

HEALTH CARE INTERVENTION PROTOCOL
FOR SUSPECTED VICTIMS OF DOMESTIC VIOLENCE OR SEXUAL ABUSE
Developed by the Chattanooga Family Justice Alliance-Health Care Task Force

This protocol provides a short overview of key questions and resources. Please share throughout your practice.

SCREENING:

- Every patient should be asked directly if anyone has ever physically or psychologically hurt them. Note that the victim may be a male!
- Although many victims of domestic violence will not volunteer any information, they will discuss it if asked simple, direct questions in a non-judgmental way and in a confidential setting. **Interview the patient alone.** See attached for question suggestions.

PHYSICAL SIGNS:

- injuries to face, neck, arms, torso, breasts or genitals
- contusions, abrasions, burns, lacerations, gun and puncture wounds
- rib fractures, missing teeth, broken jaw, perforated ear drum, hematuria, back injuries
- chest pain, fatigue, sexual dysfunction, UTIs.
- bilateral distribution or injury to multiple areas
- multiple injuries in various stages of healing
- evidence of rape or sexual assault, sexually transmitted disease
- pregnant women with abdominal bruising, vaginal bleeding, spontaneous abortion or abruptio placenta
- inappropriate or inadequate dress for weather conditions and generally poor self-care

PSYCHOLOGICAL / EMOTIONAL SYMPTOMS:

- repeated visits to emergency rooms
- delay between time of injury or onset of disease and presentation for medical care
- explanation by victim or partner that is inconsistent with type or severity of injury
- vague, non-specific or multiple migrating complaints
- Post-Traumatic stress disorder, psychological symptoms - anxiety, depression, sleep or digestive disorders, suicidal ideation, panic attack, out of body experiences, dissociative ideation, overly protective of partner, lying to protect abuser
- hesitant/inconsistent, incomplete reporting of medical history; incoherent or chaotic reporting, chronology of reporting does not match injuries or reported symptoms

DOCUMENT YOUR FINDINGS:

- Record a description of the abuse as patient described it to you. Use verbatim statements such as "patient states she was..."
- If patient gives the name of the assailant, use it in your record. "Patient says her boyfriend John Smith struck her..."
- Record all pertinent physical findings. Use a body map to supplement the written record. Offer to photograph injuries. In photographing, remember that many injuries do not manifest themselves as well (some not at all) immediately as in 24 to 72 hours after the injury.
- When serious injury or sexual abuse is detected, preserve all physical evidence. Document an opinion if the injuries were inconsistent with the patient's explanation.

ASSESS PATIENT SAFETY:

- **Before** patient leaves the medical setting, find out if patient is afraid to go home.
- Has there been an increase in frequency or severity of violence? Have there been threats of homicide or suicide?
- Have there been threats to patient's children? Is there a gun present in the home?

INTERVENTION:

- If the patient is in imminent danger, find out if there is someone with whom patient can stay. Does patient need immediate access to a shelter, counseling, prosecutor or policeman?
- For immediate help, contact the Domestic Violence Crisis Hotline: (423) 755-2700.
- If immediate service is not needed, offer information about hotlines and resources.

REPORTING:

- Tennessee physicians are requested to voluntarily report domestic violence injuries (T.C.A. 36-3-601). See Voluntary Domestic Violence Screening/Statistical Form for return to Tennessee Department of Health.