Intimate Partner Violence and Domestic Violence

Developed In Collaboration With ACP &

The American College of Obstetricians and Gynecologists

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ACP American College of Physicians
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Florida Chapter

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
1951
WOMEN'S HEALTH CARE PHYSICIANS

ACP / Florida Required CME
2016 Domestic Violence

SPECIAL THANKS

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Domestic Violence (I)

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Domestic Violence (I)
(Points of Discussion)

- Definition (DV / IPV)
- Introduction
- Prevalence
- Demographics
- Types of Violence and Abuse
- Identity of an Abuser
- Children at Risk

Objectives

- Define Intimate Partner Violence (IPV).
- Describe the overlap of forms of IPV.
- Describe the prevalence of this public health problem.
- Describe physical, psychosocial and pregnancy related effects of IPV
- Discuss use of assessment tools in clinical practice
- Identify local and national resources for women in abusive relationships


Women and girls are most at risk of violence from men they know, particularly in the family.
Rape and sexual torture are used as weapons of war.
Violence against women has serious mental, physical and sexual health consequences.
Violence against women is a public health problem. It can be prevented.
World Health Organization

U.S. Preventive Task Force Recommendation Statement

- **Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults**

- **Annals of Internal Medicine, 22 January 2013**

www.annals.org

USPSTF 2013

- Clinicians should screen women of childbearing age for IPV/DV, and provide or refer women, who screen positive, to intervention services.
- This applies to women who do not have signs or symptoms of abuse

Domestic Violence / IPV

The ACOG was one of the first medical organization to recognize violence against women as a Public Health problem that warranted attention

ACOG began its effort to provide physician, patient, and public information in the late 1970's

Violence Against Men and Women

- Worldwide problem
- Crosses ALL racial, ethnic, religious, educational, and socioeconomic lines
- Has tremendous social, economic, and public health implications

Domestic Violence / IPV

- Not a new phenomenon
- Deep history throughout the world
- Referred to as gender-based violence
- Been declared a violation of human rights (United Nations 1993)

Violence Against Women

Gender-Based Violence

- Feticide
- Infanticide
- Bride Burning / Honor Killing
- Trafficking / Forced Prostitution
- Rape & Sexual Assault
- Family Violence
  - Intimate partner violence / Domestic violence
  - Child abuse
  - Elder abuse

Intimate Partner Violence (IPV)

The term describes physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner

Intimate Partner Violence (IPV)

- Violence within intimate relationship
- Domestic Violence includes other family violence as well
- Victims can be male or female but most are women

Intimate Partner Violence (IPV)

ALARMING FACTS

CDC reports IPV accounts for : -

33% of female homicides

5% male homicides

Intimate Partner Violence (IPV)

FACTS

- 2 million women affected annually
- 25% of women experience partner violence
- 324,000 pregnant women / year affected
- 1 in 3 homicides due to IPV
- 2/3 of rape cases related to IPV
- Significant peak = ages 20-24

Who is at Risk?

- Not all women experience violence
- IPV and DV are frequently unrecognized and unreported
- No single profile fits an abused man or woman OR a perpetrator

All Women Are at Risk

Victims of IPV come from every:

- **Age group**
- **Religion**
- **Ethnic / Racial group**
- **Socioeconomic level**
- **Educational backgrou**
- **Sexual orientation**

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Power and Control Over Victim

- IPV = Many types of violent behavior
- Each intended to exert POWER and CONTROL over the victim
- IPV = Actual OR Threatened physical, sexual, psychological and emotional, and / or financial trauma against another person


women
intimate
abuse
violence
Domestic


Animal cruelty shows itself in many ways.
RSPCA

Intimate Partner Violence

- Goal = power and control over victim
- Deliberate, repetitive, ongoing, & unpredictable
- Actual or threatened violence
  - Physical
  - Sexual
  - Psychological & emotional
  - Financial

The Intimate Partner

DEFINITION

- Current OR Former Partner
- Spouse, Boyfriend, or Girlfriend

The Intimate Partner

- 53% of Intimate Partner Violence against women (excluding rape) are perpetrated by spouses
- 5% by former spouses
- 42% are by other intimate partners

Physical Violence

Intentional use of force, such as:

