HealthStream Regulatory Script

Identifying and Assessing Victims of Domestic Abuse (CE)
Release Date: June 2009
HLC Version: 1

Lesson 1: Introduction
Lesson 2: Dynamics of Abuse
Lesson 3: Identifying Victims
Lesson 4: Assessment and Referral
Lesson 5: Reporting Requirements
Lesson 1: Introduction

Welcome to the introductory lesson on identifying and assessing victims of domestic abuse.

As your partner, HealthStream strives to provide its customers with excellence in regulatory learning solutions. As new guidelines are continually issued by regulatory agencies, we work to update courses, as needed, in a timely manner. Since responsibility for complying with new guidelines remains with your organization, HealthStream encourages you to routinely check all relevant regulatory agencies directly for the latest updates for clinical/organizational guidelines.

If you have concerns about any aspect of the safety or quality of patient care in your organization, be aware that you may report these concerns directly to The Joint Commission.
Course Rationale

This course will discuss domestic abuse, and will provide you with the information you need to:

- Identify victims
- Assess victims
- Refer victims to other resources
- Report victims of this form of abuse

By doing so, you can:

- Maintain compliance with The Joint Commission standards.
- Improve public health
- Improve your facility’s quality of patient care

Specific information for Florida providers to meet state board requirements is also included.
### Course Goals

After completing this course, you should be able to:

- List the effects of domestic abuse on the victim and children as it relates to the provision of care.
- Cite the methods for assessing victims of domestic abuse in a clinical setting.
- Recognize the importance of assessing and reporting domestic abuse as a healthcare provider.
This introductory lesson provided the course rationale and goals.

Lesson 2 will present background information on domestic abuse.

Lesson 3 will discuss identification of victims of domestic abuse.

Lesson 4 will present information on assessment and referral.

Lesson 5 will discuss domestic abuse reporting.
# Lesson 2: Dynamics of Abuse

## Introduction & Objectives

Welcome to the lesson on the dynamics of domestic abuse.

After completing this lesson, you should be able to:

- Identify common traits of abusers
- Identify victim profiles of domestic abuse
- Recall the importance of control in an abusive relationship
- List examples of domestic abuse
- List important effects of domestic abuse

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![FLASH ANIMATION: 2001.SWF](2001.SWF)

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**Lesson Map**

- Background dynamics of domestic abuse
- Background forms of domestic abuse
- Background effects of domestic abuse

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**Point 1 of 27**
Domestic abuse occurs between two people in a close, intimate relationship. It is a public health concern in the United States.

Each year:
- 4.8 million women experience intimate partner related physical assault or rape.
- 2.9 million men experience intimate partner related physical assault.
- Over 1,500 women (75%) and men (25%) die as a result of domestic violence.

In Florida alone, there were 115,150 reported domestic violence offenses and 68,396 arrests in 2007.

Understanding abusive relationships will help you to:
- See domestic abuse as a public health threat
- Identify and care for victims of abuse

For additional information see the CDC Intimate Partner Violence Fact Sheet at:
The title of this course includes the term *domestic abuse*. However, you should be aware that domestic abuse also may be called:

- Domestic violence (DV)
- Intimate partner violence (IPV)
- Partner abuse

Regardless of the name, the cycle of power and control that mounts into an assault is the same.

Each of these terms describes actual or threatened physical, psychological, emotional, or stalking abuse by a spouse or intimate partner.
Legal definitions of domestic abuse usually focus on threatened or actual physical or sexual violence. States differ in what they consider domestic abuse.

For example:
- Florida statute 741.30 definition of domestic abuse/violence includes:
  - Assault or aggravated assault
  - Battery or aggravated battery
  - Sexual assault
  - Sexual battery
  - Stalking or aggravated stalking
  - Kidnapping or false imprisonment
  - Any criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same single-dwelling unit
Domestic Abuse: Victims

In domestic abuse:
- The victim is an adult or adolescent.
- A woman is the victim in 85% of cases.
- The abuser is a person who is, was, or wishes to be in an intimate relationship with the victim.

Victims can be:
- Women in relationships with men
- Men in relationships with women
- Men or women in same-sex relationships
- Adolescents in dating relationships

Domestic abuse does not discriminate!

*Domestic abuse does not discriminate!*

Abuse occurs:
- In every community: urban, suburban, rural, remote
- In all socioeconomic classes
- Among all ethnic and religious groups
There are a number of factors that increase the risk of domestic abuse including:

- **Individual characteristics**
  - Low self-esteem
  - Low income or unemployment
  - Low academic achievement
  - Heavy drug or alcohol use
  - Antisocial personality traits
  - Desire for control
  - Seeing or experiencing violence as a child
  - Belief in strict gender roles

- **Relationship factors**
  - Marital problems or instability
  - Dominance and control by one partner
  - Unhealthy family associations
  - Economic stress

- **Community factors**
  - Poverty
  - Lack of social interactions
  - Weak community sanctions

- **Societal factors**
  - Belief in strict gender roles

Remember, not all people identified as “at risk” will engage in abusive or violent behavior.

Click on each contributing factor for examples.
The dynamics of domestic abuse are specific:

- The behavior of the abuser is:
  - Violent
  - Coercive [glossary]
  - Controlling
  - Different in public and private
- The goal is to control the victim.

In addition, abusers often:

- Project blame to the victim
- Claim to be victims
- Claim loss of control and anger problems
- Minimize or deny that they are abusive

<table>
<thead>
<tr>
<th>Common Characteristics of the Abuser</th>
<th>Common Characteristics of the Victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controls access to needed items</td>
<td>Fearful of the abuser</td>
</tr>
<tr>
<td>Outwardly jealous of the victim’s friends, family, coworkers</td>
<td>Not allowed access to social support</td>
</tr>
<tr>
<td>Does not respect the victim’s point of view</td>
<td>Rarely exercises or experiences independence</td>
</tr>
<tr>
<td>Claims authority, knowledge, and/or power through status symbols</td>
<td>Accepts a dependant and or submissive role</td>
</tr>
<tr>
<td>Minimizes or makes excuses for abusive behavior</td>
<td>Is willing to accept blame for the abuse</td>
</tr>
<tr>
<td>May have offensive injuries [glossary] (i.e., scratches or bite marks)</td>
<td>May have serious injuries and stress-related health problems May have defensive injuries (i.e., bruises, cuts)</td>
</tr>
</tbody>
</table>
## Forms of Abuse

Abuse may be:
- Physical
- Emotional and psychological
- Sexual

Let's take a closer look at each type of abuse.
Physical abuse or violence involves the use of physical force.

