Georgia Commission on Family Violence

A HEALTH CARE PROTOCOL FOR INTIMATE PARTNER VIOLENCE

Revised 12/09

NATIONAL DOMESTIC VIOLENCE HOTLINE: 1.800.799.SAFE (7233)
STATEWIDE DOMESTIC VIOLENCE HOTLINE: 1.800.33.HAVEN (voice/TTY)

I. PURPOSE

Health Care professionals should consider routinely screening patients for intimate partner violence (IPV) in order to identify and respond to the health care needs resulting from IPV-related incidents. This includes addressing the victim's physical and psychosocial well-being by involving medical personnel, social and mental health services, counselors, and when applicable, law enforcement.

II. BACKGROUND

For the purpose of this protocol, IPV is defined as a pattern of coercive behavior including physical, sexual, financial, and psychological abuse of one partner by the other partner. This includes the establishment of power and control of one individual over another in the context of a current or past intimate or romantic relationship. Although seventy-eight percent of persons who have died as a result of IPV are women, this protocol is applicable to all persons regardless of gender.

In Georgia, the 46 state-licensed battered women's shelters receive over 75,000 crisis calls each year. Thirty percent of women and children seeking shelter in battered women's programs have to be turned away due to lack of space. For instance, in Atlanta alone, twenty percent of all perpetrators, for both fatal and nonfatal assaults, have a history with the police for domestic and/or intimate assaults. Sixty percent of all females murdered in Atlanta have a history of one or more contacts with at least two service agencies such as criminal justice, mental health or public health or a social service agency. The severity of the problem cannot be overstated.

III. RELEVANT STATUTES

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The following is the existing reporting law in Georgia most pertinent to this protocol. The others are given at the end of the protocol for information purposes only. Elder maltreatment, IPV, Maltreatment of those with disabilities, and Child Maltreatment all fall under family violence. With the mandatory laws that protect children and the elderly, medical personnel have a clearer understanding on the legal ramifications for responding to elders and children. This is not the case with Intimate Partner Violence, and thus is the focus of this protocol.

O.C.G.A. ∋ 31-7-9 Reports by physicians and other personnel of non-accidental injuries to patients; immunity from liability

(a) As used in this Code section, the term "medical facility" includes, without being limited to, an ambulatory surgical treatment center
(b) Any:

(1) Physician, including any doctor of medicine licensed to practice under the laws of this state;

(2) Licensed registered nurse employed by a medical facility;

(3) Security personnel employed by a medical facility; or

(4) Other personnel employed by a medical facility whose employment duties involve the care and treatment of patients therein having cause to believe that a patient has had physical injury or injuries inflicted upon him other than by accidental means shall report or cause reports to be made in accordance with this Code section.

(c) An oral report shall be made immediately by telephone or otherwise and shall be followed by a report in writing, if requested, to the person in charge of the medical facility or his designated delegate. The person in charge of the medical facility or his designated delegate shall then notify the local law enforcement agency having primary jurisdiction in the area in which the medical facility is located of the contents of the report. The report shall contain the name and address of the patient, the nature and extent of the patient's injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator.

(d) Any person or persons participating in the making of a report or causing a report to be made to the appropriate police authority pursuant to this Code section or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil liability that might otherwise be incurred or imposed, providing such participation pursuant to this Code section shall be in good faith.

III. POLICY STATEMENT

All cases of IPV should be treated as alleged criminal conduct. Patients should be advised that IPV and subsequent injuries is a crime and be given the option of informing law enforcement of ensuring safety. If the patient had already contacted law enforcement, that should also be captured. The Georgia Code, ∋ 19-13-1, defines family violence as the occurrence of one or more of the following acts between past or present spouses, persons who are the parents of the same child, parents and children, foster parents and children, stepparents and children, or other persons living or formerly living in the same household:

1. any felony; or
2. commission of the offenses of battery, simple battery, assault, simple assault, stalking, criminal damage to property, unlawful restraint, or criminal trespass.

- It is expected that all medical personnel will be sensitive to potential cases of intimate partner violence and that they will assess, intervene, and refer patients experiencing intimate partner violence.

- All perpetrators should receive appropriate criminal sanctions.

- All individuals experiencing IPV should receive appropriate supportive services.

