

Domestic Violence Assessment Tips

Because it is critical that providers understand how to respond to domestic violence victims once they have been identified, policies and protocols on domestic violence must also include clinical guides on effective assessment, intervention, documentation and referral. The Iowa Department of Public Health recommends that providers pursue training and assistance on these skills prior to implementing screening. Model training materials, departmental guidelines, protocols and other tools that can assist you are available through the department or by calling the Family Violence Prevention Fund's toll free number (888) Rx-ABUSE. Please see below for a summary of intervention tips.

1. Assess the immediate safety needs of the victim.

Is the domestic violence victim in immediate danger? Where is the perpetrator now? Where will the perpetrator be when the patient is finished with the medical care? Does the patient want or need security to be notified immediately?

2. Assess the pattern and history of the abuse.

Assess the perpetrator's physical, sexual, or psychological tactics, as well as the economic coercion of the patient.

"How long has the violence been going on? Has your partner forced or harmed you sexually? Have others been harmed by your partner? Does your partner control your activities, money, or children?"

3. Assess the connection between domestic violence and the patient's health issues.

Assess the impact of the abuse on the victim's physical, psychological, and spiritual well being: What is the degree of perpetrator's control over the victim.

"Have there been other incidents resulting in injuries or medical problems? How is abusive behavior affecting your current health?"

4. Assess the victim's current access to advocacy and support resources.

Are there community resources available to this patient? Has the patient tried to use them in the past? If so, what happened? What resources (if any), in addition to the health care provider, are available now?

5. Assess patient's safety: Is there future risk of death or significant injury/harm (lethality) due to the domestic violence?

Ask about the perpetrator's tactics: use of weapons, escalation in frequency or severity of the violence, hostage taking or stalking, homicide or suicide threats, use of alcohol or drugs as well as about the health consequences of past abuse. If there are children, inquire about the children's physical safety.

Domestic Violence Intervention Tips

Goals for effectively responding to domestic violence victims:

- Increase victim safety and
- Support victims in protecting themselves and their children by validating their experiences, providing support, and providing information about resources/options. Warn patients about any limits in confidentiality (i.e. child abuse or domestic violence reporting requirements).
- The goal is not to get patients to leave their abusers, or to “fix” the for the patient, but to provide support and information.

1. Listen to the patient and provide validating messages:

- ◆ “You don’t deserve this. There is no excuse for domestic violence. You deserve better.”
- ◆ “I am concerned. This is harmful to you (and it can be harmful to your children).”
- ◆ “This is complicated. Sometimes it takes time to figure this out.”
- ◆ “You are not alone in figuring this out. There may be some options. I will support your choices.”
- ◆ “I care. I am glad you told me. I want to know about domestic violence so we can work together to keep you as safe and healthy as possible.”

2. Listen and respond to safety issues:

- a. Encourage victims to make their own safety plan for when a batterer is present in the medical setting, when a victim fears leaving the medical setting, or if a victim is returning to the batterer.
- b. See separate handout on safety planning.

3. Provide information about domestic violence to the patient:

- a. Domestic violence is a health issue for the patient (and their children). Violence can escalate; damage from the abuse escalates over time.
- b. Stopping domestic violence is the responsibility of the perpetrator, not the victim.
- c. Patients, with assistance and support from others, can increase their own safety (and their children’s).

List whichever supports are available: within the health system; legal options; community advocacy services, etc. The Iowa Domestic Violence Hotline can be accessed 24 hours a day by calling 1-800-942-0333. The National Domestic Violence Hotline number is 1-800-799-SAFE.

4. Make referrals to local resources:

- a. Advocacy and support systems within the health care setting.
- b. Advocacy and support services within the community (if any). Call the statewide hotline number for a list of local advocacy groups.

5. Follow-up steps for health care practitioners:

- a. Schedule future appointments. Ensure the patient will have a connection to a primary care provider. Ask what happened after the last visit.
- b. Review medical records and ask about past episodes of domestic violence in order to communicate a concern for the patient and a willingness to address this health issue openly.
- c. Domestic violence, like other health issues (smoking, poor nutrition, high blood pressure, etc.), often requires multiple interventions over time before it is resolved.

Intervention: Safety Planning

When a woman has been screened for domestic abuse and has been identified as a victim or suspected victim, it is important to speak to her about her immediate and future safety before she leaves the clinic. The severity of the current injuries or the abuse is not always an accurate predictor of future violence. Assisting the woman in making a safety plan can help a victim think through various options, and help the clinician assess the situation and better support her. The following checklist will help you initiate these important discussions.

A. If she is planning to leave:

- Does the woman have a friend or supportive family member that lives nearby with whom she can stay?
- Does she have a friend that will stay with her to minimize the violence in the home?
- Does she want to go to a battered women's shelter, homeless shelter or use other housing assistance programs such as hotel vouchers from social services or advocacy programs?
- Does she want to call the police, obtain an order of protection or an emergency protective order?

B. If she is not planning to leave:

- Would she call the police if the perpetrator becomes violent? Is she couldn't get to the phone, could she work out a signal with a neighbor to call for her and/or teach her children to call 911?
- What kinds of strategies have worked in the past to minimize injuries? Does she think these strategies would continue to work for her?
- Can she anticipate an escalation of violence and take any precautions?
- Does she have a support network or friends or family that live nearby who could help her when she needs assistance?
- Are there weapons in the home? Can they be removed or placed in a safe locked area separate from the ammunition?

C. If the perpetrator has been removed from the home:

- Discuss safety measures such as changing the locks on the doors and windows, installing a security system, purchasing rope ladders, outdoor lighting sensitive to movement, smoke detectors and fire extinguisher, if affordable.
- It is important to teach children how to use the phone and make collect calls in case the perpetrator kidnaps them. Make arrangements with schools and daycare centers to release children to designated persons.
- Encourage her to tell her neighbors, family and friends that he has left and to call 911 if he is seen around the house.

D. Being prepared to get away:

Discuss the following components of a safety plan with your patient:

- Encourage her to keep in a safe place:
 - keys (house and car)
 - important papers: social security cards and birth certificates (for parent and children), photo ID/driver's license, green cards
 - cash, food stamps, credit cards, checkbooks, etc.

- medication for parent and children, children's immunization records
- spare set of clothes
- important phone numbers and addresses (friends, relatives, police, domestic violence shelter)
- loose change to make phone calls from pay phones.
- If possible, she should pack a change of clothes for herself and her children, personal care items, extra glasses, etc.
- Have her plan with her children. Identify a safe place for them: a room with a lock or a neighbor's house where they can go, and reassure them that their job is to stay, not to protect her.
- Encourage her to arrange a signal with a neighbor to let them know when she needs help.
- Contact the local domestic violence program to find out about laws and community resources before they are needed.