

BARTLETT REGIONAL HOSPITAL

DOMESTIC VIOLENCE PROTOCOL

PURPOSE:

- A. Guide treatment of all injuries and illness.
- B. Provide and communicate a safe environment for the patient.
- C. Identify battered women through screening and through recognition of possible indicators.
- D. Offer supportive counseling, validation of her concerns, and attention to safety issues after discharge.
- E. Document correctly and offer photos.
- F. Provide referral information during the healthcare contact.

PHILOSOPHY:

Bartlett Regional Hospital believes that all people are entitled to the right to live free from violence or threat of violence from current or former partners. 95% of domestic violence involves female victims and male abusers. Sometimes men are abused by women, and domestic violence also occurs in gay and lesbian relationships. Due to the fact that the vast majority of domestic violence occurs toward women by male partners, the convention of using "she" to refer to the victim and "he" to refer to the abuser will be used in this policy and procedure.

POLICY:

Because healthcare providers may be the first non-family members to whom an abused woman turns for help, the provider has an opportunity and responsibility to provide appropriate and sensitive interventions. Bartlett Regional Hospital is committed to developing and implementing policies and procedures for identifying, treating, and referring victims of domestic abuse.

Legal Consideration: The AK codes define domestic violence as a criminal offense and allows a person to seek relief through the legal system.

Reporting Requirements: Alaska does not have an explicit law requiring healthcare providers to report instances of domestic violence. Reporting domestic violence to law enforcement should be done only with the abused person's knowledge; verbal consent should be obtained. Only the abused person can assess the danger and relative risk of reporting vs non-reporting. All other reporting requirements such as gunshot wounds, stabbings, second-degree burns, child abuse, and elder abuse must be followed in accordance with state laws.

DEFINITIONS:

Domestic violence is an ongoing, debilitating experience of physical, psychological and/or sexual abuse involving force or threat of force from a current or former partner associated with increased isolation from the outside world and limited personal freedom and accessibility to resources. A victim of domestic violence is anyone who has been injured or has been emotionally or sexually abused by a person with whom she has, or has had a primary relationship.

PROCEDURE:

- A. RN Role (see appendix B)
1. Screen for domestic violence on all female patients over 16.
 2. Do initial assessment in private (ask patient's visitor/s to have a seat in the lobby before screening and inform that this is standard routine, or find a time when the patient is alone, such as in the bathroom).
 3. Screen for domestic violence using simple direct questions. **"Because domestic violence is so common in many peoples' lives, I've begun to ask all my patients about it routinely.** Are you in a relationship with a person who hurts or threatens you?" If you are suspicious of injuries that are present ask "Did someone cause these injuries? Who?" (Refer to laminated cards or appendix B for review of screening questions).
 4. IF DOMESTIC VIOLENCE IS IDENTIFIED:
 - a. Send important message to the 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."
 - b. Let her know that the conversations will be confidential within the limits of reporting requirements which are injuries such as knife wounds, gunshot wounds, or burns.
 - c. Assess immediate safety by asking these questions. "May I ask you some questions that will allow us to determine your level of safety?" Ask these questions in a thoughtful and caring manner.
 - Are you afraid to go home?
 - Are there weapons present?
 - Have there been threats of homicide or suicide.
 - Can you stay with family or friends?
 - Do you need access to a shelter?
 - Do you want police intervention?
- 1) IF THE PATIENT VERBALIZES DANGER:
- a) Ask the patient for her verbal consent to call an AWARE advocate by saying, **"I'd like to call AWARE and have an advocate come and meet with you. Would that be okay?"** If she declines, then seek help from Social Services.
 - b) AWARE (Aid Women Against Rape Emergencies) or Social Services will do the Safety Assessment.
 - c) Notify the MD.
 - d) Notify security if immediate danger is present to patient or staff. JPD may need to be notified as the situation warrants.

