ADDRESING DOMESTIC VIOLENCE IN HEALTHCARE SETTINGS

SURVIVORS SAY THEY WANT PROVIDERS TO:
BE NON-JUDGMENTAL * LISTEN * OFFER INFORMATION AND SUPPORT * NOT PUSH FOR DISCLOSURE

CUES: AN EVIDENCE-BASED ALTERNATIVE TO SCREENING

C: Confidentiality
- Disclose limits of confidentiality with your patients.
- Always see patients alone for part of every visit so that you can bring up domestic violence safely.
- Make sure you have access to professional interpreters and do not rely on family or friends to interpret.

UE: Universal Education + Empowerment
- Rather than a screening tool, consider a universal education approach. Give each patient two safety cards to start the conversation about relationships and how they affect health. Safety cards are available for different settings, communities and in a variety of languages at ipvhealth.org.
- Offering safety cards to all patients ensures that everyone gets access to information about relationships, not just those who choose to disclose experiences of violence.

S: Support
- Though disclosure of violence is not the goal, it will happen - know how to support someone who discloses. Your recognition and validation of the situation are invaluable.
- Make a warm hand-off to your local domestic/sexual violence partner agency or national hotlines (on the back of all safety cards).

CUES: WHO AND WHEN?

Who does it?
Every health center is different. May be medical assistants, providers (MD, NP, PA), or nurses.

Who gets it?
There is no harm in screening all patients, but it is highly recommended for populations that are most impacted by domestic violence such as adolescents, female patients, and LGBTQ-identified patients.

When?
At least annually; with disclosures, at next follow-up appointment; new relationships; or onset of new health issues possibly connected to domestic violence.

REPORTING DOMESTIC VIOLENCE IN COLORADO

Due to new legislation that passed in 2017 (see HB17-1322), medical licensees in Colorado now have professional discretion in reporting domestic violence to law enforcement.

Medical professionals can now work with their patients to access medical care and additional resources, regardless of an adult patient’s choice to participate within the criminal justice system.

Licensees are still required to report:
- Serious bodily injuries*
- Child abuse
- Vulnerable adult abuse
- Injuries resulting from a crime other than domestic violence or sexual assault

*Serious bodily injury is defined as “bodily injury which, either at the time of the actual injury or at a later time, involves a substantial risk of death, a substantial risk of serious permanent disfigurement, a substantial risk of protracted loss or impairment of the function of any part or organ of the body, or breaks, fractures, or burns of the second or third degree.” This includes gunshot wounds and stab wounds (see CRS 18-1-901).

If the licensee wants to report to law enforcement, against the wishes of the patient, they must confidentially notify the patient of their intent to report prior to calling law enforcement and document the efforts to provide the confidential notification to the patient.

Under HIPAA 45 CFR 164.512(f)(3), licensees may only report to law enforcement what they observed unless they have permission from the patient to give more information.
If you are NOT calling law enforcement:
- What you observed
- What you heard from the patient
- Their request to NOT call law enforcement (if applicable)
- Confidential advocate referral

If you ARE calling law enforcement:
- What you observed—ONLY
- Documentation that you CONFIDENTIALLY informed the victim you have made the decision to call law enforcement
- Confidential advocate referral

Domestic violence is a common cause of acquired traumatic brain injuries among women, though the impacts have previously been severely underestimated. TBI can lead to impairments, ranging from mild to severe, in cognition (thinking), emotions, behavior, and physical functioning. The person with a TBI may or may not recognize that they are having problems. The most common symptoms reported are headaches, severe fatigue, memory loss, depression, and difficulty communicating. Other problems experienced by people who have brain injuries include:
- Cognitive difficulties, such as decreased ability to concentrate, pay attention and solve problems, and communication difficulties
- Difficulty with executive functioning, such as difficulty making decisions, considering long-term consequences, taking initiative, feeling motivated, starting and finishing actions, and disinhibition and impulsiveness
- Changes in behavior, personality, or temperament, such as irritability, difficulty tolerating frustration, and emotional expression that doesn’t fit the situation
- Physical effects, such as vision problems, insomnia, loss of coordination, and seizures

Strangulation, with or without injuries to the head and neck, can create a traumatic brain injury, even on the first occurrence. The impacts of strangulation and blows to the head and neck may be cumulative over time. Send survivors who have any of the following for immediate imaging and evaluation:
- Loss of Consciousness (anoxic brain injury)
- Visual changes: “spots”, “flashing light”, “tunnel vision”
- Facial, intra-oral or conjunctival petechial hemorrhage
- Ligature mark or neck contusions
- Soft tissue neck injury/swelling of the neck/carotid tenderness
- Incontinence (bladder and/or bowel from anoxic injury)
- Neurological signs or symptoms (LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorders, stroke-like symptoms)
- Dysphonia/Aphonia (hematoma, laryngeal fracture, soft tissue swelling, recurrent laryngeal nerve injury)
- Dyspnea (hematoma, laryngeal fractures, soft tissue swelling, phrenic nerve injury)
- Subcutaneous emphysema (tracheal/laryngeal rupture)

FMLA leave may be used, when necessary, after someone has experienced domestic violence and a serious health condition has occurred. An eligible employee may be able to take FMLA leave if they are hospitalized overnight, or they are receiving ongoing medical care for health concerns, such as post-traumatic stress disorder or other injuries or conditions that resulted from experiencing domestic violence.

Violence Free Colorado gratefully acknowledges Alliance for HOPE International with Bill Smock, MD and Sally Sturgeon, DNP, SANE-A, for allowing us to reproduce, in part or in whole, Recommendations for the Medical/Radiographic Evaluation of Acute Adult, Non-Fatal Strangulation. Violence Free Colorado also gratefully acknowledges Futures without Violence and the NY State Office for the Prevention of Domestic Violence.