

DOMESTIC VIOLENCE

Clinical Overview: Domestic Violence

- Domestic violence is an underlying cause of poor health and a well-documented public health issue.
- A high correlation exists between domestic violence and violence directed at children.
- The Medical Society of New York has recommended the following screening questions:
 - Do you ever feel unsafe at home?
 - Are you in a relationship in which you have been physically hurt or felt threatened?
 - Have you ever been, or are you now, concerned about harming your partner or someone close to you?
- Substance abuse is often involved in domestic violence.
- In treating domestic violence victims, validate their experience, treat injuries, assess for immediate risk and discuss options.
- HIP offers a training module on domestic violence that is available in both printed and CD-ROM formats. Upon completion of the training, physicians are eligible for CME credit. To request the domestic violence training, contact the HIP Domestic Violence Line: 1-646-447-8900.

Clinical Snapshot: Domestic Violence

- Brief “snapshot” of a domestic violence victim’s presentation:
 - Traumatic injuries.
 - Reported history does not fit injury or illness.
 - Medical attention may be sought late.
 - Accompanied by a partner who speaks for the patient.
 - Lack of eye contact.
 - May have multiple emergency room visits.
 - Bruises, fractures, strains or broken bones.
 - Patient may have multiple injuries at various stages of healing.
 - Injuries that suggest a defensive position.
 - Non-adherence to medical care.
 - Somatic complaints.
 - Sleep problems, nightmares.
 - Hypervigilance, trauma symptoms.

Facts about Domestic Violence

- The New York State Office for the Prevention of Domestic Violence (OPDV) defines domestic violence as: A pattern of coercive behavior which may include physical, sexual, economic and/or psychological abuse exerted by an intimate partner over another with the goal of establishing and maintaining power and control.
- Domestic violence can take many forms, including physical, sexual, economic, emotional, social and/or psychological abuse.
- Victims of domestic violence are at increased risk for physical harm and other complications which eventually lead to the need for medical care.
- Although the majority of reported domestic violence cases involve women, domestic violence occurs in all communities and can be found in all types of relationships.
- Health care providers are often the first non-family members that victims of domestic abuse turn to for help.
- Providers often fail to consider the possibility of domestic violence among gay, lesbian, bisexual or transgendered populations.
- Screening for domestic violence often uncovers previously unreported child abuse. Screening mothers of abused children reveals a high rate of domestic violence.
- Domestic violence can also affect the unborn fetus; pregnancy is a high-risk time for women whose partners are abusive.
- When informing a patient that he or she is HIV-positive, it is important to screen for potential domestic violence.

- ***Additional Information/CME Credit Opportunity***
 - As part of a Department of Health grant, HIP has developed a training module on domestic violence geared specifically for providers.
 - The training is available in both printed and CD-ROM formats.
 - Physicians receive CME credit for completion of the training and mental health providers receive a certificate of completion.
 - To receive free domestic violence training materials, simply call HIP's Domestic Violence Line at 1-646-447-8900.

How to Recognize Domestic Violence

■ Screening Tools

- The NYSDOH, OPDV, Medical Society of the State of New York, and the American Medical Association have recommended using the following screening questions:
 - Do you ever feel unsafe at home?
 - Are you in a relationship in which you have been physically hurt or felt threatened?
 - Have you ever been, or are you currently, concerned about harming your partner or someone close to you?

- Other possible screening questions include:
 - Have you ever felt afraid of your partner or ex-partner?
 - Has anyone ever threatened you or tried to control you?
 - Has a partner or ex-partner currently or ever:
 - > Pushed, grabbed, slapped, choked or kicked you?
 - > Forced you to have sex or made you do sexual things you did not want to do?
 - > Threatened to hurt you, your children or someone close to you?
 - > Stalked, followed or monitored you?

- When screening for domestic violence, talk to the non-abusive parent and/or child in a safe, private environment.

- Substance abuse is often involved in domestic violence situations. It is a good idea to screen for alcohol/drug abuse.

- Ask whether or not guns or other weapons are present in the home.

