

Guidelines for Clinical Assessment and Intervention

Introduction:

Physical and sexual violence against women is a public health problem of epidemic proportions. 3-4 million women in the United States are battered by their former or current partners annually. These numbers represent only those documented cases. Incidence is likely much higher as many never seek assistance. It is estimated that 30% of female murder victims in the United States are killed by a current or former partner.

In addition to the physical and psychological issues related to domestic violence, it has been shown that children raised in these situations are at risk to continue this cycle of violence whether it is domestic or non-domestic. Alcohol and drug use and dependence are also increased among both the victims and the children involved in these situations. Domestic violence occurs in every sector of society and among all races. It occurs in both heterosexual and homosexual relationships. The US Department of Justice estimates that 95% of reported assaults on spouses or ex-spouses are committed by men against women.

The Warm Springs Community is not immune to domestic violence and it plays a tremendous role in the health of this and any community, therefore we must place identification and intervention of this issue in the foremost part of our mind and take it as a very serious concern.

Purpose:

Medical practitioners are often the first or the only professionals to come into contact with individuals in abusive situations. We have a unique responsibility and opportunity to intervene. Traditionally health care practitioners are not instructed in such intervention or in how to respond appropriately when domestic violence affects their patient's life. The purpose of this protocol is to aid in identification, treatment and intervention in such situations.

Since 1992 the Joint Commission Accreditation of Health Care Organizations has required that all accredited hospitals implement policies and procedures in the emergency and ambulatory care facilities for identifying and treating and referring victims of domestic abuse. These standards include educational programs for staff in domestic violence. This protocol is intended to assist medical professionals in complying with these standards and thus improving service to this group of patients. Training for health care providers has proven to be very effective in implementing and improving the quality of health care given to battered patients. Our policies will include procedures for identifying and documenting partner abuse, providing patient information about community resources and educating staff on handling these cases.

As the great majority of victims are female, they will be referred to a "she" for the purposes of this document. We do recognize that violence occurs female to male and in same sex relationships. The same guidelines apply in these cases.

Definition:

Domestic Violence is a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion that adults and adolescents use in effort to control their intimate partners.

Guiding Principles:

1. Treat patients with dignity, respect, and compassion and with sensitivity to age, culture, ethnicity and sexual orientation, while recognizing that domestic violence is unacceptable in any relationship.
2. Recognize that the process of leaving a violent relationship is often a long and gradual one.
3. Attempt to engage patients in long-term continuity of care within the health care system, in order to support them through the process of attaining greater safety and control in their lives.
4. Regard the safety of victims and their children as priority.

I. Screening. Domestic violence and its sequel are present in numbers to justify routine screening. Early recognition and intervention can significantly reduce the morbidity and mortality that results from violence in the home. A woman may not initially recognize herself as “battered”; therefore the medical professional should routinely ask all women direct specific questions about abuse.

A. Who to Screen.

1. All women and adolescent girls in a primary care or inpatient setting
2. Men and adolescent boys who present with symptoms or signs of domestic violence.
3. Children - Screen female caregiver/parents or caregivers known to be in a same sex relationship who accompany their children
4. Any patients who present with clinical findings that may indicate abuse...

Alcohol or drug abuse	Injury inconsistent with patients explanation
Repeated use of the ER	Eating disorders
Chronic pain syndromes	Injury during pregnancy
Prior history of trauma	vague psychosomatic complaints
Multiple injuries in various stages of healing	A partner who will not leave the exam room
Injury to the head, neck, torso, genitals, breast or abdomen	
Delay between onset of injury and seeking care	
Psychological distress (suicidal, depression, anxiety or sleep disorders)	

B. When to Screen

1. Women and adolescent girls- screening will be done for all presenting for examination...
 - At new patient visits
 - Every six months
 - At disclosure of a new intimate relationship.
2. Screening in pregnancy will occur...
 - At the first prenatal visit
 - At first prenatal visit and at least once during each trimester of pregnancy during prenatal care
 - During post- partum visits
3. Pediatric visit - Female caregiver/parents who accompany their children will be screened...
 - During new pediatric patient visits
 - At each well child visit during the first year of life and then once per year at well child visits
 - At disclosure of a new intimate relationship
4. Pediatric visit-female or male caregiver/parents known to be in same sex relationships who accompany their children will be screened...
 - During new pediatric patient visits
 - At each well child visit during the first year of life and then once per year at well child visits
 - At disclosure of a new intimate relationship
5. Men will be screened on an as indicated basis.
6. Screening will also occur on an as indicated basis per the suggestions in section IA.4.

