

Domestic Violence... 2015 Update

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According to Florida s.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 of one family or household member by another family or household member.
- Family or household member means spouses, former spouses, persons related by blood or marriage, persons who are presently residing together as if a family or who have resided together in the past as if a family, and persons who are parents of a child in common regardless of whether they have been married. With the exception of persons who have a child in common, the family or household members must be currently residing or have in the past resided together in the same single dwelling unit.

Objectives...

- To identify the signs and symptoms of an abusive relationship
- To describe the assessment procedure for domestic violence victims
- To define an appropriate intervention as a healthcare professional when dealing with abuse victims
- To identify the primary concerns regarding safety and domestic violence

According to Florida s.741.28:

- Some agencies prefer the term domestic abuse because the term domestic violence tends to overlook male victims as well as violence between same-sex partners
- Some agencies prefer the term domestic abuse because it makes visible the nonphysical components of an abusive situation; these include psychological or emotional abuse, threatening, and stalking, as well as neglect or financial exploitation, particularly of older people.
- The Centers for Disease Control and Prevention (CDC) prefers the more specific term intimate partner violence (IPV).

Florida Defines DV...

Florida law defines domestic violence:

- As "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".
- Family or household members, according to Florida definition, must "reside in the same single dwelling unit, with the exception of persons who have a child in common".
- Domestic violence knows no boundaries. It occurs in intimate relationships regardless of race, religion, culture, or socioeconomic status.
- Domestic violence, in the form of emotional and psychological abuse, sexual abuse, and physical violence, is prevalent in our society.
- Because of the similar nature of the definitions, this course will use the terms "domestic violence" and "IPV" (intimate partner violence) interchangeably.

According to Florida s.741.28:

- **Family violence** is also used to describe **abusive domestic situations** because any children in the family are affected, either as witnesses of violence and/or as victims themselves because it makes visible the nonphysical components of an abusive situation
- Includes psychological or emotional abuse, threatening, and stalking, as well as neglect or financial exploitation, particularly of older people.
- Family violence is also used to describe abusive domestic situations because any children in the family are affected either as witnesses of violence and/or as victims themselves.

- Violence is a term that is usually used to describe violence that occurs between two individuals that have a past or present dating or marital relationship.
- On the other hand, domestic violence can be extended to include children, and elders that are living or have lived in the same household or had a very close connection to the perpetrator (Burnette & Adeler, 2006).

- The most current national studies on domestic violence suggest that from 22-25% of all women will experience domestic violence at some point during their lives

Prevalence...

- Domestic violence is one of the most serious public health problems in the United States.
- More than 26% of women and 15.9% of men 18 years of age and older have a lifetime history of IPV.
- Furthermore, in Florida, the weighted lifetime prevalence of IPV is 34.2% among women and 24.6% among men
- Although many of these incidents are relatively minor and consist of pushing, grabbing, shoving, slapping, and hitting, IPV resulted in 2,340 deaths in the United States in 2007, 214 of which were in Florida.
- One of the difficulties in addressing the problem is that abuse is prevalent in all demographics, regardless of age, ethnicity, race, religious denomination, education, or socioeconomic status.

The cost is high...

- Is domestic violence a healthcare issue or a social issue?
 - In 2004, 1,544 deaths were attributed to domestic violence; of these numbers, 75% of women and 25% of men were victims. In 1995
 - Domestic violence costs \$8.3 billion in expenses annually: a combination of higher medical costs (\$5.8 billion) and lost productivity (\$2.5 billion).
 - Nearly a quarter of employed women report that domestic violence has affected their work performance at some point in their lives. Each year, an estimated 8 million days of paid work is lost in the U.S. because of domestic violence.
- The emotional and physical effects of the abusive encounter(s) can last long after the bruises have faded, in many instances for entire lifetimes.

Prevalence...

