest, breast, back, thighs or abdomen?
- Is there evidence of multiple injuries at different stages of healing?
- Is there evidence of sexual violence?
- Does the patient try to minimise the extent of the injury or pain?
- Does the patient try to conceal the injuries?
- Does the patient insist that they are solely responsible for the injury by being accident prone or clumsy etc?
- Is the patient vague, anxious, fearful or distressed?
- Is the patient reluctant to stay in the Department for a medical assessment?
- Is the patient reluctant to make eye contact?
- Does the patient appear overly anxious, passive or fearful of their partner/spouse/other?
- Does the patient appear either excessively withdrawn or excessively anxious?
- Does partner insist on staying with the patient and speaking on their behalf?
- Is there any sign of the partner/spouse or other being over-dominant, controlling to their partner or to staff.

7.1 Indicators

There are a number of injuries, which could indicate that the patient is being subjected to Domestic Abuse and as such may warrant more careful and sensitive investigation.

These include:

7.2 PHYSICAL

- Multiple bruising
- Abrasions
- Minor Lacerations
- Fractures and Sprains
- Injuries to the Head, Neck, Chest, Breast and Abdomen
- Repeated Chronic Injuries
- Multiple injuries
- Pelvic pain
- Back Pain
- Facial injuries – especially the eye socket, nose, teeth and jaw
- Perforated Ear Drums
- Abdominal Injury when pregnant
- Genital Injury
- Burns / bruises
- Human bite marks
- Bizarre Injuries
- Rape
- Hair pulled out

7.3 Physical Injuries May Be:

- At multiple sites
- Symmetrically distributed and of different ages (old and new bruises).
- Affecting areas normally clothed.
- Inconsistent with explanation given.

7.4 Behavioural Indicators of Abuse

- Suicide / Para suicide
- Eating Disorders
- Poor Sleep Pattern
- Substance abuse primarily alcohol.
- Drug abuse - Tranquilliser and Sedative Use
- Overdose
- Depression – known to be higher among patients experiencing Domestic Abuse
- Panic Attacks
- Multiple psycho- somatic complaints
- Tiredness
- Mental Health problems – higher among patients experiencing Domestic Abuse
- Low Self Esteem
- Apathy

7.5 Emotional Indicators of Domestic Abuse

- Anxiety
- Helplessness
- Self-blame
- Fear
- Demoralisation
- Shame
- Anger Distress
- Tearfulness

7.6 Asking the Question

It is important that a direct question is asked. Indirect questions e.g. "how are things at home" should be avoided.

Examples:

- Has somebody at home hurt you? Or
- Is there somebody hurting you at home? Or
- Have you ever felt unsafe or been afraid of anyone eg. your partner ?
- I noticed that you have some bruising on your arm etc. How did that happen?
- You seem to be sore, did somebody hurt you?

7.7 Barriers for staff to asking the question:

- Lack of privacy/time/interest

- Lack of training/ how to proceed
- Fear for personal safety
- lack of knowledge/skills re dynamics of Domestic Abuse
- Embarrassment/feeling uncomfortable with issue
- Belief that patient may be to blame
- Belief that Domestic Abuse is not serious
- Personal involvement
- Not aware of referral options

7.8 Procedure following Positive Response to Screening Question

- It is vitally important that the health care staff member are non-judgemental, sensitive, and supportive.
- Try to see the patient in a private confidential area.
- Do not react with shock or disbelief although you may find this difficult.
- Use supportive comments e.g. "we will help you in any way we can".
- Do not put pressure on the patient to disclose further details or rush into life changing decisions if they are reluctant to do so.
- Remember they may be too afraid at this point in their lives to bring about change in their situation.
- Remember that any unplanned change could place them in further danger.
- Be aware that inducing change in abusive relationships is a planned process and cannot be rushed or short circuited.
- Be sensitive to barriers such as language, culture, class, race, age, gender, sexuality or disability.
- Let patients know they are not alone in being abused and the violence/abuse is not their fault.
- Reassure the patient that they can speak to someone in confidence.
- If there are children in the family and a disclosure of Domestic Abuse has been made, or is suspected, all health care staff **<u>are required</u>** to refer to the MSW Department.
- Ask if patient wishes to be referred to Medical Social Worker (MSW) attached to your ward or unit
- Emphasise the supportive and therapeutic role of the MSW
- Be prepared to clarify the role of the Medical Social Worker vis a via the role of the Community Child Protection Social Worker.
- Be aware that MSW's work Monday to Friday from 9 am to 5pm
- For after hours procedures see 7.9
- If the patient does not wish to be referred, it is still important to inform the social work department using the usual referral system. Indicate that the patient does not wish to be contacted on this occasion. This information may be useful in the event of the patient taking legal action in the future or for statistical purposes.
- Provide support card for patient. These cards are available in the Triage room in the Emergency Department or directly from the Medical Social Work Office. The purpose of this card is to enable the patient to access help when they are ready to do so.

- Document in the patient's medical chart that the support card has been given to the patient.
- Before the patient leaves the hospital explore issues of safety and that of any children involved in the relationship.
- In liaison with the Medical Social Worker, and with the consent of the patient, consider the option of taking photographs of the injuries sustained (e.g. haematomas, lacerations or burns) Photographs are particularly useful if the patient wishes to take legal action in the future. If a digital camera is not available in your ward or unit contact the Medical Social Work Department. (Appendix ? Policy on consent.)
- Document clearly and comprehensively. List all injuries and use body maps to illustrate same.
- State clearly what the patient says e.g. " patient says" or "patient states that--------"
- Signatures and contact details of health staff should be clearly legible.
- Medical Social Worker to initiate assessment within 3 hours of receiving referral during normal working days (Monday to Friday).

7.9 After Hours

- If there are children in the family refer to your line manager as protective measures may need to be taken
- If a patient discloses after hours or at week-ends refer to Community Domestic Support Services if the patient agrees as per 5.4
- If, outside office hours, it is felt that children are at risk and it is not safe for the patient to ask family, friend or neighbour to care for the children, the Gardai may need to be contacted. Staff may need to request that Gardai initiate a Section 12 under the Child Care Act.
- Refer to Medical Social Work department as per 5.4
- If patient is admitted, assessment by MSW should take place within 3 hours of commencing duty.

7.10 Negative Response to Screening Question

- Remember that a negative response to screening does not mean that abuse has not occurred. It may simply indicate that the patient is not comfortable or ready to disclose at this point in time.
- If there are children in the family and a disclosure of Domestic Abuse has been made, or is suspected, all health care staff **are required** to refer to the MSW Department.
- Reassure patient that help and support is available if they feel unsafe at home etc.
- Provide support card and record same.

- If staff are still concerned re mechanism of injury code as VS—see 7.2

Coding

7.11 The purpose of coding (to be used on the medical file) is to ensure confidentiality and safety for the patient at all times.

DI = Disclosure
VO = No Disclosure at this time.
VS = No Disclosure at this time but staff suspicious as to how injuries etc were sustained. For indicators of abuse see 7 and 7.1

VP = Disclosure of abuse in previous relationship.

To be continued

8 Implementation Plan

9 Revision and Audit

10 References/Bibliography

11 Appendices