“UNDERSTANDING AND RESPONDING TO DOMESTIC VIOLENCE”

FLORIDA SOCIETY AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS
2016 ANNUAL CONVENTION
JULY 30, 2016

Presented by:
Bob Smedley
Training Objectives

- **Participants** will understand the prevalence and dynamics of domestic violence.
- **Participants** will understand the long term health consequences to exposure to violence.
- **Participants** will create strategies for universal screening for domestic violence; including prompts and sample questions.
- **Participants** will apply referrals and resources for patients experiencing domestic violence.
What are some of the challenges or concerns health care providers may have addressing domestic violence?
Some of the challenges or concerns health care providers may have addressing domestic violence:

- What am I required to report?
- I don’t want to get involved.
- I feel uncomfortable with the topic.
- What if there are kids involved?
- It takes too much time.
- What if she doesn’t want to get help?
- I can’t tell if it’s a bad relationship or if it’s abusive.
- What if something happens to her?
What Do We know?

- Domestic violence is a leading cause of death and serious injury for women.
- Survivors of domestic violence are disproportionately represented in ER and other medical settings.
- Many survivors do not report abuse, but most seek health care after an injury.
- Health care settings are presumed to be a safe place for survivors to disclose and seek help.
We Also Know That…

- Empathetic inquiry about abuse is appreciated, even by those not currently affected.
- Countless families have found help through health care intervention.
- One size does not fit all!
Keep in Mind…

- It is important as a medical professional to understand the dynamics of domestic violence and how to screen and support your patients because you often have **multiple opportunities** to see them where others won’t.

- HOWEVER, you are **NOT** expected to be a domestic violence expert.

- Refer to your local certified domestic violence centers.
Defining Domestic Violence
“Domestic violence” means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.

What does the legal definition leave out?
Battering is a pattern of behavior used to establish **power and control** over another person through **fear**, intimidation, often including the threat and/or use of violence.

Battering happens when one person believes they are entitled to power over their intimate partner in order to control that partner’s actions and activities.

Assault, battering, and domestic violence are crimes.
Legal Definition vs. Working Definition

- Unlike the legal definition of domestic violence, the working definition refers to a much broader range of behaviors used by individuals to exert **power and control** over their partner.

- Research shows that the presence of a gun, the threat of separation, in addition to the level of control in an abusive relationship leads to a nine-fold increase in the risk that a woman will be killed by an abusive partner.

N.J. Glass & J.C. Campbell, “Risk for Intimate Partner Femicide in Violent Relationships”
Battering

Loss of Control

Way of Achieving Control

NO

YES

Adapted from ACOG
The Scope of the Problem

- Two to four million women a year are battered and domestic violence is the leading cause of injury to women ages 15 to 44.

- National studies on domestic violence suggest that 22-25% of all women will experience domestic violence at some point in their lives.

- Three women are killed by a current or former intimate partner each day in America, on average.
Strangulation

- Survivors of prior strangulation are 800% more likely of becoming a homicide victim. (Glass, et al., 2008).

- [www.strangulationtraininginstitute.com](http://www.strangulationtraininginstitute.com)
Survivors who sustain multiple strangulation events have increased frequencies of dizziness, memory loss, nightmares, tinnitus and unilateral weakness. (Wilbur, 2002)
DOMESTIC VIOLENCE IN FLORIDA
Domestic Violence Homicides in Florida

In 2015, 184 women, children and men were murdered as a direct result of domestic violence compared to 193 in 2014. This is 4.7 decrease. However, in 2015 there were 15 domestic violence deaths related to manslaughter compared to 12 in 2015 which represents a 25% increase.
What We’ve Learned from Research

- Studies show:
  - Women support assessments
  - No harm in assessing for domestic violence
  - Interventions improve health and safety of women

- Domestic Violence Fatality Review Teams are showing that “a woman of domestic violence homicide, reaches out to the health care setting prior to being killed.”

Missed Opportunities – women fall through the cracks when we don’t ask.
Perpetrator Profiles

- 36% of perpetrators were unemployed at the time of the homicide.

- 43% of perpetrators were reported to have substance abuse histories.

- In 61% of deaths the perpetrators was known by family or friends to carry or possess a weapon.
In 50% of deaths there was evidence of prior stalking behavior on the part of the perpetrators.

In 50% of the fatalities there was a history of prior domestic violence, stalking, death threats and obsessiveness exhibited by the perpetrator.

