

Christus St. Vincent Regional Medical Center

Domestic Violence and Physical Assault policies and procedures

Purpose:

To ensure a patient's right to be free from physical assault, willful cruelty, neglect, economic abuse, sexual assault or any form of abuse or violence is protected.

Policy:

- The staff of Christus St. Vincent Regional Medical Center provides for the protection of all individuals and acts in conjunction with the State of New Mexico's domestic violence laws to preserve evidentiary requirements for potential legal proceedings.
- Medical and other hospital personnel are aware of the duty to encourage the patient to feel safe enough to report the abuse/assault/neglect. Licensed health care providers work to support the patients who may feel too fearful to report, but must also respect the person's choice under New Mexico law. No licensed personnel will incur any civil or criminal liability as a result of making this report.
- Please note that there is no mandated DV reporting in New Mexico unless the victim requests it or an individual has been injured with a gun or knife. However, mandatory reporting is mandatory if the person is under 18, is disabled, or is elderly, and reports would be made to the proper agency (ie. CYFD, APS).
- A Law Enforcement response is activated by the person reporting the actual incident. Law Enforcement takes preliminary information and begins the investigation, in conjunction with the patient and other agencies deemed appropriate by Law Enforcement and hospital policy.
- All patients shall be screened for abuse through Universal Screening (**refer to Appendix A**). The screening shall be done in a private, supportive, and non-judgmental manner. **Patients shall always be screened alone to provide an opportunity for full disclosure.**

Definitions:

Domestic Abuse: It is the physical, psychological, emotional, financial, and/or sexual abuse between family members or intimate partners, ranging from verbal harassment to threats of bodily harm to assaults with and without a weapon. In addition to injuries and psychosocial problems, the presenting symptoms of illnesses may be the result of the violence or from the stressors of living with acts or threats of repeated abuse.

Intimate Partner Violence (IPV): A form of interpersonal violence that occurs between two intimate partners. This is limited to spouse, former spouse, boyfriend, girlfriend, significant other or former significant other (regardless of sexual orientation).

Universal Screening: A short series of questions used to determine the lethality of a patient's situation and to make appropriate referrals (**see Appendix A**).

Some recommended direct questions regarding universal screening –

- Are you in a relationship with a person who physically hurts or threatens you?
- Do you (or did you ever) feel controlled, intimidated, or isolated by your partner?
- Is your partner ever jealous and always wants to know where you are?
- Do you feel that your partner ever disrespects you, calls you names, or puts you down?
- Has your partner ever forced you to have sex when you didn't want to?

- Does your partner ever take all of your money or use money in an attempt to control you?
- Do you ever feel afraid of your partner?
- If you have children or pets, does your partner ever harm them, or threaten to do so or take them away?

Some recommended questions with regard to a lethality assessment –

- Has your partner (or whoever the aggressor is) ever used a weapon against you or threatened you with a weapon?
- Has he or she ever threatened to kill you or your children?
- Do you think he/she might try to kill you?
- Has your partner ever threatened or attempted to hurt or kill themselves?

Staff Education:

Education for patient care services on universal screening, identification, assessment, reporting, evaluation, activation of resources, and referral process for victims of domestic abuse is provided through competency training, seminars, and specific workshops for physicians, nurses, case management, reception, and security. Contact Esperanza or the Santa Fe Coordinated Community Response Council (CCRC) for information on free trainings.

Possible indicators of abuse – some of the reasons one might suspect domestic abuse:

- Injury to face, neck, throat, chest, abdomen or genitals
- Physical trauma (bruises, cuts, burns, fractures)
- Unexplained physical injuries or injuries inconsistent with the history given
- Differing accounts of how an injury was incurred
- A patient who presents with health problems associated with abuse (e.g. headaches/migraines, musculo-skeletal complaints, insomnia, chest pain/palpitations, GI disorders, eating disorders, hyperventilation, jaw pain, teeth grinding)
- Bilateral or multiple injuries, especially if in different stages of healing
- Untreated old injuries
- Physical injury during pregnancy, especially on the breasts and abdomen
- Delay between an injury and seeking medical treatment
- An unusually high number of visits to health care providers
- The patient returns repeatedly with vague complaints
- Somatic complaints
- Failure to keep medical appointments, or comply with medical protocols
- Secrecy or obvious discomfort when interviewed about relationship
- The presence of a partner who comes into the examining room with the patient and controls or dominates the interview, is overly solicitous and will not leave the partner alone with his/her provider
- Evidence of sexual assault
- High number of STIs, pregnancies, miscarriages, and threatened or actual abortions
- Repeat vaginal and urinary tract infections
- Unmet personal needs
- Psychological and behavioral state of patient (e.g. lack of self-esteem, flinching at close contact or touches, apathy, withdrawal, depression, resignation, suicidal ideation)
- History of substance abuse in patient or partner

Procedures:

