



DOMESTIC VIOLENCE

RECOGNITION AND RESPONSE IN
THE HEALTHCARE SETTING



Florida Medical Association



Presenters

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This program meets the licensure requirement for domestic violence in the State of Florida

for domestic violence in the State of Florida

for domestic violence in the State of Florida



Why is this topic so important?

- Healthcare professionals may be first to identify victim of abuse
 - Trust in healthcare providers creates a safe place for disclosure

 - Recognition of abuse provides opportunity for
 - **improved health outcomes** and
 - **better adherence** to treatment plans
-



Learning Objectives

1. Define domestic violence and provide a framework for the continuum of abuse and neglect across the lifespan
2. Cite the prevalence of domestic violence
3. Describe screening for individuals who may be victims or perpetrators of domestic violence in a culturally sensitive manner
4. Discuss the signs and symptoms that should alert a healthcare provider to the possibility of interpersonal violence
5. Describe the impact of abuse on health, including conditions that are seen more commonly in victims of abuse
6. Discuss questions that create an atmosphere conducive to a disclosure of violence, abuse or neglect
7. Review the laws pertaining to these issues in the State of Florida
8. Identify resources for providers and patients at the state and national level



What is domestic violence?

Domestic violence is a pattern of assaultive and coercive behaviors aimed at establishing **CONTROL** over another person

- Inflicted physical injury
- Psychological abuse
- Sexual assault/abuse
- Social isolation
- Stalking
- Deprivation or neglect
- Intimidation
- Threats

Continuum of abuse

The **continuum** of abuse, neglect and violence across the lifespan

- Intimate partner violence
- Child abuse
- Elder abuse
- Violence/abuse in the household

Intimate partner violence is those abusive behaviors that are perpetrated by someone who is, was, or wishes to be involved in an intimate relationship

- Partner violence
- Dating violence

Florida Statute

741.28

Domestic violence means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.

What is missing?

Intimate
partners not
living together

Dating
violence

Psychological
abuse

Neglect

Providing a framework

Abuse is any willful or threatened act by another person. This can take many forms including physical, psychological and sexual abuse.

Neglect is the failure or omission on the part of a caregiver to provide necessary care or supervision.

Exploitation is the deception, coercion, threat or fraud of a person for the benefit of another person.

A **vulnerable adult** is defined as any person 18 or older whose physical or cognitive abilities are impaired.

Sexual abuse and assault is defined as any sexual activity where consent is not or cannot be given.

Adolescent domestic battery

- Included in the Florida definition of domestic violence
- Child on parent abuse
 - Isolated
 - Defensive
 - Family chaos
 - Escalating

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Prevalence

of various types of violence and abuse



Domestic Violence in Florida (2019)

- 105,298 reported DV offenses
 - Over 50% by spouses or co-habitants
 - Others offenders include parents, children, siblings, other family members
- 200 murders
- 1,891 rapes
- 440 stalkings
- **66,069 arrests**

Intimate partner violence

National Intimate Partner and Sexual Violence Survey, 2018

Lifetime prevalence of IPV

- 1 in 4 women
- 1 in 10 men

Psychological aggression

- 43 million women
- 38 million men

Stalking

- 10% of women
- 2% of men

Sexual violence

1 in 5 women

1 in 12 men

Average annual reports in the State of Florida

- 2.5 million victims of contact sexual violence
- 1.3 million attempted or completed rapes (any type)
- 1 million rapes (forced penetration)

Teen dating violence (TDV)

TDV affects millions of U.S. teens each year

About 11 million women and 5 million men who reported experiencing IPV in their lifetime said that they *first experienced dating violence before the age of 18*

*Elder Abuse
Neglect
Exploitation*

National Council on Aging

1 in 10
Americans over
the age of 60

5 million elders
abused
annually

Homicide

16% of all homicide victims in US are killed by an intimate partner



> 50% of female homicide victims are killed by a current or former partner, most often male

Homicide during pregnancy is not counted as maternal mortality



Impact of COVID-19

- Decreased reporting during isolation, while incidence increased
- Reduced access to resources, including DV shelters
- Social isolation magnifies risk, reduces support
- Barriers to law enforcement, victim advocates, courts
- Economic impact is greater for women, minorities and under-resourced populations
 - Unemployment
 - Evictions, displacements
- Limited access to healthcare and schools where frequently identified

new content

Adolescent domestic battery

- 51% of victims are parents, and 24% are siblings
 - Victim is most often the mother, regardless of child gender
- 48% arrested, compared with
 - 31% who assaulted acquaintances
 - 32% who assaulted strangers

new content

Child abuse and neglect estimated at 1 in 7 children

Adverse Childhood Experiences

have a tremendous impact on future violence victimization and perpetration and lifelong health and opportunity.