The pattern of abuse:
- Occurs repeatedly
- Increases in frequency and severity over time

Examples of physically abuse include:
- Pushing or shoving
- Slapping, punching, or kicking
- Choking
- Assault with a weapon
- Holding, tying down, or restraining
- Leaving the victim in a dangerous place
- Refusing to provide assistance when the victim is sick or injured
While many of the injuries a victim sustains are minor (scratches, bruises, welts), serious disability or death are possible. In 2005, intimate partners murdered:

- 1181 women
- 329 men

**Physical abuse may or may not involve the use of weapons.**

*When weapons are used, the victim is at greater risk of serious harm.*
Dating violence includes physical, sexual, or psychological/emotional violence within a dating relationship.

Dating violence is a serious problem among adolescents:

- 1 in 11 reports being the victim of physical dating violence.
- 10% of adolescents report being hurt by a date during the last year.
- 9% of girls and 8% of boys have been to the ED for a resulting injury.
Emotional and psychological Abuse helps the abuser control the victim through fear and degradation. [glossary]

The abuser may:

- Threaten or intimidate the victim
- Isolate the victim physically or socially
- Ignore, dismiss, or ridicule the victim’s needs
- Deprive the victim of needed items
- Degrade and humiliate the victim
- Criticize, insult, or belittle the victim
- Make false accusations
- Lie and break promises to the victim

Emotional abuse escalates to physical abuse in many cases of domestic violence.
<table>
<thead>
<tr>
<th>Forms of Abuse: Sexual</th>
</tr>
</thead>
</table>

Sexual abuse is very difficult for victims to discuss.

Examples include being forced to:
- Have sexual contact without giving permission
- Have unprotected sex

Victims may also be:
- Physically harmed during sexual activity
- Assaulted with objects or weapons intravaginally, orally, or anally

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Rape is a common form of sexual abuse in domestically violent relationships.
Sexual Abuse Statistics

In a recent survey of 9,684 adults, forced sex was experienced by:

- 10.6% of women at some time in their life
- 2.1% of men at some time in their life

Approximately 10% of all assault-related injury visits by females to an Emergency Department are for sexual assault. However, greater than 2/3 of women injured during a rape do not seek medical treatment.
Domestic abuse may affect the victim's:
- Medical health
- Health during pregnancy
- Management of chronic illness
- Participation in preventive health measures
- Mental health
- Children

Let's take a closer look at each of these categories.
2016

Consequences: Medical Health

Victims of domestic abuse can develop chronic stress-related and other medical illnesses.

These illnesses may include:
- Arthritis
- Chronic neck or back pain
- Migraine and other types of headache
- STDs [glossary] (including HIV/AIDS)
- Chronic pelvic pain
- Peptic ulcers
- Chronic irritable bowel syndrome
- Frequent indigestion, diarrhea, or constipation
Six percent of all pregnant women in the United States are abused by intimate partners.

Abused women experience pregnancy complications including:
- Low weight gain
- Anemia
- Infection
- First and second trimester bleeding
- Depression
- Suicide attempts
- Substance abuse
Consequences: Management of Chronic Illness

The abuser often:
- Limits the victim’s access to medical care
- Interferes with the victim’s compliance with medical care

As a result, victims often poorly manage chronic illnesses such as:
- Asthma
- HIV/AIDS
- Seizures
- Diabetes
- Gastrointestinal disorders
- Hypertension
Consequences: Participation in Preventive Health Measures

Victims of domestic abuse are less likely to have preventive health screenings and visits including:

- Yearly physicals
- Mammograms
- Pap smears
- Prenatal care
Consequences: Mental Health

Victims of domestic abuse are at increased risk for:
- Substance abuse
- Depression
- Traumatic and posttraumatic stress disorder
- Anxiety
- Suicide

Adolescent victims are at increased risk for:
- Suicide
- Eating disorders
- Substance abuse
### Consequences: Adolescents

Adolescents who are victims of dating violence are more likely to:
- Binge drink
- Use drugs
- Smoke
- Engage in fighting
- Engage in sexual activity
- Attempt suicide
- Have low self-esteem and body image
- Be involved in abusive relationships in the future

Many adolescents do not see the consequences of dating violence.
Consequences: Children

Children can be affected by domestic violence.

Domestic abuse is an important risk factor for child abuse.
Exposure to Domestic Violence

<table>
<thead>
<tr>
<th>Children who are exposed to domestic abuse may develop:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Posttraumatic stress disorder</td>
</tr>
<tr>
<td>• Physical health problems</td>
</tr>
<tr>
<td>• Behavioral health problems:</td>
</tr>
<tr>
<td>o Depression</td>
</tr>
<tr>
<td>o Anxiety</td>
</tr>
<tr>
<td>o Violence toward peers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>They are at greater risk for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Suicide</td>
</tr>
<tr>
<td>• Substance abuse</td>
</tr>
<tr>
<td>• Running away from home</td>
</tr>
<tr>
<td>• Prostitution</td>
</tr>
<tr>
<td>• Sexual assault</td>
</tr>
<tr>
<td>• Promiscuous behavior</td>
</tr>
<tr>
<td>• School drop out</td>
</tr>
</tbody>
</table>

These problems may continue into adulthood.

**Exposure to domestic abuse can include:**

- Witnessing abuse directly
- Overhearing acts of abuse
- Seeing the results of abuse (bruises, other visible injuries, fear, intimidation)
- Being used by the abuser to intimidate the victim
- Being forced by the abuser to participate in the abuse
### MULTIPLE CHOICE INTERACTION

#### Correct answer: A

**Feedback for correct:** Correct. Anyone in an intimate relationship can be a victim of domestic abuse. Most victims are women in relationships with men.

