DOMESTIC & CHILD ABUSE

GENERAL PHYSICAL EXAM SCREENING TIPS

For Domestic Violence, the HITS (Hurts, Insults, Threatens, Screams) survey was found to be an effective screening tool.[1]

- 4 screening questions where patients answer in a 5-point frequency format
- Scores range from 4-20, and a score over 10 is considered to be ‘positive’
  
  ![This identifies that there may be abuse and a safety risk](image)
  
  ![Indicates a need for intervention from health care team](image)
  
- HITS survey has been shown to be effective in both females and males

<table>
<thead>
<tr>
<th>Over the past 12 months, how often did your partner:</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Fairly Often</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physically HURT you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>INSULT you or talk down to you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THREATEN you with physical harm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scream or curse at you</td>
<td></td>
<td></td>
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</tbody>
</table>

QUESTIONS TO ASK WHEN YOU SUSPECT ABUSE

When domestic violence is suspected, ask direct questions that the patient will be able to respond with a ‘yes’ or ‘no’. [1]

SOME DIRECT QUESTIONS CAN BE:

- Are you ever afraid at home?
- Has your partner ever hit you?
- Has your partner ever made threats to kill anyone?
- Are you pregnant?
- Do you feel isolated or alone?
- Do you lack support?
- Have you ever had thoughts to self-harm?
- Do you ever feel that you have to go along with sex to keep the peace, or does your partner refuse to take no for an answer?

HEALTH & HUMAN RIGHTS POCKET CARD SERIES
**DOMESTIC & CHILD ABUSE**

**WHAT TO DO IF YOU SUSPECT CHILD ABUSE**

The Escape Form was developed by physicians in the Netherlands. It is a series of 6 questions that the treating physician answers to assess whether or not the child is at risk of child abuse.

**“ESCAPE FORM” Checklist for Potential Child Abuse Used at Emergency Departments**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the history consistent?</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>Was there unnecessary delay in seeking medical help?</td>
<td>Yes*</td>
<td>No</td>
</tr>
<tr>
<td>Does the onset of the injury fit with the developmental level of the child?</td>
<td>Yes/NA</td>
<td>No*</td>
</tr>
<tr>
<td>Is the behaviour of the child/carers and the interaction appropriate?</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>Are the findings of the top-to-toe examination in accordance with the history?</td>
<td>Yes</td>
<td>No*</td>
</tr>
<tr>
<td>Are there any other signals that make you doubt the safety of the child or other family members?</td>
<td>Yes*</td>
<td>No</td>
</tr>
</tbody>
</table>

* If ‘Yes’, describe the signals in the box ‘Other Comments’ below.

NA = Not Applicable

*If one of these answers is selected, the risks of child abuse could be increased and action is recommended.

A large cohort study across numerous hospitals in the Netherlands, showed increased screening rates, and increased numbers of child abuse cases being discovered upon implementation of the tool. Cases were identified if they met certain inclusion and exclusion criteria and then screened using this tool. It was determined to be an effective tool for identifying children at high risk of abuse. [http://www.sciencedirect.com/science/article/pii/S014521341300344X](http://www.sciencedirect.com/science/article/pii/S014521341300344X)

**QUESTIONS TO ASK THE CHILD**

- To assess neglect, ask child to describe a typical day - what they eat, who makes the food, where they play, who comes to or leaves the house and when, whether they have electricity, etc.
- Does any place on your body hurt?
- What happens when you do something your parents don't like?
- What happens at your house (or daycare) when people get angry?
- Do people ever hit? Who do they hit? What do they hit with? How often does it happen? Is it scary?
- Are you afraid of anyone?
- What happens when you take a bath?
- Where do you sleep? What happens when you go to sleep?
- Has anyone touched you in a way you didn’t like?


**ASKING THE PARENTS**

- Do you feel that your child is safe at school (or at daycare or at the babysitter’s)?
- Is your child behaving differently lately in a way that concerns you?
- Have you noticed, or has your child complained about, any new physical symptoms lately?