- Every year women experience 4.8 million domestic violence physical assaults and rapes.
- Estimated that one in four women will experience domestic violence at some point in her lifetime.
- Estimated that 25% of female patients are current victims of domestic violence.
- Each year 2.9 million men experience domestic related assaults.
- Domestic violence also extends to others as well, with domestic violence affecting and injuring children, elderly adults, and other living within the home of or having a history of a cohabitative relationship with the perpetrator (CDC, 2006).

DV and Disease...

- It is the most common cause of injury for women ages 18 to 44.
- It leads to an increased incidence of chronic disease:
 - Abused women are 70 percent more likely to have heart disease
 - 80 percent more likely to experience a stroke
 - 60 percent more likely to develop asthma.

Florida...

- Florida had 115,170 cases of domestic violence in 2006
 - 54% of these cases ended in an arrest.
 - 1,089 forcible rapes
 - 369 forcible sodomy cases
 - 947 cases of forcible fondling reported
 - Thirty-five percent of the forcible sex offenses had arrests made in the case.
 - 164 domestic violence homicides

Barriers to Effective Intervention...

- If requests for help are not specifically verbalized by the patient, interventions for domestic violence and abuse frequently are not initiated.
- Some of the barriers to domestic violence intervention are:
 - Social Factors: Implied or expected social norms, tolerance of domestic violence within the area, and cognitive immunity to the problem as a result of epidemic exposure.
 - Personal Factors: Gender bias, personal abuse history, idealization of the family unit, privacy issues, feeling that one case will not change the big picture.

Where do they go?

- It is estimated in the United States that police officers spent approximately one third of their time responding to domestic violence calls.
- When asked where they would seek help when faced with domestic violence 31% responded that they would attempt to obtain help from the police
- 14.7 % responded that they would go to a hospital.
- In a study in the Northwest (Burnett, 2006) revealed that:
 - 95% of women victims of domestic violence sought care 5 or more times in a year.
 - Almost a quarter of those sought care more than 20 times a year.
 - Most go to an emergency room (Burnett, 2006).

Barriers to Effective Intervention...

- Professional Factors: Time and staffing issues, personal comfort with handling domestic violence, inexperience with handling domestic issues, professional detachment or inversely professional involvement with the
 - abuser or the victim.
- Legal Factors: Lack of education or clear facility policies and positions on intervention. Concern over possible legal ramifications.
- Making judgments about the victim, their choices, or lifestyle. 'Profiling' the typical domestic violence victim.

What happens when they do?

- It is clear that physicians and nurses are in a prime position to intervene in the domestic violence crisis in America.
- But, research reveals that screening rates for health care providers remain very low, under a third screen for domestic violence on a routine basis (Nelson, 2006).
- Less than 1 in 25 women receive an accurate diagnosis (Barnett, 2006)
- Multiple interventions exist for decreasing domestic violence and raising awareness of the issues.
 - Direct screening
 - Poster campaigns
 - Placing the numbers of local domestic violence shelters in female restrooms.
 - Since the abuser frequently is present or nearby during healthcare encounters, female restrooms are prime sites for the healthcare team to target victims of domestic violence.

- When assessing a patient, we need to adopt a suspicious wariness to domestic violence and consider it as a differential diagnosis in a vast number of medical complaints.
- The patient may not even be aware that the true root of the physical problems rests with the experience of domestic violence.

Florida's Domestic Violence Statistics

- In 2010, 113,378 crimes of domestic violence were reported to Florida law enforcement agencies resulting in 67,810 arrests.
- During fiscal year 2010-2011, Florida's certified domestic violence centers provided 477,489 nights of emergency shelter to 15,789 survivors of domestic violence and their children.
- Advocates created 87,474 tailored safety plans, provided a total of 484,950 hours of outreach and counseling services, and answered 130,393 domestic violence hotline calls from individual seeking emergency services, information, and safety planning assistance.

Who is at risk?