- If the screening is negative but you suspect abuse:
 - Accept the results, but continue to screen during future visits.
 - Explain that you are available to help if needed in the future.
 - Have take-home resource materials available in waiting areas.

■ *Possible Signs of Domestic Violence*

- Physical injuries, such as bruises, welts, burn marks, fractures, strains or broken bones.
- Injuries to the head, neck or chest.
- Injuries that suggest a defensive posture.
- Injuries during pregnancy.
- Internal problems, such as STDs, complicated pregnancies and childbirth and GI problems and illnesses.
- Increased accidents and injuries.
- Non-adherence with medical care, such as not taking medications as directed or not following medical interventions or plans.
- Chronic medical conditions, chronic pain syndrome, arthritis, heart disease or hypertension.
- Substance or alcohol use or abuse.
- Eating disorders.
- Somatic complaints.
- Psychological problems, such as depression, anxiety, suicidal thoughts/actions, stress, ongoing fear, panic, mental distress, tearfulness, low self-esteem or feelings of low self-worth.

■ *Other Possible Medical/Behavioral Warning Signs*

- One partner insists on accompanying the other partner and child, and speaks for him or her.
- Injured partner seems unconcerned about injuries while other partner repeatedly answers questions for xxxxx.
- Non-abusive partner is reluctant to talk with abusive partner present.
- Reported history doesn't fit injury or illness.
- Patient may make frequent appointments for vague, poorly defined complaints.
- Medical attention for injuries may be sought later than would be expected.
- The family may use emergency room services more often than is usual.
- An attempt is made to hide injuries with clothing.
- There are a number of injuries, at various stages of healing.

Treatment/What to Do if Domestic Violence Is Identified

■ *Begin by validating the experience:*

- I'm glad you are talking with me about this. Let's see how we can work together so you and your child can be safe and healthy.
- I am so sorry that this is happening to you, and I want you to know that you aren't alone. Let's take a look at your options.
- I believe you.
- I am concerned about your safety and well-being.
- I imagine this situation must be very difficult for you.

- You are not alone.
- The violence is not your fault and only (name of abusive partner) can choose to stop his or her abusive behavior.
- No one deserves to be abused (hit, beaten, etc.).
- There are options and resources available.

■ ***Treat Injuries***

■ ***Determine Risk***

- Is there a risk of injury or death?
- Does the abuser use weapons?
- Does the abuser threaten others: siblings, grandparents, friends, etc.?
- Has the abuser threatened homicide? Hostage taking? Suicide?
- What roles do drugs or alcohol play?
- Does victim believe it is safe to go home today? If not, does he or she have a safe place to go? What is his or her plan?

■ ***Discuss Options/Resources***

- For medical emergencies or if in immediate danger, dial 911.
- To access HIP behavioral health benefits, call 1-888-447-2526.
- Call Safe Horizon, a 24-hour New York City domestic violence hotline:
 - 1-800-621-HOPE (4673)
 - 1-212-577-7777
 - 1-212-233-3456 (TDD)
- Call the New York City Gay and Lesbian Anti-Violence Project:
 - 1-212-714-1141
- Call the New York State Coalition Against Domestic Violence:
 - 1-800-942-6906 (English)
 - 1-800-942-6908 (Spanish)
- Call the National Domestic Violence Hotline:
 - 1-800-799-SAFE (7233)
 - 1-800-787-3224 (TDD)

■ **Provide Education** (see patient handout in Appendix A)