- 2) IF THE PATIENT IS NOT IN IMMEDIATE DANGER, BUT POSITIVE FOR DOMESTIC VIOLENCE:
 - a) Ask the patient for verbal consent to call an AWARE advocate by saying, "**I'd like to call AWARE and have an advocate come and meet with you. Would that be okay?**" The AWARE advocate will have the expertise to sort through a Safety Assessment and the patient's desire to press charges or not. If the patient declines AWARE, it will be up to the nurse or Social Services to help sort through the needs of the patient. (Discharge the patient with wallet cards and referral numbers for AWARE. Be careful to not document the numbers on the going home information, but on the wallet card).
 - b) Document objectively; include specifics of abuse; include quotes whenever possible; document circumstances of abuse and the abuser's name.
 - c) When documenting in the record, ensure that the record is in an area where the abuser does not have access.
 - d) A determination needs to be made as to whether the patient will be pressing charges so, the police know what their role is.
 5. Advise patient who DENIES DOMESTIC VIOLENCE, but WHOM YOU SUSPECT ABUSE:
 - a. Confer with MD.
 - b. Offer a resource wallet card if patient has not admitted abuse or if RN is suspicious of injuries or complaints. Attempt to facilitate disclosure with questions such as: "**Your injuries concern me. Injuries such as these are often caused by abuse. Could this be happening to you?**"
 - c. "If you are abused, please come back to the ED or contact AWARE."
 - d. Do not write any domestic violence referral on discharge instructions.
- B. Social Worker Role (see appendix C)
1. Initial Assessment
 - a. When a domestic violence assessment is needed and client refuses involvement with AWARE, or the medical staff is unavailable, the Social Work Services will initiate the assessment.
 - b. When the Social Work Services perform the admitting intake assessment and there are indicators suggesting domestic violence, Social Work will screen patient per Domestic Violence Training.
 - c. Social Work Services will adhere to the Social Work Services Domestic Violence Protocol in Meditech.

2. Social Work Protocol
 - a. Assessment will include name, address, where battering occurred, descriptive of abuse, as well as any weapon used, past history of abuse, frequency of occurrence, sexual abuse, other physical problems, mental problems, substance abuse, suicidal ideation, and homicidal risks (as reported by the victim). If mental illness or substance abuse appears to be a problem, further referral will be made to appropriate persons or agencies.
 - 1) When interviewing clients, keep questions open-ended and non-judgmental, and avoid blaming or accusing tones of language.
 - 2) Assess for sexual abuse/rape, and inform client that she should be examined immediately if either has occurred. If patient agrees to examination, Social Work will make appropriate referral to physician.
 - b. The assessment will be documented in the patient's medical record.
 - c. Battered women have the right to their medical records. They will be informed of this right and that they may need these records for child custody cases or should they choose to press charges.
 - d. All battered women with children will be asked if the batterer is abusing the children.
 - 1) Inform patient that Alaska law requires that a report be made to the DFYS if abuse has occurred.
 - e. Inform the patient that in Alaska, domestic violence is a crime which may be reported to the police by the patient if she chooses and that the crime must be reported by the staff if a weapon or serious injuries are involved.
 - 1) Contact should be made with the Juneau Police Department if the patient permits, or if there is serious injury or weapons involved in the altercation.
 - 2) Social Work or designated advocate should remain present during any police interview, if the patient requests.
 - a) The police interview will advise the battered woman of her legal options (e.g., orders of protection, illegality of assault, filing charges, police report, court advocate).
 - f. An exit plan will be discussed with the battered woman and documented, including a safe place to go, follow-up plans, referrals, and consults.
 - g. If patient agrees, offer written information containing shelter referral (assist with contacting shelter if necessary) and support groups. The patient will be informed on how to obtain protective orders through the Juneau Police Department or Alaska Court System (contact numbers will be offered.) Referral to the local Crime Victims Compensation Board will also be offered to patient.

