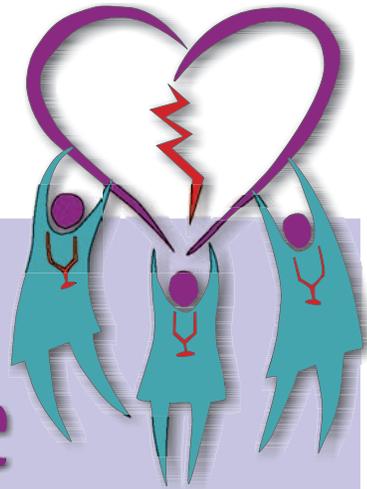


Health Cares About Family Violence



A MAG INITIATIVE

SAMPLE PROTOCOL
FEBRUARY 2003



GUIDING PRINCIPLES

Guiding Principles

1. Treat patients with dignity, respect, compassion, and with sensitivity to differences in age, culture, ethnicity, and sexual orientations, while recognizing that violence is unacceptable in any relationship.
2. Respect the integrity and authority of a patient's life choices.
3. Recognize that the process of leaving a violent relationship is often a long and gradual one.
4. 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.
5. Health professionals serve as a link to key community resources that assist victims of family violence.

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BACKGROUND AND ACKNOWLEDGEMENTS

In 1999, the Maricopa Association of Governments (MAG) Regional Council established the MAG Regional Domestic Violence Council with the primary mission of improving victim safety and batterer accountability in Maricopa County. The Council is charged with implementing the 1999 MAG Regional Domestic Violence Plan. The Plan is made up of 41 recommendations developed by more than 150 participants, in order to bring about a community-coordinated response to domestic violence. The Council consists of representatives from law enforcement, the courts, elected officials, health care providers, businesses, corporations, community-based organizations and the faith community.

The Annual Hospital Training Work Group was established by the Council in May of 2000 to carry out strategies identified under Recommendation #1 of the MAG Regional Plan. Strategies identified included development of a protocol in an effort to gain upper administrative buy-in for adopting the protocol on a system-wide level.

This protocol establishes minimum policy and model standards, as well as recommendations for ongoing training, for health systems to respond to victims of family violence.

Portions of this protocol were adapted from a publication entitled "Improving the Health Care System's Response to Domestic Violence: A Resource Manual for Health Care Providers," produced by the Family Violence Prevention Fund.

HOW TO USE THIS MANUAL/KIT

This kit contains materials that support the healthcare community's efforts to implement the standard of care for screening and treating domestic violence. Other materials will become available and can be obtained by calling the Arizona Coalition Against Domestic Violence at (602) 279-2900. For assistance in implementing the standards in this protocol, please contact Carolyn McBurney at the Maricopa Association of Governments at (602) 254-6300 for technical assistance.

INTRODUCTION

Domestic Violence is reaching epidemic proportions in this country and is categorized by the Centers for Disease Control & Prevention as one of the leading health hazards for women 19-29 years of age. In 1997 the U.S. Department of Justice reported that 37% of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend, or girlfriend. And, 28% of women surveyed in three university-affiliated ambulatory care internal medicine clinics had experienced domestic violence at some time in their lives.¹ Further, 70% of men who abuse their female partners also abuse their children.²



According to a Violence Policy Center report, Arizona ranks 2nd in the nation for the rate of females killed by males. In addition, studies show that about 1/2 of female homicide victims due to domestic violence had visited an emergency department in the two years prior to their death. Because of the prevalence of domestic violence, and the lack of education and resources currently available in the healthcare community, the Maricopa Association of Governments (MAG) Regional Domestic Violence Council seeks to assist healthcare providers in improving their response to instances of family violence.

This manual and the other resources in this kit contain information for providers with any role in a health care system. Whether serving patients in a rural or urban setting, whether in private practice or as a unit of health system, and whether or not they realize it, all healthcare workers do care for victims of family violence. This manual is intended to create a standard of care throughout the healthcare community in Maricopa County. Together, healthcare providers will demonstrate that Health Cares about Family Violence.

¹Gin, Rucker, Frayne, Cygan, & Hubbell, 1991.

²Uniform Family Violence Report, Arizona Department of Economic Security, 1999.

DOMESTIC VIOLENCE OVERVIEW

Most Arizonans likely understand the term “domestic violence” and understand the scope of the issue; however, few likely understand the definition and magnitude of the problem. The following definitions, statistics, and symptoms and signs detail domestic violence; although this information may be used to introduce the topic to employees in any field, healthcare workers are exposed to victims more often than other professionals, and are therefore charged with the significant responsibility to identify and assist victims of family violence.



ABOUT
DOMESTIC VIOLENCE

DEFINITIONS

Definitions should be included in any policy or procedure used in healthcare settings. The following are suggested definitions.

Domestic Violence: A pattern of coercive behavior that involves physical abuse or the threat of physical abuse. It also may include repeated psychological abuse, sexual assault, progressive social isolation, deprivation, intimidation, or economic coercion. Domestic violence is violence perpetrated by adults or adolescents against their intimate partners in current or former dating, married or cohabiting relationships of heterosexuals, gay men, lesbians, bisexuals and transgender people.

Vulnerable Adult Abuse: Abuse of an individual who is 18 years or older and is unable to protect himself/herself from abuse, neglect, or exploitation by others because of mental or physical impairment. (Arizona Revised Statutes, 13-3623)

Child Abuse: The act or failure to act by a parent or caretaker that results in death, serious physical or emotional harm, sexual abuse, or exploitation. This includes anything that presents an imminent risk of serious harm, including withholding medically indicated treatment. (Arizona Revised Statutes, 13-3623)

Although the definitions of child abuse and vulnerable adult abuse are included, this protocol primarily speaks to responding to adult victims of domestic violence and their children. Principles of documentation and reporting are included.

FACT: Every 5 minutes in Arizona, a law enforcement official responds to a domestic violence call.

STATISTICS

The following statistics provide some insight into the impact of family violence on medical care services.

- Nearly 1 in 3 adult women experience at least one physical assault by a partner during adulthood.³
- 8 out of 100 women who recently gave birth were found to have been abused during or right before their pregnancy.⁴
- Approximately 1 in 5 female high school students reports being physically or sexually abused by a dating partner.⁵
- Between 3.3 million and 10 million children in the United States are at risk of witnessing abuse of women each year. In one study (Hangen, 1994), 32.5% of child protective service cases also involved domestic violence. Children who witness violence have been found to show more anxiety, depression, and temperament problems, less empathy and self esteem, and lower verbal, cognitive and motor abilities than children who do not witness violence in the home.⁶
- In 1997, a U.S. Department of Justice study reported that 37% of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend, or girlfriend.
- 28% of women surveyed in three university-affiliated ambulatory care internal medicine clinics had experienced domestic violence at some time in their lives.⁷
- Mental health care providers treat battered women for suicide attempts, anxiety and depression.⁸ Statistics report that up to 64% of female psychiatric patients had experienced some sort of physical assault.
- Each year, medical expenses from domestic violence total at least \$3-5 billion. Businesses forfeit another \$100 million in lost wages, sick leave, absenteeism and non-productivity.⁹

³American Psychological Association, "Violence and the Family", 1996, p. 10.

⁴Goodwin, M.M., et al. "Pregnancy Intendedness and Physical Abuse Around the Time of Pregnancy: Findings from the Pregnancy Risk Assessment Monitoring System, 1996-1997." *Maternal and Child Health Journal*. 2000; 4: 85-92.

⁵Journal of the American Medical Association, 2001; 286:572-579.

⁶Edelson, 1995.

⁷Gin, Rucker, Frayne, Cygan, & Hubbell, 1991.

⁸Stark and Flitcraft, 1995.

⁹Domestic Violence for Health Care Providers, Colorado Domestic Violence Coalition, 1991.

SYMPTOMS AND SIGNS

History suggesting domestic violence:

- Traumatic injury or sexual assault
- Suicide attempt or ideation
- Overdose
- Physical symptoms related to stress
- Vague or non-specific complaints
- History inconsistent with injury
- Delay in seeking medical care
- Repeated visits

Physical clues:

- Any physical injuries
- Injuries to unusual parts of the body (genitals, face, neck, throat, chest, abdomen)
- Spiral fractures
- Patterned injuries (burns, teeth marks, rope burns)
- Unexplained, multiple or old injuries
- Clothing not in season (i.e. turtle neck in summer, inadequate clothing in winter)
- Physical injury during pregnancy
- Late entry to prenatal care
- Delays between injuries and seeking treatment

Behavioral clues:

- Reluctance to speak in front of partner
- Evasive
- Overly protective or controlling partner
- No eye contact
- When asked a question looks at partner for the answer
- Chronic, vague complaints that have no obvious physical cause
- A male partner who is overly attentive, controlling, or unwilling to leave the woman's side

Verbal clues:

- Directly or indirectly brings up the subject of abuse
- Says they are in a rush and don't have time to waste
- Says, "[Injuries] are no big deal", "Stop fussing, I'll be fine", "It looks worse than it is"

PATIENT CARE: SCREENING



Several professional medical organizations and associations, such as those for nursing, pediatrics, internal medicine, obstetrics, and family practice, support mandatory efforts to screen women for domestic violence. To that end, healthcare providers and facilities should adopt the most comprehensive policies and approaches to screening and caring for victims of family violence. Screening techniques and sample questions are provided below. The bare minimum required of all healthcare providers is discussed, as are the exemplary model practices. In addition, this section describes specific individuals who should be screening patients, as well as details on how to screen patients. Patient screening is discussed in its proper written and oral forms. Further, information is provided for screening special populations.

SCREENING

Early recognition and intervention has the potential to significantly reduce the morbidity and mortality that results from violence in the home. Routine screening is an effective way to identify patients who are being abused. Screening in a medical setting gives victims a confidential, safe place to receive help and link with services. Identification also allows providers to make accurate diagnoses and link medical problems with family violence.

To that end, the medical and psychiatric ramifications of domestic violence justify screening of all female patients in emergency, surgical, primary care, pediatric, prenatal, and mental health settings. Considering not all victims of domestic violence recognize themselves as victims, the health care provider should ask female patients direct, specific questions about abuse.

MODEL PRACTICE

These model standards should be the goal in implementing domestic violence screening and education in healthcare settings.

Primary Care and Inpatient Settings:

1. Routinely screen all women and adolescent girls.
2. Screen men and adolescent boys presenting with the symptoms or signs of domestic violence (see pg. 9 for Symptoms and Signs of Domestic Violence).

Drop-in, urgent care, emergency departments, sub-specialty settings, dentistry, and home-care:

- Screen women, adolescent girls, men and adolescent boys who present with symptoms or signs of domestic violence.
- Screen pregnant women each trimester.

In Pediatric Clinics:

- Screen all caregivers periodically for history of past or current exposure to domestic violence in child's life.
- Screen caregivers who have symptoms or signs consistent with family violence.
- Screen caregivers whose children present with injuries or behavioral problems.

Minimum

Regardless of setting, these screening practices are recommended as minimum standards.

- Anyone from the age of 12 that may exhibit signs and symptoms of domestic violence.
- All pregnant women.
- Screen all mothers whose children have findings suspicious for child abuse or sexual assault.
- Screen all mothers of newborns.

Who Should Screen?

- All members of the healthcare team. This includes nurses, allied health professionals, social services, health education, physicians, nurse practitioners, and physician assistants.

How Should Screening Occur?

1. Always use professional interpreters when working with non-English speaking patients.
2. NEVER use friends or family as interpreters.
3. Discuss the principles of confidentiality.

If there are no interpreters available, contact 1-800-799-SAFE. Telephone counselors answering the phones speak several different languages, and may be able to assist you.

Oral

- Face to face.
- In patient's primary language.
- Direct and non-judgmental.
- Preferably not in the presence of verbal children.
- In private, without the presence of any other adults.

the Administration on Aging, among known perpetrators of abuse and neglect, the perpetrator was a family member in 90 percent of cases. Two-thirds of the perpetrators were adult children or spouses.

Immigrants

- Immigrants may be more reluctant than others to report the violence due to a fear of deportation.
- Local custom and law enforcement vary among different countries, and may present social barriers to immigrants experiencing abuse.
- Cultural and linguistic barriers may reduce access to victim services.
- Some legal protection exists for undocumented immigrants. Follow up with the legal advocacy hotline for specific information. (Arizona Coalition Against Domestic Violence Legal Hotline, (602)279-2900.)

SAMPLE DOMESTIC VIOLENCE SCREENING QUESTIONS

Written screening (for history intake forms/new patient questionnaires):

The following are sample questions/statements that may be added to patient history and intake forms. These may be self-administered forms or on a questionnaire the clinician reviews with the patient.

- Have you ever been hit, kicked, slapped, pushed or shoved by your partner?
- Are you currently or have you ever been in a relationship where you are physically hurt, threatened, or made to feel afraid?
- Have you ever been forced or pressured to have sex when you did not want to?

Oral Screening for any patient/parent:

The following statements/questions may be used to initiate the conversation:

- Because violence is so prevalent in our society, I have begun to ask all my patients if they feel safe in their homes.
- I know I have been seeing you in clinic for a few years now. I have started to ask all my patients more about their relationships. What happens when you and your partner disagree?

The following statements/questions may also be helpful:

- Has your partner ever hit you or hurt you in any way?
- Do you ever feel afraid of your partner?
- Has your partner ever forced you to have sex when you didn't want to?
- Many people who are being hurt by their partners are afraid or ashamed to talk about it. I want you to know that I would like to talk about this if this ever happens to you.
- There is help here and in other places for people who are being hurt by their partners.
- Sometimes people are afraid to talk about this because they think the information won't be private. Let me explain that your care here is private.
- I am asking you about this because I am concerned about your safety.

The following statement may be helpful in introducing a conversation with a parent:

- Sometimes if we see a certain behavior in a child, it is because of a situation in the home.

Assessment for Elderly Patients:

Specialized assessment may be needed because an elderly victim's perpetrator may be a family member, and not a partner.

- Do you ever feel afraid at home? When?
- I'm concerned that your symptoms may have been caused by someone close to you.
- There is help for people that are being hurt at home by a loved one.
- How have things changed at home since the retirement, stroke, diabetes, etc.?

PATIENT CARE: ASSESSMENT

Responding to a patient's positive disclosure of family violence is complex and critical. Likewise, even if the patient denies family violence, healthcare providers are obliged to continue assessing the patient if family violence is suspected.

BASIC ASSESSMENT (MINIMUM MEDICAL RESPONSE)

1. Obtain history of present complaint.
2. During the physical examination, request that the patient disrobe for a more thorough exam. Provider should examine for evidence of further injuries or scars.
3. Address the following three issues before the patient leaves your site:
 - Immediate risk: If you return home, will you be in immediate physical danger?
 - Suicide: Have you had any suicidal thoughts?
 - State of mind toward situation and possible change: What type of resources do you need today?
4. What types of medical and psychological effects have resulted from the abuse (e.g., chronic pain, worsening medical conditions, psychological distress, anxiety, sleep disorders, miscarriages, or substance abuse)?
5. If the victim is a vulnerable adult, report the case to Adult Protective Services at 1-877-767-2385.
6. If a child has been abused, report it to Child Protective Services at 1-888-767-2445.

