2008 CLINICAL SCREENING AND REFERRAL GUIDE FOR DOMESTIC VIOLENCE IN ADULTS IN A PRIMARY CARE SETTING

Guidelines are designed to assist clinicians by providing a framework for the evaluation and treatment of patients. This guideline outlines the preferred approach for most patients. It is not intended to replace a clinician's judgment or to establish a protocol for all patients. It is understood that some patients will not fit the clinical condition contemplated by a guideline and that a guideline will rarely establish the only appropriate approach to a problem.

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Domestic Violence Introduction

Domestic violence is a common problem seen in health care settings associated with a number of medical, social and mental health issues. Intervention in domestic violence involves helping more than the identified victim and often includes children and other family members, as well as the perpetrator.

Domestic violence occurs in 5-10% or more of patients coming into primary care, emergency departments and health care settings. Domestic violence usually involves physical injury but may include pushing, shoving, hitting, verbal, emotional or sexual abuse. Ninety-two percent of women who were physically abused did not voluntarily discuss these incidents with their physicians and 57 percent did not discuss them with anyone.[1]

Women often leave a violent household approximately four times before successfully leaving for good or having the abuser receive help. Do not judge success of the screening by the patient's action. She/he is at the highest risk of injury/homicide when attempting to leave. Multiple screenings may be necessary. If you have acknowledged and validated the situation and offered appropriate referrals you have done what you can to help. As a health care practitioner, be familiar with mandatory reporting requirements. A summary is listed at the back of this guideline.

Pregnant women are at an increased risk for abuse. Pregnant women are more at risk for domestic violence than for preeclampsia, gestational diabetes or placenta previa.[2]

Standards of Care

All health care professional need to screen adults on a regular basis and provide appropriate referral and effective brief intervention as accepted by the victim. A UW Health work group, composed of primary care physicians, social workers, therapists, quality improvement, health education, and clinic management staff have developed this guideline to assist you.

The goal of these clinical protocols is to provide health care professionals with evidence-based screening and assessment questions, brief intervention protocols, effective referral methods, and a list of available community resources. Occasionally domestic violence will fall under the Wisconsin statutes that require reporting to authorities.

With this guideline, we recommend that patients be screened every two years. People with a history of abuse need to be screened at every office visit.

1. Assess Patients for Abuse

Screening for potential violence is the first critical step in providing help to your patient. This screening must occur in private, without other family members present. This is essential to build trust and to ensure patient safety.

Talk to the patient alone in a safe, private environment. It is important to ask the partner to leave the room before asking any screening questions, regardless of whether there is a suspicion of abuse or not. DO NOT screen for abuse if using an interpreter and the interpreter is a family member or friend.

START WITH A SHORT AND SIMPLE ABUSE ASSESSMENT SCREEN:
Because violence is so common in many people's lives, I've begun to ask all my patients about it routinely.

THEN ASK SIMPLE DIRECT QUESTIONS:[3]
1. Have you ever been afraid of your spouse, male or female partner or family member due to their threatening, intimidating or controlling behavior?
2. Have you ever as an adult been physically abused by a spouse, male or female partner or family member?
3. Have you ever been hit, slapped, kicked, pushed or shoved, or otherwise physically hurt by a current or previous spouse, male or female partner or family member?
4. Have you ever been forced into sexual activities by a spouse, male or female partner or family member?

If the patient says YES, send an important message and assure the victim. Do NOT blame or shame the abused person.
1. You do not deserve to be treated this way.
2. You are not alone.
3. You are not to blame.
4. There are experts who want to help.

If the patient says NO but clinical evidence is present, mention that you have information that could be of help and document findings in the medical record. Section 5 of this guideline provides information on common medical or mental health complaints that could be related to past or ongoing abuse.

2. Make an Appropriate Referral

Provide referral information to anyone who provides a positive answer to the assessment questions or to anyone for whom you have a strong suspicion of abuse.

MAKE AN APPROPRIATE REFERRAL
Offering known appropriate hospital and community resources to help patients in domestic violence situations is the next step. Always consider that the person may not be ready to take action at this time. He/she may wait to take action until he/she feels it may be possible without endangering his/her life.

If you are unsure of where to direct a patient or need additional assistance determining referral options for your patient, UW Health Patient Relations/Social Services is the internal department that can help you and the patient determine options.