- Patient is screened alone, away from partner or relatives (**please use Appendix A universal screening tool and lethality assessment**).
- Patient is identified as being abused based on universal screening, History and Physical interviewing process, and/or the above mentioned possible indicators of abuse criteria.
- Maintain patient confidentiality, quality of care, respect, and dignity.
- Provide a safe and secure environment for all patients brought to the facility.
- Contact security to monitor the entrance to the patient's room in an unobtrusive way.
- Report findings:
 - 1) Notify Law Enforcement immediately if life threatening injuries are incurred or in situations where a weapon is believed to be used or if the patient requests that police be contacted.
 - 2) In those events, report the following to the Law Enforcement agency:
 - Name and telephone number of person and facility/hospital reporting
 - Circumstances surrounding incident, including location of abuse/assault, if known and why incident needs to be reported
 - Patient name, DOB/age, Social Security number, address, and telephone number
 - Alleged perpetrator's name, DOB/age, Social Security number, address and telephone number, if known
 - Who brought the victim to the hospital (family, friend, EMS)
 - Name of physician seeing the patient
- Notify Case Management during working hours (Monday – Friday, 8AM – 6:30PM; Saturday - Sunday, 8AM – 4PM). After hours, Case Management is informed of the report by - 1) a consult is written by the physician and sent electronically to Case Management, and 2) a copy of the patient demographic sheet with “DV” in the top corner is sent to the Case Management Department in a sealed envelope.
- Photos should be taken with the permission of the alleged victim. Photos are taken by the primary nurse and labeled on the back of photo with the patient's identification label, date and time. These photos are then secured in the patient's medical record.
- Safety Assessment Planning and Development and Discharge Instructions – meet privately with patient to discuss safety plan, provide literature, referrals, shelter information, and agency hotline numbers as needed for follow-up. **The Safety Plan and Discharge Instructions sheet (Appendix B)** should be reviewed and given to the patient prior to discharge. Assure patients that Christus St. Vincent Regional Medical Center has a commitment to ensuring the safety of their patients and that the hospital is a safe haven if needed to receive help and intervention from its health care professionals.
- Direction is provided to patient on how to obtain Order for Protection in the event that the patient wishes to pursue this (during hospital stay or after).

- Referrals for emergency housing/shelter and assistance are given to the patient. Domestic violence pamphlets (printed by Esperanza Shelter and the New Mexico Coalition Against Domestic Violence) are also provided to the patient so that the individual has telephone numbers and information to take with them after they leave the hospital.
- In the event that the patient's children are in danger due to domestic abuse, please notify CYFD and file a report through their Statewide Central Intake or "SCI" hotline # 800-797-3260.
- Document steps taken to ensure safety of the individual(s).
- The universal screening tool, documentation of injuries, symptoms, intervention (including Safety Planning), and any referrals by physicians, nurses, and case managers must be placed in the patient's medical record.
- Photos and documentation of the domestic abuse findings are maintained in Medical Records. In the event that the patient decides at a later time to contact Law Enforcement, they may obtain a copy of their photos and records by making a request and signing consent forms (as per HIPAA regulations) through the hospital's Medical Records Department.

Case Management/Social Work Role:

The hospital's Case Management Department coordinates crisis intervention, counseling services, education, follow-up, community referrals, and community medical care, in conjunction with all members of the health care team, concerned family members or friends (both with the patient's prior permission), protective agencies, and Law Enforcement officials. All attempts should be made to develop and review a Safety Plan with patients to ensure the safest possible discharge.

Appropriate referral sources will be activated, which could include, but are not limited to:

- Esperanza Shelter for Battered Families – 24 hour hotline telephone # 505-473-5200 or # 800-473-5220 website – www.esperanzashelter.org
- Santa Fe City Police – telephone # 505-428-3710 or # 505-995-5080 or call "911"
- Santa Fe Rape Crisis and Trauma Treatment Center – telephone # 505-986-9111 or # 505-988-1951 www.sfrcc.org
- Adult Protective Services – telephone # 866-654-3219
- Children, Youth, Families Department (CYFD) – telephone # 800-797-3260 and the Santa Fe CYFD office telephone # 505-827-7450
- New Mexico Department of Health (if domestic violence occurs within hospital setting) – incident report fax # 800-584-6057
- SANE (Sexual Assault Nurse Examiner) – telephone # 505-995-4999
- New Mexico Coalition Against Domestic Violence – telephone # 1-505-246-9240 www.nmcadv.org
- Santa Fe Coordinated Community Response Council (CCRC) – telephone # 505-955-5018 www.santafe-ccrc.org
- National Domestic Violence Hotline – telephone # 800-799-7233 or # 800-787-3224 (TTY)
- Family Violence Prevention Fund website – www.endabuse.org

Appendix A – Universal Screening Tool and Lethality Assessment Appendix B - Safety Plan and Discharge Instructions

Approved – September 2009