The form is titled "DOMESTIC VIOLENCE SCREENING DOCUMENTATION FORM". It includes a header for patient information (Name, Patient Name, Patient Program, Date, Yr, No, Age) and a section for "PHYSICAL EXAMINATION" with four diagrams of a human body (front, back, side, and another side view). Below the diagrams are several sections of questions with checkboxes for "Yes", "No", "N/A", and "U" (Unknown). The sections include: "ANATOMICAL ABUSE" (questions about genital/anal contact, genital contact, genital contact with objects, and genital contact with objects), "INJURIES" (questions about bruising, lacerations, abrasions, and other injuries), "HEALTH EFFECTS" (questions about chronic pain, sleep disorders, and substance abuse), "PSYCHOLOGICAL EFFECTS" (questions about anxiety, depression, and suicidal thoughts), "RISK ASSESSMENT" (questions about immediate risk, suicide, and state of mind), and "REPORTING" (questions about reporting to Adult Protective Services and Child Protective Services).

Every 39 minutes, one or more Arizona children witness a domestic violence incident.¹¹

FURTHER ASSESSMENT (MODEL MEDICAL RESPONSE)

The model medical response calls for healthcare providers to further assess the patient either immediately or over multiple visits, by different members of a multi-disciplinary team at a particular site, or in conjunction with community domestic violence experts and counselors. Seeking training and advice from

¹¹2001 State Agencies Coordination Team Annual Report, AZ Division for Prevention of Family Violence.

domestic violence advocates and experts is necessary for the long term, but the following sample assessments will also be helpful.

1. Assessment of patient's general view toward personal situation (state of mind):
"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 for your children (if any)? Are there any changes you would like to make? What steps would help you toward those goals? What actions are you ready to take?"
2. Safety strategies patient has used:
How do you currently protect yourself and your children? What safety strategies have you tried? Have you sought outside assistance for domestic violence? From whom or where? Have you ever tried to leave in the past? What happened as a result?
3. History of past injuries:
Have you ever been treated for injuries related to the violence? Have you ever been hospitalized? Have the police ever been called during a domestic violence incident? What happened as a result?
4. Degree of abuser's control over patient:
Does your partner ever try to control you by threatening to hurt you or your family? Does your partner ever try to restrict your freedom or keep you from doing things that are important to you? Do you have your own money or financial support? Do you feel controlled or isolated by your partner?
5. Effects of domestic violence on children:
Have your children shown any signs of physical injuries or sexual abuse that could be related to your partner's abuse? Have your children had any eating or sleeping disorders, somatic complaints, bad dreams, aggressive behaviors, school problems, depression, suicidal thoughts or attempts? How often have they witnessed the abuse? What will enhance your children's safety while protecting yourself?
6. Further assessment of suicide/homicide:
Have you ever attempted suicide in the past? Are you having thoughts of suicide now? Have you thought about how you would do it? Have you ever thought about killing or harming your partner? Have you thought about how you would do it?

ACKNOWLEDGING FAMILY VIOLENCE

Obtaining an acknowledgment from a patient that violence is, in fact, taking place in the home is the first critical step toward appropriately caring for that patient and their family. At that point, it is imperative that healthcare workers follow the guidelines for documenting the history, nature, and medical and criminal aspects of the violence. The skilled healthcare worker can then offer emotional support as well as safety, legal, and other critical resources.



DOCUMENTATION

All healthcare providers should complete legible medical records for each known or suspected victim of domestic violence. Include the following in the medical record (see Appendix B for sample documentation form):

- A description of domestic violence history, including present complaints or injuries. Include date, time and location of domestic violence incidents.
- A description of past experiences (physical and sexual abuse) and the frequency of abuse. Whenever appropriate, use the patient's own words in quotation marks.
- A description of patient's injuries, including type, location, size, color and age. Document injuries on a body map (see sample body map).
- Perpetrator's name, address and relationship to patient (and children, if any).
- A description of other health problems, physical or mental, which may be related to the abuse.
- Whenever possible, and with patient's consent, take photographs of patient's injuries. Take photographs of all injuries, including:
 - Hold up a ruler to injuries to show size.
 - One full body shot (to link injuries with patient).
 - One mid-range to show mid-range injuries.
 - Close-ups of all wounds and bruises.
- Preserve any physical evidence (e.g. damaged clothing, jewelry, weapons, etc.) that can be used for prosecution.
- Document emotional state and any excited utterances.
- Avoid using the word "alleges" in documentation.

-
- If your site is not equipped to perform forensic exams, please call the Phoenix Family Advocacy Center at (602) 254-2120 for consultation and/or referral.
 - Document details of intervention made and all actions taken. (Please see “Domestic Violence Screening/Documentation Form” in Appendix B.)

SUPPORT & RESOURCES

The following key concepts and resources will be helpful to providers treating victims of domestic violence, and will promote the safety of the patient.

Convey the following messages:

- There is no excuse for domestic violence.
- No one deserves to be abused.
- Violence is not your fault. Only the abuser is responsible.
- You are not alone. There are people you can talk to for support, shelter and legal advice.
- It must be very difficult for you to leave your situation.

Provide information about domestic violence:



- Domestic violence occurs often in our society.
- Most violence continues over time and increases in frequency and severity.
- Violence in the home can have long-term, damaging effects on children, particularly if they are physically hurt and/or witness the abuse.
- Domestic violence is a crime in the United States, even if you’re here without legal documentation.
- Utilize resources in the MAG Health Cares Kit and see Appendix A for a comprehensive list of resources.
- Encourage patients, if it is safe, to take a shoe card or brochure (found in the MAG Health Cares Kit) “in case you ever need it.” Highlight hotline numbers for patients. Determine safety by asking if their partner or family members look through their personal items.

Assist the patient in making a safety plan:

(See pg. 19 and Appendix D for safety planning.)

REPORTING REQUIREMENTS

Victims of a Crime

Beyond the required medical documentation of family violence, healthcare workers are required by law to report family violence. Arizona Revised Statute

13-3806 states, "A physician, surgeon, nurse or hospital attendant called upon to treat any person for gunshot wounds, knife wounds or other material injury which may have resulted from a fight, brawl, robbery or other illegal or unlawful act, shall immediately notify the chief of police or the city marshal, if in an incorporated city or town, or the sheriff, or the nearest police officer, if the circumstances, together with the name and description of the patient, the character of the wound and other facts which may be of assistance to the police authorities in the event the condition of the patient may be due to any illegal transaction or circumstances."



Suspicion of Child Abuse

To report child abuse, contact Child Protective Services (CPS) at (888) 767-2445. Or you may call the police directly. Child abuse is reported and investigated under A.R.S. 13-3623.

Vulnerable Adult Abuse

To report vulnerable adult abuse, contact Adult Protective Services at (888) 767-2385. Or, you may call the police directly.

When a report is made:

- Notify victim, if possible.
- Provide Safety Planning.
- Consider need for hospital security.
- If possible, speak to victim alone.
- Document report on medical record.

Always be aware that the person the victim is with may be a perpetrator.

SAFETY PLANNING

When a patient has been screened for domestic abuse and has been identified as a victim or suspected victim, it is important to speak with the patient about her/his immediate and future safety before the patient leaves the clinic. The severity of the current injuries or the abuse is not always an accurate predictor of future violence. Assisting the patient in making a safety plan can help the patient think through various options, and help the clinician assess the situation and better support the patient. The following check-list will help you initiate important discussions.

If the patient is planning to leave:

- Does the patient have a friend or supportive family member that lives nearby with whom she or he can stay?

-
- Does the patient have a friend that will stay with her/him to minimize the opportunities for violence?
 - Does the patient want to go to a battered women's shelter, homeless shelter or use other housing assistance programs such as hotel vouchers from social services or advocacy programs?
 - Does the patient want to file an official police report, obtain an order of protection or an emergency protective order?

If the patient is NOT planning to leave:

- Would the patient call the police if the perpetrator becomes violent? If the patient cannot get to the phone, is there a pre-arranged signal that will alert neighbors to call for the patient? Can the patient's children be taught to call 9-1-1 in an emergency?
- What kind of strategies have worked in the past to minimize injuries? Does the patient think these strategies would continue to work?
- Can the patient anticipate escalation of violence and take any precautions?
- Does the patient have a support network of friends or family who live nearby and who would provide help when needed?
- Does the perpetrator have or use weapons? Is the ammunition kept separate from the weapon?

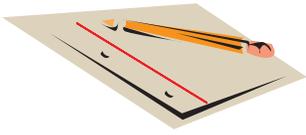
If the perpetrator has been removed from the living situation:

- Discuss safety measures such as changing the locks on the doors and windows, installing a security system, purchasing rope ladders, installing outdoor lighting sensitive to movement, buying smoke detectors and fire extinguisher, etc.
- It is important to teach children how to use the phone and make collect calls in case the perpetrator kidnaps them. Make arrangements with schools and daycare centers to release children only to designated persons.
- Encourage the patient to tell neighbors, family and friends, and hotel and building manager that the perpetrator has left and to call 9-1-1 if the perpetrator is seen around the home.

Being prepared to get away:

1. Encourage patients to keep the following in a safe place:
 - Keys (house/living situation and car).
 - Important papers: social security cards, birth certificates (for parent and children), photo ID/driver's license, green cards.
 - Cash, food stamps, credit cards, checkbook, etc.
 - Medication for parent & children; children's immunization cards.
 - Spare set of clothes.
 - Important phone numbers and addresses (friends, relatives, police, domestic violence shelter).
 - Loose change to make phone calls from pay phones.
 - If possible, patients should pack a change of clothes for themselves and their children, personal care items, extra glasses, etc.
2. Have the patient plan with her/his children. Identify a safe place for them: a room with a lock or a neighbor's house where they can go, and reassure the children that their job is to stay safe, not to protect their parent.
3. Encourage the patient to arrange a signal with neighbors to let them know when she/he needs help.
4. Contact the local domestic violence program to find out about laws and community resources before the patient needs them.

TRAINING GUIDELINES FOR HEALTH CARE PROVIDERS



To respond effectively and appropriately to domestic violence in the medical setting, provide orientation to the protocol and training in domestic violence intervention to providers and all other health care setting staff. Collaborate with domestic violence community advocates to provide training and develop procedures on domestic violence (see Appendices).

PURPOSE

While victims of family violence enter all settings of the health care system, the identification of domestic violence has only recently been recognized as an important component of comprehensive health care. During formal medical training, most practitioners do not have course work in domestic violence identification or prevention, even though training may lead to increased identification and referrals for victims.

It is recommended that all health care providers receive at least minimal training in domestic violence. All employees should be trained on the facility's policies, procedures, legal requirements, resources, and basic topics.

This document clarifies the basic topics that should be addressed by all training programs. Included are available training resources. It is best if training is conducted by a team of trainers, including a community agency's domestic violence expert. Training should be tailored to the specialty group in the audience.

DOMESTIC VIOLENCE TRAINING: TOPICS

In a model healthcare setting, the following training topics are included:

- Identification of clinicians' pre-existing attitudes and assumptions about domestic violence.
- Audiovisual or live presentation from patient who has experienced domestic violence.
- Cultural competency and domestic violence.
- Role playing for providers in residency programs.
- Assessment of objectives achieved.

At a minimum, the following training topics must be included in ANNUAL training:

- Definitions/epidemiology/physical and mental health consequences of domestic violence.

-
- Screening for domestic violence in both primary, acute and specialty care settings.
 - Community resources.
 - Assessment of patients who have suffered abuse.
 - Interventions with battered patients.
 - Documentation.
 - Reporting.

DOMESTIC VIOLENCE TRAINING: EXPECTED OUTCOMES

Upon completion of domestic violence training, each health care provider should be able to complete the following:

1. Define domestic violence and describe the dynamics of domestic violence.
2. Describe how to approach routine screening of women and adolescent girls, as well as how to screen men presenting with signs of victimization.
3. Describe health effects on adults and children.
4. Describe how to assess the safety of the patient as well as others living in the home, and how to assess the potential lethality of a situation.
5. Explain how to document a patient's history and findings using narrative form and a body map.
6. Describe three messages conveying support for battered patients.
7. Describe provider attitudes that are constructive as well as those that may hinder communication with battered patients.
8. Describe how to consult a patient about safety planning and calling the police.
9. List at least three sources of referrals and describe how to give patients advice about utilizing these resources.
10. Describe the basics of the legal options available for battered patients.

-
11. Describe the requirements of mandatory reporting and describe the likely police response and implications for battered patients.

TRAINING IN ARIZONA: RESOURCES/INFORMATION

For further information about training resources, please contact:

- The Family Violence Prevention Fund, 1-888-Rx-ABUSE (toll-free call). The FUND provides training materials and manuals for sale, as well as posters, provider reference cards and sample protocols.
- The Arizona Coalition Against Domestic Violence (ACADV) at (602) 279-2900.
- Maricopa Association of Governments (MAG) at (602) 254-6300.
- Area Agency on Aging at (602) 264-HELP.
- Center for Healthcare Against Family Violence at Maricopa Integrated Health Systems/MedPro at (602) 344-1545

IN THE WORKPLACE

Not only are healthcare workers entrusted by the community and required by law to screen and report incidences of domestic violence, but they are also subject to family violence and workplace violence. As professionals skilled in screening and providing resources for violence victims, healthcare professionals should also be aware of their fellow workplace employees and any potential domestic or workplace violence issues.



STATISTICS

- 74% of employed battered women are harassed at work.
- 56% of battered women were late for work at least 5 times a month.
- 54% missed at least three full days of work a month.

WORKPLACE POLICY CHECKLIST

- Leave and benefit policy that can offer flexibility for victims attending court dates, seeking shelter, or going to support groups.
- Brown bags on Domestic Violence and other related topics.
- Clear Human Resources Policies that address non-discrimination against victims.
- Employee Assistance Program services.
- Security services and policies addressing orders of protection and enforcement of ID badges.
- Distribution in bathrooms of brochures and shoe cards for recognizing and seeking resources for victims of violence.

SCRIPTING

- Let employee know what you have observed (“I notice that you look upset and worried . . .”).
- Express concern (I am concerned that things at home might not be going that well . . .”).
- Make a statement of support (“No one deserves to be abused”).
- Refer to EAP or local domestic violence program (see Appendix A).

RESOURCES

The following information should be distributed to providers and posted in provider and patient care areas.