Risk factors

- Living in poverty ↑ 5x
- Younger than 4
- Special needs
- History parental child abuse
- Transient non-bio caregivers in the home
- Substance use

The problem of underreporting

- **Most violence goes unreported**
- Prevalence is likely higher than reported
 - One study on elder abuse estimated that only 1 in 14 cases are reported
- Not much data on LGBTQIA population
 - Probably at the same rate as heterosexual relationships
 - Other studies suggest a potentially higher rate of IPV

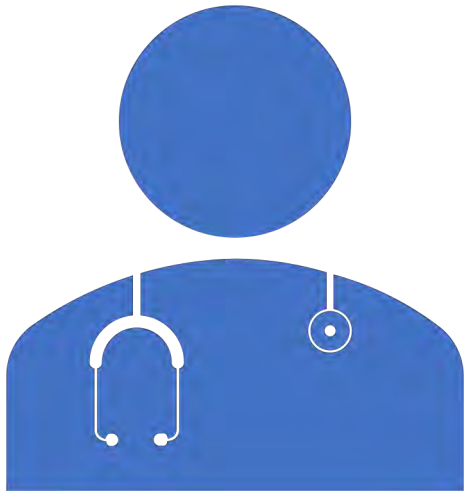


Screening

With cultural sensitivity and humility



Screening for domestic violence





- Screening refers to asking questions of all patients
- Screening increases disclosure by about 30%
- Patients report wanting to be asked, even if they choose not to disclose
- Imperative to screen without family members or friends present
- Must be confidential
- Be straightforward, do not ask leading questions
- Accept answers provided, do not challenge answers provided

What do the guidelines tell us?

USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services. **B recommendation**, updated 2019.

USPSTF concludes that current evidence is insufficient to assess the balance of benefits and harms for screening for abuse and neglect in all older or vulnerable adults. **I statement**.



When should we screen our patients?

- Routine annual wellness exams
 - Well child checks
 - Pre-participation exams
 - Adult wellness visits
 - All new patient encounters
- Prenatal and postpartum appointments
- Emergency department visits
- Hospital admissions

Missed opportunities

Even with training for domestic violence, we are **missing** it

Recent study of victims of intimate partner violence demonstrated only 40% of women and 27% of men reported being screened for domestic violence in last year

When presenting to ED with symptoms due to DV, only 27% asked if current condition related to violence or abuse

Trauma-informed care

Approach all with kindness and patience

Assume some sort of trauma in past

- Were you physically abused before age 18?
- Unwanted sexual contact?
- Domestic violence in household growing up?
- Were you ever in foster care?
- Left alone for long periods of time?
- Parent(s) in prison?
- Know someone killed in a violent manner?
- Belittled or made to feel unworthy?

HITS

*How often
does your
partner...*

Physically hurt you?


Insult or talk down to you?

Threaten you with harm?

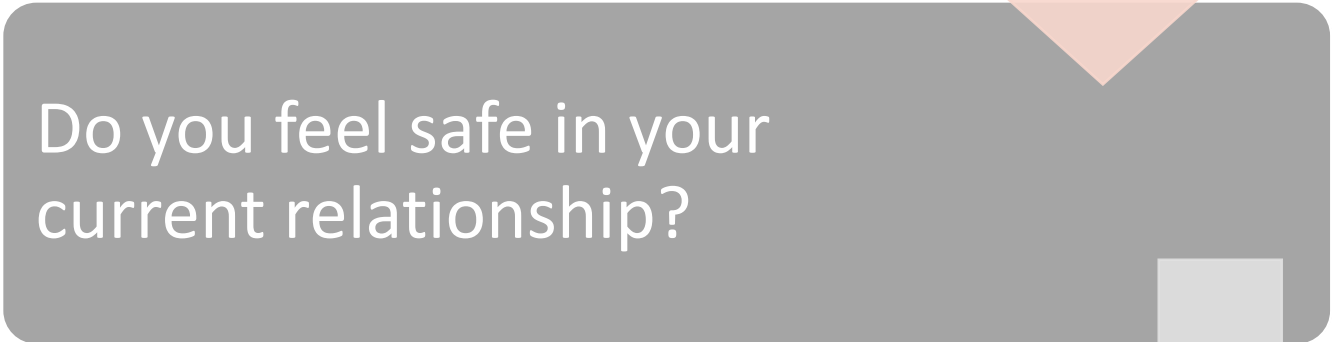
Scream or curse at you?

Partner Violence Screen (PVS)

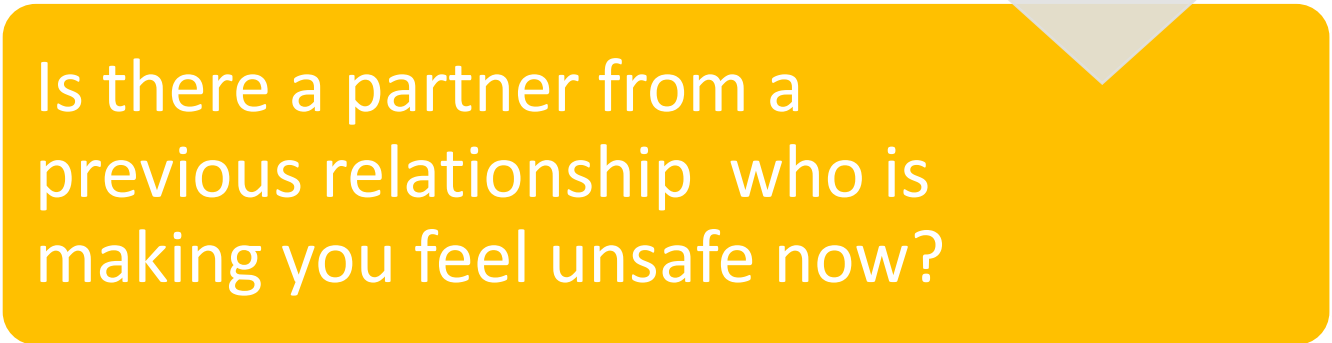
Have you been hit, punched or otherwise hurt by someone in the last year?



Do you feel safe in your current relationship?



Is there a partner from a previous relationship who is making you feel unsafe now?



Who is at greatest risk?

Prior history of domestic violence

Witnessing violence as a child

Female

Substance abuse

Poverty

Young age

Less education

Unemployment

High risk sexual behavior

Relationship disparities



Victim's perspective

- May not disclose
 - Fear, shame, distrust authority
 - Language barrier
 - Brief interaction time with provider
- May not want to be “rescued”
 - Threats, retaliation
 - Doesn't identify as a victim
 - Traumatic bonding
- Use trauma-informed care





Screening for perpetrators

- Screening questions for perpetrators are less likely to identify current abuse in face-to-face interactions
 - Easier to identify past perpetrations of abuse
 - Sample questions
 - Do your disagreements or fights ever become physical?
 - Have you ever used any kind of physical force against your partner?
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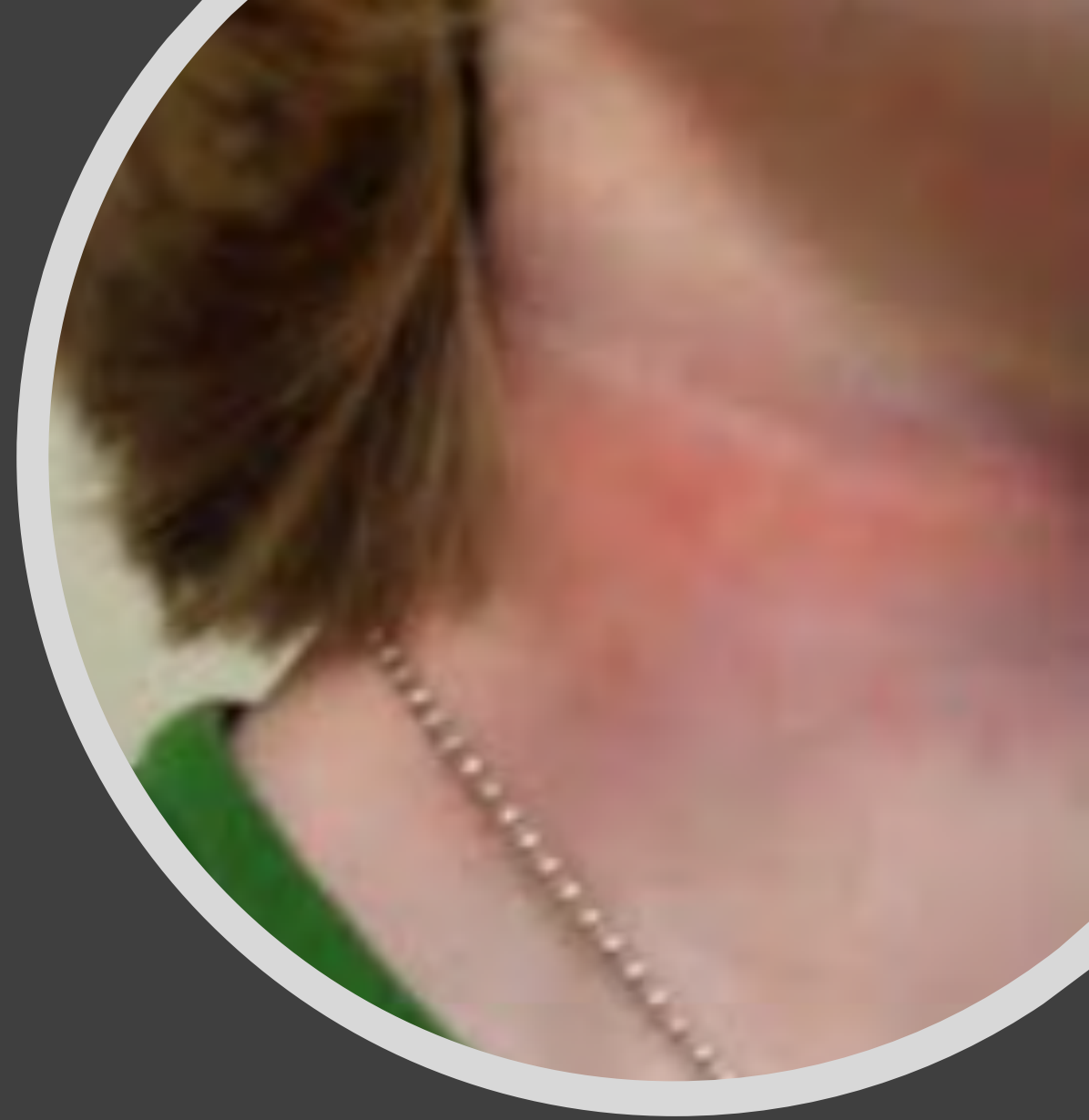
Signs and Symptoms

