THE HEALTHCARE WORKER & DOMESTIC VIOLENCE

You Can Make a Difference
Topics

- Myth-busters
- Types of Abuse
- Health Effects
- Indicators
- Dynamics of Abuse

- Strangulation
- How to Respond
- Why do they stay?
- Lethality Assessment
- Tools & Resources
PLEASE NOTE!

Triggers
Gender Indication
IPV & DV
Differentiating DV and HT
1. The root cause of DV involves those who have deep issues of anger and lose control.

2. Alcohol and/or substance abuse is a major cause of battering.

3. The incidence of IPV is significantly less in same-sex relationships.

4. Generally women with higher self-esteem are less likely to become involved in an abusive relationship.
WHO ARE MOST AFFECTED BY DV?

- DV/IPV cuts across all genders, races, ages, cultures, ethnicities, religions, sexual orientations and socio-economic levels
- Some cultures have elements that may condone or accept DV.
TYPES OF ABUSE
Types of Abuse

- Physical
- Emotional
- Financial
- Sexual
- Verbal

Examples:
- Intimidation/threats
- Destruction of property or pets
- Sleep deprivation
- Manipulation
- The “Hook”
- Isolation
- Invalidation/Crazy-making
## Health Effects of DV on Women

### Immediate
- Physical injuries: fractures, welts, ruptured eardrum, rectal/genital injuries, cigarette burns, broken/missing teeth, bruises on neck
- Migraines, neck & back pain, chronic pelvic pain, GI problems
- Mental health disorders / PTSD
- Compromised management of chronic diseases
- Death

### Long-Term
- 80% more likely to have a stroke
- 70% more likely to have heart disease
- 60% more likely to have asthma
- 70% more likely to drink heavily
- Higher risk of obesity, hepatitis, depression, and suicide
EFFECTS OF DV ON THE HEALTH OF INFANTS:

- **Directly involved in violent DV incidents:**
  - May be held as a shield by the mother or hit by thrown objects
  - Intentionally threatened or hurt to intimidate the mother
  - Very sensitive to surroundings and mother’s emotional signals (depression, anxiety, fear, and anger)

- **Collateral Damage:**
  - Irritability, sleep disturbances, extreme “startle” responses
  - Decreased immune system
  - Brain development
  - Lifelong psychological/physical health effects
In 30-60% of families affected by IPV, children are also directly abused.

- High incidence of PTSD
- Increased somatic complaints, behavioral problems, depression, anxiety, sleep disturbance
- Changes the developing physical structure of the brain of a child under 3 y.o. due to repeated release of stress hormones
- Cognitive development issues, poor academic achievement, lower IQ, poor language skills, deficient memory, lack of inhibition, inattention, behavioral problems
Those who grow up in violent households:

- Are more likely to engage in fighting, carry a weapon, attempt suicide, be victim or perpetrator of dating violence.
- Are more likely to engage in substance abuse, teenage prostitution, attempt suicide, commit sexual assault crimes.
- Males are more likely to become teen fathers.
- Females are more likely to have repeated pregnancies.
- Cycle of violence patterns continue.
EFFECTS OF DV ON PERINATAL HEALTH:

- 2nd cause of death during pregnancy is homicide
- Low birth weight
- Pre-term labor/delivery
- Exacerbation of chronic problems (e.g. high BP and gestational diabetes) which can affect newborn outcomes
- Higher rates of cervical infections
- Postpartum maternal depression: 5 X more likely to experience symptoms of PPD
INDICATORS OF ABUSE
PHYSICAL INDICATORS OF ABUSE

- Unusually high number of visits to the ER or other HCP
- Heavy makeup or inappropriate clothing for the season
- Chronic pain without apparent etiology/somatic complaints
- Injuries to head, neck, breasts, abdomen, torso, or genitals
- Physical injury during pregnancy
- Repeated vaginal or urinary tract infections
- High number of ST infections, pregnancies, miscarriages, abortions, etc.
- Unexplained injuries/Injuries inconsistent with explanation
- Injuries in various stages of healing
INDICATORS OF ABUSE