- Throwing objects
- Pushing
- Kicking
- Biting
- Using a knife, gun, or other weapon
- Slapping
- Hitting
- Choking

Sexual Violence

- Unwanted touching
- Fondling
- Other sexual contact that does not necessarily involve intercourse

Sexual Violence

- Rape
- Non-consensual sexual acts
- Abusive sexual contact
- Sabotaging the use of birth control
- Refusal to follow safe sex practices

Psychological & Emotional Abuse

Following are Surrogates to Violence

- Breaking an object
- Threatening to harm a child or pet
- Stalking is a severe form of harassment and is considered a significant risk factor for major harm

Psychological & Emotional Abuse

- Degrading, Name-Calling, Blaming
- Calculated public embarrassment
- Threats
- Isolation from friends or family
- Controlling Financial Resources
- Withholding Information or Resources
- Stalking

Financial Abuse

- Rationing or Control of medications or financial resources
- Frequently involves elderly or disabled victims
- Destruction of personal property, pet abuse, and threats or actual harm to children or elders

Coercive Control & Intimidation

Underlying ALL forms of violence is coercive control and intimidation by the abusive partner

THERFORE

Acts are considered to be violent IF they are perceived by the recipient as violent or threatening

Coercive Control & Intimidation

- Acts perceived by victim as violent or threatening
- Recipient's fear of attack or retaliation
- Threats alternated with kindness

No Typical Abuser

- Abusers often have a public persona
- This is quite different than their private selves
- Violent behavior at home frequently is NOT carried into the workplace
- They are fully aware of the adverse consequences of such actions
- Often trusted community leaders

No Typical Abuser

Abusers come from all:

- Age groups
- Religions
- Ethnic / Racial groups
- Socioeconomic Levels
- Educational Backgrounds
- Sizes and Physical Conditions

Excuses & Minimization

- Violent behavior is a learned behavior
- Blame is placed on victim, situation, or substance
- Minimizes the seriousness of the violence
- Fails to accept responsibility for the abusive actions

Excuses & Minimization

- Minimizes or denies violence
- Blames victim or others
  - Victim "made me lose of control"
  - Alcohol or drug use / abuse
- Belief of entitlement to use violence

What about the Children?

Consequences of a Child Witnessing Partner Violence

Even if children themselves are not the target of the violence

They Have

Reactions similar to those children exposed to personal maltreatment

Consequences on Children

- Learned Aggression / Victimization
- Depression & Chronic Anxiety
- Academic Problems
- Substance Use / Abuse
- Suicidal Ideation
- Aggressive Behavior
- Delinquency

Get Up and Stretch Your Legs

- Get to know your neighbor
- Prevent DVT
- Do breathing exercises to hyper oxygenate your brain
- Improve your focus and attention span
- And liberate yourselves from that CO_2 narcosis

Domestic Violence (II)

