





Health Care Response to Domestic Violence





Domestic Violence

- Nurses, Physicians and clinicians who care for abuse victims must...
 - Recognize domestic violence as a major health care problem
 - Understand the power and control issues
 - Accept the victims' choices non-judgmentally
 - Support the empowerment of battered victims
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Assessments

- Clinical assessment should always include
 - Consideration of domestic violence
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Assessments

- When taking initial history, battering and abusive behavior may be indicated as a possibility:
 - ▶ How does the patient interact with her partner?
 - ▶ Is the partner present?
 - ▶ What is the partner's behavior?
 - ▶ What is the patient's affect, style of communicating?
 - ▶ What is the medical history given?
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Assessments

- ▶ Is the partner reluctant to leave the patient's side?
- ▶ Does the patient “flinch” when partner speaks?
- ▶ Does the partner answer for the patient?
- ▶ Are the patient's responses inappropriate (giggling, mumbling)?
- ▶ Is the patient giving weak clues (“I have had a bad time lately”)?
- ▶ Is the medical history given inconsistent with injuries?





Assessments

- ▶ Are there old injuries in various stages of healing?
 - ▶ Are there complaints of insomnia, nightmares, inability to cope, anxiety?
 - ▶ Are injuries consistent with sexual assault?
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Medical and other Health Care Professionals Should...

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- Assess all females for current, past or family history of battering
 - Educate patients about the cycle of violence and the impact on children
 - Document, in detail, in the medical record, the physical condition as well as measures taken to treat
 - Provide referrals as well as follow-up care and advocacy



Medical and other Health Care Professionals Should...

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- Validate the magnitude of the problem with research as opportunities arise
 - Interact with other disciplines in the community to provide primary, secondary and tertiary prevention



'ASSIST'

6 Steps to Follow

1. **A** SK about domestic violence
2. **S** END messages of support
3. **S** AFETY assessment and planning
4. **I** NFORM patients of their options with referrals
5. **S** UPPORTIVE documentation
6. **T** ELL other health care providers of the importance of domestic violence intervention



Guiding Principles for Medical Professionals

1. Regard the safety of victims and their children
2. Respect the integrity and authority of battered women over her own life choices
3. Hold perpetrators responsible for the abuse and for stopping it
4. Advocate on behalf of victims and their children
5. Acknowledge the need to make changes in the system to improve the response to domestic violence

IHS/BIA Child Protection Team Handbook-2002



Project Making Medicine • Center on Child Abuse and Neglect • University of Oklahoma Health Sciences Center

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Important Questions to Ask...

- Is anyone in your family hitting you?
 - Has anyone ever hit you while you were pregnant?
 - Have you ever received medical treatment for any abuse injuries?
 - Does your partner ever threaten you?
 - Does your partner prevent you from leaving the house, getting a job, returning to school?
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Important Questions to Ask...

- What happens when your partner doesn't get what he wants?
- What happens when you disagree with your partner?
- Does your partner destroy things you care about: family photos, your clothes, pets, etc.?
- Are you forced to have sex when you're not feeling well or do sexual things you don't want to do?

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Important Questions to Ask...

- Do you have to have sex after a fight to “make up”?
 - Does your partner watch you all the time; call home frequently, accuse you of “coming on” to everyone?
 - Do you know where to go or who could help you if you were abused?
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Red Flags of Battering

- Behavioral:
 - ▶ Change in appointment pattern
 - ▶ Multiple visits for vague complaints
 - ▶ Multiple missed appointments
 - ▶ Frequent walk-ins or emergency room visits
 - ▶ Patient can not be contacted at home
 - ▶ Does not take medication as directed



Red Flags of Battering

- Past History:
 - States history of child abuse
 - History of previous emotionally, physically abusive relationships
- Injury:
 - Delay in seeking care for injuries
 - Minimizes injuries





Red Flags of Battering

- Illness:
 - ▶ Chronic pain
 - Headache
 - Pelvic pain
 - Abdominal pain
 - Irritable bowel
 - ▶ Gynecological problems
 - Recurrent STDs
 - Low birth weight deliveries
 - ▶ Depression
 - ▶ Other stress related symptoms





Red Flags of Battering

- Pattern of injury:
 - ▶ Primarily central region
 - ▶ Face with fractures; hematoma, lacerations around the eyes, lips
 - ▶ Chest, breast injuries, broken ribs
 - ▶ Abdominal and genital injuries
 - ▶ Old bruises in various stages of healing
 - ▶ Bites, burns, injury to a pregnant woman, especially to the abdomen
 - ▶ Recurrent minor trauma
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Red Flags of Battering

- Psycho-social
 - Suicide attempts
 - Alcoholism
 - Substance abuse
 - Low self-esteem
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Basic Intervention Strategies

- Validating and naming the problem of domestic violence
- Assisting the patient in identifying abuse as a problem
- Listening to the patient's concerns
- Educating the patient about abuse;
 - its connection to medical issues
 - Power and control issues
 - Control strategies used by the batterer
 - Cycle of violence



Of Vital Importance...

- Discuss options with the patient
- Help with safety planning
- Make appropriate referrals
- Establish some method of follow-up with patient and her children
- Express concern about patient's safety
- Reassure her that she is not alone
- Reaffirm that the violence is not her fault