

**HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY**

**Title: DOMESTIC VIOLENCE ASSESSMENT AND
REPORTING**

Policy Number: 128

Regulation:

Effective Date: 1/2/2006

Med Staff:

Admin:

I. POLICY

Domestic Violence Assessment and Reporting

Hardin County General Hospital and Clinic in accordance with the state Domestic Violence Reporting Law, will assess patients who exhibit signs of spousal or partner abuse and, when appropriate, make an oral and written report.

II. DEFINITIONS

III. RESPONSIBILITY

Any health practitioner employed in a health facility or clinic who has knowledge of or observes a patient whom he/she suspects has suffered an injury as the result of an abusive relationship, must report this to the local law enforcement agency.

It is the responsibility of the health practitioner who observes the suspected abuse to initiate the reporting process by contacting the local law enforcement agency. A referral will be given to the Social Worker who will ensure that sufficient follow-up has taken place and the written report is completed.

The health practitioner will not incur any civil or criminal liability as a result of making this report.

IV. EQUIPMENT

V. PROCEDURES

INFECTION CONTROL: N/A

ABUSE ASSESSMENT

When assessing for abuse, some women may be uncomfortable with the topic and may exhibit some of the following behaviors. For some women, these behavior may be suggestive of abuse and disclosure of battering may follow at a later date.

Laughing or tittering

Lack of eye contact (Careful! This may be cultural.)

Crying

Sighing

Minimizing statements searching or engaging eye contact, expressive of fear

Anxious body language: standing to leave, dropped shoulders, depressed

Anger, defensiveness

Comments about emotional abuse

Comments about emotional abuse

Comments about a “friend” who is abused

When one or more of the following circumstances exist, consider possible domestic violence:

Patient admits to abuse;

Unexplained bruises, lacerations, fractures or multiple injuries in various stages of healing;

Presence of injuries to head, neck, chest, breasts, abdomen and genital area;

Extent or type of injury is inconsistent with explanation given;

Patient describes in a hesitant, embarrassed or evasive manner surrounding the alleged

“accident”;

Substantial delay occurs between time of injury and presentation for treatment;

Frequent use of emergency room or other medical services;

Untreated old injuries;

A history of prior physical abuse;

Psychiatric, alcohol or drug abuse history in patient or spouse;

Depression regarding family situation, i.e., not wanting to return home, fear of safety of children,

flat affect;

Vague complaints or unexplained symptoms. Complaints of tension, stress, anxiety or insomnia, fatigue, chronic headaches, dizziness or gastrointestinal complaints.

Previous suicide gestures or attempts;

The presence of an overly controlling or solicitous partner, who may insist on joining the victim while being examined. The partner may even answer questions for the victim. The partner should not be allowed in or near the area where the victim is being examined or questioned.

Interviewing and Counseling Techniques for the Victim of Domestic Violence:

If a female patient self-identifies or discloses battering to you, provide her with extra time. She may desire to remain in a private area, especially if she is in a decision-making phase, attempting to decide whether to return to her male partner. If her male partner is in the waiting area, ask her if she feels safe at this time. Her options are:

Immediate access to shelter;

Shelter information and access at a later date;

Returning to male partner, with follow up appointment with you;

Referral to police agencies if inquiries are apparent.

Use empathetic, active listening skills if a woman discusses a battering incident with you. Allow the woman control over the conversation. Encourage discussion of immediate safety needs using the questions like “Do you feel you are safe now with your partner?” or “Do you have plans for help if he hits you again” (It is generally thought that battered women evaluate their own safety/danger potential; however, the healthcare provider should encourage realistic discussions of the battering situation to encourage informed decision making.)

Educate her about signs of escalating physical danger, which include:

Availability of access to weapons;

Assaults or threats with weapons;

Extension of his assaults or threats of assaults to children, pets or extended family members;

Surveillance of woman at work, increasing isolation of woman;

Extreme jealousy, accusations of infidelity;

Forced sexual encounters;

Battering during pregnancy;

Decrease or elimination of remorse expressed by batterer.

Particular attention should be paid to postpartum women experiencing emotional or physical abuse. Observe for extended postpartum “blues” in the mother, feeding problems in the infant and poor communication between the couple. Be alert for postpartum women reporting coercive sexual patterns from male partners. Battered women have reported sexual assault during postpartum period.

Questions to Ask Suspected Victims of Domestic Abuse:

Do you know where you could go or who could help you, if you were abused or worried about being abused? Where?

Are you in a relationship in which you have been physically hurt or threatened by your partner? Have you every been in such a relationship?

Are you or have you every been in a relationship where you were treated badly? In what ways?

Has your partner every destroyed things that you cared about?

Has your partner every threatened or abused your children?

