



Domestic Violence: 201 Caring for Families Living w/ Violence

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Intimate Partner Violence

→ Pattern of power and control of one partner over another partner

- Physical
- Emotional
- Sexual
- Economic/Social



Prevalence

- Intimate partner violence

Life time prevalence

Women: 25%

Men: 11%



Prevalence—IPV Physical abuse

Primary Care: 11-22% physically abused

Pediatrics: 4-40% children live in homes with
IPV

Pregnancy: 1-20% severely abused
some studies report escalation

Emergency Department: 12-35% of women the
cause of the ED visit



Current Activities

- Are you asking?
- How are you asking?
- What do you say if someone says yes?
- Screening that worked.
- Screening that did NOT work.



Red flag conditions: victim

- Injuries
- Injuries when explanation ??
- Unexplained stress, vague symptoms
- Chronic somatic complaints
- Mental health issues



IPV VICTIMS

ETOH abuse/dep 19%

GENERAL POP

5-8%

Depression 48%

10-21%

PTSD 64%

1-12%

Suicide 18%

Ideation 1-16%

Attempts <1-4%



IPV VICTIMS

NON-ABUSED

Anxiety Sx 26%

8%

Gen Anxiety disorder
10%

4%

Panic Disorder 13%

<1%

Carlson. VAW 2002

Cascardi. J Con Cl Psychology 1995



Manner of asking

- Screen patient alone without partner
- Caring manner
- Part of social history/ social supports
- Listen for clues
- Use interpreters as needed

Routine Framing Questions



Because abuse & violence are common, I ask all my pts. about it routinely. Are you now, or have you ever been, in a relationship where you were hurt or threatened by your current or former husband or partner?

I don't know if this is a problem for you, but many patients that I see are dealing with abuse at home. Some are too afraid or uncomfortable to bring it up themselves, so I've started to ask about it routinely

General Questions



- Do you feel safe in your current relationship?
- Does your partner do anything that hurts you or makes you feel afraid
- In general how would you describe your relationship:
a lot of tension/some tension/no tension
- Do you and your partner work out arguments with:
great difficulty/some difficulty/no difficulty
- How is your partner treating you and the kids?

Direct Questions



- Has your partner ever threatened to hurt you or someone close to you?
- Does your partner ever hit you, or slap you when you argue?
- Do you ever feel afraid of your partner?
- Do you feel you are in danger?
- Do you ever feel controlled or isolated by your partner?



Ineffective screening questions

- Are you a battered woman?
- Are you a victim of abuse?
- Are you being abused?
- Things are okay at home, aren't they?
- Are your relationships okay?



Positive IPV or Equivocal

- Validate
- Affirm right to be treated well
- Affirm confidentiality
- Resources available
- F/u appointment



Ineffective Responses

- I am sorry to hear that. I am sure you can work it out.
- Why do you put up with that kind of treatment?
- Why don't you just leave?
- Let me refer you to couples counseling.



Confidentiality

- Privacy during interview
- Be careful of phone calls or mail to the home
 - Caller ID, Voice Mail
- Case discussions with colleagues
- Medical record issues
- Office staff confidentiality