- Any person with a disability
- Pregnancy
- Couples with disparities in income, education, or job status are also at higher risk for IPV
 - Family income below \$10,000 or unemployed
 - Females with higher educational or occupational levels have a higher risk of abuse
 - The uneducated
 - Women who are separated or divorced
- History of family violence
- Alcohol or drug abuse by either the victim or batterer
- Current abusive relationship
- Women whose male partner is verbally abusive, jealous, or possessive are at high risk for IPV
- History of psychiatric disorders
- History of abuse as a child or witnessing abuse as a child
- Caregiver stress

Florida's County Jurisdictional Reported Domestic Violence Offenses, 2013.

- Total Population: 19,259,543
- Total Reports made for DV: 108,030
- Categories:
 - Murder: 170
 - Manslaughter: 17
 - Forcible Rape: 1588
 - Forcible Fondling: 744
 - Aggravated Assault: 17,043
 - Aggravated Stalking: 201
 - Simple Assault : 85,606
 - Threat/Intimidation: 2161
 - Stalking: 500

Identifying Groups at Risk

- Pregnant Women
 - According to the CDC, IPV affects as many as 324,000 pregnant women each year (8% of the population)
- Children
 - Results of the NatSCEV indicated that more than 11% of children were exposed to IPV at home within the last year, and as many as 26% of children were exposed to at least one form of family violence during their lifetimes
 - 90% were direct eyewitnesses of the violence
 - Between 30% and 60% of husbands who batter their wives also batter their children
 - Statistics demonstrate that 85% of domestic violence victims abuse or neglect their children
 - The 2013 Crime in Florida report found that more than 11% of domestic homicide victims were children killed by a parent

Types of DV/IPV

- Physical Abuse
 - This is the use of physical force against a partner or other household member. Includes hitting, striking, biting, and shoving the victim.
 - Other less violent forms include pinching, or scratching.
 - Physical harm to the victim does not have to occur
- Sexual Abuse
 - This is a forced non-consensual act or attempted act of sexual intercourse with the victim.
 - The force may be physical or emotional in nature.
- Threats
 - Threats may be of a sexual or physical nature.
 - The threats may involve actual or perceived harm to the victim or family members of the victim such as children, elders, or even pets.
- Emotional Abuse
 - Involves threats to the victim or family.
 - Destruction of the victim's self-esteem, name calling or other attacks on character or social standing.
 - May also involve preventing the victim from interaction with friends, family, or other social encounters.
 - This also includes stalking

- In a study of eighth and ninth graders, 25% indicated that they had been victims of dating violence.
- One in every eight pregnant adolescents reports being abused by the father of her child (Nelson, 2006).
- Adolescents and young adult women are 25% more likely to be victims of domestic violence than any other age group.

Identifying Groups at Risk

- Same Sex Couples
 - Rates are thought to mirror those of heterosexual women, approximately 25%
 - Women living with female intimate partners experience less intimate partner violence than women living with men.
 - Conversely, men living with male intimate partners experience more intimate partner violence than do men who live with female intimate partners.
 - This supports other statistics indicating that intimate partner violence is perpetrated primarily by men. A form of abuse specific to the gay community is for an abuser to threaten or to proceed with "outing" a partner to others.

Elder Abuse

- One study found that lifetime prevalence of IPV among older women was more than 26%; more than 18% experienced physical or sexual violence, and more than 20% experienced controlling behavior
- Media reports give the erroneous impression that elder abuse occurs primarily in nursing homes, but research indicates that most abuse and neglect of elders occurs at home. Most of the time, the perpetrators are spouses or family members
- Older women in abusive situations are the least likely to report IPV, primarily due to social and cultural values

Identifying Groups at Risk

- Elderly
 - In a national study conducted by the National Center on Elder Abuse, there were 565,747 reports of elder abuse to Adult Protective Services in the United States in 2004, 461,135 of which were investigated.
 - This was a nearly 200% increase from the 293,000 reports in 1996
 - 36% of nursing and aide staff disclosed to having witnessed at least one incident of physical abuse by other staff members in the preceding year. When asked whether they themselves perpetrated physical abuse against an elderly resident, 10% admitted they had
 - This abuse may not always manifest itself as violence, but can lead to an environment in which the elder parent is controlled and isolated.