PATIENT RESOURCES
7974 UW Health Court
Middleton, WI 53562
608.821.4819

To find your local domestic violence program, visit the Wisconsin Department of Justice, Office of Crime Victim Services at www.doj.state.wi.us/cvs

DANE COUNTY SERVICE PROVIDERS

Domestic Abuse Intervention Services (DAIS) **DAIS provides assessment, support, legal and financial services, shelter and access to other community resources.**	**(608) 251-4445** **(800) 747-4045**
Hmong American Women – Madison	(608) 256-7808
Madison Rape Crisis Center (RCC)	(608) 251-7273
Madison Rape Crisis Center (RCC) – Spanish line	(608) 258-2567
Meriter Hospital Sexual Assault Nurse Examiner (SANE) Program	(608) 267-5916
University of Wisconsin Office of Coordinated Care, Case Management and Social Work Services	(608) 263-8667
University of Wisconsin Hospital and Clinics Patient Relations	(608) 263-8009
University of Wisconsin Hospital and Clinics Child Protection Program – Dr. Barbara Knox	(608) 262-5087
City of Madison Police (can direct to the appropriate number if outside their district)	(608) 255-2345
Canopy Center (counseling and support for stressed parents, treatment for sexual abuse of children and adults)	(608) 241-4888 (608) 241-2221 – 24 hour parental stress line
BriarPatch (counseling for teens and their families)	(608) 251-1126

RESOURCES IN OUTLYING COUNTIES

Wisconsin Coalition Against Domestic Violence (support and education for victims)	**(608) 255-0539**
Family Strengthening Bilingual Hotline (Hmong and Laotion)	(888) 345-5898 – 24-hour line
Adams County Outreach – Adams: Hope House	(800) 584-6790
Columbia County Human Services	(608) 742-9227 – closes at 4:30 p.m.
Columbia County DV Shelter – Hope House Outreach (Portage)	(608) 356-9123 – main line (608) 356-7500 – local crisis help line (800) 584-6790 – toll free crisis line
Columbia County Sheriff's Department	(608) 742-4166
Dodge County Human Services	(920) 386-3750
Dodge County DV Shelter – PAVE (Beaver Dam)	(800) 775-3785
Dodge County Sheriff's Department (after hours)	(920) 386-3726
Eau Claire County Human Services adult intake	(715) 831-5700 (715) 839-1200
Eau Claire County DV Shelter – Bolton Refuge House (Eau Claire)	(800) 252-4357
Eau Claire County Emergency Communications Center	(715) 839-4972
Eau Claire Hmong Mutual Assistance Association	(715) 832-8420
Green County – Green Haven	(608) 325-7711
Iowa County Outreach – Iowa: Family Advocates Inc.	(608) 348-3838
Jefferson County Human Services	(920) 674-3105
Jefferson County DV Shelter – People Against Domestic Abuse (Jefferson)	(920) 674-6768 – business line (800) 228-7232 – toll free
Jefferson County Sheriff's Department (after hours)	(920) 674-7310
Marathon County Social Services	(715) 261-7500
Marathon County DV Shelter – Women's Community Inc. (Wausau)	(888) 665-1234 (715) 842-7323
Marathon County Sheriff's Department (after hours)	(715) 261-1200
Marquette County Outreach – Marquette: Hope House	(608) 297-8290

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Outagamie County Human Services adult intake	(920) 832-5766
Outagamie County DV Shelter – Harbor House Domestic Abuse Program (Appleton)	(800) 970-1171
Outagamie County Sheriff's Department (after hours)	(920) 832-5605
Portage County DV Shelter – Family Crisis Center (Stevens Point)	(800) 472-3377 (715) 343-7125
Portage Police – if abuse occurs in Portage DART (Domestic Abuse Response Team) can be paged through the Sheriff's Department	(608) 742-2174
Rock County – Beloit Domestic Violence Center	(608) 365-1119
Rock County – YWCA Alternatives to Violence (Janesville)	(800)750-7990
Sauk County Hope House	(608) 356-9123 – business line (608) 356-7500 – crisis line (800) 584-6790 – toll free crisis line
Sauk County Sheriff's Department	(608) 356-4895
Winnebago County – Catholic Charities Refugee Family Strengthening Project	(920) 235-6002
Wisconsin Dells Police Department	(608) 253-1611

3. After Referral – Assess and Intervene

After providing a referral, there are certain additional questions that can be asked.

- Is there anything you need right now?
- Is it safe to go home today?
- Would you like to make a phone call for help right now?
- Do you know of a safe place to go if the situation gets worse?
- Do you have family/friends that could be of help?

