DEFINITION:

Domestic Violence, also called partner abuse, spouse abuse or battering, is defined as a pattern of behavior used to establish power and control over another person through fear and intimidation, often including the threat or use of violence.

I. PREVALENCE:

FBI estimates that one woman is battered every 9 seconds; 75% of victims reporting to police were female; 50%-70% of men who abuse their female partners, abuse their children, and that overt and subtle presentations to Emergency Departments mandate awareness, assessment, documentation, medical treatment and referral to social work services and other resources for all potential victims. All patients presenting to the Emergency Department with trauma should be directly questioned regarding physical assault including domestic violence.

II. POLICIES

All patients presenting to the Emergency Department with symptoms or complaints suggestive of physical assault including domestic violence will receive evaluation, treatment and follow-up in accordance with their needs.

A. Recognition

Physical assault including domestic violence may be overlooked because victims may try to disguise the cause of their injuries or the practitioner fails to directly inquire, as part of the social history, about emotional, physical or sexual abuse by a domestic partner. Nights, weekends and holidays are the periods of highest battering activity.

1. Approach - Victims of physical assault including domestic violence often exhibit depression, low self esteem and may present in a state of fear,
panic or despair. Often battering has existed for a long time with recent increase in frequency or intensity. Emergency Department medical doctors and nurses must therefore:

a. approach the patient in an empathetic manner.
b. convey respect for and confidence in the patient.
c. provide privacy for the evaluation.
d. treat the physical and emotional injuries.
e. provide information and referrals for counseling, shelter and legal assistance via social work services, ext. 47707 (evening, weekends) or ext. 46852 (daytime).

2. Clues to the Diagnosis:

a. patient admits to physical abuse.
b. abuse denied but injuries are inconsistent with stated mechanism or time of presentation. Typical targets are face, head, neck, chest, abdomen, genitals. Look for rug burns, cigarette burns, evidence of punctures or restraint marks.
c. there is substantial delay between time of injury and presentation for treatment.
d. patient is pregnant and has injuries to breast or abdomen.
e. the patient is evasive or has overly attentive, intimidating and/or intoxicated significant other present in Emergency Department.
f. patient is a frequent Emergency Department visitor for psychosomatic complaints or has history of previous injuries.

3. Battered women may deny battering because of fear, shame, or cultural expectation; may blame selves due to lack of self-esteem; may rationalize because of intoxication and may refuse to take action because of emotional or financial dependence or fear of increased retaliation by the abuser.

B. Medical Evaluation

A careful history with direct accusations and name of abuser documented if provided (victim may have more than one significant other), as well as prior history of abuse, actions, weapons used and presence of children. When questioning the victim, the practitioner should seek to uncover symptoms of depression and suicidal or homicidal tendencies, which, if present, should be addressed by Psychiatry.

A detailed physical exam is performed for possible physical assault including domestic violence victims noting all injuries, size, description and location utilizing the domestic violence record (see attached). See also policy on sexual abuse.
If the patient signs consent, photographs are taken with a digital camera and a Photo Identification sheet is completed with date and time, patient’s name unit number and view of body (right/left side, area) on back and name of staff member taking the photos. Photos will be uploaded to patients’ medical record via the Onbase Program by ED social worker. Consent must be obtained for:

* Photographs
* Notification of the police (except in cases of gunshots or stab wounds).
* Collection and release (to authorities) of clothing and related evidence.

Utilize domestic violence form to document all actions taken. Evidence (clothing, weapons) are handled by security. The completed record goes to the nursing supervisor (evenings, nights) or social worker (days). DO NOT LEAVE EVIDENCE UNATTENDED.

C. Social Work Responsibility


The social worker will provide additional emotional support and counseling. (S)he will also discuss those options and concerns the patient may have, such as contacting friends or relatives, will assess safety of return to home, presence of keys, need for shelter or wish for ongoing counseling, and will assist with other issues related to domestic violence.

The social worker will discuss further options such as an order of protection and prosecution.

The social worker will maintain linkages with agencies providing domestic violence-related services for purposes of referring patients who require such services and will provide ongoing contact with the patient, if requested, to reinforce the above.
D. Emergency Department’s responsibility on discharge:

The Domestic Violence Packet will be provided by the social worker to all suspected or confirmed victims of domestic violence, unless providing this packet would further endanger the patient.

If the social worker makes an assessment by telephone, the Domestic Violence Packet (if applicable) is provided to the victim by the Emergency Department nurse. For physical assault, provide the contact number for social work 241-6852, for future reference.

If children witness physical abuse to the mother or father, the social worker must report this to Administration for Children's Services (800) 635-1522 and complete form 2221-A.

Resource: The Domestic Violence Packet includes the mandated publication prepared by the Division of Criminal Justice in consultation with the State Office for the Prevention of Domestic Violence and made available by the Department of Health. This document is available in English and Spanish.

SAFE HORIZON Domestic Violence Help Line...........................(800) 621-HOPE
(TDD)...........................(800) 810-7444

SAFE HORIZON Hot Line...........................(212) 577-7777 (24 hours)

Violence Intervention Project Hot Line.............................(800) 664-5880 (24 hours)

N.Y. Asian Women’s Center Hot Line............................(888) 888-7702 (24 hours)

N.Y. State Coalition Against Domestic Violence............(800) 942-6906

N.Y. State Coalition Against Domestic Violence............(800) 942-6908 (Spanish)

Battered Women’s Hotline.............................................(800) 799-SAFE (7233) (24 hours)

Gay & Lesbian Anti-Violence Project.........................(212) 714-1141

Sexual Assault & Violence Intervention Program (SAVI) 423-2140
DOMESTIC VIOLENCE PROTOCOL QUICK REFERENCE SHEET

1. Call Emergency Department (ED) Social Worker:
   - Adult Med/Surg (days).............................................Beeper 2803
   - Evening/Weekends Holidays...................................Page thru phone room x47707

2. Ask patient if she/he wants to press charges - if so call 911. The 911 officers then contact NYPD 23rd Precinct. Notify security that the police have been called.

3. Patient should be interviewed alone. If alleged perpetrator accompanies patient to ED, perpetrator should be asked to wait in the waiting room. Contact Security PRN.

4. Full social assessment necessary including safety for patient in home and assessment of safety for children, if any.

5. Take picture of visible injuries. (Ask social worker for camera) - with patient’s consent. Refer to digital photography policy.


7. Record all interventions, tests ordered, and responses to treatment.

8. If there is torn or blood stained clothing and/or a weapon, 23rd Precinct should be called, with patient’s permission to collect items as potential evidence.

9. Photo Identification sheet and photo memory card with patient label must be placed in an envelope and into grey lock box in Attending office.

10. Do not leave records/evidence unattended at any time.