

**ROUTINE CLINICAL
ASSESSMENT, INTERVENTION
AND
REFERRAL
FOR ABUSE**

Objectives

- ① Describe routine clinical assessment for intimate partner violence
- ① Recognize the impact of referral for abuse to community based advocacy resources



CONSIDER YOUR GOAL

Identify patients experiencing IPV

Identify patients who have health consequences as a result of past or present IPV

Increase patient's safety

Improve health outcomes

Why will you be doing this?

Tools

- Scale/Assessment
- Characteristics of the tool
- Administration method
- Population studied



Intimate Partner Violence
and Sexual Violence
Victimization Assessment
Instruments for Use in
Healthcare Settings



Consider

- ⦿ Your setting
 - ER/Urgent Care
 - Primary Care
 - Pediatrics
 - Inpatient
- ⦿ Your staff
- ⦿ Training needs
- ⦿ What you will do with the information beyond identification and intervention

Assessing (Screening)

- What to ask
- When to ask
- Who to ask
- How to ask



Intimate Partner Abuse (IPA) Screening

Date: ___/___/___

Patient must always be alone with the exception of infants or nonverbal toddlers

STATE: We are concerned about the violence that is impacting the health of many of our patients, so we routinely ask the following confidential questions.

1. Have you ever been hit, kicked, punched, strangled, threatened, or otherwise hurt by your partner or spouse?

Yes No

2. Is your partner or spouse threatening you, or otherwise making you feel afraid?

Yes No

Confidentiality

- ⦿ Assess (screen) privately
 - Infants and non-verbal children
 - Friend and partners
- ⦿ Medical records access
 - Storage
 - Access
 - Providers
 - Relatives

Legal Issues

- ⦿ Assessment should be prefaced on any mandatory reporting requirements
- ⦿ Assessment **must** occur alone with the patient
 - HIPAA
 - Collecting urine sample
 - X-ray
 - The partner that won't leave

Intervention & Management



- ⦿ Emotional Support
 - Local crisis center resource
 - Physically present versus via phone
- ⦿ Safety
 - Local crisis center resource
 - Safety planning
- ⦿ Health Assessment
 - Strangulation tool
 - Danger assessment tool
- ⦿ Legal Concerns
- ⦿ Documentation
- ⦿ Follow-up/Discharge Instructions

Documentation

- T sheets
- Charting by exception
- The electronic record
- Diagnoses

20

EMERGENCY PHYSICIAN RECORD

Alleged Assault

TIME SEEN: 6:35 arrival ROOM: 6 EMS Arrival
 HISTORIAN: patient spouse paramedics
 HX / EXAM LIMITED BY:

HPI 15 or 16 wks pregnant

chief complaint: injury to: Face / mouth
Wrist

onset / duration: just prior to arrival 2pm
 today yesterday min / hrs / days ago

where: home school neighbor's park work street

context: fists kicked choked bitten pushed / thrown pushed / thrown against wall reported spousal abuse struck with object(s):
15 or 16 wks pregnant, assaulted by husband/pat was punched and choked while lying on couch. No abdominal trauma

severity of pain: mild moderate severe (1/10) 9

associated symptoms: lost consciousness / dazed seizure weakness / numbness duration: remembers: injury... coming to hospital

location of pain / injuries:	-right-		-left-	
	shldr	hip	shldr	hip
<u>head</u> <u>face</u> <u>mouth</u>	arm	thigh	arm	thigh
<u>neck</u> chest abdomen	elbow	knee	elbow	knee
back upper mid lower	f-arm	leg	f-arm	leg
radiating to R / L thigh / leg	wrist	ankle	wrist	ankle
	hand	foot	hand	foot

V/S BP
PHYS
 General
 no acu
 alert
HEAD
 no ev
 traum
NECK
 non-t
 painle
 trache
 Nexo
 ecchym
 ds ac
EYES
 PERR
 EOM
ENT
 ant e
 no de
 airwa
RESP

Documentation

- Routinely screen
- Acknowledge patient's experience
- Document your findings
- Assess safety
- Review options/Referrals