**Feedback for Incorrect:** Incorrect. Anyone in an intimate relationship can be a victim of domestic abuse. Most victims are women in relationships with men.

<table>
<thead>
<tr>
<th>Which of the following is <strong>most likely</strong> to be a victim of domestic abuse?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A woman in an intimate relationship with a man</td>
</tr>
<tr>
<td>b. A man in an intimate relationship with a woman</td>
</tr>
<tr>
<td>c. A man in an intimate relationship with another man</td>
</tr>
<tr>
<td>d. A woman in an intimate relationship with another woman</td>
</tr>
</tbody>
</table>
Drag and drop the appropriate word from each pair to fill in the blanks in the following sentences:

1. Domestic abuse is ________ in intimate relationships. (common/uncommon).

2. Domestic violence tends to recur in an abusive relationship, becoming _______ frequent and _________ severe over time. (more/less, more/less).

3. Domestic abuse can contribute to _______ medical illness in the victim. (stress-related/phantom).

4. Domestic abuse _______ harm children who only witness it. (can/cannot)
At the beginning of the lesson, we discussed common characteristics of an abuser and his/her victim? Can you remember what these were? Type your response in the box below and click Submit to compare your answer to ours.

<table>
<thead>
<tr>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>The abuser commonly:</td>
</tr>
<tr>
<td>• Controls access to needed items</td>
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<tr>
<td>• Is outwardly jealous of the victim’s friends, family, coworkers</td>
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<td>• Does not respect the victim’s point of view</td>
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<tr>
<td>• Claims authority, knowledge, and/or power through status symbols</td>
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<tr>
<td>• Minimizes or makes excuses for abusive behavior</td>
</tr>
<tr>
<td>• May have offensive injuries</td>
</tr>
</tbody>
</table>

| The victim: |
| • Is often fearful of the abuser |
| • Is not allowed access to social support |
| • Rarely exercises or experiences independence |
| • Accepts a dependant and or submissive role |
| • Is willing to accept blame for the abuse |
| • May have serious injuries and stress-related health problems |
| • May have defensive injuries (i.e., bruises, cuts) |
## Summary

You have completed the lesson on the dynamics and consequences of domestic abuse.

Remember:
- Domestic abuse occurs between intimate partners. Most victims are women.
- Domestic abuse occurs in all communities, socioeconomic classes, and ethnic groups.
- The abuser engages in assaultive and coercive behaviors. The goal is to control the victim.
- Domestic abuse may be physical, emotional, and/or sexual.
- Domestic abuse tends to escalate over time.
- Domestic abuse may affect the victim’s medical health, mental health, and/or children.
Lesson 3: Identifying Victims of Domestic Abuse.

Introduction

Welcome to the lesson on identifying victims of domestic abuse.

After completing this lesson, you should be able to:

- Recall the benefits of routine screening for domestic abuse
- Describe when initial assessment should and should not occur
- Ask questions appropriate for initial domestic abuse assessment
- List signs and symptoms of domestic abuse
- Recall what to do when a patient denies that abuse has occurred
<table>
<thead>
<tr>
<th><strong>Introduction: The Joint Commission Standard PC.01.02.09</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Joint Commission has a standard for victims of abuse.</td>
</tr>
<tr>
<td>Standard PC.01.02.09 states:</td>
</tr>
<tr>
<td>“The hospital assesses the patient who may be a victim of possible abuse and neglect.”</td>
</tr>
<tr>
<td>In the rationale for this standard, the Joint Commission discusses the important role providers play in protecting victims of abuse.</td>
</tr>
<tr>
<td><strong>IMAGE: 3002.JPG</strong></td>
</tr>
<tr>
<td>“By assessing patients who may be possible victims of abuse or neglect, healthcare organizations fulfill an important role in helping to protect patients.”</td>
</tr>
<tr>
<td>- <strong>Rationale for Standard PC.01.02.09</strong></td>
</tr>
</tbody>
</table>
The Joint Commission Standard PC.01.02.09

<table>
<thead>
<tr>
<th>Standard PC.01.02.09 requires hospitals to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Have written criteria for identifying possible victims of abuse</td>
</tr>
<tr>
<td>• Educate their staff about how to recognize abuse</td>
</tr>
<tr>
<td>• Identify possible victims</td>
</tr>
<tr>
<td>o At admission</td>
</tr>
<tr>
<td>o On an ongoing basis</td>
</tr>
</tbody>
</table>

This is because victims may be unable or reluctant to talk about the abuse.

**IMAGE: 3003.SWF**

Standard PC.01.02.09:

- **EP1**: The hospital has written criteria to identify patients who may be victims of domestic abuse.
- **EP3**: The hospital educates staff how to recognize signs of possible abuse as well as their role in follow-up.
- **EP4**: The hospital uses criteria to identify possible victims:
  - At admission
  - On an ongoing basis
Identifying Victims

Front-line health care workers should screen patients for domestic abuse routinely.

As part of a standard health history, patients should be asked direct questions regarding abuse by intimate partners.

These questions should be asked even if there are no obvious signs of abuse.
Routine Inquiry: All Patients or Females Only?

Routine inquiry for domestic abuse can include:
- **All** adolescent and adult patients
- **Female** adolescents and adults only

Consult your supervisor or facility guidelines for facility-specific policies on the screening of patients.

<table>
<thead>
<tr>
<th>Who to ask about domestic abuse?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Patients</strong></td>
</tr>
<tr>
<td><strong>Pros</strong></td>
</tr>
<tr>
<td>The healthcare system would be more likely to identify male victims of abuse.</td>
</tr>
<tr>
<td><strong>Cons</strong></td>
</tr>
<tr>
<td>The healthcare system would be more likely to alert abusers (primarily men) to the practice of routine screening for domestic abuse, in which case, an abuser might:</td>
</tr>
<tr>
<td>- Limit the victim's access to healthcare.</td>
</tr>
<tr>
<td>- Threaten to retaliate against the victim if she discloses the abuse.</td>
</tr>
<tr>
<td>- Learn about safety-planning materials for victims of abuse, which would limit their effectiveness.</td>
</tr>
<tr>
<td>Abusers may manipulate the system by claiming to be victims.</td>
</tr>
</tbody>
</table>
Healthcare providers can identify and prevent domestic abuse. Routinely asking about domestic abuse enables you to:

- Identify victims
- Help victims and their children
- Support to victims
- Educate victims
- Validates domestic abuse as a healthcare issue
The Joint Commission expects hospitals to identify victims of abuse:
- At entry into the hospital system
- On an ongoing basis

Consult your supervisor regarding assessment policies at your facility.

