

# Working Together Toward The Issue Of Conjugal Violence: The Work Of An Interdisciplinary Task Force

**Bonhomme, S.  
Ratcliffe, M.**

## Abstract

In 1995 each of the Professional Councils at the Royal Victoria Hospital endorsed the creation of an Interdisciplinary Task Force on Conjugal Violence. Task force members were drawn from Medicine, Nursing and Social Work. The overall goal was to increase the quality of care that the interdisciplinary team could provide to their patients. This mandate encompassed three major tasks. First, to study the extent of awareness about the issue among health care professionals; second, to assess their needs for resources and education; and finally, to recommend and implement means of increasing the level of awareness of this health concern among professionals and patients. The task force members educated themselves about conjugal violence and developed a questionnaire that was distributed to health care professionals within the hospital. The number of individuals from each discipline who received the survey was proportionate to their actual number in the center and selected at random. Results of the survey indicated that all groups desired more information and education about the scope of the problem as well as means for assessing and intervening with patients who are abused. The task force developed a Conjugal Abuse Information Package, an Abuse Assessment Screen, a Public Awareness Program and an On-going Teaching Program for Health Care Professionals. This project provides an example of how an interdisciplinary health care team can successfully work together for the benefit of patients.

## Introduction

In 1995 each of the Professional Councils at the Royal Victoria Hospital endorsed the creation of an Interdisciplinary Task Force on Conjugal Violence. The overall goal of the task force is to increase the quality of care that we as a team of health care professionals can provide our patients. Task force members were drawn from Medicine, Nursing and Social Work. The task force was assisted by a member of the Volunteer Department who provided technical assistance and instrumental support for specific tasks related to the work of the group, including

responsibility for the installation and maintenance of Conjugal Violence Posters in public washrooms. The mandate of the group encompasses three major tasks. First, to study the extent of awareness about the issue among health care professionals; second, to assess their needs for resources and education; and finally, to recommend and implement means of increasing the level of awareness of this health concern among professionals and patients. The work of the group was focused primarily on trying to improve care for women experiencing abuse because, even though men can be abused by their partners, 95% of abusers are men.

## Interdisciplinary Survey

The task force members began by meeting and educating themselves about conjugal abuse. Information prepared by both the provincial and federal governments, which estimated the extent of this phenomena within our society and provided information about its manifestations, was shared among members of the group. Once the level of awareness within the group had been elevated, we began discussions about the best means of assessing what our colleagues knew, or needed to know, to help women who are suffering physical and emotional injury due to abuse. It was agreed that a survey would be the best method to collect data.

All members of the task force participated equally in the review of the Society of Obstetricians & Gynaecologists of Canada - Searle Canada 1995 survey and its modification in order to develop questions to be used in a survey that would go out to health care professionals within the hospital. The number of individuals from each of the disciplines who were selected to receive the questionnaire was proportionate to their actual number in the center. They were selected at random from among the group they represented (Figures 1 & 2).

**Figure 1. Survey Results**

	Council of Physicians Dentists & Pharmacists	Council of Nurses	Multidisciplinary Council
# of Questionnaires	135	320	115
# of Respondents	40	105	44
% Respondents	30%	33%	38%

Multidisciplinary Council comprises pastoral services, radiology technicians, respiratory therapists, occupational therapists, physiotherapists, social workers and dieticians.

**Survey Results**

The general results of the survey were reported to each of the Professional Councils, and specific details were given only about the results of the data returned by their own professional members. The data from the survey had been analysed using the Statistical Package for Social Sciences.

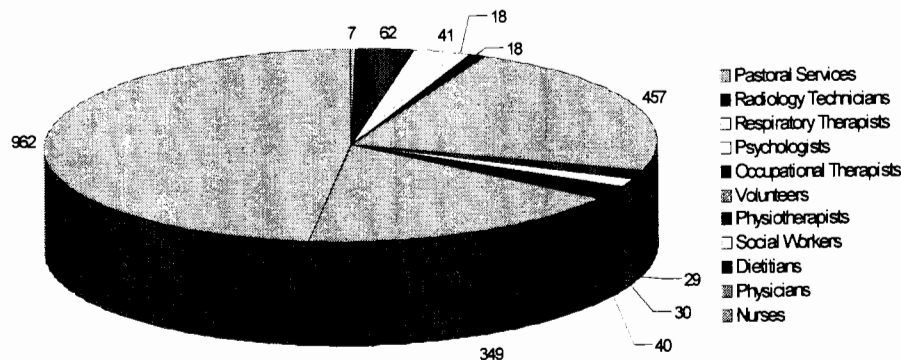
Results clearly demonstrated that most health care professionals believe that abuse of women is a health care issue (75%) and they should be involved in the diagnosis and management of these women (93%). While 53% underestimate the extent of abuse among the general public and within their own practice, 61% stated they do not routinely assess for abuse in their practice and they lack the knowledge or skills necessary to intervene when they do suspect their patient is being abused (57%).