Identifying Groups at Risk

- Men
 - There is evidence to suggest that women also exhibit violent behavior against their male partners.
 - Studies demonstrate approximately 5% of murdered men are killed by intimate partners.
 - Approximately 1.5 million women are raped and/or physically assaulted by an intimate partner each year, compared to 834,700 men.
 - In addition, 3 out of every 10 women has been physically assaulted, raped, and/or stalked by an intimate partner, compared to 1 out of every 10 men
 - IPV accounted for 22% of nonfatal violence against women between 2001 and 2005 and 4% against men. Of the 2,340 deaths attributed to IPV in 2007, 30% were of male victims. Although women are more often victims of IPV, healthcare professionals must always keep in mind that men can also be victimized and assess accordingly.

Elder Abuse

- Estimated 2.1 million older Americans experience physical, psychological, or other forms of abuse, neglect, or exploitation
- Experts estimate that there are five unreported cases of abuse and neglect for every one reported
- Eight out of 10 abused elders are women, and those over age 80 are the most frequent victims of abuse
- Lack of social support is a major risk factor for abuse
- Women on public assistance reported even higher proportions of IPV as did those who had a recent history of homelessness

Identifying Groups at Risk

- Alaskan Native and American Indian women and men
- African American and Hispanic women

IPV in Immigrant & Refugee Communities

- Precise incidence and prevalence of IPV among immigrant and refugee communities is unknown, IPV does exist within these groups.
- Several factors make it especially difficult for victims (primarily women) to seek or obtain help.
- The abuser may threaten to use the victim's immigration status against her, evoking fear of deportation.
- Language barriers and lack of familiarity with U.S. systems are a further burden. A victim may also fear that reporting violence to the authorities will result in a hostile, insensitive, discriminatory response.

CDC (2009)

- Those who harm their dating partners are more depressed and more aggressive than their peers.
 - Other characteristics of abusive dating partners include:
 - Poor social skills
 - Inability to manage anger and conflict
 - Belief that using dating violence is acceptable
 - Having more traditional beliefs about gender-related roles
 - Witnessing violence at home and/or in the community
 - Alcohol use
 - Behavioral problems in other areas
 - Having a friend involved with dating violence

IPV in Immigrant & Refugee Communities

- That fear may be justified in some areas of the U.S. where mainstream organizations lack multicultural understanding or reflect prejudicial attitudes toward immigrants and refugees
- Patriarchal cultural attitudes and victim-blaming also contribute to IPV in immigrant and refugee communities

Pattern of Abuse

Abuse

- Your abusive partner lashes out with aggressive, belittling, or violent behavior.
- The abuse is a power play designed to show you "who is boss."

Guilt

- After abusing you, your partner feels guilt, but not over what he's done.
- He's more worried about the possibility of being caught and facing consequences for his abusive behavior.

Excuses

- Your abuser rationalizes what he or she has done.
- The person may come up with a string of excuses or blame you for the abusive behavior—anything to avoid taking responsibility.



Pattern of Abuse

"Normal" behavior

- The abuser does everything he can to regain control and keep the victim in the relationship.
- He may act as if nothing has happened, or he may turn on the charm.
- This peaceful honeymoon phase may give the victim hope that the abuser has really changed this time.

Fantasy and planning

- Your abuser begins to fantasize about abusing you again.
- He spends a lot of time thinking about what you've done wrong and how he'll make you pay.
- Then he makes a plan for turning the fantasy of abuse into reality.

Set-up

- Your abuser sets you up and puts his plan in motion, creating a situation where he can justify abusing you.