- h. If the battered woman chooses to return home, respect her choice. Encourage her to develop a safety plan, to utilize the police if necessary, and to keep her important papers, some money, and a change of clothes in an accessible place in the event she needs to leave the premises in a hurry. Warn her of the risk of further violence.
- C. Physician's Role (see appendix D)
- 1. Screen all female patients over age 16.
 - 2. Evaluate and treat injuries. All battered women will receive complete physical exam including neurological exam (x-rays if indicated), looking for evidence of old and new fractures.
 - 3. Consider domestic violence in all patients and be aware of high-risk indicators (see appendix A).
 - 4. When advised by RN that domestic violence/abuse exists:
 - a. Send important message to patient. Let her know "You are not alone; you are not to blame; there is help available; you do not deserve to be treated this way."
 - b. Emphasize safety and the risk of further violence.
 - c. Let patient know that we would like to call an AWARE advocate who is an expert at covering issues related to this and helping with referrals.
 - 5. If patient has not admitted abuse, but physician or RN is suspicious of Injuries/complaints, attempt to facilitate disclosure with questions such as: "Your Injuries concern me. Injuries such as these are often caused by abuse. Could this be happening to you?"
 - 6. If abuse is acknowledged to physician, notify RN and initiate referral to AWARE or Social Work after asking for patient's consent.
 - 7. Document abuse and injuries.
 - 8. If injuries noted, encourage photos. A primary purpose of photos is to allow useful evidence to be available to patient if needed in the future.
 - 9. If patient has obvious or suspected abuse but cannot communicate or acknowledge abuse (i.e., unconscious or impaired), notify AWARE or Social Work Services for consultation.
 - 10. Document the history and physical exam with attention to objective findings.
 - 11. Document that AWARE or Social Work referral was made to evaluate for domestic violence. Indicate discharge diagnosis, injury, illness or symptom, etc. Do not use the terms "domestic violence" or "abuse" as a discharge diagnosis. (These could potentially get to the abuser as part of insurance or billing notification.)

- D. Documentation (documentation will be done on the Domestic Violence Assessment form, or Domestic Violence Intervention Screen in Meditech.
1. RN Documentation.
 - a. Document any findings of abuse or probable abuse and warning to patient of risk of further violence. Use body map.
 - b. Document patient's comments regarding abuse. Use patient's own words when possible.
 - c. Document the name of the perpetrator of the domestic violence.
 - d. Document Social Work or AWARE referral and reason for referral.
 - e. Discharge instructions should not have domestic violence indicated. (Wallet card will have referral information.)
 - f. Document "positive or negative" domestic violence and explanation.
 - g. Offer to take photos of any injuries and bruising.
 - h. Written consent must be obtained before proceeding with photographs.
 2. Social Work Documentation
 - a. Social Work Services will adhere to the Social Work Services Domestic Violence Protocol in Meditech.
 3. Physician Documentation
 - a. Patient's comments regarding abuse and domestic violence should be noted. The name of the perpetrator is very important to include in your documentation.
 - b. Document referral to AWARE or Social Work for evaluation for domestic violence/abuse.
 - c. Clearly document "findings suspicious of abuse" or "indication of domestic violence" in body of note.
 - d. Discharge diagnosis describes injury/illness or symptoms. Do not use terms "domestic violence" or "abuse" in the discharge diagnosis unless the patient is pressing charge.
 - e. Document referral and warning to patient of risk of further violence.
 - f. On discharge instruction sheet, do not indicate domestic violence, abuse, or AWARE referral. (This instruction sheet could fall into the hands of the perpetrator.
 - g. Document photos taken.
 4. Photos
 - a. When injury lends itself to photographic documentation, physician or RN will assist with photos. Make sure an identifying characteristic or ID band appears in the photo and a ruler to indicate size of the injury.
 - b. Instant photos are taken and placed in the medical record. Note the following on the bottom of the photo.
 - 1) Date
 - 2) Location (e.g., BRH, BRH ED)
 - 3) Patient name
 - 4) Medical record #
 - 5) "Photo taken by"
 - 6) Photographer's name
 - 7) Part of body photographed.

- c. Consent must be signed before taking photos.
 - d. Refer to Appendix E for tips on better Polaroid imaging.
- E. Formation of Bartlett Regional Hospital Domestic Violence Task Force
Bartlett Regional Hospital is committed to ongoing care to the victim of domestic violence and to the training of the hospital staff and community. This is an interdepartmental/interagency task force with members from the Social Work Services Department, an advocate from AWARE, a nurse from the Emergency Department, and a physician. This group will come together to hold monthly meetings and discuss the objectives set out in the 10 State Program and review the hospital's ability to care for the victim of domestic violence.
- F. Bartlett Regional Hospital will train all new employees on use of the Domestic Violence Protocol. Staff development will meet and collaborate with AWARE quarterly.

Approved:

P&P Committee: 9/15/94
Reviewed: 9/21/95
Revised: 8/21/97
Reviewed: 8/20/98
Revised: 9/16/99
Revised: 10/21/99
Revised: 12/16/99

Special Care Committee:

_____ Date

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EDU, CCU, CR, ED, MS, MHU, OB, OR, PR, SSU, SUP, Social Services