

**Title: FORENSIC EVALUATION: DOMESTIC VIOLENCE, ADULT**

**Scope:**

This policy applies to the Forensic Nurse Examiner Service (FNES), MultiCare Health System (MHS) Emergency Department outpatients and MHS inpatients that identify themselves as victims of domestic violence. The Emergency Department Staff and Social Work Services Staff may also be affected by this policy.

This scope applies to all inpatient areas at MultiCare Health System. It includes Tacoma General, Mary Bridge, Allenmore, Good Samaritan, Auburn Medical Center and all ambulatory areas.

**Policy Statement:**

- A. This policy establishes the MHS procedures for forensic evaluations by the Forensic Nurse Examiner Services (FNES) of the patient presenting with complaints of domestic violence.
- B. The Forensic Nurse Examiner Services in collaboration with Emergency Department staff and Social Work Services staff will offer forensic evaluations to patients who have experienced domestic violence. The FNES will provide forensic evaluation to consenting adults who fit the established criteria. Evidence collected will be stored in a secure fashion maintaining its integrity for legal use.
- C. This policy and procedure will be used in conjunction with the policy and procedure titled, "Abuse, Exploitation, Neglect, or Abandonment: Adults." This comprehensive policy covers ED staff and social work functions related to the domestic violence patient except for referral of such patients for forensic evaluation.
- D. This policy and procedure is also consistent with the following related MHS policies: "Management of the Sexual Assault Adult Patient", "Evidence Collection Guidelines", "Child Abuse Intervention Department", "Medical Evaluation of Suspected Child Physical Maltreatment" and "Security Management Plan".

**Special Instructions**

**1. Prioritization of Work:**

- A. The FNES's primary work is forensic evaluation of the sexual assault patient and these patients will take priority over domestic violence cases.
- B. Patients not seen in conjunction with their ED visit may later be seen in the FNES suite by appointment. ED staff and social workers will be

provided with information to facilitate such appointments.

## **2. Patient Criteria:**

- A. Eligible patients will be 18 years of age or older, deemed medically stable by the ED staff and able to provide consent for the forensic evaluation.
- B. In cases involving vulnerable, dependent and/or developmentally disabled adults, where appropriate consent can be obtained, the FNES may be involved in the forensic evaluation at the discretion of the LEO and the FNE.

## **3. Security Management:**

- A. Due to the inherent risk of violence associated with this patient population, security of the staff, patients and visitors should be addressed. In accordance with MHS policy, "Security Management Plan", the FNE will decrease the risk for workplace violence in the following ways:
  - 1.) Notify Security if it is believed that a potential assailant is on-campus.
  - 2.) Complete the forensic evaluation in the ED if warranted (See Determining Location of Forensic Evaluation Appendix A).
  - 3.) Use a security escort to move from the ED to the FNES suite if warranted or desired. (See Determining Location of Forensic Evaluation Appendix A).
  - 4.) Maintain the security of the FNES suite by keeping the door shut and locked at all times. Instruct people accompanying the patient of the security requirements.
  - 5.) Maintain access to the FNES suite's panic button.
  - 6.) Offer a security escort to all patients leaving the FNES suite.
  - 7.) Knowledge of the location of the FNES suite should be limited by having patients come from the ED rather than direct access.

## **4. Scope of Evaluation:**

- A. For the domestic violence patient, a forensic exam will consist of documentation of the patient's statement of abuse and forensic photography of physical injuries.
- B. Storage of physical evidence is not within the scope of our current facilities and such evidence will only be collected if law enforcement is present to take it into custody at the time it is obtained (clothing, swabs, etc.). All components of the forensic exam are voluntary.

## **5. Evidence Integrity:**

- A. Written documentation will be stored in medical records per usual MultiCare practice.
- B. Photography will be stored on the secured drive provide specifically for

the FNES to maintain confidentiality and evidence integrity.

## **6. Non-Forensic Nursing Care**

- A. The FNES recognizes that for a victim of violence at MHS, policy states, "the physician, nurse or other member of the team will refer to Social Work..." and that "Social Work will provide appropriate assessment and intervention services." ("Abuse, Exploitation, Neglect, or Abandonment: Adults.")
- B. The FNES further recognizes that forensic nurses may also play a role in such education and support of these patients regarding advocacy, legal issues, shelter and safety.