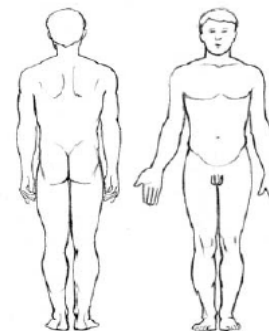
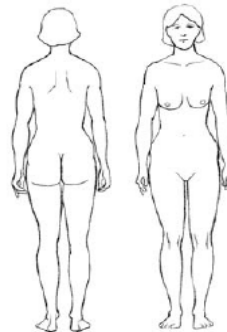
R = ROUTINELY SCREEN

A = ACKNOWLEDGE PATIENT'S EXPERIENCE

D = DOCUMENT YOUR FINDINGS

Patient Report (Use Patient's Own Words) - Place, time, name, and relationship of batterer, weapon use. Description of assault (struck with fist, object, kicked, thrown, etc.)

Examination Findings:



A = ASSESS PATIENT SAFETY

Does patient feel safe going home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a gun in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the abusive partner here now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient suicidal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient homicidal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the abusive partner suicidal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the abusive partner homicidal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rise in violence severity/frequency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are children being abused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are children safe?..	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hx alcohol abuse partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hx substance abuse partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is victim being stalked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

R = REVIEW OF OPTIONS/REFERRALS

Safety Planning Discussed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Work referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DV advocate referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shelter referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic violence Hotline given?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Aid referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was a translator needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which language: _____	
Was the translator available?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reporting

Law Enforcement called?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City _____	Report # _____
Pt. Receive/request protective order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult Protective Services? (if mandated by state law)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Protective Services? (if indicated)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Photographs

Consent to be photographed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photographs taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evidence

Evidence collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chain of custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ICD-9 Diagnosis Code: _____

Documentation

- ⦿ **S** statements about the abuse made by the patient, in quotes
- ⦿ **O** observations/facts
- ⦿ **A** avoid characterizing the patient, instead describe the behavior
- ⦿ **P** take photographs when appropriate (body maps are just as effective)

STRANGULATION EVALUATION TOOL

Examination (cont):

Date & Time of Exam 08/22/10 01:00 Date & Time of Strangulation 08/22/10 15

1) Description of strangulation event(s) in patient's own words: cl had him he had leave because she was getting out of hand he left but came back 5 or 10 minutes later he asked why and cl said because we not together and that's when he grabbed me by the neck and me from the kitchen to the living room he was laughing and tell me to beg for my life cl laughed but he just laughed and not gonna happen cl passed out again and when I woke up cl said neighbors have text when the 911 call didn't work some people on it

- 2) Method/Manner of Str:
- One hand
 - Estimated length of tin
 - Approached from th
 - Multiple strangulatic
 - Jewelry on patient's
 - Jewelry on suspect'
 - Ligature used (desc)
 - Other (describe)

- 3) During strangulation di
- Loss of consciousness 2 Ni
 - Incontinence of Urin
 - Incontinence of Stoc
 - Bleeding (describe)
 - Patient's feet were li
 - S/he was smothered

- 4) Since the strangulation
- Coughing
 - Dysphagia (difficult)
 - Odynophagia (painful)
 - Nose Pain
 - Nausea
 - Voice changes (des)
 - Vision changes (des)
 - Loss of memory (de)
 - Bleeding (describe)
 - Weakness/numbnes

5) On a scale of zero (0) imagine, how hard was

0 1 2 3

6) Examination:

O2 Saturation:

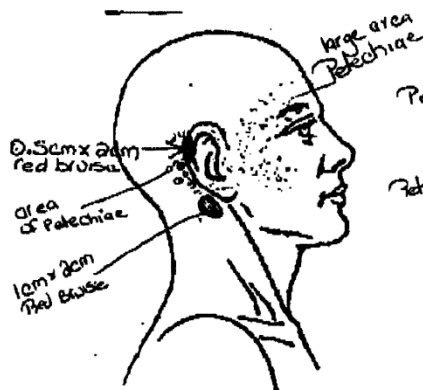
Time: 0140 Level: 96% on R/A
 Time: 0224 Level: 97%