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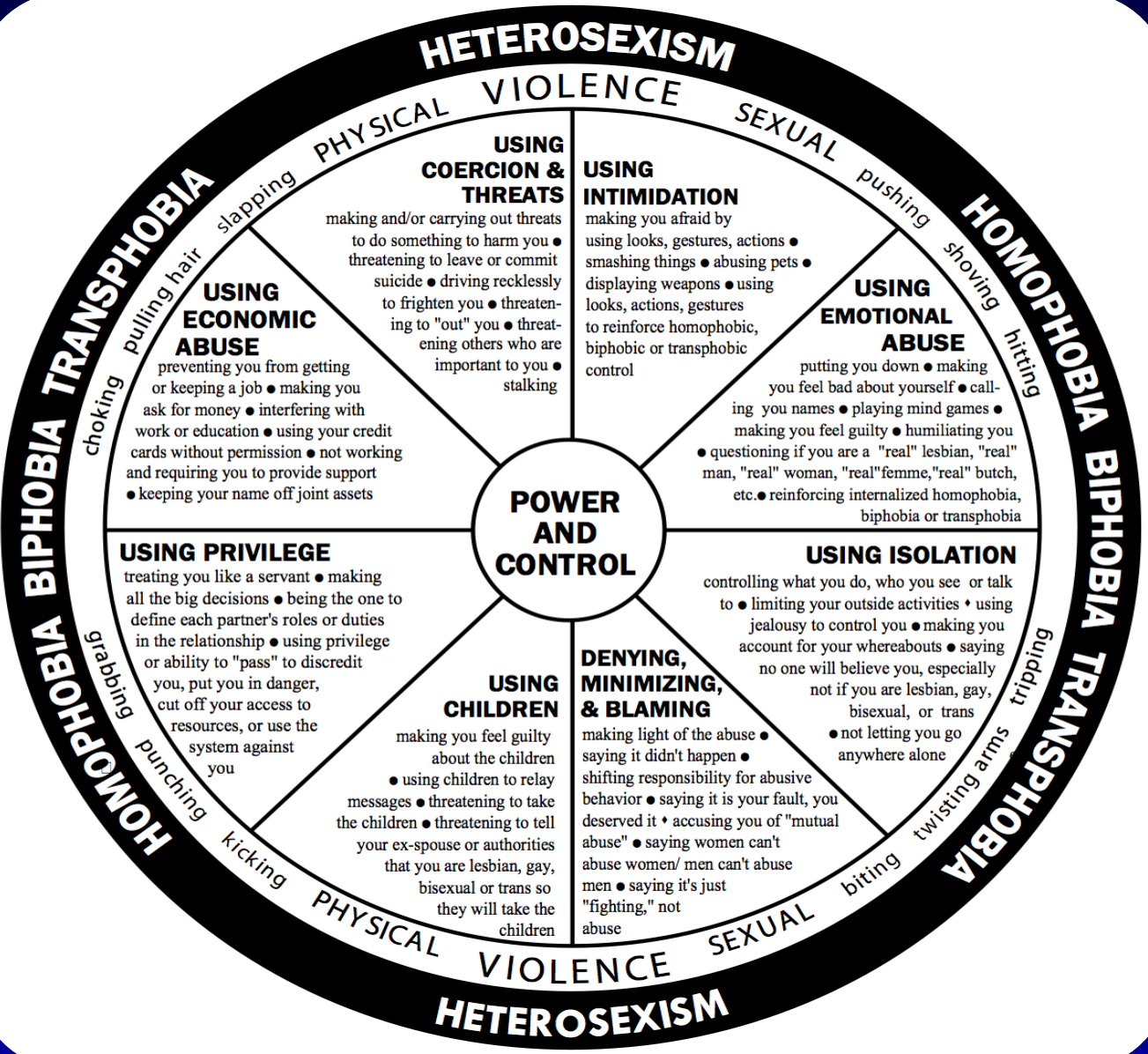
Objectives

- Role of the healthcare provider
  - Components of Screening
    - How? Who? When?
    - What to do if a patient answers “yes” or “no”
  - Taking a Medical History
    - What to ask
    - What not to ask
- Documentation
- Legal and ethical responsibilities
- Available resources



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LGBT relationships

- Abusive partners use all the same tactics to gain power and control as abusive partners in heterosexual relationships

- Reinforce their tactics that maintain **power and control** with societal factors

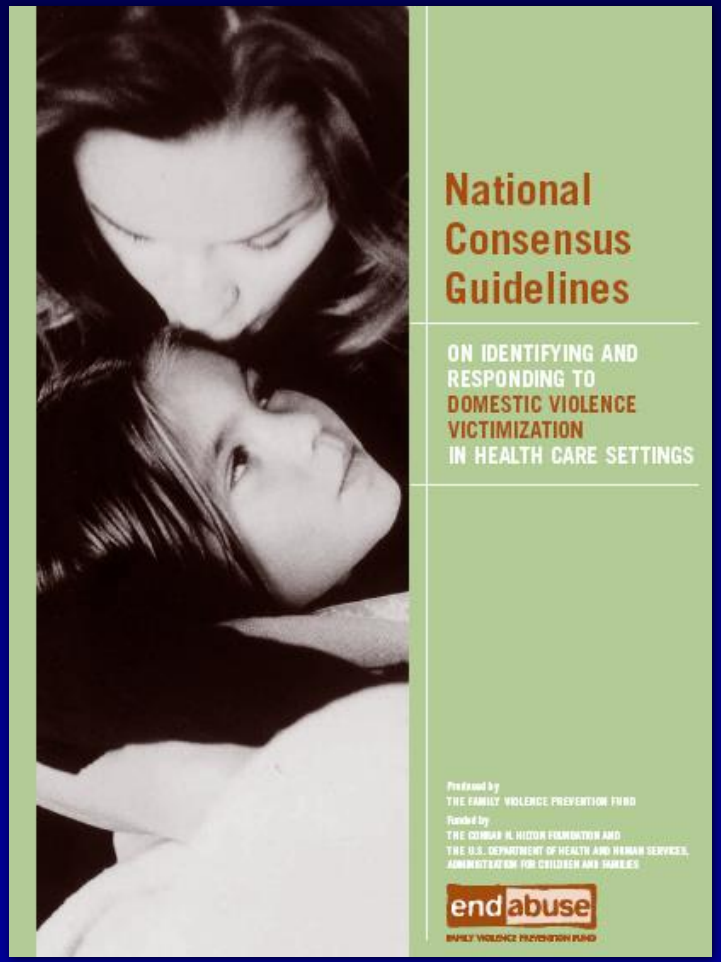
‘Probably the most important contribution to ending abuse and protecting the health of its victims is to identify and acknowledge the abuse’