Has your partner ever forced you to have sex when you didn't want to?

Does your partner every force you to engage in sex that makes you feel uncomfortable?

We all have disagreements at home. What happens when you and your partner fight or disagree?

Do you every feel afraid of your partner?

Has your partner every prevented you from leaving the house, seeing friends, getting a job or continuing your education?

Does your partner abuse substances? If so, how does he/she act when drinking or using drugs? Is your partner verbally or physically abusive?

Do you have guns in your home? Has your partner ever threatened to use them when he/she is angry?

Has your partner every hit, slapped or kicked you?

Is yes, were you pregnant at the time?

If yes, has he/she hit you since you have been pregnant?

If yes, has the abuse increased since you've been pregnant?

Have you every received medical treatment for any abuse injuries?

Remembering the last battering incident, mark the places on the body map where he/she hurt you.

Outcome Assessment and Intervention:

Support network:
Available family;

Friends;
Church affiliation;
Potential need for shelter placement based on lack of available support systems.
Financial concerns/dependent on partner.
Cultural considerations:
May not be acceptable to reveal personal information to “outsider”;
May be perceived as bringing shame onto their community as a whole.

Presence of children:

Are they safe?
If victim must be hospitalized, where will the children go?

Provide education and information on alternatives.

Determine the victim’s wishes; encourage decision-making, whatever direction it may take, through supportive efforts and open communication.

Inform victim of the need for photographs for evidence in the event of future prosecution.

Facilitate communications with agencies that victim has specified a desire to interact with and advocate on his/her behalf (i.e., finding available shelter beds).

Utilize local law enforcement, as necessary, for safe transport of victim to shelter or family/friend’s home.

If patient is to be hospitalized, arrange for continued attention to his/her psychosocial needs and safety concerns while hospitalized.

Coordinate appropriate referrals, including legal counseling and law enforcement follow-up for emergency protective orders.

Counseling Battered Women:

Be Aware of Who the Patient is:

Allow her to tell her story; let her know you believe her and want to hear her experiences.

Help her identify her feelings; support her right to be angry; don’t deny any of her feelings.

Be sensitive to the differences between women of other races, cultures and classes; although there are commonalities among all women, no woman is a stereotype and each of us has had different life experiences.

Respect the culture values and beliefs which affect her behavior; know that these beliefs may have been a source of security in the past for her and their importance to her should not be minimized.

Be aware of the differences between rural and urban women; an awareness of the physical isolation and cultural values of rural women is necessary.

Know that she does not need rescuing; help her assess her own resources and support systems. Remember, she is in a crisis that inhibits her own coping mechanisms and problem-solving abilities. Help her get in touch with her own strengths and emotional resources and the decision she makes will be her own.

Be Aware of Who You Are:

Be aware of your own attitudes, experiences and reactions to violence; keep in mind that role that violence has had in your life.

Know your own limits of time and energy; be aware of your agency's policies and services so you can be realistic and remember, you help her define problems, not solve them.

Beware of your own needs to be a powerful expert; she's had countless people tell her what to do, she needs someone to care, not to give advice.

Be conscious of your own cultural biases, beliefs and prejudices when counseling third world women; realize that there may be biases against you and that these must be dealt with honestly.

Don't diagnose; focus on concrete problems solving and emotional support, not subjective interpretations of behavior.

Don't convey disappointment if the woman elects to return to the violent relationship; be honest and explain your fear, but let her know she can always come back and that you still care about her.

Remember, you may be one of the first people in her life to convey respect and support at a time when this was most needed.

Reporting Requirements for Domestic Violence/Abuse:

Any health practitioner suspecting spousal or partner abuse of any patient coming into the Hospital and Clinic must call the local law enforcement agency: This report must be given immediately and must include information regarding the patient's name, whereabouts, injuries and the identity of the person which the patient alleges assaulted him/her.

Victim's Medical Record Documentation should include:

- Patient's comments regarding injury;
- Identity of perpetrator;
- Past domestic violence history;
- Copy of report form;
- Medical exam;
- Assessment;
- Treatment;
- Response to treatment;

Evidence collected.

All patients with visible injuries should be offered photography. The victim should be informed that this is a routine, but important procedure, since the photographs will become a part of the medical record and therefore may be used for evidence if the perpetrator is prosecuted.

Liaison With Law Enforcement Personnel:

A law enforcement officer should be involved for the following mandated and optional reasons:

At the request of the victim to make a report of the incident;

As required by law;

At the request of either hospital personnel or the victim, to restrain or escort the perpetrator away from the premises;

As contacted for the safety of the children.

The law enforcement officer can be expected to inform the victim of their rights under Illinois State law. The officer should also answer any questions regarding law enforcement and court actions which follow from a report.

VI. DOCUMENTATION