



Universal Screening

Group #1

SUMMARY

All front-line professionals who work with adults and children need to be mindful of how domestic violence can lead to intimate partner homicide. All front-line professionals must screen for domestic violence in all cases and be prepared with appropriate referrals and resources if needed.

Criminal Investigations

Recommendations 2004-1, 2006-28, 2007-30

It is recommended that Universal Screening for domestic violence be part of every criminal investigation. Intervention in domestic violence has two goals, victim safety (intervention) and offender risk reduction/containment (case management). It is recommended that police receive ongoing training in recognizing domestic violence.

Healthcare professionals

Recommendations 2004-1, 2004-7, 2004-12, 2005-8, 2006-6, 2006-13, 2007-5, 2007-9, 2007-26

It is recommended that all healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety, or suicidal thoughts. When domestic violence is identified in the patient's life, the potential for lethality should be assessed by the healthcare provider or the patient should be referred to others with expertise in making such assessments.

Front line Service Providers

Recommendations 2004-1, 2004-7, 2004-8, 2004-25, 2005-5, 2005-13, 2006-19, 2007-8, 2007-17, 2007-29

Professionals such as social workers and addictions counsellors should be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with clients who have a history of alcohol and/or drug abuse, depression, anxiety, or suicidal thoughts.

Education

Recommendations 2004-1, 2007-11

Educators should be taught to be mindful of the dynamics of domestic violence and the potential for lethality. Educators should be prepared to intervene or to contact appropriate service providers who could assist in intervention when a child has disclosed or when IPV is suspected.

The Workplace

Recommendations 2006-8

All workplaces need to design and implement a policy to address domestic violence as it relates to the workplace. The policy should include:

- Educating employees about the issues of domestic violence in order to help them identify an abusive relationship in which they may be involved, and about how to reach out to co-workers for assistance.
- Training employers and managers to identify the signs of abuse and to respond appropriately to employees who are victims and/or perpetrators of domestic violence.
- Providing a resource list of appropriate referral agencies.
- Providing an organized response to direct threats of domestic violence that occur in the workplace.
- Developing and implementing a safety plan for the victim to ensure that a number of security measures are in place for her protection.

Universal Screening - DVDRC Recommendations

Criminal Investigations

Recommendations

2004-1

There is a continuing need to better educate both the public and professionals who come into contact with victims and perpetrators of domestic violence about the dynamics of domestic violence and the need to take appropriate action with potential abusers, victims and their children. In particular, this education has to include an awareness of the risk factors for potential lethality

2006-28

To the MCSCS; OACP: It is recommended that police receive ongoing training in the dynamics of Domestic Violence to assist officers with assessing situations and laying charges where appropriate. (Similar to Recommendation #4/2002) It is recommended that police receive ongoing training in the dynamics of Domestic Violence to assist officers with assessing situations and laying charges where appropriate. (Similar to Recommendation #4/2002)

2007-30

To the Ontario Association of Chiefs of Police (OACP), Ontario Police College (OPC), Ministry of Community Safety & Correctional Services (MCSCS) Policing Services Division:

It is recommended that police officers receive additional/supplemental training, which focuses on the recognition that domestic violence does not always present itself in an obvious way, such as in a domestic violence assault, but may be imbedded in other types of criminal acts. Where domestic violence is at the root of any criminal act, the investigation must be completed within the context and application of the domestic violence policies of the respective services. Victims may be reluctant to disclose violence in their relationship, and this requires a sensitive but thorough intervention. Police must understand that reluctant victims may be at greater risk of continued violence and thereby are in greater need of proactive police response. (Similar to recommendations #4/2002, #5/2004, #23/2006, #28/2006 #25/2006)

Healthcare professionals

Recommendations

2004-1

There is a continuing need to better educate both the public and professionals who come into contact with victims and perpetrators of domestic violence about the dynamics of domestic violence and the need to take appropriate action with potential abusers, victims and their children. In particular, this education has to include an awareness of the risk factors for potential lethality

2004-7

It is recommended that all healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety, or suicidal ideation. When domestic violence is identified in the patient's life, the potential for lethality should be assessed by the healthcare provider or the patient should be referred to others with an expertise in making such assessments

2004-12

The Committee recommends that healthcare providers use risk assessment tools to assess the potential for domestic violence/abuse, suicide and/or homicide

2005-8

Physicians require further education about the dynamics of domestic violence and the potential lethality, particularly where alcohol abuse, depression, anxiety, or suicidal ideation is present and diagnosed.

2006-6

It is recommended that the College of Family Physicians of Canada, the Ontario Psychiatric Association, in conjunction with the Canadian Psychiatric Association, and the Society of Obstetricians and Gynecologists of Canada develop and/or promote educational interventions that highlight the role of physicians in identifying a history of abuse in assessing patients' health concerns. Studies indicate that minimal intervention can lead to disclosures of intimate partner violence, with resulting positive outcomes (e.g. increased use of victim services; more safety behaviours; less physical abuse). (Repeat Recommendation)

2006-13

It is recommended that the College of Family Physicians of Canada develop and/or promote educational programs that highlight the dynamics and/or warning signs of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety or anger. (Similar to Recommendation #12/2004)

2007- 5

To the College of Family Physicians of Canada:

It is recommended that healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of drug abuse, depression, anxiety, and suicidal ideation, particularly when there is high conflict in their marriage and a history of numerous separations. (Similar to recommendations #12/2004

2007-9

To Healthcare Providers:

It is suggested that healthcare providers take a more proactive stance, particularly when working with patients in crisis situations, to ask those patients if there are any safety concerns in their intimate relationships. If the provider senses there are concerns, we recommend they use a such danger assessment tool, which will assist both the healthcare provider and the patient to better understand if there is a risk of lethality.