What should alert us to the possibility of violence and abuse?



Suspicious injuries

- History inconsistent with the injury
- Gunshot and stab wounds
- Evidence of strangling, burns
- Serious head injuries
- Ruptured tympanic membrane, facial fracture, loose or broken teeth
- Bruising – bite marks, fingertip bruising on inner thighs
- Multiple wounds in various stages of healing
- Frequent falls with sprains/fractures
- ***Examine for additional injuries***



Worrisome behaviors

A person who won't leave the patient alone with provider

The body language of anxiety – downcast eyes, hypervigilance

Distress out of proportion to presenting concern

Fear with examination, especially genital exams

Delay in seeking care for injury or illness

Overuse of symptoms with vague complaints

Poor adherence

Continued alcohol or drug abuse during pregnancy

Mental health

- Depression, including postpartum depression
- Self-harm behaviors
- Suicide
- Substance use
- Anxiety
- Disordered eating
- PTSD
- Cognitive issues with repetitive head injury

Evidence of neglect

Limited access to food and water causing dehydration, malnutrition

Poor dental hygiene

Medication misuse

Pressure ulcers in those with diminished mobility

Not provided with medical care

Reproductive health

Sexually transmitted infections

- Unable to use barrier methods
- Survival sex

Genital injury

- Child sexual abuse
- Sex trafficking

Unplanned pregnancies

- No access to contraception
- Dating violence in adolescent → 6x more likely to become pregnant
- Frequent abortions

Complications of pregnancy

- Preterm labor
- Placental abruption

Red Flags to Femicide

- Perpetrator access to gun
- Previous threat with a weapon
- Perpetrator's stepchild in the home
- Estrangement, especially from a controlling partner
- Victim having left for another partner
- Perpetrator use of gun
- Stalking
- Forced sex
- Abuse during pregnancy

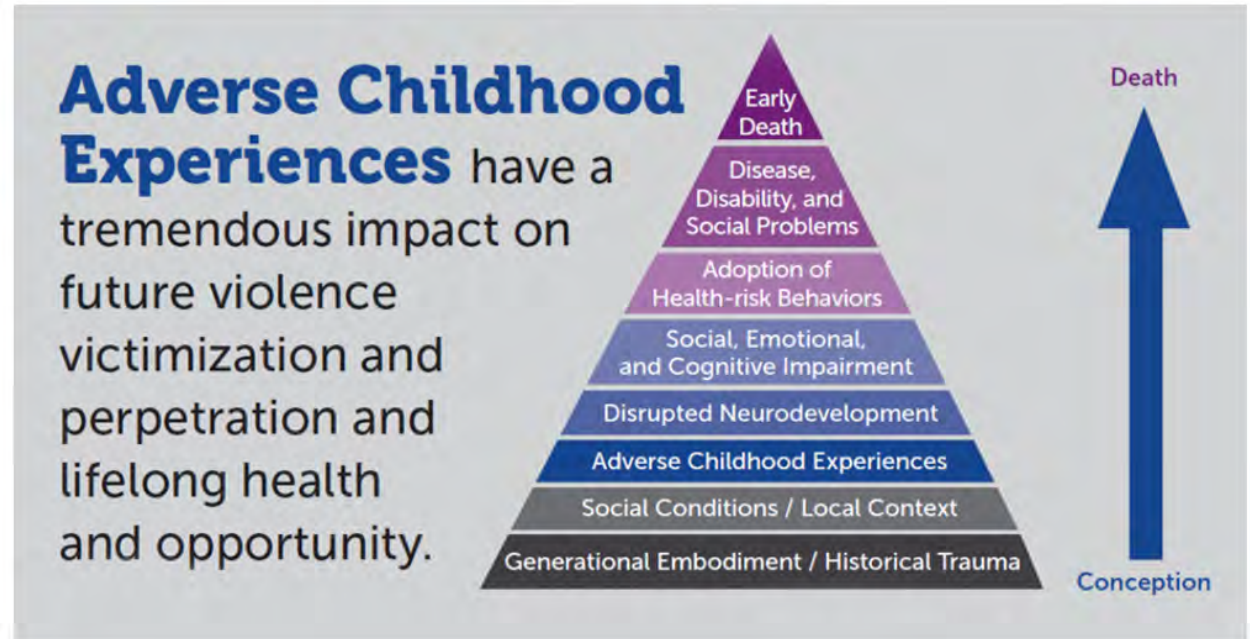


Impact of abuse on health



Impact of ACEs on adult health

- Impact on neurodevelopment
- Risky behavior as a coping mechanism
- Increased disease
- Early death





