DOMESTIC VIOLENCE

FLAME LECTURE: 4

TOOHEY / BURNS 4.24.15

Learning Objectives

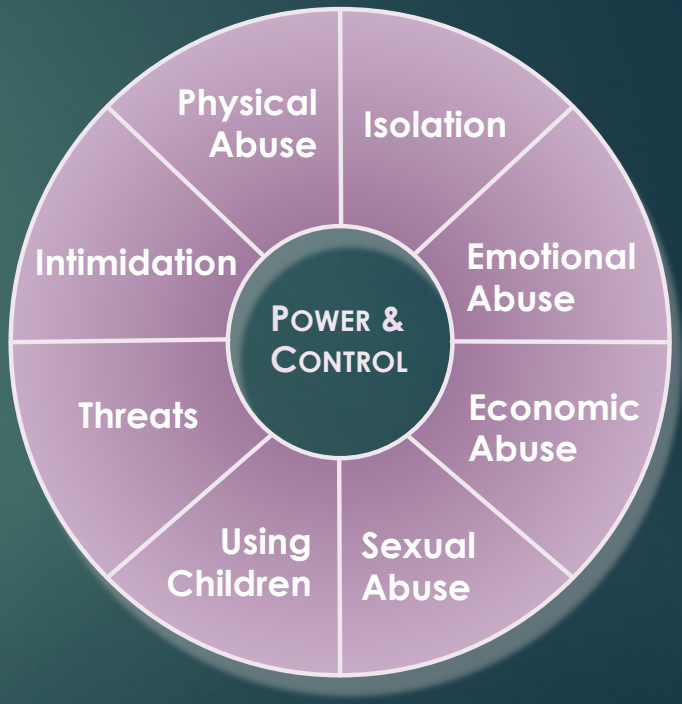
- Assess risk for domestic violence
- Counsel patients regarding domestic abuse/violence
- Cite prevalence and incidence of violence against women, elder abuse, child abuse
- Demonstrate screening methods for domestic violence
- Communicate the available resources for a victim of domestic violence including short-term safety
- Prerequisites:
  - NONE
- See also – for closely related topics
  - FLAME LECTURE 15 – Physician Reporting Requirements
  - FLAME LECTURE 234 – Sexual Assault

Introduction[1]

- **Intimate partner violence:** describes *actual* or *threatened* psychological, physical, or sexual harm by a current or former partner or spouse. IPV can occur among heterosexual or same-sex couples and does not require sexual intimacy.
- Two patterns of violence between couples have been described:
  - "**Battering**" – severe, escalating violence with terrorization and increasingly controlling behavior
  - "**Common couple violence**" moderate form of IPV in which violence occurs occasionally, triggered by frustration and/or anger
    - More common (1 in 6 couples in US) and occurs equally between both partners

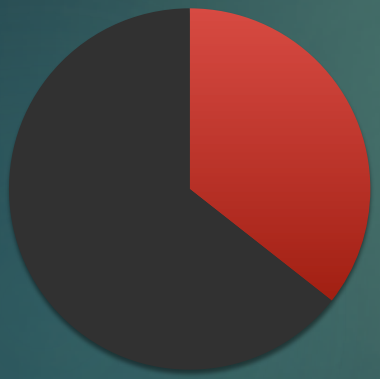
Types of Abuse

- **Psychological/emotional:** trauma due to threats of violence and coercion
  - Includes humiliation, control over person's behaviors, withholding information, isolating the victim from friends and family, or denying access to money or other basic resources
- **Physical:** varies in frequency and severity, ranging from one hit to chronic severe battering
- **Sexual:**
  - Using physical violence to force person to engage in sexual act against their will
  - Performing a sexual act with a person who is unable to consent or consents due to coercion
  - Abusive sexual contact