Council on Ethical and Judicial Affairs, American Medical Association

Domestic Violence

Most Americans are seen at some point by a health care provider offering a critical opportunity for early identification and even the primary prevention of abuse

National Consensus Guidelines



In 1999, the Family Violence Prevention Fund published a set of national guidelines on screening for domestic violence.

In 2004, these guidelines were revised to address the *assessment* of domestic violence and the appropriate response.

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Role of the Healthcare System

- Routine inquiry is the primary starting point for this improved approach to medical practice for domestic violence.

Clinical Scenario

- A 45 year old female comes into your office for a follow up visit for chronic back pain. She states the pain is not any better and begins crying. She confides in you that her husband has been isolating her from her friends and family and has been getting very angry lately. She denies physical abuse, but you notice multiple bruises on her arms and abdomen during physical examination.

What do you do next?...

Responding to Domestic Violence

INQUIRY

ASSESSMENT

INTERVENTION

DOCUMENTATION

FOLLOW UP

INQUIRY

Who should we ask?

All adolescent and adult patients regardless of cultural background

INQUIRY

What should we ask?

- Current and lifetime exposure to domestic violence
- Including direct questions about physical, emotional and sexual abuse

INQUIRY

How do we ask?

- Conduct routinely
- Part of a face-to-face health care encounter
- Written or computer based health questionnaires
- In private
- Inform the patient of confidentiality

INQUIRY

When should we ask?

- Routine health history
- During every new patient encounter
- During periodic comprehensive health visits
- During a visit for a new chief complaint or mention of new relationship
- When ***signs and symptoms*** raise concerns or at other times at the provider's discretion

- 37% of women seen in hospital ER are thought to be victims of IPV

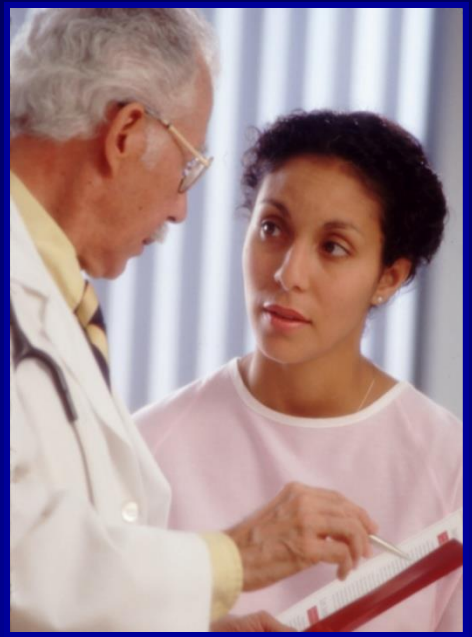
- Most DO NOT seek medical care in this setting

General Presentations:

- Bruises in various stages of healing
- Explanations inconsistent with injury
- General complaints
  - Headache, Backache, Abdominal Pain, GI Problems
  - Sleep Disturbances, Eating Disorder
- Psychological problems
  - Depression / PTSD, Anxiety and Panic disorders / Suicidal Ideation
  - Substance Use / Abuse

