

Screening Patients for Domestic Violence

Physicians see battered women years before they turn to other systems.

DOMESTIC VIOLENCE - Definition

Domestic Violence is a pattern of aggressive and intimidating behaviors (verbal, physical, emotional, sexual, etc) that abusers use to control their intimate partners. Domestic Violence is not necessarily about hitting; abuse is the presence of fear and intimidation.

SCREEN ALL FEMALE PATIENTS

Women patients should be screened for domestic violence privately, without family or friends present. If the patient is non-English speaking or hearing/speech impaired, a hospital or other neutral translator should be used instead of a family member. Please keep in mind that victims of domestic violence do not commonly identify themselves as “battered” or “abused”. Ask every woman about abuse and inform them that all women are asked. Some suggestions to introduce the subject of abuse with patients include:

“Because violence is common in women’s lives, I now ask every woman in my practice about domestic violence. I don’t know if this is a problem with you, but many women I see are dealing with abusive relationships” “Some are too afraid or uncomfortable to bring it up themselves, so I’ve started asking about it routinely.”

“Because violence is so common in many people’s lives, I’ve been asking all my patients routinely.”

Examples of follow-up questions:

Are you aware of domestic violence resources in the community should you or someone in your family need them?

“Are you in a relationship with a person who hurts or threatens you?” “Have you ever been in a relationship in which you were hurt, threatened or made to feel afraid?” “How are things going at home?” “Have you ever been hit, kicked, slapped, pushed, shoved or strangled by your partner?” “Have you ever been forced or pressured by your partner to have sex when you didn’t want to?” “Did someone cause these injuries?”

If a woman acknowledges abuse, listen nonjudgmentally in order to further assess her needs. Provide support by telling her she does not deserve the abuse and the free, confidential help is available. Offer referrals to the local domestic violence program.

If a woman does *not* acknowledge abuse but you are still concerned, let her know your concerns. It is common for a patient to listen silently without overly acknowledge what is being said. In this case, it is still helpful to offer some information about the abuse. Provide her with referrals and encourage her to return if she has any problems in the future.

Things NOT to say to victims of domestic violence:

“Why haven’t you left?” “Did you do anything that caused your partner to hit you?” “Could you have done anything to avoid or defuse the situation?” “Do you get something out of the violence?”

RED FLAGS IN SCREENING FOR DOMESTIC ABUSE

- Injuries:** injuries inconsistent with offered explanation, multiple injuries and/or injuries in different stages of healing, substantial delay between onset of injury and presentation for treatment, contusions, lacerations, stab wounds, burns, human bites, fractures, signs of sexual assault, any injury during pregnancy (especially to chest or abdomen)
- Patent Behavior:** distant or vague response to questions, jumpy in presence of clinicians or partner, flat affect, withdrawn, void, nervous about leaving hospital
- Partner Behavior:** overly attentive/won't let patient out of sight, answers questions for patient

If you are seeing signs of child abuse in a patient, there is a strong likelihood that the mother should be screened as a potential victim of domestic violence.

DOCUMENTATION

Record a description of the abuse as she has described it to you. When writing in her chart, record her statements as follows: "Patient states that she was hit by boyfriend (use name provided)." Use a body map and offer to photograph injuries, with her permission. Preserve physical evidence as appropriate. Document an opinion if her injuries are not consistent with the offered explanation.

REFERRAL

Domestic violence is a crime. Victims should be advised of the option of reporting to the police. Be aware that victims may believe or have been warned that involving police could result in greater harm. Each count is served by a domestic violence program and an elder abuse agency that can offer her counseling and support. Sometimes shelter, legal advocacy and services for children are available. Services are free and confidential. Learn about the services in your area.

RESOURCES

National Domestic Violence Hotline is staffed 24 hours a day, 365 days a year. Serves callers in 139 languages using the AT&T Language Line, has a Deaf Outreach coordinator and maintains a TTY line.

Phone: 800-799-SAFE / TTY: 800-787-3224
Email: ndvh@ndvh.org Deaf email: deafhelp@ndvh.org

Family Violence Prevention Fund is the national clearinghouse for information on the health care response to domestic violence. It provides technical assistance to health settings or for training health practitioners on domestic violence.

383 Rhode Island St, Ste 304
San Francisco, CA 94103-5133
Phone: 888-RX-ABUSE
Website: www.endabuse.org Email: fund@endabuse.org

Wisconsin Coalition Against Domestic Violence, Health Care Project provides technical assistance to healthcare settings and domestic violence programs to ensure that Wisconsin health care systems are safe, supportive systems for victims of domestic violence.

307 S Paterson St, Ste 1
Madison, WI 53703
Phone: (608) 255-0539 Fax: (608) 255-3560
Website: www.wcadv.org