C. How to Screen

1. Screen in a safe environment. Separate any accompanying persons from the patient when screening for domestic violence. Ask the patient about domestic violence in a private place. If this cannot be done postpone screening for a follow up visit.
2. Use your own words in a non-threatening, non-judgmental way. *“Domestic Violence is so common I ask all my female patients about abuse in the home”*
3. Use questions that are direct, specific and easy to understand. *Do you feel safe in your current relationship?
Have you or your children ever been threatened or abused (physically, sexually or emotionally) by your partner?
Is there a partner from a previous relationship who is making you feel unsafe?*
4. Discuss with patients the confidentiality of these questions and the mandatory reporting of child abuse.
5. The “WSH&WC Screening Questionnaire” may be used when children older than 2 years old are in the room or in the treatment room where privacy may be of concern.

Remember that the patient may deny abuse if she is not ready to deal with the situation or is in denial. Even if you are certain of an abusive situation do not force the issue with her. The decision to leave or take action needs to be hers.

D. Document that screening for domestic violence was done.

Document under the education section of PCC+ form circling the appropriate response

DV **P** (positive), **N** (negative) or **S** (suspect)

Document as Personal History Phx Domestic Violence Screening negative 8/8/99

For positive screens or acute instances of abuse, document in the health summary.

EX.

WSP 6 Adult abuse 995.80

WSP6.1 Emotional, physical, sexual

WSP 6.2 hospitalized 4/98 fractured jaw

WSP 6.2 Victims Assistance referral 5/2/98

II. Assessment

A. Negative Screening

- Document that screening was done.
- Document any educational efforts.
- Document any concerns.
- Screening at a regular interval

B. Positive Screening

1. Be supportive of the patient with statements such as...
 - *No one deserves to be abused.*
 - *There is no excuse for domestic violence.*
 - *The violence is not your fault; this is the responsibility of the abuser.*
 - *You are not alone; there are people you can talk to for support.*
 - *It must be very difficult for you to leave your situation. We are here to help when you are ready.*

- 5 Explain to the patient that documentation of past and future incidents with a medical facility or with the police may be beneficial to her in the event she takes legal action in the future.

- 5 Lethality Assessment- Assess any immediate danger for the patient before she leaves the office. Indicators of escalating danger:
 - An increase in frequency or severity of the assaults
 - Increasing of new threats of homicide or suicide
 - Threats to children
 - A firearm or deadly weapon in the home
 - Will you be safe if you return home?

- 5 Give the patient resource information phone numbers and safety plan information. (Appendix 3)

Warm Springs Victims ' Assistance	553-2293
COBRA 24-hour hotline	1-800-356-2369
Madras Office	475-1880
WSH&WS Social Services	ext. 4498

- 5 If time is limited, help her set up a future appointment with a provider she choose or with the clinic social worker s to discuss and document these issues.

B. Acute Incident. History and physical exam should be recorded on the "Domestic Violence Assessment and Intervention" form, Appendix 1.

1. Explain to the patient your concerns and the importance of documentation of present and past injuries for her benefit in event of future legal proceedings; obtain verbal agreement of exam. A written consent should be obtained for photographs.

2. History of Present Complaint
 - Use the patient's exact words and descriptions of events when ever possible.
 - Record "excited utterances" and use descriptive terms in regards to emotions and appearance.

3. Record significant or relevant past history and medical problems.
 - Include hospitalizations and, surgery, resulting from violence.
 - Have the police been called in the past?
 - Has she had to seek safe shelter?

4. During the physical exam, examine any scars (old and new) with documentation of the patient's explanation of each. (kicked by a boot, hit with a bottle etc.) Document scars, wounds, and bruises on anatomic drawing and with photographs.

