

Scope and Target Population:

This guideline will address the detection of individuals at risk for, or presenting with, signs of domestic violence, and the institution of education and emergency planning programs.

The target population for this guideline includes adolescents through senior victims or potential victims of partner abuse and violence from all ethnic groups, including heterosexual and same-sex relationships. Domestic violence occurs with either men or women as perpetrators, victims or both, whether in heterosexual or same-sex relationships.

Child abuse and vulnerable adult abuse, both of which require **mandatory** reporting under Minnesota state law, are outside the boundaries of this guideline. Contact county protective services for further assistance with respect to child abuse and vulnerable adult abuse.

Clinical Highlights and Recommendations:

- Domestic violence should be a consideration in all patient encounters and should be conducted in private, with only the provider and the patient present. In certain situations a trusted interpreter or language line service (not a friend or a family member) may be necessary. Simply raising the question and affirming the difficulty of an abusive situation is, in and of itself, an important intervention. You cannot and do not have to fix the problem.
- Raise clinic and patient awareness regarding signs and symptoms of domestic violence. Possible strategies include:
 - Staff training (clinical, office, ER, urgent care)
 - Signage in the clinic, ER or urgent care
 - Brochures/literature in the reception area and examining rooms
- Staff should have a heightened awareness of a possible domestic violence situation when the patient presents with:
 - Somatic complaints without diagnosis (chronic pain, fatigue, headache)
 - Posttraumatic stress symptoms
 - Gastrointestinal pain
 - Unexplainable neurologic changes
 - Depression
 - Multiple or erratic visits with a series of vague complaints
- Domestic violence can be seen in all age groups, adolescents through seniors.
- When patients confirm that they are or have been in a domestic violent situation, current needs should be assessed as well as a follow-up plan requested with them.
- Interventions in the primary care setting can improve outcomes in identified individuals.
- Regular follow-up can help patients identify the potential impact of domestic violence on their other health conditions.

Priority Aims:

1. Increase training opportunities for staff for screening and assessment of domestic violence.
2. Improve the knowledge of health care professionals of community resources (shelters, domestic violence advocacy services) for domestic violence.
3. Facilitate the establishment of the health care setting as a safe, comfortable and appropriate place in which to discuss issues of domestic violence.
4. Improve the identification of victims of domestic violence and offer resources.