Domestic Abuse/Intimate Partner Violence

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INTRODUCTION

Domestic abuse and intimate partner violence are terms used interchangeably to describe some form of abusive behavior by one person to another within a relationship.

In the past, this type of abuse was believed to occur only in a marital relationship where the husband was the abuser and the wife was the victim. Today, it is known that domestic abuse/intimate partner violence can exist in any type of personal intimate relationship, regardless of gender, marital status, or sexual orientation.

As a healthcare worker, you are in a position to identify and help victims of domestic abuse/intimate partner violence. To do so, it is essential to understand the facts about such violence and how you can recognize its clinical presentation.

PURPOSE/OVERALL GOAL

This module provides an overview of the domestic abuse/intimate partner violence that unfortunately exists in today’s society, and how you as a healthcare worker can help potential victims who may come to you for care.

The goal of this module is to ensure you are equipped to understand, recognize, and respond appropriately to potential abuse victims in order to deliver the best care possible to meet their needs.

COURSE OBJECTIVES

After completing this module, the learner should be able to:
1. Define various types of domestic abuse/intimate partner violence
2. Describe general characteristics of abusers and their victims
3. Explain how to identify potential abuse victims
4. Describe how to deliver appropriate care to victims of abuse
5. Describe how to help victims preserve their safety going forward
DEFINING DOMESTIC ABUSE/INTIMATE PARTNER VIOLENCE

Domestic abuse/intimate partner violence is a pattern of threatening or violent behavior toward an intimate partner, used to establish power and control. It can involve physical, sexual, psychological, financial, or emotional abuse.

This type of abuse can happen in all types of intimate relationships:
- Married couples
- Unmarried couples
- Same-sex couples
- Couples living apart

In a relationship where domestic abuse/intimate partner abuse exists:
- One person is forced to change his or her behavior because of abuse or the perceived threat of abuse.
- The abuser seeks to exhibit power or gain control over the victim in various ways.
- The abuse may occur sporadically or continuously, with incidents building upon previous incidents to increase the underlying threat.
TYPES OF DOMESTIC ABUSE/INTIMATE PARTNER VIOLENCE

There are five main categories of domestic abuse/intimate partner violence: physical, sexual, psychological, financial, and emotional.

Physical Abuse
Physical abuse is the infliction of pain or injury by the victim’s partner. Physical abuse involves:
- Hitting, slapping, punching
- Pushing
- Kicking
- Choking
- Holding the victim down
- Assaulting the victim with a weapon
- Throwing things at the victim
- Harming the victim’s children, pets, or property

Sexual Abuse
Sexual abuse is an act of aggression by the victim’s partner in which sex is used to hurt, degrade, dominate, humiliate, or gain power over the victim. The abuse may involve:
- Force
- Coercion
- Bribes
- Threats
- Prostitution

The victim may be treated as a sex object, called sexual names, or forced into sexual activities by the abuser, who:
- May brag or boast to the victim about sexual activities with another person
- Compare the victim’s sex actions to those of other persons

Victims of sexual abuse become unable to trust others, which leads to secrecy and non-disclosure.

Psychological Abuse
Psychological abuse includes:
- Intimidation
- Degradation
- Coercion
- False accusations
- Humiliation
- Ridicule
- Threats of physical harm

Stalking is a form of psychological abuse. Psychological abuse expressed through the Internet is called cyberstalking.
Financial Abuse
Financial abuse of an intimate partner involves:
- Misusing the control over money
- Misusing access to money or possessions
- Stealing and lying about money

A financial abuser may:
- Remove large sums of money from the victim’s bank account
- Deny the victim the ability to pay bills or buy necessities
- Deprive the victim of money or access to money
- Deny the victim job freedom

Emotional Abuse
Emotional abuse is behavior that causes feelings of unworthiness. It can interfere with the positive development of another person. Victims of emotional abuse may be:
- Put down by their partner
- Told no one else will want them if the partner leaves
- Ignored or isolated

An emotional abuser may withhold affection from the victim, or use jealousy, passion, or anger to justify actions. Emotional abuse is almost always present in situations where other forms of domestic abuse/intimate partner violence occur.
THE CYCLE OF VIOLENCE

The term “cycle of violence” describes the recurring pattern of domestic violence. It consists of three phases:

1. Tension-building phase
2. Crisis phase
3. Reconciliation or “honeymoon” phase

Phase 1: Tension-Building Phase
In the tension-building phase, the victim:
- Is forced to suppress his or her own negative emotions in order to preserve the peace
- Will attempt to be compliant and understanding in an attempt to avoid violence

However, despite these attempts by the victim, over time the abuser will become increasingly violent. In some cases, the victim will attempt to encourage violence as a way to end the intolerable anxiety.