2007-26

To the Ministry of Health and Long Term Care (MHLTC):

It is recommended that provincial Mental Health and Addictions Strategies include screening for domestic violence as a best practice. Mental health and addictions professionals who are working with women need to be provided with assessment tools that will allow them to assess and determine the level of risk. (Similar to recommendations #2/2006, #8/2005)

Front line Service Providers

Recommendations

2004-1

There is a continuing need to better educate both the public and professionals who come into contact with victims and perpetrators of domestic violence about the dynamics of domestic violence and the need to take appropriate action with potential abusers, victims and their children. In particular, this education has to include an awareness of the risk factors for potential lethality

2004-7

It is recommended that all healthcare providers be taught to be mindful of the dynamics of domestic violence and the potential for lethality, especially when working with patients who have a history of alcohol and/or drug abuse, depression, anxiety, or suicidal ideation. When domestic violence is identified in the patient's life, the potential for lethality should be assessed by the healthcare provider or the patient should be referred to others with an expertise in making such assessments

2004-8

It is recommended that frontline service providers (police, shelter workers, paramedics, medical staff) receive training in recognizing that the effects of drug and/or alcohol addictions in the victim can sometimes cloud the assessment of underlying domestic violence.

2004-25

It is recommended that child welfare and protection agencies screen for domestic violence in all cases. As part of the process, it is necessary for them to locate, interview and assess all partners involved. Where there is evidence of domestic violence, they must take the necessary steps to use their authority under the *Child and Family Services Act* to make appropriate interventions with the abuser to protect the mother and child

2005-5

Police and other front-line workers (health/educational/social) need to be made aware of the resources available in their respective communities to address issues of family breakdown, conflict, and mental health, and to make referrals when necessary.

2005-13

All front-line professionals that deal with individuals and families in crisis should adopt an appropriate risk assessment process and a mechanism or protocol at a local level to facilitate and enhance communication between agencies and professionals when a person is identified to be at risk. For example, such a protocol should permit any professional evaluating a high risk case to contact the local

police service's case manager or domestic violence coordinator to establish a case conference to ensure appropriate tracking and response to the case.

2006-19

To the Ministry of Children and Youth Services, and the Ontario Association of Children's Aid Societies: Efforts should be made to enhance training and protocols regarding domestic violence to ensure that a full risk assessment of victims and perpetrators is undertaken, to include assessment of the potential danger posed to children during separation. (Similar to Recommendation #25/2004)

2007-8

To Ontario Works:

We recommend that Ontario Works ensure that all of its employees are well trained in recognizing situations of domestic violence and assisting their clients in obtaining the services they require

2007-17

It is recommended that all agencies ensure adequate training and supervision in assessing domestic violence within same-sex relationships in cases where children are involved. It is also recommended that Children's Aid Societies follow-up on a referral with all parties involved with the child or children.

2007-29

To the Ontario Women's Directorate (OWD):

Given the high co-occurrence between addictions and domestic violence, we expand on previous recommendations to include more education for counsellors who work with clients with addiction problems who may be perpetrators of domestic violence. We recommend routine screening in every case and where there are indicators of domestic violence, we would recommend a thorough assessment of risk and risk management of the case including contact with the victim to engage in safety planning. We would not expect addiction counsellors to become experts in domestic violence work but we would recommend that they collaborate closely with the VAW sector in their community. (Similar to recommendations #7/2004, #8/2004, #5/2002)

Education

Recommendations

2004-1

There is a continuing need to better educate both the public and professionals who come into contact with victims and perpetrators of domestic violence about the dynamics of domestic violence and the need to take appropriate action with potential abusers, victims and their children. In particular, this education has to include an awareness of the risk factors for potential lethality

2006-31

It is recommended that The Ministry of Education mandate pre-service courses on domestic violence at Faculties of Education in Ontario in order to prepare educators for their future roles in this area such as responding to children living with domestic violence or promoting violence prevention programs. (Similar to Recommendation #5/2005)

2007-11

To the Ministry of Education:

It is recommended that the Ministry of Education who provides funding for Adult Education, alternative education programs, and regular school programs that may involve young parents, ensure that education and training is provided to individuals who deal with young parents in such programs on how to respond to suspected or known cases of intimate partner violence among their clients.

The Workplace

Recommendations

2006-8: To the Ministry of Labour: It is recommended that all workplaces design and implement a policy to address domestic violence as it relates to the workplace. The policy should include:

- Educating employees about the issues of domestic violence in order to help them identify an abusive relationship in which they may be involved, and about how to reach out to co-workers for assistance.
- Training employers and managers to identify the signs of abuse and to respond appropriately to employees who are victims and/or perpetrators of domestic violence
- Providing a resource list of appropriate referral agencies
- Providing an organized response to direct threats of domestic violence that occur in the workplace
- Developing and implementing a safety plan for the victim to ensure that a number of security measures are in place for her protection (Similar to Recommendation #10/2005)