



Joint Statement On Family Violence



College & Association of
Registered Nurses of Alberta



COLLEGE OF
LICENSED PRACTICAL NURSES
OF ALBERTA



College of
**REGISTERED
PSYCHIATRIC NURSES**
of Alberta

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Joint Statement on Family Violence

This joint statement was developed cooperatively by the College and Association of Registered Nurses of Alberta, the College of Licensed Practical Nurses of Alberta, and the College of Registered Psychiatric Nurses of Alberta. The three professional nursing groups recognize that family violence is a major public health concern facing society and believe that nurses have a significant role in addressing family violence.

Members of the regulatory bodies above should contact their respective organizations with questions, or to seek practice guidance, about the nursing responsibilities discussed in this document.

This document was developed through collaboration between the three regulatory nursing bodies in Alberta:

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College of Licensed Practical Nurses of Alberta
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College of Registered Psychiatric Nurses of Alberta
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STATEMENT OF BELIEF

Violence is unacceptable and should not be tolerated. Refusing to accept violence plays a role in changing societal attitudes. The nursing profession has a professional and social responsibility to address this issue. Individuals have a right to a safe environment. **The position of the three professional nursing groups is “zero tolerance for family violence”.**

NURSES CAN ADDRESS THE PROBLEM

The vast majority of regulated nurses¹ in Canada are in practice in institutional, community and home-based settings where they are in close contact with a large segment of the population that is vulnerable to violence. Nurses are seen by the public as accessible and non-threatening, which allows them to initiate therapeutic relationships built on trust. Nurses often provide the first line of contact with the health care team and are well positioned to mobilize resources and initiate interventions. They are in an ideal position to contribute to the prevention and detection of violence among children, women, men and the elderly and to intervene sensitively and effectively.

Nurses need to be aware of the important role they play in prevention, identification, intervention, and rehabilitation of families and individuals who have been exposed to family violence, are at risk for or have suffered from family violence. Early intervention is the key to stopping later acts of violence. All nurses need education in their basic programs and continuing education in order to identify and address the issues and care related to family violence.

NURSES RESPONSIBILITIES

Nurses in every practice environment have the responsibility to:

- Examine their own beliefs, attitudes, values, and practice behaviors about family violence in order to intervene effectively.
- Use an assessment approach or tool that is comprehensive and includes questions on social and family issues.
- Use open-ended questions with a non-judgmental, non-threatening manner.
- Ask clients about history of current or past abuse. Routine screening for abuse should be a standard component of assessment.
- Complete appropriate documentation. Detailed documentation is an essential aspect and may be helpful in any further legal proceedings.
- Assist the victim with developing a safety plan and connections with community resources, shelter information, and support groups.
- Inform victims that abuse is assault which is a criminal offense.
- Be knowledgeable about legal requirements related to the reporting of child abuse.

¹ In this document, “nurses” refer to registered nurses, licensed practical nurses, or registered psychiatric nurses

- Nurses may have a legal obligation to breach client confidentiality for the purpose of warning other individuals of possible danger from a client. In these instances, they should always consult with the agency's administration or the agency's legal counsel as well as with their regulatory college before releasing any information (CNPS, 1996).
- Provide education about family violence.
- Collaborate with other health care professionals.

PRACTICE SETTING RESPONSIBILITIES

Nurses in every practice environment should assess clients for family violence. In particular, attention should be paid to clients in emergency departments and prenatal care services. Very often, the first place where an abused client enters the health care system is the emergency department or women's health services. Effective policies and protocols to address zero tolerance for family violence must be developed and used in every practice setting. Documentation tools such as body maps and assessment forms are two resources to be used to record an incident. Community resources for addressing needs related to family violence should be identified and available for use by all health care professionals in every practice setting.

DEFINING FAMILY VIOLENCE

Family violence is the abuse of power within relationships of kinship², intimacy, dependency or trust that endangers the survival, security and well-being of another person.

