

RADAR: A Domestic Violence Intervention

R= Routinely screen female patients

Although many women who are victims of domestic violence will not volunteer any information, they will discuss it if asked 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 women's 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 the patient answers yes, see other side for responses and continue with the following steps:

D=Document your findings

Record a description of the abuse as she has described it to you.

*Use statements such as "the patient states she was..."

*If she gives the specific name of the assailant use it in your record.

"She says her boyfriend John Smith struck her..."

*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 she leaves the medical setting, find out if she is 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 her 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 she can stay.

*Does she need immediate access to a shelter? Offer her the opportunity of a private phone to make a call.

*If she does not need immediate assistance, offer information about hotlines and resources in the community (see other side).

*Remember that it may be dangerous for the woman to have these in her possession. Do not insist that she take them.

***Make a follow-up appointment to see her.**

Adapted from Mass. Medical Society

RADAR: A Domestic Violence Intervention

R= Routinely screen female patients

Although many women who are victims of domestic violence will not volunteer any information, they will discuss it if asked 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 women's 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 the patient answers yes, see other side for responses and continue with the following steps:

D=Document your findings

Record a description of the abuse as she has described it to you.

*Use statements such as "the patient states she was..."

*If she gives the specific name of the assailant use it in your record.

"She says her boyfriend John Smith struck her..."

*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 she leaves the medical setting, find out if she is 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 her 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 she can stay.

*Does she need immediate access to a shelter? Offer her the opportunity of a private phone to make a call.

*If she does not need immediate assistance, offer information about hotlines and resources in the community (see other side).

*Remember that it may be dangerous for the woman to have these in her possession. Do not insist that she take them.

***Make a follow-up appointment to see her.**

Adapted from Mass. Medical Society

RADAR: A Domestic Violence Intervention

R= Routinely screen female patients

Although many women who are victims of domestic violence will not volunteer any information, they will discuss it if asked 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 women's 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 the patient answers yes, see other side for responses and continue with the following steps:

D=Document your findings

Record a description of the abuse as she has described it to you.

*Use statements such as "the patient states she was..."

*If she gives the specific name of the assailant use it in your record.

"She says her boyfriend John Smith struck her..."

*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 she leaves the medical setting, find out if she is 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 her 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 she can stay.

*Does she need immediate access to a shelter? Offer her the opportunity of a private phone to make a call.

*If she does not need immediate assistance, offer information about hotlines and resources in the community (see other side).

*Remember that it may be dangerous for the woman to have these in her possession. Do not insist that she take them.

***Make a follow-up appointment to see her.**

Adapted from Mass. Medical Society

If the patient answers yes:

***Encourage her to talk about it.**

“Would you like to talk about what has happened to you?”
“What would you like to do about this?”

***Listen non-judgmentally.**

This serves both to begin the healing process for the woman and to give you an idea of what kind of referrals she may need.

***Validate her experience.**

“You are not alone.”
“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 with 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 no 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 the woman’s side.

If any of these clinical signs are present, ask more specific questions. Make sure she is 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. Is this happening to you?”

If the patient denies abuse, but you strongly suspect it,

document your opinion, and let her know there are resources available to her should she choose to pursue such options in the future.

Make a follow-up appointment to see her.

If the patient answers yes:

***Encourage her to talk about it.**

“Would you like to talk about what has happened to you?”
“What would you like to do about this?”

***Listen non-judgmentally.**

This serves both to begin the healing process for the woman and to give you an idea of what kind of referrals she may need.

***Validate her experience.**

“You are not alone.”
“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 with 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 no 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 the woman’s side.

If any of these clinical signs are present, ask more specific questions. Make sure she is 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. Is this happening to you?”

If the patient denies abuse, but you strongly suspect it,

document your opinion, and let her know there are resources available to her should she choose to pursue such options in the future.

Make a follow-up appointment to see her.

If the patient answers yes:

***Encourage her to talk about it.**

“Would you like to talk about what has happened to you?”
“What would you like to do about this?”

***Listen non-judgmentally.**

This serves both to begin the healing process or the woman and to give you an idea of what kind of referrals she may need.

***Validate her experience.**

“You are not alone.”
“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 with 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 no 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 the woman’s side.

If any of these clinical signs are present, ask more specific questions. Make sure she is 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. Is this happening to you?”

If the patient denies abuse, but you strongly suspect it,

document your opinion, and let her know there are resources available to her should she choose to pursue such options in the future.

Make a follow-up appointment to see her.