Cycle of Abuse/Violence

CYCLE OF VIOLENCE

- TENSION BUILDING**
 - Batterer**: Moody, Nipicking, Put-downs, Yelling, Drinking/Drugs, Threatening, Withdraws Affection, Criticizes, Sullen
 - Victim**: Nurturing, Stays away from Family/Friends, Keeps children quiet, Agrees, Tries to reason, Cooks partner's favorite dinner, Feeling of walking on eggshells, Attempts to soothe partner
- ACUTE EXPLOSION**
 - Batterer**: Hitting, Choking, Humiliating, Imprisonment, Rape, Using Weapons, Verbal Abuse, Destroys Property
 - Victim**: Protects Self, Police called by victim, neighborhood, Tries to calm batterer, Tries to reason, Fights back, Leaves
- HONEYMOON**
 - Batterer**: I'm sorry/ begs forgiveness, Promises to get help, counseling go to church, Enlists Family Support, "I'll never do it again", Wants to make love, Declares love, "I've changed"
 - Victim**: Agrees to stay, Returns or takes back batterer, Attempts to stop legal proceedings, Sets up counseling for batterer, Feels happy/hopeful
- DENIAL**
 - Batterer**: I'm sorry/ begs forgiveness, Promises to get help, counseling go to church, Enlists Family Support, "I'll never do it again", Wants to make love, Declares love, "I've changed"
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- Tension building
 - Increasingly agitated and tense
 - Abuser may pick a fight, act intimidating
 - Victims often feels as though 'walking on eggshells'
 - May last for hours or days
 - The abused person may be so frightened during this tension-building phase that she or he attempts to precipitate abuse, just to be done with the episode

Why do they stay?

- Some of reasons include:
 - Love
 - Hope
 - Dependence
 - Fear
 - Learned helplessness

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- Acute battering
 - May include verbal threats of death
 - Physical or sexual abuse
 - Severity may lead to injuries
 - It frequently is followed by a period of indefinite length during which the batterer is contrite and demonstrates loving behavior.

Why do they stay?

- The most dangerous time for battered women is during attempts to leave relationships.
- Women who are separated from their husbands have a risk of violence about 3 times more than that of divorced women and approximately 25 times more than that of married women.
- Up to 75% of domestic assaults reported to law enforcement agencies occur after separation of the couple, with women most likely to be murdered when reporting abuse or attempting to leave an abusive relationship.
- Another fear experienced by victims of domestic violence is loss of children; batterers often retaliate by abducting offspring, especially during the early period of separation.

Cycle of Abuse/Violence

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- Reconciliation
 - "Honey moon phase"
 - Abuser 'repents' behavior
 - This is when the victim's hope is the greatest
 - Showered with expressions of love and apology and with assurances that the abuse will never happen again.
 - Given the dynamics of this stage, the patient is much less willing to seek or receive help.

Important points to remember...

- The batterer often accompanies the patient to the ED, may hover and refuse to leave the patient alone, and may insist on answering questions for the patient. These factors reinforce the necessity for taking the history in private.
- Inform the patient of any limits to confidentiality imposed by mandatory reporting requirements for domestic violence and child abuse. If a translator is necessary, he or she should not be a member of the patient's or suspected abuser's family.
- Simple questions asked in private may elicit previously unrecognized risks and histories of violence. Ask direct questions (eg, "Has your partner ever punched or kicked you?"), as opposed to asking if a person is battered or otherwise a victim of domestic violence. This is critical because the patient may not interpret what occurs as domestic violence.

Important points to remember...

- If questioning the family, do so with care, always remembering that the batterer may be among those queried. Phrase questions in an open-ended manner such as "Betty seems upset. Do you have any idea why?"
- When questioning an abuser who has been injured, use nonjudgmental language, such as "What happened after you threw your partner on the floor?" as opposed to "What did you do after you beat her?"

What are you looking for?

- Domestic violence may be a factor in up to 25% of suicide attempts in women. Of pregnant women who are battered, 20% attempt suicide. When inquiring about the reason for the suicide attempt, clarify responses such as "fight with my husband" as to presence or absence of physicality.
- Depression is a correlate of domestic violence. Patients (especially women) presenting with such complaints or with sleep or eating disturbances should be questioned about current or past abuse.
- Stress
- Symptoms related to stress are common, including anxiety, panic attacks, other anxiety symptoms, and posttraumatic stress disorder (PTSD).
- Fatigue and chronic headaches also may be noted.

What are you looking for?

