

The following article written by Linda McCracken on family violence and bullying is a huge step forward in the recognition of the forensic component to health care when caring for the victims of family violence and bullying. As this commonly occurs in the emergency departments we work in, we can be part of the problem or part of the solution.

Linda's article on what Alberta's actions are going to be should serve as a wake-up call for all of us to check out what we are doing also, or more likely

NOT doing. Forensic nursing is just beginning to realize the impact it can have on the care of victims of trauma, violence and crime. I urge you to read the following article and then send the following information to me which I will compile, summarize and hopefully take forward to the NENA board for national actions to be formulated. Any one of us can be a victim of crime, violence and trauma so this is not only professional, but personal.

1. Does your ER have a domestic violence screening tool for all patients?

2. Does your ER have policies and/or protocols for care management for domestic violence, child abuse/maltreatment (or any others specifically addressing violence issues)?

3. Have you ever received education on forensic nursing as related to ER nursing and the management of victims of crime, violence or trauma?

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Family violence and bullying - A nurse's role in the "Framework for Action"

**By Linda McCracken, RN, Nurse Clinician/Forensic
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*"Family violence and bullying are
not someone else's problem.*

*These are not problems we can keep hidden away, pretending
they do not exist or do not affect all of us in one way or
another. Nor is it someone else's responsibility to take action"*
(Government of Alberta, 2004).

In October 2003, Premier Ralph Klein announced that addressing family violence would be top priority in his agenda. With Mrs. Colleen Klein acting as the honorary chair, Children's Services Minister Iris Evans took the lead and the Alberta Roundtable on Family Violence and Bullying was launched. The goal of the roundtable process was to develop a comprehensive set of recommendations for action based on a broad consultation with Albertans. More than 2,000 people participated in the process through 13 regional workshops, a series of focus groups with specific individuals and groups, and a public questionnaire.

On May 7, 2004, at the Round-Up Centre in Calgary, AB, more than 300 delegates from across the province representing community agencies, public service agencies, justice groups,

youth groups, victims of abuse, and aboriginal community leaders/elders, came together to consider the outcomes of the consultations, to review the proposed Framework for Action and, most importantly, to identify the critical next steps that can and must be taken to eradicate family violence and bullying from our province. Six key areas for action were addressed: social change, provincial leadership, a collaborative, coordinated community response, service and supports, accountability of the abuser, and aboriginal communities – where special needs needed a separate response and strategies addressed – coming from the aboriginal community themselves.

I, a nurse clinician in an emergency department in the city of Calgary, had the honour of being invited to be part of this ground-breaking process addressing an issue near and dear to my heart – that of family violence and bullying. Though never a victim of abuse, over the course of my 31 years of nursing practice, I have come to be all too familiar with the devastating results of interpersonal violence as seen by patients who have come under my care. On the other hand, I have seen the effects of bullying from a personal level. The destruction of self-esteem and self-worth, to the point of self-mutilization because people make fun of you, was an all too familiar scenario in the life of my eldest child. My own personal objectives in dealing with victims of violence/abuse

and bullying coincided with the objectives set by our province to deal with this issue.

- To change societal attitudes with public involvement, and stop family violence and bullying
- To ensure a comprehensive and coordinated approach at all levels of governments and communities
- To ensure availability and easy access to supports and services for all children, youth, family members and people who need them so they can be safe in their homes, schools and communities
- To ensure those who are directly impacted by family violence and bullying are treated with dignity and respect and are directly involved in the decisions that affect them
- To ensure there are appropriate and meaningful consequences for family violence and bullying behaviours that reinforce accountability and support positive change for individuals, families and communities
- To ensure all supports and services are accountable for improving outcomes for the individuals and communities impacted (Government of Alberta, 2004).

As a health care provider working in an emergency department, my objectives reflect all those above, but expand to include the following:


- To raise public awareness that family violence is widespread
- To assist in the identification of abusive behaviour.

Both objectives can be met simply by universal screening of family violence and bullying by all individuals (men and women), adolescents, seniors, caregivers, and parents of children with every visit to the emergency room. By simply asking the question about family violence, an intervention has occurred...the seed has been planted that we live in a society that does not condone such behaviour and that no one deserves to be abused in any manner (physical, emotional, financial, sexual, mental...)

- To prevent further abuse through education of health care providers in recognition of patterns of injury and injury patterns seen in their patients
- To assist my patients with access to resources and safety planning... all the while letting them have control in the decision... maybe for the first time in their lives
- To advocate for the inherent rights of all my patients – victim or victimizer, to provide for dialogue on the issue of family violence in a safe environment and assist in supporting positive changes for both.

What I came away with from the two-day, government-supported seminar (1,000 people attended) and

roundtable discussion was that a continuum of services/supports is paramount on this issue that affects all of us as citizens of this province, of this country. All groups need to fit together like pieces of a puzzle... one to prevent family violence and bullying (education/public awareness), one to intervene and protect those who are victimized (social services, court-mandated system responses) and one piece of the puzzle to be there for continued follow-up for all involved – from the victim and victimizer to the service provider.

The key recommendations from the working group I was part of at the roundtable discussion on May 7, 2004, were that the issue of family violence and bullying be addressed by our government and led by a Premier's Council, one legislative body to oversee, fund and provide all agencies/public with an easily accessible database for information on the topic (resources/supports), a clearinghouse as it were, and provide for an easily accessible route for all the multidisciplinary groups to share information and assist all those affected by this problem. A truly collaborative, coordinated community response to family violence and bullying, to assist in building for all Albertans a common vision of a province free of interpersonal violence ...hope for all! I will be interested to read the outcomes of this roundtable discussion and then to see government taking on the challenge and moving forward with those suggested resolutions. 

About the author

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Reference

Alberta Roundtable on Family Violence and Bullying. (2004, May). **Framework for Action: Moving Community Consultation to Strategic Action.** Government of Alberta.

outlook

Tidbits & Trivia

👉 **Does this look familiar to you?** An elderly female patient arrived at triage and when the triage nurse asked her medication history, the lady pulled out a piece of paper with the following:

*Purple – 2 supper
Blue white cap - breakfast
Yellow - 2 breakfast, 1 supper
Big white - 1 breakfast, 1 bedtime
Blue capsule - 1 breakfast, 1 supper*