The following can provide opportunities to ask about domestic abuse:
- Routine health histories
- Standard health assessments
- Emergency/urgent care encounters
- New patient encounters
- Periodic checkups
- Patients visits for a new chief complaint
- Patient reports of a new intimate relationship
**Routine Inquiry: When NOT to Screen**

**Do NOT inquire about domestic abuse if:**
- It can not be done in private.
- It may be unsafe for you or the patient.
- An interpreter is not available, if needed.

If routine inquiry is not performed:
- Make a note in the patient’s chart
- Make a follow-up appointment

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**Delay domestic abuse inquiry if you cannot ensure:**
- Privacy
- Safety
- Effective Communication
### Routine Inquiry: Questions and Strategies

When asking about domestic abuse, start by saying:

*Because domestic violence is so common today, I ask all patients about it.*

Then, ask direct questions in a nonjudgmental manner:

- Has your intimate partner ever hit you?
- Does your intimate partner ever force you to participate in sex?
- Did someone cause these bruises? Was it your partner?

"Because domestic violence is so common today, I have started to ask all patients about it."
Providers need to remember that culture will influence how the patient experiences abuse and the healthcare system.

Issues that must be considered include:
- Language barriers
- Differing terms to describe abuse
- Cultural acceptance of abuse
- Resource limitations
- Ease of communication with providers
- View of the healthcare system
- Providers personal assumptions

You should ask questions in a culturally sensitive way.
<table>
<thead>
<tr>
<th>Disclosure</th>
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</table>

Many victims will not disclose abuse because they:
- Are embarrassed or ashamed
- Fear retaliation

All healthcare staff must be alert for signs and symptoms of domestic abuse.
Signs of domestic abuse can include:
- Missed medical appointments
- Not following medical advice
- Discomfort when questioned
- Presence of a partner who:
  - Controls the interview
  - Appears overly anxious or concerned
  - Will not leave the patient alone with you
- Unusually high number of healthcare visits
- Repeated visits with vague complaints
- Health problems often related to abuse
- Repeat vaginal or urinary tract infections

Look for patterns related to:
- Health problems
- When, how, and why patients access healthcare services
Additional signs of domestic abuse include:

- Unexplained injuries
- Inconsistent or unlikely explanations for injuries
- Delaying medical treatment for an injury
- Injuries to the head, neck, chest, breasts, abdomen, or genitals
- Bilateral or multiple injuries
- Multiple injuries in different stages of healing
- Injury to the breasts or abdomen during pregnancy
Responding to Indicators

If the patient denies abuse:
- Respect his or her right not to disclose
- Inform the patient of your support
- Offer the patient information on domestic violence resources
- Reassess the patient (schedule a follow up appointment)

**When a patient denies abuse:**
1. Respect that right
2. Remain supportive
3. Offer information
4. Reassess later
This lesson has focused on identifying patients who are victims of domestic abuse. However, in some cases, you may suspect that a patient is a perpetrator of domestic abuse.

In general, identifying perpetrators is difficult. Perpetrators rarely disclose. However, they may discuss questionable behavior (see table).

If you suspect domestic abuse, as indirect questions:
- “What happens when you fight?”
- “Has your partner ever been injured during an argument or fight?”
- “Have you ever been injured during an argument or fight?”

If the patient reveals domestic abuse:
- Express concern for the perpetrator and his/her victim
- Refer the patient to available resources for further evaluation or treatment

Perpetrators of domestic abuse may discuss:
- Anger
- Temper issues
- Stress
- Arguments
- Fighting
- Heavy drinking
The Centers for Disease Control and Prevention (CDC) has compiled a number of instruments that can be used to assess victims and perpetrators of domestic violence including:


In addition, the following guideline from the Family Violence Prevention Campaign will be useful:

- The National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings Please link to [http://endabuse.org/section/programs/health_care/_consensus_guidelines](http://endabuse.org/section/programs/health_care/_consensus_guidelines)

Clicking on each title will take you to the online document. Click on the “A compilation of domestic abuse assessment instruments for use in healthcare” link now. Take a few moments to scan through the available assessment tools provided by the CDC.
<table>
<thead>
<tr>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Which patient should be screened for domestic abuse victimization during an annual exam?</strong></td>
</tr>
<tr>
<td>a. A 42-year-old Latina woman</td>
</tr>
<tr>
<td>b. A 37-year-old African-American woman</td>
</tr>
<tr>
<td>c. A 17-year-old Caucasian adolescent</td>
</tr>
<tr>
<td>d. All of these</td>
</tr>
<tr>
<td>e. None of these</td>
</tr>
</tbody>
</table>

**MULTIPLE CHOICE INTERACTION**

Correct answer: D

Correct Feedback: Correct. Race and age do not determine screening. All adult and adolescents should be screened.

Incorrect Feedback: Incorrect. The correct answer is D. All of these. Race and age do not determine screening. All adult and adolescents should be screened.
Your patient is a 32-year-old woman with fractured ribs. She says she tripped over a toy and fell down the stairs. You suspect domestic violence. Which of the following questions should you ask?

a. I think your husband fractured your ribs. What did you do to make him that angry and violent?

b. I wonder if you really fractured your ribs in an accidental fall. Did someone hit or kick you?

c. I know your husband was lying! How could you let him do that to you? How could you let him lie about it?

d. Did you leave your children at home with your husband? I would never leave my children with such a monster.

MULTIPLE CHOICE INTERACTION

Correct answer: B

Feedback for A: Incorrect. Do not suggest that the victim is to blame. You need to support and validate the victim. The best answer is B.

Feedback for B: Correct. It is important to not judge the patient. You need to support and validate the victim. Do not suggest that she is to blame.

