Domestic Violence

Screening and “Treatment”

YOUR ROLE AS A PHYSICIAN
Objectives for today

• Convince you that paying attention to domestic violence is your job as a doctor—no matter what you decide to pursue as a specialty
• Help you understand certain situations that should raise your “antennae” to think about domestic violence
• Give you the tools to screen and begin the dialogue to help abused patients
• Help you understand the consequences of domestic violence
• Understand your role as a physician in working with patients affected by Domestic violence
RADAR

- Routine screening
- Ask direct questions
- Documentation
- Assess Safety
- Respond, Review Options & Refer
R-Routine Screening

- Screening is part of the social history
- Just like use of alcohol, tobacco, drug and sexual history
  - How you ask is important
  - That you ask is important
  - When you ask is important, this is a private question
A-Ask Direct Questions

• When asking about difficult or uncomfortable topics, having the “words” can be helpful
• “Is there anywhere in your life where you feel threatened or is anyone hurting you?” or “Do you feel safe at home?”
• While you might say the same words every time, be sure to say them with empathy and look at the patient when you ask
D-Document Findings

• Document the history using the patient’s own words, whenever possible.
• Document the perpetrator’s name.
• Include description of injuries, weapons, etc.
• Take photographs of injuries, when possible
• **Medical record is of vital importance in custody cases**
• Document in the chart that screening was done
• If your patient says it is safe to describe DV in chart, use patient’s own words
• Record extent and duration of abuse including extent to which children have been exposed
A-Assess Safety

• A major area of concern
• Immediate safety
  – Is child being abused?
  – Is it safe to return home today? (recent escalation of threats or abuse to patient / children/pets, increased substance abuse, gun in the home)
  – If not safe- immediate action: social worker
    shelter referral
    PFA order
    safe housing
A-Assess Safety

If immediate safety concerns are less acute, other measures are of value, depending on the mother's stage of change...

– Where to Turn for Help card
– Printed information with safety tips
– Important documents with family or friends
– Escape plan for mother and children
– Discuss effects of family violence on children
R-Review Options and Refer

- Team approach
- Know in-house and local resources
- Printed and posted materials (particularly in bathrooms)
- Document that options were discussed, referrals and follow-up appointments offered
You are seeing a 34 yo G3P2012 woman for the third time this year for complaints of pelvic pain. While your patient is diffusely tender on pelvic exam, extensive work up has not revealed a reason for her pain.
On exam today you see bruises of differing colors on her inner thighs and upper arms.
Which of these aspects of her history are associated with an increased incidence of domestic violence?

a. Chronic pelvic pain without diagnosis
b. Bruises
c. Non pregnant state
d. Patient over 30
When you tell her that one of the things that is associated with pelvic pain is domestic violence and that her bruises are making you worry that someone is hurting her, she confides that her husband sometimes hits her when he has had too much to drink, especially if she "says the wrong things"
Appropriate responses from you include:

a. I am glad you are able to tell me about this—No one deserves to be hit, especially by their husband

b. Can I give you some information that might help you plan for safety for you and your children?

c. Is it okay with you if I document what you are telling me in your chart?

d. Why don’t you leave that loser husband of yours?
You know your patient’s husband is waiting for her in the waiting room. Which of the below are correct?

a. You go to the waiting room and confront him about how he is treating his wife
b. You are obligated to call the police and have him arrested for assaulting his wife
c. You say to your patient: “What you are telling makes me worried for your safety- do you think is safe for you and your kids at home?”
d. You recommend couples counseling for your patient and her husband
e. You put domestic violence as a diagnosis on your billing slip
Your patient tells you she loves her husband and does not think she could leave him. Which of the following are true?

a. She is a “precomtemplator”
b. You should tell her that you think she is wrong to stay with her husband
c. You should reiterate that she does not deserve to be hurt
d. You should tell her that when children witness domestic violence they are more likely to become abusers themselves
e. You should ask her if her husband has ever hurt her children
Stages of Behavioral Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

Prochaska JO, 1997
Zimmerman GL et al, 2000
Your patient tells you that she wants to leave but feels trapped financially and doesn’t think she can make it without her husband. Your next step is to:

a. lend her all the money in your bank account
b. tell her she can come home with you
c. Tell her that you are worried about her home situation and that there are resources available to her and give her local shelter and other support numbers
d. involve social services in her care
The Other Victims: Children

A chip off the old block?
If you are in an abusive relationship it will affect your children too
Domestic abuse can involve physical assault, sexual abuse, rape, threats and intimidation and can affect both men & women. You don’t have to tolerate it. Call the free 24-hour national Domestic Violence helpline on: 0808 2000 247

Take-control and reject domestic abuse

Take-home message:
Intervening in Domestic Violence may be the single best way to prevent child abuse.
If Children are Being Abused

• Obligation to contact child protective services for child abuse
• Both the mother & CPS need to know of the potential for increased violence when the abuse has been reported.
• Make report with mom when possible
• Address safety measures for the rest of the family
Putting it in Perspective

- Our goal is to INCREASE SAFETY for the patient and the family, not simply to get the victim to leave (recall that leaving is the most dangerous time for a family living with DV)

- Become comfortable talking about violence with patients
A common cycle

1. Remorse
2. Hearts & Flowers
3. Same Old Stuff
4. Violence
5. Warning Signs
6. Nagging
What We Can’t Do

• We can’t end all violence. We can’t view it as a problem that can be “cured.”
• We can’t make decisions for competent adults
• We can’t oversimplify a very complex problem.
What We Can Do

- We can view intimate partner violence as a **public health** concern.
- We can view assessment as **standard of care**, we can screen for domestic violence on a regular basis.
- We can help our patients work along the continuum of change.
- We can know about our local resources.