UNDERSTAND THAT THERE ARE WRONG THINGS TO SAY

The wrong message at this critical time will not help the victim. It is important to support the patient and respect them in whatever action is taken. Expressing disappointment only reinforces feelings of low self-esteem and lack of control. It may also make the patient less likely to return for help.[4]

Some Examples:

THE WRONG THING TO SAY

- What did you do to provoke abuse?
- Why didn't you just leave?
- "Prescribing" divorce, sedatives, couples counseling or law enforcement involvement.

THE RIGHT THING TO SAY

- No one deserves to be abused or assaulted.
- You are not alone. Many others have had similar experiences.
- I know that it is difficult to decide what to do in your situation and I will support you in whatever decision you make.

4. Request a Follow-up Visit

Request that the patient schedule a follow-up visit with a statement such as:

"I am concerned for your safety and would like to see you again. You may want to tell your partner you are coming back to check on your lab test results or check on your medications. I would like you to schedule a follow-up visit in X days/weeks."

Have your staff make sure the appointment is scheduled.

5. Physical Exam

Victims of violence can present in a health care setting with either acute or non-acute complaints. Acute presentations of violence can include such injuries as: fractures, lacerations, contusions, gunshot wounds, burns, bruises, abrasions and sprains as well as presentation for recent sexual assault. If you suspect a very recent sexual assault you may want to consult a Sexual Health Nurse Examiner (SANE) before commencing an exam or have a SANE nurse do the exam (608-417-5916)

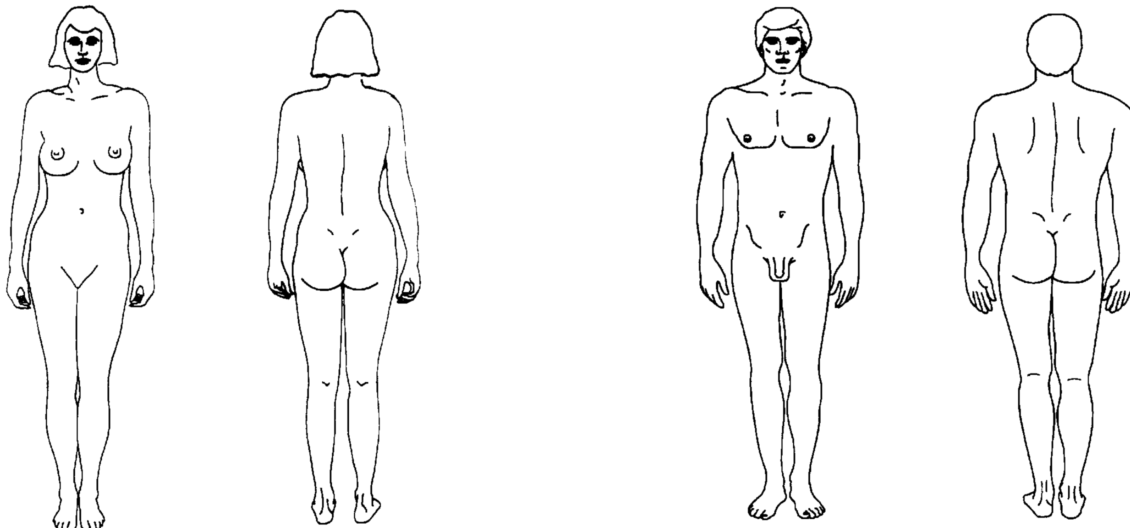
Upon physical exam, watch for the following indicators:

- the injury is inconsistent with the history and explanation
- there are multiple injuries in various stages of healing
- there is evidence of old, untreated injuries
- the injury occurs during pregnancy
- there is a delay in care of a serious/painful surgery
- there are bilateral injuries
- the patient's stress is disproportionate to the injury
- there is evidence of sexual trauma
- there is evidence of bite marks on genitals or breasts
- there is evidence of dental trauma

The non-acute effects of domestic violence and sexual assault can have deleterious long-term consequences on a patient's physical and psychological health. Victims of chronic abuse present with a wide variety of complaints related to the stresses of ongoing or past abuse, including:

MEDICAL COMPLAINTS	OB/GYN COMPLAINTS	MENTAL HEALTH COMPLAINTS
Chronic pain	Sexually transmitted diseases or infections (including HIV)	Eating disorders
Fibromyalgia syndrome	Unplanned pregnancies	Suicide attempts
Chronic fatigue syndrome	Chronic pelvic pain	Depression
Recurrent genitourinary infections	Miscarriages or multiple abortions	Anxiety disorders
Physical symptoms related to stress, anxiety disorders, or depression	Delayed or inconsistent prenatal care	Substance abuse
Recurrent admissions	Placenta abruption	Hopelessness, isolation
Overdose	Drug use during pregnancy	Traumatic stress disorders

Use body maps, such as these produced by the Family Violence Prevention Fund.[5]



6. Medical Record Documentation

There are a few standards of documentation to know.