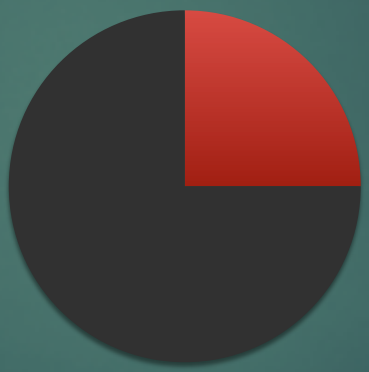


Epidemiology & Risk

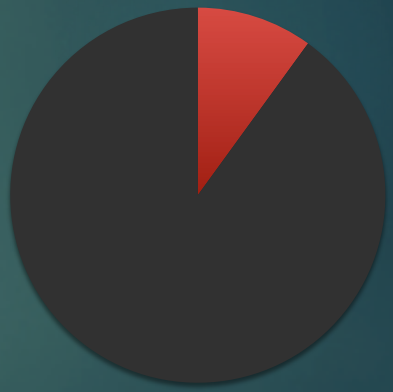
1 in 3 women and 1 in 4 men in the US have experienced rape, physical violence and /or stalking by an intimate partner in their lifetime



1 in 4 women and 1 in 7 men have experienced severe physical violence by an intimate partner



1 in 10 women have been raped by an intimate partner in her lifetime



- Incidence, 2008: 4.3/1000 women and .8/1000 men were victims of IPV[1]
- IPV accounts for 20% of nonfatal violence against women[1]

Epidemiology & Risk

Battered women represent:

- 25% of female suicide attempts[2]
- 23% of women seeking prenatal care
- 14-35% of women seen in ERs
  - 80% of victims of IPV went to an ER but 72% were never identified as victims of DV[3]
  - When victims were identified:
    - ER response included legally useful documentation 86% of the time
    - Police contacted 50% of the time
    - Social worker 45% of the time
    - Only 33% of the time did providers assess whether the victim had a safe place to go
    - Only 25% referred to domestic violence services.
- 60% of mothers of abused children
- 12-23% of women in family medicine clinics

Consequences and Sequelae

Reproductive Coercion

- Male behavior to control contraception and pregnancy outcomes in females
  - Pregnancy coercion
    - Threats to physically or psychologically harm a women if she does not get pregnant or get an abortion
    - Injuring her in order to cause miscarriage or stillbirth
  - Birth control sabotage
    - Interfering with a woman's ability to practice birth control or practice safe sex
    - 19% of visits to family planning clinics reported pregnancy coercion[4]

Consequences and Sequelae

- ***Pregnancy and IPV*** – protective or increased risk? It's complicated.
  - Homicide is a leading cause of pregnancy-related deaths (17%)[5]
    - However, there is a paucity of population-based data regarding the proportion due to IPV
    - In cases where the relationship could be identified, an intimate partner was responsible for the death in 63.2%
  - Brownridge et. al. 2011 found that 11.3% of patients reporting IPV in current relationship experienced pregnancy violence
    - Like some other studies, this suggest that pregnancy may be protective against violence
    - Women abused during pregnancy were more likely to leave partner and go to shelter but less likely to contact police
  - Pregnant victims receive more injuries to abdomen and breasts
  - Partners who batter during pregnancy are more likely to doubt paternity of child
    - May represent hostility and ambivalence toward unborn child (view child as direct threat)

Assessing for DV: Common Signs

- Isolated
- Can't make decisions
- Lack of money
- "Cover up"
- Somatic, non-specific symptoms
- Inconsistent explanation of injuries
- Increased dependence on partner
- Accident prone
- Absenteeism
- Noncompliant
- Moves frequently
- Always accompanied by spouse
- Reluctance to undress or have genital or rectal exam

Assessing for DV: Common Presenting Symptoms

- Gynecological complaints:
  - Premenstrual syndrome
  - Sexually transmitted infections
  - Unintended pregnancy or repeated abortions
  - Chronic pelvic pain
- General complaints:
  - Chronic pain
  - IBS
  - Headaches / Musculoskeletal pain
- Injuries:
  - Bilateral bruising on the upper arms
  - Half moon cuts-ring injuries
  - Two parallel bruising lines-baseball bat
  - Oral & facial injuries - loose teeth, petechiae, TMJ, broken jaw

Strangulation: A special circumstance

- Considered a murder attempt
- Scratches, abrasions from defensive maneuvers or assailant's fingernails
- Bruising – from attacker's thumbs, may not be visible for hours to days
- Redness – often short lived
- Petechiae on eyelids, around eyes and on face - due to capillary rupture
- Subconjuctival hemorrhages
- Rope burns
- Neck swelling; but sometimes they even have normal appearing neck!
- Involuntary urination or defecation
- Miscarriage - Hours or days later
- Fetal demise

