

Madigan Army Medical Center Referral Guidelines

Adult/Intimate Partner Abuse

Diagnosis/Definition

- Domestic violence or a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person who is either a current or former spouse; a person with whom the abuser shares a child in common; or a current or former intimate partner with whom the abuser shares or has shared a common domicile. Domestic violence falls into at least one of the following four categories:

Physical Abuse/Force: non-accidental act of force (examples: pushing shoving, grabbing, poking, restraining, hitting, applying force to throat, holding under water, using a weapon, etc)

Emotional Abuse (examples: berating, obstructing partner's access to assistance/law enforcement/medical resources, economic resources, etc, threatening harm or implying harm, isolating, staking, etc.

Sexual Abuse is the use of physical force to compel the intimate partner to engage in a sex act against his/her will (whether or not the act is completed), use of physically or emotionally aggressive act(s) to coerce a sex act (attempted or completed); or physical contact of a sexual nature against the express wishes of the intimate partner and that causes considerable distress.

Neglect is the situation where the partner is unable to fully care for self due to physical, psychological, intellectual, or cultural limitations. As a result the partner sustains a more than inconsequential injury or has potential for an inconsequential injury due to the act or inaction of his/her partner.

- Indicators of abuse include, but are not limited to, multiple physical injuries or physical injuries inconsistent with the explanation, non-specific physical or psychological complaints. Victims are often reluctant to report abuse or to leave the offender.

Initial Diagnosis and Management

- History and physical exam will include the physician/provider's suspicions of abuse, medical documentation of noted injuries, and patient's explanation of those injuries.
- Department of Social Work staff will complete a psychosocial assessment upon referral.

Ongoing Management and Objectives

- Ensure victim safety
- Assessment
- Treatment for offender and victim
- Prevent future abuse/neglect

Indications for Specialty Care Referral

The Joint Base Lewis McChord (JBLM) Report Point of Contact (RPOC) is the Military Police at 966-3693. Army Regulation 608-18 and Madigan Regulation 40-25 mandate reporting and permit Madigan Providers to report all allegations of spouse/intimate partner abuse to Madigan Family Advocacy Program (FAP) who will then report on the provider's behalf. Referral should include "who", "what", "when", "where" and any injuries reported or noted. In addition, Madigan providers should include in the medical note that they suspect domestic violence. During Duty hours, the FAP Intake worker can be reached at 968-4159. After normal duty hours, contact the Communication Center for either the Emergency Room Social Worker or FAP On-Call Social Worker. If there is an immediate problem, call Military Police at 966-3693.

Criteria for Return to Primary Care

Social Work will work with Primary Care as appropriate. Closest coordination will take place in those cases that involve serious physical injuries or family members with chronic medical

Last Review for this Guideline: **November 2012**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator