Model Domestic Violence Hospital Policy

A public health approach to providing optimal care to patients who are or may be victims of domestic violence

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PURPOSE:

The purpose of this model Domestic Violence Policy is to assist health care providers provide optimal care to patients who are or may be victims or perpetrators of domestic violence. Domestic violence is a public health problem with serious and far-reaching consequences for patients, families, and communities. The presence of domestic violence in the life of a patient can create or aggravate acute and chronic health problems, interfere with recommended treatments for existing problems, and increase the cost of health care.

In the effort to prevent or reduce the public health impact of domestic violence, this model policy provides recommendations regarding screening for domestic violence, recognition of possible indicators, supportive counseling, safety planning, referral and documentation. Adherence to these policy recommendations will promote compliance with TJC, various professional association requirements (i.e. AMA, ACOG, AAP, ACS), any applicable legal reporting requirements and best practice recommendations regarding the care of abused patients.

Due to the trust bestowed upon them by their patients and their intimate involvement in the health and well-being of families, healthcare providers can play a unique and critical role in education about and identification of domestic violence. In some cases, a healthcare provider may the only person able to assist a victim access resources to obtain help. An informed and educated response to the problem of domestic violence by a healthcare provider can be crucial to the safety of patient, may improve patient health outcomes, and prevent further violence.

A review of sampling from nation-wide policies demonstrated policies that were either too lengthy of a policy to be accurately implemented, or too brief and narrow a policy to be effective and meet TJC standards.

Please contact our training consultants at dvptraining@stfranciscare.org for assistance in adapting this policy to your institution.

II. SUPPORTIVE DATA/ BACKGROUND:

A. Definitions:

Domestic violence (DV) is defined as a pattern of controlling, assaultive, and/or coercive behaviors that adults and adolescents use against their family members or intimate partners. These behaviors may involve physical, sexual, economic, and/or psychological coercion or abuse. This definition is specific in defining acts of violence, but general in defining the victim and perpetrator. This is especially important, as DV appears in all populations regardless of age, race, gender, ethnicity, income, relationship, and sexual orientation.

B. Public Health Impact:

Domestic violence is a public health problem with serious and far-reaching consequences for patients, families and communities. The presence of domestic violence in the life of a
patient can create or aggravate acute and chronic health problems, interfere with recommended treatments for existing problems, and increase the cost of health care. 30-40% of women report being physically or sexually abused by a husband or boyfriend at some point in their lives. Domestic Violence is more prevalent than diabetes, breast cancer, and cervical cancer.

C. TJC Standards

The Joint Commission on the Accreditation of Healthcare Organizations (TJC) requires accredited hospitals to implement policies and procedures in their facilities for identifying, treating, and referring victims of abuse. These standards also require domestic violence education programs for staff. The following standards are addressed by this policy:

1. The hospital has written criteria to identify those patients who may be victims of physical assault, sexual assault, sexual molestation, domestic abuse, or elder or child abuse and neglect.
2. To assist with referrals of possible victims of abuse and neglect, the hospital maintains a list of private and public community agencies that can provide or arrange for assessment and care.
3. The hospital educates staff about how to recognize signs of possible abuse and neglect and about their roles in follow-up.
4. The hospital uses its criteria to identify possible victims of abuse and neglect upon entry into the hospital and on an ongoing basis.
5. The hospital either assesses the patient who meets criteria for possible abuse and neglect or refers the patient to a public or private community agency for assessment.

D. Legal Reporting Requirements:

There is no federal or state statute that requires providers or hospitals to report all incidents of domestic violence. Hospital personnel, however, are required to report the following circumstances to the local police if:

(a) the victim dies or is in imminent danger of death  
(b) the injuries the victim sustained involved a moving motor vehicle  
(c) the injuries the victim sustained involved a firearm

Hospital personnel will assist any patient who wishes to contact the police to report domestic violence.

If a child under the age of 18 and abuse or neglect is suspected, a report must be made to the Department of Children and Families. Please refer to the Child Abuse Policy.

If a person over the age of 60 and abuse or neglect is suspected, a report must be made to the Elder Protective Services. Please refer to the Elder Abuse and Neglect Policy.

If a sexual assault is suspected, refer to the Sexual Assault Protocol
III. POLICY/PROCEDURES:
The hospital is required by TJC to have a written policy guiding consistent procedures for the identification, treatment, response, and referral of victims and potential victims of abuse.

At the clinical core of the hospital domestic violence policy are the procedures used to identify and respond to domestic violence. A successful intervention occurs when patients are consistently provided with a safe environment to disclose and understand the health implications, NOT when a patient discloses he or she is a victim or a perpetrator. Identification, treatment, and referral of victims of domestic violence applies to all clinical settings within the medical facility. Any patient, particularly any woman, seen in a healthcare setting may be a victim of domestic violence.

Identification:
Any woman may be a victim of domestic violence. Women who have been or are being abused do not typically initiate a conversation about the abuse with a healthcare provider. There is research that demonstrates a woman must be asked about a abuse for the conversation to occur. Although many women do not disclose the first, or even second or thirds time they are asked about domestic violence, there is evidence that repeated asking during subsequent visits does enable a woman to feel more comfortable disclosing. In order to meet the TJC standards that a person who “may be a victim’ is screened, ALL women must be screened at each visit to a health care provider.

How to Screen:
1. Get your patient alone.
   - Ask older children to wait in waiting room
   - Ask partner or spouse or to fill out paperwork out of the examination room

2. Create a safe, non-judgmental environment using one of these options or the like.
   - “You are safe here, this and all of our discussions are completely confidential, these are questions I ask everyone…”
   - “Violence impacts health, so we have begun asking ALL patients these questions…”
   - “I don’t know if this is (or ever has been) a problem for you, but many of the patients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I’ve started asking about it routinely.”

3. Ask the two screening questions:
   - “Are you currently in a relationship with a spouse, partner or family member in which you have felt afraid or threatened?”
   - “Within the last year have you been hit, slapped, kicked, or otherwise physically hurt by someone?”
4. If your patient says “No”:
   • Do not pressure her to disclose
   • Offer information about resources
   • Continue screening at subsequent visits

5. If your patient says “Yes”:
   • Be compassionate: tell her that it’s not her fault and she’s not alone
   • **Never tell her to leave the abuser (this increases her risk of bodily harm)**
   • Ask her if it is safe for her to go home or if she would like to call the police.
   • Tell her that help is available through hospital social workers or through the local chapter of CCADV and provide information about local programs if she would like it. Do not pressure her to take information, this also may increase her risk for violence.

6. Document the abuse in her chart:
   • Describe the injuries, history of abuse and any other pertinent information
   • Do not write anything about the abuse on discharge form, only IN her chart.

IV. Resources for Victims:
   • National Domestic Violence Hotline          1-800-799-SAFE
   • Statewide Legal Services:                   1-800-453-3320
   • CT Domestic Violence Hotline               1-888-774-2900

Further information about available resources for victims is available at [www.connecticutprevention.com](http://www.connecticutprevention.com), as is a map indicating what your local CCADV shelter is.

IV. Resources for Perpetrators:
   • Wheeler Clinic 888-793-3500 ex.3776
   • Non-Violence Alliance (860) 347-8220 ([www.endingviolence.com](http://www.endingviolence.com))