Phase 2: Crisis Phase
The crisis phase is characterized by abuse and/or violence, which for some victims is perceived as a relief from the increasing tension and uncertainty of when the abuse will occur.

This is the time when a victim is most open to intervention.

Phase 3: Reconciliation or “Honeymoon” Phase
In this phase, the abuser:
- Feels contrite
- Expresses love
- Promises to reform

As a result, feelings of optimism and hope can inhibit the victim’s ability to ask for help or take seriously the opinions of friends and outside professionals.
REASONS WHY VICTIMS STAY

Victims of domestic abuse/intimate partner violence are often asked why they remain in the abusive relationship. Some basic reasons include the following:

1. **Hope.** In the “honeymoon phase” the abuser appears to have regained sanity and compassion. The abused partner wants to hold on to this peaceful, caring partner and to believe that the abuse will not happen again.

2. **Love.** Domestic violence often occurs in relationships where previously there was love and where a partner is deeply invested in the other’s affection. They will do anything to keep this allegiance alive.

3. **Dependence.** Victims may be psychologically, emotionally, and/or financially dependent on their partner. Despite the abuse, victims may try to protect their partners from police intervention and frequently do not report instances of rape and violence. If questioned a few days after the traumatic event, they will often deny having been assaulted or may minimize the assault.

4. **Powerlessness.** Those who are abused for a long period of time can become worn down and passive in response to abuse. The need to endure replaces the need to fight or escape. Anger toward the abuser turns inward and mixes with self-blame, anxiety, and denial.

5. **Fear.** This may be the most significant factor. Victims believe that seeking help, prosecution, or separation will only escalate the violence and perhaps lead to kidnap, murder, or other violence. Statistics show that approximately half of those prosecuted for abuse threaten revenge – and 30% actually take revenge.
ABUSER PROFILE

There are certain behaviors likely to be found in an abuser. They include:

- Calls the partner names
- Blames the victim for injuries
- Is obsessed with the victim
- Is enraged or hostile
- Is an underachiever (low job status considering education)
- Has a low threshold of anger
- Appears distraught and/or wild-eyed
- Expresses jealousy
- Has a previous record of violence
- May have killed pets
- May have made threats
- May have attempted suicide or is threatening suicide
- Has access to or uses alcohol, drugs, guns
- Uses alcohol and cocaine in combination
- Has a history of family violence
- May have been abused as a child
- Has a psychiatric history

Actions that abusers have taken include:

- Throwing objects
- Hitting the wall
- Biting or kicking
- Attempted strangulation
- Threatening with a weapon
- Assault with a weapon
- Hitting with a closed fist

The following are psychologically abusive techniques common to abusers:

- Keeping weapons in the house
- Continuously criticizing the victim’s clothing, housekeeping, friends, etc.
- Manipulating to restrict the victim and maintain the victim’s dependence
- Threats, including physical violence and public humiliation
- Indications of power (“You can’t get away from me. I’ll follow you, I know where you are.”)
- Forcing sleep deprivation in the victim
- Attempted isolation of the victim (cutting off means of medical attention, monopolizing the attention of the victim, curtailing the victim’s relationship with children, pets, relatives)
STATISTICS

The following are recent U.S. statistics for domestic abuse/intimate partner violence:

- Intimate partner violence affects more than 12 million people annually.
- Nearly 5.3 million incidents of domestic violence occur annually among women ages 18 and older, with 3.2 million occurring among men.
- Approximately 1.5 million women are raped or physically assaulted by an intimate partner annually.
- According to the U.S. Centers for Disease Control and Prevention (CDC), lesbians, gay men, and bisexual people experience intimate partner violence at the same or higher rates as non-LGB people.
- A home in which family fighting such as hitting occurs is 4.4 times more likely to be the scene of a homicide than one in which there is no violence.
- Almost 2 million injuries occur each year as a result of domestic violence; approximately one-third of these victims will seek care in an emergency department.

Victims at greater risk are:

- Pregnant women
- Disabled males and females
- Women from families with an income below $10,000
- Women whose job or educational level is higher than their partner’s
PRESENTATION AND ASSESSMENT

As a healthcare worker, you should be aware of some of the potential signs of abuse in patients who may seek care at your facility.

Some tips to keep in mind:
- Take the history of a patient with suspicious injuries in private.
- If a translator is required, do not use a member of the patient’s family; use a professional translator only.
- An abuser may hover over a patient and refuse to let her or him answer questions.
- Inform patients that there are limits to confidentiality and that there are mandatory reporting requirements that healthcare professionals must follow.
- Multiple prior visits to the Emergency Department may suggest a history of abuse.