Feedback for C: Incorrect. It is important to not judge the patient. Do not suggest that the victim is to blame. You need to support and validate the victim. The best answer is B.

Feedback for D: Incorrect. It is important to not judge the patient. You need to support and validate the victim. The best answer is B.
<table>
<thead>
<tr>
<th>Remember:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Asking about domestic abuse should be part of routine clinical practice and ongoing. Check with your supervisor or consult facility guidelines for facility-specific policies.</td>
</tr>
<tr>
<td>• Routine inquiry increases the opportunity to identify and help victims. It also validates domestic abuse as a healthcare issue.</td>
</tr>
<tr>
<td>• Domestic abuse inquiry should include direct questions about abuse. Ask questions in a culturally sensitive way.</td>
</tr>
<tr>
<td>• The CDC has compiled a number of screening tools that you may find useful.</td>
</tr>
<tr>
<td>• Healthcare staff must be alert for signs and symptoms of domestic abuse.</td>
</tr>
<tr>
<td>• If a patient denies domestic abuse, respect the right not to disclose. Communicate your support and availability.</td>
</tr>
</tbody>
</table>
Welcome to the lesson on assessment and referral for victims of domestic abuse.

After completing this lesson, you should be able to:

- Identify the components of a domestic abuse assessment
- Recall the elements of a safety plan
- Discuss when and how victims of domestic abuse should be referred to other providers or services
- Describe appropriate procedures for collecting and documenting evidence of domestic abuse

<table>
<thead>
<tr>
<th>Components of domestic abuse assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making referrals</td>
</tr>
<tr>
<td>Documenting and collecting evidence of abuse</td>
</tr>
</tbody>
</table>
Standard PC.01.02.09 requires hospitals to:
- Assess victims of domestic abuse
- Refer victims to available resources

In this lesson, we will look at assessment and referral for victims of domestic abuse. We also will discuss procedures for collecting and documenting evidence of abuse.
Only trained healthcare staff should assess victims of domestic abuse.

The goals are:
- To create a supportive environment
- To collect information about related health problems
- To assess the immediate and long-term health and safety needs
- To develop and implement a safety plan

**Assessment goals:**
- Support and discuss
- Collect information
- Provide for health and safety
Assessment Components

<table>
<thead>
<tr>
<th>Immediate assessment should include:</th>
</tr>
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<tbody>
<tr>
<td>- Validation</td>
</tr>
<tr>
<td>- Information</td>
</tr>
<tr>
<td>- Assessment of immediate safety</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Additional assessments should include:</th>
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<tbody>
<tr>
<td>- Health issues</td>
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<tr>
<td>- Social, cultural, and personal issues</td>
</tr>
<tr>
<td>- Pattern and history of abuse</td>
</tr>
<tr>
<td>- Questions about the abuser</td>
</tr>
<tr>
<td>- Patient’s suicide and homicide risk</td>
</tr>
</tbody>
</table>

Let’s take a closer look at each component.
Assessment Components: Validation

Provide validation by:
- Listening and not judging
- Expressing concern for the patient’s safety
- Emphasizing that the patient is not to blame for the abuse

For example:
- “I believe you.”
- “I am concerned about your well-being and safety.”
- “No one deserves to be treated this way. It is not your fault.”
Assessment Components: Information

Provide the patient with basic information on domestic abuse:

- Frequency
- Cycle of abuse
- Consequences
- Effects on children

For example:

- “Domestic abuse is common in all kinds of relationships.”
- “It tends to become more frequent and severe.”
- “Domestic abuse can affect your health.”
- “It can be dangerous to children in your home.”
Assessment Components: Immediate Safety

Ask questions to determine if the patient:
- Is in immediate danger
- Has a safe place to go
- Has children whom may be in danger

Also determine:
- If the violence has increased
- If the abuser has weapons
- If the abuser has held the patient against his or her will
- If the abuser has stalked the patient

Based on the answers to these questions:
- Refer the patient to local resources for safety (e.g., the police, emergency shelters, etc.)
- Help the patient plan for safety
## Planning for Safety

Safety forms help victims learn and remember how to protect themselves and their children from domestic violence.

Forms are often divided into sections, such as:

- Safety during a violent incident
- Safety when preparing to leave an abuser
- Safety at home
- Safety with a protection order

Click on each item to learn more.

### Safety during a violent incident
This section asks the victim to complete statements such as:

- If I have to leave home during a violent incident, I will go _______.
- I can keep my car keys ready in/at _______, to be prepared to leave quickly.

### Safety when preparing to leave an abuser
This section asks the victim to complete statements such as:

- I will keep copies of important documents, keys, clothes, and money in/at ________.
- I will open a savings account within ________ days/weeks/months, to increase my independence.

### Safety at home
This section reminds the victim of how to stay safe at home. For example:

- Change the locks
- Replace wooden doors with steel doors

### Safety with a protection order
This section reminds the victim how to use a protection order. For example:

- Always carry a certified copy of the order, and keep a photocopy
- Give a copy of the order to local police departments
Address any health issues related to the abuse. Remember, abuse causes physical and mental health problems.

Click here for a brief review of these problems. [link to pop-up]

[Pop-up]
Abused patients may suffer from:

- Arthritis
- Chronic neck or back pain
- Migraine and other types of headache
- STDs (including HIV/AIDS)
- Chronic pelvic pain
- Peptic ulcers
- Chronic irritable bowel syndrome
- Frequent indigestion, diarrhea, or constipation
- Complications in pregnancy
- Poor management of chronic illness
- Substance abuse
- Depression
- Traumatic and posttraumatic stress disorder
- Anxiety
- Suicidal ideation
- Eating disorders
### Assessment Components: Abuse-Related Social, Cultural, and Personal Issues

Determine:
- If the patient was a victim of child abuse
- If the patient has social supports in place
- If the patient is pursuing separation, divorce, or emergency shelter
- How the patient’s community views abuse, marriage, and divorce
- How the patient responds to community expectations
- How the abuse has affected the patient’s children
- How the abuse has affected the patient’s life, work, school, and other relationships
### Assessment Components: Pattern and History of Abuse

Ask the patient:
- When the abuse started
- If the abuse has ever led to hospitalization
- What happened during the most serious event
- If the abuse has been sexual
- If the abuser controls the victim’s access to needed items and support
- If the abuser has ever hurt other family members, children, or family pets
Assessment Components: Characteristics of the Abuser

Ask questions to find out if the abuser:
- Uses illegal drugs or alcohol
- Is more violent when using drugs/alcohol
- Has mental health problems
- Takes medication
- Has a criminal record
### Assessment Components: Homicide/Suicide Risk

Determine the patient’s suicide and homicide risk.

