

ICSI has developed a new format for all guidelines. Key additions and changes are:

- The annotation and discussion section have been combined. Any duplicate statements have been removed.
- Most of the annotations will have “Key Points” at the beginning. This informs the reader of the key recommendations, highlights, or information pertinent to that annotation.
- References in support of recommendations or conclusions are listed in the body of the annotation. A complete list of references is included in the Supporting Evidence section.

#### **Algorithm, Clinical Highlights, Annotations**

Added scope language that the 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. Omitted verbiage that children who witness repeated domestic violence in the home require mandatory reporting as this is county-specific and not a statewide mandate.

- 1) Expanded reference to health care staff to include ER and urgent care.
- 2-4) Omitted boxes and renumbered remaining in order to simplify intent of guideline workflow.
- 2) Added additional risk factors/warning signs related to lifestyle changes. Replaced reference for psychological problems (Golding, 1999), added reference for pregnancy and domestic violence (Jasinski, 2004).
- 2a) Added “angry” as an additional description along with controlling, coercive behavior.
- 3) Added a new box regarding making resources available as needed.
- 4) Added reference to the ICSI Preventive Services Guidelines for more information about screening for domestic violence. Replaced reference about underdiagnosis of providers with more current ones (Lapidus, 2002; Borowsky, 2002). Omitted statement about domestic violence being more common than breast cancer, thyroid problems, hypertension or colon cancer. Omitted verbiage that high blood pressure is linked to domestic violence.
- 6) Changed wording to emphasize that patient’s concerns need to be heard. Noted that further research is needed regarding the impact of interventions.
- 10) Updated content on medical records to reflect electronic methods.

Appendix A – Added Nelson, 2004 as an additional reference.

Appendix B – Replaced Abuse Assessment Screen (AAS) with version from original authors and obtained copyright permission.

Appendix D – Omitted narrative content and added references that support the theory of the cycle of violence.

Appendix E – Added recommendations for Safety Planning.

### **Priority Aims & Suggested Measures, Measurement Specifications**

1b) Clarified staff as including clinic, ER, and urgent care.

3b) Clarified staff as health care staff.

### **Support for Implementation**

Updated Knowledge Products list and added three additional resources.

*\*An asterisk indicates any changes in clinical practice recommendations*