Long term health consequences

Chronic pelvic
pain

Irritable bowel
syndrome

Infertility

Headaches

Lung disease

Heart disease

Obesity

Dental issues

Musculoskeletal
disorders

Sleep
disturbances

Health risk
behaviors

Poor response
to treatment

Substance use

Use of alcohol or drugs as a coping mechanism

Continued use of substances during pregnancy

Addiction is common with severe or prolonged domestic violence and a history of childhood trauma

Social consequences

↑ risk of incarceration and homelessness for women

Economic dependence

- Access to food and medical care restricted
- Forced crime imposed by abuser (robbery, sex work)

Isolation increases dependence on abuser

- Frequent moves
- Limited contact with family and friends

Impact on performance at work or school

- Frequent absences
- Distracted by personal phone calls/text messages
- Decreased productivity → job insecurity → job loss, school failure

A message of hope from IPV survivor
Leslie Morgan Steiner

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Poor response to treatment

Adherence challenges

- Unable to obtain or take medications
- Unable to make changes to improve health
- Unable to keep appointments
- Continued use of alcohol or other substances

Overuse of services

- Vague complains may indicate a cry for help from a patient who is ready to share

When children witness violence

2 – 4 times more likely to have behavioral problems

- Risky sexual behavior
- Violent toward peers
- Commit sexual assault
- Runaways → homelessness, risk of being trafficked