- All physicians, nurses, and other medical personnel should be supported and encouraged to assess, intervene, and refer in cases of alleged or suspected IPV.

IV. GOALS

There are two primary goals of this protocol:

1. To decrease the incidence and prevalence of IPV through enabling hospitals, medical clinics and healthcare providers in practice to respond appropriately to cases of IPV and,

2. To reduce the likelihood of violence developing into a pattern of repeated assault and emotional suffering.

V. OBJECTIVES

1. To recognize IPV as a contributing factor in the patient's presenting complaints. This can be accomplished by being alert to characteristic signs and symptoms and asking further questions of the patient who may be reluctant to share information about the incident.

2. To convey an attitude of concern and respect for the individual, understanding that leaving a

violent relationship can be a long, difficult, and potentially dangerous process.

3. To assure confidentiality during the interview.

4. To render appropriate medical treatment and document accurately both injuries and care on the medical record.

5. To evaluate and address the emotional needs of those persons with suicidal or homicidal attempts or thoughts.

6. To assess the level of ongoing danger to the person and/or others in the household (children, elderly parents, others).

7. To discuss options by involving social services or other caregivers, respecting the integrity and authority of each person over life choices.

8. To refer to appropriate agencies and/or shelters.

9. To support steps taken to protect the individual experiencing intimate partner violence. If patient requests, involve law enforcement.

VI. GUIDELINES

1. All patients should be screened for intimate partner violence. A modification of the George Washington University Emergency Department *Universal Violence Prevention Screening Protocol* is attached. It is suggested that this screening be given by a trained, sensitive interviewer in the context of obtaining a social history from the patient.

2. Consider intimate partner violence in any case when the patient:

- presents with an injury not likely to be caused by the event reported;
- presents with an injury occurring during pregnancy;
- presents for treatment one or two days after the injury;
- minimizes the frequency or seriousness of the injury;
- presents with multiple injuries in various stages of healing;
- makes repeated visits to the Emergency Department, clinic or physician's office with injuries, especially if severity increases at each visit;
- presents following an attempted suicide, drug overdose or self- mutilation;
- is accompanied by an overly attentive or aggressive partner; and,
- presents with undetermined sources of medical or psychological complaints, such as unexplained illnesses or pains, or sleep disorders and loss of appetite.

3. Assure confidentiality. Obtain appropriate consent for evaluation and treatment per the

standard policy of the hospital, clinic or physician's office.

4. Interview the patient in private. If a demanding or solicitous partner is in the room, ask the person to leave the room so the exam and interview can be completed.

5. Help the patient to feel comfortable in discussing the abuse. Encourage the patient to describe the incident or incidents. Question the patient in a direct manner. A modification of the Campbell *Danger Assessment* is attached. This suggests questions for determining the level of risk a patient faces. A positive response to any of these questions provides the health care professional with information for exploring with the patient the risk of future violence.

6. A thorough history and physical, including appropriate lab and radiographs and assessment of mental health symptoms should be obtained. Include name, address, phone number(s) and address of where injury occurred.

7. In documenting history, preface description with the term report or reported. Include a description of all bruises and abrasions. Document untreated old injuries. The use of a body map is recommended. Photography (with the victim's written permission) is ideal.

8. If law enforcement is involved, preserve physical evidence (e.g. torn or blood-stained clothing) in a sealed brown paper bag with date, patient's name and the name of the individual who placed the items in the bag. Keep the items (including relevant photos) in a locked area until they are relinquished to appropriate law enforcement personnel. Ask police officer to sign the appropriate papers to maintain a chain of custody.

9. Assess the patient's safety as well as the safety of involved minors. Assure patient of your concern, reiterating the availability of resources. Offer access to a telephone.

10. Provide appropriate referrals for shelter, legal assistance, and support groups. If social services are available through the medical facility, utilize these. Provide the 24-hour hotline number for Emergency Shelter, 1-800-799-SAFE. For additional resource information, consult *Life Preservers - A Guidebook: How to Recognize & Treat Victims of Domestic Violence*, available through the Medical Association of Georgia, 404-876-7535.

11. Discuss safety planning as a priority. When the patient is discharged from the hospital, physician's office or clinic, offer an instruction sheet privately, while the patient's partner is not nearby. (See attached sample; it would be helpful to use the reverse side to give local resources and phone numbers).