- Failure to keep medical appointments or comply with medical protocols
- Secrecy or obvious discomfort when interviewed about the relationship
- Presence of a partner who controls or dominates the interview or will not leave the patient alone with provider
- Patient returns repeatedly with vague complaints
- Delay between onset of injury and seeking care
CLUES TO KNOWING WHO’S WHO:

Perpetrators often:

- control access to $ and property
- are noticeably jealous of friends, family, coworkers, and others
- are scornful of partner’s perspective
- will use various forms of status to claim authority, knowledge or power
- minimize or excuse their behavior, or become defensive
- are vague about violent incidents
- blame the victim
- may have offensive wounds (scratches, bitemarks)
Victims are often:

- fearful of their partners
- not allowed access to family, friends or other support
- feel guilty or wonder if they are to blame for their partner’s violence
- are more likely to have the more serious injuries
- have no or little access to money, credit cards, car keys, etc.
THE DYNAMICS OF ABUSE
THE CYCLE OF ABUSE THEORY

Cycle of Domestic VIOLENCE

- Honeymoon Phase
  - Enmeshment
  - Denial of previous difficulties
- Build up Phase
  > Increased Tension
- Stand-over Phase
  > Control
  > Fear
- Pursuit Phase
  > Pursuit & Promises
  > Helplessness
  > Threats
- Remorse Phase
  > Justification
  > Minimization
  > Guilt
- Explosion

Cycle of ABUSE

- Honeymoon Period
  - Apologies, Promises, Blaming, Gifts
- Tension Builds
- Explosion
- Cycle Begins
Trauma Bonds

**Traumatic bonding** occurs as the result of ongoing cycle of abuse in which the intermittent reinforcement of reward and punishment creates powerful emotional bonds that are resistant to change.

- The abuser intermittently victimizes or traumatizes the other person. The relationship is characterized by periods of permissive, compassionate, and even affectionate behavior from the dominant person, punctuated by intermittent episodes of intense abuse.

- To maintain control and power, the abuser manipulates the victim and limits the victim’s options. Any threat to the balance of dominance and submission is met with an escalating punishment ranging from seething intimidation to intensely violent outbursts.

- The abuser also isolates the victim from other sources of support. This reduces the likelihood of detection and intervention, impairs the victim’s ability to receive counteractive feedback, and increases dependency on the abuser.

- The victim’s capacity for accurate self-appraisal is impaired which crushed her self esteem and personal adequacy. This requires her to be subordinate to her abuser and increases her dependence upon him.

- Victim is often misunderstood by family, friends, law enforcement, and society in general.
STRANGULATION
WHY IS THIS SO IMPORTANT?

- 7X more likely to be killed by IP
- Occurs in 25% of DV cases*
- Strangulation vs ‘Choking’
- Non-Fatal Strangulation
- Very effective method for ‘Power & Control’
- Can lead to death

DV Violence Continuum:
Slap -punch -kick -weapon -strangulation -homicide.
LETHAL PROGRESSION

- 10 seconds = lose consciousness
- 20 seconds = should bounce back on own
- 30 seconds = need to revive if they don’t bounce back
- 50-100 seconds = ‘point of no return’. Results in some level of brain damage
- 4 minutes = brain death
Jugular Vein Occlusion

- Venous outflow obstruction
- Requires on 4.4 lbs of pressure on jugular
- Results in petechiae on face, mucous membranes
- Subconjunctival hemorrhage
Carotid Artery Occlusion

- Blocks blood supply to brain
- Requires on 11 lbs of pressure on artery against bones of neck for 10 seconds

Causes:

- Bleeding and internal artery damage
- Thrombosis and embolization
- Stroke*** (atypical profile)
Tracheal Occlusion/Injury (less common)

- Damage to larynx or hyoid bone
- Requires on 11-22bs of pressure
- Causes hemorrhage, edema, bruising/contusion
SIGN & SYMPTOMS

LARYNGEAL INJURY
- Voice changes (50%)
- Sore throat
- Hoarseness*
- Vocal cord paralysis* (pressure on nerve)
- Loss of Voice*
- Dysphagia
- Neck/jaw pain

*May be permanent

LARYNGEAL FRACTURE
- Swelling
- Dyspnea
- Apnea

- There may be a delayed response
- Appears mild but may get worse
# Signs & Symptoms

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<th>Neurological</th>
<th>Behavioral</th>
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<td>Early:</td>
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<tr>
<td>Blurry Vision</td>
<td>Restless and violent</td>
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<tr>
<td>Tinnitus</td>
<td>Hostile toward caretakers</td>
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<td>Confusion</td>
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<td>Seizure</td>
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<td>Change in personality</td>
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Patient embarrassed and ashamed to report

“Oftentimes, women who I care for who were strangled report that they wet themselves. By any chance did this happen to you?”

Was clothing wet or soiled?

Could be KEY piece of evidence - DOCUMENT!
SKIN

- Moon-shaped marks (fingernails)
- Abrasions under chin
- Claw marks (often defensive - fighting for her life)
- Bruises or petechiae behind ear(s)
- Thumbprint bruise on neck
- Parallel linear marks on neck
- Ligature marks - Neck, ankles, wrists
- Always check back of neck and scalp
Patient should get undressed
Ask patient to remove makeup
Take lots of photographs (Including follow up photographs - as bruises often appear later)
Ask to examine mouth and tongue
Check underneath petechiae, broken blood vessels or swelling
When checking eyes, have pt move eye all directions while holding lids open
If able, see if partner has defensive injuries
Medical Workup for Strangulation

- Pulse Ox
- CXR
- CT of Neck
- Carotid Doppler US
- MRI (Ideal if able)
- CT of neck & Brain w/ contrast
- Laryngoscopy
- C Spine and soft tissue x-rays - NOT helpful

Recommend observation for 24 hrs
Excellent Resource:
Strangulation Training Institute - Program of Alliance for Hope International
www.strangulationtraininginstitute.com

All downloads are FREE

(App: “Document It!”)
YOUR RESPONSE IS CRITICAL
WHAT IF DV IS SUSPECTED OR IDENTIFIED?

Your INITIAL response is SO important!

- THANK the client for sharing such personal information
- Convey EMPATHY for the client who has experienced fear, anxiety, and shame.
- VALIDATE that DV is a health issue that you can help with
- Let her know you will SUPPORT her unconditionally WITHOUT JUDGMENT
WHEN SHOULD AN INQUIRY OCCUR?

- Routine health history
- Standard health assessment
- Every new patient encounter
- Periodic comprehensive health visits
- During visit for a new chief complaint
- With every new intimate relationship
- When signs or symptoms raise concerns
STRATEGIC OPPORTUNITY FOR HEALTH CARE PROVIDERS

- Regular, face-to-face screening markedly increases identification of victims.
- Patients are RELIEVED that someone is asking questions.
- Identification may be the catalyst that breaks the isolation.
- Chance to educate victims about the health risks of children exposed to violence.
- Even if a client chooses not to disclose the abuse, the provider’s inquiry communicates support and increases the likelihood of future discussion.
“Because violence is so common in many people’s lives, I ask all my patients about it.”
“I am concerned that your symptoms may have been caused by someone who is hurting you.”
“Do you feel safe in your current relationship?”

What if the women does not acknowledge the abuse?
Let her know your ‘door is always open’ and that you are there for her if she ever wants to talk.
DIRECT VERBAL QUESTIONS

- Are you in a relationship with a person who physically hurts or threatens you?
- Did someone cause these injuries? Was it your partner/husband?
- Do you (or did you ever) feel controlled or isolated by your partner?
- Do you ever feel afraid of your partner?
- Is it safe for you to go home?
A screening tool for IPV that measures women’s experiences in abusive relationships

Assesses for emotional abuse by measuring a woman’s perceptions of her vulnerability to physical danger and loss of power and control in her relationship.

Research shows that the tool is a more sensitive and comprehensive screening tool compared to other tools that focus primarily on physical assault.

This tool can be self-administered or used during face-to-face assessment by a provider.

A series of 10 statements ask a woman how safe she feels, in her relationship by rating each statement on a scale of 1 to 6.