Mental health issues

- Depression and anxiety
- Substance abuse
- Higher rate of suicide

Concurrent physical child abuse in about half the cases

Defined as child abuse in Florida, must be reported



Questions to consider

Creating an atmosphere conducive to disclosure

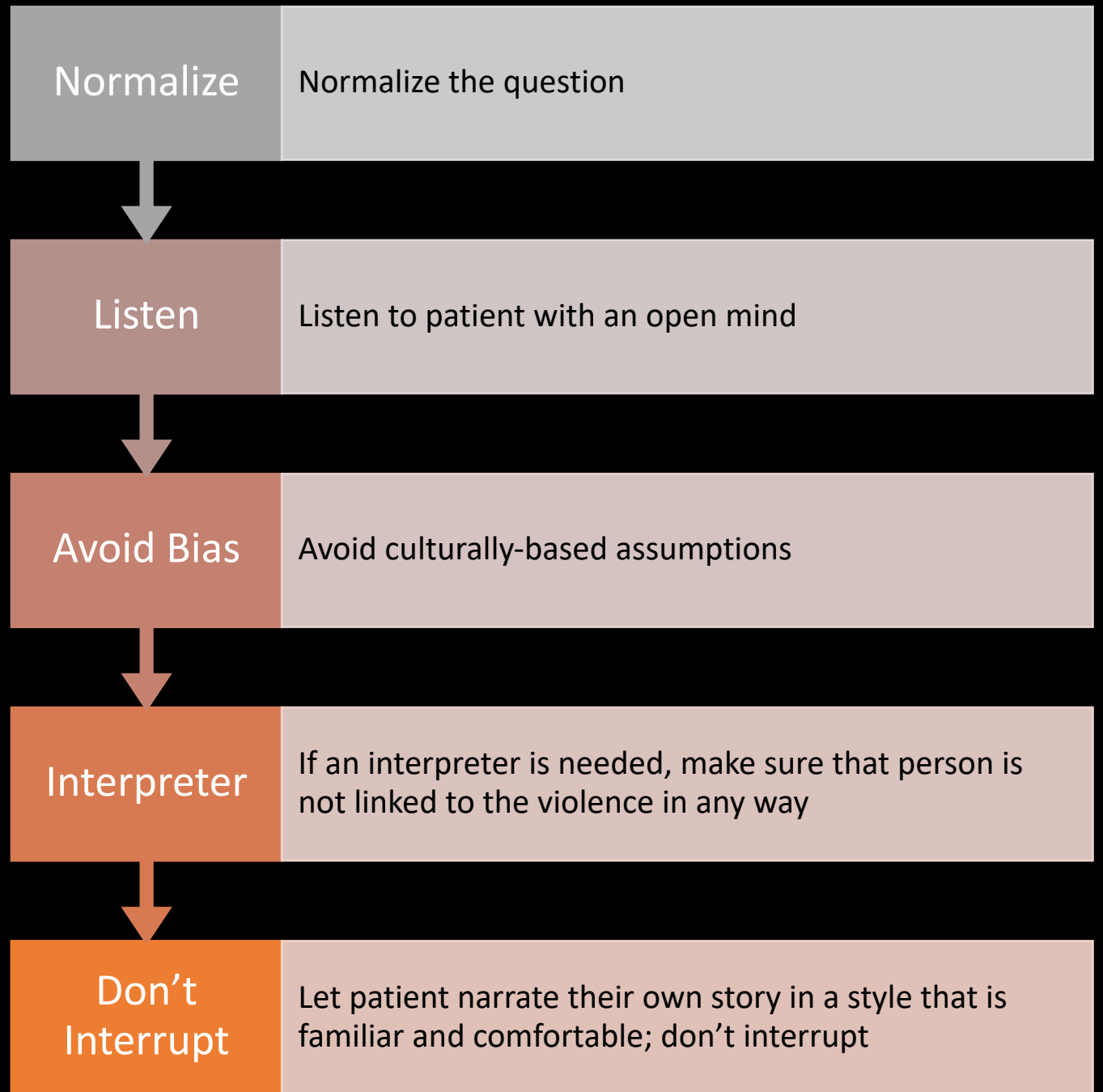




Barriers

- **Patients**
 - Victims can be anyone, but are often at-risk individuals from marginalized groups
 - Severely traumatized with multiple issues and complex needs
- **Providers**
 - Brief interaction time with patients
 - Resource intensive (time, expertise, funding)
- **Culture**
 - Gender privilege
 - Economic destabilization

Creating a safe space for disclosure



Asking about abuse and neglect

- Begin with open-ended questions, follow up with direct questions
- Assure confidentiality, repeatedly
- Do not pressure disclosure
- Remember...
 - Most abuse/neglect is missed due to failure to consider
 - Failure to recognize/address may result in further harm
 - Abuse cuts across all socioeconomic and cultural backgrounds

When you suspect abuse

- Always interview and/or examine patient alone
 - ***If you cannot separate, don't ask!***
- Maintain confidentiality, reassure frequently
- Proceed carefully and without pressure
- Remember that patient is a victim, not the offender
- Let patient feel in control of interview, examination and outcome

My favorite questions

Everyone argues. How do you settle disagreements in your relationship? Do your fights/arguments ever become physical?

Has your partner ever _____ (insert verb here – pushed, slapped, choked, hit, belittled) you? Have you ever done that to your partner?

Do you feel safe in your relationship? Is there anyone from a previous relationship who is making you feel unsafe now?

Is anyone forcing/coercing you to do something sexual that you don't want to? Have you ever done that to anyone else?

Responding to disclosure

1

Validate disclosure

- This isn't your fault
- No one deserves this
- There is help available

2

Make a connection

- Is there someone you can call?
- Would you like to talk with a victim advocate?
- Make sure patient doesn't use their own phone

3

Put patient-identified needs first

Safety: assessment and planning

Are you afraid to go home?

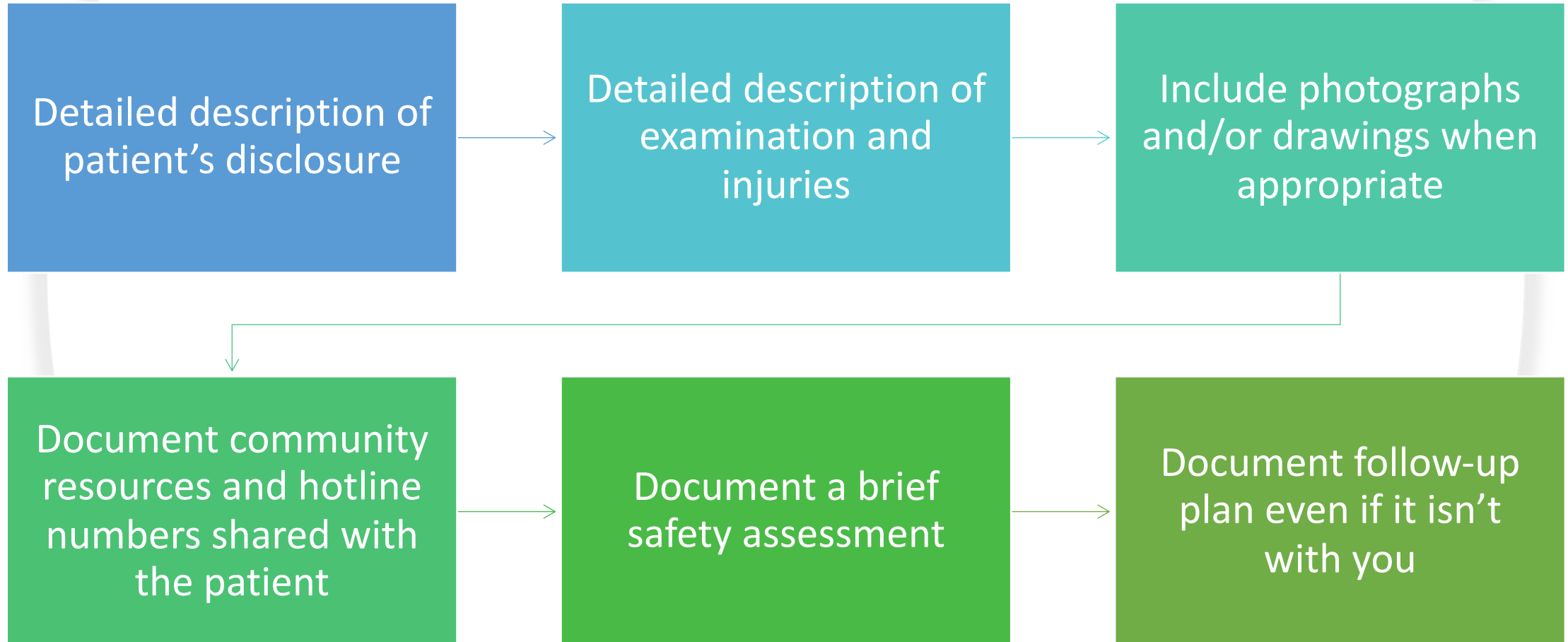
- Do you have a safe place to go?
- Is abuser in the waiting room?