32% of perpetrators completed suicide and additional 7% attempted suicide that did not end in their own death.
More on Perpetrator Profiles

- 64% of the decedents and perpetrators were separated at the time of death.
- 36% of fatalities had known allegations by the decedent of death threats made by the perpetrator towards the decedent.
- In 39% of fatalities there were known prior reports to the police by the decedent alleging domestic violence by the perpetrator.
Risk Factors for Domestic Violence Homicide
Jacquelyn C. Campbell, Ph.D., R.N.

- She feels that he will kill her
- Violence is increasing
- Batterer is unemployed
- Recent separation
- Survivor is showing independence
- History of strangulation
- Sexual assault
- She is in a new relationship
- Use of weapons/access to weapons
- Threats to kill or commit suicide
- Extreme jealousy
- Stalking
- Abusing or killing pets
- She is pregnant
- She has a child in the home from a previous relationship
Manner of Death

- 52% Gunshot
- 24% Stabbing
- 10% Beating
- 7% Strangulation
- 4% Automobile
- 4% Other
Big Health System Changes

Change,
Change,
Change,
Change!
Affordable Care Act: Policy Changes

As of August 2012: Health plans must cover screening and counseling for lifetime exposure to domestic violence and interpersonal violence as a core women’s preventive health benefit.
As of January 2014:
Insurance companies are prohibited from denying coverage to victims of domestic violence as a pre-existing condition.
Why the Enhanced Health Care Response?

Domestic Violence has long term impacts on a survivor’s health.
ER Visits

Of all women treated in emergency departments, it is estimated that 12% present with injuries related to acute intimate partner violence (IPV).

Dearwater, Coben, Campbell, et al., 2001
Families experiencing domestic violence:

- visit physicians **eight** times more often
- visit the emergency room **six** times more often, and
- use **six** times the amount of prescription drugs as the general population.

Mitchell, 1994
In addition to injuries, exposure to domestic violence increases risk for adverse health effects:

- Chronic health issues
  - Asthma
  - Cancer
  - Hypertension
  - Depression
  - Substance abuse
- Poor reproductive health outcomes
  - HIV

And the list of associated adverse health effects keeps growing.
Physical/Mental/Behavioral Effects

<table>
<thead>
<tr>
<th>Physical</th>
<th>Mental/ Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broken Bones, Bruises, Cuts,</td>
<td>Depression/ Anxiety/ PTSD</td>
</tr>
<tr>
<td>Concussions, Internal Injuries</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Chronic Pain, Neurological Disorders, Gastrointestinal Problems</td>
<td>Suicide</td>
</tr>
<tr>
<td>Migraines, Traumatic Brain Injury</td>
<td>Dissociation</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases, Urinary Tract Infections</td>
<td>Low Self-Esteem</td>
</tr>
<tr>
<td>Medical complications during pregnancy (pre-eclampsia, gestational diabetes, placenta previa)</td>
<td>Shame, Guilt, Self-Blame</td>
</tr>
<tr>
<td>Chronic Fatigue, Problems eating/sleeping</td>
<td>Confusion/Trouble concentrating</td>
</tr>
</tbody>
</table>

Remember: Each individual is unique and responses to trauma vary.
What Is Your role?
A study published in 1999, in *The Journal of American Medical Association* found that only 10% of primary care physicians screen for intimate partner violence for new patients and only 9% screen during periodic checkups.
Goals of Health Care Response

**ARE**
- To provide informed, holistic and appropriate care;
- To increase safety, reduce isolation, link victims and their families to additional services/support.

**ARE NOT**
- To force survivors to disclose abuse or take particular action.
- To make health care providers responsible for solving the problem or to find perfect, complete solutions.
- Make the survivor feel ashamed or guilty for not making a particular decision.
Three R’s for Health Care Providers

Recognize

Respond

Refer
Neurological

Chronic Daily Headaches
Seizures
Pseudoseizures
Dizziness/ lightheadedness
Syncope
Altered sensations
Transient amnesia
Increased risk of CVA
Primary CVA -strangle
Secondary to high risk behavior
Ob-Gyn

- Chronic pelvic pain
- Increased STIs
- Teen Pregnancies
  - Spontaneous
  - Therapeutic
- Infertility
  - Premenstrual dysphoric disorder
  - Pelvic inflammatory disease
- Preterm labor and low birth weight
- Hyperemesis gravidarum
- Complications of labor and delivery
- Post-partum depression
- Prolonged labor
  - Greater need for medication
  - Increased risk of C-section
Recognizing Signs and Symptoms
Behavioral Clues