VII. ATTACHMENTS

1. Universal Screening Tool for Domestic Violence (adapted from George Washington University Emergency Department)
2. Domestic Violence Risk Assessment Tool (adapted from Campbell)
3. Intimate Partner Violence Information Sheet

Universal Screening Tool for Domestic Violence
(Adapted from George Washington University Emergency Department)

Introduction

It is optimal for this screening tool to be used in an interview format with questions asked as sensitively as possible. Ways to introduce the subject are:

- We routinely ask adult patients about their exposure to violence.
- Many people are exposed to violence in some form.
- Violence is a health risk and can result in physical and emotional problems.
- If you are a violence victim, we can better help you if we know it.

Questions

Within the past year, has anyone ...

1. slapped, grabbed, or pushed you? Yes No

2. choked, kicked, or punched you? Yes No

3. forced or coerced you to have sex? Yes No

4. threatened you with or actually used a knife or gun to scare or hurt you? Yes No

5. made you afraid that you could be physically hurt? Yes No

6. What is your relationship with this person?

If the relationship is a current or former intimate partner, further assessment is necessary. Please refer to Domestic Violence Risk Assessment Tool, included in this protocol. If not, please provide the patient with the Intimate Partner Violence Information Sheet.

Domestic Violence Risk Assessment Tool
(Adapted from Campbell)

Instructions to Staff: Please complete this for patients at risk of violence by someone known to them.

I'd like to ask you some questions that will help us understand whether or not you are in danger, and if so, what options might be available to help you cope with your situation.

Y N 1. Has the physical violence increased in severity or frequency over the past year?

Y N 2. Does he own a gun?

Y N 3. Have you left him after living together during the past year?

Y N 4. Is he unemployed?

Y N 5. Has he ever used a weapon against you or threatened you with a lethal weapon?
(If yes, was the weapon a gun?____)

Y N 6. Does he threaten to kill you?

Y N 7. Has he avoided being arrested for domestic violence?

Y N 8. Do you have a child that is not his?

Y N 9. Has he ever forced you to have sex when you did not wish to do so?

Y N 10. Does he ever try to choke you?

Y N 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, “meth”, speed, angel dust, cocaine, "crack", street drugs or mixtures.

Y N 12. Is he an alcoholic or problem drinker?

Y N 13. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?

Y N 14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")

Y N 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ____)

Y N 16. Has he ever threatened or tried to commit suicide?

Y N 17. Does he threaten to harm your children?

Y N 18. Do you believe he is capable of killing you?

Y N 19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don’t want him to?

Y N 20. Have you ever threatened or tried to commit suicide?

Intimate Partner Violence Information Sheet

If you are being abused....

You are not alone and you do not have to live this way.
There are people who can help you (see agencies listed on the back of this sheet).
You may be feeling many different emotions as you read this information.
Intimate partner violence tends to get worse and more frequent over time.

Calling the police....

Intimate partner violence is a crime.
You have the right to call the police and request a report be made.

Get the officers' names and badge numbers, and keep the report number.
If you feel injured, ask the police to help you seek medical care.

Medical treatment....
Most assaults require medical attention.
Go to any emergency room or contact your routine physician or nurse.
Describe current and past incidences of violence so that medical personnel can document abuse in your medical record.

Leaving home...
You may find that you must leave your home for the safety of yourself and your children.
Advance planning is necessary.
Develop an exit plan so you know where you could go even in the middle of the night.
Be sure to take the following with you:
- birth certificates
- social security cards/immigration documents
- driver's license
- checkbook
- money

Pack an overnight bag which may include:
- clothing
- medications
- something meaningful for the children

If you have questions about any information on this form, please call one of the agencies listed on the back of this sheet. There are people who can help you.

Local Resources

Please note: Prior to distributing the Intimate Partner Violence Information Sheet, please list the names and phone numbers of your local resources on this page. Include the following organizations and any others which provide assistance to victims of intimate partner violence:

- Domestic violence shelter
- Victim witness assistance program
- Law enforcement agencies
- Solicitor
- District Attorney

- Legal Aid
- Local Department of Family and Children Services (DFCS)
- Local Public Health Department
- Mental health agencies
- Rape crisis center
- Child abuse programs
- Elder abuse programs

Protection of Children

O.C.G.A.∋ 19-7-5

(a) The purpose of this Code section is to provide for the protection of children whose health and welfare are adversely affected and further threatened by the conduct of those responsible for their care and protection. It is intended that the mandatory reporting of such cases will cause the protective services of the state to be brought to bear on the situation in an effort to prevent further abuses, to protect and enhance the welfare of these children, and to preserve family life wherever possible. This Code section shall be liberally construed so as to carry out the purposes thereof.