Lung Sounds: LCTB

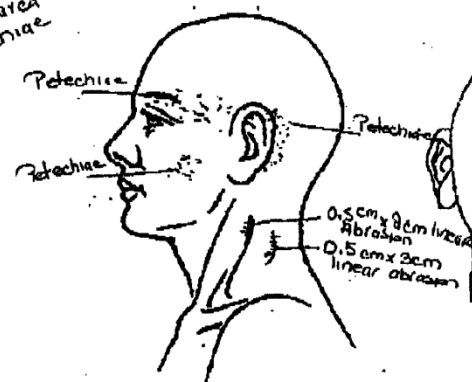
- Petechiae
- Facial
- Ears
- Eyes
- Conjunctival

- Tongue injury
- Oral cavity injuries
- Subconjunctival hemorrhage
- Neurologic findings:
 - Paralysis
 - Ptosis
 - Loss of sensation
 - Facial c

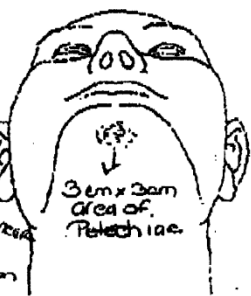
- Visible Injury (described on body maps below)
- Digital photographs taken



Right



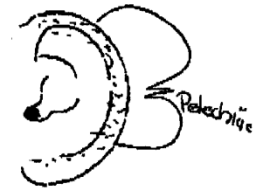
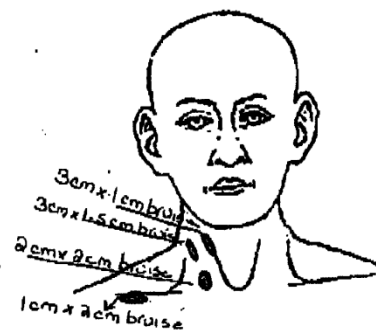
Left



3cm x 2cm Area of Petechiae

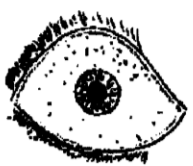


Right



Petechiae

Right Eye



* Petech



Left Eye



FNE Signature [Signature]

CRITICAL

Community Resources

⦿ Role of Advocacy

- Emotional support and information
- Training for you and your staff
- Knowledge of the system response
- Ability to provide ongoing services for your patient
- Extensive community resources
- Privileged communication

⦿ Patient Needs

PRACTICAL APPLICATION

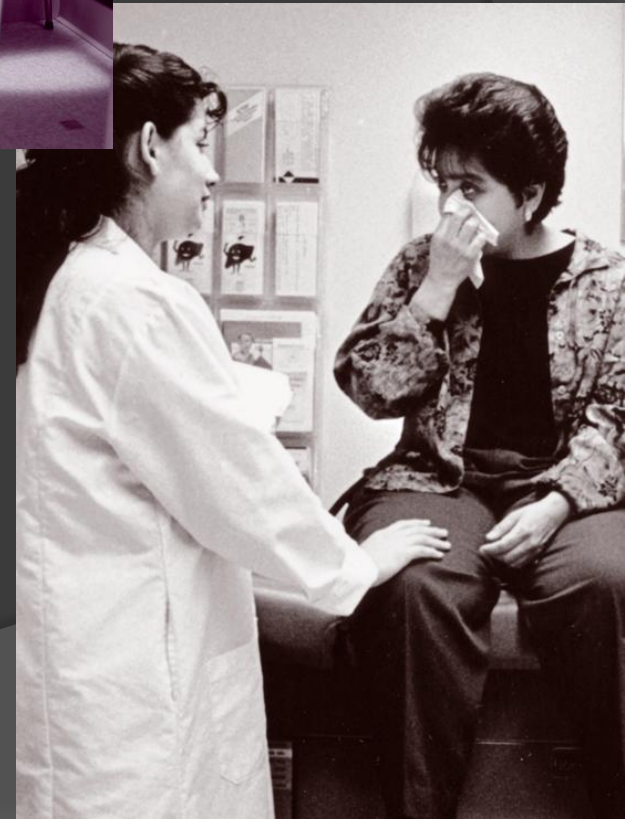
ASSESSMENT, INTERVENTION & REFERRAL

Objectives

- Demonstrate appropriate assessment for intimate partner violence in the clinical setting
- Illustrate effective intervention techniques when intimate partner violence is identified

Caveats

- ◎ Privacy
 - Supportive adults accompanying patient
 - Children
- ◎ Addressing Barriers
 - The partner who won't leave





QUESTIONS

[Jennifer Pierce-Weeks](#)

jpw@iafn.org

(410) 626-7805 extension 107