Crisis Lines

National Domestic Violence Hotline
1 (800) 799-SAFE

Community Information and
Referral Services
(602) 263-8856

EMPACT
(480) 784-1500

Domestic Violence Shelters

Shelter Hotline
(602) 263-8900

CONTACTS (temporary placement in
hotels/motels in the event shelter
beds are at capacity)
(602) 263-8900

Children's Services

Child Abuse Hotline
1-888-767-2445

Elder Abuse Information

Adult Protective Services
1122 N. 7th Street, Ste. #205
Phoenix, AZ 85006
1-877-767-2385

Senior Help Line/Area Agency on
Aging
(602) 264-4357

Emergency Orders of Protection

City of Phoenix Family Advocacy
Center
2120 N. Central Ave., Ste. 250
Phoenix, AZ 85004-1416
(602) 534-2120

Mesa Center Against Family
Violence
130 N. Robson
Mesa, AZ 85201-6697
(480) 644-4075

Glendale Family Advocacy Center
6829 N. 57th Ave.
Glendale, AZ 85301
(623) 930-3720

General Domestic Violence Informa-
tion and Legal Advocacy

Arizona Coalition Against Domestic
Violence (ACADV)
100 W. Camelback, Ste 109
Phoenix, AZ 85013
(602) 279-2900

HEALTH CARE STAFF, PROVIDER'S & SOCIAL WORKER'S CHECKLISTS

DOMESTIC VIOLENCE ABUSE ASSESSMENT

Date _____ Client ID# _____

Client Name _____

Client Pregnant yes no

R=ROUTINELY SCREEN

Because violence is so common in women's lives, I've begun to ask about it routinely.

A=ASK DIRECT QUESTIONS

- yes no Do you feel safe at home?
- yes no Are you in a relationship in which you have been hurt or threatened?
- yes no Have you ever been hit, kicked, or punched by someone close to you? _____ # of times in past yr.
- yes no I notice you have a number of bruises; did someone do this to you?

D=DOCUMENT YOUR FINDINGS

Client Report (Use Client's Own Words) - Client Description of Assault (struck with fists or object, kicked, thrown, etc.)

Provider Evaluation

Provider Signature _____

Check Physical Findings

	Contusion	Abrasion	Laceration	Bleeding	Tenderness
Head					
Ears					
Nose					
Cheeks					
Mouth					
Neck					
Shoulder					
Arms					
Hands					
Chest					
Back					
Abdomen					
Genitals					
Buttocks					
Legs					
Feet					

yes no Photographs taken?

yes no Abuse Confirmed.

If yes, name of alleged perpetrator and relationship to client:

yes no Abuse Suspected. State reasons.

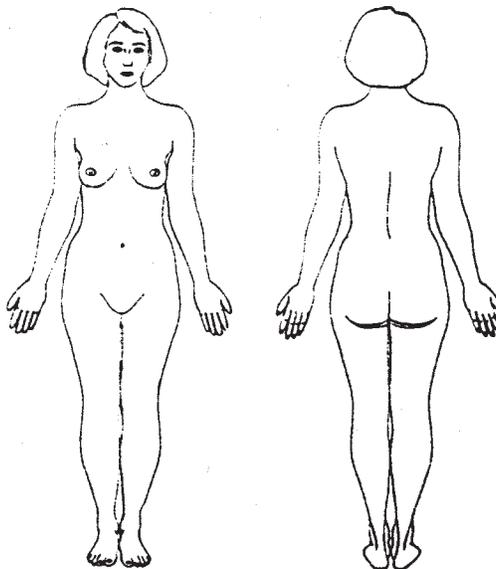
A=ASSESS CLIENT SAFETY

- yes no Is client afraid to go home?
- yes no Increase in severity/frequency of abuse?
- yes no Threats of homicide or suicide?
- yes no Weapon present?

R=REVIEW OPTIONS AND REFERRALS

- yes no Need immediate shelter?
- yes no Hotline numbers/community resources given?
- yes no Referred to CHC staff?
- yes no Referred to outside source?
- yes no Follow-up appointment made? _____ date
- yes no Can client be called at home? If no, is there a safe number where client can be reached?

Indicate Where Injury Was Observed:



1. Have you ever been threatened or injured by any kind of abuse or violence?
(hit by boyfriend or husband, forced sex)

YES NO Not Sure Refused

If yes, check one: By whom?

Husband
 Boyfriend
 Family member
 Other

2. Is this happening now?

YES NO

3. Do you know where you can get help?

YES NO

4. What are your plans now?

INTERVENTION

1. Seen by Social Work in Emergency Department?

YES NO By:

2. Shelter reference provided?

YES NO Where?:

3. Education material given: _____

RN / MD / MSW SIGNATURE



DOMESTIC VIOLENCE / ABUSE SCREENING TOOL

Magee-Womens Hospital - Pittsburgh, PA 15123-3180
Emergency Department

6231-1390-0893
RC# 08504
WHITE: CHART

YELLOW: ED COPY

PINK: MED. DIR. COPY

Refer? Yes No

Referred to: _____

DOMESTIC SAFETY ASSESSMENT

Over the past several years, domestic violence has come to be recognized as an important, oft overlooked, health issue in our society. The Mercy Hospital of Pittsburgh's mission is to care for patients who are in need. We would like to help you identify whether you are a victim of abuse or neglect. To receive help is your decision - let us know if you have questions or would like to discuss your situation further. Following are some questions to help you and us evaluate if you are in an abusive situation. Please respond to them openly.

This information is part of your healthcare record. Your responses will not be released to anyone without your written consent, except as otherwise provided by law. If you do not feel comfortable talking today you can call us at 232-8310.

1. Do you feel safe at home? Yes No
If no, why do you feel this way?

2. We all have disagreements - when you and your partner or a family member argue, have you ever been physically hurt or threatened? Yes No

3. Do you feel your partner or a family member controls (or tries to control) your behavior too much? Yes No

4. Does he / she threaten you? Yes No

5. Has your partner (or other family member) ever hit, pushed, shoved, punched or kicked you? Yes No

6. Have you ever felt forced to engage in unwanted sexual acts / contact with your partner or other family member? Yes No

If there are problems, we would like to help - please let us know.

1. Would you like to discuss your situation? Yes No

2. Would you like additional information on Domestic Violence? Yes No

3. Declined referral. Yes

WYOMING VALLEY HEALTH CARE SYSTEM

Wilkes-Barre, PA

PATIENT PLATE

FORM # BAR CODES
1800.046.94

OCR#

EMOTIONAL/PSYCHOSOCIAL

Marital Status: Married Single Divorced Widowed Separated

Home Environment: Lives with spouse Lives with friend Lives with family Nursing Home

Lives alone Other

Occupation: _____

Acceptance of illness/hospitalization: Yes No Comments _____

Spiritual Concerns _____

Recent stressful life event: Yes If yes explain

Are there any physical manifestations of stress No Yes

Explain _____

Activities of Daily Living: I=Independent A=Assist D=Dependent
Feeding _____ Bathing _____ Grooming _____
Toileting _____ Dressing _____ Other _____

MULTIDISCIPLINARY DISCHARGE/SCREENING

Who could provide help for you at home?
 Parent Spouse Children Other _____

Potential problems at home:
 Stairs Heat 2 Levels Toilet Transportation Financial

Concerns: _____

Who depends on you at home?
 Parent Spouse Children Other _____

Discharge planning indicated? Yes No

High risk criteria for potential discharge planning Intervention:

Yes	No	
___	___	OVER 75 YEARS OLD
___	___	INTENSIVE COUNSELING
___	___	CANCER/DIALYSIS/C.V.A./OSTOMY/ORTHOPEDIC (PLEASE CIRCLE)
___	___	TRAUMA
___	___	SUBSTANCE ABUSE
___	___	VICTIM OF ABUSE
___	___	AIDS
___	___	EXTENSIVE PHYSICAL CARE/ADL NEEDS
___	___	NURSING HOME/PERSONAL CARE HOME/REHABILITATION HOSPITAL
___	___	HOME HEALTH/HOSPICE
___	___	EQUIPMENT NEEDED
___	___	HOMELESS
___	___	NO NEXT OF KIN
___	___	PRIOR COMMUNITY AGENCY INVOLVEMENT: _____

Date: _____ Time: _____ R.N. _____

Note: Requires R.N. review and signature within 8 hours of admission.

HIGH RISK

FOR SOCIAL SERVICE USE WHEN INDICATED.

SCREENING PSYCHOSOCIAL ASSESSMENT INTERVENTION

SIGNATURE OF SOCIAL WORKER _____ DATE _____ TIME _____

WYOMING VALLEY HEALTH CARE SYSTEM

Wilkes-Barre, PA

PATIENT PLATE

FORM # 1800.046.94 BAR CODES

OCR#

Medical History:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Alzheimer's Disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Blood Transfusion | <input type="checkbox"/> Alcohol/Drug Dependency |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Renal Disease | Reaction: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Victim of Abuse |
| <input type="checkbox"/> CVA | <input type="checkbox"/> Hepatitis | Type: | <input type="checkbox"/> Sex. Trans. Disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> G.I. Disorders | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Congenital Disorder | <input type="checkbox"/> Mental Disorder | |

Fall Risk Assessment: Fall Risk

(Circle Fall Risk if three of the following are circled)

- Nocturia - History of Falls/Injuries/Other Accidents
- Impaired Judgement - Non-Compliant - Difficulty Communicating
- Impaired Mobility - Impaired Vision - Other _____

Nutrition:

- Dietary Restrictions: _____
- Feeds Self
 - Needs Assistance
 - Difficulty Chewing
 - Difficulty Swallowing
 - Fluid Restriction: Yes No

Policies Explained:

- ___ Smoking
- ___ Side Rails
- ___ Visiting Hours

Orientation To Room And Unit:

- ___ Call Light
- ___ Bed Operation
- ___ Phone
- ___ Television
- ___ Educational Television Channel
- ___ Unable to Comprehend

Assistive Devices Brought with Patient:

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Glasses | <input type="checkbox"/> Upper Dentures | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Lower Dentures | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Partial | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Caps | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> None |

Admission Assessment Form

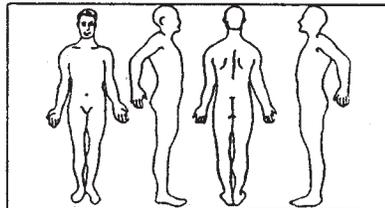
ORIENT

PAIN ASSESSMENT

- Where is the pain located? (Be specific, include where the pain radiates.) _____
- How long have you had the pain? _____
 Constant Intermittent
- What relieves the pain? _____
- What has not relieved the pain? _____
- What increases the pain? _____
- How does the pain affect your :
 A. Sleep: _____
 B. Appetite: _____
 C. Activity: _____

MARK DRAWING WITH APPROPRIATE LETTER

- | | |
|-------------------|----------------|
| A Amputation | S Scar |
| B Burn | M Mastectomy |
| Br Bruise | U Ulcer/Ext |
| Pu Pressure Ulcer | P Ptechieae |
| L Laceration | G Graft/Access |
| R Rash | |



Vascular Access:

Type: _____
 Location: _____

PRESSURE ULCER RISK ASSESSMENT	Sensory Perception	Moisture	Activity	Mobility	Nutrition	Friction and Shear	T S
	1. No Impairment	1. Rarely Moist	1. Walks Frequently	1. No Limitations	1. Excellent	1. No Apparent Problem	O C
2. Slightly Limited	2. Occasionally moist	2. Walks Occasionally	2. Slightly Limited	2. Adequate	2. Potential Problem	T O	
3. Very Limited	3. Moist	3. Chairfast	3. Very Limited	3. Probably Inadequate	3. Problem	A R	
4. Completely Limited	4. Constantly Moist	4. Bedfast	4. Completely Limited	4. Very Poor		L E	

Signature: _____

Date: _____

W V H C S - HOSPITAL, INC.		NAME	
ED NURSING CARE RECORD WBGH Campus		ED #	
		MR #	
		AGE	PMD
		Was the PMD called by the patient prior to coming to ED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FORM # 700.027.94	BARCODES	OCR #	

TRIAGE CLASSIFICATION	<input type="checkbox"/> Emergent I <input type="checkbox"/> Urgent II <input type="checkbox"/> Non-Urgent III	VITAL SIGNS	T P R BP /	Pulse Oximetry % O ₂ at
REASON FOR VISIT	<input type="checkbox"/> Trauma <input type="checkbox"/> Surgical <input type="checkbox"/> Medical <input type="checkbox"/> Psycho / Social <input type="checkbox"/> OB / Gyn -	ARRIVED WITH	<input type="checkbox"/> Spouse <input type="checkbox"/> Son / Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Police <input type="checkbox"/> Self <input type="checkbox"/> Other _____	
MODE OF ARRIVAL	<input type="checkbox"/> Ambulance Name _____ <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Carried <input type="checkbox"/> Other			

TREATMENT PRIOR TO ARRIVAL _____

CHIEF COMPLAINT / ONSET OF SYMPTOMS DOMESTIC VIOLENCE Yes No

NURSING COMMENTS/ACTION _____ R.N.

PAST MEDICAL HISTORY _____

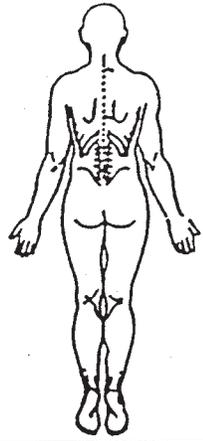
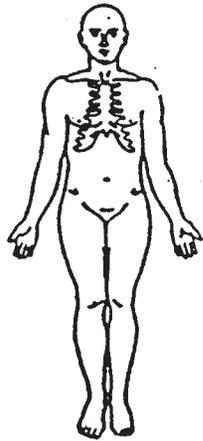
PRESENT MEDICATIONS _____

ALLERGIES _____

LAST TETANUS _____ KNOWN DISABILITIES _____

S **SUBJECTIVE:**
History of present illness _____

O	OBJECTIVE	Coma Scale	Skin:	Respirations:	Additional Objective Observations:	
	Eye Opening	Spontaneous - 4	COLOR Cyanotic <input type="checkbox"/> Ashen <input type="checkbox"/> Pale <input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/>	Normal <input type="checkbox"/> Rapid <input type="checkbox"/> Shallow <input type="checkbox"/> Slow <input type="checkbox"/> Deep <input type="checkbox"/> Labored <input type="checkbox"/> Apneic <input type="checkbox"/>	Stridor R <input type="checkbox"/> L <input type="checkbox"/>	
		To Speech/Sound - 3				
		To Pain (in limbs) - 2				
		None - 1				
	Best Verbal	Oriented - 5	TEMPERATURE Hot <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/>	Wheezing R <input type="checkbox"/> L <input type="checkbox"/> Rales/Ronchi R <input type="checkbox"/> L <input type="checkbox"/> Diminished R <input type="checkbox"/> L <input type="checkbox"/> Clear R <input type="checkbox"/> L <input type="checkbox"/>		
		Confused Convers 4				
		Inapprop Words - 3				
		Incomprehensible - 2				
	Best Motor	Obeys Command - 6	CONDITION Dry <input type="checkbox"/> Damp <input type="checkbox"/> Wet <input type="checkbox"/>	A = Abrasion B = Amputation C = Burn (Specify) D = Contusion E = Closed Deformity F = Open Deformity G = Ecchymosis H = Edema / Swelling I = Laceration J = Pain K = Scars L = Gunshot Wound M = Stabwound		
Localizes Pain - 5						
Withdraws to Pain - 4						
Flexion to Pain - 3						
Extension to Pain - 2						
None - 1						



