

GUIDELINES FOR TREATMENT OF BATTERED WOMEN IN EMERGENCY ROOM

These guidelines have been developed to assist emergency room nursing personnel at Rush Presbyterian-St. Luke's Medical Center in the identification, treatment and referral of battered women who are patients in Rush Presbyterian-St. Luke's Medical Center emergency room.

Battered women are not a "new Medical population" but their identity as victims of serious physical abuse inflicted by a husband, boyfriend, or another male member of the family has only recently been acknowledged. Identification of battered women by emergency medical staff is critically important. Many battered women's first line of entry with helping professionals is an emergency room visit. Without recognition and the concomitant appropriate medical, nursing and social service interventions and no help to deal with or change her situation, the individual is sent back to being abused again.

MANAGEMENT OF BATTERED WOMEN IN E.R.

All emergency room personnel should be aware of the signs and symptoms of battering and the approaches which can be used in providing treatment.

Assessment:

1. Have a high index of suspicion: Battered women rarely admit the source of their injury. Be suspicious when: the injuries sustained are not likely to be caused by the accident reported; the woman presents one or more days after the injury; x-ray evidence shows old and new fractures in different states of healing; there are repeat visits with injuries becoming more and more severe as frequency of visits increases; over protective mate is present who doesn't want the woman to be alone with the professional; child abuse if found; the pregnant patient miscarries.

Injuries sustained through trauma.

- a. Injuries to head and neck are the most common: periorbital hematoma, fractured mandible, nasal fractures, perforated tympanic membrane, lacerations around eyes and lips, contusions and soft tissue injuries, and injuries above the hairline.
- b. Injuries to breasts and broken ribs (usually to kicking).

- c. Arm injuries (fractures from warding off blows to the head or from pulling and twisting).
- d. Strangulation, bilateral carotid compression and resulting bruises.
- e. Back injuries from being thrown, pushed or kicked.
- f. Injuries to abdomen during pregnancy and miscarriages as a result of trauma are particularly common.

Complications which arise from the battered woman syndrome:

- a. Anxiety, nervousness, difficulty sleeping.
- b. Depression.
- c. Prescription drug abuse.
- d. Alcohol abuse.
- e. "Hysterical, neurotic or hypochondriacal complaints".
- f. Suicide attempts.

2. Approaches to Assessment

- a. Maintain a helping approach: Take the battered woman seriously and respect her. Reinforce her capacity to help herself. Do not treat her as yet another routine case. Make all questions as non-threatening as possible. When she is told that violence is a common problem and she is not alone in her problem it helps her to be put at ease.
- b. Maintain privacy: Women should be interviewed and examined alone. All questions should be asked when the women are alone and husbands, boyfriends, etc. are not within hearing distance.
- c. Interview data: EVERY WOMAN, AT SOME POINT, MUST BE ASKED DIRECTLY IF THEIR INJURIES ARE A RESULT OF BEATING. Be aware that you should not label an individual as a battered woman unless you validate this with her.

A woman may volunteer that she has been beaten, only after first giving the story of "walking into a door" or "falling down the stairs", or "I'm accident prone." Direct questioning of the victim as to whether or not a friend or husband has beaten her often leads to more accurate responses. If it does not, the fact that you showed the concern at that time, and that you think it is a possibility, will make a deep impression. It may help her to decide to seek help later, even if she is not ready when you first see her.

1. Is there trouble at home?

Whether the answer is YES or NO, ask the following questions.

2. Did someone injure you?

If she responds NO

She may not be a battered woman; her injuries may have resulted from an accident or from an assault by a stranger.

She may hesitate to acknowledge the situation because she fears for her safety.

She may be embarrassed, feel uncomfortable even blame herself for the abuse and be unwilling to admit it is occurring.

She may have asked for help in the past, found it ineffective and decided it only endangers her further.

She may not see herself as an "abused woman" hoping it is an exceptional situation not a pattern of increasing violence.

She may assume that battery is her lot in life, an expected, although dismal, component of any relationship.

In these situations, your only recourse is to state: "Please let me give you this referral card for services you may wish to contact at some later point". You cannot force the woman to accept the information.

If she says "yes" that there is trouble at home, but she is not being beaten, explain to her that the referral card you are giving her could help with such problems as drinking, drugs, marital and other problems she may be having at home.

If she responds "yes" she is being beaten then ask her if she would like to find out about more resources.

The assessment should include:

Obtain the history firsthand: Record time and place of interview. Record the history and description of the battering incident in the woman's own words. Inquire about prior assaults. Note affective behavior (describe, do not judge).

In addition, try to elicit the following information:

How frequent are the beatings?

Have the beatings become more intense?

Are the beatings lasting longer?

Are you pregnant?

Physical Examination: Describe the injuries accurately and completely. (Remember the record of your assessment may become evidence in a trial.) The physical exam should include assessment and treatment of all lacerations broken bones, severe and minor bruises, and affective behavior. Use the injury map if possible.