- Repeat Visits to the ED
- Delay in treatment time
- Noncompliance with treatment regimens
- Denial of injury
- Acute pain with no visible injuries
- Chronic pain (especially if evidence of tissue damage cannot be found)
- Repetitive complaints inconsistent with organic disease
- Pain due to diffuse trauma without visible evidence
- Symptoms without evidence of physiologic abnormality.

What are you looking for?

- Palpitations, dyspnea, atypical chest pain, abdominal or other GI complaints, dizziness, and paresthesias, while common complaints, are noted frequently with domestic violence.
- Current or past self-mutilation may be noted.
- Gynecologic complaints include frequent vaginal or urinary tract infections, dyspareunia, and pelvic pain.
- Failure to use condoms or other appropriate means of protection is frequent and is suggested by a history of sexually transmitted diseases, particularly if recurrent.
- The pregnant patient may be homeless, may report no, sporadic, or late prenatal care, and may present with depression.
- Other historical findings may include problem pregnancies, preterm bleeding and/or miscarriage, and self-induced abortion.

What are you looking for?

- The patient may feel isolated and may be kept socially isolated
- The patient may provide a history of being restrained or locked in or out of shared domiciles
- The patient also may feel threatened with violence, institutionalization, abandonment, or guardianship
- Reluctance by the patient to speak or disagree with the partner may be noted, as may exaggerated self-blame for the partner's violence. Intense jealousy or possessiveness may be reported by the patient or expressed by the partner.
- Depression and suicide
- Patients with psychiatric complaints, especially suicide attempts, ideation, or gestures, always should be questioned about current or past domestic violence.

What are you looking for?

- Abuse of alcohol and other drugs
- It is appropriate to consider domestic violence when evaluating a patient for alcohol intoxication, drug toxicity, or drug overdose.
- Be aware of frequent use of minor tranquilizers or pain medications.
- A family history of alcohol and drug abuse or similar history in the patient's partner is also an important risk factor.
- Medical complaints

CULTURALLY SENSITIVE ASSESSMENT

- During the assessment process
 - Must be open and sensitive to the patient's worldview, cultural belief systems and how he/she views the illness
 - This may reduce the tendency to over-pathologize or minimize health concerns of ethnic minority patients.
- Pachter proposed a dynamic model that involves several tiers and transactions.
 - The practitioner to take responsibility for cultural awareness and knowledge.
 - The professional must be willing to acknowledge that he/she does not possess enough or adequate knowledge in health beliefs and practices among the different ethnic and cultural groups he/she comes in contact with.
 - Reading and becoming familiar with medical anthropology is suggested

Stages of Change

- Pre-contemplation
 - In this stage the victim of abuse has no thoughts of change.
 - The victim may even feel that they are deserving of the abusive treatment that they have received. Persons who are unwilling or unable to change are classified at this stage.
 - In Pre-contemplation, the victim will be unwilling to receive help. However, inquiry on the part of health care providers will alert the victim that they are in an abnormal state and move the victim toward contemplation.

CULTURALLY SENSITIVE ASSESSMENT

- The second component emphasizes the need for specifically tailored assessment.
 - Pachter advocates the notion that there is tremendous diversity within groups.
 - For example, one cannot automatically assume that a Cuban immigrant adheres to traditional beliefs.
 - Often, there are many variables, such as level of acculturation, age at immigration, educational level, and socioeconomic status, that influence health ideologies.
- The third component involves a negotiation process between the patient and the professional.
 - Consists of a dialogue that involves a genuine respect of beliefs.
 - It is important to remember that these beliefs may affect symptoms or appropriate interventions in the case of domestic violence.

Stages of Change

- Contemplation
 - This can be a prolonged stage on the road to change, perhaps lasting for years. The victim realizes that a problem exists and begins to weigh the pro and cons of removing themselves from the abuser.
 - However, in this stage the victim is still not ready to expose the abuser. This may be closely followed by a disclosure phase in which the victim finally discusses the abuse with the healthcare provider.
- The role of the healthcare provider at the stage of disclosure has four elements that need to be met.
 1. Validate and affirm that the victim is being abused
 2. Inform the victim about local domestic violence resources
 3. Educate the victim about effects of abuse on themselves and others
 4. Document the abuse in the medical record.

