# TRAIN FOR SUCCESS INC.
# DOMESTIC VIOLENCE 2HR

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## PURPOSE

The purpose of this course is to educate and reinforce the knowledge of nurses; ARNP, RN, LPN , CNA, THREAPISTS and other professionals who are working within the health care environment, as well as other students/ individuals regarding Domestic violence; the number of patients within the healthcare setting who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services.

## Objectives

At the conclusion of this course, the participants will be able to:

1. Define Domestic Violence / Abuse
2. Identify population at risk for Domestic Violence
3. Discuss signs of Domestic Violence
4. Discuss the characteristics of the Abuser
5. Describe interventions to prevent Domestic Violence
6. Discuss screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence
7. Describe how to provide patients with information on resources in the local community, such as domestic violence centers and other advocacy groups

# Introduction

According to the United States Department of Justice, domestic violence is defined as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person.

## DOMESTIC VIOLENCE

Domestic violence is:

 A pattern of behavior used to establish power and control over another person through fear and intimidation, often including the threat or use of violence.

 Other terms for domestic violence include intimate partner violence (IPV), battering, relationship abuse, spousal abuse, or family violence.

Individuals who are most likely to suffer from Domestic Abuse or become a victim of Domestic Violence.

Domestic violence and abuse can happen to ANYONE, regardless of;

 gender,

 race,

 ethnicity,

 sexual orientation,

  income, or other factors.

 Women and men can be victims of domestic violence.

**Men are also victims of Domestic Violence**

 Men are victims of nearly 3 million physical assaults in the United States of America.

How Often Does Domestic Violence Occur?

 1 in 4 women will experience domestic violence during her lifetime.

Why Does Domestic Abuse occur?

 No victim is to blame for any occurrence of domestic abuse or violence.
 While there is no direct cause or explanation why domestic violence happens, it is caused by the abuser or perpetrator.

When and Where Does Domestic Violence Occur?

 Domestic violence is most likely to take place between 6 pm and 6 am.

 More than 60% of domestic violence incidents happen at home.

**What Happens to Victims of Domestic Violence?**

 Domestic violence is the third leading cause of homelessness among families, according to the United States Department of Housing and Urban Development.

 At least 1/3 of the families using New York City's family shelter system are homeless because of domestic violence.

**Domestic Violence in America: General Statistics and Facts**

 Women ages 18 to 34 are at greatest risk of becoming victims of domestic violence.

 More than 4 million women experience physical assault and rape by their partners.

 1 in 3 female homicide victims are murdered by their current or former partner every year.

**Effects of Domestic Violence on Children:**

 More than 3 million children witness domestic violence in their homes every year.

 Children who live in homes where there is domestic violence also suffer abuse or neglect at high rates (30% to 60%).

 Children exposed to domestic violence at home are more likely to have health problems, including becoming sick more often, having frequent headaches or stomach aches, and being more tired and lethargic.

 Children are more likely to intervene when they witness severe violence against a parent; this can place a child at great risk for injury and/ or death.

**Effects of Domestic Violence on Mental Health:**

 Domestic violence victims face high rates of depression, sleep disturbances, anxiety, flashbacks, and other emotional distress.

 Domestic violence contributes to poor health for many survivors including chronic conditions such as heart disease or gastrointestinal disorders.

 Most women brought to emergency rooms due to domestic violence were socially isolated and had few social and financial resources.

**Economic Cost of Domestic Violence:**

 Domestic violence costs more than $37 billion a year in law enforcement involvement, legal work, medical and mental health treatment, and lost productivity at companies.

**HIGH COST**

Intimate Partner Violence is associated with:

 High cost of violence for society

 High cost for individuals who experience abuse

 High health care costs.

**What Happens when Domestic Violence victims do not receive help?**

 Without help, girls who witness domestic violence are more vulnerable to abuse as teens and adults.

 Without help, boys who witness domestic violence are far more likely to become abusers of their partners and/or children as adults, thus continuing the cycle of violence in the next generation.