5. Lethality Assessment- Assess any immediate danger for the patient before she leaves the office.
Indicators of escalating danger:
 - An increase in frequency or severity of the assaults
 - Increasing of new threats of homicide or suicide
 - Threats to children
 - A firearm or deadly weapon in the home
 - Will you be safe if you return home?
6. Immediate Risk: *If you return to your home will you be in immediate physical danger?
Do you have a safe place to go?*
7. State of mind toward situation and possible change:
 - *What type of assistance would you like?*
 - *Are there any changes you would like to make in your life?*
 - *What steps or action are you ready to make toward those goal?*
 - *Are you having any suicidal thoughts?*
8. Be supportive of the patient. Good statements to use are:
 - *No one deserves to be abused*
 - *There is no excuse for domestic violence*
 - *The violence is not your fault; this is the choice of the abuser.*
 - *You are not alone; there are people you can talk to for support*
 - *It must be very difficult for you to leave your situation. We are here to help you when you are ready*

D. Expanded Assessment. This may need to continue in follow up visits

1. Assessment of the patients general view toward personal situation
 - How has the abuse affected you?
 - What do you do to cope with the abuse?
 - What would you like to see happen for yourself and your children?
2. Degree of abusers control over patient
 - *Does your partner ever try to control you through threats to you, your family or pets?*
 - *Does your partner try to restrict your freedom to see friends or family/?*
 - *Do you have your own money or financial support?*
 - *Do you feel like you are walking on eggshells around your partner?*
 - *Do you feel like you are controlled or isolated by your partner?*
3. Effects on Health: What types of medical and psychological effects have resulted from abuse.
 - Alcohol or drug abuse
 - Eating disorders
 - Chronic pain syndromes
 - Psychological distress (suicidal, depression, anxiety or sleep disorders)
 - Psycho-somatic syndromes
4. Effects of abuse on children:
 - Have your children shown any signs of physical injuries, sexual abuse that could be related to your partner's abuse. (Eating disorders, bad dreams, somatic complaints, school problems, depression, suicidal thoughts, behavior problems)
 - Have they witnessed the abuse?

5. Further assessment of suicide/homicide
 - Have you ever-attempted suicide in the past?
 - Are you having thoughts of suicide now? Do you have a plan?
 - Have you thought about harming or killing your partner?

III. Intervention

A. Treat any medical injuries.

If hospitalization is necessary for protection or medical interventions use "Adult Maltreatment Syndrome" ICD-9-CM 995.81

B. Reiterate the following messages:

- *No one deserves to be abused*
- *There is no excuse for domestic violence*
- *The violence is not your fault only the abuser is responsible*
- *You are not alone; there are people you can talk to for support.*
- *It must be very difficult for you to leave your situation. We are here to help you when you are ready*

Do not tell the woman she must leave. The decision to leave needs to be her own. Leaving can be the most dangerous time for the woman. Most women killed in these situations are killed when they are attempting to leave or have tried to terminate the relationship. There needs to be a carefully thought out safety plan in place.

C. Provide Educational Information about Domestic Violence. Include the following:

- *Domestic violence occurs often in our society and affects all races, religions, classes and ethnic groups.*
- *Over time most violence increases in severity and frequency and continues.*
- *Violence in the home can leave long term, damaging effects on children, particularly physically when hurt or witness the abuse.*
- *Domestic violence is a crime in the U.S.*
- *There are social and legal service options, which include shelters, restraining orders, police assistance, and counseling.*

D. Assist the patient in making a safety plan.

- What do you want to do now? Long term?
- Do you have a place to go where you will be safe? Do you want to go to a shelter?
- Do you want a restraining order? (Victims assistance can aid in obtaining)
- Do you want to set up a safety plan? (See appendix 3)

E. Give the patient resource information. Contact Victims' Assistance, Clinic social worker, or

COBRA. If the patient desires.

Warm Springs Victims' Assistance

553-2293

COBRA 24-hour hotline

1-800-356-2369

Madras Office

475-1880

WSH&WS Social Services

ext. 4498

F. Police Intervention

- Inform the victim that in the event she elects to take legal action in the future, a police report on record may help her case. If the patient wishes to make a report to the police assist her in contacting the Warm Springs PD at 553-1171.
- Stay in the room with the patient during the police interview.
- Record the officer’s name and badge number and document that a police report was made.
- A copy of the medical report should be given to the officer.

In the event injuries involve a knife or firearm legal authorities must be notified regardless of victim authorization.

IV Documentation Remember this may be your patient’s best evidence in event of a legal case. Detail and Accuracy are very important.

- Use the Domestic Violence Assessment and Intervention form (Appendix 1.) as discussed in section II and III.
- Document with the under education section DV P-positive, N- negative , S- Suspicious
- For positive screens or acute instances of abuse document in the health summary.