CULTURALLY SENSITIVE ASSESSMENT

- Culturally sensitive assessment
 - The practitioner engages in a continual process of questioning.
 - By incorporating cultural sensitivity into the assessment of individuals with a history of being victims or perpetrators of domestic violence, it may be possible to intervene and offer treatment more effectively.

Stages of Change

- Preparation
 - In this stage the victim begins to arm themselves with the information and resources necessary for change.
 - This is the stage in which the victim actually plans to leave the abuser.
- Action
 - This is the stage in which the victim actually leaves the abuser.
 - This stage is frequently reached when the violence extends to or is witnessed by children
- Maintenance
 - In this stage of change, the change is solidified and progress is made toward preventing relapse.
 - Sadly, many women leave an abuser and return to them (Relapse Stage), often many times, before this stage is solidified (Burnett, 2006).

Partner Violence Screen (PVS)

Poses the following questions:

- Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom were you injured? (This question detected almost as many abused patients as the combined 3-question PVS, with better specificity.)
- Do you feel safe in your current relationship?
- Is a partner from a previous relationship making you feel unsafe now?
- In addition, patients were asked, "Are you here today due to injuries from a partner? Are you here today because of illness or stress related to threats, violent behavior, or fears due to a partner?"

Physical Abuse Ranking Scale

- Incidents ranking higher than 5 indicate a high likelihood of danger:
 - Throwing things, punching the wall
 - Pushing, shoving, grabbing, throwing things at the victim
 - Slapping with an open hand
 - Kicking, biting
 - Hitting with closed fists
 - Attempted strangulation
 - Beating up, pinning to wall or floor, repeated kicks and punches
 - Threatening with a weapon
 - Assault with a weapon

Partner Violence Screen (PVS)

- Poses the following questions:
- The mnemonic SAFE directs inquiry into domestic violence. Sebastian, in 1996, maintained that simply asking the SAFE questions alleviates the patient's alienation, offers him or her an opportunity to validate his or her worth, and provides a means to assess safety. When SAFE questions are made routine, physicians become more comfortable in discussing domestic violence.
- **SAFE:**
 - **S**tress/safety: What stress do you experience in your relationships? Do you feel safe in your relationships (marriage)? Should I be concerned for your safety?
 - **A**fraid/abused: 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 or abused you or your children? Have you been physically hurt by your partner? Has your partner forced you to have unwanted sexual relations?

Lethality Checklist

The more items checked, the greater the danger...the perpetrator may exhibit the following:

- Objectifies partner (eg, calls the partner names, body parts, animals)
- Blames the victim for injuries
- Is unwilling to release the victim
- Is obsessed with victim
- Is hostile, angry, or furious
- Appears distraught
- Is extremely jealous, blaming the victim for all types of promiscuous behavior
- Has been involved in previous incidents of significant violence
- Has killed pets
- Has made threats
- Has made previous suicide attempts
- Is threatening suicide
- Has access to the victim
- Has access to guns
- Uses alcohol
- Uses amphetamines, cocaine, or other drugs
- Has thoughts or desires of hurting partner
- Has no desire to stop violence or control behavior
- Has an extremely tense and volatile relationship with the victim

Partner Violence Screen (PVS)

- Poses the following questions:
- **SAFE:**
 - **F**riends/family (assessing degree of social support): 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?
 - **E**mergency plan: 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?

History to assess immediate safety needs...

- Is your partner violent outside your home?
- Threats of homicide
- Has your partner ever threatened or tried to kill you?
- Has your partner threatened to kill you with a weapon?
- Has your partner ever used a weapon?
- Does your partner have access to a gun?
- Has the batterer ever tried to choke you?
- Have you ever been afraid you might die while the batterer was attacking you?
- Physical violence
- What is the degree of physical violence?
- Is your partner violent toward you or your children?
- Has the amount of violence increased in frequency and/or severity over the past year?
- How often does the batterer attack, hit, or threaten you?
- Has your partner ever beaten you while you were pregnant?
- Have you ever been hospitalized as a result of abuse?

