



## ABUSE AND/OR VIOLENCE

<b>DEFINITION</b>	A pattern of coercive behavior used to gain power and control over another person through fear and intimidation. All individuals are at risk for abuse and/or violence regardless of age, race or socioeconomic status.
<b>SUBJECTIVE</b>	May include: <ol style="list-style-type: none"><li>1. Client may describe episodes of physical, sexual, psychological or verbal abuse directed at themselves or others.</li><li>2. Client may present with injuries that are inconsistent with the history described.</li><li>3. Client may have a history of frequent visits to health care providers where they present with multiple injuries or vague somatic complaints (i.e., headaches, GI complaints, fatigue, sleeplessness, sexual dysfunction, chest pain, palpitations, allergic skin reactions, musculoskeletal aches, anxiety).</li><li>4. Client may be accompanied by partner who is overprotective and does not want the client to be left alone with the health care provider.</li><li>5. Client may report history of:<ol style="list-style-type: none"><li>a. Missed appointments or presenting for treatment days after an injury.</li><li>b. Alcohol or substance use in self or partner.</li><li>c. Eating disorders, depression, panic attacks, suicidal ideation or suicide attempt(s).</li><li>d. Pre-term labor, low birth weight infant, or miscarriage in previous pregnancies.</li></ol></li></ol>
<b>OBJECTIVE</b>	May include: <ol style="list-style-type: none"><li>1. Client may appear restless, angry, defensive, tearful, evasive or anxious. May also exhibit an inappropriate affect or avoid eye contact.</li><li>2. Client may present with:<ol style="list-style-type: none"><li>a. Patchy alopecia.</li><li>b. Cigarette burns, human bites, multiple injuries and/or bruises in various stages of healing, wounds to the face, head, neck, breasts or abdomen, wounds from a knife or firearm. (See Century Code 43-17-41, Duty of physicians and others to report injury. <a href="http://www.legis.nd.gov/cencode/t43c17.pdf">http://www.legis.nd.gov/cencode/t43c17.pdf</a> )</li><li>c. Foreign objects in ear, nose, vagina or rectum.</li><li>d. Conditions associated with stress (i.e., hypertension, obesity, weight loss, GI ulcer).</li><li>e. Evidence of sexual abuse (i.e., lacerations on breasts, labia, urethra, perineum anal area).</li><li>f. Signs and symptoms indicative of post-traumatic stress disorder, anxiety disorders or depression (i.e., sleep and appetite disorders, fatigue, chronic headache, palpitations, dizziness, atypical chest pain, exaggerated startle reflex, guilt, fearfulness, inability to concentrate).</li><li>g. Gynecological problems (i.e., frequent vaginal and UTIs, pelvic pain).</li><li>h. Physical and emotional indicators are very important clues to identify victims of abuse/violence, but health care providers must also directly ask about possible abuse/violence. (See attachment, Guide for Health Care Professionals working with Battered Women and Their Children – Guidelines for Health Care Professionals in Rural and Remote Communities, pp. 9-12.)</li></ol></li></ol>
<b>LABORATORY</b>	As indicated by physical findings.

<b>ASSESSMENT</b>	Abuse and/or violence.
<b>PLAN</b>	<p>May include:</p> <ol style="list-style-type: none"> <li>1. Screen clients regardless of age, race, socioeconomic or marital status, as indicated.</li> <li>2. Speak to the client alone.</li> <li>3. Assure the client of confidentiality.</li> <li>4. Referral to a local crisis program, as indicated. May arrange for crisis counselor to come to Family Planning Clinic. The most important referral you can make for a victim of abuse is to the nearest abuse and/or violence program. (See attachment, Domestic Violence/Rape Crisis Programs in North Dakota.)</li> <li>5. Provide client referral information to community resources such as legal, law enforcement, shelter, financial and counseling services, as indicated.</li> <li>6. Use caution if prescribing sedatives, tranquilizers or antidepressants. (They could be used by the client in a suicide attempt.)</li> <li>7. Document findings in a clear, precise and comprehensive fashion using diagrams, measurements and photograph (if available and if client consents).</li> </ol>
<b>CLIENT EDUCATION</b>	<ol style="list-style-type: none"> <li>1. Inform all clients that abuse and violence is not a normal part of relationships.</li> <li>2. Educate client about the cycle of violence and explain that without intervention, abuse/violent episodes will likely increase in both frequency and severity.</li> </ol>
<b>CONSULT / REFER TO PHYSICIAN</b>	<ol style="list-style-type: none"> <li>1. Medical consultation/referral as appropriate for treatment of injuries.</li> <li>2. Mental health or substance abuse consultation/referral as appropriate.</li> </ol>

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References:

1. Tri-State Rural Collaboration Project. Guide for Health Care Professionals Working with Battered Women and Their Children – Guidelines for Health Care Professionals in Rural and Remote Communities. [www.aacn.nche.edu/Publications/positions/violence.htm](http://www.aacn.nche.edu/Publications/positions/violence.htm).
2. North Dakota Council on Abused Women’s Services and Coalition Against Sexual Assault in North Dakota (2006). [www.ndcaws.org](http://www.ndcaws.org)
3. Sexual Assault Reference Handbook, A Guidebook for North Dakota Law Enforcement Officers. 2006. (4<sup>th</sup> edition).
4. Family Violence Prevention Fund. Intimate Partner Violence (IPV): Guidelines for Medical Providers. [www.endabuse.org/health](http://www.endabuse.org/health) (1/05).
5. North Dakota Family Planning Program website. [www.ndhealth.gov/family-planning](http://www.ndhealth.gov/family-planning)
6. North Dakota Century Code; Domestic violence 14-07.1-01 to 14-07.1-18; Duty of physician and others to report injury 43-17-41. <http://www.legis.nd.gov/information/statutes/cent-code.html>