WSP 6 Adult abuse 995.80
 WSP 6 WSP.1 Emotional, physical, sexual
 WSP 6 WSP .2 hospitalized 4/98 fractured jaw
 WSP 6 WSP .2 Victims Assistance referral 5/2/98

V. Continuity of Care

- At each visit ask patients about history of violence since last visit, coping strategies, and counseling.
- Has she called a hotline, attempted to leave or told family or friends about the situation.
- Reiterate messages of support and concern.
- Ask about the children.

VI. Training. Mandatory training annually and during orientation for all staff regarding...

- Domestic violence, the basics
- Helping others in this situation
- Resources
- Legal issues

Medical Social Worker

Date

Clinical Director:

Date:

Service Unit Director

Date:

Appendix 1: Domestic Violence Assessment and Intervention

Patients name _____ **Chart #** _____

Today's Date _____ time _____ Date of Assault _____ time _____

Alleged assailants name _____ Relationship to patient _____

History of Acute Events (Use the patients own words whenever possible, be detailed)

Names and Ages of any children present in the home at the time of assault

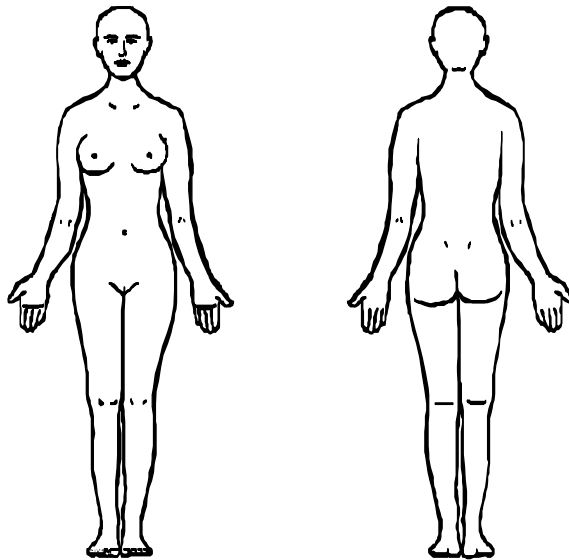
Related Past History (include violence in this relationship) Record relevant ER or clinic visits, hospitalizations and the injuries involved. Record related medical issues (chronic pain syndromes, suicide attempts, alcohol, drug abuse etc.)

Assess Patient Safety and Needs

- Yes__ No__ Is the assailant still in the home?
- Yes__ No__ Is the patient afraid to go home?
- Yes__ No__ Have there been threats of suicide/homicide?
- Yes__ No__ Has the abuse increase infrequency /intensity?
- Yes__ No__ Is there a weapon in the home?
- Yes__ No__ Does the patient want a restraining order?
- Yes__ No__ Are alcohol or drugs involved?
- Yes__ No__ Needs immediate shelter?
- Yes__ No__ Victims Assistance/COBRA called?
- Yes__ No__ Is there a safe # where the patient can be reached? _____
- Yes__ No__ Police Report made If yes...
 At scene or at clinic _____
 Police officers name _____ badge # _____
- Yes__ No__ Copy of medical report given to officer
- Yes__ No__ Photographed
- Yes__ No__ Info packet given?
- Yes__ No__ Follow up appointment made been made? Date _____
- Yes__ No__ Referrals made? _____
- Yes__ No__ Has "Adult Abuse " been documented in health summary?

Over for physical exam

Physical Exam Note: If sexual assault is included follow Sexual Assault Protocols: Warm Springs Health and Wellness Center. Describe all injuries, location, size, and cause per the patient's report. I.e." kicked with boot, thrown into wall". With patient's written consent, photograph her, include at least one face photo for identification, and photograph all wounds. For bruises lacerations etc. place a ruler in the photo for a size comparison.



Area	Contusion	Abrasion	Laceration	Bleeding	Fracture	Lost function	Painful areas
Head							
Ears							
Cheeks							
Mouth							
Neck							
Shoulders							
Arms							
Hands							
Chest							
Back							
Abdomen							
Genitals							
Buttocks							
Legs							
Feet							

Provider Signature _____ date _____

Appendix 3 Domestic Violence Safety Plan

What is a safety plan?

If you are in a violent relationship, one of the most important steps you can take is to make a safety plan both for home and the workplace. These plans contain simple but critical steps you can take to increase your safety while you deal with the violence you face in your personal life.