(b) As used in this Code section, the term:

(1) "Abused" means subjected to child abuse.

(2) "Child" means any person under 18 years of age.

(3) 'Child abuse' means:

(A) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, physical forms of discipline may be used as long as there is no physical injury to the child;

(B) Neglect or exploitation of a child by a parent or caretaker thereof;

(C) Sexual abuse of a child; or

(D) Sexual exploitation of a child.

However, no child who in good faith is being treated solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall, for that reason alone, be considered to be an "abused" child.

(3.1) "Sexual abuse" means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not that person's spouse to engage in any act which involves:

(A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;

(B) Bestiality;

(C) Masturbation;

(D) Lewd exhibition of the genitals or pubic area of any person;

(E) Flagellation or torture by or upon a person who is nude;

(F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;

(G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;

(H) Defecation or urination for the purpose of sexual stimulation; or

(I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

"Sexual abuse" shall not include consensual sex acts involving persons of the opposite sex when the sex acts are between minors or between a minor and an adult who is not more than five years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

(4) "Sexual exploitation" means conduct by a child's parent or caretaker who allows, permits, encourages, or requires that child to engage in:

(A) Prostitution, as defined in Code Section 16-6-9; or

(B) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.

(c)(1) The following persons having reasonable cause to believe that a child has been abused shall report or cause reports of that abuse to be made as provided in this Code section:

(A) Physicians licensed to practice medicine, interns, or residents;

(B) Hospital or medical personnel;

(C) Dentists;

(D) Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;

(E) Podiatrists;

(F) Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 24 of Title 43;

(G) Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;

(H) School teachers;

(I) School administrators;

(J) School guidance counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;

(K) Child welfare agency personnel, as that agency is defined pursuant to Code Section 49-5-12;

(L) Child-counseling personnel;

(M) Child service organization personnel; or

(N) Law enforcement personnel.

(2) If a person is required to report abuse pursuant to this subsection because that person attends to a child pursuant to such person's duties as a member of the staff of a hospital, school,

social agency, or similar facility, that person shall notify the person in charge of the facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. A staff member who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection.

(d) Any other person, other than one specified in subsection (c) of this Code section, who has reasonable cause to believe that a child is abused may report or cause reports to be made as provided in this Code section.

(e) An oral report shall be made as soon as possible by telephone or otherwise and followed by a report in writing, if requested, to a child welfare agency providing protective services, as designated by the Department of Human Resources, or, in the absence of such agency, to an appropriate police authority or district attorney. If a report of child abuse is made to the child welfare agency or independently discovered by the agency, and the agency has reasonable cause to believe such report is true or the report contains any allegation or evidence of child abuse, then the agency shall immediately notify the appropriate police authority or district attorney. Such reports shall contain the names and addresses of the child and the child's parents or caretakers, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator. Photographs of the child's injuries to be used as documentation in support of allegations by hospital staff, physicians, law enforcement personnel, school officials, or staff of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian; provided, however, that any photograph taken pursuant to this Code section shall, if reasonably possible, be taken in a manner which shall not reveal the identity of the subject. Such photograph shall be made available as soon as possible to the chief welfare agency providing protective services and to the appropriate police authority.

(f) Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or causing a report to be made to a child welfare agency providing protective services or to an appropriate police authority pursuant to this Code section or any other law or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil or criminal liability that might otherwise be incurred or imposed, provided such participation pursuant to this Code section or any other law is made in good faith. Any person making a report, whether required by this Code section or not, shall be immune from liability as provided in this subsection.

(g) Suspected child abuse which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law.

(h) Any person or official required by subsection (c) of this Code section to report a suspected case of child abuse who knowingly and willfully fails to do so shall be guilty of a misdemeanor.