It was also clear from the data that the respondents felt they had a professional obligation to assess for abuse (72%), and to provide patients with information about options for help. 88% of respondents wanted more information about how to assess patients for abuse, how to initiate an assessment interview and on the resources to which they can direct patients who are seeking help. Equally important to these professionals was their need for information that is easily accessed and concise.

in Canada, the nature of abuse, general physical and psychological manifestations, approaches professionals can use with patients to raise the issue, and a community resource patients requiring assistance can be referred to (see figure 3). This package, along with a physical assessment sheet (figure 4) that goes with it, can be referred to by any health care professional as a guide, and as a screening tool to help make initial assessments for abuse in the case of every female patient.

The Conjugal Abuse Information Package has been made available on each nursing unit and clinic in a reference binder and is now available on the hospital intranet web site. Nurses in specific areas have been provided with one-hour teaching sessions on conjugal abuse. To date, such areas include key entry points for patients like the Emergency Department, Psychiatric Day Hospital, Day Surgery units, Birthing Center, Operating Room, Recovery Room and Ambulatory clinics. The issue of conjugal violence has also been addressed with members of the Council of Physicians, Dentists and Pharmacists (CPDP) at their regular meetings. The package has been distributed to all Service Chiefs and Department Heads. The CPDP has also recommended that service rounds be held to improve the identification of women who may be victims of abuse and that the issue of conjugal violence be discussed at the annual orientation of

**Figure 1. Source Populations**



**Information Packages Developed for Professionals**

The task force members worked together to develop an information package on conjugal violence that would take into account these needs. A four page information package was developed utilizing the twelve and a half minute principle of teaching (De La Cruz & Bickerton, 1996). The package covers the definition and statistical data on abuse

house staff. Members from Physiotherapy, Cardio-respiratory and Social services have also been provided with teaching sessions.

**Public Awareness Campaign**

In addition to educating ourselves as part of an interdisciplinary health care team, the Task Force developed

### **Figure 3. Conjugal Abuse Information for Health Care Professionals (Abbreviated)**

Conjugal abuse is defined as forceful, controlling behaviour that coerces a person to do what the abuser wants, without regard for the individual's right, body or health. Abuse is usually repeated physical or psychological harm done by a man with whom the abused woman has or has had an intimate relationship.

#### **According to Statistics Canada (1994):**

- 3 in 10 women have experienced at least one incident of conjugal abuse.
- Currently, 1 in 8 women is a survivor of conjugal abuse.
- For 1 in 4 women, the abuse begins during pregnancy. These women are four times more likely to deliver an infant with low birth weight.
- In 1990, the number of women killed by their male partner or ex-partner represented 18% of all homicides in Quebec.
- In Quebec, 40% of abused women seek medical attention on at least five different occasions although they are unlikely to verbalize that abuse is the underlying problem.

#### **Violence Against Women Includes:**

Physical Abuse: such as slapping, punching, kicking, arm-twisting, using a weapon, burning, cutting, etc.

Sexual Abuse: such as hurtful sex, sexual mutilation, making her do sexual acts against her will, etc.

Verbal Abuse: ranging from name-calling to denigrating, humiliating, belittling, criticizing, yelling, etc.

Emotional Abuse: such as controlling everything she does, threatening to hurt her or the ones she loves, confiscating her immigration/refugee papers or threatening her with deportation, saying she will lose her kids or everything if she tries to get away from him, ignoring her or neglecting her, etc.

Economic Abuse: such as having control over all money in the home and bank accounts, not allowing her to have her own money, keeping her from getting a job or more education, making her account for every penny she spends, etc.