Ask questions such as:
- “Do you think about killing yourself? Do you have a plan?”
- “Have you ever thought about killing your abuser? Do you have a plan?”

![Assessment components: Suicide/homicide risk](image)
Domestic Abuse: Referral

Hospitals may refer victims to other hospitals or agencies for assessment.

The Joint Commission requires facilities to have a list of available resources.

These resources may include:
- Emergency shelter/housing
- Transportation
- Organizations able to provide for other basic needs (e.g., food, clothing)
- Counseling or support groups for victims and their children
- Childcare/welfare assistance
- Legal assistance
- Substance abuse treatment
- Police
- The legal system

**Important note:** Victims of domestic abuse should NOT be referred to couples counseling. This may increase the risk of serious harm to the victim.
Careful documentation is critical for future legal actions. In some cases, the medical record provides the only evidence of abuse.

You should avoid judgmental statements. For example:
- “Patient states…” should be used instead of “Patient alleges…”
- “Patient declines …” should be used instead of “Patient refuses…”
Documentation: Written Record

The following should be documented:

- Statements made by the victim, including any taped interviews
- Appearance and behavior of the victim
- Name of the abuser and his or her relationship to the victim
- Date, time, location, and description of the abusive event(s)
- Any objects or weapons used during the abusive event(s)
- Names and descriptions of any witnesses
- Detailed description of injuries (see image on the right)
- Results of laboratory or other diagnostic procedures

**Description of injuries should include:**

- Type
- Number
- Size
- Degree of healing
- Possible causes
- Explanation provided, including a professional opinion as to whether the provided explanation is likely
- Location, recorded on a body chart or drawing
Photographs can provide valuable corroborating evidence.

When taking photographs of injuries:
- Photograph prior to medical treatment, if possible
- Use color film and a color standard
- Photograph bite marks in black-and-white and in color
- Hold up a coin, ruler, or other object to show the size of the injury
- Include the victim’s face in at least one picture
- Take at least two pictures of every major injury
- Carefully label all photographs
In the case of sexual assault, each state has legally mandated procedures for collecting evidence to:

- Establish the time and place of the assault
- Establish the identity of the rapist

These procedures are organized into a protocol called a "rape kit."

A forensic exam for a sexual assault victim is free. The victim is not required to report the assault or rape.

Victims can also have evidence collected but remain anonymous. The "Jane Doe Rape Kit" uses a number instead of a name for identification. This way the evidence is there if the victim decides to report later.
Rape Kit Protocol (1)

Most rape kit protocols require:
- The patient to disrobe on a clean piece of paper sheet
- The patient to bag each item of clothing in a separate paper bag
- The patient to place the sheet in a separate paper bag
- A gown to be given to the patient and have the patient lie on the exam table
- Collect blood samples
- An oral examination for injuries, and collect saliva.
- Collection of fingernail scrapings
- Documentation of all physical injuries
- Determination of the location of semen with a Wood's light

Be certain to collect, store, and transfer evidence with strict adherence to chain-of-evidence protocols!
Perform a genital exam:
- Collect samples of pubic, head, and body hair
- Collect pubic hair combings
- Inspect external genitalia for injury and particulate evidence
- Collect vaginal and/or anal swabbings
- Ask the patient to give a urine specimen

Important: All elements of this protocol may not apply in your state. Check with your supervisor or experienced legal counsel.
Corroborating forensic evidence also may be collected in cases of non-sexual domestic abuse.

This evidence may include:

- Torn, stained, or bloody clothing
- Fingernail scrapings
- Hair
- Fibers
- Soil
- Debris
- Other foreign materials
- Blood
- Saliva

Collect, store, and transfer evidence of domestic abuse with strict adherence to chain-of-evidence protocols[4].
### Referral

The Elements of Performance (EP) 2 of Standard PC.01.02.09 requires the hospital to maintain a list of agencies that can provide or arrange for assessment and/or care.

These community resources can provide:
- Legal aid
- Shelter
- Victim counseling
- Batterer counseling
- Child protection services

The United States Department of Justice provides a list of state domestic violence coalitions and national organizations on its website. [Click here](http://www.ovw.usdoj.gov/dv-res-pub.htm) to go to the DOJ website. Take note of the available resources in your state.

The American Recovery and Reinvestment Act of 2009 included $175 million for the STOP (Services-Training-Officers-Prosecutors) Violence Against Women Formula Grant Program. This program provides grant funding to enhance state, local, and tribal law enforcement efforts to combat domestic violence.
FLASH ANIMATION: 4023.SWF

You are reviewing a safety brochure with a victim of domestic abuse. She is having trouble completing some of the statements. She asks you to suggest two or three possibilities for each of the blanks. Type your thoughts in the spaces below. Click Submit to compare your suggestions to ours.

1. If I have to leave home during a violent incident, I will go to ______.
   - A neighbor's house
   - A friend's house
   - A relative's house

2. I can keep my car keys ready _________, to be prepared to leave quickly.
   - On a hook by the front door
   - In my purse in the front closet
   - Under a rock by the garage

3. I can teach my children to _________ during a violent incident.
   - Call the police
   - Leave the house

Feedback:

Here are our suggestions:

1. If I have to leave home during a violent incident, I will go to ______.
   - A neighbor's house
   - A friend's house
   - A relative's house

2. I can keep my car keys ready _________, to be prepared to leave quickly.
   - On a hook by the front door
   - In my purse in the front closet
   - Under a rock by the garage

3. I can teach my children to _________ during a violent incident.
   - Call the police
   - Leave the house
<table>
<thead>
<tr>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rape kits are the same in all states.</strong></td>
</tr>
<tr>
<td>a. True</td>
</tr>
<tr>
<td>b. False</td>
</tr>
</tbody>
</table>

**TRUE / FALSE INTERACTION**

Correct answer: B

Incorrect Feedback: State and local protocols for collecting evidence of sexual assault vary. Familiarize yourself with local requirements.