(i) A report of child abuse or information relating thereto and contained in such report, when provided to a law enforcement agency or district attorney pursuant to subsection (e) of this Code section or pursuant to Code Section 49-5-41, shall not be subject to public inspection under Article 4 of Chapter 18 of Title 50 even though such report or information is contained in or part of closed records compiled for law enforcement or prosecution purposes unless:

(1) There is a criminal or civil court proceeding which has been initiated based in whole or in part upon the facts regarding abuse which are alleged in the child abuse reports and the person or entity seeking to inspect such records provides clear and convincing evidence of such proceeding; or

(2) The superior court in the county in which is located the office of the law enforcement agency or district attorney which compiled the records containing such reports, after application for inspection and a hearing on the issue, shall permit inspection of such records by or release of information from such records to individuals or entities who are engaged in legitimate research for educational, scientific, or public purposes and who comply with the provisions of this paragraph. When those records are located in more than one county, the application may be made to the superior court of any one of such counties. A copy of any application authorized by this paragraph shall be served on the office of the law enforcement agency or district attorney which compiled the records containing such reports. In cases where the location of the records is unknown to the applicant, the application may be made to the Superior Court of Fulton County. The superior court to which an application is made shall not grant the application unless:

(A) The application includes a description of the proposed research project, including a specific statement of the information required, the purpose for which the project requires that information, and a methodology to assure the information is not arbitrarily sought;

(B) The applicant carries the burden of showing the legitimacy of the research project; and

(C) Names and addresses of individuals, other than officials, employees, or agents of agencies receiving or investigating a report of abuse which is the subject of a report, shall be deleted from any information released pursuant to this subsection unless the court determines that having the names and addresses open for review is essential to the research and the child, through his or her representative, gives permission to release the information.

Protection of Elderly Persons "Older Adults" and People with Disabilities

O.C.G.A. ∋ 30-5-4

(a)(1)(A) Any physician, osteopath, intern, resident, other hospital or medical personnel, dentist, psychologist, chiropractor, podiatrist, pharmacist, physical therapist, occupational therapist, licensed professional counselor, nursing personnel, social work personnel, day-care personnel, coroner, medical examiner, employee of a public or private agency engaged in professional health related services to elder persons or disabled adults, or law enforcement personnel having reasonable cause to believe that a disabled adult or elder person has had a physical injury or injuries inflicted upon such disabled adult or elder person, other than by accidental means, or has been neglected or exploited shall report or cause reports to be made in accordance with the provisions of this Code section. (b)(1) A report that a disabled adult or elder person who is not a resident of a long-term care facility as defined in Code Section 31-8-80 is in need of protective services or has been the victim of abuse, neglect, or exploitation shall be made to an adult protection agency providing protective services, as designated by the department or, if such agency is unavailable, to an appropriate law enforcement agency or prosecuting attorney.

O.C.G.A. ∋ 31-8-80

(1) Administrator, manager, physician, nurse, nurse's aide, orderly, or other employee in a hospital or facility; (2) Medical examiner, dentist, osteopath, optometrist, chiropractor, podiatrist, social worker, coroner, clergyman, police officer, pharmacist, physical therapist, or psychologist; or (3) Employee of a public or private agency engaged in professional services to residents or responsible for inspection of long-term care facilities who has knowledge that any resident or former resident has been abused or exploited while residing in a long-term care facility shall immediately make a report as described in subsection (c) of this Code section by telephone or in person to the department*. In the event that an immediate report to the department is not possible, the person shall make the report to the appropriate law enforcement agency. Such person shall also make a written report to the Department of Human Resources within 24 hours after making the initial report.

* references to “department” and Department of Human Resources should now be referred to the Department of Community Health, Healthcare Facility Regulations.

Reports of abuse, neglect or exploitation of disabled adults (18+) or elder persons (65+) living in the community should be directed to the Adult Protective Services Central Intake Unit of Georgia Division of Aging Services in the Department of Human Resources. Adult Protective Services Central Intake, Monday through Friday, 8 a.m.-5 p.m., 1–888–774–0152 or 404 – 657 – 5250. Voice mail is available after hours, if leaving a message please leave your name, phone number including area code, reason for calling, and best time to be reached

Reports of abuse, neglect or exploitation of disabled adults (18+) or elder persons (65+) who live in a nursing home or personal care home should be directed to the Office of Regulatory Services in the Department of Community Health, Healthcare Facility Regulation 1-800-878-6442 or 404-657-5728.