**The cycle of violence theory**

The theory that domestic violence occurs in a cycle was developed by Lenore Walker in 1979 as a result of a study that was conducted within the United States.

The cycle usually goes in the following order (see below), and will repeat until the conflict is stopped, usually by the survivor entirely abandoning the relationship or by some form of intervention.

The cycle can occur hundreds of times in the abusive relationship, the total cycle taking anywhere from a few hours to a year or more to complete.

1. Tension building

Stress build up from the pressures of daily life, such as conflict over the children, marital issues, misunderstandings, or other family conflicts. Stress/ tension also build up as a result of illness, legal/ financial problems, unemployment, or catastrophic events, such as war, floods or rape. During this stage, the abuser feels threatened, annoyed, ignored or wronged. The feeling lasts on average several minutes to hours, it may last as much as several months. To prevent violence, the victim may try to reduce the tension by becoming nurturing and compliant.

2. Acute violence

This stage is characterized by outbursts of violent, abusive incidents which may be preceded by verbal abuse and psychological abuse. During this stage the abuser attempts to dominate his/her partner, with the use of domestic violence. In intimate partner violence (IPV), children are negatively affected by having witnessed the violence and the partner's relationship degrades as well. The release of energy reduces the tension, and the abuser may feel or express that the victim -had it coming to them.

3. Reconciliation/honeymoon

The perpetrator / abuser may begin to feel guilt feelings, remorse or fear that the partner will leave or call the police. The victim feels fear, pain, humiliation, confusion, disrespect and may mistakenly feel responsible. This stage is characterized by apology, affection or alternatively, ignoring the incident, this phase marks an apparent end of violence, with assurances that it will never happen again, or that the abuser will do his or her best to change. During this stage the abuser may feel or claim to feel overwhelming remorse and sadness. Some abusers walk away from the situation with little comment, but most will eventually shower the survivor with love and affection. The abuser may use selfharm or threats of suicide to gain sympathy and/or prevent the survivor from leaving the relationship. Abusers are frequently very convincing, and survivors so eager for the relationship to improve, that survivors (who are often worn down and confused by longstanding abuse) stay in the relationship.

4. Calm

During this phase (which is often considered an element of the honeymoon/ reconciliation phase), the relationship is relatively calm and peaceable. During this period the abuser may agree to participate in counseling, may ask for forgiveness, and create a normal atmosphere. In intimate partner relationships, the perpetrator may buy presents, or the couple may engage

in passionate sex. Over time, the batterer's apologies and requests for forgiveness become less sincere and are generally stated to prevent separation or intervention. However, interpersonal difficulties will inevitably arise, leading again to the tension building phase.

The effect of the continual cycle may include distress, loss of love, contempt, and/or physical disability. Intimate partners may separate, divorce or someone may be killed.

#1 FACT: MOST DOMESTIC VIOLENCE INCIDENTS ARE NEVER REPORTED.

**INTIMATE PARTNER VIOLENCE (IPV)**

Intimate partner violence (IPV) is a very serious and preventable public health problem that is affecting millions of individuals within the United States of American. The term intimate partner violence describes sexual violence, physical violence, stalking, psychological aggression; coercive acts by a former or current intimate partner.

An intimate partner is an individual with whom one has a close personal relationship that can be characterized by factors such as regular contact, identifying as a couple, emotional connection, ongoing physical contact and/ or sexual behavior, knowledge about and/ or familiar about each other’s lives. The relationship may not involve all of these factors. Some examples of intimate partners include but not limited to former or current spouse, boyfriend or girlfriend, sexual or dating partners. Intimate partner violence (IPV) does not require sexual intimacy.

Intimate partner violence (IPV) may vary in severity and frequency. It often occurs on a continuum, therefore it can range from one episode that might have lasting impact or one episode that might not have lasting impact, to chronic and/ or severe episodes over a number of years.

