Domestic Violence Policy
Site/Location (identifiable information has been removed)
Originated by Ethics Committee
Approved by (information removed)
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Policy: Domestic Violence
I. Purpose
To identify victims of domestic violence and to intervene on their behalf.

II. Applies To
This policy applies to all patient care departments at (hospital listed here) including off-campus sites.

III. Policy
(Name of hospital) shall offer to suspected victims of domestic violence immediate and adequate information regarding services available to victims of abuse.

IV. Definitions
Abuse - physical harm, harassment, intimidation of a dependent, interference with personal liberty, or willful deprivation not including reasonable parental direction (discipline).

Domestic Violence- a pattern of physical and psychological abuse, threats, intimidation, isolation or economic coercion used by one person to exert power and control over another person in the context of a dating, family or household relationship.

Economic Abuse-theft of assets and/or prevention of seeking or maintaining employment, not letting victim have access to family income, forcing victim to ask for money or take an "allowance."

Exploitation-the illegal use of a high-risk adult with disabilities or of the assets or resources of a high-risk adult with disabilities. Exploitation includes the misappropriation of assets or resources of a high-risk adult with disabilities by
undue influence, by breach of a fiduciary relationship, by fraud, deception, or extortion, or the use of such assets or resources in a manner contrary to law.

**Family or Household Members** - this is defined to include spouse, former spouse, parents, children, stepchildren, and other person related by blood or marriage, persons who share or formerly shared a common dwelling, and persons who have or allegedly have a child in common.

**Harassment** - conduct not necessary to accomplish a reasonable purpose; conduct that would cause emotional distress; conduct that did cause emotional distress, such as: disturbances at the workplace, repeated phone calls, repeated following of the victim, repeated surveillance, repeated threats to take or hide a child; or a single threat with an attempt to take or hide a child are to be presumed to cause emotional distress.

**Interference with Personal Liberty** - subjecting a person who is dependent by age, health, or disability to participate in or witness physical force, confinement or restraint of another.

**Physical Abuse** - defined as the following conduct: sexual, reckless or knowing use of force, confinement or restraint, reckless or knowing conduct which creates a risk of harm, and knowing, repeated and unnecessary sleep deprivation.

**Willful Deprivation** - denial of medication, medical care, shelter, food, physical assistance which would expose a dependent (by age, health, or disability) to risk of emotional, mental, or physical harm.

**Persons Protected by this Act** - any person abused by a family/household member; any minor child or dependent adult in the care of such person; or any person residing or employed at a private home or public shelter where such is housed.

V. **Procedure**

A. **Identification of Abuse/Neglect**
   1. Clinical indicators of domestic violence are initially identified during the physical exam, history, and physical assessment performed by the medical and/or nursing staff.
   2. Identification may also occur at any time during the medical center visit through observation by the medical staff, nursing staff, or ancillary personnel.
   3. All clinical indications of abuse as well as statements made by the patient and family related to abuse should be documented in the patient’s medical record.

B. **Possible indications/manifestations of abuse may include, but are not limited to:**
1. **Physical or Sexual Abuse**
   a. Bruises, cuts, black eyes, concussions, broken bones, miscarriages, scars from burns, bites, knife wounds.
   b. Contusions or minor lacerations to head, face, neck, breasts, or abdomen.
   c. Injuries are distinguishable from accidental injury which are more likely to involve the periphery of the body.
   d. Breast, chest, abdominal and multiple injuries are more likely to be sustained.
   e. Recurrent vaginal infections, rectal bleeding.

2. **Psychosocial**
   a. The victim’s reporting of the injury is not consistent with the type of injury.
   b. The victim minimizes the extent of the injury.
   c. The victim may blame him/herself for the injuries.
   d. There may be significant time lapse from the time of the injury to the time of reporting.

3. **Psychological**
   a. The victim may express fear, anxiety, fatigue.
   b. The victim may exhibit intense startle reactions.
   c. The victim may express sleeping disorder, eating disorders.
   d. The victim may have difficulty in decision making.
   e. The victim may perceive a sense of loss, hopelessness, depression.

C. **Implementation Of Policy**

1. **Protection of the Victim from Immediate Harm or Neglect**
   a. Every effort should be made to ensure the safety of the patient to avoid further abuse. This may include the need to exclude the partner or others from being present during the history and physical assessment.
   b. The victim should be encouraged to talk about abuse, but the ultimate decision rests with the victim and he/she should not be judged by the health care provider.

2. **Documentation**
   a. Once the initial history and physical assessment have been obtained, documentation of all injuries and statements made by the victim, partner, or others should be completed. A body map should be included in the documentation if applicable. A consent should be obtained for the taking of photographs. These will become a part of the medical record.
b. If sexual abuse has been established, refer to the Emergency Room’s Guide to the Care of Sexual Abuse Patients Policy.

3. **Referral of Domestic Violence**
   a. Any patient who presents to the Emergency Department as a victim or is suspected of being a victim of domestic violence, will be given the opportunity to speak with an advocate from the (name of DV provider organization). Hospital personnel can page the domestic violence advocate at (phone number included here) during office hours. After office hours, hospital personnel can call the hotline at (phone number included here) and offer the patient access to the phone to speak with the hotline worker.
   b. Once domestic violence has been identified or suspected, the social worker assigned to the treatment area or the on-call social worker will be contacted.
   c. The social worker will meet with the victim in a private area and obtain psychosocial data. The social worker will provide information on the victim’s rights and appropriate resources available to the victim which may include crisis and shelter referrals.
   d. With the victim’s permission, an immediate contact will be arranged with a DV agency advocate.

4. **Notification of Treatment of Firearm Injury and Injury Sustained in Commission of or Received from Criminal Offense**
   a. It is the duty of any person conducting or operating a medical facility, or any physician or nurse, as soon as treatment permits, to notify the local law enforcement agency of that jurisdiction upon the application for treatment of a person, who is not accompanied by a law enforcement officer, when it reasonably appears that the person requesting treatment has received:
      1) Any injury resulting from the discharge of a firearm;
      2) Any injury sustained in the commission of or as a victim of a criminal offense.

D. **Immunities For Health Care Providers**
   1. Any person who is licensed, certified, or otherwise authorized by the law of the State of Illinois to administer health care in the ordinary course of business or practice of a profession and who in good faith offers to a person suspected to be a victim of abuse
information regarding services available to victims of abuse shall not be civilly liable for any act or omission of the agency providing those services to the victims of abuse or for the inadequacy of those services provided by the agency according to the Domestic Violence Act of 1986.

E. **Conflict Resolution Procedure**

1. Questions regarding interpretation of this policy should be referred to the medical center Ethics Committee. The Ethics Committee can be accessed by contacting:
   a. the Committee Chair or any member,
   b. the Charge Nurse,
   c. (potentially identifiable titles removed here)
   e. or any Social Work Services staff.

VI. **Attachments**

None.

VII. **References**

None.