Health Care System Response to Domestic Violence: Best Practices

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Faculty

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What Domestic Violence Is

- **A pattern of specifically targeted violence**
- **A chosen behavior to achieve power**
- **Learned from home, peers, society**
- **Caused only by batterers NOT victims**

Batterers Cause Domestic Violence

- **Battering is based on a belief system that relationships are about power and control**
- **Batterers feel entitled to gain and maintain absolute power in a relationship**

Batterers Cause Domestic Violence

- **This belief system is learned, reinforced, and is the catalyst for illegal and abusive behavior**

Proof of Belief System

- **Batterer's justify abusive behaviors by:**
  - **Rule making authority**
  - **Enforcing rule compliance**
  - **Excusing behaviors**
  - **Restrict all freedoms and rights of victims**
  - **Manipulating intervention systems**

Victim Responses

- Recognize trauma response to understand reactions in context
  - Repeated trauma can alter brain chemistry and contribute to behavioral responses

Victim Responses

- Risk – may not be immediately apparent to providers or to patient
- Batterer poses current and on-going risk and actively attempt to interfere with intervention and with patient access to and compliance with medical care

Victim Responses

- Batterer may particularly interfere with emergency treatment, family planning, and HIV / STD treatment

Victim Mythology

- No profile for victims other than most are female
- Assessing if person is in a relationship with a batterer not character flaws
- Victim behaviors are reactions to trauma and to the batterer's behavior
- No specific character or personality trait

Victim Mythology

- Addictions, depression, and anxiety may be "red flags" for current or former victimization

Best Practices in Health Care Setting

- Develop written policy on identification and treatment of domestic violence
- Provide written information on domestic violence for patients
- Routine screening of all female patients

Best Practices in Health Care Setting

- Lethality assessment
- Document
- Refer and assist
- Know state law on mandatory reporting
- Security issues

Provide Information on Domestic Violence

- Brochures in waiting room
- Posters in restrooms
- Small cards with information and Hotline numbers
- "Give Aways" with hotline numbers

Provide Information on Domestic Violence

- Cards / brochures with information on women's health issues, including domestic violence
- Staff buttons / pocket inserts, "It's OK to Tell Me About Domestic Violence"

Written Policies

- At institutional level
- Informed by best practices
- Address patient information, screening, lethality assessment, treatment and assistance, documentation, security issues, patient follow up

Written Policies

- May be mandated by accreditation authorities
- Train all staff, including clerical and security, on policy

Screening in Health Care Setting

- When to screen (women and adolescent girls)
  1. Screening will be done for all presenting for examination:
     - At new patient visits
     - Every six months
     - At disclosure of a new intimate relationship
     - During post-partum visits

Screening in Health Care Setting

2. Screening in pregnancy will occur:
   - At the first prenatal visit
   - At first prenatal visit and at least once during each trimester of pregnancy during prenatal care

Screening in Health Care Setting

3. Pediatric visit - female caregiver / parents who accompany their children will be screened:
   - During new pediatric patient visits
   - At each well child visit during the first year of life and then once per year at well child visits
   - At disclosure of a new intimate relationship

Screening in Health Care Setting

4. Pediatric visit - female or male caregiver / parents known to be in same sex relationships who accompany their children will be screened:
   - During new pediatric patient visits

Screening in Health Care Setting

- At each well child visit during the first year of life and then once per year at well child visits
- At disclosure of a new intimate relationship

Screening in Health Care Setting

5. Men will be screened on an as indicated basis
   - Information from Warm Springs Health and Wellness Center Guidelines for Clinical Assessment and Intervention on Domestic Violence

How to Screen

1. Screen in a safe environment
   - Separate any accompanying persons from the patient when screening for domestic violence
   - Ask the patient about domestic violence in a private place
   - If this cannot be done postpone screening for a follow up visit

How to Screen

2. Use your own words in a non-threatening, non-judgmental way
   - "Domestic violence is so common, I ask all my female patients about abuse in the home."

How to Screen

3. Use questions that are direct, specific and easy to understand
   - Do you feel safe in your current relationship?
   - Have you or your children ever been threatened or abused (physically, sexually or emotionally) by your partner?

How to Screen

- Is there a partner from a previous relationship who is making you feel unsafe?
- Degree of abusers control over patient
  - Does your partner ever try to control you through threats to you, your family, or pets?

How to Screen

- Does your partner try to restrict your freedom to see friends or family?
- Do you have your own money or financial support?
- Do you feel like you are walking on eggshells around your partner?

How to Screen

- Do you feel like you are controlled or isolated by your partner?

How to Screen

4. Discuss with patients the confidentiality of these questions and the mandatory reporting of child abuse
   - Remember that the patient may deny abuse if she is not ready to deal with the situation or is in denial

How to Screen

- Even if you are certain of an abusive situation do not force the issue with her
  - The decision to leave or take action needs to be hers
- Be supportive of the patient with statements such as:
  - No one deserves to be abused

How to Screen

- There is no excuse for domestic violence
- The violence is not your fault; this is the responsibility of the abuser
- You are not alone; there are people you can talk to for support

How to Screen

- It must be very difficult for you to leave your situation. . . we are here to help when you are ready

How to Screen

- Explain to the patient that documentation of past and future incidents with a medical facility or with the police may be beneficial to her in the event she takes legal action in the future
- Give the patient resource information phone numbers and safety plan information

How to Screen

- If time is limited, help her set up a future appointment with a provider she chooses or with the clinic social workers to discuss and document these issues

Assessing Lethality

- J. Campbell, et al (2007) indicate leading risk factor for intimate partner homicide = prior DV, followed by:
  - Access to guns
  - Estrangement
  - Stepchild in the home
    - Women victims only

Assessing Lethality

- Forced sex
- Threats to kill
- Nonfatal strangulation

- Other factors include:
  - Depression, substance abuse, stalking, hostage-taking, obsessive about partner, homicidal / suicidal ideation - Hart, 1995

Documentation

- Explain to the patient your concerns and the importance of documentation of present and past injuries for her benefit in event of future legal proceedings
  - Obtain verbal agreement of exam
    - A written consent should be obtained for photographs

Documentation

- Use the patient's exact words and descriptions of events when ever possible
- Record "excited utterances" and use descriptive terms in regards to emotions and appearance

Documentation

- Record significant or relevant past history and medical problems
- Include hospitalizations and surgery, resulting from violence
- Have the police been called in the past?
- Has she had to seek safe shelter?

Documentation

- During the physical exam, examine any scars (old and new) with documentation of the patient's explanation of each
  - Kicked by boot, hit with bottle, etc.
- Document scars, wounds, and bruises on anatomic drawing and with photographs

Documentation

- Documentation may assist her in court

Refer and Assist

- Refer to local domestic violence program
- Give hotline numbers
- Refer to law enforcement
  - "This is a crime"
- Provide confidential environment to make calls

Refer and Assist

- If patient wishes to leave immediately assist her in leaving safely
- If patient doesn't want to leave continue to monitor health and safety and to offer assistance

Mandatory Reporting

- Alabama law does not require that adult domestic violence be reported unless the victim is an adult in need of protection
- ACADV believes that mandatory reporting of adult domestic violence is NOT an appropriate policy response for health care providers

Mandatory Reporting

- Child abuse must, of course, be reported
- Be aware of, and comply with, your institution's policy on reporting

Security

- If you know that a patient is being abused, security should be alerted without violating patient confidentiality
- If batterer accompanies patient to appointment, alert security to his presence

Security

- Have clear policy on security response if a situation becomes dangerous or lethal