### **Procedure:**

#### **I. ED Staff will:**

- A. Provide universal screening for domestic violence and, if it results in self-identification as a victim of DV, call social work and page forensic nurse. (MHS policy; "Abuse, Exploitation, Neglect, or Abandonment: Adults")
- B. If forensic nurse unavailable, provide information to patient regarding appointments for forensic evaluations in the FNES suite.

#### **II. Forensic Nurse Examiner will:**

- A. Determine patient eligibility and, if eligible, obtain consent for forensic evaluation. (MHS policy; "Informed Consent and Patient Competency")
- B. Verify that SW has seen the patient. Patient may decline SW consult or one may not be available in a timely manner. At the discretion of the FNE, the patient may be seen without a SW consult.
- C. Determine location where forensic evaluation will occur based on patient condition and risk level. Patients too injured, impaired or who are to be admitted as inpatients can be seen in the ED or in an inpatient room at the discretion of the FNE. Risk level should be assessed and a decision reached by the FNE on location for forensic evaluation.
- D. Demographic data, a history of past abuse and a history of current abuse will be taken. If at anytime in the course of care, the FNE determines that strangulation or a major injury/fall has taken place or that the patient is pregnant **and** that this information was not known at the time of the medical screening exam, the patient will be returned to the ED for further evaluation. Additionally, discharge information will be given to patients who have experienced strangulation.
- E. Non-physical evidence (patient statement and photography), appropriate to domestic violence, will be obtained and documented in accordance with the MHS policies "Evidence Collection Guidelines". Physical evidence will be obtained only if law enforcement is present to take custody at time of collection.

- F. Patients will be assessed for safety and receive referral sources to include shelter, legal and advocacy services. Patient's deemed at significant risk to self will be referred back to SW for further intervention. The FNES recognizes that while safety assessment may determine a patient is at significant risk from their assailant or others, patients retain their autonomy to decline services.
- G. Involvement of law enforcement may be facilitated by the FNE and will follow the MHS policy "Abuse, Exploitation, Neglect or Abandonment: Adults" guidelines. This includes that consent is required to talk with LE but also states that "although there is no obligation under the Uniform Health Care Information Act to disclose domestic violence toward an adult to law enforcement, state law allows for "discretionary warning" and limited release of patient information without the patient's authorization if the health care provider reasonably believes that disclosure to law enforcement is necessary to avoid or minimize a serious and imminent danger to the health or safety of the patient or any other individual, and the disclosure is to a person reasonably able to prevent or lessen the threat. [RCW 70.02.050(1)(d)] The information disclosed must be limited to only the information necessary to avoid or minimize the immediate danger."
- H. If, in the course of care, the FNE determines that the patient is a vulnerable or dependent adult or that children have been abused, SW will be called in and mandatory reporting (APS or CPS) will be completed. The children will also be referred to CAID ("Child Abuse Intervention Department", Medical Evaluation of Suspected Child Physical Maltreatment")
- I. Written discharge instructions will be provided with acknowledgement that the patient must decide if possessing such paperwork poses a risk to them if found by their assailant. If so they should not take it with them.
- J. Written documentation will be reviewed then stored in medical records per usual MultiCare practice. Photography will be stored on the secured drive provided specifically for the FNES to maintain confidentiality and evidence integrity.