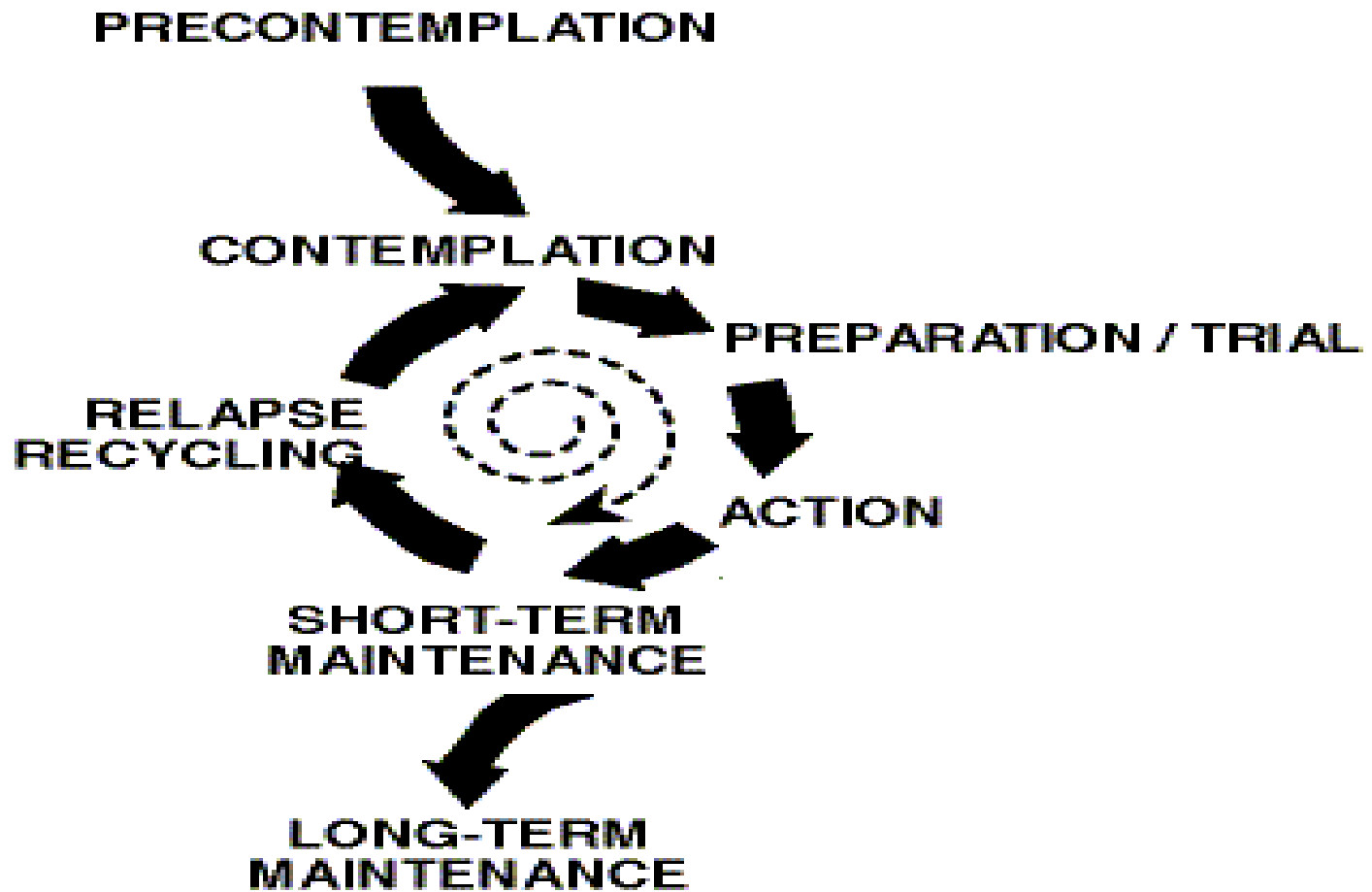
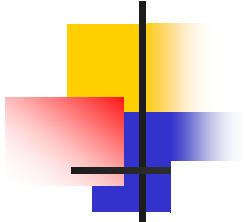
Pennsylvania Reporting Obligations: Domestic Violence

- Report if victim agrees.
- Reporting firearm or criminal act
 - Exception “intimate partner of victim”
- Immunity from liability when report in good faith.
- ✓ Remember when IPV, think about child abuse.



Documentation

- SOAP format.
- Use patient's own words
- Identify the name of the abuser and the abuser's relationship, if the patient agrees.
- Date, time, place and the mechanism of injury.
- If injuries these need to be documented with body map or camera.





Application to IPV

- Precontemplation
- Contemplation-many years
- Action-when abuse stops: leaving relationship or abuser makes change
- Maintenance-abuse free



PRECONTEMPLATION

- *“I didn’t feel it was at the point that we needed to be talking about it...I was not afraid”*



Clinician Response

Ask

Show available resources

- Woman's non-disclosure is her truth
- Any questions may feel like prying
- Patient may be unhappy with the care you provide
- Educate about healthy relationships



CONTEMPLATION

“The verbal abuse is extreme sometimes. The mental abuse is almost constant. The physical abuse is rarely. I guess I don’t...I know it’s abuse and sometimes I come back at him, but to me it’s just not that bad.”

“So I know what I have to do, but it’s hard. It’s easier said than done.”



Clinician Response

- Want Clinician to mind read
- Many choose not to disclose the abuse
- EARLY--Ask routinely, resources, reassure, document as appropriate, especially physical injuries, f/u visit
- LATE—Ask, resources, reassure, referrals, educate about IPV as impacts health, talk about safety, f/u visit



ACTION

“The very last time that he abuse me he...He pushed me down and I fell on my son. He (my son) is the reason I am here.”

“This is the first step that I ever took and then it was just leaving. I never called the police or nothing. I just left.”