Gynecological Presentations

- Chronic pelvic pain
- Recurrent vaginal infections
- Urinary tract infections (UTIs) & dysuria
- Sexual dysfunction
- IBS
- Genital trauma, bite marks
- Frequent STIs , including HIV



Observe Woman's Behavior

- Flat Affect
- Fright, Depression, Anxiety
- Post-Traumatic Stress Disorder (PTSD) symptoms
  - Dissociation
  - Psychic Numbing
  - Startle Responses
- Over Compliance
- Excessive Distrust

Observe Partner's Behavior

- Being overly solicitous
- Answering questions for the patient
- Being hostile or demanding
- Never leaving the patient's side
- Monitoring the woman's responses to questions

Open the Door

- Find your own way of phrasing questions
- Be prepared to hear your patient's answer
- Face-to-face talk more effective than written patient questionnaires
- Caring, empathetic questions may open the door for later disclosure

Abuse Assessment Screen

- Short
- Tested in clinical settings
- Effective in identifying violence

Abuse Assessment Screen

1. Have you ever been emotionally or physically abused by your partner or someone important to you?

2. In the last year (since I saw you last), have you been hit, slapped, kicked, or otherwise physically hurt by someone? (If yes, by whom? Number of times? Nature of injury?)

Abuse Assessment Screen

3. Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone? (If yes, by whom? Number of times? Nature of injury?)

4. Within the last year has anyone made you do something sexual that you didn't want to do? (If yes, who?)

5. Are you afraid of your partner or anyone else?

Additional Questions

Emotional Abuse:

"Does your partner (former partner) ever humiliate you? Shame you? Put you down in public? Keep you from seeing friends or from doing things you want to do?"

Child Abuse:

"Within the last year, has someone made you worry about the safety of your child? (If yes, who?)"

Additional Questions

Disabilities:

"Within the last year, has anyone you depended upon refused to help you with an important personal need, such as taking your medicine, getting to the bathroom, getting out of bed, getting dressed, or getting food and drink?"

"Within the last year, has anyone prevented you from using a wheelchair, cane, respirator, or other assistive device?"

INQUIRY

When NOT to inquire?

- If provider cannot secure a private space in which to conduct inquiry
- If there are concerns that assessing the patient is unsafe for either patient or provider
- If provider is unable to secure an appropriate interpreter

Domestic Violence

When the answer is "yes" then…

Goals of the assessment

- Create a supportive environment
- Enable the provider to gather information about health problems associated with the abuse
- Determine the immediate and long-term health and safety needs in order to develop and implement a response

When?

- Immediately after disclosure
- Repeat and/or expanded assessments should occur during follow-up appointments

ASSESS IMMEDIATE SAFETY

- “Are you in immediate danger?”
- “Do you want or have to go home with your partner?”
- “Do you have somewhere safe to go?”
- “Have there been threats or direct abuse of the children?”
- “Are you afraid your life may be in danger?”
- “Has the violence gotten worse or more often?”
- “Has your partner used weapons, alcohol or drugs?”
- “Have you or your children ever been held against your will?”

Identify the pattern and history

- “How long has the violence been going on?”
- “Have you ever been hospitalized because of the abuse?”
- “Can you tell me about your most serious event?”
- “Has your partner forced you to have sex, hurt you sexually, or forced you into sexual acts?”
- “Does your partner control your activities, money or children?”

Questions NOT to Ask

- Why don't you just leave?
- What did you do to make him / her so angry?
- Why do you go back?

Reasons for a "No" Response

- Embarrassment / Shame
- Fear of Retaliation
- Lack of Trust in others
- Economic Dependence
- Immigration Status
- Desire to keep Family together
- Unaware of Alternatives
- Lack of Support System

Responding to "No"

- Always chart the woman's response – even when she says "No"
- Your questions may help those experiencing abuse to move closer to disclosure
- Your questions indicate your willingness to discuss the violence
- Your questions will let the woman know you and other staff are always available as resources
- Women will choose when to disclose

INTERVENTION

Provide Validation

- **Listen non-judgmentally**
  - "I am concerned for your safety (and the safety of your children)"
  - "You are not alone and help is available"

INTERVENTION

Provide Information

- "Domestic violence is common and happens in all kinds of relationships"
- "Violence tends to continue and often becomes more frequent and severe"
- "Abuse can impact your health in many ways"
- "You are not to blame, but exposure to violence in the home can emotionally and physically hurt your children or other dependent loved ones"