- Is the patient evasive?
- Does the patient avoid eye contact?
- Is the patient accompanied by another person who seems controlling?
- Does the patient seem fearful, afraid, nervous, scared, or anxious?
- Does the patient directly or indirectly bring up the subject of abuse?
- Does the patient have unexplained injuries or provides responses that are not consistent with the injury?
- Can you see or detect any physical or emotional abuse?
Examples of Partner (Perpetrator) Behavior

- Insists on staying close
- Answers questions directed to patient
- Abuse Power and Control
  - Coercion
- Exhibit Different Behavior
  Public vs. Private
  - Public image “normal”
- Projecting Blame
  - “You provoked me”
- Claim loss of Control
  - “I just lost it”
- Minimize /Deny Abuse
  - “She/he tripped down the stairs”
Domestic violence is a complex issue and leaving is not the only option for safety.

As a health care provider you may be the only person that the victim has disclosed to.

While considering these things please remember that whatever your personal opinions, giving her advice, telling her what to do or judging her is often more harmful than helpful.
The effects of domestic violence impact all primary care, emergency, and surgical specialties.

A wide variety of acute physical injuries, obstetrical, gynecological, and frequent stress related somatic complaints may be attributed to ongoing or past domestic violence.

Keep in mind that the majority of patients may present with non-injury presentations.

The next slides provides examples of Non-Injury and Injury presentations.
Recognize
Non-Injury and Injury Presentations

**Non-Injury**
- Post Traumatic Stress Disorder
- Anxiety
- Eating disorders
- STDs
- Irritable bowel (IBS)
- Repeat visits for somatic complaints/injuries
  - fatigue
  - headaches
  - abdominal pain

**Injury**
- Inconsistent history & exam
- Pattern injuries
- Multiple injuries/various healing stages
- Bilateral injuries
- Central body injuries
- Strangulation injuries
- Defensive posture injuries
- Injuries during pregnancy
- Pelvic/genital injuries
- Oral/dental injuries
Recognize Common Injury Presentations

- Multiple injuries in various stages of healing may be suggestive of violence.
- Frequent visits for sprains or fractures from “falling down stairs” or “tripping” are cause for suspicion and should be investigated further.
- Bilateral injuries (both eyes, both arms) are suggestive of intentional injury.
- For consistency with findings, also consider the patient’s developmental age and physical limitations.
- Always check the scalp for bruises, hematomas or abrasions (less obvious site).
Recognize Central Body Injuries

- Injuries depicted in the red areas or in a swimsuit pattern including; face, neck, chest, breast, abdomen, genital area
  - This is because batterers will physically injury their partners where it is not visible
- Label new and old, size, shape
- Record tenderness and/or pain
**Recognize Injuries Suggestive of Defensive Posture**

- Ulnar bruising of the forearm
- Any part of the body can be used as a shield including inner aspects of arms and legs.
What Do You Think Caused These Marks?
Answer

- Fingerprint pressure
  - May appear larger if the person pulled away while being grabbed.
  - Be sure to check under arm medially which is often marked by perpetrator’s thumb.

- Handprint
What caused this mark?
Answer

- Human Bite Mark

- Can present as very specific and contain saliva or teeth marks or they can present as a non-specific contusion or abrasion.

(PVS/FVPF)
What caused this mark?
Answer

Baseball bat

- Linear blunt pattern
- Parallel lines separated by a clear area
Pattern Abrasions and Lacerations

✔ Pattern Abrasions:
  ➢ Scraping away of superficial layers of the skin
    ▪ Fingernails
    ▪ Imprints of fabric or ligature marks on wrists or neck from tightly bound rope

✔ Pattern Laceration:
  ➢ Tear in the skin caused by blunt trauma
    ▪ Wound edges are abraded, crushed, contused and with tissue bridging
Recognize – **Strangulation** Injuries

- Often subtle and can be lethal
- Attempted strangulation is a grave risk factor for lethality
- Look for signs of:
  - Redness around neck
  - Rope or cord burn
  - Fingernail scratches
  - Neck swelling
  - Petechiae of neck, face or sclera
  - Hoarse voice/voice change/loss of voice
  - Difficulty breathing
  - Loss of consciousness
  - **MANY VICTIMS HAVE NO VISIBLE INJURY**
Sexual Assault in the Context of Domestic Violence