The numbers are summed up to create a score. A score of 20 points or higher on this tool is considered positive for IPV.
“DV is common and happens in all kinds of relationships”
“Violence tends to continue and often becomes more frequent and severe”
“Abuse can impact your health in many ways”
“There are many resources available to you”
“You are not to blame - but exposure to violence in the home can hurt your children, physically and emotionally”
REMEMBER TO.....

- Conduct as a routine, regardless of presence or absence of indicators of abuse
- Talk face-to-face at same level if possible
- Use the RA tool (or similar)
- Use Safety Cards (if able)
- Be direct and nonjudgmental
- Conduct in private
- Inform of confidentiality and if there are any reporting requirements
- Have trained interpreters if needed
DO:
- Use active listening skills
- Use Safety Cards, if safe. Normalize it’s use.
- Use the statements as appropriate
- Provide educational information
- Provide Hotline/DVCCC referral
- Provide options
- Assess patient safety needs
- Acknowledge and praise her accomplishments, however minor.
DON’T:

- Screen for DV in front of partner, friend or family member
- Push
- Rescue - instead be a catalyst for empowerment
- Judge or make critical comments
- Tell the victim that she must leave
- Give solutions; provide options instead
I am concerned about your safety and well-being.

The abuse is NOT your fault.

You are not alone - there are people who can help.

Abuse is a crime - there IS no excuse. No one deserves to be abused.

It must be very difficult for you to leave your situation. We are here to help when you are ready.
WHAT YOU MAY HEAR...

- **Denial**: “DV doesn’t happen to people like me”
- **Minimization**: “It was just a slight shove”
- **Hope**: “Things will get better; he promises to change”
- **Self-Blame**: “Oh I said something I shouldn’t have”
- **Excuses**: “He just had a bad day - he’s under a lot of stress”
THE WORST THING YOU CAN SAY....
What makes you think the abuse will stop?
Why does the victim have to do the leaving?
Leaving the violence is just the beginning - Most dangerous time as the violence typically escalates
Leaving is a process
Many DO leave
“WHY DON’T YOU JUST LEAVE?”

- Fear of more violence toward her/her family if she leaves
- Economic dependence on abuser
- Nowhere to go
- Feelings of shame, humiliation
- Belief in promises that abuser will change
- Belief that it is possible for her to change/fix the abuser
- Belief that families need to stay together: children need a father
- Family, cultural, religious pressure to make it work
- Belief that she is to blame for abuse
- Threats from abuser if she leaves/Extortion

- Doesn’t understand that she is being abused
- Crippled by trauma and complete erosion of self-esteem
- Familiarities with issues accessing financial assistance, affordable housing, childcare, legal aid
- Distrust of or previous poor treatment from justice, law enforcement, legal system
- Little or no knowledge of available services/resources
- Cultural isolation/ language barriers
- Fear of the unknown, unfamiliar, being alone, being on her own, supporting herself
20 Reason Why She Stays
By Susan McGee  http://stopviolence.com
LETHALITY ASSESSMENT
LETHALITY ASSESSMENT PROGRAM: A HOMICIDE REDUCTION STRATEGY

- Helps to identify risk factors that indicate a higher risk for being killed
- Research based lethality screening tool (11 questions)
- Used by law enforcement and counselors
- Enhances safety planning
LETHALITY RISK FACTORS

1. Weapons
2. Threats
3. Does victim believe abuser will kill her/him?
4. Firearms
5. Strangulation
6. Violently or constantly (morbidly) jealous
7. Separation danger
8. Unemployment
9. Suicide
10. Biological child(ren) of victim

Others: Fantasies of homicide, depression, obsession over partner, rage, drug or alcohol abuse, recent estrangement, Recent PFA, new relationship for victim, recent change is custody or support

Advocates should teach victims how to assess lethality.
What you do and say makes a difference!
TOOLS & RESOURCES

- DVCCC Hotline: 610-431-1430
- Futures Without Violence (.org)
- Love is Respect.org
- NCADV and PCADV
- Nursing Network on Violence Against Women, Int’l (www.nnvawi.org)