

## **MINIMAL ELEMENTS OF A DOMESTIC VIOLENCE PROTOCOL**

1. ***DEFINITIONS.*** Include the various manifestations and types (physical, sexual, psychological) of abuse and who (adult, adolescent, elderly, lesbian/ gay/ bisexual/ transgender) is covered by the policies. Policies on child abuse and elder abuse may vary and be addressed separately given that state reporting laws for child, adult and elders may be different.
2. ***GUIDING PRINCIPLES.*** Include information reflecting the institutional philosophy on and commitment to improving the safety and health of victims of domestic violence.
3. ***IDENTIFICATION AND ASSESSMENT PROCEDURES.*** Information should be available to clinicians either within the protocol or as an addendum addressing how to ask about abuse directly, including sample questions. Specify physical as well behavioral indicators to look for when assessing a patient for abuse. Specify who is to do the assessment (i.e., physician, nurse or both). Specify precautions for ensuring safety and confidentiality (i.e., arrange for a private screening area, availability of security if necessary, etc.).
4. ***INTERVENTION PROCEDURES.*** Include interviewing strategies, safety assessment and planning, and discharge instructions. Information on assessment (sample questions and techniques) and intervention (supportive information to communicate, referrals, patient education materials, etc.) should be available to clinicians either within the protocol or as addendums.
5. ***STATE REPORTING REQUIREMENTS.*** Clarify the law(s), if any. Include procedures for the release of information to the proper authorities as required by law. Also define who is responsible for making the report.
6. ***CONFIDENTIALITY RULES.*** Clarify relevant state privacy laws as well as federal regulations and privacy principals for victims of domestic violence. Ensure that the protocol and policy surrounding the use and disclosure of health information serve to improve the safety and health status of victims of domestic violence by respecting patient confidentiality and autonomy.
7. ***COLLECTION OF EVIDENCE AND PHOTOGRAPHS.*** Include procedures for the collection, retention and release of evidentiary materials. In particular, clarify procedures for taking in-house photographs and securing release forms.
8. ***MEDICAL RECORD DOCUMENTATION.*** Clearly delineate what information is to be included in the medical record (e.g., a description of the injuries, coloration, size, use of a body map to indicate location of injuries, stated or suspected cause of injury, action taken by clinician, etc.).
9. ***REFERRAL AND FOLLOW-UP.*** Include instructions regarding available resources, and how to make referrals to in-house staff, domestic violence programs, legal advocacy, children's services or other appropriate community agencies. Keep phone numbers updated on a regular basis. Include instructions for continuity of care for victims and at least one follow-up appointment with a health care provider, social worker or DV advocate for patients disclosing abuse.

10. ***PLAN FOR STAFF EDUCATION.*** All health care personnel, including security and allied health professionals should receive ongoing training on the dynamics of domestic violence protocol and procedures with an emphasis on staff roles and coordination. The Joint Commission for the Accreditation of Hospitals and Health Care Organizations (JCAHO) requires a staff education plan be developed for every department within hospitals.

## **IMPLEMENTATION OF DOMESTIC VIOLENCE PROTOCOLS**

1. Define departments within your clinic or hospital where the protocol will be used and how each department will implement and utilize the protocol.
2. Review the various existing protocols relevant to your institution or practice.
3. Address issues specific to your state, institution and clinical setting, such as documentation, confidentiality, liability and reporting.
4. Determine site-specific interventions and coordination.
5. Define roles and responsibilities regarding inquiry, identification and assessment, documentation, interventions(s) (including safety planning, discharge instructions), referrals and follow-up.
6. Work with local domestic violence experts to develop a community-based referral network.
7. Make the protocol easily available and accessible to each department/clinical setting by including it in the staff orientation packet or implementation packet as well as by posting it in a central area. Be sure it is produced in a “user-friendly” and readable format.

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*Excerpt from “Establishing An Appropriate Response to Domestic Violence in Your Practice, Institution and Community”, C. Warshaw, M.D. Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers, Family Violence Prevention Fund, Pennsylvania Coalition Against Domestic Violence, 1995. For more information call 1-800-Rx-ABUSE.*