There are four main types of Intimate partner violence (IPV)

1. Physical violence is the intentional use of physical force with the potential for causing harm, death, injury or disability. Physical violence may include, but is not limited to:

- hitting,
- punching,
- slapping,
- scratching
- pushing
- shoving
- throwing
- Grabbing
- Biting
- Choking
- Shaking
- Pulling hair
- Burning
- use of restraints
- use of a weapon
- Use of strength body or size against another person
- Coercing people to commit any of these acts that are listed above.

2. Sexual violence is divided into five categories. Any of these acts constitute sexual violence, whether the act was completed or attempted. Also, all of these actions occur without the consent of the victim. This includes cases in which the victims are not able to give consent due to being incapacitated, or experiencing lack of alertness/ awareness, lack of consciousness e.g. too intoxicated (through their involuntary or voluntary use of drugs or alcohol).

o Rape or penetration of victim; This includes completed or attempted, forced or alcohol/drug-facilitated unwanted vaginal, oral, or anal insertion. Forced penetration occurs through the perpetrator's use of physical force against the victim or threatens to physically harm the individual/ victim.

o Victim was made to penetrate someone else; This includes completed or attempted, forced or alcohol/drug facilitated incidents when the victim was made to sexually penetrate a perpetrator or someone else without the victim's consent.

o Non-physically pressured unwanted penetration; This includes incidents in which the victim was pressured verbally or through intimidation or misuse of authority to consent or acquiesce to being penetrated.

o Unwanted sexual contact; This includes intentional touching of the victim or making the victim touch the perpetrator, either directly or through the clothing, on the genitalia, anus, groin, breast, inner thigh, or buttocks without the victim's consent.

o Non-contact unwanted sexual experiences; This includes unwanted sexual events that are not of a physical nature that occur without the victim's consent. Examples include unwanted exposure to sexual situations such as pornography; verbal or behavioral sexual harassment; threats of sexual violence to accomplish some other end; and /or unwanted filming, taking or disseminating photographs of a sexual nature of another person.

3. Stalking; a pattern of repeated, unwanted, attention and contact that causes fear or concern for one's own safety or the safety of someone else such as a family member or friend. Some examples include:

- Repeated, unwanted emails, phone calls or texts
- leaving cards, flowers, letters or other items when the victim does not want them
- watching or following the victim from a distance
- Spying, approaching or showing up in places when the victim does not want to see them
- sneaking into the individual's home or car
- damaging the victim's personal property
- threatening or harming the victim's pet
- making threats to physically harm the victim.

4. Psychological Aggression; the use of verbal and non-verbal communication with the intent to harm another individual mentally or emotionally, and/or to exert control over another person. Psychological aggression can include expressive aggression such as:

- name-calling,
- humiliating control,
- coercive control such as limiting access to money, transportation, friends and family,
- excessive monitoring of whereabouts,
- threats of sexual or physical violence,
- control of sexual or reproductive health such as refusal to use birth control or coerced pregnancy termination.

 exploitation of victim's vulnerability such as immigration status, disability; exploitation of perpetrator's vulnerability  presenting false information to the victim with the intent of making them doubt their own memory or perception for example mind games.

## Prevention

The Centers for Disease Control and Prevention (CDC) presence information on Intimate partner violence prevention strategies as follows; intimate partner violence (IPV) is a serious problem that has harmful and long lasting effects on individuals, families, and the community. The goal for Intimate partner violence prevention is to stop it from happening in the first place but the solutions are just as complex as the problem.

Prevention efforts should ultimately reduce the occurrence of Intimate partner violence IPV by:

 Promoting healthy, respectful, non-violent relationships.

 Healthy relationships can be promoted by addressing change at all levels of the social ecology that influence Intimate partner violence: individual, relationship, community, and society.

 Additionally, effective prevention efforts will reduce known risk factors for Intimate partner violence and promote healthy relationships.

