



DOMESTIC VIOLENCE – PART 2

Himangi Kaushal, MD, MBA*, FACP

IM Residency Director, Memorial Healthcare System

Clinical Affiliate Associate Professor, FAU

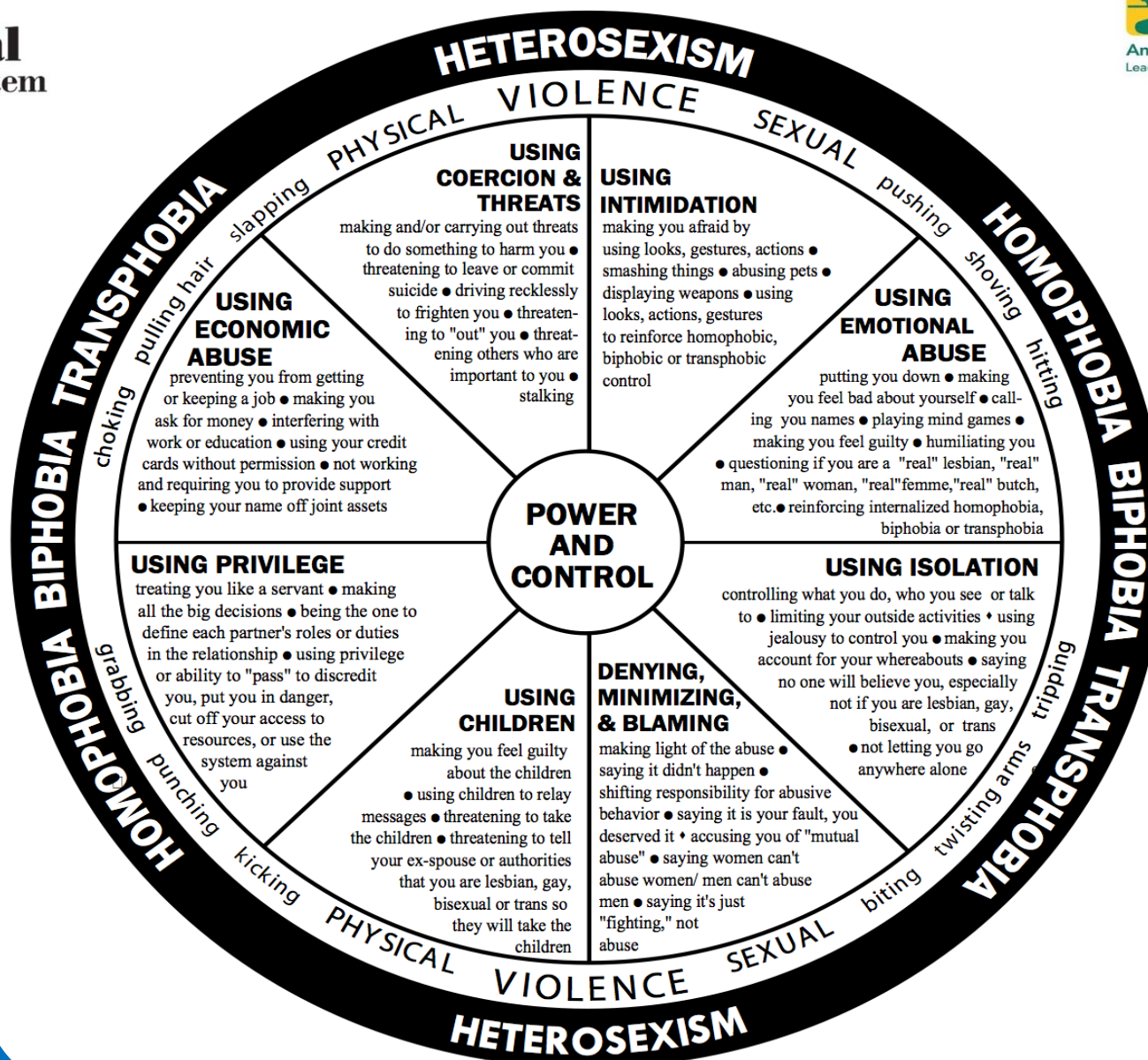
DISCLOSURES

- None

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OBJECTIVES

1. Role of the healthcare provider
2. Documentation
3. Legal and ethical responsibilities
4. Available resources



- Abusive partners in LGBTQ relationships 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*