Warning signs for DV *in Pregnancy*

- Substance abuse
- Depression and anxiety
- Sexually transmitted diseases
- Miscarriage and stillbirth
- Decreased fetal movement
- Pain during ultrasound
- Inappropriate use of the ER
- Unusual interactions during counseling
- Preterm contractions
- Preterm delivery
- Vaginal bleeding

ALL WOMEN WITH THE FOLLOWING SHOULD BE SCREENED FOR DV:
ALL female traumas
ALL females in the emergency room
ALL females with chronic abdominal pain
ALL females with chronic headaches
ALL females with sexually transmitted diseases
ALL pregnant women with decreased fetal movement or preterm contractions

Physician Role

- Need to implement routine screening – private, simple and universal
  - Especially during pregnancy because have many prenatal visits and victims more motivated to
  - Removes prejudice and misconceptions
- RADAR – developed by Institute for Safe Families
  - **R** - routinely screen women and men
  - **A** - ask direct questions in a non judgmental manner
  - **D** - document-what happened, use patient's own words, describe all injuries in detail
  - **A** - assess patient safety
  - **R** - respond, review options and refer
- The Massachusetts Medical Society Committee on Violence advises that a single question, asked routinely and without judgment, can increase the detection rate of IPV in office practice (see following slide)

Physician Role – Screening

- SAFE:
  - **Stress/Safety** - Do you feel safe in your relationship?
  - **Afraid/Abused** - Have you ever been in a relationship where you were threatened, hurt, or afraid?
  - **Friend/Family** - Are your friends aware you have been hurt?
  - Emergency Plan - Do you have a safe place to go and the resources you need in an emergency?
- Massachusetts Medical Society Committee on Violence:
  - Has a partner ever hit, kicked, or otherwise hurt or threatened you?
  - Has your partner or a former partner ever hit or hurt you, or threatened to hurt you?
  - Do you ever feel afraid of your partner?
  - Do you feel safe in your relationship?
  - Every couple has conflicts. What happens when you and your partner have a disagreement? Do conflicts ever turn into physical fights or make you afraid for your safety?
  - I see patients in my practice who have been hurt or threatened by someone they love. Is this happening to you?
  - Has anyone ever hurt you emotionally, physically, or sexually?
- HITS questions - How often does your partner:
  - **Hurt** you physcially?
  - **Insult** you or talk down to you?
  - **Threaten** you with harm?
  - **Scream** or curse at you?
  - Each HITS question is scored on a five-point scale (never, rarely, sometimes, fairly often, and frequently, with a score >10 indicating likely victimization).

Physician Role

- CA State Law AB 1652 requires that EVERY health practitioner employed in any health care facility who has knowledge of, or observes, a patient whom he/she suspects is suffering from a wound or injury which is the result of abusive conduct to make a report to local law enforcement by:
  - Phone immediately
  - Written report within 2 working days
- Reporting is not enough, need to also determine immediate safety:
  - How serious is the threat or injury?
  - Is there someone else in the house?
  - What about child abuse?
  - What about depression, suicide risk?
  - Is there a gun in the house?
  - Where can she go?
  - Should she be admitted to the hospital?
- History of abuse, even chronic and in current relationship, does NOT have to be reported to police, if injuries are not currently present.
  - Exceptions: children/dependents
  - Allows provider to develop relationship with patient, "escape" plan over time.

Resources

- Call your local shelter-establish a relationship
  - Human Options-Irvine-877-854-3594
  - Interval House-Santa Ana-714-891-8121
  - Laura's House- San Clemente-866-498-1511
  - Women's Transitional Living Center- Fullerton-714-992-1931
  - Home of Green Pastures-for Korean clients-714-532-2787
- National Domestic Violence Hotline
  - 1-800-799-SAFE (7233) www.ndvh.org

IMPORTANT LINKS / REFERENCES

1. UpToDate
2. Stark, Evan, and Filtcraft, 1996
3. Rhodes, et al, *Journal of General Internal Medicine*, 2011
4. Miller et al, *Contraception*, 2010
5. Cheng & Horon, *Obstet and Gynecol*, 2010