Intimate Partner Violence: Risk and Protective Factors

Individuals with certain risk factors are more likely to become victims or perpetrators of intimate partner violence (IPV). Those risk factors contribute to IPV but might not be direct causes. Not everyone who is identified as at risk becomes involved in violence.

Some risk factors for IPV victimization and perpetration are the same, while others are associated with one another. For example, childhood physical or

sexual victimization is a risk factor for future IPV perpetration and victimization.

A combination of individual, relational, community and societal factors contribute to the risk of becoming an IPV victim or perpetrator. Understanding these multilevel factors can help identify various opportunities for prevention.

**Risk Factors for Intimate Partner Violence**

Individual Risk Factors

 Low self-esteem

 Low income

 Low academic achievement

 Young age

 Aggressive or delinquent behavior as a youth

 Heavy alcohol and drug use

 Depression

 Anger and hostility

 Antisocial personality traits

 Borderline personality traits

 Prior history of being physically abusive

 Having few friends and being isolated from other people

 Unemployment  Emotional dependence and insecurity

 Belief in strict gender roles (such as male dominance and aggression in relationships)

 Desire for power and control in relationships

 Perpetrating psychological aggression

 Being a victim of psychological or physical abuse (consistently one of the strongest predictors of perpetration)

 History of experiencing poor parenting as a child

 History of experiencing physical discipline as a child

**Relationship Factors**

 Marital fights, conflict, tension, and other struggles

 Marital instability such as divorces or separations

 Dominance and control of the relationship by one partner over the other
 Economic stress

 Unhealthy family relationships and interactions.

**Community Factors**

 Poverty and associated factors such as overcrowding

 Low social capital; lack of institutions, relationships, and norms that shape a community's social interactions

 Weak community sanctions against intimate partner violence such as unwillingness of neighbors to intervene in situations where they witness violence.

**Societal Factors**

 Traditional gender norms for example women should stay at home, do not enter workforce, and become submissive; men support the family and make the decisions).

## CDC DATA SOURCES

The Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. The health departments of the 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands conduct the survey.

### National Violent Death Reporting System

CDC has funded 18 states and established the National Violent Death Reporting System (NVDRS) to gather, share, and link state-level data on violent deaths. NVDRS provides CDC and states with a more complete understanding of violent deaths. This enables policy makers and community leaders to make informed decisions about violence prevention programs, including those that address intimate partner violence.

National Intimate Partner and Sexual Violence Survey

The Centers for Disease Control and Prevention's National Center for Injury Prevention and Control (NCIPC), in collaboration with the National Institutes of Justice (NIJ), and the Department of Defense (DoD) has developed a telephone survey, the National Intimate Partner and Sexual Violence Survey (NISVS). Since 2010, NISVS collects ongoing population-based surveillance data, generating accurate and reliable incidence and prevalence estimates for intimate partner violence, sexual violence, dating violence and stalking victimization IPV, SV, dating violence, and stalking victimization.

### The National Survey of Family Growth

The National Survey of Family Growth gathers information on family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health. The survey results are used by the U.S. Department of Health and Human Services and others to plan health

services and health education programs, and to do statistical studies of families, fertility, and health.

### Pregnancy Risk Assessment Monitoring System

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of CDC and state health departments. PRAMS collect state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. Data on physical abuse during and after pregnancy are collected.

### Youth Risk Behavior Surveillance System

CDC's Youth Risk Behavior Surveillance System monitors health risk behaviors that contribute to the leading causes of death and disability, including intimate partner violence (in the form of teen dating abuse), among young people in the United States.

## OTHER FEDERAL DATA SOURCES

Federal Bureau of Investigation (FBI)

Since the 1930s, the Federal Bureau of Investigation (FBI) has been collecting data on crime in the United States. Each year, the FBI publishes a summary of Crime in the United States, Hate Crime Statistics, special studies, reports, and monographs.