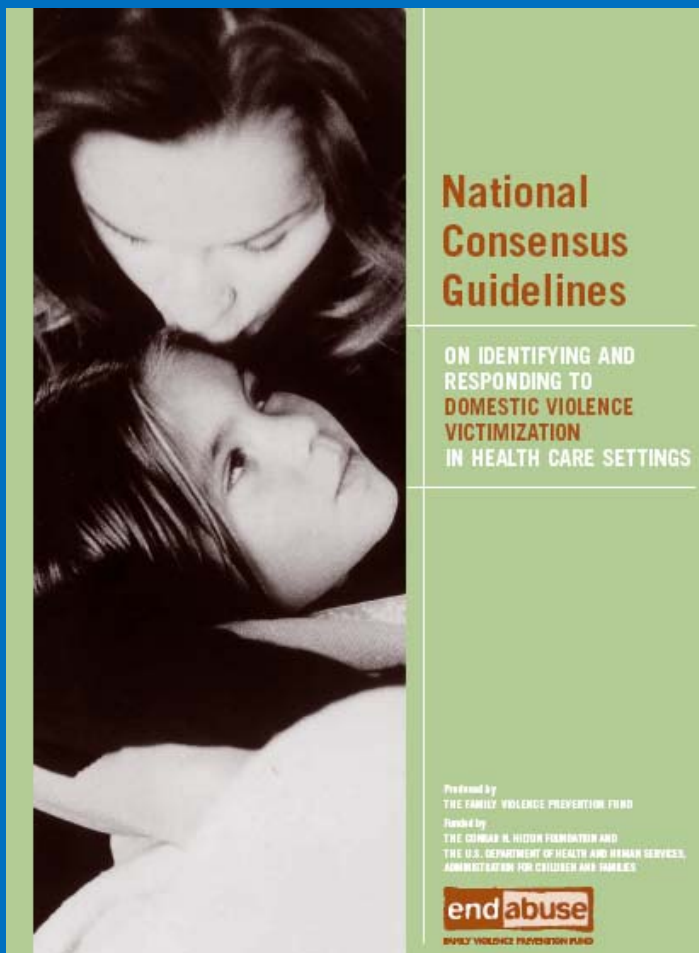


DOMESTIC VIOLENCE



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.



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.

