

RADAR

A DOMESTIC VIOLENCE INTERVENTION



R= Routinely Screen Adult (18 Y.O. +) Patients

Although many people who are victims of domestic violence will not volunteer any information, they will discuss it if asked in simple, direct questions in a non-judgmental way and in a confidential setting. Interview the patient alone.

A= Ask Direct Questions

“Because violence is so common in many lives, I’ve begun to ask about it routinely.”

“Are you in a relationship in which you have been physically hurt or threatened?” If no, “Have you ever been?”

“Have you ever been hit, kicked, or punched by your partner?”

“Do you feel safe at home?”

“I notice you have a number of bruises; did someone do this to you?”

If patient answers yes:

- **Encourage them to talk about it.** “Would you like to talk about what has happened to you?” “How do you feel about it?” “What would you like to do about this?”
- **Listen non-judgmentally.** This serves both to begin the healing process for the victim and to give you an idea of what kind of referrals are needed.
- **Validate their experience.** “You are not alone.” “No one has to live with violence.” You do not deserve to be treated this way.” “You are not to blame.” “What happened to you is a crime.” “Help is available to you.”

If the patient answers no, or will not discuss the topic:

- **Be aware of any clinical signs that may indicate abuse:** Injury to the head, neck, torso, breasts, abdomen, or genitals; bilateral or multiple injuries; delay between onset of injury and seeking treatment; explanation by the patient which is inconsistent with the type of injury; any injury during pregnancy, especially to

abdomen or breasts; prior history of trauma; chronic pain symptoms for which not etiology is apparent; psychological distress such as depression, suicidal ideation, anxiety, and/or sleep disorders; a partner who seems overly protective or who will not leave their partner's side.

- **If any of these clinical signs are present, ask more specific questions. Make sure they are alone.** “It looks as though someone may have hurt you. Can you tell me how it happened?” “Sometimes when people feel the way you do, it may be because they are being hurt at home. Is this happening to you?”
- **If the patient denies abuse, but you strongly suspect it.** Document your opinion, and let the patient know there are resources available to them should they choose to pursue such options in the future.

D= Document Your Findings

Record a description of the abuse as they have described it to you. Use statements such as “the patient states they were...” If they give the specific name of the assailant use it in your record. Record all pertinent physical findings. Use a body map to supplement the written record. Offer to photograph injuries. When serious injury or sexual abuse is detected, preserve all physical evidence. Document an opinion if the injuries were inconsistent with the patient's explanation.

A= Assess Patient Safety

Before they leave the medical setting, find out if they are afraid to go home. Has there been an increase in frequency or severity of violence? Have there been threats of homicide or suicide? Have there been threats to their children? Is there a gun present?

R=Review Options and Referrals

If the patient is in imminent danger, find out if there is someone with whom they can stay. Do they need immediate access to a shelter? Offer them the opportunity of a private phone to make a call. If they do not need immediate assistance, offer information about hotlines and resources in the community. Remember that it may be dangerous for the victim to have these in their possession. Do not insist that they take them.