- It is not just rape.
- The range of sexual behaviors that can be part of a domestic violence relationship
  - Calling someone a sexually degrading name
  - Grouping
  - Forcing sexual acts and/or unwanted penetration.
Sexual Coercion or Assault Increases Risk of all Consequences of Unprotected Sex

- HIV infection, STDs, unwanted pregnancy
- Vaginal infections (PID), UTIs, chronic abdominal pain
- Miscarriages, spontaneous abortion or multiple abortions, first & second trimester bleeds
- Injuries, unexplained pain, depression, anxiety disorders, suicide attempts and substance abuse during pregnancy can be related to DV
- Homicide leading cause of death among pregnant women (31%)
What You Can Do…

- **CONFIDENTIALITY**: conduct interventions in private;
- **ROUTINE SCREENING**: Consider domestic violence in ALL patients and be aware of the POSSIBLE INDICATORS OF DOMESTIC VIOLENCE;
- If assessment/history form indicates abuse, VALIDATE patient’s feelings and express concern for their SAFETY;
- Let the patient know that resources are available for them and their children;
- Ask patients with injuries: “Was this injury caused by someone with whom you are or were in a relationship?”
How to Ask About Abuse

- “Because domestic violence is a major health problem, I’ve begun asking all my patients about it.”
- “Many of my patients report not feeling safe at home, so I now ask about it routinely….”
- “I’m wondering if some of your health problems may be related to how you’re being treated at home.”
- “Because violence is so common, our policy is to ask everyone a few questions about abuse.”
Think about asking questions like a funnel.

The top part is the easiest, most open ended questions—like:

“Do you feel safe at home?” or
“What is it like when you and your partner argue?”

To a more emotional question like:
“Has your partner ever hurt you?”

To the most emotional questions, like:
“Did your partner force you to do something that made you uncomfortable?”
and
“Did your partner cause this [insert injury]?”
How Might Disclosure Happen?

- Patient spontaneously discloses partner abuse
- Positive response to routine assessment questions or direct inquiry about specific injuries
- Presentation seems like abuse/domestic violence but patient is not naming/labeling it as such
- Someone else discloses the abuse (child, family member, etc.)
Healthcare Provider’s Approach to Disclosure:

- Emphasize that no one deserves to be physically or emotionally abused.
- Educate to increase awareness of the impact violence has on one’s health.
- Be supportive and offer concern.
- Make sure follow-up appointment is scheduled if requested.
- Increase the awareness of community support services and resources available.
- Validate the person’s experiences.
- When language is an issue, use professional hospital interpreters or other health care professionals only (avoid using accompanying family & friends).
Survivors report that the most desirable behaviors by physicians, and health care professionals with whom they interact, include listening, support, and reassurance the abuse was not their fault.

Many survivors do not disclose because they get discouraged by how often they perceive they are not heard.
So... Why Doesn't She Just Leave?
Why do people stay in abusive relationships?

**FEAR** of an escalation of the violence.

**FEAR** of not being able to provide for children, keeping children safe, loosing children.

**LACK** of real alternatives for living - housing, employment, financial support.

**BELIEVES** she caused the violence.

**IMMOBILIZED** by psychological and/or physical trauma.

**VALUES** - Cultural, Religious, Family...keep family unit together at all costs.

The most dangerous time in a victim’s life is when she/he leaves
Video: The Story of Rachel
#WhyILStayed

- “I tried to leave the house once after an abusive episode, and he blocked me. He slept in front of the door that entire night.”

- “I had to plan my escape for months before I even had a place to go and money for the bus to get there.”

- “I stayed because I was halfway across the country, isolated from my friends and family. And there was no one to help me.”
“My mom had 3 young kids, a mortgage, and a PT job. My dad had a FT paycheck, our church behind him, and bigger fists.”

“Because he made me believe no one else would understand.”

“Because after being stuck in an abusive relationship for awhile I started to believe I deserved all of it.”
Certified Domestic Violence Centers: Core Services

- Emergency Shelter
- 24-hour Crisis Hotline
- Support Group
- Counseling

- Children’s Program
- Safety Planning
- Case Management
- Direct Service Information and Resources
Florida’s 42 Certified Domestic Violence Centers
The mission of the Florida Coalition Against Domestic Violence (FCADV) is to create a violence free world by empowering women and children through the elimination of personal and institutional violence and oppression against all people.

FCADV provides leadership, advocacy, education, training, technical assistance, public policy and development, and support to domestic violence center programs.
Thank You

Florida Domestic Violence Hotline

www.fcadv.org
850.425.2749
1.800.500.1119
TDD
1.800.621.4202