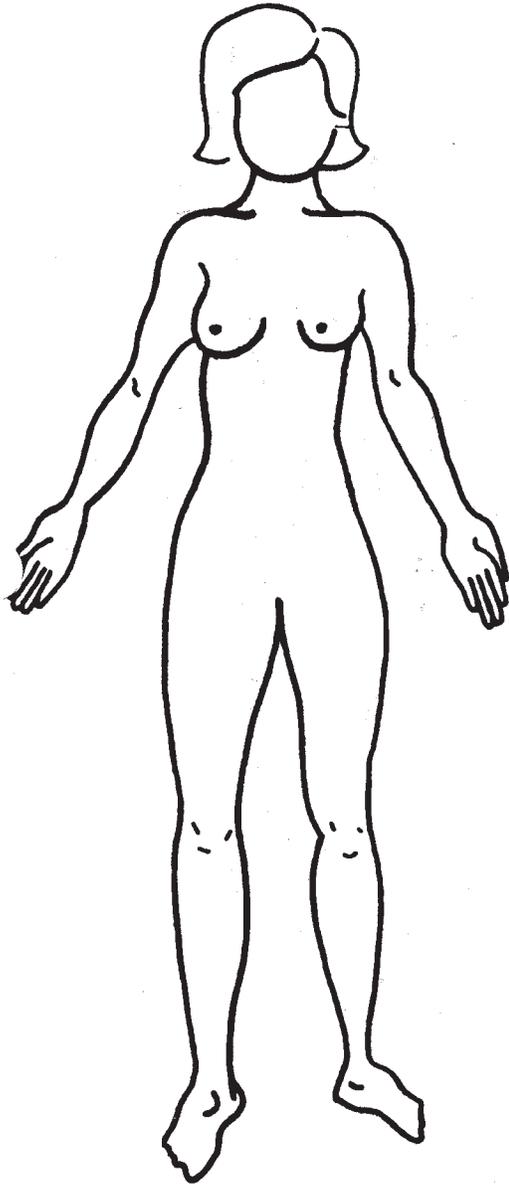
A **ASSESSMENT**
Nursing Diagnosis _____

PLAN: _____

P _____ Nurse Signature

Injury Location Chart

Indicate, with arrow from description to body, where injury was observed. Indicate number of injuries of each type in space provided.



ENCOUNTERS:

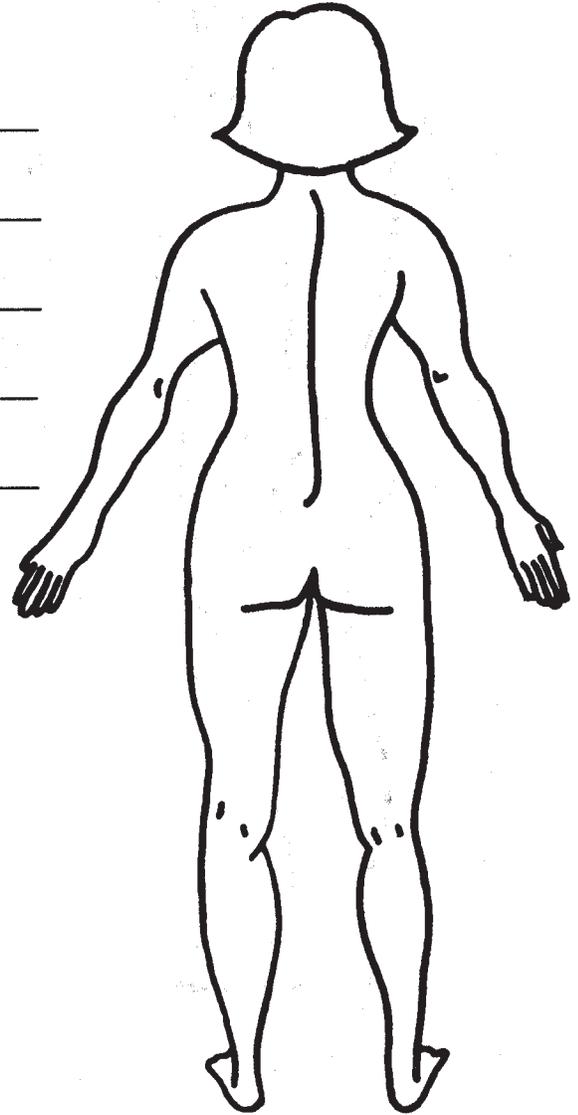
Cuts _____ Punctures _____

Bites _____ Abrasions _____

Bruises _____ Bleeding _____

Burns _____ Dislocations _____

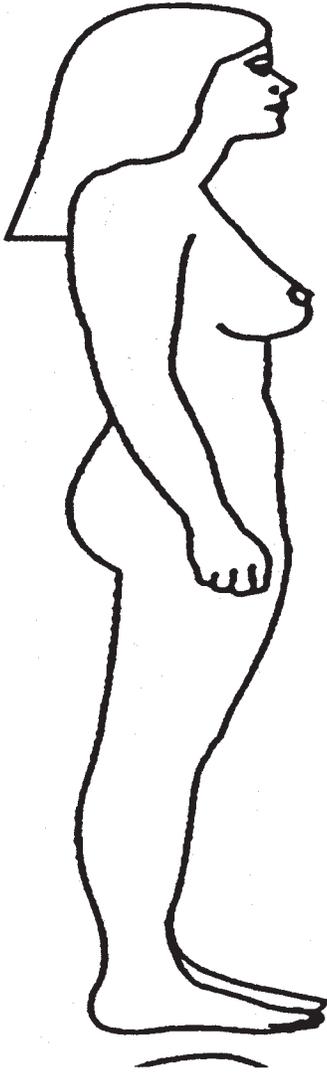
Bone Fractures _____



Mark and describe all bruises, scratches, lacerations, bite marks, etc.

Injury Location Chart

Indicate, with arrow from description to body, where injury was observed. Indicate number of injuries of each type in space provided.



ENCOUNTERS:

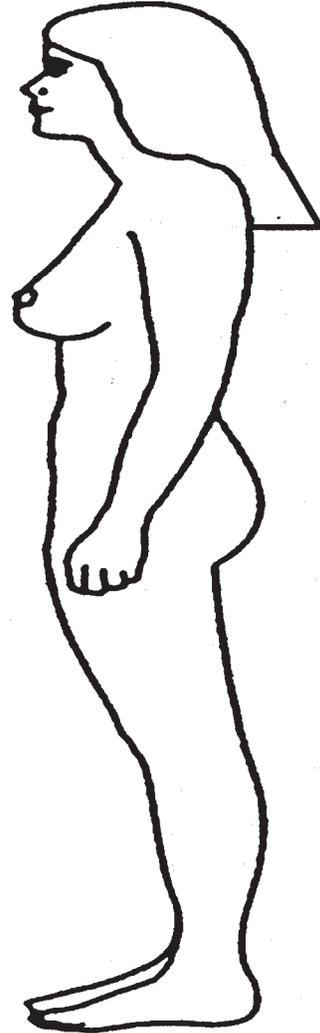
Cuts _____ Punctures _____

Bites _____ Abrasions _____

Bruises _____ Bleeding _____

Burns _____ Dislocations _____

Bone Fractures _____



Mark and describe all bruises, scratches, lacerations, bite marks, etc.

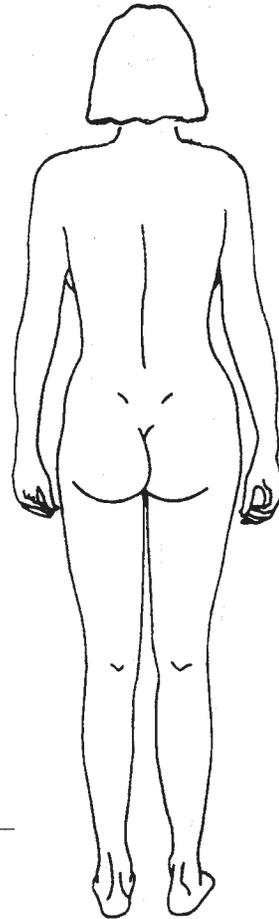
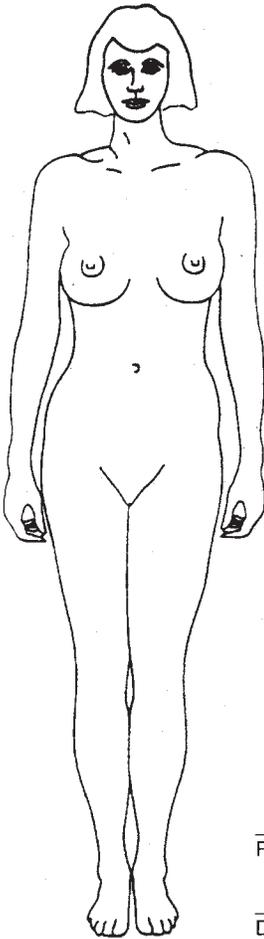


NAME
DOB
MRN

INJURY LOCATION RECORD — Female

**INDICATE ALL INJURIES
USING LEGEND**

LEGEND	
Ab	ABRASION
AMP	AMPUTATION
BI	BITE MARK
BL	BLEEDING
BR	BRUISING
B	BURN
F	FOREIGN BODY
FR	FRACTURE
G	GUN SHOT WOUND
L	LACERATION
P	PAIN
PU	PUNCTURE
R	REDDENED
S	STAB WOUND
SW	SWELLING/DEFORMITY



PHYSICIAN'S SIGNATURE

ID CODE

DATE

STAPLE PHOTO HERE

STAPLE PHOTO HERE

PHOTOGRAPHER: Affix addressograph label to back of photo.
Write on front of photo: your name, date and time taken.



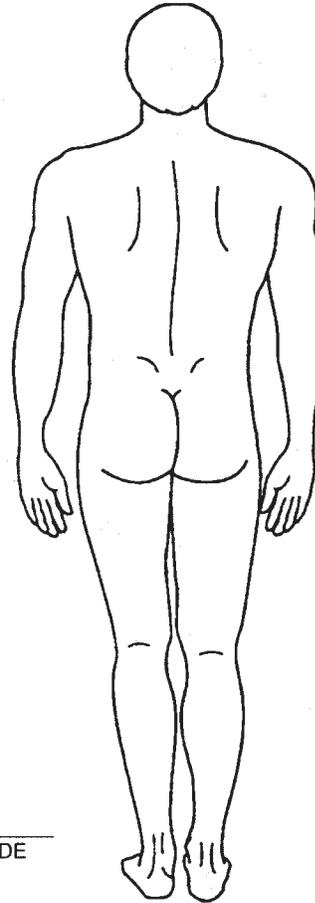
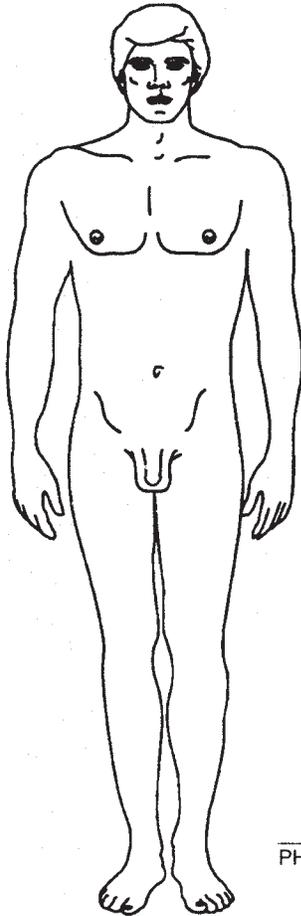
**SAN FRANCISCO
GENERAL HOSPITAL**

NAME
DOB
MRN

INJURY LOCATION RECORD — Male

**INDICATE ALL INJURIES
USING LEGEND**

LEGEND	
Ab	ABRASION
AMP	AMPUTATION
BI	BITE MARK
BL	BLEEDING
BR	BRUISING
B	BURN
F	FOREIGN BODY
FR	FRACTURE
G	GUN SHOT WOUND
L	LACERATION
P	PAIN
PU	PUNCTURE
R	REDDENED
S	STAB WOUND
SW	SWELLING/DEFORMITY



PHYSICIAN'S SIGNATURE

ID CODE

DATE

STAPLE PHOTO HERE

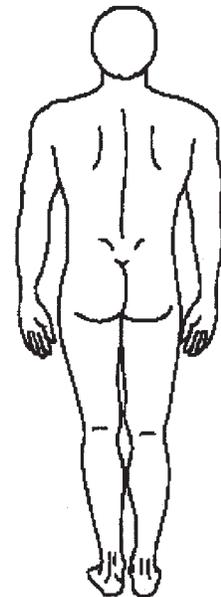
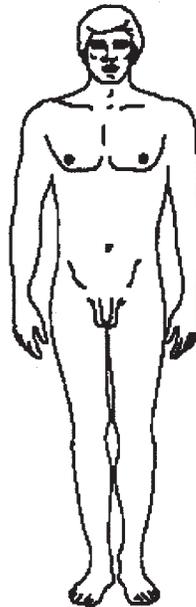
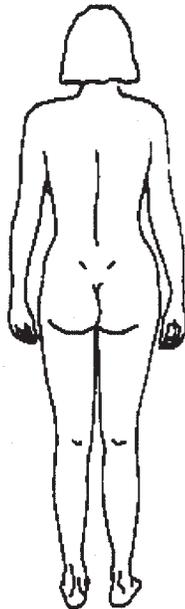
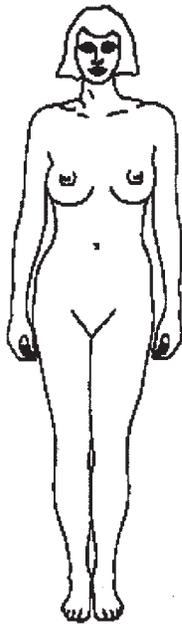
STAPLE PHOTO HERE

PHOTOGRAPHER: Affix addressograph label to back of photo.
Write on front of photo: your name, date and time taken.

DOMESTIC VIOLENCE SCREENING/DOCUMENTATION FORM

DV Screen <input type="checkbox"/> DV+ (Positive) <input type="checkbox"/> DV? (Suspected)
--

Date _____ Patient ID# _____
 Patient Name _____
 Provider Name _____
 Patient Pregnant? Yes No



ASSESS PATIENT SAFETY

- Yes No Is abuser here now?
- Yes No Is patient afraid of their partner?
- Yes No Is patient afraid to go home?
- Yes No Has physical violence increased in severity?
- Yes No Has partner physically abused children?
- Yes No Have children witnessed violence in the home?
- Yes No Threats of homicide?
By whom: _____
- Yes No Threats of suicide?
By whom: _____
- Yes No Is there a gun in the home?
- Yes No Alcohol or substance abuse?
- Yes No Was safety plan discussed?

