Interpersonal Violence:
Indicators, Assessment Tools and Strategies for Treatment

April 10, 2006

Objectives

- Recognize three of the five indicators in female patients who have experienced interpersonal violence.
- Identify three barriers to screening/ assessment for interpersonal violence.
- Discuss three strategies for increasing patient comfort in disclosing a history of interpersonal violence.

Objectives

- Examine the five components of the SAVER strategy for treating women who have experienced interpersonal violence.
- Identify three components of "safety planning" with patients who are experiencing interpersonal violence.

Faculty

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Caveats

- Gender
- Relationship of interpersonal violence to related issues
  - Substance abuse
  - Child abuse
  - Animal abuse
- The professional . . . and the personal

Dynamics of Interpersonal Violence

- A pattern
- Offender's desire for power & control
- Isolation of victim
- Emotional/sexual violence
- Historically supported/enabled
- Lethality escalates when victim leaves

Indicators

- Psychological/Emotional
  - Fear
  - Anxiety
  - Denial/minimization
  - Embarrassment
  - Self-blame
  - Hopelessness
  - Lack of affect
  - Depression
  - Low self-esteem

Indicators

- Physical/Clinical
  - Bruises, fractures, etc.
  - Somatic complaints
  - Requests for "secret" contraception
  - Partner accompanies patient everywhere
  - "Accident prone"
  - Description of injury doesn't fit presentation

Case Study #1

Sixty-two year old Dorothy Jones is a new patient at your clinic, having recently moved to your town with her husband Arnold, and their adult son. Her medical records were transferred from her previous healthcare providers. Those records indicate that she is in good health except for a history of migraine headaches, for which she takes medication as needed.

Case Study #1

Today Ms. Jones has come to the clinic complaining of dizziness and numbness in her left arm. She appears hesitant about answering questions, and somewhat reluctant to disrobe for an examination. You help her to remove her blouse, and notice thumb and finger imprints on her upper arm. When you look more closely, you notice bruises on her back.

Case Study #1

Ms. Jones' son drove her to the clinic, and is waiting for her in the parking lot.

Case Study #2

Lisa Roberts is a 21-year old single mother. She has been a patient at your clinic since she was 17 and pregnant with her first child. Ms. Roberts' home life is chaotic. She moves frequently, staying sometimes with family and sometimes with her boyfriend, Michael, who is the father of her second child. Despite this, she always makes and keeps well-child appointments for her sons, and appears to be an attentive mother.

Case Study #2

Today Ms. Roberts seems exhausted when she brings her son in for his visit. When you ask if she is okay, she indicates that she has not slept for several nights, and has not eaten for two days. She begins to cry, but does not respond to your questions. She simply says over and over again, "I don't know what to do anymore."

Case Study #2

A friend dropped Ms. Roberts off at the clinic on her way to work, and she is not sure how she and the children will get home.

Case Study #3

Elizabeth Johnson is a 34-year old mother of eight children, including 16-month old twins. She has a history of gestational diabetes, and her last pregnancy was particularly high-risk. However, she consistently has resisted any family planning education or counseling. With each pregnancy, she has indicated that her husband, Mark, disapproves of contraception - he believes that it gives women permission to be promiscuous.

Case Study #3

However, today Ms. Johnson has made an appointment specifically to discuss birth control methods. She appears nervous and embarrassed as she asks, "I heard there was some kind of shot I could get to keep me from getting pregnant - is that true? Does it work? Is there anything else I could use without Mark finding out?"

Case Study #3

Ms. Johnson has come to the clinic alone. She is very concerned about her husband finding out she is there without his permission, and seeks repeated assurance that you will not tell him about her visit.

Barriers to Screening/Assessment

- **Clinician discomfort/lack of information**
- **Clinician's personal history**
- **Legal concerns**
- **Safety concerns**
- **Patient denial**
- **Time!**

Enhancing Our Response

- Screening as standard protocol
- Non-judgmental assessment
- Affirming materials in clinic
- "Buy-in" from all staff
- Patience!

S.A.V.E.R.S.

S = screen

A = ask questions

V = validate

E = evaluate

R = refer

S = safety planning

Safety Planning

- Money
- Transportation
- Children
- Documents
- Destination
- Belongings
- "Rehearsal"

Caregiver Care

- Protecting Yourself
  - Physically
  - Emotionally
- Enhancing Your Effectiveness
  - Resources/Referrals
  - Relationships with Local Victim Service Providers
  - The Story of Dr. D.

National Coalition Against Domestic Violence

1-800-799-SAFE (7233)

For a complete list of upcoming programs, go to the

Alabama **P**ublic **H**ealth **T**raining **N**etwork web site at

www.adph.org/alphtn

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