- Remember Kids Pick Up on Everything

INTERVENTION

Respond to Safety Issues

- Review ideas about keeping information private and safe from the abuser
- Offer immediate and private access to an advocate in person or via phone
- If the patient wants immediate police assistance, offer to place the call
- Assess for suicidal and homicidal ideation

INTERVENTION

Make Referrals

- Describe any advocacy and support systems within the health care setting
- Refer patient to advocacy and support services within the community

Keep Current List of Local Resources

- Office and hospital personnel with special training
- Law enforcement (police, lawyers, advocates)
- Shelters (housing, support groups, advocates)
- Local hotlines
- Child protective services

Be Ready to Refer

Florida Certified Domestic Violence Centers
http://fcadv.org/centers

Florida Domestic Violence Hotline
1-800-500-1119
1-800-621-4202 (TDD)

National Domestic Violence Hotline:
1-800-799-SAFE(7233)
1-800-787-3224 (TTY)

DOCUMENTATION

- Document the patient's statements
- Avoid pejorative or judgmental documentation (e.g. write "patient declines services" rather than "patient refuses services," "patients states" rather than "patient alleges")

DOCUMENTATION

Relevant History

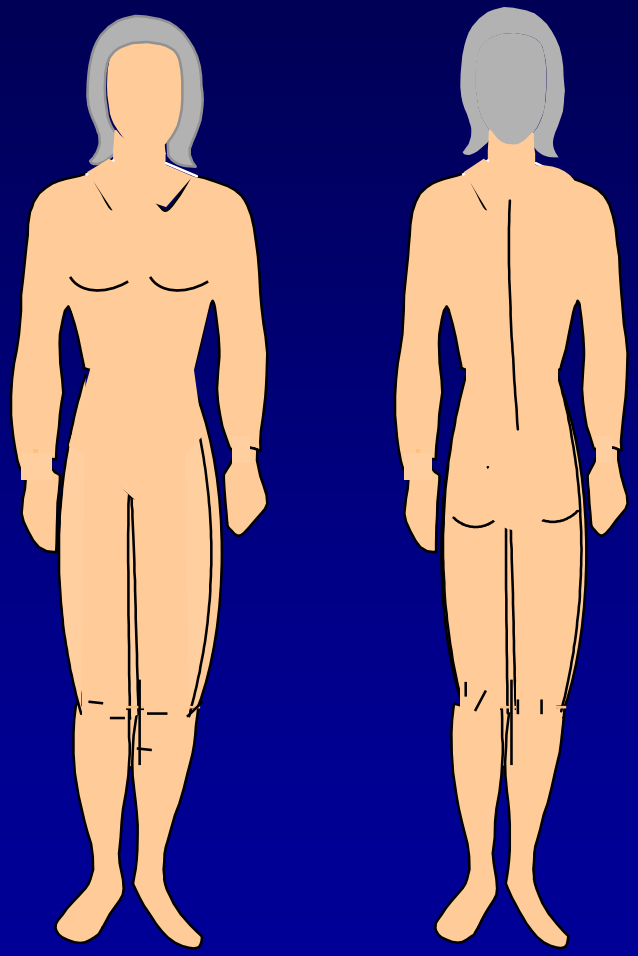
- Record details of abuse
- Any concurrent medical problems that may be related
- Social history, including relationship to abuser and name
- Patient's statement about what happened
- Patients appearance and demeanor
  - "tearful, shirt ripped" instead of "distraught"
- Any objects or weapons used in an assault
- Patients accounts of any threats made or other psychological abuse
- Names or descriptions of any witnesses to the abuse

Physical Examination

- Findings related to IPV:
  - neurological, gynecological, mental status exam if indicated
- If there are injuries (present or past)
  - describe type, color, texture, size, and location
- Use a body map and/or photographs to supplement written description
- Obtain a consent form prior to photographing patient with label and date.

