

Domestic and Sexual Violence

Pocket Card for Providers

Domestic Violence is a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks that adults or adolescents use against their intimate partners. Without intervention, the abuse usually escalates in both frequency and severity resulting in repeated visits to the health care system.

Sexual Violence is unwanted or forced sexual contact between adults or any sexual contact between an adult and a child.

People affected by violence can be of any age, race, socio-economic status or sexual orientation. A disproportionate amount of violence is directed at women and children by male abusers.

Screen All Patients for Violence

Talk with patient alone in a safe and private environment.

Begin with a simple statement like: *“Because violence is common in many people’s lives, I ask about it routinely ...”*

Use simple, direct questions such as:

- Have you ever been hit, hurt, threatened or made afraid by anyone close to you?
- I’m concerned that your injuries were caused by violence. Has someone hurt you?
- Have you ever been forced/coerced into unwanted sex?
- Does your partner control what you do or where you go?

If patient says **“No”** – *“If you or someone you know ever needs information about domestic violence or sexual assault, please contact us and we can help.”*

Indicators of Possible Violence

- Chronic GI symptoms, migraines, pain, fatigue, AODA, depression, anxiety or suicide attempts
- Delays in seeking care or repeat visits
- Evasive and reluctant to speak in front of partner
- Overly protective or controlling partner
- Any injuries with inconsistent history or explanation, various stages of healing, bilateral injuries, marks on neck, sexual trauma, bite marks on genitals/breasts, dental trauma
- Injuries during pregnancy

Continued

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Messages to Patients

Do not blame or shame the abused person.

Respond to where patients are at (*i.e., unaware, self-blaming, denial, fear*) **not** where you want them to be (*i.e., leaving, shelter, police, counseling*)

Open Ended Questions: "Can you tell me more? How can I help?"

Affirming: "I'm sorry this happened to you, no one has the right to hurt you."

Reflecting: "It sounds like you are afraid ... confused ... sad ..."

Summarizing: "We've talked about ... safety plan options ..."

Assess Safety

- How afraid are you to go home, to school or work?
- Is there escalating violence, drug or alcohol abuse, mental illness?
- Have there been threats of homicide/suicide?
- Are there weapons present?
- What resources have been helpful to you in the past?
- Would you like to talk with the police?
- Do you need a safe place to stay?

Make Referrals to Aurora Healing & Advocacy Services

Healing Center at Sinai (*24-hour hotline, advocacy*) 414-219-5555
The Healing Center at Bruce (*counseling services*)..... 414-671-4325
Safe Mom Safe Baby (*pregnant/postpartum*)414-219-5909

Community Agencies

Sojourner Family Peace Center
(*shelter, 24-hour hotline, advocacy*) 414-933-2722
Milwaukee Women's Center Shelter 414-671-6140
Elder Abuse - Department on Aging 414-289-6874
Alma Center (*abuser treatment*)..... 414-265-0100
Hmong American Women's Association..... 414-930-9352
Latina Resource Center/Umos 414-389-6500
The Asha Project..... 414-252-0075
National Domestic Violence Hotline 800-799-7233
National Sexual Assault Hotline.....800-656-4673

Document

- Use patient's own words: "He choked me ..."
- Don't use: *Patient was hit by fist.* Instead use: *Patient states that her boyfriend, John Smith, "jumped on me with his fists."*
- Avoid the term "alleges;" use "states"
- Include patient's excited utterances: "I thought I was going to die!"
- Legibly document all injuries - use body map
- Take photographs of injuries
- Document "safety plan developed with patient"
- Offer resources

Reporting by Health Care Provider

- Refer to Metro P&P #415 for specifics.
- Respect adult's choice whether to involve police - must report abuse of adult/elder when injuries from knife, gun or significant burns and/or meets adult-elder-at-risk criteria.

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