The Family Support Program at Maine Medical Center works on behalf of victims of family violence to provide:

- Intervention
- Support
- Advocacy
- Staff Training

Domestic Abuse/Family Violence
- Is a pattern of coercive behaviors that are deliberate, often severe and repeated
- It may include physical and or sexual violence, emotional and psychological abuse, social isolation, threats, intimidation, or economic coercion
- It represents a pattern rather than a single incident and includes intentional assaults on self esteem and personal freedom

Intimate Partner Violence
- Is perpetrated by adults or adolescents against their intimate partners in current or former dating, married or cohabitating relationships of heterosexual, gay men, lesbian, bisexual, and transgendered people.

CAUTION: There is no absolute profile of a victim of abuse. Screen EVERYONE for Safety.

Statistics
- EST. 1 to 2 million elders (65yrs+)
- EST. only 14% Elder Abuse cases reported
- EST. 906,000 Children abused/neglected
- EST> 1,500 Children died as a result
- 0 – 3 years old highest risk group (16.4%)
- Homicide leading cause of death for pregnant women
- 25 – 31% women experience domestic violence
- When women are killed by someone:
  - Nationally, 33% killed by intimate partner
  - In Maine, 65% killed by intimate partner

Potential Health Impact of Abuse
- Injuries
- Headaches, including migraine
- Arthritis
- Chronic neck or back pain
- Stomach ulcers
- Anxiety
- Depression
- Post Traumatic Stress Disorder
- Pregnancy Complications
- Suicidality
- Substance Abuse
- Death
- Psychosomatic pain/complaints
- Presence of substance abuse
- Adult unwilling to let patient be interviewed alone
- Withdrawn/timid

Red Flags for abuse
- Delays between onset of injury and presentation for treatment
- Injuries in various stages of healing
- Extent/type of injury inconsistent with explanation
- Bruises around breasts, genitals, buttocks
Barriers to Leaving Perpetrator of Abuse/Violence
- Emotional attachment and the hope that things will improve
- Fear of harm or death
- Isolation and dependence
- Economic instability
- Feelings of hopelessness
- Social, Religious, Family pressure

Barriers to Victims Reporting Abuse
- Fear for safety/escalating abuse
- Shame and humiliation
- Belief that abuse is deserved or injuries are not severe enough
- Previous lack of or insensitive response by professional(s)
- Fear she/he will not be believed

Screening for Domestic Abuse/Family Violence:
*It is the policy of MMC to routinely screen ALL adults, including adolescent patients for domestic abuse/family violence.*

Ask patients:
- Have you ever been in a relationship where you have been physically hurt, threatened, controlled or made to feel afraid?
- Do you currently fear for your safety? For your children’s safety?

When screening, always interview alone, not in the presence of partner/companion, but do NOT insist on separation—it may increase the risk to the patient.

Please review the MMC Institutional Policies related to abuse and neglect, cited at the end of this document. The policies include many examples of questions to ask to complete a risk assessment and assist the patient with safety planning. Suggestions for keeping patients safe in Ambulatory Care, Outpatient, and Inpatient Settings are outlined within the policies. Steps for reporting abuse, neglect, and/or exploitation are defined, as well.

Mandated Reporting*:
- **Child Abuse or Neglect Mandated Reporter:** - a person acting in professional capacity who is a medical examiner, physician’s assistant, registered or licensed practical nurse, Certified Nursing Assistants, medical or social worker, psychologist or mental health professional, who knows or has reasonable cause to suspect that a child has been, or is likely to be, abused or neglected. The mandated reporter shall immediately report or cause a report to be made to DHS (Department of Human Services)
- **Elder/Adult Abuse, Neglect, or Exploitation** - Maine law mandates that while acting in a professional capacity, a health care provider suspects that an adult has been abused, neglected or exploited and has a reasonable cause to believe that the adult is incapacitated or dependent, then that person shall immediately report or cause a report to be made to the Department of Human Services, Bureau of Elder and Adult Services, Adult Protective Services.

* Violence between two adults with capacity is NOT mandated reporting UNLESS there is injury related to a firearm.

If abuse, neglect, or exploitation is suspected or verified,
- The mandated reporter will notify the Family Support Program by completing the Report of Suspected Abuse/Neglect Form (#142710) and immediately sending it to the Social Work Department. A copy of the completed form is placed in the patient’s medical record. The form is available on the units. (See attached example.)
- Consider referring to the Family Support Program for assistance with a Risk Analysis and Safety Needs Assessment (refer to policies)
Interventions: **Always Remember**

- Do NO Harm
- Do everything possible to give a victim a sense of hope
- Do NOT do anything that further isolates, blames, or discourages victims
- Do NOT collude with the abuser and give him/her more power and control
- **DO work collaboratively. All reporting should be done collaboratively with members of the multidisciplinary team**

Resources:

- Maine Medical Center ---Institutional Policies
  - Reporting Suspected Elder/Adult, Neglect or Exploitation
  - Reporting of Suspected Child Abuse or Neglect
  - Screening, Assessment and Intervention for Victims of Domestic Abuse/Violence

- MMC Family Support Program Staff
  - Sue Ellen Muse, LCSW  662-2967
  - Ruth Grady, LCSW  662-2206

- MMC Security  662-2124

- Portland Police Department Shift Commander  775-6361

- Spurwink Child Abuse Program  879-6160

- Sexual Assault Response Services  774-3613 or 1-800-313-9900

- Department of Health and Human Services
  - 24-Hour **Child** Abuse Reporting  1-800-452-1999
  - 24-Hour **Adult** Abuse Reporting  1-800-624-8404

If assistance is needed on nights or weekends, please call the Nursing Supervisor.