Intimate Partner Violence and Domestic Violence

Developed In Collaboration With ACP &

The American College of Obstetricians and Gynecologists
ACP / Florida Required CME
2017 Domestic Violence

SPECIAL THANKS
TO

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Domestic Violence (I)

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Number to Remember

Florida Domestic Violence Hotline

1 (800) 500-1119
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
Domestic Violence

The Perpetrators in Texas Church And North California Shootings Had A history of Domestic Violence (as do most perpetrators of mass shooting)
Domestic Violence

The Sexual Harassment Cases Amongst Sports, TV Studios, Government & Public & Private Work Sectors

May be A Surrogate for Domestic Violence
IS IT LEGAL TO SPANK A CHILD?

(Does that Qualify as an act of Domestic Violence?)
Number to Remember

Florida Domestic Violence Hotline

1 (800) 500-1119
In Florida, corporal punishment of the child is **legal**, lawful and expected from the parent.

Corporal punishment is what most people refer to as a **spanking**.

The legislatures of Florida have **laws** on the books that allow “**spanking**” of the child, to discipline the child.

Feb 10, 2014
Florida Corporal Punishment in Public Schools Laws

Corporal punishment refers to spanking, paddling, or other forms of physical discipline in schools.

While many states have banned corporal punishment in public schools, Florida allows the practice.
"Abuse" means any willful act or threatened act that results in any physical, mental, or sexual injury or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions.

Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

§ 39.01(2) [Florida Civil Code]
Reporting Abuse
(What is Your Legal Obligation?)

Child abuse and abuse of the vulnerable adults and when a gun is involved in an abuse; you are required by law to report. Willful failure to report is a misdemeanor offence punishable by fine.


For competent adults, not considered as “vulnerable”, the decision is individualized.
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
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.
Number to Remember

Florida Domestic Violence Hotline

1 (800) 500-1119
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 background
- Sexual orientation
Number to Remember

Florida Domestic Violence Hotline

1 (800) 500-1119
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
Animal cruelty shows itself in many ways.

With 25% of animal children born deformed, that's a why know an RSPCA inspector. Did you know an RSPCA inspector is responsible for an animal cruelty? They have done it every day for the last 20 years. They use their skills and knowledge to help protect and save animal cruelty victims. And you, too, can be a part of this.

You need to RSPCA. Help protect and save animal cruelty victims.

RSPCA
Number to Remember

Florida Domestic Violence Hotline

1 (800) 500-1119
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

**THEREFORE**

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
What About Children?

Now What Do You Think About Florida’s "Spanking Law"?
Domestic Violence

A Case Report
From
My Practice

(68 YO WF, Married for 20 years & she and her husband are my patients for 20 years)
Number to Remember

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1 (800) 500-1119
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 CO2 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
Domestic Violence

Using Coercion & Threats
- making or carrying out threats to do something to harm you
- threatening to leave or commit suicide
- driving recklessly to frighten you
- threatening to "out" you
- threatening others who are important to you
- stalking

Using Economic Abuse
- preventing you from getting or keeping a job
- making you ask for money
- interfering with work or education
- using your credit cards without permission
- not working and requiring you to provide support
- keeping your name off joint assets

Using Privilege
- treating you like a servant
- making all the big decisions
- being the one to define each partner's roles or duties in the relationship
- using privilege or ability to "pass" to discredit you, put you in danger, cut off your access to resources, or use the system against you

Using Children
- making you feel guilty about the children
- using children to relay messages or threatening to take the children
- threatening to tell your ex-spouse or authorities that you are lesbian, gay, bisexual or trans so they will take the children

Using Isolation
- controlling what you do, who you see or talk to
- limiting your outside activities
- using jealousy to control you
- making you account for your whereabouts
- saying no one will believe you, especially not if you are lesbian, gay, bisexual, or trans
- not letting you go anywhere alone

Using Emotional Abuse
- putting you down
- making you feel bad about yourself
- calling you names
- playing mind games
- making you feel guilty
- humiliating you
- questioning if you are a "real" lesbian, "real" man, "real" woman, "real" femme, "real" butch, etc.
- reinforcing internalized homophobia, biphobia or transphobia

Denying, Minimizing, & Blaming
- making light of the abuse
- saying it didn't happen
- shifting responsibility for abusive behavior
- saying it is your fault, you deserved it
- accusing you of "mutual abuse"
- saying women can't abuse women/men can't abuse men
- saying it's just "fighting," not abuse

Power and Control

Heterosexism

Homophobia

Biphobia

Transphobia

Physical Violence

Sexual Violence
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.
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

- Inquiry
- Assessment
- Intervention
- Documentation
- Follow Up
Who should we ask?

All adolescent and adult patients regardless of cultural background
What should we ask?

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

• 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?”
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
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”
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”
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
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
DOCUMENTATION

• Document the patient’s statements
• Avoid pejorative or judgmental documentation (e.g. write “patient declines services” rather than “patient refuses services,” “patient states” rather than “patient alleges”)

FAU
CHARLES K. SCHMIDT COLLEGE OF MEDICINE
Florida Atlantic University
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.
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.
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?”
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 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.*
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
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
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.
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)
Collaborative Response

- Religious Leaders
- Advocates
- Police
- Employers
- Health Professionals
- Friends
- Policy Makers
- Judges & Legal Professionals
- Educators
Thank you for your attention!

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Domestic Violence
(MOC Question)

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) (Pick ONE Best Answer)

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 of the above
Domestic Violence
(MOC Question)
Correct Answer & Explanation

5 – All of the above

Domestic violence is found amongst all ages, ethnic, socio-economic groups and gender. 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.