The Workplace Safety Plan

At work, you may want to:

- Save any threatening emails or voicemail messages. You can use these to take legal action in the future, if you choose to. If you already have a restraining order, the messages can serve as evidence in court that the order was violated.
- Park close to the entrance of your building, and talk with security, the police, or a manager if you fear an assault at work.
- Have your calls screened, transfer harassing calls to security, or remove your name and number from automated phone directories.
- Relocate your workspace to a more secure area.
- Obtain a restraining order and make sure that it is current and on hand at all times. Include the workplace on the order. A copy should be provided to the police, your supervisor, personnel, the reception area, and security.
- Provide a picture of the perpetrator to reception areas and/or Security.
- Identify an emergency contact person should the employer be unable to contact you.
- Ask Security to escort you to and from your car or public transportation.
- Look into alternate hours or work locations.
- Review the safety of your childcare arrangements, whether it is on-site childcare at the company or off-site elsewhere. If you have a restraining order, it can usually be extended to the childcare center.

The Personal Safety Plan

In case you have to flee, have the following available:

- Important papers such as birth certificates, social security cards, insurance information, school and health records, welfare and immigration documents, and divorce or other court documents
- Credit cards, bank account number, and ATM cards.
- Some money
- An extra set of keys
- Medications and prescriptions
- Phone numbers and addresses for family, friends, doctors, lawyers, and community agencies.
- Clothing and comfort items for you and the children.

If you had the perpetrator evicted or are living alone, you may want to:

- Change locks on doors and windows.
- Install a better security system — window bars, locks, better lighting, smoke detectors and fire extinguishers.
- Teach the children to call the police or family and friends if they are snatched.
- Talk to schools and childcare providers about who has permission to pick up the children.
- Find a lawyer knowledgeable about family violence to explore custody, visitation and divorce provisions that protect you and your children.
- Obtain a restraining order.

If you are leaving your abuser, ask yourself the following questions:

- How and when can you most safely leave? Where will you go?
- Are you comfortable calling the police if you need them?
- Who can you trust to tell that you are leaving?
- How will you travel safely to and from work or school or to pick up children?
- What community and legal resources will help you feel safer?
- Do you know the number of the local shelter?
- What custody and visitation provisions will keep you and your children safe?
- Is a restraining order a viable option?

If you are staying with your batterer, think about:

- What works best to keep you safe in an emergency.
- Who you can call in a crisis.
- If you would call the police if the violence starts again. Can you work out a signal with the children or the neighbors to call the police when you need help?
- If you need to flee temporarily, where would you go? Think though several places where you can go in a crisis. Write down the addresses and phone numbers, and keep them with you.
- If you need to flee your home, know the escape routes in advance.

My Safety Plan

If you're in an abusive situation and are not able or ready to leave, it's important to think about how to keep yourself safe. If you do want to leave you must plan your escape well. Filling out this safety plan can help you feel safe whether you're staying in your current situation or getting ready to leave. Be sure to review you safety plan frequently with someone you trust.

I will tell (name): _____ and (name): _____ about the abuse and ask them to help me if I use the code word or phrase: _____

I will buy a small address book and carry it with me at all times. I will list the following people, agencies, hotlines, or other services:

- 1. _____
- 2. _____
- 3. _____

I will use this excuse when I'm able or ready to leave the situation:

I will leave before I think a situation will get violent. I usually know things are getting violent when:

My abuser may try to persuade me not to leave by: _____

I can get around this by: _____

If I decide to leave, I will go to either of the following places that are unknown to my abuser:

- 1 _____
- 2. _____

I will keep the following items in a bag that is ready to go (check those that apply):

- Keys
- Check book /cash
- Address book
- Pager
- Spare clothes for myself and the kids
- School records
- Driver's license or other identification
- Social security card
- Restraining/protection orders
- Rent papers
- Current unpaid bills
- Insurance papers
- Certificate of Indian Blood
- Prescriptions/medicines
- Phone card
- Personal items
- Comfort items for myself and the kids
- Children's Birth certificates
- Custody orders
- Formula/bottle
- Other items _____

If I leave, I will bring this bag as well as: _____ with me.

I will leave spare items, supplies, copies of important papers, and: _____ with (name): _____ in case I am unable to get my bag before leaving.

I will review my safety plan on (date): _____ with (name): _____

