

Domestic Violence (≥ 18 years old) (Partner and/or Elder Abuse) Recognition and Reporting

Standard:

Domestic violence is physical, sexual, emotional, coercive, or psychological abuse and/or intimidation, which attempts to control another person in a current or former family, dating, or household relationship. This includes suspected individuals being trafficked. Elder abuse is the physical and/or mental injury, sexual abuse, negligent treatment, or maltreatment of a senior citizen by another person. Abuse may be at the hand of a caregiver, spouse, neighbor, or adult child of the patient. The recognition, appropriate reporting, and referral of abuse is a critical step to improving patient safety, providing quality health care, and preventing further abuse. For individuals < 18 years old Refer to Clinical Standard on Child Abuse Recognition and Reporting.

Purpose:

Assessment of an abuse case is based upon the following principles:

- **Protect** the patient from harm.
- **Suspect** that the patient may be a victim of abuse, especially if the injury/illness is not consistent with the reported history.
- **Respect** the privacy of the patient and family.
- **Collect** and document as much information as possible.

Application:

1. Assess all patients for any psychological characteristics of abuse, including excessive passivity, compliant or fearful behavior, excessive aggression, violent tendencies, excessive crying, behavioral disorders, substance abuse, medical non-compliance, or repeated EMS requests. This is typically best done in private with the patient.
2. Assess all patients for any physical signs of abuse, especially any injuries that are inconsistent with the reported mechanism of injury. Defensive injuries (e.g. to forearms), and injuries during pregnancy are also suggestive of abuse. Injuries in different stages of healing may indicate repeated episodes of violence.
3. Assess all patients for signs and symptoms of neglect, including inappropriate level of clothing for weather, inadequate hygiene, absence of attentive caregiver(s), or physical signs of malnutrition.
4. System Credentialed Providers are required to immediately report any suspicious findings to the Texas Department of Family and Protective Services (DFPS) hot line 800-252-5400. This phone is answered 24 hours everyday. If the patient refuses, this should occur as soon as reasonably possible after leaving the scene. If transported then at the hospital after patient transfer is completed. Providers may need to request a brief "out of service time" for this process to be completed. Other than the phone interview, there are no other immediate written documentation reporting requirements by the State.
5. If the patient is transported the hospital; the RN/MD receiving report should be advised of the conditions/situation the patient was found in. Law Enforcement may also be notified if available. These must be reported to the "Department" (DFPS). Reporting options are additionally discussed including criterion for on-line reporting vs. hotline call; including, creating an account and login to make the on-line report : <https://www.txabusehotline.org/Login/Default.aspx>
6. All patient encounters with DFPS reporting must be documented in your PCR/ePCR with the DFPS intake/case number included.

Reference: [Human Resources Code Title 2, Subtitle D, Chapter 48, Sec. 48.002 and 48.051.](#)