Have you been threatened with violence? Others (family, pets, friends)?

- Has there been an increase in severity/frequency?
- Are there weapons present?
- Is there a history of drug or alcohol abuse?

More likely to be severely injured or murdered when leaving a relationship

Documentation



Link to Services

- Healthcare providers are a *link to services*
- Make sure patient knows help is available
- Respect individual decisions
- Be clear and truthful about reporting laws
- Follow institutional policies for abuse
- **Make follow-up appointment before patient leaves exam room**





Florida law



Mandatory Reporter

- **Mandatory Reporter**
 - Children, elders, vulnerable adults
 - Abuse/neglect suspected (do not need proof)
 - No reporting requirement for domestic violence except for life threatening injury
- **Consequences** for failure to report
 - Life-threatening injuries (gunshot wounds, stabbings, strangulation) is a first-degree misdemeanor
 - Child abuse or neglect by a parent or guardian is a felony
 - Abuse, neglect or exploitation of elder adults is a second-degree misdemeanor

Help for Victims

Florida domestic violence laws include

- Injunctions for protection
- Address confidentiality
- Batterer intervention programs
- Child protection
- Firearms
- Domestic violence and rape crisis programs
- Supervised visitation
- Time off work
- Relocation assistance



DCF hotline: 800-96-ABUSE

- Online reporting for [Child Victims](#) or [Vulnerable Adult Victims](#)
- DCF opens a case and assigns a protective investigator
 - Plan is developed with services offered to family
 - Your report is considered “anonymous”
 - They will take your name and contact information in case follow up is needed for medical reasons or documentation
- For severe or sustained abuse, children or vulnerable adults may be hospitalized or removed from the home, and law enforcement may be involved



Resources

For patients and providers



Patient resources

Know your local resources

Have numbers available and posted

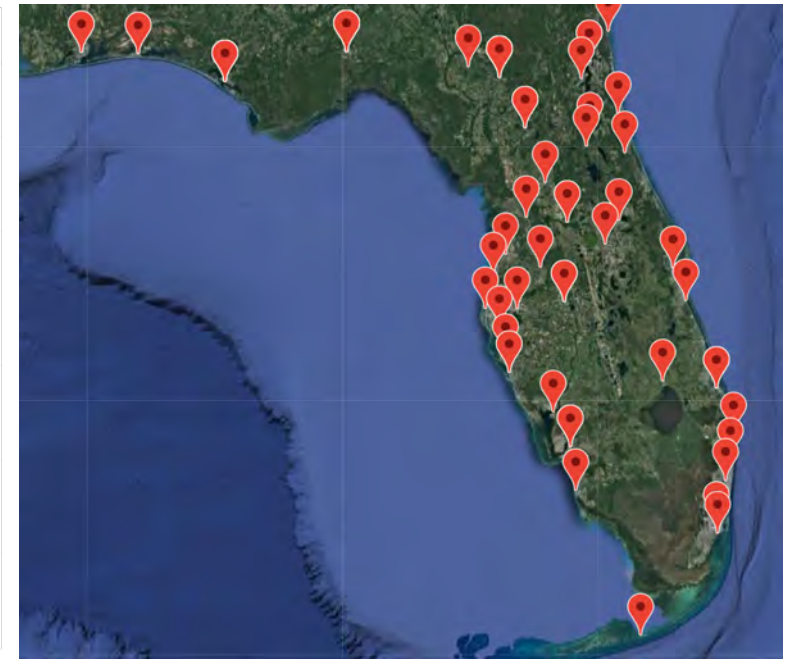


Hotline numbers

Agency	Contact Information
National Domestic Violence Hotline	800-799-SAFE
Florida Domestic Violence Hotline	800-500-1119
Abuse Hotline (FL-DCF)	800-96-ABUSE
Elder Abuse Hotline (FL-APS)	800-962-2873

Resources for providers

Agency	Contact Information
Futures Without Violence	https://www.futureswithoutviolence.org/
National Coalition Against Domestic Violence	www.ncadv.org
National Health Collaborative on Violence and Abuse	http://nchva.org
Florida Coalition Against Domestic Violence	www.fcadv.org
CDC Violence Prevention – IPV	https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html
Search for shelters in Florida	https://www.fcadv.org/local-center-services



What can we do?