### National Crime Victimization Survey (NCVS)

National Crime Victimization Survey (NCVS) is the primary source of information on criminal victimization in the United States. Each year, data are obtained from a nationally representative sample of 77,200 households comprising nearly 134,000 persons on the frequency, characteristics, and consequences of criminal victimization in the United States. The survey enables the Bureau of Justice Statistics to estimate the likelihood of victimization by rape, sexual assault, robbery, assault, theft, household burglary, and motor vehicle theft. This information is provided for the population as a whole as well as for segments of the population such as women, the elderly, members of various racial groups, city dwellers, or

other groups. The NCVS provides the largest national forum for victims to describe the impact of crime and characteristics of violent offenders.

## CONSEQUENCES OF INTIMATE PARTNER /DOMESTIC VIOLENCE

Some of the consequences of intimate partner violence/ domestic violence include:

- Deaths and
- Injuries.

Physical violence by the intimate partner / domestic violence is also associated with multiple adverse health outcomes. There are several health conditions that is associated with intimate partner / domestic violence that may be a direct result of the physical violence such as bruises, broken bones, knife wounds, traumatic brain injury, pelvic or back pain and headaches. Other conditions are the result of the impact of intimate partner / domestic violence on the cardiovascular, endocrine, gastrointestinal, and the immune systems through stress or other factors /mechanisms.

Health conditions that may be associated with intimate partner / domestic violence include but not limited to:

- Chronic pain syndrome
- Headaches and Migraines
- Disorders of the Central nervous system
- Disorders of the Gastrointestinal system
- Irritable bowel syndrome
- Asthma
- Bladder and kidney infections
- Joint disease
- Circulatory conditions

- Cardiovascular disease
- Fibromyalgia

Children might become injured during intimate partner violence incidents between the parents. There is a large overlap between intimate partner violence and child maltreatment.

**REPRODUCTIVE EFFECTS**

- Gynecological disorders
- Sexual dysfunction
- Pelvic inflammatory disease
- Sexually transmitted infections, (STD) including HIV/AIDS
- Pregnancy difficulties such as low birth weight babies, perinatal deaths
- Delay of prenatal care
- Preterm delivery
- Unintended pregnancy.

**Psychological**

Physical violence is typically accompanied by emotional or psychological abuse. IPV; whether sexual, physical, or psychological, can lead to various psychological consequences for victims.

- Anxiety
- Depression
- Symptoms of post-traumatic stress disorder (PTSD)
- Antisocial behavior

- Suicidal behavior in females
- Low self-esteem
- Inability to trust others, especially in intimate relationships
- Fear of intimacy
- Emotional detachment
- Sleep disturbances
- Flashbacks
- Replaying assault in the mind.

**Social**

Victims of IPV sometimes face the following social consequences

- Restricted access to services
- Strained relationships with health providers and employers
- Isolation from social networks
- Homelessness.

## Health Behaviors

Women with a history of intimate partner violence (IPV) are more likely to display behaviors that present further health risks such as substance abuse, alcoholism, suicide attempts; than women without a history of IPV.

Intimate partner violence (IPV) is associated with a variety of negative health behaviors. Studies show that the more severe the violence, the stronger its relationship to negative health behaviors by victims.

 Engaging in high-risk sexual behavior o Unprotected sex

o Decreased condom use

o Early sexual initiation

o Choosing unhealthy sexual partners

o Multiple sex partners

o Trading sex for food, money, or other items

 Using harmful substances

o Smoking cigarettes

o Drinking alcohol

o Drinking alcohol and driving

o Illicit drug use

 Unhealthy diet-related behaviors

o Fasting

o Vomiting

o Abusing diet pills

o Overeating

 Overuse of health services.

According to the Centers for Disease Control and Prevention CDC, Intimate partner violence, sexual violence, and stalking are important and widespread public health problems in the United States. On average, 20 people per minute are victims of physical violence by an intimate partner in the United States. Over the course of a year, that equals more than 10 million women and men. Those reports only tell apart of the story; nearly 2 million women are raped in a year and over 7 million women and men are victims of stalking in a year (CDC 2015).