Correct Feedback: Correct! State and local protocols for collecting evidence of sexual assault vary. Familiarize yourself with local requirements.
You have completed the lesson on assessing and referring victims of domestic abuse.

Remember:
- The goals of a domestic abuse assessment are to create a supportive environment, to collect pertinent information, and to determine the patient's immediate and long-term health and safety needs.
- Be prepared to refer victims of domestic abuse to other local resources.
- Careful documentation is critical for future legal actions.
- Familiarize yourself with local rape kit requirements.
- Evidence can be collected even if the victim does not want to file a report.
Lesson 5: Reporting Requirements

Introduction & Objectives

Welcome to the lesson on state-mandated reporting requirements for suspected cases of domestic abuse.

After completing this lesson, you should be able to:
- Recall the importance of learning the reporting requirements in your state
- Describe how mandatory reporting laws affect your interaction with patients

FLASH ANIMATION: 5001.SWF

Lesson Map

- Reporting Requirements
  - Requirements
  - Significance
The Joint Commission Standard For Abuse

Standard PC.01.02.09 specifies that all identified cases of abuse must be reported internally, and to outside agencies as mandated by hospital policy and applicable law.

This lesson provides an overview of state-mandated reporting requirements for domestic abuse.
Healthcare providers in 47 states are required to report certain cases of domestic abuse. Reporting is based on the types of injuries involved.

For example:

In Florida, healthcare providers are required to report gunshot or life threatening wounds or injuries indicating an act of violence.

The types of injuries that may be reportable are given in the table to the right.

Learn the mandatory reporting requirements in your state.
5004

**Reporting Requirements**

What types of injuries resulting from domestic abuse do you believe should be reported? Type your response in the box and click Submit to compare your answer to ours.

<table>
<thead>
<tr>
<th>Feedback:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did your list include any of these injuries?</td>
</tr>
<tr>
<td>• Any injury</td>
</tr>
<tr>
<td>• Injury resulting from criminal activity</td>
</tr>
<tr>
<td>• Injury resulting from general violence</td>
</tr>
<tr>
<td>• Injury inflicted intentionally</td>
</tr>
<tr>
<td>• Injury inflicted by gun or firearm</td>
</tr>
<tr>
<td>• Injury inflicted by knife or other sharp object</td>
</tr>
<tr>
<td>• Burn injury</td>
</tr>
<tr>
<td>• Injury likely to cause death</td>
</tr>
</tbody>
</table>
If your state requires you to report domestic abuse:

- Inform your patients of this limit on confidentiality **before** beginning any domestic abuse inquiry or assessment
- Inform identified victims of your obligation to report abuse
Most states require healthcare providers to report certain cases of domestic abuse. Reporting depends on the:

- **a.** Age of the victim
- **b.** Types of injuries involved
- **c.** Mental-health history of the abuser
- **d.** Presence of witnesses to the abuse

**MULTIPLE CHOICE INTERACTION**

Correct answer: B

Feedback for B: Correct. Reporting is based on the types of injuries involved.

Feedback for Incorrect: Incorrect. Reporting is based on the types of injuries involved.
### Summary

You have completed the lesson on reporting requirements.

**Remember:**
- Most states require healthcare providers to report certain cases of domestic abuse. Reporting depends on the types of injuries involved.
- Learn the reporting requirements in your state.
- Inform patients of your obligation to report, if any.

<table>
<thead>
<tr>
<th>5007</th>
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<tbody>
<tr>
<td>Summary</td>
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</table>

| NO IMAGE |
# Course Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>chain of evidence protocols</td>
<td>procedures (including documentation and testimony) that ensure that evidence is not altered or tampered with in any way after being obtained; also referred to as chain of custody protocols</td>
</tr>
<tr>
<td>offensive injuries</td>
<td>injuries sustained when attacking or assaulting another person</td>
</tr>
<tr>
<td>FBI</td>
<td>Federal Bureau of Investigation</td>
</tr>
<tr>
<td>coercive</td>
<td>intended to compel or force</td>
</tr>
<tr>
<td>degradation</td>
<td>diminishment or demeaning</td>
</tr>
<tr>
<td>STD</td>
<td>sexually transmitted disease</td>
</tr>
<tr>
<td>plausible</td>
<td>reasonable</td>
</tr>
<tr>
<td>corroborate</td>
<td>to add credibility by confirming facts or evidence</td>
</tr>
<tr>
<td>Wood’s light</td>
<td>ultraviolet light used to reveal semen in the assessment of sexual abuse</td>
</tr>
</tbody>
</table>
1. Choose the true statement about domestic abuse and abusive relationships.
   a. Women are rarely victims.
   b. The victim is an adult or adolescent.
   c. Domestic abuse does not occur in same-sex relationships.
   d. Power and control are not usually issues in a violent relationship.

Correct: B
Rationale: In domestic abuse, the victim is an adult or adolescent, in 85% of cases a woman. Victims can be men, women, or adolescents in any type of intimate relationship. The abuse occurs because of the abuser’s desire to control the victim.

2. Which factor increases the risk of domestic abuse?
   a. Marital stability
   b. Belief in strict gender roles
   c. Healthy family associations
   d. High academic achievement

Correct: B
Rationale: Belief in strict gender roles is a risk factor for domestic abuse.

3. Which is the most likely characteristic of the victim in a violent relationship?
   a. The victim rarely exercises independence.
   b. The victim feels confident and empowered.
   c. The victim is outwardly jealous of the abuser's friends.
   d. The victim does not respect the abuser's point of view.

Correct: A
Rationale: Victims of domestic abuse rarely exercise independence.

4. Which is the most likely characteristic of the abuser in a violent relationship?
   a. The abuser is fearful of the victim.
   b. The abuser takes on a dependant role.
   c. The abuser accepts responsibility for the abuse.
   d. The abuser controls the victim's access to needed items.