REFERRALS

- Hotline number given
- Legal referral made
- Shelter number given
- In-house referral made
- Describe: _____
- Other referral made
- Describe: _____

REPORTING

- Law enforcement report made
- Child Protective Services report made
- Adult Protective Services report made

PHOTOGRAPHS

- Yes No Consent to be photographed?
 - Yes No Photographs taken?
- Attach photographs and consent form*

MIHS ABUSE CHECKLIST: GUIDANCE FOR HEALTH CARE PROVIDERS AND SOCIAL WORKERS

MEET THE FOLLOWING CRITERIA BEFORE TALKING WITH ADULT VICTIMS OR THE CHILD'S FAMILY

1. Can you conduct the interview without the presence of family, friends or verbal children?
Yes → Follow the steps in this form **No** → Only complete reporting requirements** and make attempt to separate interviewee
2. Is the interpreter personally acquainted with the victim?
No → Follow the steps in this form **Yes** → Complete reporting requirements only ** and attempt to find other interpreter
 Interpretation by: hospital personnel Other: _____

3. NAME OF VICTIM IF NOT PATIENT: _____

4. **REPORTING REQUIREMENTS**: MUST BE COMPLETED BEFORE VICTIM IS DISCHARGED

Suspected maltreatment of: (CHECK ONE)	Required Action (initial when completed)
Child, any form of abuse/neglect	→ Call sw and report to CPS 1-800-767-2443 or police
Vulnerable Adult, any form of abuse/neglect	→ Call sw and report to APS 1-877-767-2385
Adult with serious injuries	→ Call sw and report to police
Adult without serious or current injury	→ If victims approves, call SW or police or victim may call
Other Household Member	→ Determine category for victim & follow directions
Newborn Exposed to Alcohol or Substances	→ Call SW and report to CPS
Sexual assault of adult without material injury	→ If victim approves, call sw and police

5. FORM OF SUSPECTED ABUSE OR MALTREATMENT: (CHECK ALL THAT APPLY)

Physical Abuse/Violence	<input type="checkbox"/>	Neglect	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	Exploitation	<input type="checkbox"/>
Threat of Violence	<input type="checkbox"/>	Psychological/Emotional Abuse	<input type="checkbox"/>
Other/describe _____	<input type="checkbox"/>		<input type="checkbox"/>

6. ADULT VICTIM OF INTER-PARTNER VIOLENCE WITH PHYSICAL FINDINGS:

Offer photographing of injuries (initial when completed)	<input type="checkbox"/>
Obtain consent to photograph (initial when completed)	<input type="checkbox"/>
Label photographs with name, PID, and date (initial when completed)	<input type="checkbox"/>

7. SAFETY ASSESSMENT: Complete before discharge, by social worker or member of health care team

Are other family members (children, vulnerable adults, parents, other household members) victims of abuse or afraid for their safety?	No	Yes →	Complete checklist for each member at risk
Are there weapons in the home?	No	Yes →	Counsel on safe storage
Is immediate alternative housing needed/requested by an adult victim?	No	Yes →	Call 1-800-799-SAFE

8. MINIMUM SAFETY PLANS (Complete before discharge)

	Initial	Brochures/materials
Call 911 if someone is in danger/teach children to call 911/call for help	<input type="checkbox"/>	Shoe card/Safety plan
Safety steps during a violent incident	<input type="checkbox"/>	Shoe card/Safety plan
Provide important phone numbers	<input type="checkbox"/>	Shoe card/Safety plan
Children should have a prearranged safe place to go during threats/actual violence	<input type="checkbox"/>	Shoe card/Children's Safety plan
Provide victim opportunity to call 1-800-799-SAFE for additional safety planning	<input type="checkbox"/>	Shoe card/safety plan

9. SOCIAL WORK/ADVOCATE AVAILABLE

	Initial	Brochures
Safety Steps When Preparing To Leave	<input type="checkbox"/>	Shoe card/MAG brochure/Elder Abuse
Protective Order/Safety on the job/public	<input type="checkbox"/>	ACADV Legal brochure

10. If victim has a baby in newborn nursery, notify newborn's pediatrician about disclosure of violence.

11. If victim is a vulnerable adult, encourage victim to allow notification of home health provider.

12. If victim is adult who is being discharged from non-primary setting, offer follow-up with primary care.

13. If victim has a primary care physician, encourage victim to allow disclosure to be shared with physician.

14. If victim receives case management, encourage victim to allow disclosure to be shared with CM

SAMPLE DOCUMENTATION STAMPS

The following are sample documentation stamps. Either stamp product may be ordered by calling Arizona Stamps at (602) 252-6148.

Screening of Pregnant Patients:

Domestic Violence?			
0-13 weeks			Date
Yes	No	ND*	/ /
14-28 weeks			Date
Yes	No	ND*	/ /
29-40 weeks			Date
Yes	No	ND*	/ /

*Done at intake / seen too late to be screened

General/Pediatric or Adult Screenings:

DV +	<input type="checkbox"/>
DV -	<input type="checkbox"/>
No Screen	<input type="checkbox"/>

PERSONALIZED SAFETY PLAN

Name: _____

Date: _____

Review dates: _____

PERSONALIZED SAFETY PLAN

The following steps represent my plan for increasing my safety and preparing in advance for the possibility of further violence. Although I do not have control over my partner's violence, I do have a choice about how to respond to him/her and how to best get my children and myself to safety.

STEP 1: SAFETY DURING A VIOLENT INCIDENT

- A. If we are going to have an argument, I can try to move to a space that is lowest risk, such as _____ . (Try to avoid arguments in the bathroom, garage, kitchen, near weapons or in rooms without access to an outside door.)
- B. If it is not safe to stay, I can _____. (Practice how to get out safely. What doors, windows, elevators, stairwells, or fire escapes would you use?)
- C. I can keep my purse and car keys ready and put them _____ so that I can leave quickly.
- D. I can tell _____ and _____ about the violence and ask them to call the police if they hear suspicious noises coming from my home.
- E. I can use _____ as my code word with my children or my friends so they can call for help.
- F. I can teach my children how to use the telephone to contact the police and the fire department.
- G. If I have to leave my home, I can go _____ or _____ or _____. (Decide this even if you don't think there will be a next time.)
- H. I can also teach some of these strategies to some/all of my children.

*Use your judgement. If the situation is very serious, give him/her what he/she wants to calm him/her down. You have to protect yourself until you (and your children) are out of danger.

*Always remember: YOU DESERVE BETTER THAN THIS!

STEP 2: SAFETY WHEN PREPARING TO LEAVE

Battered women frequently leave the residence they share with the battering partner. Leaving must be done strategically in order to increase safety. Batterers often strike back when they believe that a battered woman is leaving a relationship.

- A. I can leave money and an extra set of keys with _____ so that I can leave quickly.
- B. I can keep copies of important documents or keys and some extra clothes with _____.
- C. I can open a savings account to increase my independence. (Preferably opened in a separate bank than you and your spouse use jointly.)
- D. Other things I can do to increase my independence include:

- E. The domestic violence program's hotline number is _____. I can keep change for phone calls with me at all times. I understand that if I use my telephone credit card, the following month's telephone bill will tell my batterer those numbers that I called after I left.
- F. I can check with _____ and _____ and _____ to see who would be able to let me stay with them or lend me some money.
- G. I can sit down and review my safety plan every _____ so that I know the safest way to leave my home.
- H. I can rehearse my escape plan and IF appropriate, practice it with my children. (Please note that children will often times tell the batterer about practicing an escape plan. Some women have dealt with this by telling their children that they are practicing in case of a fire.
- I. I can also _____

_____.

IMPORTANT ITEMS TO REMEMBER TO TAKE WHEN LEAVING:

It may be beneficial to make copies of some of these documents and store them outside your house or to place them all together in one location (that the batterer is unaware of) in case you need to leave quickly.

Identification for myself

Driver's license

Childrens' birth certificates

My birth certificate

Money

Lease, rental agreement, house deed, mortgage payment book

Bank books

Check books

Credit cards

Insurance papers

Keys – house, car, and office (including extra sets)

Medications for my children and myself

Small sellable objects

Address book

Pictures

Medical records

Social Security cards

Welfare identification

School records

Work permits

Green card

Passport(s)

Divorce papers and/or marriage license

Jewelry

Children's favorite toys and/or blankets

Items of special sentimental value

Important telephone numbers to memorize:

Shelter: _____

Other: _____

STEP 3: SAFETY IN MY OWN RESIDENCE

If my partner no longer lives with me, I can take action to ensure my safety and my children's safety in my home. Safety measures I can implement include:

- A. I can change the locks on my doors and windows as soon as possible.
- B. I can talk to my landlord or, if affordable, consider replacing wooden doors with steel/metal doors.
- C. I can install security systems including additional locks, window bars, poles to wedge against doors, and/or an electronic system.
- D. I can purchase rope ladders to be used for escape from second floor windows.
- E. I can install smoke detectors and purchase fire extinguishers for each floor in my home.
- F. I can install an outside lighting system that lights up when a person is approaching my home.
- G. I can also _____.
- H. I can teach my children to _____ when I am not at home. (Some suggestions include: dial 9-1-1; not answer the door; not reveal that they are alone.)
- I. I will tell people who take care of my children who has permission to pick up my children and that my partner is not permitted to do so. The people I will inform about pick-up permission include : _____ and _____ and _____ . (Some suggestions are school, day-care staff, baby-sitter, Sunday school, etc.)
- J. I can teach my children how to use the telephone to make a collect call to me and to _____ in the event that my partner takes them.
- K. I can inform _____ and _____ and _____ that my partner no longer resides with me and that they should call the police if he is observed near my home.
- L. I can also _____

_____.

STEP 4: SAFETY WITH A PROTECTION ORDER

Many women have found protection orders to be useful. However, one can never be sure if their partner will obey or will violate the protection order.

I recognize that it is the responsibility of the police and the courts to enforce my protection order. However, the following are some steps that I can take to help in the enforcement of my protection order:

- A. I can keep my protection order _____ (location). (Always keep it on or near your person. If you change purses, that's the first thing that should go in it.)
- B. If my partner breaks the protective order, I can _____.
- C. If the police are not responsive, I can _____.
- D. I can inform _____ and _____ that I have a protective order in effect.
- E. If my partner destroys my protective order, I can get another copy from _____.
- F. I can also _____.

STEP 5: SAFETY ON THE JOB AND IN PUBLIC

- A. I can inform _____ and _____ and _____ at work of my situation.
- B. I can use voice mail or ask _____ to screen my telephone calls at work.
- C. When leaving work, I can _____.
- D. If problems occur when I am driving home, I can _____.
- E. If I use public transportation, I can _____.
- F. I can alter my schedule from my usual routine by: switching shifts with a fellow co-worker; using a different bank and/or grocery store or _____.
- G. I can also _____.

STEP 6: SAFETY DURING DRUG AND ALCOHOL CONSUMPTION

The use of any alcohol or other drugs can reduce a woman's awareness and ability to act quickly to protect herself from her battering partner. Furthermore, the batterer's use of alcohol or other drugs may give him/her an excuse to use violence. Therefore, in the context of alcohol or other drug consumption, a victim needs to make specific safety plans.

- A. If I am going to consume alcohol or other drugs, I can do so in a safe place with people who understand the risk of violence and are committed to my safety.
- B. I can also _____ or _____.
- C. If my partner is consuming, I can _____.
- D. To protect my children, I can _____ or _____.

STEP 7: SAFETY AND EMOTIONAL HEALTH

The experience of being battered and verbally degraded by partners is usually exhausting and emotionally draining. The process of building a new life for myself takes a great deal of courage and emotional energy. To take care of myself I can do some or all of the following:

- A. If I feel down and ready to return to a potentially abusive situation, I can _____.
- B. When I have to communicate with my partner in person or by telephone, I can _____.
- C. Other things I can do: I can try to use positive self-talk with myself and be assertive with others. I can tell myself that I don't deserve to be treated this way when my partner is trying to control or abuse me. I can also tell myself _____.
- D. I can read _____ or _____ to help me feel stronger.
- E. I can call _____ or _____ or _____ for additional support.
- F. Some other things I can do to take care of myself and stay centered include _____.
- G. I can attend workshops and domestic violence support groups or _____ or _____ to increase my support network.

INFORMATION WHEELS

INFORMATION WHEELS

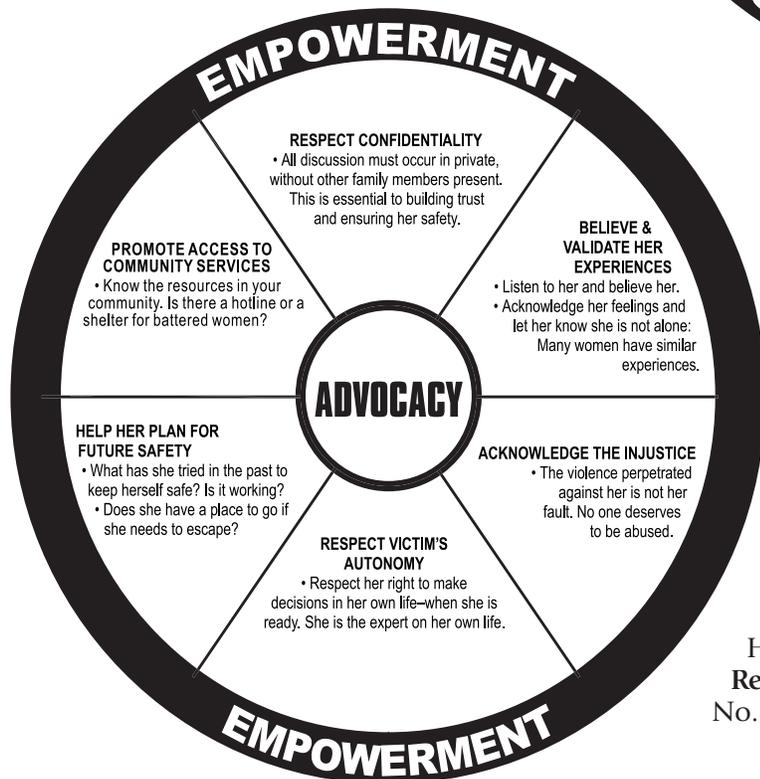
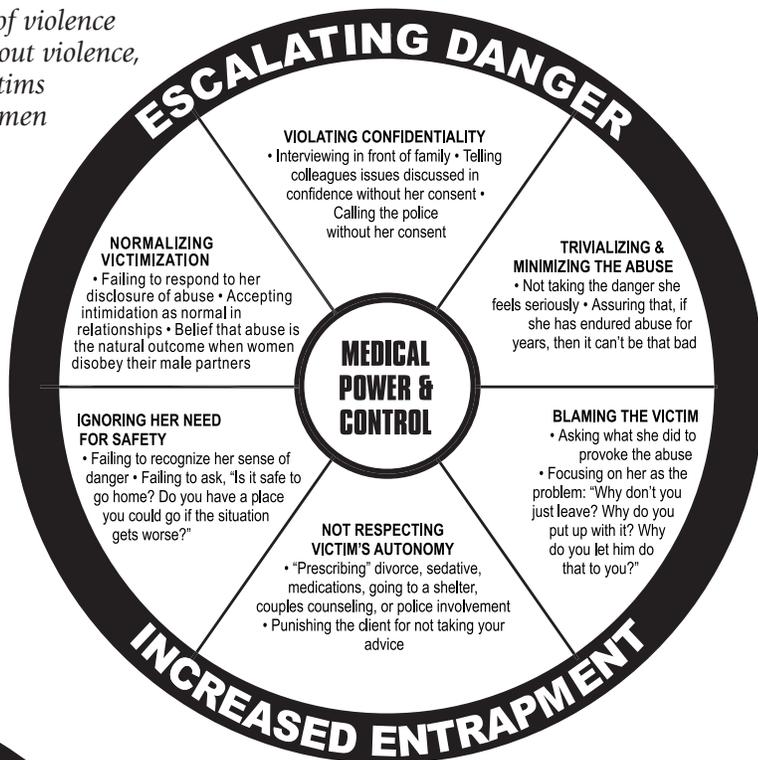
The following training tools may be utilized to explain healthcare workers' role in breaking the cycle of domestic violence. The first wheel demonstrates how the behavior of healthcare providers may actually contribute to patterns of domestic violence; the second wheel demonstrates how healthcare workers' advocacy can benefit victims of domestic violence.