1. Have important phone numbers nearby for you and your children (e.g., police, hotlines, friends, shelter, etc.).
 2. Ask friends or neighbors to call the police if they suspect violence is occurring.
 3. Teach children to dial 911.
 4. Have a code word that you can use when you need help.
 5. Have a plan for getting out of your home as quickly and safely as possible.
 6. Identify safer places in your home where there are exits and no weapons. If you feel abuse is about to occur, try to get abuser into one of these safer places.
 7. Try to rid home of weapons.
 8. Think of where you could go, if necessary, to leave home. Keep an emergency bag packed.
- Items that should be taken, if possible in an emergency:
 - Children (if it is safe).
 - Money.
 - Keys to car, house, work.
 - Extra clothes.
 - Medicine.
 - Important papers for you and your children.
 - Birth certificates.
 - Social Security cards.
 - School and medical records.
 - Bankbooks, credit cards.
 - Driver's license.
 - Car registration.
 - Welfare identification.
 - Passports, green cards, work permits.
 - Lease/rental agreement.
 - Mortgage payment book, unpaid bills.
 - Insurance papers.
 - Personal Protection Order (PPO), divorce papers, custody orders.
 - Address book.
 - Pictures, jewelry, items of special significance.
 - Items for your children (toys, blankets, etc.).

- Tips for patients considering leaving an abuser:
 1. Identify four places you could go if you leave your home.
 2. Identify people who might help you if you left. Think about people who will keep a bag for you or lend you money.
 3. Keep change for phone calls or consider getting a cell phone.
 4. Open a bank account or get a credit card in your name.
 5. Think about how you might leave. Try doing things that get you out of the house: taking out the trash, walking the family pet or going to the store. Practice how you would leave.
 6. Consider how you could take your children with you safely. There are times when taking your children with you may put all of your lives in danger. You need to protect yourself to be able to protect your children.
 7. Put together a bag of things you use everyday. Hide it where it is easy for you to retrieve.

- Tips for patients who have left an abuser:
 1. Consider getting a cell phone. There are cell phones available at no cost that are programmed to dial only 911.
 2. Consider getting a PPO from the court. Always keep a copy with you. Give a copy to the police, people who take care of your children, their schools and your boss.
 3. Change the locks. Consider putting in stronger doors, smoke and carbon monoxide detectors, a security system and outside lights.
 4. Tell friends and neighbors that your abuser no longer lives with you. Ask them to call the police if they see your abuser near your home or children.
 5. Tell people who take care of your children the names of people who are allowed to pick them up. If you have a PPO protecting your children, give their teachers and babysitters a copy of it.
 6. Tell someone at work about what has happened. Ask that person to screen your calls. If you have a PPO that includes where you work, consider giving your boss a copy of it and a picture of the abuser. Think about and practice a safety plan for your workplace. This should include going to and from work.
 7. You may want to avoid using the same stores or businesses that you did when you were with your abuser.
 8. Have someone that you can call if you feel down.
 9. Find a safe way to speak with your abuser if you must.
 10. Go over your safety plan often.

- It is also helpful to discuss the nature of domestic violence:
 - Violence has a lasting effect on children.
 - No one “deserves” to be hurt.
 - The abuser, not the victim, is the person responsible for stopping the violence.
 - Domestic violence usually escalates over time.

- Document the visit.
 - Explain to your patient what you are putting in his or her medical record. In some situations, an abusive partner may legally obtain access to these records. This can place the victim in increased danger.
 - Use the patient's own words to describe injuries and abuse.
 - Use a body map to document injuries if possible.
 - Record treatment, consults, referrals, prescriptions and follow-up.
- Plan for follow-up
 - Schedule a follow-up appointment before the patient leaves.
 - At the next visit:
 1. Ask what happened since the last visit.
 2. Find out if community services were contacted.
 3. Review medical records and discuss past domestic violence.
 4. Demonstrate that this is a health care issue that can be discussed openly.
 5. Remind patient that domestic violence is a complex issue and will take time to resolve. Often change is made one step at a time.
 - A cancelled follow-up appointment should be considered a red flag, especially if the appointment was cancelled by the abuser. Try to contact patient to reschedule appointment.

Special Populations

- Domestic violence does not just involve men battering women. Domestic violence issues are prevalent in many special populations, including (but not limited to):
 - Gay relationships.
 - Lesbian relationships.
 - Relationships involving transgendered individuals.
 - Relationships involving bisexual individuals.
 - Children.
 - Adolescents.
 - Elderly.
 - Relationships involving HIV-positive individuals.