- Privileged nature of the doctor-patient relationship
- Unique opportunity to screen, diagnoses, treat, refer
- Offer direct treatment of health conditions associated with abuse
 - Physical injury
 - Mental complications or co-morbidities
 - Long term health consequences
- Continuity of care
- Opportunities for anticipatory guidance

Make a difference

1

Post multi-lingual materials for victims of abuse/violence

- Posters in waiting room and/or exam room
- Consider PSA-type message via waiting room television

2

Offer training for ALL staff and healthcare professionals

- Follow your institutional protocols
- Report as required by law
- Employ team-based approach

3

Get involved in advocacy efforts

- Educate colleagues, friends and community
- Green Dot program (schools) to promote bystander intervention

RADAR: a helpful mnemonic

Remember	Remember to ask routinely
Ask	Ask direct questions
Document	Document your findings
Assess	Assess patient's safety
Respond	Respond, review options, refer

Why is this so important?

Remember that recognition of abuse provides opportunity for **improved health outcomes** and **better adherence** to treatment plans

- Trust in healthcare providers creates a safe place for disclosure
- May be first to see victim of abuse

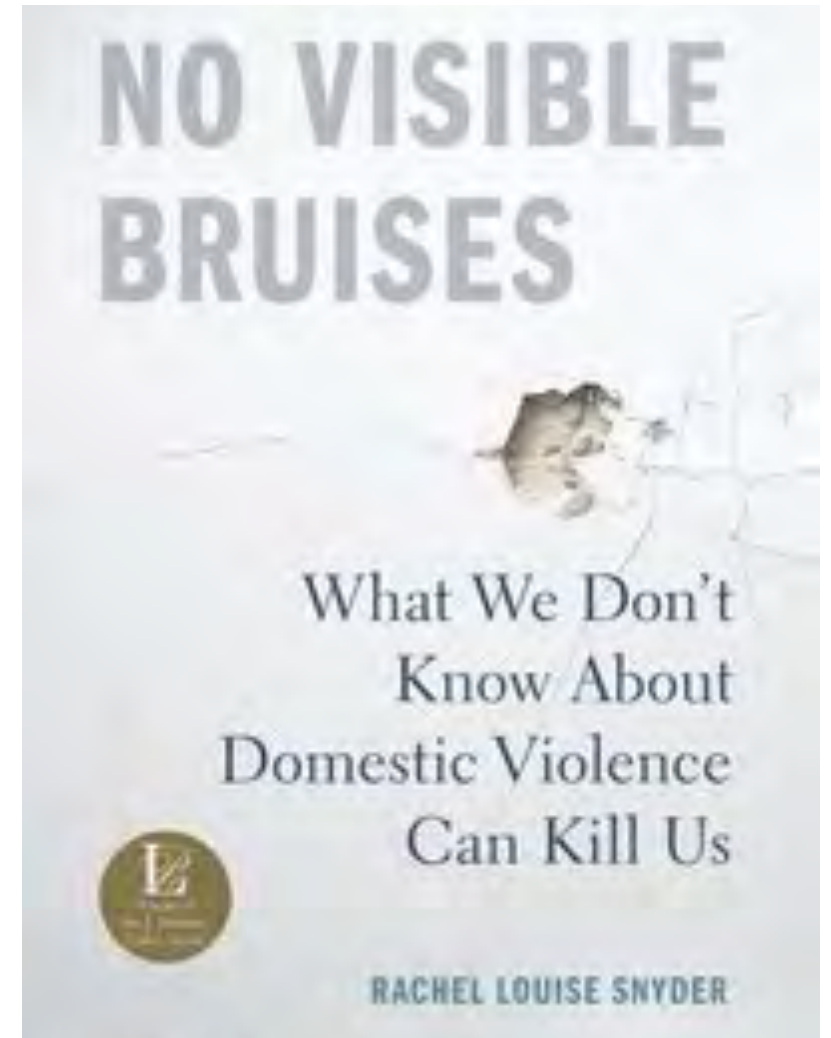
Be sure to acknowledge your own barriers and biases

- Time
- Emotional reserve
- Personal history



But remember...

we can make a difference with
appropriate risk assessment and
intervention



Thank you

*If not you
... who?*

*If not now
... when?*

*If not here
... where?*



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