Documentation

- Reports by the victim
  - Use actual words
- Physical examination
  - Document on body map
  - Photograph (get consent)
- Referrals offered
- Document report to authorities



Labs and Diagnostic Procedures

- Record the results of any lab tests, x-rays, or other diagnostic procedures and their

- Relationship to the current or past abuse

DOCUMENTATION

Results of What You Did

- Your assessment of potential for serious harm, suicide and health impact of IPV
- Document referrals made and options discussed
- Document follow-up arrangements

If No Disclosure Is Made

- Document assessment was conducted and that there was no disclosure
- If you suspect abuse, document your reasons for concerns: i.e. “physical findings are not congruent with history or description,” or “patient presents with indications of abuse”

Immediate Follow Up

- At least one follow-up appointment (or referral) with a health care provider, social worker or DV advocate should be offered after disclosure of current or past abuse.

- Most appropriate is to refer to DV advocate or center who is best prepared and trained to help patients.

FOLLOW UP

Provide Continuity of Care for Your Patients

- Review medical record and ask current and past episodes of IPV
- Communicate concern and assess safety and coping or survival strategies:
  - “I am still concerned for your health and safety”
  - “Have you sought counseling, a support group or other assistance?”
  - “Has there been any escalation in the severity or frequency of the abuse?”
  - “Have you developed or used a safety plan?”

FOLLOW UP

Provide Continuity of Care for Your Patients

- Reiterate options to the patient (individual safety planning, talking with friends or family, advocacy services and support groups, transitional/temporary housing)

Domestic Violence

What are our ethical and legal responsibilities?

Ethical Responsibilities

- Support our patients
- Educate them that domestic abuse is unacceptable
- Provide resources and refer them
- Assess immediate safety issues
- ***Report only with consent and plan of how to obtain safety***
- Victims are at highest risk of being killed when they attempt to leave or report the abuse

Legal Responsibilities

- State specific
- In Florida, reporting domestic violence is NOT mandatory unless it involves use of a gun or deadly weapon or a life threatening injury was inflicted.

Title XLVI
CRIMES ***Chapter 790***
WEAPONS AND FIREARMS ***790.24 Report of medical treatment of certain wounds; penalty for failure to report.****--Any physician, nurse, or employee thereof and any employee of a hospital, sanitarium, clinic, or nursing home knowingly treating any person suffering from* ***a gunshot wound or life-threatening injury indicating an act of violence****, or receiving a request for such treatment, shall report the same immediately to the sheriff's department of the county in which said treatment is administered or request therefore received. This section does not affect any requirement that a person has to report abuse pursuant to chapter 39 or chapter 415. Any such person willfully failing to report such treatment or request therefore is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.*

A 38 year old female presents to your office complaining of constipation on and off for the last 6 months. She also complains of insomnia and headaches that have worsened over the last 2-3 months. While you are screening for depression, she reveals to you that her husband has been verbally and physically abusive to her for the last year and over the last couple of months he has been hitting their kids because she can't keep them under control. She begs that you keep this a secret.

What do you do now?

1. Respect her privacy and do nothing
2. Schedule close follow up
3. Explain to her that Child Protective Services must be informed
4. Call the National Domestic Violence Hotline to report the case

What do you do now?

1. Respect her privacy and do nothing
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Legal Responsibilities

- If the victim reveals that a child is also being abused…(same for vulnerable adult)

Title V Chapter 39

PROCEEDINGS RELATING TO CHILDREN

39.201 Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.--

(1)(a) ***Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, or that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care shall report such knowledge or suspicion to the department in the manner prescribed in subsection*** *(2).*

(b) Reporters in the following occupation categories are required to provide their names to the hotline staff:

1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;

2. Health or mental health professional other than one listed in subparagraph 1.;

3. Practitioner who relies solely on spiritual means for healing;

4. School teacher or other school official or personnel;

5. Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;

6. Law enforcement officer; or

7. Judge.

Missed Opportunities

- Few women report being asked about IPV at their health care visit (Glass et al., 2001)
- 41% of women murdered by intimate or ex-intimate partner were seen at a health care agency for an injury or mental health issue in the year prior to murder (Sharps et al., 2001)
- 20% of perpetrators of partner homicide were seen by a physician or mental health provider in year prior to murder (Sharps et al., 2001)

ASSIST your patients!

ASK about domestic violence.
SEND messages of support.
SAFETY assessment and planning.
INFORM patients of their options.
SUPPORTIVE documentation.
TELL other health care providers.