Photographs: Take photographs of all visible injuries, for the medical record after obtaining written consent from the woman when the physical exam is complete. However, many bruises do not appear at their worse for several days. Provision to come back to hospital within 48-72 hours for follow up photographs may be helpful.

Planning

Planning is an integral part of the process. As the nurse/physician gathers the data and treats the physical injuries the individual should be included as an active participant in identifying options and examining alternatives.

A R CASA volunteer should be contacted for assistance with planning for release from the E.R. and/or follow-up.

The victim should be given:

- a. Fact sheet describing the Illinois Act Against Domestic Violence.
- b. Referral card

Interventions:

Interventions have been initiated at the moment of recognition that the individual is a victim of violence.

Treatment of physical injuries, discussion of options and rights and support for the individual are basic ingredients of effective interventions.

Adequate documentation of the treatment process and history is absolutely essential.

Discharge Planning:

Make sure that you have discussed referrals and formulated a plan with her before she leaves; and that you have informed her of her rights to press criminal charges.

THE EMERGENCY ROOM SHOULD:

1. Display a referral list for victims of violence.
2. Develop a referral list of volunteers to assist in the treatment of victims of domestic violence.
3. Implement policies and procedures that will facilitate treatment of victims of domestic violence.
4. Provide in-service programs for emergency room personnel to enrich their skills and knowledge base in relation to domestic violence.
5. Provide on-going supervision of personnel for treatment of victims of domestic violence.

APPENDIX B - GENERAL REFERRAL LIST

Ambulance - 911
Police - 911
Fire - 911

DOMESTIC VIOLENCE

Women Abuse Action Project
(Uptown Center Hull House) 561-3500
Coalition of Concerned Women 264-3000
Southwest Women Working Together (24-hour hotline) 436-7678
Mujeres Latinas en Accion
(24-hour answering service) 226-1544
Family Rescue 375-8400
Traveler's Aid Women's Program
(24-hour answering service) 435-4500
Loop YWCA Women's Services 372-6600
YMCA's "Outrage" program for abused teens 385-6700
PEAP Prevent Elderly Abuse Program 933-7754
Department of Human Services (24 hours) 744-5829

EMERGENCY LODGING FOR BATTERED WOMEN

Greenhouse 786-9013
House of Good Shepherd 935-3434
Sienna House 539-7795
St. Elizabeth House 465-3250
Gospel League Shelter 243-2480
Salvation Army Emergency Lodge 275-9383
Pacific Garden Mission 922-1462
Evanston YWCA 864-8445

FAMILY - SOCIAL PROBLEMS

Child Abuse Hotline (toll-free) 800-252-2873
Citizens Committee for Children and
Parents Under Stress (Office) 427-1161
(24-hour hotline) 463-0390
Families Anonymous 848-9090
Compassionate Friends (child loss) 323-5010
Education Network for Older Adults 782-8967
Metro-Help 929-5150

RAPE

Loop YWCA Women's Services 372-6600
WICCA (Women in Crisis Can Act)
(Tues. thru Fri., 5-11 P.M.) 528-3303
City of Chicago Rape Hotline (24 hours) 744-8418
Department of Human Services (24 hours) 744-5829

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SUBSTANCE ABUSE

Alanon	848-2707
Alcoholics Anonymous	346-1475
Alternatives, Inc. (drug hotline: Tues. 3-6 P.M., Wed. 3-9 P.M., Thurs.-Sat. 3 P.M. to midnight)	929-5150
Central Intake (drug referral hotline)	842-7400

GENERAL

Comprehensive Community Referral Service	322-0580
Poison Control (Rush-Pres.-St. Luke's Med. Center)	942-5969
Midwest Women's Center	663-4163
Self-Help Center	328-0470

HEALTH

Board of Health	744-7333
Chicago Women's Health Center (Tues. 6:30-8:30 P.M., Thurs.-Fri., 9:30 A.M.-3 P.M.)	935-6126
LOSS (Loving Outreach to Survivors of Suicide Victims)	236-5172 ext. 360
MERS (Health Evaluation and Referral Service)	248-0166
Chicago Heart Association	346-4675

LEGAL

Legal Assistance Foundation	341-1070
Legal Aid Bureau	922-5625
Chicago Volunteer Legal Services	332-1624
Chicago Bar Association	782-7348

APPENDIX C

INFORMATION AND REFERRALS FOR BATTERED WOMEN

IF YOU ARE BEING BEATEN BY YOUR HUSBAND OR BOYFRIEND, YOU SHOULD KNOW THE FOLLOWING:

1. YOUR RIGHT TO POLICE PROTECTION AND SERVICES

If you are being beaten, call the police (in Chicago dial 911) and say you are being beaten. When the police arrive they must take a report on the incident whether or not you decide to file a charge. Be sure to get the report number (RD number), the name of the police officer(s) and his/her badge number. If there are physical signs of the beating when the police arrive AND your abuser is present AND you want him arrested, the police should arrest him. If your abuser has left the scene, ask the police where you should go to sign a complaint against him.