Family violence can take a number of forms in addition to physical assault, such as intimidation, psychological, spiritual or emotional abuse, sexualized abuse, neglect, deprivation³ and financial exploitation. It encompasses various forms of abuse within a range of intimate relationships, including those between parent and child; caregiver and client; adult child and parent; siblings; and intimate partners in dating, marital or common law relationships.

Many people - regardless of gender, age, race, ethnicity, education, cultural identity, socioeconomic status, occupation, religion, sexual orientation, physical or mental abilities or personality - may be vulnerable to being abused at any stage of their life.

There are many different forms of abuse, and a person may be subjected to more than one form.

Physical abuse may consist of one incident or it may happen repeatedly. It includes:

- using physical force in a way that injures someone, or puts them at risk of being injured including beating, hitting, shaking, pushing, pinching, choking, biting, burning, kicking, assault and battery or assault with a weapon
- rough handling

² The term kinship is used for entities of common genealogical origin, whether biological, cultural, or historical descent.

³ The state of being without or denied something, especially of being without adequate food or shelter or medical attention.

- confinement
- dangerous or harmful use of force or restraint
- female genital mutilation is a form of physical abuse (ICN, 2004).

Sexual abuse and exploitation includes:

- all forms of sexual assault, sexual harassment, or sexual exploitation forcing a person to participate in any unwanted, unsafe or degrading sexual activity
- using ridicule or other tactics such as sexual jokes or displaying offensive materials to try to denigrate, control or limit a person's sexuality or reproductive choices
- using a child for sexual purposes—including fondling; inviting touch, manipulating or forcing a child to engage in sexual activity or intercourse with or without consent
- rape, sodomy or exhibitionism
- involving a child in prostitution or pornography

Neglect is often chronic and it usually involves repeated incidents. It includes:

- failing to provide what a child or dependent adult requires for his or her physical, psychological or emotional development and well-being
- failing to provide or denying food, clothing, shelter, cleanliness, medical care, protection from harm, or a sense of being valued and loved.

Emotional abuse includes:

- harming a person's sense of self and putting them at risk of serious behavioral, cognitive, emotional or mental disorders
- attacking a person verbally - for example, by yelling, screaming, name calling, criticizing, threatening or intimidating
- using criticism, verbal threats, social isolation, intimidation or exploitation to dominate someone
- routinely making unreasonable demands
- criminally harassing or “stalking” - which may include threatening a person or their loved ones, damaging their possessions or harming their pets
- terrorizing a person
- exposing a child to family violence.

Economic or financial abuse includes:

- stealing from or defrauding someone
- withholding money to buy food or medical treatment

- manipulating or exploiting someone for financial gain
- denying access to financial resources
- preventing a person from working, or controlling their choice of occupation.

Spiritual abuse includes:

- preventing a person from engaging in their spiritual or religious practices
- using a person's religious or spiritual beliefs to manipulate, dominate or control them
- ridiculing or denigrating someone's beliefs.

FACTORS THAT CONTRIBUTE TO FAMILY VIOLENCE

Family violence is a complex problem, in which individual, relationship and societal factors play a role. Most experts believe that family violence is linked to inequalities and power imbalances in our society. Most abusers are in a position of power over their victims.

Vulnerability to family violence may be compounded by life circumstances such as anomie and dislocation⁴, colonization⁵, racism, homophobia, disability, poverty, and social and geographic isolation. Lack of access to community services and supports, and to the child welfare and criminal justice systems, may further increase a person's vulnerability to being abused - or compound the effects of abuse.

POPULATIONS AT RISK

The most prevalent report of abuse is that committed by men against women. Because of this prevalence toward women, all women, regardless of age, should be screened for abuse. It is also well documented in the literature that pregnancy increases the likelihood of abuse.

Men are also affected by partner abuse. The over-representation of women in police statistics may be partly explained by data that indicate that women are more willing than men to report incidents of spousal violence to the police and more likely to suffer more serious injuries requiring medical attention.

Older adults experience family violence, particularly emotional or financial abuse. When older adults are victimized, they are twice as likely to be victimized by someone who is responsible for their care. Adult children and spouses are the most likely perpetrators in these cases.

⁴ The terms anomie and dislocation mean being removed from one's language, culture, family and community. For example, dislocation is a situation that has affected Aboriginal children who were sent to residential schools, as well as immigrants and refugees who came to Canada.

⁵ Colonization is that process of encroachment and subsequent subjugation of Aboriginal peoples since the arrival of Europeans. From the Aboriginal perspective, it refers to loss of lands, resources, and self-direction and to the severe disturbance of cultural ways and values (LaRoque, 1993).

Canada's aging population has increased the concern about how best to meet the care needs of older Canadians. The increasing emphasis on community-based care, for example, may increase the care giving burden for other family members and may increase older adults' vulnerability to abuse. At the same time, given the growing proportion of older adults in the population, the number of older adults in institutional settings is continuing to grow, and individuals in these settings may also be vulnerable.

Children and youth are most frequently victimized by an acquaintance. Within families, parents are the most likely perpetrators in assaults against children and youth. The risk of physical assault for children and youth by both family and non-family members increase as children get older. However, as children age and become more independent, their sphere of relationships expands and the rate of physical assaults committed by non-family members becomes significantly higher than the rate for family members. Research also indicates that violence in adolescent dating relationships is a serious problem.

Specific populations at risk of experiencing family violence include:

- Aboriginal women and men experience higher levels of spousal violence, compared with non-Aboriginal peoples,
- People living in rural and remote communities – Where people reside can influence how and whether they seek help.
- Persons with disabilities – Research suggests that women and children with disabilities are among the most highly victimized groups in Canadian society.
- Ethnocultural populations - Issues relating to family violence in ethnocultural families include: additional stressors, fewer social resources, financial pressures and intergenerational conflict, trauma caused by separation, racism, language barriers, isolation, threats of deportation, and threats of separation from children. Foreign-born women abused by their partners may be less likely to report abuse because they may be unaware of where to seek help, unsure that help would be forthcoming and/or are concerned that they may be forced to return to their country of origin. Difficulties in addressing the issue of family violence within specific ethnocultural communities may be exacerbated by a lack of culturally appropriate services and/or a lack of knowledge of available services.
- Same-sex couples - A growing body of research indicates that spousal abuse is a serious problem among both lesbian and gay couples.

CONSEQUENCES OF FAMILY VIOLENCE

The consequences of family violence are linked to many different diseases, conditions and injuries – such as HIV/AIDs, fetal alcohol syndrome, early childhood development dysfunctions and homelessness. Victims of family violence may experience pain and suffering that affects every aspect of their lives — including serious consequences for their physical and mental health. There is increasing evidence that the impacts tend to be lifelong.

For many victims, the psychological damage they experience may be more harmful and far-reaching than the physical injuries. In some cases, victims pay with their lives.

Perpetrators also experience negative consequences that may include, for example, shame, rejection, depression, substance abuse or incarceration. Children who are exposed to family violence are at high risk for emotional and behavioral problems and at increased risk of continuing the cycle of violence. The cycle of abuse can affect generations within families.

RESOURCES

The following resources can be helpful to answer questions related to family violence

Department of Justice Canada – Family Violence Initiative

<http://www.justice.gc.ca/en/ps/fm/>

Government of Alberta - Family Violence and Bullying Resources.

<http://child.alberta.ca/home/1002.cfm>

National Clearinghouse on Family Violence [http://www.phac-aspc.gc.ca/ncfv-](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/)

[cnivf/familyviolence/](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/)

REFERENCES

Canadian Nurses Protective Society. (1996). *Confidentiality of health information*.
Ottawa, ON: Author.

International Council of Nurses. (2004). *Elimination of female genital mutilation*.
Geneva, Switzerland: Author.

LaRoque, E. D.(1993). Violence in aboriginal communities. In *The path to healing: Report of the National Round Table on Aboriginal Health and Social Issues*.
Ottawa: Royal Commission on Aboriginal Peoples.