

PRACTICE GUIDELINE

Effective Date: 9-17-04

Manual Reference: Deaconess Trauma Services

TITLE: DOMESTIC VIOLENCE

PURPOSE: To identify guidelines for diagnosis, acute management and appropriate referral of domestic violence.

DEFINITIONS:

1. Domestic Violence: A pattern of coercive behaviors that involves physical abuse, sexual and/or psychological abuse against former or current intimate partners. This definition includes both male and female victims of domestic violence as well as both homosexual and heterosexual relationships.
2. Risk factors for domestic violence include:
 - a. Women are at high risk. In the majority of cases of domestic violence, the victim is female and the perpetrator is male. About 20% of American women are victims of domestic violence at some point in their lives and domestic violence is thought to be the leading cause of serious injury to women between the ages of 15 and 44.
 - b. Alcohol and drug abuse.
 - c. Emergency Room patients have a high prevalence of domestic violence; 30% of women seen for traumatic injury and 18-24% of women seen for any reason are victims of domestic violence.

GUIDELINES:

1. The physician's responsibility consists of:
 - i. Detection of patients who are victims of domestic violence.
 - ii. Treatment of any acute medical problems.
 - iii. Referral of the patient to Social Services for further evaluation and counseling.
2. Because of its high prevalence among trauma patients, universal screening of all female patients for domestic violence is warranted. Men should be screened when they present with signs or symptoms of domestic violence.
3. Screening question on ED flowsheet:
 - a. Suspected or actual child/adult/elder abuse or neglect? If so, notify the appropriate: police, coroner, or social services.
4. Screening guidelines:
 - a. Screen in a safe environment. Ask security for assistance if necessary.
 - b. Separate anyone accompanying the patient prior to screening.
 - c. If you are unable to converse fluently in the patient's primary language, obtain a hospital interpreter. Do not use the patient's family, friends or children as interpreters when asking about domestic violence.
 - d. If patient answers affirmatively to the screening questions:
 - 1) Convey the following: There is no excuse for domestic violence; no one deserves to be abused.

- 2) There are people that you can talk to for support as well as practical assistance.
 - e. Provide any necessary medical care for acute injuries. Document injuries carefully. A domestic violence “kit” is available which will have several forms, including body maps, to make it easier for you to document injuries. Be sure this kit is completed adequately with thorough documentation.
 - f. Request a Social Work consultation. The Department of Social Work has trained personnel to respond to domestic violence victims.
5. In the (unlikely) event that you are unable to secure a Social Work consultation for a victim of domestic violence, the following resources are available:
- a. LEGAL:
 - Legal Aid Society of Evansville, Inc.
 - b. SHELTERS/COUNSELING:
 - Albion Fellows Bacon Center
 - Child Abuse Hotline- Posey County
 - Crisis Line
 - Spouse Abuse Center
 - Ark Crisis Nursery
 - WYCA

REFERENCES:

- RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT: 2006; Committee on Trauma American College of Surgeons.

REVIEWED DATE	REVISED DATE
JAN 05	JAN 08
JAN 06	
JAN 07	