Domestic Violence in the Clinical Setting

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Definition

Domestic Violence goes by a variety of names and is defined as:

A pattern of behaviors
designed to instill fear
in order to exert control
over the intimate partner

Behaviors frequently include:

- Actual physical injury or threats
- Sexual assault
- Psychological abuse and social isolation
- Economic Control

Statistics

- 29% women experienced physical, sexual, or psychological IPV during their lifetime (Coker et al. 2002)
- 9% teens experience physical violence in a dating relationship (CDC - Youth Risk Behavioral Surveillance 2009)
- 12% teens in southeastern CT

Statistics

- Children involved or present 40% of the time

  (CT Dept of Public Safety Report 2005)

- Boys who witness Domestic Violence are twice as likely to abuse their own partners and children when they become adults.

(Strauss, Gelles and Smith . Transaction Publishers. 1990)

Obstacles to Leaving

- Financial
- Isolation
- Fear
- Social and Professional Concerns
- Promises of Change

Obstacles to Leaving

- Low Self-esteem
- Prior failure of system
- Children
- Guilt
- Love

Abuse is chronic, recurs, and generally increases in severity and frequency over time

Stages of Battering

- Injury
- Illness
- Isolation

Injury

- Central Injuries
- Multiple areas of injury, bilateral distribution, multiple injuries in various stages of healing
- Spiral wrist fractures, nose/orbit fractures, human bites, jaw fractures

Injury

- Pain without tissue injury
- Sexual assault, STDs
- Injuries during pregnancy, threatened/spontaneous Ab's, lack of pre-natal care

Injury

- Explanation not consistent with injury
- Delay in seeking medical care
- Previous visits to office, ED, previous trauma
- Review old records…..

Has she been here before???

Illness

"Illnesses" result from the violence itself

or from the stress of living in the abusive relationship

Illness

- Headaches/Migraines
- Musculoskeletal complaints
- Malaise/fatigue
- Insomnia
- Chest pain/palpitations
- Hyperventilation/ symptoms of GAD
- G.I. complaints (Colitis, ulcer, N/V/D)
- Eating disorders
- Depression/Anxiety
- Chronic pain syndromes

Isolation

- Abuser alienates victim from friends and family
- No one to counter damaging messages from abuser
- Victims believe they have nowhere to go

Failure to find an "organic cause" frustrates the physician who often tends to medicate the patient.

A tranquilized patient is less likely to be able to protect herself or leave the relationship

RADAR

- **R**emember to ask
- **A**sk directly and in private
- **D**ocument your findings
- **A**ssess for safety
- **R**efer for safety planning and services

Remember to Ask

ASK DIRECTLY:

- In the past, or currently, have you been pushed, slapped, kicked, punched by or afraid of a partner or significant other?
- Have you been pressured to engage in sexual acts against your will?
- Ask specific questions about a particular injury

Remember to Ask

DO:

- Ask ALL female patients the questions
- Interview the patient ALONE!!!!
- Remember, the purpose is identification and referral

Remember to Ask

DON'T:

- Ask in the presence of a third party
- Discuss the issue over the phone with the patient
- Use the words "domestic violence", "abuse" or "battered"
- Use blaming questions

Remember to Ask

DON'T:

- Use a family member or friend to translate
- Tell the patient what you would do
- Ask the question if you are not prepared for the answer

Document

Do a complete exam and document:

- Statements made by the patient
- Statements of those with the patient
- History and exam findings
- Labs, x-rays, history

Document

- Pictures (obtain consent)
- Drawings of injuries
- Your impression of injuries. "Doubt injuries occurred as patient described"

Assess for Safety

Avoid assessment of risk beyond the patient's immediate safety needs

Assess for Safety

- Increasing frequency or severity of assaults
- Increasing or new threats of homicide or suicide
- Presence or availability of a firearm

Assess for Safety

The patient is best able
to assess risk and lethality

Victims often underestimate
the level of danger,
but they rarely overstate the risk

REFER

- Tell the patient that the behavior is unacceptable and against the law
- Express your concern
- Diagnose and treat injuries, illnesses
- Provide number to local CCADV program

Intervention

- Discuss safe sexual practices
- Avoid tranquilizers or mind-altering drugs
- Evaluate need for mandated reporting

DCF - Child Witnesses

- 68-80% of children are aware of the violence
  (Child Witness to Violence Project – Boston Medical Center
- DV is more prevalent among couples with children than without (Jnl Family Psychiatry 2006)
- As adult DV increases, risk of child abuse increases (US Advisory Board on Child Abuse and Neglect)

Child Witnesses

- Ways children are exposed
- Factors influencing the child's response
- Impact of DV exposure

Ways Children Are Exposed

Children:

- SEE domestic violence
- HEAR domestic violence
- FEEL domestic violence
- Are intentionally or unintentionally INJURED
- Are used as PAWNS by the abuser

Factors Influencing the Child's Response

- Age
- Developmental stage of the child
- Gender
- Severity, proximity, duration, and frequency
- Child's role in the family
- Personal characteristics of child
- Stability and responsiveness of community

Impact of DV Exposure

- Emotional
- Cognitive
- Behavioral

Behaviors of children exposed to DV may NOT look any different from those of other children

Challenge

Ask your female patients for the next 6 months; get comfortable

You will see the importance and the impact it will have!

A woman who does not leave a dangerous relationship does not constitute a treatment failure or a non-compliant patient

Intervention

CT Statewide DV Hotline

1-888-774-2900

A safety plan will need to be developed.

This is NOT your job.