Clinician Response

Ask, resources, reassure, referrals,
follow-up visits,
safety plan

--Community resources helpful here
Social worker
Local DV agency

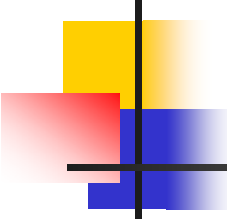


MAINTENANCE

“Yeah. I mean he calls and he’ll say, now we should get back together and blah, blah, blah, blah, you know, we should make our family complete” and I said, “No. It’s over.”

Clinician Response:

positive feedback and support



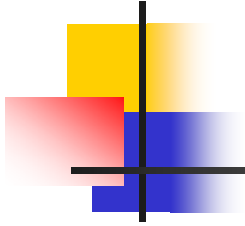
35 y/o female from Argentina in clinic with her boyfriend

- New diagnoses of Herpes
- She speaks a little English, but he has been translating
- They are both upset, he is crying.
- MD refers them to you later in the day because you speak a little spanish



8 y/o Hmong male brought to clinic by his mother

- Headache 2x/month
- Abdominal pain
- Fecal incontinence
- Lives part-time w/ Mom and part-time w/ Dad



- Abdominal pain is sharp, resolves w/ eating
- Headaches: no real pattern, resolve on own
- Fecal incontinence: many episodes of defecating in his pants, no diarrhea
- Symptoms more of an issue at Father's



IPV and Exposed Children

- Signs and symptoms: behavior, depression, school problems, teen risk taking
- When is seeing and hearing IPV child abuse?
 - Varies community to community
- Child injured
- Weapons used



Managing the Couple

- Is this within my skill set?—Refer one
- Maintain confidentiality
- Permission from victim if discuss abuse w/ perpetrator. Consider victim's safety.
- Couple's counseling is not recommended
 - Unless skilled therapist who negotiates contract regarding abuse



Older Couples

- Listen for clues
- Create privacy
- Power balance changes w/ change in physical and mental health
- Domestic Violence or services for aging



When do I worry—safety assessment

Weapons in the home

Homicide or suicide threats

Excessive substance use by partner or victim

Escalating abuse or threats

Physical/verbal abuse of children

Harm to pets

Fear of the partner



Safety Planning

- Who tell
- Who stay with
- Teach children how to call police/neighbor
- Bag: important documents (birth certificates, insurance papers, ID), medications, children's toys, money, etc.
- Keep a journal of all violent incidents,

Victim: Barriers to Disclosure



1. Lack of privacy and confidentiality
2. Inappropriate setting or history taking
3. Early in process of change ... not ready
4. Trust relationship not yet established
5. Not see self as a “battered woman”
6. Feels embarrassed and ashamed
7. Fear of reprisal and escalation



8. Fear of judgments, coercion or rejection

~~9. Believes self responsible for abuse~~

10. Believes violence will not happen again

11. Believes no viable alternatives exist

12. Unaware of options or resources:

finances, housing, child care, job training

13. Religious beliefs or cultural expectations

14. Loss of family & home: failure



Resources

- National Domestic Violence Hotline
(24-hour)
1-800-799-SAFE (7233)
Translation services available
- Family Violence Prevention Fund.
www.endabuse.org
- National Resource Center on Domestic Violence. (800) 537-2238 or www.ndvh.org



Messages to Remember

Never underestimate the power of the smallest expressions of compassion and caring ... along with sincere acts of support and concern.

You can plant seeds of empowerment, recovery and healing...



Sexual Assault

- 876,064 rapes perpetrated annually against women
- Half seek health care
 - Care for injuries and document

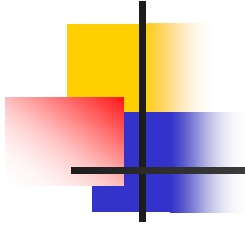


- Sexual Assault Nurse Examiner
 - 1990s
 - Started to address the inadequacy of rape exam—victims often re-victimized.
- Trained nurses
- Evidence properly collected
- Victim/survivor linked with resources/support



Abuser - Behavioral Indicators

1. Appears overly solicitous & affectionate
2. Answers all questions - patient defers to partner
3. Reluctance to speak or disagree in front of partner.
4. Explains injury or symptoms
5. Hovers; reluctant to leave patient unattended



6. Appears controlling, jealous, possessive
7. Isolates partner from family and friends
8. Denies existence of...minimizes violence
9. Blames partner for abuse
10. Appears immature with low tolerance
for frustration

Control in the Relationship



1. Limited access to routine & emergency medical care.
2. Missed or canceled appointments.
3. Noncompliance with treatments.
4. Not being allowed to obtain or take prescribed medication.
5. Lack of independent transportation, access to finances, use of phone.
6. Changes in health care provider.