- Use the patient's own words.
- Use the abusers name and relationship to patient.
- Use the term "patient states" and avoid the term "patient alleges."
- Include such statements as "I thought I was going to die."
- Legibly document all injuries – use body map.
- Take photographs of injuries with patient's permission.

If appropriate, the diagnostic code to use for abuse is ICD-9 code 995.81, Adult Maltreatment Syndrome.

If patient has responded "No" to screening, but upon physical exam the clinical evidence indicates abuse, document injuries suggestive of battering or suspected abuse.

7. Mandatory Reporting for Specific Injuries

There are mandatory reporting requirements for certain injuries whether from domestic abuse or not. The University of Wisconsin Medical Foundation has written policies on mandatory reporting.[6]

Please be sure you understand which injuries require mandatory reporting. Health care workers who report domestic violence abuse without the patient's expressed permission are violating the patient's privacy, as well as state law on medical record confidentiality. Health care workers who report domestic violence without the patient expressed permission may also increase the harm and danger to that patient.

Mandatory reporting by Health Care Workers is required under Wisconsin Statutes Section 146.995 in connection with certain injuries whether from domestic abuse or not.

Under Wisconsin law, there are requirements for any person licensed, certified or registered by the state Board of Nursing, Medical Practices (Occupational Therapist, Occupational Therapy Assistant, Physician, Physician Assistant, Podiatrist, and Respiratory Care Practitioner) or Psychology Examining Board who treat a patient suffering from any of the following shall report: 1. All gunshot wounds must be reported unless the wound appears to have occurred at least 30 days prior to treatment, 2. Second or third degree burns to at least 5% of the body or due to inhalation of superheated air, swelling of the larynx, or a burn to the upper respiratory tract. These conditions must be reported if the reporter has reasonable cause to believe that the wound occurred as a result of the crime. A report does not need to be made if there has been a previous report made or if the patient is accompanied by a law enforcement officer at the time of treatment.

For additional information, please refer to either UW Medical Foundation or UW Hospital and Cinics policies on domestic violence. The UW Medical Foundation policies and additional resources for Suspected Domestic Violence and Abuse and Suspected Elder Abuse are located on U-Connect at https://uconnect.wisc.edu under Departments UWMF, Patient Resources, Resources-Social Services Quick List by Topic, Abuse Policies and Abuse Resources. The UW Hospital and Clinics policy for Abuse, Neglect and Domestic Violence is also located on U-Connect at https://uconnect.wisc.edu and can be serarched for under the "Policies" header, Policy Quick Seach for policy number 4.52.

8. Acknowledgement

This guideline was initially developed in the fourth quarter of 2005 by a collaborative UW Health work group. Members of the work group included staff from the Departments of Family Medicine and Internal Medicine, UW Medical Foundation, UW Hospital and Clinics, Behavioral Health Consultation Systems, Unity Health Insurance and Physicians Plus Insurance Corporation. Questions, comments or requests for additional information should be directed to Michael Fleming, MD, MPH, Professor of Family Medicine, or Susan Hanauer, RN, MSN, Care and Quality Innovations, University of Wisconsin Medical Foundation at susan.hanauer@uwmf.wisc.edu.

9. Evidence

[1]The Commonwealth Fund, "First Comprehensive National Health Survey of American Women Find Them at Significant Risk," New York, The Commonwealth Fund, July 14, 1993.

[2]Peterson, Saltzman, Goodwin and Spitz, "Key Scientific Issues for Research on Violence Occurring Around the Time of Pregnancy," Atlanta: Centers for Disease Control and Prevention. 1997.

[3]Campbell J., Snow Jones A., Dienemann J., et. Al. "Intimate Partner Violence and Physical Health Consequences." *Arch Intern Med.* 2002;162: 1157 – 1163.

[4]Salber P., "Domestic Violence, How to ask the right questions and recognize abuse," *California Physician*." 1992.

[5]Preventing Domestic Violence: Clinical Guidelines on Routine Screening. Produced by the Family Violence Prevention Fund, 383 Rhode Island Street, Suite 304, San Francisco, CA 94103-5133. October, 1999.

[6]University of Wisconsin Medical Foundation, Policies and Procedures, Suspected Domestic Violence and Abuse, and Suspected Elder Abuse.