#### **General Manifestations:**

Physical injuries are probably the most tangible manifestations of abuse, but the following, although less specific, have been found repeatedly to be associated with abuse:

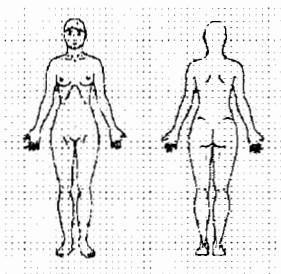
headaches	anxiety or panic disorders	back pain
sleep disturbances	attempted suicide	perforated ear drums
hyperventilation	suicidal ideation	fractured teeth or facial fractures
difficulty breathing	alcohol and substance abuse	soft tissue injuries
chest pain, palpitations	dental problems	depression, nervousness
eating disorders	repetitive vague somatic complaints	
gastrointestinal disorders		

In addition, there are clinical manifestations that might be of specific interest to health care professionals working with gynaecology and obstetrics patients. Patients who are abused have higher incidences of:

recurrent vaginal infections	preterm labour	edematous labia minora & majora
STDs including HIV	repeated somatic complaints	substance use and abuse
chronic pelvic pain	late prenatal care	sexual problems
cervical lacerations & bleeding	missed appointments	poor weight gain
dyspareunia	poor nutrition	unintended pregnancy
low birth weight	fetal injury and fetal demise	

**Figure 4. Abuse Assessment Screen**

- ABUSE ASSESSMENT SCREEN**
1. Have you ever been emotionally or physically abused by your partner or someone important to you? Yes " " No "
  2. Within the last year, have you been hit, slapped, kicked or otherwise physically or emotionally hurt by someone? Yes " " No "  
If yes, by whom  
Number of times
  3. Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically or emotionally hurt by someone? Yes " " No "  
If yes, by whom  
Number of times



Mark the area(s) of injury on body map

4. Within the last year, has anyone forced you to have sexual activities? Yes " " No "  
If yes, who  
Number of times

Are you afraid of your partner or anyone you listed above? Yes " " No "

Developed by the Nursing Research Consortium on Violence & Abuse (1989)

with which these pads require replacement in a number of different areas of the hospital has already given us gross data on the amount of need that exists for this kind of information.

## Conclusions

The group feels they have achieved a great measure of success already in the work they set out to accomplish. The members have carried out a follow-up survey in Spring of 1998 to measure changes in awareness and practice among professionals since the teaching sessions. Information package and assessment guides have been made available. These data are presently being analysed. All of us are very pleased with the support that hospital administration, the Joint Committee on Patient Care, the Volunteer Department and all of the professional disciplines have shown towards this project.

The survey data clearly indicated that what we had in common as professionals, was our belief in our duty to help patients and the very desire to do so. From out of these, what we have created is a common team approach to meeting patients needs. It is a success story which proves what can be achieved when we work on "something in common".

## Authors

Suzanne Bonhomme, RN, MSCN Certified Nurse in Ambulatory Women's Health Care Nursing is a Nurse Clinician Teacher in Gynecology/Gynecology-Oncology and the Chairperson of the Interdisciplinary Task Force on Conjugal Violence at the Royal Victoria Hospital/McGill University Health Center, Montreal, Quebec.

Michael Ratcliffe, RN, BA, LLB is Coordinator Activities of the Council of Nursing and a member of the Interdisciplinary Task Force on Conjugal Violence at the Royal Victoria Hospital/McGill University Health Center, Montreal, Quebec.

## References

De La Cruz, L.A., & Bickerton, M. (1996). The 12 and a 1/2 minute learning session: Some examples and analysis of impact. The Journal of Continuing Education in Nursing, 27(2), 85-88.

Searle Canada. SOGC - Searle Canada 1995 Survey. Unpublished Manuscript.

a strategy for increasing awareness of abuse as a health care issue among the public and for providing them with resources for information and help. French and English language posters, containing information about a conjugal abuse "hot line", have been placed in public washrooms throughout the hospital. Each laminated poster has an extremely small "pad" attached to it which carries only the hot line number on each tear off sheet. These pads are renewable and members of the Royal Victoria Volunteer Department have donated their services to installing the posters and to replace the pads. This plan, which was designed and implemented with the support of all disciplines and endorsed by the hospital's senior management team and the Joint Committee on Patient Care, allows individuals access to information that can easily be taken away with them, privately, for use later. The high frequency