What Health Care Providers Can do About Domestic Violence

Health care providers can help solve the problem of violence against women if they learn how to ask clients about violence, become better aware of signs that can identify victims of domestic violence or sexual abuse, and help women protect themselves by developing a personal safety plan. Everyone can do something to help promote nonviolent relationships.

HEALTH CARE WORKERS ARE WE PART OF THE PROBLEM?

Women's advocates in the U.S. have used the "power and control" framework for many years to describe how some men use violence to dominate their partner and maintain control with the relationship. The wheel at right is adapted from that framework to show how the behavior of health care providers often contributes to women's victimization.



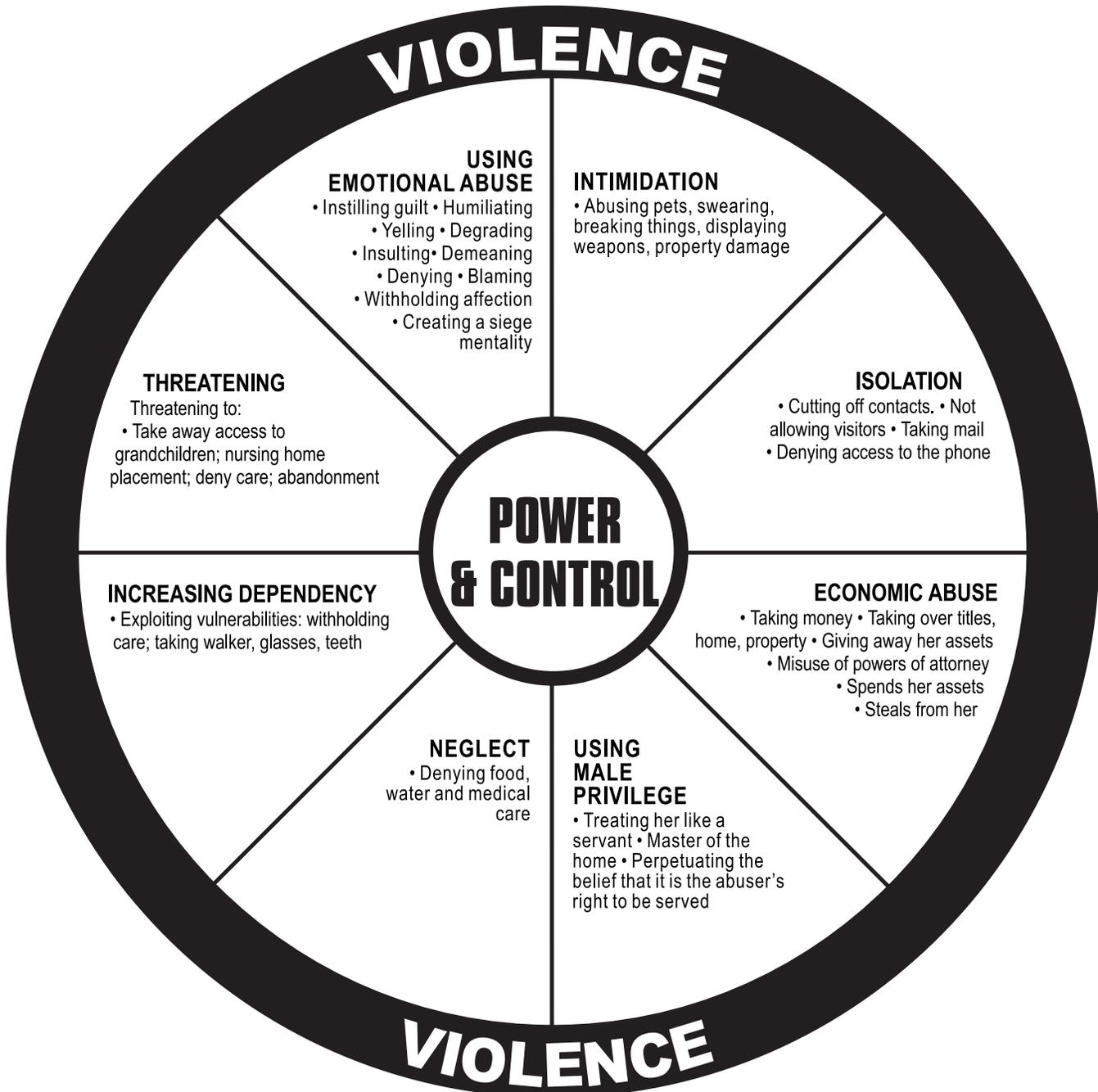
OR ARE WE PART OF THE SOLUTION?

An alternative wheel suggest how health workers can help empower women to overcome abuse. *

* Adapted from: *The Medical Power & Control Wheel*. Developed by the Domestic Violence Project, Inc., 6308 Eighth Ave., Kenosha, WI 53143, USA.

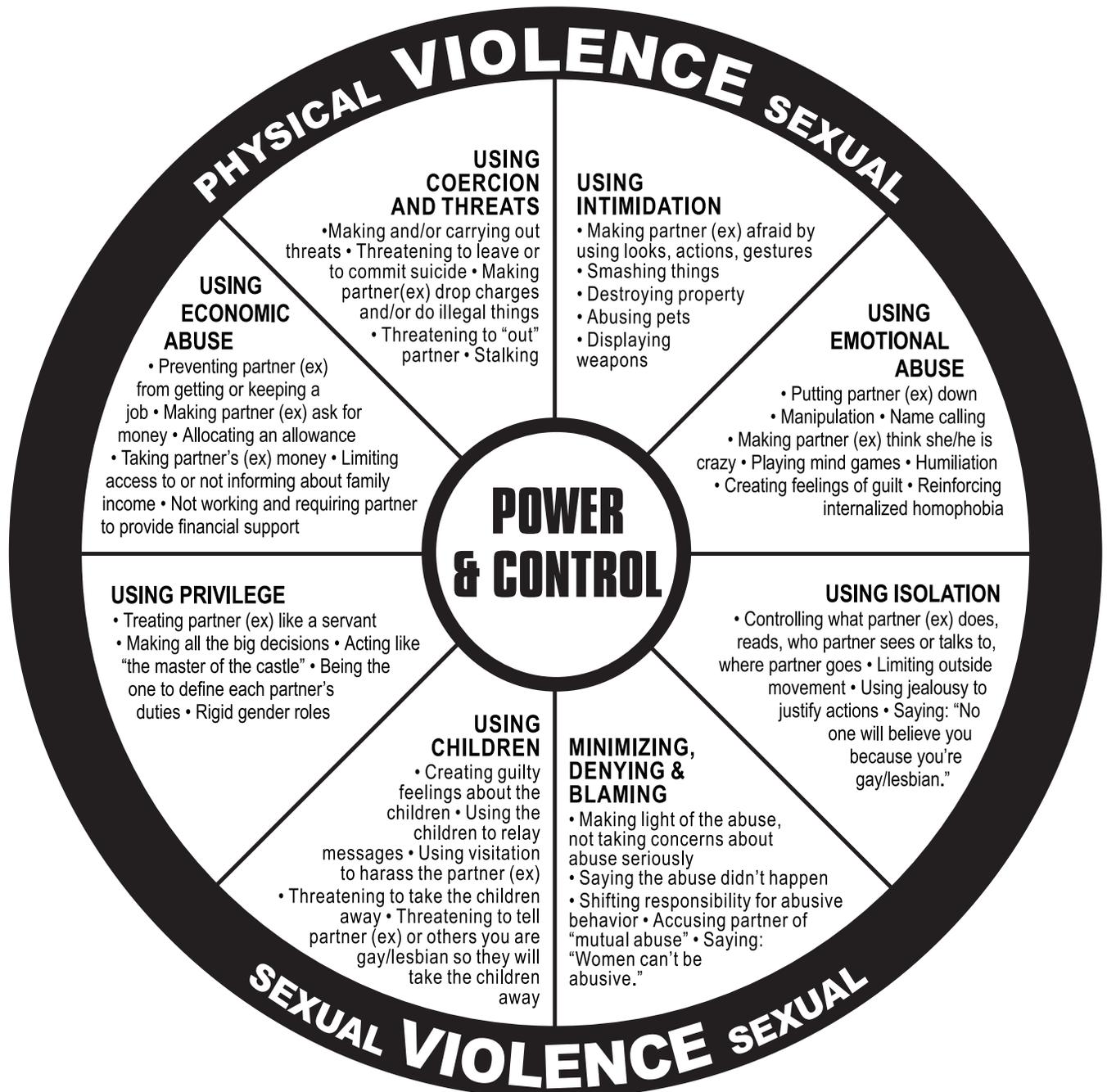
This guide was prepared by the Center for Health and Gender Equity for Population Reports, *Ending Violence Against Women*, Series L, No. 11, December 1999.

Power & Control/Older Battered Women



Source: Developed by the Planning Committee for the Older Battered Women's Conference. Reprinted with permission.

Power & Control/Physical and Sexual Violence



Source: Adapted from the Domestic Abuse Intervention Project
206 W. Fourth St., Duluth, MN 55806, (218) 722-4134.

Power & Control/Physical and Sexual Violence (Spanish Version)



Source: Adapted from the Domestic Abuse Intervention Project
206 W. Fourth St., Duluth, MN 55806, (218) 722-4134.

Equality



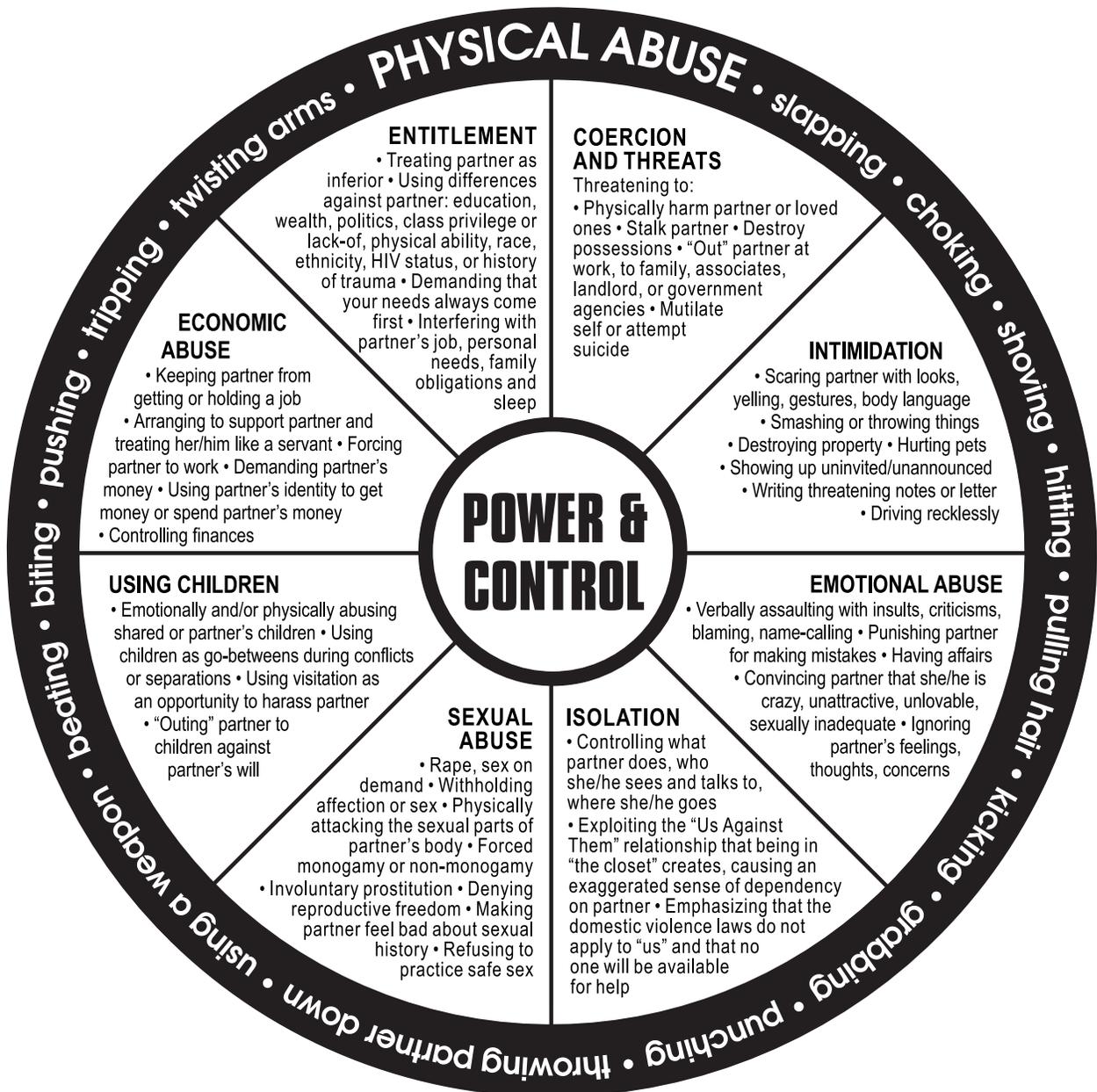
Source: Adapted from the Domestic Abuse Intervention Project
206 W. Fourth St., Duluth, MN 55806, (218) 722-4134.

Equality (Spanish Version)



Source: Adapted from the Domestic Abuse Intervention Project
206 W. Fourth St., Duluth, MN 55806, (218) 722-4134.

Power & Control/Lesbians and Gay Men



- The hub of the wheel is the desire for power and control over another. This is what turns the wheel.
- The spokes of the wheel are the abusive tactics, and may vary. You can remove some of the spokes without breaking the wheel. The abuser may decrease some tactics and increase others.
- The rim of the wheel is the use and/or threat of violence. The rim is what holds the system in place.

Source: Adapted from the Domestic Abuse Intervention Project
206 W. Fourth St., Duluth, MN 55806, (218) 722-4134.