If you are talking with a suspected abuser:
- Be careful not to use judgmental language. For example, say “What did you do after you pushed her up against the wall?” rather than “What did you do after you beat her?”
- Do not validate statements such as “She made me so mad; that’s why I hit her” by looking or sounding sympathetic.

Some potential signs of abuse may include the following:
- Pain with no visible evidence of injury
- Symptoms of stress, such as panic attacks, palpitations, dizziness, abdominal pain, and chronic headaches
- Depression or suicide attempt
- A victim’s frequent use of sedatives, sleeping pills, or pain medication
- Signs of abuse hidden under the scalp, makeup, jewelry, and clothing
- Injuries at multiple sites (especially bilaterally in the extremities), fingernail scratches, cigarette burns, rope burns, abrasions, minor lacerations, welts, or a burst blood vessel in the eye
- Bite marks
- Contusions, abrasions, or lacerations with circular or linear patterns (from straps or belts)
- Vaginal or labial hematomas or lacerations, recto-vaginal foreign bodies, vaginal or urinary tract infections, or a history of sexual transmitted diseases
- Unexplained spontaneous abortion, miscarriage, or premature labor
ASKING ABOUT DOMESTIC ABUSE/INTIMATE PARTNER VIOLENCE

Raising awareness among healthcare providers has been shown to improve identification of individuals experiencing domestic abuse/intimate partner violence. You must become familiar with your facility’s policies and procedures for interviewing suspected victims, as well as the mandatory reporting requirements in your state.

Various screening tools are available to help providers know what to ask about domestic abuse/intimate partner violence. Among them is the SAFE protocol, an acronym for Stress, Afraid/abused, Friends/family, and Emergency plan.

1. **Stress.** Ask patients:
   - What stress do you experience in your relationships?
   - Do you feel safe in your relationship?
   - Should I be concerned for your safety?

2. **Afraid/abused.** Ask patients:
   - What happens when you and your partner disagree?
   - Do any situations exist in your relationships in which you have felt afraid?
   - Has your partner ever threatened to abuse you or your children?
   - Have you been physically hurt by your partner?
   - Has your partner forced you to have unwanted sexual relations?

3. **Friends/family.** Ask patients:
   - If you have been hurt, are your friends or family aware of it?
   - Do you think you could tell them if it did happen?
   - Would they be able to give you support?

4. **Emergency plan.** Ask patients:
   - Do you have a safe place to go and the resources you (and your children) need in an emergency?
   - If you are in danger now, would you like help in locating a shelter?
   - Do you have a plan for escape?
   - Would you like to talk with a social worker, counselor, or physician to develop an emergency plan?
INTERVENTION AND TREATMENT

Paramedics
EMS personnel are in the unique position of being the only health professionals who have actual eyewitness exposure to the domestic abuse home environment.
- Especially in responding to situations unrelated to abuse, they may find evidence that would otherwise be unsuspected and unreported.
- They may be the only health professionals able to recognize, report, or suggest intervention.

Emergency Department
Talking to hospital staff is often the only opportunity victims have to seek professional help.
- It is reported that at least 40% of domestic violence victims do not contact the police.
- Of female homicide victims, 44% visited an emergency room two years before their murder.
- A high index of suspicion and routine screening for domestic violence is crucial.

Caring for a victim of domestic abuse/intimate partner violence may include:
- Diagnosing physical injury
- Acknowledging, reassuring, evaluating, and treating emotional injury
- Determining risks to victim and children
- Assessing safety options

Healthcare Professionals
Healthcare professionals should be aware that patients receiving appropriate intervention have less chance of developing long-term conditions such as PTSD, anxiety disorders, depression, substance abuse and paranoia.
- Use plain and simple language to explain procedures and respect the patient’s modesty.
- Touch patients only with their permission.
- Let the victim know she or he is respected, cared for, and listened to.

To the extent permitted by law, patients should be allowed to make their own choices once they are informed of the following key messages:
- Nobody deserves abuse. There is no excuse for it, and it is not the fault of the victim.
- You are not alone. Facing domestic violence is a team effort.
- You have a right to receive help. There is help in the form of support, shelter and legal advice.
- Domestic violence occurs often in our society, continues over time, and increases in frequency and severity.
- Domestic violence is believed to have negative long-term effects on children who are hurt or forced to witness it.
- Domestic violence is a crime, and resources are available to help.
Medical Chart
A legible medical record may mean the difference between punishing an offender and letting him or her go free. It should contain:

- The details of all findings, interventions and actions
- A description of the abusive event, present complaints, patient’s behavior, and related physical or mental health problems
- Detailed descriptions of the patient’s injuries, including type, location, size, color, and apparent age

Other steps to take:
- Preserve any physical evidence such as damaged clothing, jewelry, and weapons.
- If the abusive event is reported to the police, the medical record should reflect that it was reported, including the date and time the report was taken and the name and badge number of the officers who responded.
- Do not presume a police report replaces the need for a clear, documented medical record.