History to assess immediate safety needs...

- Substance abuse?
 - Are alcohol or other drugs involved?
 - Does your partner get drunk every day or almost every day?
 - Does your partner use uppers such as amphetamines (speed), angel dust (phencyclidine [PCP]), or cocaine (including crack)?
- Control
 - How much control does your partner have over you?
 - Does your partner control your daily activities such as where you can go, who you can be with, or how much money you can have?

Other traits of the batterer may include:

- Prior arrest record
- Series of failed relationships
- Financial problems
- Frequent employment change
- Inability to accept responsibility for actions
- Blame authority figures for problems
- History of antisocial behavior
- Substance abuse issues

History to assess immediate safety needs...

- Is your partner violent and constantly jealous of you?
- Has your partner ever said that if she or he cannot have you, no one else can?
- Has your partner ever used threats or tried to commit suicide to get you to do what she or he wants?
- Suicidal ideation
 - Are you thinking of suicide or homicide?
 - Have you ever considered or attempted to commit suicide because of problems in the relationship?
 - If so, do you have a plan?

Intervention

- Intervention falls into 3 groups
 - Primary: aimed at breaking the abuse cycle through community based programs targeting audiences from children, elderly, professionals, etc.
 - Secondary: aimed at dealing with victims and perpetrators in early stages with hope at preventing progression
 - Tertiary: long term efforts for victims, their children and the abusers either to recover or rehabilitate.

History to assess immediate safety needs...

- Are you thinking of suicide or homicide?
 - Have you ever considered or attempted to commit suicide because of problems in the relationship?
 - If so, do you have a plan?
 - Do you have access to a weapon or other means (eg, medications) chosen for suicide?
- Homicidal ideation
 - Have you ever considered or attempted killing your batterer?
 - Are you considering this now?
 - Do you have a plan?
 - Do you have access to a weapon or other means chosen for homicide?

Intervention

- Establish trust and rapport
- Straight forwardness with questions but with empathy and support
- If the victim denies the abuse...
 - "I've seen injuries like this before and most are not accidental..."
 - "Many woman are living in fear, fear someone they are living with..."
 - "Most of us know someone who is being abused or frightened...let me share some information with you..."

Directory of Crime Services

<http://ovc.ncjrs.gov/findvictimservices/>

- Office for Victims of Crime (OVC)
- Since its launch in 2003, the Directory has helped thousands of crime victims and service providers find nonemergency crime victim service agencies in the United States and abroad.
- You can search the Directory by—
 - Location
 - Type of victimization
 - Service needed
 - Agency type

References

- Florida Coalition Against Domestic Violence: <http://www.fcadv.org/resources/statistics>
- Batterer Intervention Information: <http://www.myflfamilies.com/service-programs/domestic-violence/batterer-intervention-program>
- Institute for Clinical Systems Improvement: https://www.icsi.org/_asset/atir9h/PrevServAdults-Interactive0912.pdf

Domestic Violence Centers in Florida

- As of 2014, Florida had 42 certified domestic violence centers:
 - Provide information and referral services
 - Counseling and case management services
 - A 24-hour hotline
 - Temporary emergency shelter for more than 24 hours
 - Educational services for community awareness relative to domestic violence
 - Assessment
 - Appropriate referral of resident children
 - Training for law enforcement personnel.

Comments,
Thoughts or
Questions?

Contact Information...

- For more information or to get help, please call:
 - The NATIONAL DOMESTIC VIOLENCE HOTLINE at 1-800-799-7233
 - THE NATIONAL SEXUAL ASSAULT HOTLINE AT 1-800-656-4673
 - THE NATIONAL TEEN DATING ABUSE HOTLINE AT 1-866-331-947
 - In Florida, a 24-hour domestic violence hotline is available for toll-free counseling and information. The number is 800-500-1119

Thank you....