SAMPLE POLICIES AND PROCEDURES

POLICY

CARONDELET

HEALTH NETWORK
Arizona

POLICY AND PROCEDURE NO. 6720
 Division/Dept. Social Services
 Topic: Domestic Violence
 Page: 1 of 7

Policy Title: Domestic Violence

Policy:

I. PHILOSOPHY

Carondelet Healthcare 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.

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

II. BACKGROUND

- A. **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.
- B. **LEGAL CONSIDERATION:** The AZ codes define domestic violence as a criminal offense and allows a person to seek relief through the legal system.
- C. **REPORTING REQUIREMENTS:** Arizona does not have an explicit law requiring healthcare providers to report instances of domestic violence. For a physician or other healthcare providers, reporting domestic violence to law enforcement should only be done with the abused person's knowledge; consent should also be obtained if possible. Only the abused person can assess the danger and relative risk of reporting vs. non-reporting. All other reporting requirements, such as for current material inflicted injuries, gunshot wounds, stabbings, second degree burns, child abuse, elder abuse, must be followed in accordance with state laws.

III. 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 of abuse.

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- 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.

IV. Procedure/Guidelines:

A. RN Role.

1. Initiate abuse assessment screen.
 2. Do initial assessment in private (ask patient's visitor(s) to have seat in the lobby before starting the assessment process and inform this is standard routine).
 3. SCREEN FOR ABUSE in all patients, using screening question, e.g., "Are you in a relationship in which you have been threatened, controlled, or physically hurt?"
 4. IF ABUSE IS IDENTIFIED:
 - a. Let her know that she will have an opportunity to talk about this in private and that conversations will be confidential, within the limits of reporting requirements.
 - b. Assess immediate safety: e.g. "Are you safe here now?"

IF THE PATIENT VERBALIZES DANGER:

 - I. Page or refer to Social Worker and notify doctor.
 - II. Notify Security if immediate danger present to patient or staff. - c. Observe for danger of patient leaving prior to being seen: e.g. emotional lability, ambivalence, stated deadline for leaving.
- IF PRESENT:
- I. Page or refer to Social Worker
- d. For all others with abuse identified: i.e. safe in lobby, no risk of leaving.
 - I. Notify doctor and initiate Social Work consult.
 - II. Document objectively, include specifics of abuse.
 - III. If abuse is documented in record, ensure that record is kept in area where abuser does not have access.
5. IF NO ABUSE IS IDENTIFIED and for NON-INJURED PATIENTS
 - a. Review possible indicators of abuse

IF FOUND

 - I. Refer to Social work to "screen patient in private".
6. IF ABUSE IS IDENTIFIED
 - a. Validate her feelings. Let her know she is not responsible for the abuse.
 - b. Express concern for her SAFETY.
 - c. Inform her that a SOCIAL WORK REFERRAL will be made.
Page or refer to social worker.
 - d. Notify physician
 - e. If social worker not available to meet with patient prior to discharge, offer numbers for Brewster, TCWC, or wallet card and document.
 - f. Document findings objectively.
7. If patient DENIES ABUSE OR REFUSES SOCIAL WORK VISIT, but SUSPICION still exists notify physician and social worker who will also address findings.
8. Advise patient who CONTINUES TO DENY ABUSE but in whom you still suspect abuse:
 - a. Confer with social worker.

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- b. "If you are abused, please come back to the E.D. or contact Brewster or TCWC".
- c. Offer a resource wallet card
- d. Do not write any Domestic Violence referral on discharge instructions.

B. SOCIAL WORKER ROLE:

- 1. Interview in private room.
- 2. Social worker will assess patient's situation, evaluate safety risks, provide supportive counseling and make appropriate referrals, according to Social Worker Domestic Violence Procedure.
- 3. Checks with patient re: which visitors should be screened out, documents and informs staff to follow-up and pass on in report. Is DNP/DNS status requested?
- 4. Social Worker notifies security and other involved staff if potential problem with visitor exists.
- 5. If abused patient has children, Social Worker will make needed referrals as appropriate regarding their safety and well-being.
- 6. Document "Screen Completed" or "Unable to Screen". Indicate reasons for inability to screen in nursing record.
- 7. If after hours of social work coverage, RN and Physician will address needs and apply procedure as far as possible.

C. PHYSICIAN ROLE

- 1. 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.
- 2. Consider Domestic Violence in all female patients and be aware of high risk indicators.
- 3. When advised by RN that abuse exists;
 - a. Validate feelings and that she is not to blame for the violence.
 - b. Emphasize safety and the risk of further violence.
 - c. Let her know that Social Worker will be answering questions and helping with referrals.
- 4. 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?"
"We see many women who have been abused and help is available."
- 5. If abuse is acknowledged to Physician, notify RN and initiate Social Work referral. Document abuse.
- 6. If injuries noted, encourage photos. A primary purpose of photos is to allow useful evidence to be available to patients if needed in future.
- 7. If patient has obvious or suspected abuse but cannot communicate or acknowledge abuse (i.e. unconscious or impaired), notify Social Worker for consultation.
- 8. Document the history and physical exam with attention to objective findings. Document that 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 discharge diagnosis. (These could potentially get to abuser as part of insurance/billing notification.)

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DOCUMENTATION

A. RN NOTE may include:

1. "Screens in private" if suspicious of abuse present/patient does not acknowledge.
2. Document any findings of abuse or probable abuse and warning to patient of risk of further violence.
3. Document social work referral and reason for referral.
4. Discharge instructions should not have domestic violence indicated. (Wallet card will have referral information.)
5. Document "screen completed" or "unable to screen" and explanation.

B. SOCIAL WORK DOCUMENTATION

1. Indicate reason for referral, i.e., "Evaluate for Domestic Violence".
2. Indicate all pertinent psycho-social findings (See Care Management Dept. Domestic Violence Procedure).
3. Comments regarding abuse may be indicated.
4. Document referral information given, and patient's plan for use of same.
5. Indicate if photos were taken and disposition of photos.

C. PHYSICIAN DOCUMENTATION

1. Patient's comments regarding abuse may be noted.
2. Document referral to Social Worker for evaluation for domestic violence/abuse.
3. May document "findings suspicious of abuse" or "indication of domestic violence" in body of note.
4. Discharge diagnosis describes injury/illness or symptoms. Do not use terms "domestic violence" or "abuse" in discharge diagnosis.
5. Document referrals and warning to patient of risk of further violence.
6. On discharge instruction sheet do not indicate "abuse, domestic violence, or abuse referral".
7. Document photos taken. Include in photograph a size indicator such as a metric ruler.

D. PHOTOS

1. When injury lends itself to photographic documentation, Physician, RN or Social Worker may assist with photos. Make sure an identifying characteristic or ID band appears in the photo and a ruler to indicate size of the injury.
2. Instant photos taken, noting the following on the back of photo: date, location e.g. CSMH or CSJH ED, patient name, MR#, photographer's initials, part of body photographed, patient's own initials (indicated approval for photos). Photos will be placed in patient's chart. Patient needs to sign consent for photographs.

met

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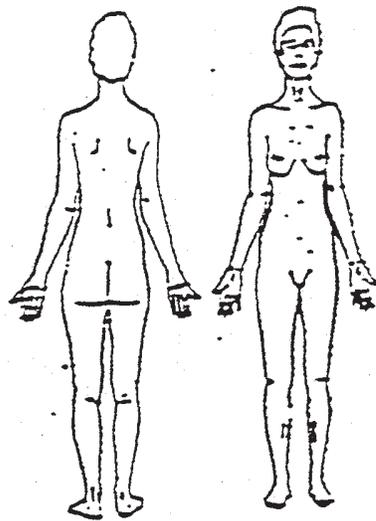
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Directions for Using Domestic Violence Screening Tool

- A. "In addition to your health problems we are also asking all women about the possibility for abuse, since abuse and violence is so common (in women's lives). (We hope that just having this discussion will also make everyone more aware of this problem). Please be assured that whatever you say will be kept confidential, though we are required by law to report incidents involving current material injury or use of a weapon; if you are (someone who has been) abused, we would like to give you a chance to talk about it. I have a few questions to ask.
- i. "Are you (have you ever been) in a relationship with someone who has ever hit, slapped, kicked or otherwise physically hurt or threatened you?" If yes, total number of times.
 - ii. "We all fight/disagree sometimes with the people we live with. When you disagree at home, are you ever afraid of what your partner might do to you or to your children?"
- B. During pregnancy, have you been hit, slapped, kicked or otherwise hurt by someone? If yes, by whom and total number of times.
- C. Does your partner ever try to control what you do, where you go, your money, or your relationships with your family and friends?
- D. Does your partner ever force you to engage in sexual activities that make you feel uncomfortable?

MARK THE AREA OF INJURY ON THE BODY MAP, SCORE EACH INCIDENT ACCORDING TO THE FOLLOWING SCALE

- 1 = Threats of abuse including use of a weapon
- 2 = Slapping, pushing, no injuries and/or lasting pain
- 3 = Punching, kicking, bruises, cuts and/or continuing pain
- 4 = Beating up, severe contusions, burns, broken bones
- 5 = Head injury, internal injury, permanent injury
- 6 = Use of weapon; wound from weapon



(if any of the descriptions for the higher numbers apply, use the higher number)

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I. POSSIBLE INDICATORS OF DOMESTIC VIOLENCE

The following represent findings that may suggest abuse. They are in no way all inclusive. Any woman seen in the healthcare setting may be a victim of abuse.

A. POSSIBLE PRESENTING COMPLAINTS

1. Complains of abuse directly
2. "Falls"
3. "Stranger" assault
4. Chronic pain syndrome, headaches
5. Overdose/suicide attempts
6. Anxiety, depression, multiple somatic complaints
7. Miscarriage/vague gynecological complaints (e.g. pelvic pain)
8. Psychosomatic complaints

B. POSSIBLE INDICATORS OF ABUSE FROM PATIENT'S HISTORY

1. Mechanisms described by patient do not fit injury
2. Delay in seeking care
3. "Accident Prone" patient
4. History of children being abused
5. High stress in family, i.e. financial, pregnancy
6. Frequent Emergency Department visits (review past medical history)
7. Drug/Alcoholism (partner/or patient)
8. Marital problems

C. POSSIBLE BEHAVIORAL INDICATORS OF ABUSE

1. Patient evasive/guarded
2. Patient embarrassment with poor eye contact
3. Patient depressed with injuries
4. Patient denies abuse too strongly
5. Patient has charged/fearful behavior with partner
6. Patient defers to partner
7. Partner hovers
8. Patient minimizes injury or demonstrates inappropriate responses (e.g., cries, laughs)

D. FINDINGS THAT MAY INDICATE ABUSE

1. Mid-arm injuries (defensive)
2. Strangulation marks
3. Injuries to areas not prone to injury by falls
4. Weapon injuries or marks
5. Symmetrical injuries
6. Old, as well as new injuries
7. Bites/burns (scald and cigarette)
8. Injuries to multiple sites
9. Poor nutrition

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E.

COMMON INJURIES THAT MAY INDICATE ABUSE

- | | |
|---|--|
| 1. Black eyes | 5. Neck injury |
| 2. Front tooth injuries | 6. Injuries to sites hidden by clothes |
| 3. Mid-face injury | 7. Internal injuries |
| 4. Breast/abdomen (particularly during pregnancy) | |