Correct: D
Rationale: In an abusive relationship, one aspect of the abuser's control of the victim often includes controlling access to needed items.
5. Which statement is true about the likely effects of domestic abuse?
   a. Domestic abuse rarely affects the victim's mental health.
   b. Adolescent victims are at elevated risk for binge drinking.
   c. Victims have high rates of participation in preventive healthcare.
   d. Victims tend to have excellent management of chronic illnesses.

Correct: B
Rationale: Domestic abuse has a wide range of potential physical and mental effects. For example, adolescent victims are at increased risk for many psychological and behavioral problems, such as binge drinking and drug abuse.

6. Which of the following is a likely effect of domestic abuse?
   a. A pregnant victim has normal weight gain.
   b. An adolescent victim has high self-esteem.
   c. The child of a victim is at greater risk for prostitution.
   d. An adult victim has excellent access to medical care.

Correct: C
Rationale: Children who witness domestic violence are at risk for a wide range of mental, physical, and behavioral health problems. For example, they are at increased risk for engaging in behaviors such as sexual assault, promiscuity, or prostitution.

7. Which statement is true about the effects of physical abuse in a violent relationship?
   a. Physical injuries are always minor.
   b. The victim usually has offensive injuries.
   c. Physical abuse sometimes ends in death.
   d. The abuser usually has defensive injuries.

Correct: C
Rationale: While many injuries are minor, the victim in a violent relationship may be seriously injured or killed.

8. Victims of domestic abuse are at increased risk for posttraumatic stress disorder.
   a. True
   b. False

Correct: A
Rationale: This statement is true.
9. To identify victims of domestic abuse in the healthcare setting, which of the following is a best practice?
   a. Screen for abuse only in new patients.
   b. Screen patients for abuse on a routine basis.
   c. Ask direct questions about abuse only if the patient has obvious injuries.
   d. Ask questions about possible abuse with the patient's intimate partner present.

Correct: B
Rationale: Frontline healthcare workers should screen patients for domestic abuse routinely.

10. Which of the following is most likely to be a sign of domestic abuse in a patient?
   a. The patient follows medical advice.
   b. The patient has repeat urinary tract infections.
   c. The patient makes a single healthcare visit with a clear complaint.
   d. The patient is comfortable answering questions about possible abuse.

Correct: B
Rationale: Repeat vaginal or urinary tract infections can be a warning sign of domestic abuse.

11. Which type of injury is mostly likely to be a sign of domestic abuse?
   a. A broken toe
   b. A single injury
   c. Bilateral or multiple injuries
   d. Injuries with a clear explanation

Correct: C
Rationale: Bilateral or multiple injuries can be a sign of domestic abuse. Multiple injuries in different stages of healing are also suspicious.

12. Which factor MUST be present when screening a patient for domestic abuse?
   a. Privacy
   b. Language barriers
   c. The patient's partner
   d. Obvious physical injuries

Correct: A
Rationale: Delay domestic abuse screening if you cannot ensure privacy, safety, and effective communication.
13. One important aspect of domestic abuse assessment is validation. Which of the following statements would best validate a victim?
   a. Why don’t you just leave your husband?
   b. I am concerned about your safety and health.
   c. Why did you get involved with someone who is so unstable?
   d. You must have done something to make your husband hit you.

Correct: B
Rationale: It is important to provide validation to a victim of domestic abuse. Provide validation by listening and not judging, expressing concern for the patient’s safety, and emphasizing that the patient is not to blame for the abuse.

14. Which of the following is a key component of a domestic abuse assessment?
   a. Blaming the victim
   b. Arresting the abuser
   c. Providing information to the victim
d. Providing information to the abuser

Correct: C
Rationale: Victims should be provided with basic information about domestic abuse, including information about the cycle of abuse, consequences of abuse, and effects on exposed children.

15. Which procedure should be included in the assessment of domestic abuse, if the abuse includes recent sexual assault?
   a. MRI
   b. Rape kit
c. Mandatory report to the police
d. Referral to couples counseling

Correct: B
Rationale: In the case of sexual assault, each state has a rape kit procedure for collecting evidence.

16. Which of the following should be discussed during a domestic abuse assessment?
   a. The abuser’s point of view
   b. The abuser's drug and alcohol use
c. The victim's contribution to problems in the relationship
d. The victim’s failure to make healthy relationship choices

Correct: B
Rationale: The victim should be asked about the abuser, for example, whether the abuser uses illegal drugs or alcohol, and whether he is more violent when using drugs/alcohol.
17. How many states require healthcare providers to report ANY injury resulting from domestic violence?
   a. 0
   b. 6
   c. 27
   d. 43

Correct: B
Rationale: Healthcare providers in most states are required to report certain cases of domestic abuse, based on the types of injuries involved. In six states, providers are required to report ANY injury resulting from domestic violence.

18. What is the Joint Commission's standard on reporting identified cases of domestic abuse to outside agencies?
   a. All cases must be reported.
   b. Providers may not report without the patient's consent.
   c. Providers may use their own discretion in choosing which cases to report.
   d. All cases must be reported as mandated by hospital policy and applicable law.

Correct: D
Rationale: Standard PC.01.02.09 specifies that all identified cases of abuse must be reported to outside agencies as mandated by hospital policy and applicable law.

19. Which is a best practice if your state requires you to report domestic abuse?
   a. Do NOT inform patients of this limit on confidentiality.
   b. Inform patients of this limit on confidentiality AFTER domestic abuse screening/assessment.
   c. Inform patients of this limit on confidentiality BEFORE domestic abuse screening/assessment.

Correct: C
Rationale: If your state requires you to report domestic abuse, be sure to inform patients of this limit on confidentiality BEFORE any domestic abuse screening or assessment.

20. How many states require healthcare providers to report injuries resulting from domestic abuse, if the injury was inflicted by knife or firearm?
   a. 0
   b. 6
   c. 27
   d. 43

Correct: D
Rationale: Healthcare providers in most states are required to report certain cases of domestic abuse, based on the types of injuries involved. In 43 states, providers are required to report injuries inflicted by knife or firearm.