Sample Domestic Violence (DV) Assessment and Response Flowchart

Patient visits Clinic

MA rooms the patient alone and completes initial screening.

- Patient discloses injury is due to DV.
  - *Consult with patient advocate to develop a safety plan.
  - *Provider to fill out Suspicious Injury Form (state specific), body map of injuries, and physical assessment in patient record.
  - *Report: Inform patient of required reporting; Call law enforcement as soon as possible; mail Suspicious Injury Form within the state specified guidelines
  - Document DV information in Patient record “confidential” section.

- Patient denies injury is due to DV, but signs and symptoms are identified
  - *Consult with patient advocate to notify patient of resources.
  - *Provider to document suspected DV in progress notes; document referrals made in patient record.
  - *Report: (Per the provider’s discretion) inform patient the required reporting of injuries; Call law enforcement as soon as possible; Fill out Suspicious Injury Report within the state specified guidelines and timeframe.
  - Document DV information in patient record “confidential”

- Patient states that injury was previously reported.
  - *Make referrals as needed to best support patient.
  - *Patient advocate creates safety plan.
  - *Provider or patient advocate to ask for previous case number and the police department involved in the case.

- Patient reveals DV, but no current injury.
  - *Consult with patient advocate to develop a safety plan.
  - *Refer to DV agency for further resources.
  - *Document DV information and the referrals made in patient record “confidential” section.

- Patient does not disclose DV and no signs or symptoms are identified.
  - Treat presenting conditions as required. Provide education about domestic violence.

Immediately notify the provider and patient advocate. Support the patient and/or acknowledge abuse. Consult with patient advocate and DV agency.

Is the patient at risk to return home?

- Immediate Risk:
  - *Notify police.
  - *Seek emergency shelter and accommodations.
  - *Sexual assault- Follow sexual assault protocols *Suicide risk- refer to crisis hotline, emergency department, or behavioral health specialist.

- High Risk:
  - *Refer to DV agency and health worker.
  - *Encourage development of a safety plan.

- Moderate Risk:
  - *Provide written information about resources available to patient.
  - *Encourage development of a safety plan.

- Children at Risk:
  - *Notify the police department and/or Child Protective Services (use after hour crisis center if indicated).