Domestic violence – Recognising and responding

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emergency,onthepods,sexual health

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James chats to Rosemary Isaacs about recognising and responding to situations of domestic violence in the Emergency Department.

Dr Rosemary Isaacs works at Royal Prince Alfred and Liverpool hospitals in the medical and forensic response to Sexual Assault, Domestic Violence and child abuse. Rosemary is a Fellow of the Faculty of Clinical Forensic Medicine in the RCPA and also a Fellow in General Practice of the RACGP.

Rosemary is convinced that this is an area where doctors with specific training can make a big difference to vulnerable people.

- Yes – most adult fractured noses are from sports injuries or from a fight
- With any injury, the thought of domestic violence should be in the doctor's mind
- Red flag in this scenario: delayed presentation
- Don't ever assume you don't need to ask about domestic violence because of how the relationship appears

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  - "For all injuries, I ask this question…"
  - "Domestic violence is common in Australia and for this reason, I need to ask you…"
  - "I need to ask you a sensitive question; has anybody hurt you?"
- You need to be creative in how you can get alone time with the patient
  - E.g. Take the patient to radiology for x-ray yourself. It is essential to have privacy in asking about Domestic Violence.

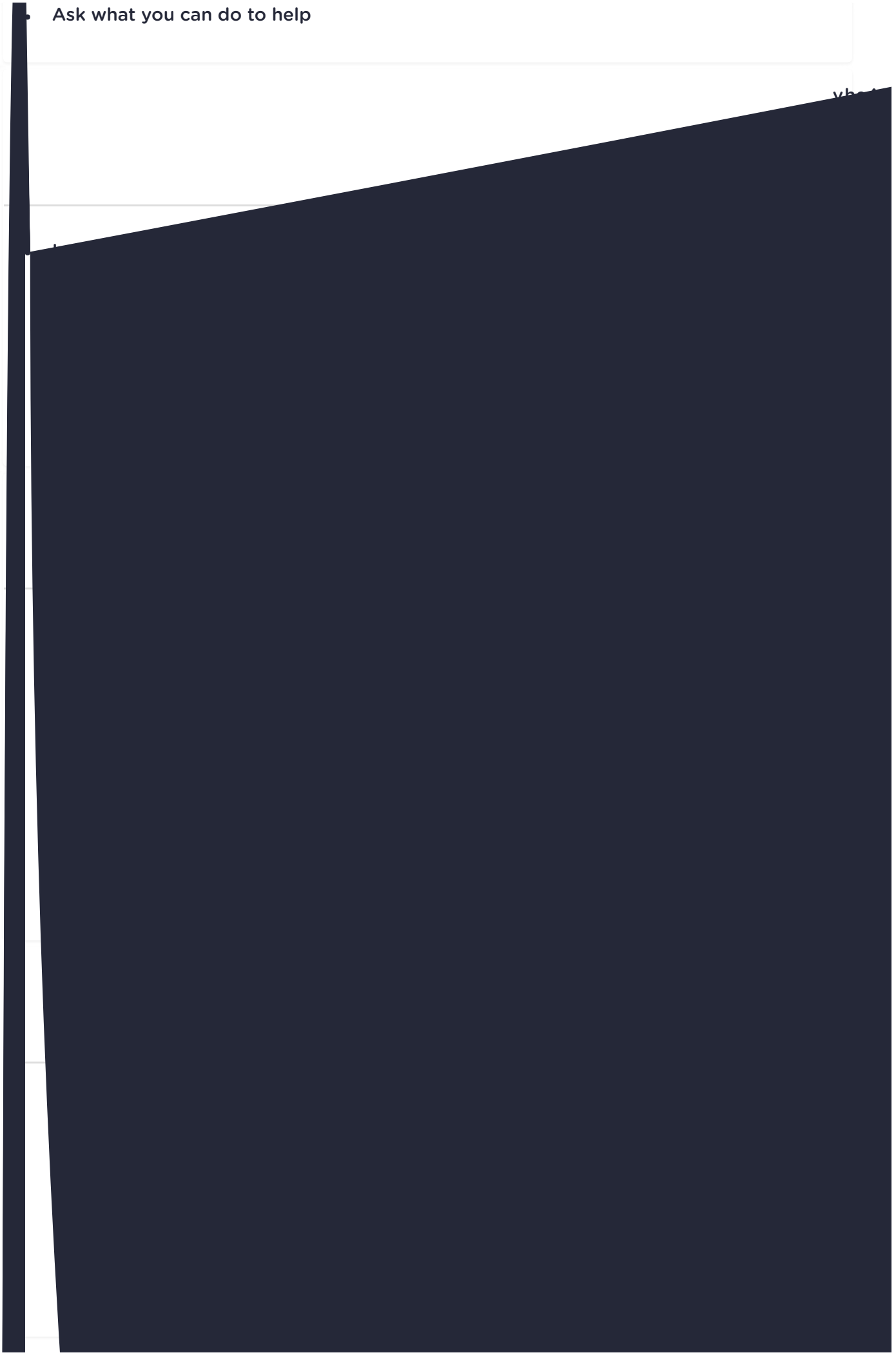
You take further history and ask what else was happening at the time of the fall. The patient states that she was stressed bec ?esh np sir nwaf in f onY ke

- Any previous occasions of domestic violence?
- Instances of emotional / financial abuse
- Any children involved
    - Witnessing domestic violence is a form of child abuse in New South Wales
    - About 50% of domestic violence in the home is witnessed by a child
- Recommend referral – "It would be beneficial if we could get someone who can help more"
    - The patient may fear their partner will discover they are disclosing this information
- If the patient declines, the junior doctor must do a risk assessment
    - Serious injury (including strangulation)
    - Presence of a firearm in the house (bigger issue in rural areas)
    - Weapon (e.g. knife, gun) was used or threatened
    - Escalating violence – there is a risk of death in a pattern of escalating violence
    - Can the patient access help if needed in future. The perpetrator may be isolating them from supports
- Discuss with a senior
- In New South Wales Health, there is mandatory reporting for serious injuries caused by domestic violence
    - Definitions of Serious Injury mandating reporting are currently under review to be made clearer
- **Examination:**
    - Look around the room
        - Has the child got any obvious injuries?
    - Try to do a head to toe examination
        - Getting the patient to change into a hospital gown can help expose parts of the body which may show other injuries
    - Victims of domestic violence can wear long-sleeved shirts and hide injuries
        - May need to think of an excuse e.g. pulling a sleeve up for a BP reading

4. What are some helpful responses when a patient discloses domestic violence?

- The most important thing is to validate the patient
    - "I'm sorry that this has happened to you."
- Reassure the patient that it is not her / his fault

- Ask what you can do to help



References

- Doctors' Health Advisory Service
- Employee Assistance Program

Resources

Tags: #1800respect,#Doctors Health Advisory Service,#domestic violence,#Employee Assistance Programs,#forensic medicine,#partner violence,#sexual assault