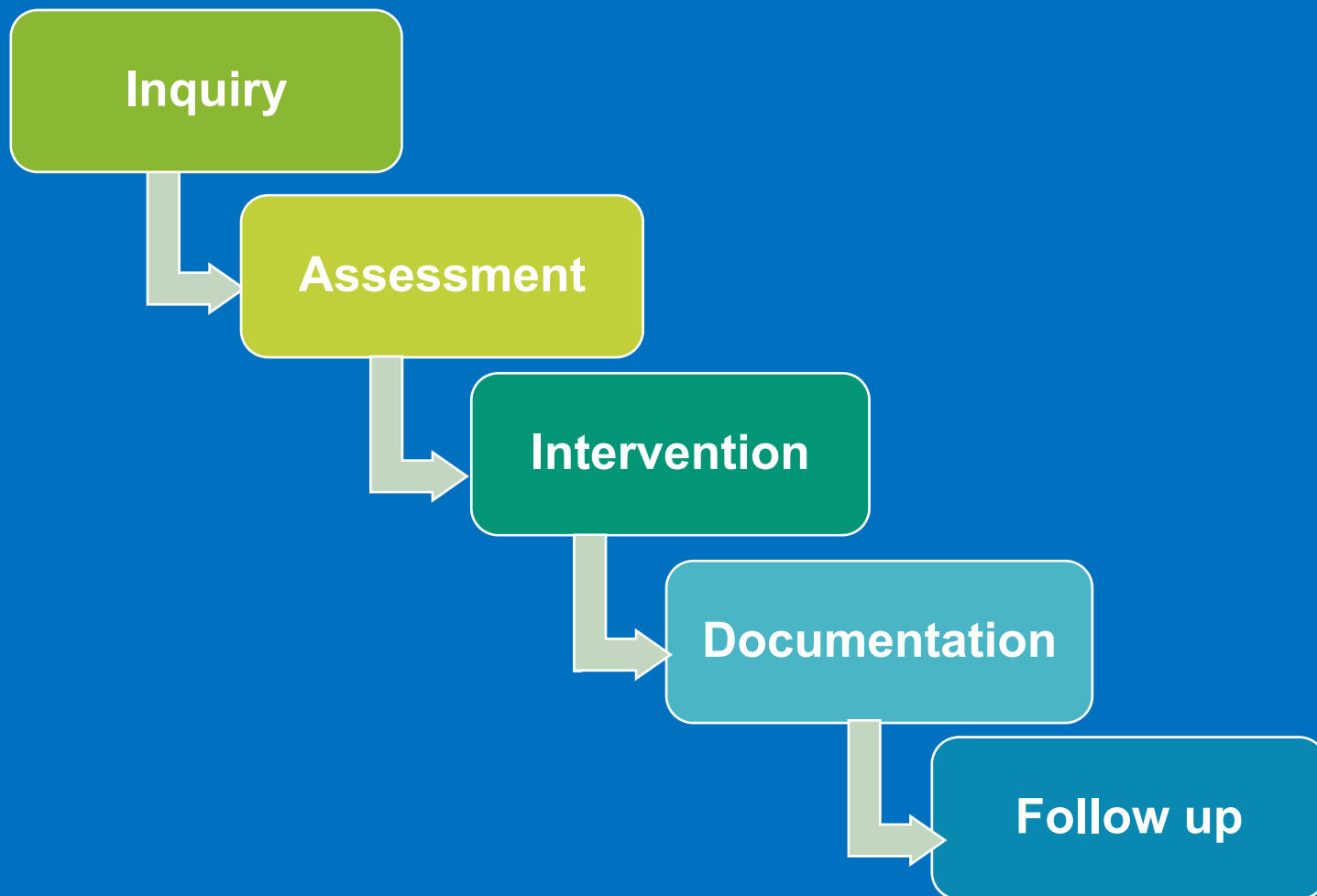


DOMESTIC VIOLENCE



What do you do next?...

RESPONDING TO DOMESTIC VIOLENCE



WHO SHOULD WE ASK?

Inquiry

All adolescent and adult patients
regardless of gender, ethnicity,
cultural or socio-economic
background

WHAT SHOULD WE ASK?

Assessment

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

HOW/WHEN DO WE ASK?

Intervention

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

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

DOMESTIC VIOLENCE

- Up to 37% of women seen in hospital ERs are thought to be victims of IPV
- Most DO NOT seek medical care in this setting

- 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
- Genital trauma, bite marks
- Frequent STIs , including HIV

OBSERVE PATIENT'S BEHAVIOR

- Fright, Depression, Anxiety
- Symptoms of PTSD
 - 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 patient'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 is 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/ since you have been pregnant), 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. Within the last year has anyone made you do something sexual that you didn't want to do? (If yes, who?)
4. Are you afraid of your partner or anyone else?

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?)”

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?”

WHEN NOT TO INQUIRE

Inquiry

- 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

What if the answer is “yes”?

GOALS OF ASSESSMENT

Assessment

- Create a supportive environment
- Enable the physician 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 SHOULD I ASSESS?

Assessment

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

ASSESS IMMEDIATE SAFETY

Assessment

- “Are you in immediate danger?”
- “Do you want to 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 frequent?”
- “Has your partner used weapons, alcohol or drugs?”
- “Have you or your children ever been held against your will?”