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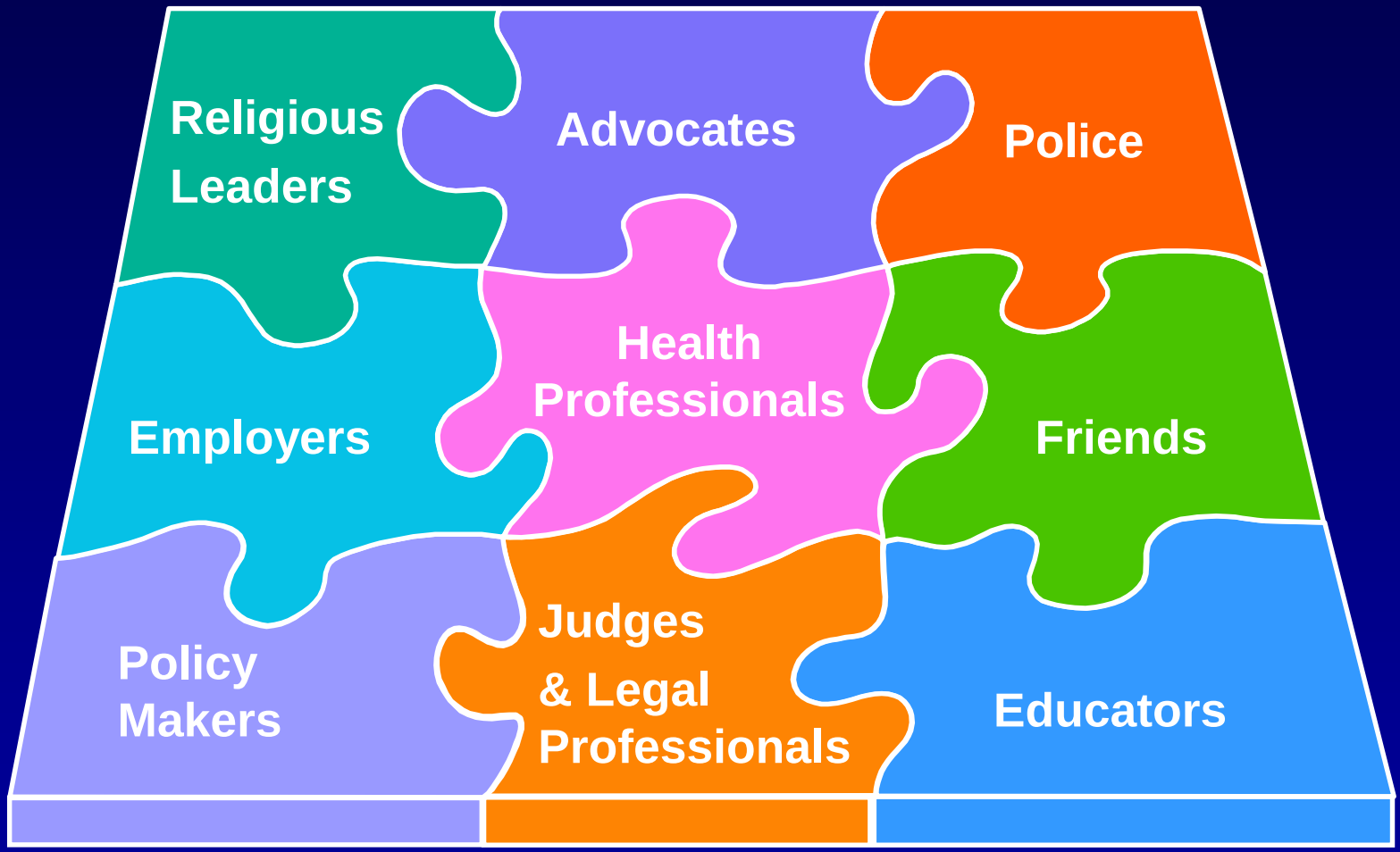
Collaborative Response




NONVIOLENCE
Non-
Threatening
Behavior
Trust and
Support
Honesty
& Account-
ability
Respect
Responsible
Parenting
Shared
Responsi
-bility
Economic
Partnership
Negotiation
& Fairness
EQUALITY
NONVIOLENCE

Thank you for your attention!

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