

Responding to Domestic Violence in a Medical Setting

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Some of this information was obtained from:
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Goals

1. Possess a greater understanding of the dynamics of domestic violence.
2. Understand the requirements and process of mandatory reporting.
3. Identify mechanisms to perform successful interventions.
4. Acquire knowledge of domestic violence referrals.

Definition

13700PC (California Penal Code)

Defines domestic violence as abuse committed against an adult or a fully emancipated minor who is a spouse, former spouse, cohabitant, former cohabitant or person with whom the suspect has had a child or is having or has had a dating or engagement relationship.

****Also called Intimate Partner Violence****

Scope of the Problem

- An incident of domestic violence occurs in the US every 9 seconds. (*Family Violence Prevention Fund, 1995*)
- Domestic abuse is the leading cause of injuries and death among women of childbearing age in the U.S. (*Health Care for Women International, 2001*)....
- 1/3 of female homicide victims are killed by an intimate partner (*National Coalition Against Domestic Violence, 2010*)
- One in every four women will experience domestic violence in her lifetime (*National Coalition Against Domestic Violence, 2010*)
- The cost of domestic violence exceeds \$6 billion in direct medical and mental health care (*National Coalition Against Domestic Violence, 2010*)
- Unless there is routine screening, only 1 in 25 victims of domestic violence are identified by hospital emergency departments. (*Family Violence Prevention Fund, 1995*)

Domestic Violence in Pregnancy



1 in 5 women will be abused during pregnancy

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Fact

All women can be victims, regardless of age, race, culture, status, class, education, and religion.

Women aged 16-24 experience the highest rate of DV



45% of teens have experienced some form of aggression from a dating partner

Importance of Identification in a Medical Setting

- Identification is the first step toward stopping the violence.
- Without intervention violence does not stop. It is cyclical and progressive.
- It is the law.

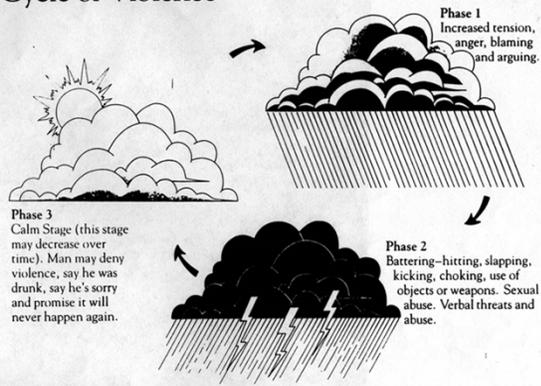


Cycle Of Violence

- Phase 1: Tension Building Phase
- Phase 2: Acute Battering Incident
- Phase 3: The Honeymoon Phase

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Cycle of Violence



Health Care Providers often express frustration when, despite their best efforts, the victim remains in the abusive situation.

It is common for a victim to leave and then return to the abusive situation 6-8 times before finally leaving for good.

REMEMBER: The most dangerous time for the victim is when the victim decides to leave.

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Reasons Why She May Not Leave

- Fear of batterer's violence
- Hope that batterer will change
- Economic dependence
- Low Self-Esteem
- Isolation
- To maintain family unit
- Belief that violence is their fault
- Failure of the system to protect

VIDEO

Telling Amy's Story

<http://www.youtube.com/watch?v=TsFv4DiPKFg>



The Law and Mandatory Reporting for Healthcare Providers

Domestic Violence: The Bottom Line

Mandatory Screening Law

California Health and Safety Code 1259.5



- Effective June 30, 1995, all hospitals and health facilities are required to adopt written policies and procedures to screen patients for the purpose of detecting spousal or partner abuse.
- **These policies shall include guidelines on:**
 - identification through routine screening
 - documentation of injuries attributable to abuse
 - advising patients about available community resources
 - providing education to staff about the criteria for identifying and responding to patients whose injuries are attributable to spousal or partner abuse.

Patients Should Be Screened:

- At any emergency room
- At annual physical exams
- At initial obstetrical visits
- If there are any indicators which cause reasonable suspicion



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Reasons Health Care Providers Don't Ask

- Fear of opening "Pandora's Box"
- Fear of offending the patient
- Time constraints
- Fear of not knowing what do
- Belief that they will be unable to help

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Ask direct questions privately in a caring, nonjudgmental way.

- We now know domestic violence is very common. Have you ever been threatened or harmed by your partner?
- Often when I see injuries such as these, it is because they are due to physical violence. Did someone you care about do this to you?

How can we safely screen, limitations of screenings

Respond appropriately, without given judgments or solutions.

SAY:

- You are not alone.
- It is not your fault.
- No one has to live with violence.
- Help is available.

NOT:

- If I were you I would've left him along time ago.
- Why don't you just try harder to make him happy?

Examples of DV Screening

Screening a Teen

<http://www.youtube.com/watch?v=0bFB0ms5qbl>

General screening with a reluctant woman

<http://www.youtube.com/watch?v=0bFB0ms5qbl>

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Characteristics of Abusers

- Partner will not leave the patient alone
- Answers questions for patient
- Seems controlling, wants to make decisions for patient
- Limits patient's interactions with others including family and/or staff
- Appears aggressive, intimidating, or angry



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Since Jan 1, 1994, Section 11160 of the Penal Code requires any health practitioner to make a report of domestic violence to law enforcement when he/she provides medical services for a physical condition to a patient whom he/she knows or reasonably suspects is suffering from any wound or other physical injury that is a result of domestic abuse.

When to Report Domestic Violence

	Patient has current injury	Patient has no current injury
Patient admits abuse	Refer and Report	Refer Only
Abuse suspected Patient denies abuse	Refer and Report	Refer only
No abuse suspected	Do not report	

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To report you need to...

- ✓ Call the law enforcement agency where the abuse took place (not where victim lives or where the hospital is located).
- ✓ Follow with a written report to that law enforcement agency within 48 hours.
- ✓ Cross report to Child Protective Services if children were present when the abuse occurred.
- ✓ Cross report to Adult Protective Services if victim is over 65 or disabled.

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Sharp Healthcare's Reporting Form

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Assess for Safety

- Assess for lethality
 - Is it safe for victim to go home?
 - Are there weapons in the house?
 - Is batterer suicidal or homicidal?
 - Is the batterer waiting outside now?
 - Is a shelter needed now ?
- Give written materials on safety planning



Refer Patient for help...

- Refer to:
- DV Hotline
 - Hospital Social Worker
 - Family Justice Center
- Give:
- Resource Cards
 - Written Materials



But...trust patient's judgment whether it is safe to take materials home.

Successful interventions

- Do not define successful outcomes as victims leaving their abusers.
- Success is to intervene at the level of isolation and to bridge the gap by referring to a community agencies.
- The measurable outcome is what the health care provider is doing, not what the victim decides to do.

If you have...

- Screened routinely
- Responded without judgments or solutions
- Reported if needed
- Assessed for safety
- Referred to community resources
- Provided accurate, detailed documentation



...you have successfully intervened.

Useful Resources



FAMILY JUSTICE CENTER
ALLIANCE

<http://www.familyjusticecenter.org/index.php/home.html>



<http://www.sandiego.gov/sandiegofamilyjusticecenter/resources/>



<http://www.sddvc.org/> San Diego DV Council

<http://www.youtube.com/watch?v=brVOYtNMmKk>

Youtube video on how violence effects a child's developing brain

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