Sexual violence, stalking, and intimate partner violence are public health problems known to have a negative impact on millions of persons in the United States each year, not only by way of immediate harm but also through negative long term health impacts.

**SIGNS OF DOMESTIC VIOLENCE**

Domestic violence is so common, that there is a possibility that you may know an individual who is experiencing domestic violence or has been affected. You may recognize some of the signs such as:

 They may have unexplained bruises or injuries

 The individual may have become anxious or withdrawn

 He / she may stop seeing or visiting you as often

 They may not seem to have any money or ability to access money

 He /she may frequently callout /miss work

 He /she may frequently miss social events

 The individual may appear afraid of his/ her partner or the abuser

 The individual may appear anxious about what the partner/relative might say or do

 They might receive regular telephone calls from the partner frequently checking up on them

 He /she may talk about their partner's possessiveness and /or unpredictable behavior

 They may talk about their partner's jealousy

 You may observe that the individual is regularly criticized or insulted by their partner/relative in your presence.

**Observed signs of domestic violence**

If you observed signs of domestic violence, encourage the individual or your relative or friend to talk to you. Express concern, and if they have not confided in you, start with non-specific comments or questions to show that you care.

Ask questions or express concern /statements such as:

"You seem worried about something. Can I help in any way?"

"Is everything okay at home?"

"You seem worried about something. Can I help at all?"

“What can I do to help?”

“How can I help?”

**Some reasons why people stay in an abusive relationship**

It is often very difficult to understand why someone would stay in an abusive relationship. To assist this individual, you will need to try to understand and support the individual. Do not try to judge them. Do not

become irritated, you want to be able to help them, and not turn them away by your reaction.

Some of the reasons people stay in an abusive relationship are:

 They are frightened of what the abuser might do to them. (Murders relating to domestic violence often happen after the individual has left the abusive relationship).

 They still love their partner

 They might be worried about the consequences for the children

 They might be worried that their children will be taken away

 Often they cannot afford to live on their own, no financial / access to money

 They have lost their self-confidence; therefore, they think that they cannot manage on their own.

 They are embarrassed about what has been happening to them

 They are ashamed of what has been happening to them

 They stay in the abusive relationship because of cultural reasons

 They do not think that anyone will believe them

 They do not think that anyone can help them out of the situation

Help the individual by being there to be supportive and be non-judgmental, help him/ her work out the best solution for himself / herself.

**Healthcare professional Assessment**

You noticed that the patient exhibits signs of domestic violence or he/ she might confide in you therefore you need to assess the immediate safety needs. According to the National Association of Social Workers assess the immediate safety needs of the victim, ask questions such as:

Are you in any immediate danger?

Do you need or want or security, or the police to be updated immediately?

Where is your partner now?

Where will he or she be when you are finish with your medical care?

Assess the pattern and/ history of the abuse

As the individual confide in you assess the partner's physical, sexual, psychological tactics, as well as the economic coercion of the patient.

Ask questions such as:

How long has the domestic violence been going on?

Has your partner harmed or forced you sexually?

Has your partner harmed your family and /or friends?

Does your partner control your activities?

Does your partner control your money?

Does your partner control your children?

Assess the connection between domestic violence and the patient's health issues.

Assess the impact of domestic violence /abuse on the individual's (victim) physical, psychological, and spiritual well being.

Ask questions such as:

What is the degree of the partner's control over the individual (victim)?

How is your partner's abusive behavior affecting your physical health? For example, chronic neck or back pain, migraine and other frequent headaches, stammering, arthritis, problems with vision /seeing, sexually transmitted infections, stomach ulcers, chronic pelvic pain, spastic colon, frequent diarrhea, constipation and eating disorders etc.

How is the abusive behavior affecting your mental health?
For example:

- Stress,
- Depression,
- suicidal ideation,
- psychiatric disorder,
- Substance abuse problems.

Assess the victim's current access to advocacy and support groups.

- What resources (if any), in addition to the health care provider, are available now?
- What resources have you used or tried in the past? What happened?
- Did you find those resources helpful or appropriate?
- Are there culturally appropriate community resources available to the patient?

Assess patient's safety: Is there future risk of death or significant injury or harm due to the domestic violence?

Ask about the abuser's tactics: severity of the violence, or escalation in frequency, suicide or homicide threats, use of alcohol or drugs, as well as about the health consequences of past abuse.

Ask questions such as, has your partner ever:

 Threatened to use or used weapons against you?

 Choked or attempted to strangle you?

 Taken you hostage to get what he or she wants?

 Taken your children hostage to get what he or she wants?

 Threatened to hurt your children?

 Hurt your children?

 Stalked you?

Other questions such as:

 Are you afraid for your life?

 Has the abuse been getting worse?

 Does your partner use alcohol or drugs?

 Have you ever thought about killing yourself?

 Have you attempted to do so in the past?

 Have you ever felt so bad that you did not want to go on living?

## INTERVENTION

Goals for effectively responding to domestic violence victims include:

 Increasing the individuals' safety and support victims in protecting themselves and their children by providing support, validating their experiences and providing information about resources and options that are available.

 Informing the patients/ victims about any limits in confidentiality such as; child abuse or domestic violence reporting requirements.

 The goal is not to get the victims /patients to leave their abusers, or to fix the problem for the patients, but to provide support and information.

You can assist by listening to the patient and provide validating messages such as:

 There is no excuse for domestic violence. You deserve better.

 I am concerned this is harmful to you.

 I am concerned this can be harmful to your children

 This is complicated. Sometimes it takes time to figure this out.

 You are not alone in trying to figure this out. There may be some options. I will support your choices.

 I care and I am glad you told me. I want to work together to keep you as safe and healthy as possible.

Provide information about domestic violence to the patient:

 Domestic violence is very common and it occurs in all kinds of relationships.

 Most domestic violence continues and often becomes more severe and more frequent.

 Domestic violence within the home can hurt the children.

 Domestic violence has an impact on the patient's health status.

 Stopping domestic violence is the responsibility of the perpetrator, not the victim.

Listen and respond to safety issues:

 Show the patients/ victims a brochure regarding safety planning and review it with them.

 Review ideas regarding how to keep information private and safe from the abuser

 Offer the patients immediate access to an advocate 24 hour local, state or national domestic violence hotline number.

 Offer to have a provider or advocate discuss safety then, however if not possible at that time schedule for a later appointment.

 When patients say they feel that they are in danger, take it very seriously.

 If the patient is at high risk and is planning to leave the relationship, explain that leaving without telling the partner is the SAFEST alternative.

 Make sure that the patients/ victims have a safe place to go and encourage them to talk to an advocate.

 Reinforce the patients' autonomy regarding making decisions about their treatment.

**MAKE REFERRALS TO LOCAL RESOURCES:**

 Explain any advocacy and support systems within the health care setting.

 Refer patient advocacy and support services within the community including legal options and advocacy services, etc.

 Whenever possible, refer the patients to organizations that:

 reflect their cultural background or

 address their special needs such as organizations with multiple language capacity,

 Specialize in working with disabled, teen, deaf, hard of hearing etc.

If no local resources are available, refer patient to an advocate from the multi-lingual National Domestic Violence Hotline 24 hours a day by dialing 800-799-SAFE, TTY 800-787-3224.

## CONTACT:

**National Domestic Violence Hotline 1-800-799-SAFE (7233) 1-800-787-3224 (TTY)**

**National Sexual Assault Hotline 1-800-656-HOPE (4673)**

**National Teen Dating Abuse Helpline 1-866-331-9474 1-866-331-8453 (TTY)**

## Follow-up steps for health care practitioners

 Schedule a follow-up appointment. Ensure that the patient/ victim will have a connection to a primary care provider.

 Domestic violence, just like other health issues frequently requires multiple interventions over time. Ask the patient what happened after the last visit.

 Review the medical records and ask about past episodes of domestic violence in order to communicate a concern for the patient and a willingness to address this health issue openly.

 Ask the patient if she / he has a phone number or an address that is safe to contact them.

Effects of domestic violence on children Depending on their age some possible effects are:

 Physical injuries.

 Sexual abuse.

 Behavioral difficulties.

 Learning difficulties.

 Slow speech and language development.

 Bedwetting.

 Nightmares.

 Not doing well at school as they should.

 Not making friends.

 Anxiety.

 Depression.

 Self-harm.

 Drug and alcohol abuse.

 Loss of a parent.

 Change in their relationship with their mother.

 Insecurity; they do not feel safe in their own home.

**SCREENING PROCEDURES**

The American Congress of Obstetricians and Gynecologists (ACOG) recommend that physicians screen ALL patients for intimate partner violence.

For women who are not pregnant, screening should occur:

 At routine ob-gyn visits  Family planning visits  Preconception visits.

For women who are pregnant, screening should occur at various times over the course of the pregnancy because some women do not disclose abuse the first time they are asked and abuse may begin later in the pregnancy.

Screening should occur:

 At the first prenatal visit  At least once per trimester, and  At the postpartum checkup.

Domestic violence screening can be conducted by making the following statement and asking these three simple questions.

Because domestic violence is so common in several women's lives and because there is help available for women being abused, I now ask every patient about domestic violence:

1. Within the past year or since you have been pregnant, have you been hit, slapped, kicked or otherwise physically hurt by someone? 2. Are you in a relationship with a person who threatens or physically hurts you? 3. Has anyone forced you to have sexual activities that made you feel uncomfortable? (ACOG 2015).

**Screening/Counseling:**

Screening may consist of a few short, open-ended questions asked by a clinician to the victim/ patient. Screening can also be facilitated by using forms and /or other assessment tools. Counseling usually include provision of basic information, including information regarding how the patient's health concerns may relate to violence and referrals for additional assistance whenever the patients disclose abuse.

Universal Screening: A clinician screening every female patient through age 64 for domestic violence, as opposed to only screening certain patients because of risk factors or warning signs.

Health care settings provide the opportunity for identification & intervention

Health care settings provide an opportunity for screening, identification and intervention because of:

- Confidentiality,
- Trusting relationship and
- Victim is away from the abuser.

The clinicians /health care providers often see the patient individually. This provides the patient with an opportunity and the patient has the ability to talk to someone without the abuser being present.

Clinicians can also discuss abuse in the health care context, helping the patient understand the implications of abuse for their health, safety and well being.

The patient may also feel more comfortable disclosing abuse to a physician or health care provider with whom they have a trusting relationship. The victim may also share openly because of physician-patient confidentiality expectations.

There are some cases where confidentiality will be limited. Some states have mandatory reporting laws, and the health care providers are obligated to disclose Intimate partner violence to authorities. Explaining confidentiality to the patient during screening requires a clear understanding of those laws.

Major medical associations/ organizations recommend routine screening

Various medical associations agree that asking women about their experiences with Intimate partner violence is very important for reducing its incidence and the severity.

U.S. Preventive Services Task Force

The U.S. Preventive Services Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine, was created in 1984. The Task Force members come from the fields of preventive medicine and primary care, including:

 internal medicine,  family medicine,  pediatrics,  behavioral health,  obstetrics and gynecology, and  Nursing.

Their recommendations are based on a rigorous review of existing peer-reviewed evidence and are intended to help primary care clinicians and patients decide together whether a preventive service is right for a patient's needs.

The Task Force works to improve the health of all Americans by making evidence based recommendations about clinical preventive services such as:

 Screenings,  counseling services, and  Preventive medications.

U.S. Preventive Services Task Force (USPSTF) in 2013 released a recommendation stating that clinicians should:

 Screen women of childbearing age for intimate partner violence such as domestic violence, and

 Provide and refer women who screen positive to intervention services.

# TAKE THE EXAM

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