ASSESS THE PATTERN AND HISTORY

Assessment

- “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

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

Intervention

- “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”

RESPOND TO SAFETY ISSUES

Intervention

- Review ideas about keeping information private and safe from the abuser
- Offer immediate & private access to an advocate: in person/ via phone
- If the patient wants immediate police assistance, offer to place the call
- Assess for suicidal and homicidal ideation
- Offer the patient a brochure about safety planning and go over it with her/him

MAKE REFERRALS

Intervention

- 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

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
 - “patient states” rather than “patient alleges”

RELEVANT HISTORY

Documentation

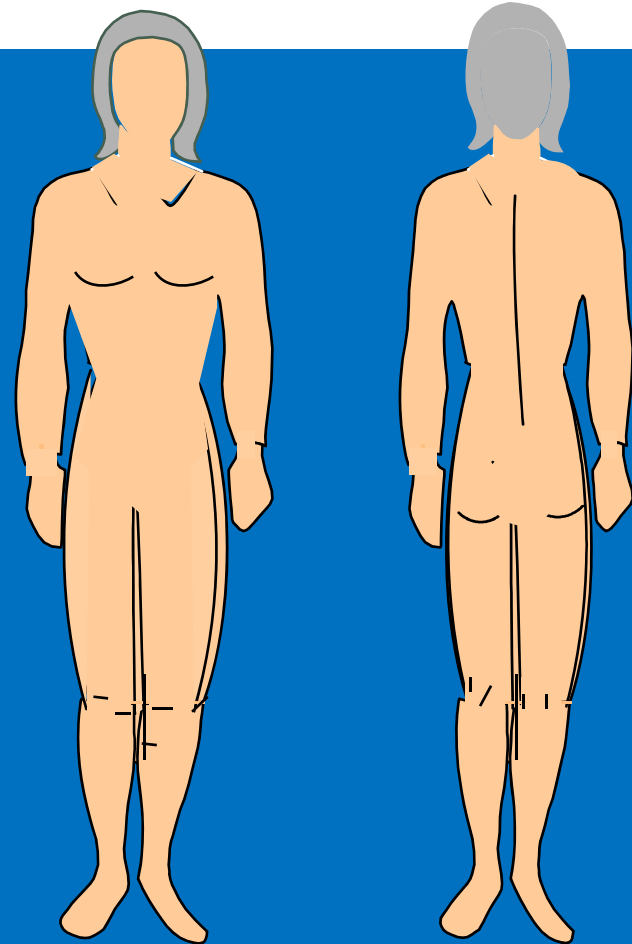
- Record details of abuse
- Any concurrent medical problems that may be related
- Social history, including relationship to abuser and name
- Patient's statement about what happened
- Patients appearance and demeanor
 - "tearful, shirt ripped" instead of "distraught"
- Any objects or weapons used in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

PHYSICAL EXAMINATION

Documentation

- 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.

- 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

Documentation

- Record the results of any lab tests, x-rays, or other diagnostic procedures
- Relationship to the current or past abuse

Documentation

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

Documentation

- 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 signs of abuse”

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.

PROVIDE CONTINUITY OF CARE

Follow up

- Review medical record and ask about 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?”



PROVIDE CONTINUITY OF CARE



Follow up

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

*What is our ethical and
legal responsibility?*

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

CLINICAL SCENARIO

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 SHOULD 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

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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.**

- State specific
- In Florida, reporting domestic violence is NOT mandatory UNLESS it involves a child, vulnerable adult, 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.*