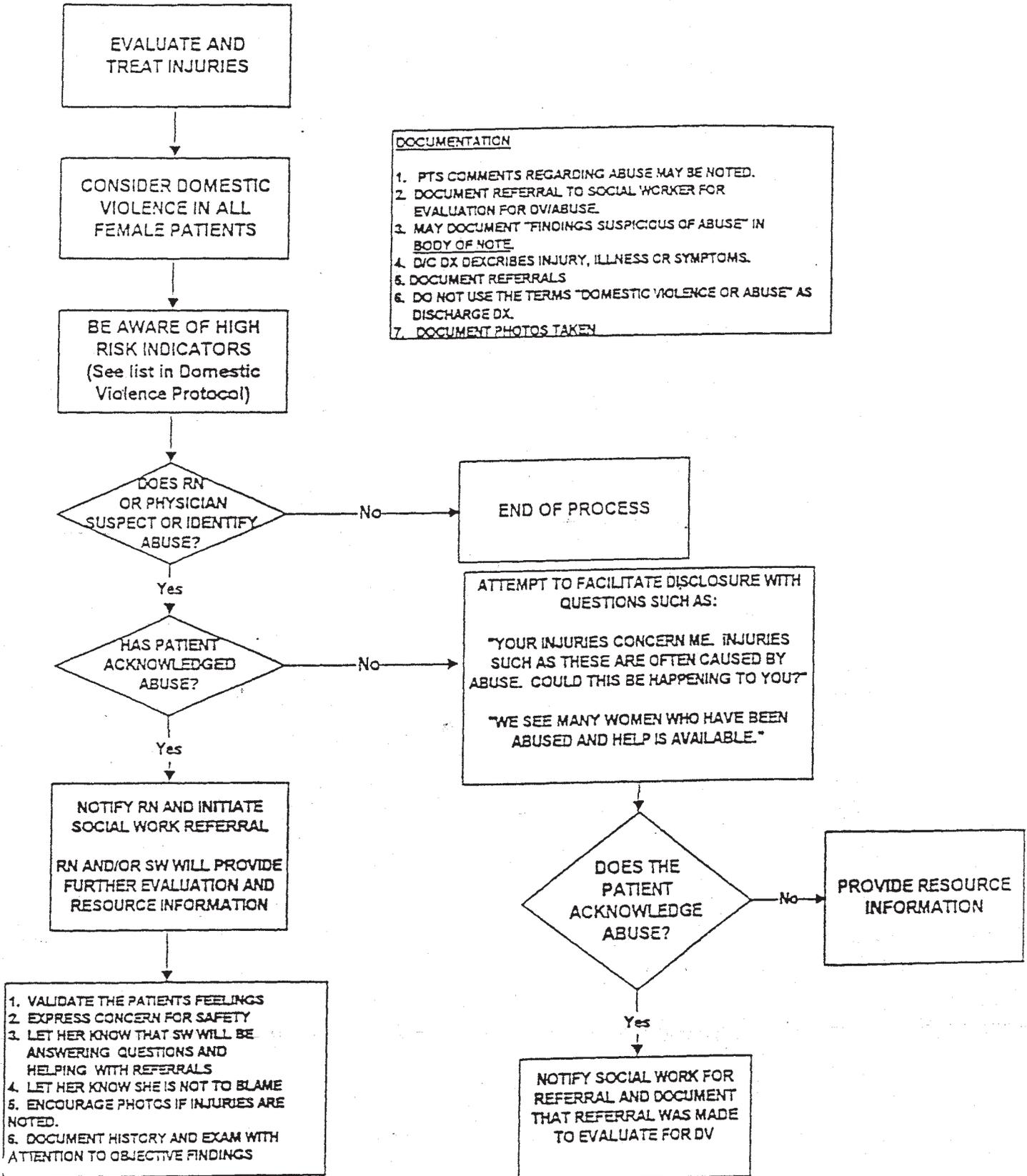
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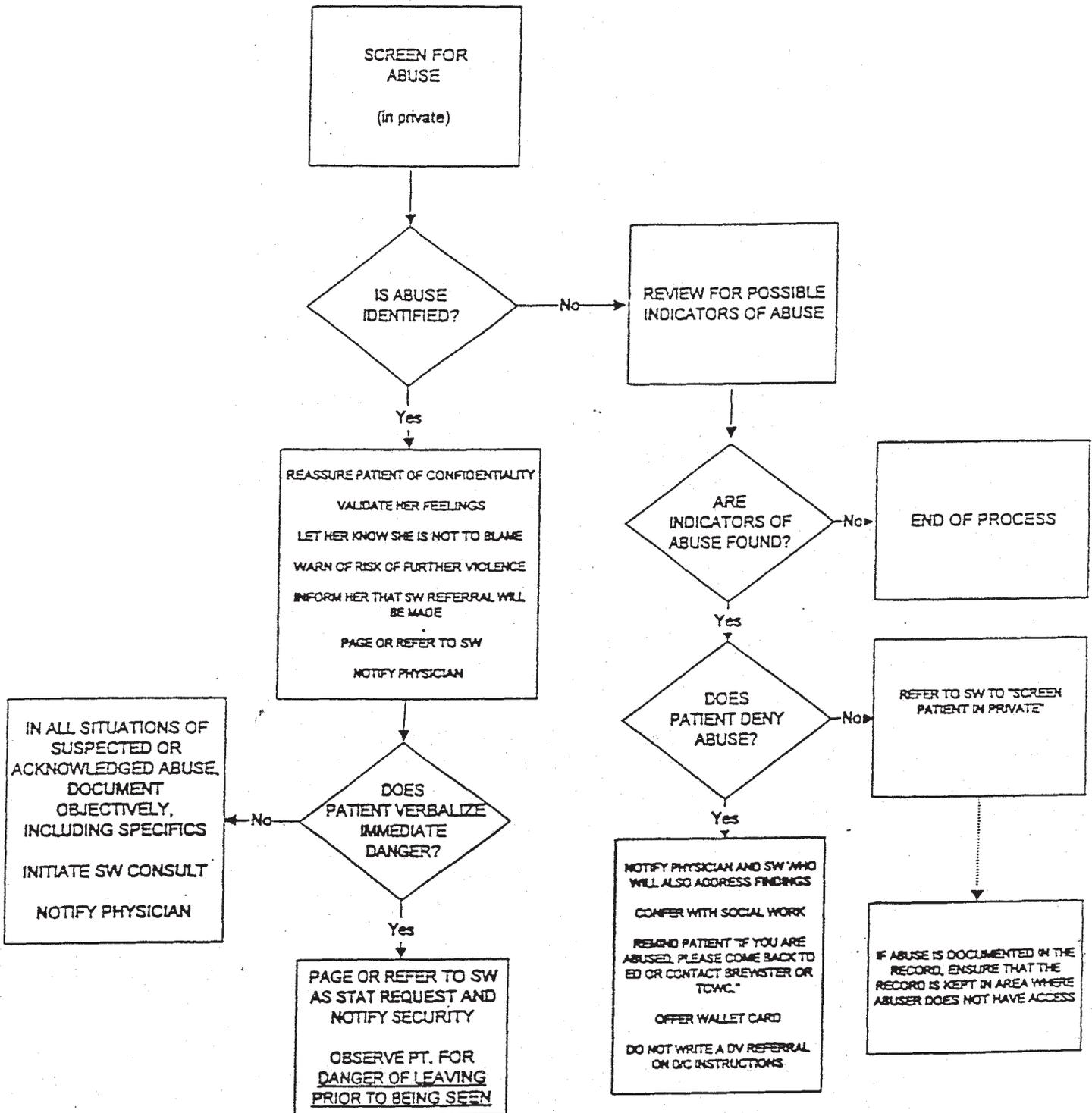
CARONDELET HEALTH NETWORK DOMESTIC VIOLENCE PROTOCOL

Physician Role



CARONDELET HEALTH NETWORK DOMESTIC VIOLENCE PROTOCOL

RN Role



PLEASE NOTE: IF SW CANNOT SEE PATIENT PRIOR TO D/C

1. SCREEN FOR SAFETY AFTER D/C
2. OFFER NUMBERS FOR SHELTER FOR DV RESOURCES (BREWSTER CENTER TCWC).
3. GIVE PATIENT WALLET CARD
4. ASSESS NEED FOR ASSISTANCE IN SECURING SHELTER
5. DOCUMENT FINDINGS OF ABUSE OBJECTIVELY.

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CARONDELET HEALTH NETWORK DOMESTIC VIOLENCE PROTOCOL

Social Worker Role

INTERVIEW PATIENT
IN PRIVATE ROOM

1. Assess the patient's situation
2. Provide supportive counseling.
3. Make appropriate referrals according to Social Worker DV protocol.
4. Check with patient which visitors should be screened out.
5. Document and inform staff to F/u and pass on in report.
6. Notify Security and other involved staff if potential problem with visitor exists.
7. If abused patient has children, make needed referrals as appropriate regarding their safety and well-being.
8. Document "Screen Completed" or "Unable to Screen". Indicate reasons for inability to screen in nursing record.
9. If after hours of social work coverage, RN and Physician will address needs and apply protocol as far as possible.

DOCUMENTATION

1. Indicate reasons for referral, i.e. "Evaluate for Domestic Violence".
2. Indicate all pertinent psycho-social findings (see DV Protocol). Warn of risk of further violence.
3. Comments regarding abuse may be indicated.
4. *Document referral information given and patient's plan for use of same.
5. Indicate if photos were taken and disposition of photos.

Ask patient if it safe to
give written referral

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SOCIAL WORK POLICY AND PROCEDURE FOR DOMESTIC VIOLENCE

Carondelet Healthcare 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.

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

SOCIAL WORK PROTOCOL:

1. All women with injuries suggestive of abuse are to be interviewed in private until battering is ruled out. Assessment will include description of abuse, any weapon used, past history of abuse, frequency of occurrence, sexual abuse, other physical problems, mental problems, substance abuse, suicidal ideation, and homicide risk Danger Assessment.
2. Who caused her injuries will be documented in her medical record. A body map and/or photographs will be included.
3. All battered women with children will be asked if their partner is abusing the children.
4. Inform patient that in Arizona, domestic violence is a crime which can be reported to police by her if she chooses and must be reported by staff if a weapon or serious injuries were involved.
5. Photographs will be taken, after obtaining signed, informed consent, when a battered woman's injuries are visible. For example, photograph any bruises, lacerations, burns, cuts, abrasions, etc. See Section VD of Domestic Violence Procedure for photograph procedures.
6. Battered women have the right to access their medical records in accordance with Medical Records Policy and Procedure. 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.
7. An exit plan will be discussed with the battered women, and documented including a safe place to go, follow-up plans, referrals and consults.
8. Battered women will be provided with appropriate referrals to shelters, counseling, and other community services.

PROCEDURE:

1. Separate all adult women from partners until battering is ruled out. Security can be called to assist with separations if needed.
2. Obtain from the battered woman her name, address, and address of where the battery occurred.
3. Social Worker or designated advocate remain present during any police interview to advocate for the patient, if patient wishes.
 - a. Advise the battered woman of her legal options (e.g. orders of protection, illegality of assault, filing charges, police report, court advocate).
4. Obtain the history of the abuse incident from the battered woman's own words.
 - a. Ask the woman how her injuries occurred and who caused them. Ask specific straight-forward questions. For example: "Who hit you?", or "Who did this to you?" "Has your partner threatened to or hurt you before?" "How often?" Clarify any questionable responses. "This does

CARONDELET HEALTH NETWORK - Domestic Violence Policy and Procedure
cont'd.

- not look like a fall. Did someone do this?" Keep questions open-ended and non-judgmental, avoid blaming or accusing tone or language.
- b. Document in her medical record who caused her injuries. Use a body map to indicate location of new and old injuries, or ask patient to fill it in.
 - c. Assess for Mental Status: Depression, anxiety, sleep disturbances, nightmares, ETOH and/or drug use: "Uppers" or amphetamines, speed, angel dust, cocaine, "crack", heroin, or mixtures.
 - d. Assess for suicidal ideation. Ask her if she or her partner have ever threatened or attempted suicide.
 - e. Danger Assessment for risk of homicide. Ask her if the violence has increased in frequency and severity, has a weapon or threat with weapon been used, is a gun in the home, has he ever forced sex, does he use drugs, does he drink, has he threatened to kill you and/or do you believe he is capable of killing you, does he control most or all of your daily activities, has he physically abused you while pregnant, is he jealous of you, is he violent toward your children, is he violent outside the home, are you planning to leave/divorce in the near future. **All of these are risk factors for homicide.** If she is at high risk and planning to leave/divorce him, it could be safest to do so without telling him. Warn patient of risk.
 - f. Assess the battered woman for sexual abuse/rape by her partner by asking her, "Does your partner ever force you to have sex or perform sexual acts against your will?" (If rape has just occurred, use sexual assault protocol, and Sexual Assault Resource Service for evidence collection after obtaining patient's permission.)
 - g. Ask the battered woman, "Does your partner hit, or abuse the children?" Inform her that you must report any child abuse to CPS.
 - h. If indicated by the presence of bruises, cuts, lacerations, burns, abrasions, etc. photograph the woman's injuries after obtaining informed, signed consent. Copy the consent form.
5. Place set of photographs in the battered woman's chart. Inform woman of importance of photographs in legal proceedings and her right to access to her medical record.
- a. On the back of each photograph, write patient's name, hospital number, date and name of person who took the photograph.
 - b. Give the battered woman written information containing shelter referrals and support groups; information regarding protective orders and how to obtain them; referral to the local **Crime Victims Compensation Board**.
 - c. Offer to assist in calling shelters if she wants this help.
6. If the battered woman chooses to return home, respect her choice and 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 case she needs to leave the premises in a hurry. Warn her of the risk of further violence.

CONSENT TO PHOTOGRAPH
FOR PUBLICATION

PUBLIC INFORMATION OFFICE
2601 E. ROOSEVELT, PHOENIX, AZ 85008
TELEPHONE: 267-5691

CONSENT TO PHOTOGRAPH FOR PUBLICATION

A. CONSENT TO PHOTOGRAPH:

I do hereby authorize Maricopa County Department of Health Services and the physician treating me and such assistants, photographers and technicians to photograph, to prepare for television or to video tape:

(PATIENT'S NAME - PLEASE PRINT)

(PT.'s PHONE NO.)

(PT.'s ADDRESS)

(NO., ST.)

(CITY/TOWN)

(STATE)

(ZIP)

while under the medical supervision/care/treatment of the Maricopa County Department of Health Services.

B. CONSENT FOR PUBLICATION:

I also authorize Maricopa County Department of Health Services to use such pictures and slides in any publication (including but not limited to books, magazines, newspapers, motion pictures and television broadcasts) in such manner and at such times and in such places as the Administrator of the Hospital and/or the Director of Public Health without restriction and in their singular and/or joint discretion, shall determine:

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. To use such photographs, slides, film or video tapes for scientific and educational purposes only. | _____ | _____ |
| 2. To use the above patient's name in connection with any such publication. | _____ | _____ |
| 3. To use any quotation and comment concerning the named patient and such patient's medical case. | _____ | _____ |
| 4. To modify or retouch any such photographs or slides in any way that the Hospital Administrator and/or the Director of Public Health in his/their discretion may deem desirable. | _____ | _____ |
| 5. To use such photographs, slides or film specifically for publication. | _____ | _____ |

C. THIS FORM IS VALID INDEFINITELY UNLESS OTHERWISE INDICATED.

(WITNESS)

(SIGNATURE OF PATIENT)

(DATE SIGNED)

(SIGNATURE OF PARENT, SPOUSE or GUARDIAN)

(RELATIONSHIP TO PATIENT)

TOPIC: _____

NEWS MEDIA

REPRESENTATIVE: _____

081 7585 R5-83

WHITE COPY - PATIENT MEDICAL RECORD
YELLOW COPY - HEALTH SERVICES PUBLIC INFORMATION OFFICE

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San Francisco, CA 94103-5133

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TIPS AND TECHNIQUES FOR BETTER POLAROID IMAGES

A. RECOMMENDED PHOTOGRAPHS ¹

- FULL-BODY:** Obtain a full-body image of the victim for identification purposes.
- MID-RANGE:** Obtain mid-range body images to isolate individual body parts that have been injured.
- CLOSE-UP:** Obtain close-up images for each separate injury by using 10-inch close-up lens. Detailed information such as the size, depth, and coloration of each injury can be obtained.

B. TECHNIQUES ²

1. Stay within the camera's flash and focus range.
2. Most common causes of poor image quality are: 1) taking images too close to the subject which causes the image to be over-exposed (washed out), and out of focus (blurry). 2) taking the image outside the camera's flash range will result in images that are under-exposed (dark).
3. Clear, accurate and sharp photos should be taken between 2ft. and 15 ft.
4. To avoid glare which hides detail, photograph highly reflective surfaces at a slight angle which will allow camera flash to bounce away from lens.
5. Do not wave photos. Photographs are self-developing. Waving them will not speed up developing time. Waving of photos can actually damage image. Set developing image down for 4-5 minutes to allow image to develop properly.
6. Do not hold developing image in the image area. The pressure and heat of your finger can cause red spots to appear on the image.

¹ Adapted from the San Diego Police Department Domestic Violence checklist and Norfolk and Suffolk County Domestic Violence documentation criteria.

² Adapted and reprinted from material by the Polaroid Corporation's Domestic Violence Seminars.



Polaroid Corporation
575 Technology Square
Cambridge, MA 02139

Dear Health Care Provider:

As an active partner in the fight against domestic violence, Polaroid Corporation applauds your utilization of this manual, *Improving the Health Care Response*, which was developed by the Family Violence Prevention Fund (FUND) in collaboration with the Pennsylvania Coalition Against Domestic Violence. Polaroid continues to collaborate with the FUND in making the best tools available to help you in your work to take action against family violence.

This resource manual's contents were initially tested at 12 hospitals (see Appendix). The healthcare professionals involved in this test reiterated their support of the use of Polaroid cameras and instant film as effective tools for documenting domestic violence injuries. Instant photographs supplement a survivor's written medical record, and thus, provide visual evidence that the patient can leverage to press charges. These pictures also boost a survivor's self-confidence, by providing the support she may need when she is ready to take legal action.

Photographic documentation of injuries is critical to a woman's fight against abuse (see Appendix F for sample forms). In conjunction with your purchase of this resource manual, Polaroid is offering the instant Injury Documentation Kit at the reduced price of \$149.95 (reg. \$299.95). This offer is available for a limited time to healthcare providers at hospitals and freestanding clinics only; some restrictions apply. To take advantage of this offer, please complete this faxable order form.

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April D. Steele
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