If you need medical attention: (1) ask the officer(s) to transport you to an emergency room, (2) write down the names of the nurses and doctors who treat you, (3) ask that pictures be taken of your injuries, and (4) ask for copies of your medical reports.

If you are not in need of medical care, upon your request, the police are required to transport you to a safe place. They also must offer you a pamphlet that summarizes your legal options and lists social service referrals.

If you have left your home because of a beating and need to return for important papers and clothing for yourself and/or your children but are afraid to return alone, call 911 or the watch commander of your local police district. Explain that you fear for your safety and that you need a police escort for protection.

2. YOUR RIGHT TO PRESS CRIMINAL CHARGES:

If the police did not respond properly (or if you did not want to sign a complaint or have your abuser arrested at the time of the attack), you can still press criminal charges. You can file these charges at a warrant office. In order to locate your warrant office, call the following number, 744-5507, between the hours of 9 A.M. and 4 P.M., Monday through Friday.

Go to the warrant office at 9 A.M. within one week of the beating. DO NOT ask for a peace bond. Peace bonds are not effective. Instead, state that you want to sign a complaint (for example, for assault and battery*,

*Assault: to threaten with an immediate ability to carry out the threat.
Battery: to touch in a forceful, destructive, and/or insulting manner without consent.

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criminal damage to property, trespass, etc.). If you know the number of the police report (RD number), tell the warrant officer. However, you do not need the number to file a complaint.

After signing the complaint, one of two things should happen: (1) a summons will be sent to your abuser ordering him to come to court, or (2) a warrant will be issued for his arrest. If a summons is sent, be sure to note the date, time and place of the trial. If a warrant is issued ask the warrant officer for the phone number and location of the police station that will be handling the warrant. Call the station and request them to act promptly on the warrant. You may have to call several times.

3. CRIMINAL COURT

The Assistant State's Attorney (ASA) will prosecute the charges against your abuser. He/she will act as your attorney; therefore, you do not need a private lawyer in criminal court.*

If your abuser pleads guilty or is found guilty by the judge, he can be placed on supervision or probation. In very rare cases he can be sent to jail. On your court day, you should be ready to request the remedy you would prefer. They include:

Supervision (non-reporting) is similar to probation but he is not convicted and his record can be expunged (if he does not violate the terms). This means there will be no record of the charges against him at the end of the supervision.

Social Service Supervision is similar to regular supervision except that the abuser must periodically report to a court officer or a social worker. Mandatory counseling for abusive men is available through the Domestic Violence Program of the Cook County Circuit Court. A man sent to this program must report weekly to a social worker for counseling, either individual and/or group.

Probation is a harsher sentence than supervision. When convicted the abuser may be ordered to report regularly to a probation officer. In addition, he may also be ordered to attend mandatory counseling.

Jail terms are seldom given unless the abuse has been chronic or results in severe and/or permanent injury. If the abuser used a weapon to inflict injuries, his chances of going to jail are greater.

*Information about volunteer court advocates who will assist you through the often confusing court process can be obtained by calling any of the Domestic Violence referrals in Appendix B.

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Criminal law also provides for a court to issue an Order of Protection** which provides for additional remedies on your behalf. It is your right to ask the ASA to request an Order of Protection. This request may be made any time after the complaint is filed, even before your case goes to trial. An Order of Protection may be given to:

- prohibit the abuser from threatening or continuing to abuse you
- grant you temporary sole possession of your residence
- prohibit the abuser from "snatching your children"

Under Orders of Protection, the police have more power to arrest those abusers who violate the court ordered terms.

4. WHAT THE FAMILY COURTS CAN DO:

You may have other legal needs in addition to your need for protection from the criminal law system. You may want a divorce or separation. You also may need legal custody of your children or an order requiring their father to pay child support. You will need to provide your own lawyer in these matters. You may direct your lawyer to request Orders of Protection that include:

- temporary support for yourself and your children
- compensation for medical and out-of-pocket expenses
- payment of court costs and attorney's fees

It is important to note that Orders of Protection replace civil injunctions in abuse cases.

5. FINDING A SAFE PLACE FOR YOU AND YOUR CHILDREN:

If you decide that you need to escape from the abuse, try a friend or a relative first. If you cannot find a safe place to stay, call one of the places listed under Emergency Lodging in Appendix B. They may tell you that the shelter is full or that your situation is not serious enough. Keep trying. When you speak to a person at the shelter, stress the danger you will be in if you stay at home. When you find a safe place it is important to remember that the police can provide you with transportation.

6. FINDING EMERGENCY INFORMATION AND ASSISTANCE:

If you are in need of assistance other than shelter, the agencies listed in Appendix B under the heading Domestic Violence offer a wide variety of services specifically designed to help women living in abusive domestic settings. These services include information on the legal system, court advocacy, financial planning, various types of counseling and support groups, and job training.

**Orders of Protection help protect victims from continued abuse by family or household members. Any person may initiate proceedings on behalf of child or elderly victims of domestic violence.