Hospital
Hospitals have specific, unique responsibilities in the aftermath of domestic violence.

- Every attempt must be made to provide a safe temporary haven for a victim and children.
- A compassionate attitude on the part of staff, reinforced by informational posters about domestic violence, can let the patient know the situation is taken seriously.
- The patient’s medical record must document:
  - Consent or patient compliance forms
  - Evidentiary material
  - Required notifications and information releases
  - Referrals to private or public agencies

Legal Intervention and Abuse Reporting
Respond quickly if the patient wants immediate help in the form of law enforcement or legal referral.

- Let the patient know that domestic violence is a crime and that help is available.
- In jurisdictions mandated to report abuse, explain the legal obligation.
- Explain the local response and follow-up, and address the risk of reprisal and possible need for shelter or emergency protection.

Healthcare providers have an ongoing role in mitigating the potential harm that may result from obeying the law.

- Ensure the patient is safe while waiting for the police, and stay with the patient throughout the police interview if he or she requests it.
- Determine the risk to victim and children after the report is filed.
- Ask the patient, “If you return home now, will you be in danger?” and “Have you had any thoughts of harming or killing yourself or anyone else?”
- Obtain a consultation with a psychiatrist if the patient is suicidal or homicidal.
- Take very seriously any threats by the abuser to kill the victim, children, or himself or herself as well as any need to restrain the abuser.
SAFETY PLAN

Tell victims of domestic abuse/intimate partner violence that they can:

- Obtain a free personalized safety plan by calling the Family Violence Prevention Fund at 1-800-313-1310 (but to be aware that written materials such as this may pose a danger if found by the abuser)
- Obtain information online at www.thehotline.org
- Call the National Domestic Violence Hotline at 1-800-799-7233 for help

Counsel the patient on the following safety guidelines:

- Try to avoid arguments in small rooms or rooms with access to weapons.
- Be aware that alcohol and drugs decrease your ability to think and act quickly to protect yourself and your children.
- If possible, ask a friend or neighbor to call police if they hear suspicious noises from your house or over the phone.
- Teach children and friends a code word so they know when to call for help.
- Teach children how to use the telephone to contact police or fire departments (911 is preferable to dialing 0).
- Hide for emergency access:
  - Driver’s license
  - Social security cards
  - Birth certificates, green cards, passports
  - School and health records
  - Welfare identification
  - Insurance records
  - Automobile titles, leases, rental agreements
  - Mortgage papers
  - Marriage license
  - Address book
  - Copies of legal and court documents
  - Money, checkbook, bankbook, and credit card (in your own name if possible)
  - Small supply of medications, clothing, toys, and other comfort items
  - Items of special sentimental value
  - Small sellable objects
  - Extra set of keys to car, house, office, and safe-deposit box

If the victim no longer lives with the abuser, encourage him or her to:

- Change locks on doors and windows as soon as possible
- Live in a home with steel or metal doors
- Install safety devices such as extra locks, window bars, motion-detecting lights, and electronic security systems
- Install smoke detectors, fire extinguishers, and rope ladders for upper windows (leave inside until needed)
Determine from victims:

- What type of help would be valuable?
- What changes they would like to make in their situation?
- What steps might help to implement those changes?
- Is the abuser threatening to kill the victim, and how seriously does the victim take these threats?
- Is there stalking or escalating violence?

Consider:

- Hospital admission if there is no safe place for the patient to go
- Hospitalization in consultation with a psychiatrist if the patient is suicidal or homicidal
- Referral to a primary care provider if the patient wants to go home
- Arranging access to a shelter or other option, such as a motel
- Determining if there is a friend or family member who can provide safe housing for the victim and/or children
CONCLUSION

Domestic abuse/intimate partner violence is a major public health problem in the United States. Victims experience physical injury, mental health consequences such as extreme anxiety and self-esteem issues, suicide attempts, and health problems such as gastrointestinal disorders, substance abuse, and sexually transmitted diseases. These can lead to hospitalization, disability, or death.

As a healthcare worker, you can take steps to help these victims if you understand what to look for, the right questions to ask, and the appropriate actions to take.

REFERENCES: