

Responding Safely to Intimate Partner Violence (IPV): We Must Do Better Than Screening

Why Not Screen?

- “Screening” in a health care context means asking everyone, no matter why they’re seeking care, about their experiences of IPV. This often takes the form of “checklist” questions (e.g., “have you been hit, slapped or kicked?”). Many providers are not comfortable asking, and don’t know what to do with a ‘yes’.
- Three major studies in Canada, the US and New Zealand have found that health care screening does not benefit women experiencing IPV; it does not improve their health outcomes or reduce subsequent violence. Based on this evidence, the World Health Organization (WHO), the Canadian Task Force on Preventive Health Care, and other groups do not recommend screening.
- While there is no direct evidence that screening harms women, we know that when women leave an abusive relationship, it is the time of greatest risk for serious escalation in violence, including homicide. Prompting disclosures without systems of care in place to help women and children can be harmful.

If Not Screening, Then What?

- VEGA advocates the LIVES¹ approach to identification of, and initial response to, IPV. This means taking a trauma- and violence-informed² approach to care, inquiring based on being aware of and alert to the signs and symptoms of abuse.³
- Organizations and systems also need to be ready: asking and responding safely means private space, time in workload to prioritize responding appropriately, information about services, and readiness to help clients in their next steps, according to their individual needs.

L ISTEN	Listen closely, with empathy and without judging.
I NQUIRE ABOUT NEEDS & CONCERNS	Assess and respond to specific needs and concerns – emotional, physical, social and practical (e.g., childcare).
V ALIDATE	Show that you understand and believe. Assure them that they are not to blame.
E NHANCE SAFETY	Discuss a plan for protection in case further harm occurs.
S UPPORT	Support them by helping connect them to information, services and social support.

The Bottom Line

- Simply “screening”, even with staff trained to screen and a referral path in place, is not effective. **We can, and should, do better.**
- **Responding Safely** is an obligation – the person’s safety, autonomy, dignity and well-being should guide all decisions about how, when and whether to ask about IPV, and what to do next.

The VEGA Project is developing evidence-based guidance and curriculum on family violence for health and social service providers.

Visit www.projectVEGA.ca for more information.

¹ <http://www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/>

² <http://projectvega.ca/wp-content/uploads/2016/10/VEGA-TVIC-Briefing-Note-2016.pdf>

³ <http://projectvega.ca/documents/2016/11/prevail-ipv-brief-fall-2016.pdf>



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