MISSED OPPORTUNITIES

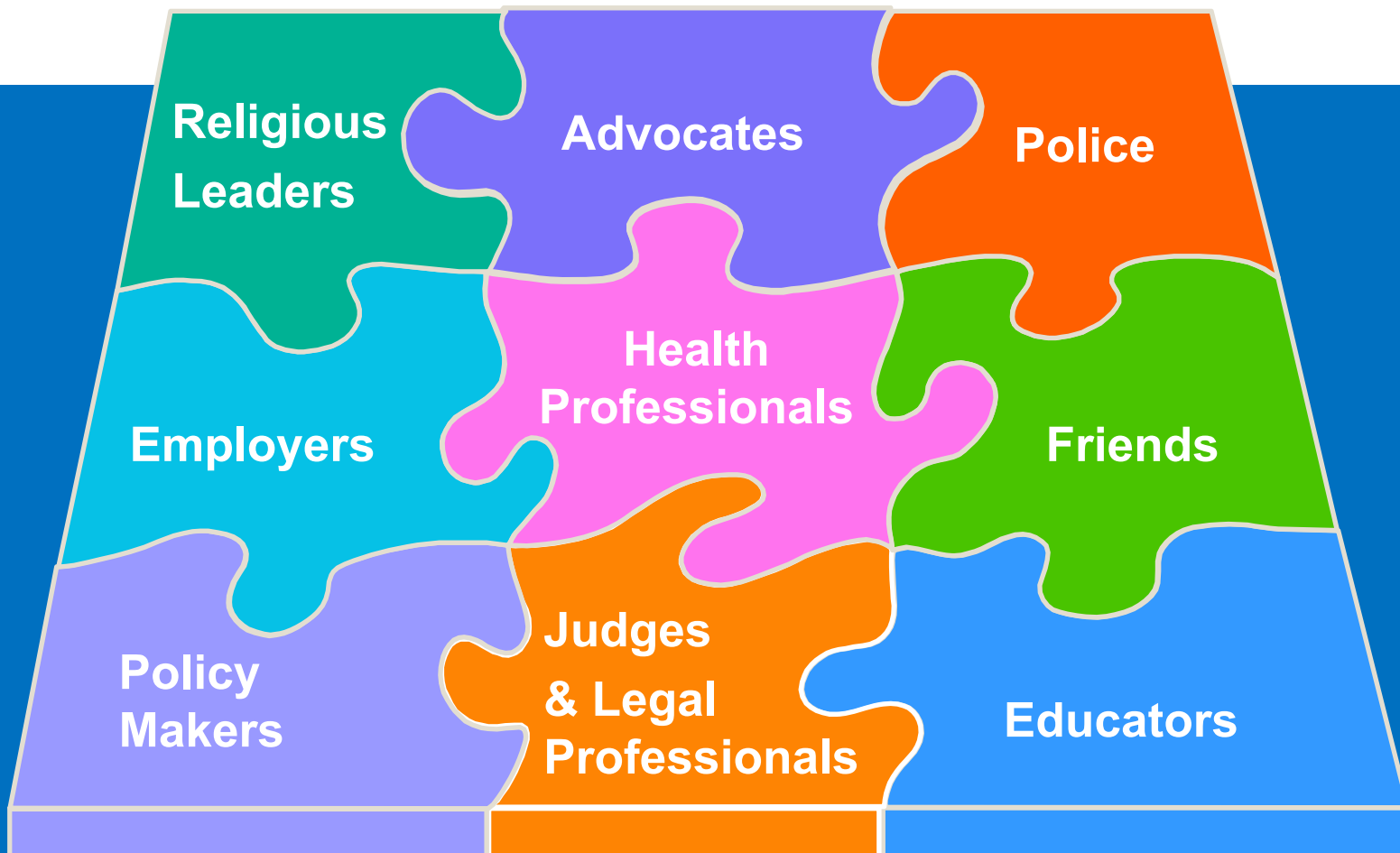
- Few women report being asked about IPV at their health care visit (Glass et al., 2001)
- 41% of women murdered by intimate or ex-intimate partner were seen at a health care agency for an injury or mental health issue in the year prior to murder (Sharps et al., 2001)
- 20% of perpetrators of partner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

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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DOMESTIC VIOLENCE (MOC QUESTION)



What is the most important learning point for an internist regarding “Domestic Violence / Intimate Partner Violence” ? (Choose one best answer)

DOMESTIC VIOLENCE (MOC QUESTION)

1. Everyone should be screened
2. Refer the victim rather than call for repeated visits and multiple work up
3. See the patient alone if possible and document history, physical exam, patient's expressions and behavior, partner's expressions and behavior and record patient's exact words
4. Keep local resources and contact information easily accessible
5. All the above

5 – ALL THE ABOVE

- Domestic violence is found amongst all ages, ethnic, socio-economic groups and genders.
- USPSTF recommended screening because most victims do not seek help for “abuse”.
- Proper documentation helps provide support for insurance coverage, legal authority’s to do their job and support accurate diagnosis.
- Internists are not well equipped to do everything needed to help the victim, so referral to proper agencies who do this daily is warranted as soon as the victim is identified.

[illegible]