### **III. Definitions:**

**FNES:** Forensic Nurse Examiner Service

**FNE:** Forensic Nurse Examiner

**SW:** Social work or social worker

**LE/LEO:** Law Enforcement/Law Enforcement Officer

**CPS:** Child Protective Services

**APS:** Adult Protective Services

**ED:** Emergency Department

	<p><b>CAID:</b> Child Abuse Intervention Department</p> <p><b>Domestic Violence:</b> a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners to gain or maintain power and control.</p> <p><b>Adult:</b> any individual 18 years of age or older, or an emancipated minor. Individuals under 18 are considered to be minors and are covered under the MHS Child Abuse/Neglect policies contained in the Child Abuse Intervention Department Policy and Procedure Manual</p> <p><b>Developmentally Disabled adult:</b> a person with a disability attributable to mental retardation, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation. The disability:</p> <ol style="list-style-type: none"> <li>a. Originates before the individual attains age eighteen;</li> <li>b. Has continued or can be expected to continue indefinitely; and</li> <li>c. Constitutes a substantial handicap to the individual.</li> </ol> <p><b>Dependent adult:</b> a person over eighteen years who has been found to be legally incompetent or disabled pursuant to RCW 11.88.</p> <p><b>Vulnerable adult (or, frail elder):</b> a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself.</p>
	<p><b>Related Policies:</b></p> <p>MHS P &amp; P: <i>"Abuse, Exploitation, Neglect or Abandonment: Adults"</i></p> <p>MHS P &amp; P: <i>"Informed Consent and Patient Competency"</i></p> <p>MHS P &amp; P: <i>"Evidence Collection Guidelines"</i></p> <p>MHS P &amp; P: <i>"Child Abuse Intervention Department", Medical Evaluation of Suspected Child Physical Maltreatment"</i></p> <p>MHS P &amp; P: <i>"Management of the Sexual Assault Adult Patient"</i></p> <p>MHS P &amp; P: <i>"Security Management Plan"</i></p>
	<p><b>Related Forms:</b></p> <p>Forensic Evaluation: Domestic violence (3 pages) (DRAFT)</p> <p>Forensic Evaluation: Female Bodygram</p> <p>Forensic Evaluation: Male Bodygram</p> <p>Forensic Evaluation: Domestic Violence Discharge Instructions (DRAFT) Multidisciplinary Progress Note</p>
	<p><b>Attachments:</b></p> <p>Appendix A: Determining Location of Forensic Evaluation</p>
	<p><b>References:</b></p>

RCW 26.44, 71A, 74.34 RCW 70.02.050(1)(d) RCW 11.88 National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings	
<b>Point of Contact: Forensic Nurse Examiner Services: 403-1709</b>	
<b>Approval By:</b> Emergency Services Executive Committee MHS Adult Medicine Committee Quality Steering Council	<b>Date of Approval:</b> <b>2/12</b> <b>3/12</b> <b>4/12</b>
Original Date: Revision Dates: Reviewed with no Changes Dates:	1/09 none 2/12

Distribution: MHS Intranet  
3/2017 location included in scope

## Appendix A

### Determining Location of Forensic Evaluation

<b>To Forensic Suite: Escort if desired</b>	<b>To Forensic Suite: Escort required</b>	<b>Remain in ED: If ED too busy, reschedule for office hours.</b>
<ul style="list-style-type: none"> <li>▪ Is forthright and honest, information is clear</li> </ul>	<ul style="list-style-type: none"> <li>▪ Is hard to read, information lacks clarity and may be incomplete, seems less than forthright</li> </ul>	<ul style="list-style-type: none"> <li>▪ Is hostile, confused or frightened beyond situation, information is contradictory or clearly incomplete, seems untruthful</li> </ul>
<ul style="list-style-type: none"> <li>▪ States assailant doesn't know he/she is at ED.</li> </ul>	<ul style="list-style-type: none"> <li>▪ States assailant knows he/she is in ED</li> </ul>	<ul style="list-style-type: none"> <li>▪ Believes assailant is in the vicinity.</li> </ul>
<ul style="list-style-type: none"> <li>▪ States there is no risk to her or staff if move from ED to Forensic suite.</li> </ul>	<ul style="list-style-type: none"> <li>▪ States it is possible that assailant followed her to ED</li> </ul>	<ul style="list-style-type: none"> <li>▪ States feels that moving from ED to the Forensic suite would be dangerous.</li> </ul>
<ul style="list-style-type: none"> <li>▪ States no concern that assailant will present during forensic evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Patient has been in FNES suite previously.</li> </ul>	<ul style="list-style-type: none"> <li>▪ States that assailant knows location of forensic suite.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Accompanying persons: no more than two, are calm, make eye contact, respond appropriately, follow direction, and make supportive comments or actions.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Accompanying persons are more than two in number and do not easily accept limitation of numbers in the forensic suite.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Accompanying persons create any suspicion of impairment, socially unacceptable behavior, lack of support or inability to follow directions.</li> </ul>

Other security issues: