

Domestic Violence Assessment Guide

Domestic Violence is a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks that adults or adolescents use against their intimate partners. Without intervention, the violence usually escalates in both frequency and severity resulting in repeat visits to the healthcare system.

Assess all Patients for Domestic Violence:

- * Talk to the patient alone in a safe, private environment
- * Ask simple, direct questions such as:

- **Because violence is so common in many people's lives, I've begun to ask all my patients about it routinely.**
- **Are you in a relationship with a person who physically hurts or threatens you?**
- **Did someone cause these injuries? Who?**

The best way to find out about domestic violence is to ask directly.

However, be aware of:

- * History suggesting domestic violence: traumatic injury or sexual assault; suicide attempt, overdose; physical symptoms related to stress; vague complaints; problems or injuries during pregnancy; history inconsistent with injury; delay in seeking care or repeat visits.
- * Behavioral clues: evasive, reluctance to speak in front of partner; overly protective or controlling partner.
- * Physical clues: any physical injuries; unexplained multiple or old injuries.

Take a Domestic Violence History:

- * Past history of domestic violence, sexual assault
- * History of abuse to any children



Send Important Messages to Patient (avoid victim blaming):

- You are not alone
- You are not to blame
- There is help available
- You do not deserve to be treated this way

Assess Safety:

- Are you afraid to go home?
- Have there been threats of homicide or suicide?
- Are there weapons present?
- Can you stay with family or friends?
- Do you need access to a shelter?
- Do you want police intervention?

Make Referrals:

- Involve social worker if available
- Provide list of shelters, resources, and hotline numbers
- National Domestic Violence Hotline: (800) 799-SAFE
- Schedule follow-up appointment

Document Findings:

- Use the patient's own words regarding injury and abuse
- Legibly document all injuries; use a body map
- Take instant photographs of injuries

Sponsoring Organizations

American College of Emergency Physicians, American College of Nurse-Midwives, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Nurses Association, Emergency Nurses Association, Nursing Network on Violence Against Women International, Society for Social Work Administrators in Health Care, San Francisco General Hospital

Family Violence Prevention Fund

QUESTIONS?

toll-free (888) Rx-ABUSE

TTY (800) 595-4889

www.endabuse.org/health