

Joint Statement on Family Violence

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Joint Statement on Family Violence

This joint statement was developed cooperatively by the Alberta Association of Registered Nurses, the College of Licensed Practical Nurses of Alberta, and the Registered Psychiatric Nurses Association of Alberta. The three professional nursing groups recognize that family violence is a major public health concern facing society and believe that nurses¹ have a significant role in addressing family violence.

Defining Family Violence

Family violence is assault by one family member against another. It is about power, manipulation, and control of one person over another.

Family violence can involve:

- A child;
- A spouse or an intimate partner (regardless of age);
- An elderly person;
- Physical, psychological, or sexual assault;
- Exploitation, neglect, intimidation, or inappropriate treatment.

Abuse occurs among all types of intimate relationships. Family violence crosses social, racial, ethnic, religious, cultural, socioeconomic, and educational boundaries.

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 well documented in the literature that pregnancy increases the likelihood of abuse.

Men are also affected by partner abuse. There is an underreporting of abuse of men and the elderly. Elderly men and women may be subject to abuse as they assume a dependent position that requires caregiving.

Elder abuse has only recently become a focus. Researchers estimate that annually 4% of the elderly and disabled population are abused, neglected, or exploited. Elder abuse includes the additional acts of neglect and financial or material exploitation during the act of providing care for the dependent. Neglect is the most prevalent reported type of elder abuse.

Statement of Belief

The position of the three professional nursing groups is “zero tolerance for family violence”. Violence is never acceptable and should never be tolerated. The nursing profession has a professional and social responsibility to address this issue. Individuals have a right to a safe environment.

¹ In this document, “nurse” refers to registered nurse, licensed practical nurse, or registered psychiatric nurse.

Addressing the Problem

Nurses are in a strategic position to address the issue of violence in families because we are often the first professionals to interact with the victims of family violence. Nurses are seen by the public as accessible and non-threatening, which allows them to initiate therapeutic relationships built on trust.

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 or suffered from family violence. If we don't provide effective help, then we are permitting a chronic and potentially fatal problem to exist. 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 own beliefs, attitudes, values, and practice behaviors about family violence so that you can effectively intervene.
- 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.
- 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 the 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.