Intimate Partner Violence

Lowell General Hospital
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Agenda

- Overview of Intimate Partner Violence (IPV) as a healthcare issue
- Identification and response components
  - Trauma-informed care
  - Routine inquiry
  - Identification and response
  - Referral and collaboration
  - Continuing education and leadership

Definition

A **pattern** of **coercive behaviors** used by adults or adolescents against **current or former** dating or intimate partners.

Seen in every clinical setting, every specialty, everywhere.

Spectrum

- Threats and acts of intimidation
- Social control and physical isolation
- Attacks or threats to property, pets, keepsakes
- Sexual violence*
- Reproductive coercion*
- Emotional degradation
- Economic control
- Spiritual abuse
- Use, manipulation of children
- Physical violence

Sexual Violence and Reproductive Coercion

- Sexual assault and rape
- Preventing or forcing use of contraception, or otherwise interfering with birth control methods
- Refusing to use condoms or other negotiated means of birth control, or sabotaging condoms
- Controlling outcomes of pregnancy
  - Attempting to impregnate a partner against her wishes
  - Forcing (or preventing) an abortion
  - Multiple pregnancies as a means of control
  - Threatening to leave if she does not become pregnant
  - Injuring her in order to induce a miscarriage

What Makes IPV Different from Other Types of Violence ?

- Ongoing, evolving relationship with perpetrator
- Emotional attachment to perpetrator
- Economic dependence on perpetrator
- May share children, friends, social network
- Continuum of coercion (rather than isolated incidents)
- Focus on episodes or “incidents” doesn’t capture patterns, context, meaning, effects of complex trauma
- Confounding, confusing societal messages
- Reluctance to report
- Shame, blame, stigma
- Danger may atually increase after leaving
- Health effects may worsen after seeking help

The Importance of Language

Victim

- Weak
- Fragile
- Powerless
- Trapped
- Hurt
- Helpless
- Attacked, hunted
- Fearful, afraid
- Isolated
- Vulnerable
- Needy
- Dependent
- Defeated
- Insecure
- Suffering
- Damaged goods
- Taken advantage of
- Used and abused
- Wronged
- Ashamed
- Depressed, possibly suicidal
- Low self-worth
- Paranoid
- Dead

Survivor

- Alive
- Courageous
- Overcomes adversity
- Endurance
- Resilient
- Renewal
- Strong, confident
- Autonomous
- Empowered
- Perseverance
- Determination
- Has support
- Proactive
- Confident
- Hope
- Tough
- Role Model
- Lucky (possibly)
- Accomplishment
- Willing to look for help
- Moving forward
- Progress
- Liberated
- Abuse is in the past

Obstacles to Leaving

- Fear
- No safe options
- Feelings of failure
- Overwhelmed by acute situation
- Economic constraints (job, home, child care)
- Perpetrator behavior – current and past
- Concern for partner's welfare and future
- Promises of change, ambivalence, love
- Desire to help perpetrator change
- Isolation or criticism from family / community
- Cultural and religious expectations or pressures

To Leave or to Stay?

- Survivors may make a deliberate choice to stay until they can leave safely
- Some stay until a “red line” is crossed
- Leaving is usually a monumental decision
- Leaving is often the more dangerous choice
- Leaving safely requires a lot of planning, especially when children are involved
- It is unwise and unsafe to assume we know better than the survivor

And So I Stayed

"When I tried to get help, I was counseled to consider carefully how what I said might affect his career. And so I kept my mouth shut and stayed. I was told, yes, he was deeply flawed, but then again so was I. And so I worked on myself and stayed. If he was a monster all the time, perhaps it would have been easier to leave. But he could be kind and sensitive. And so I stayed. He cried and apologized. And so I stayed…

And So I Stayed

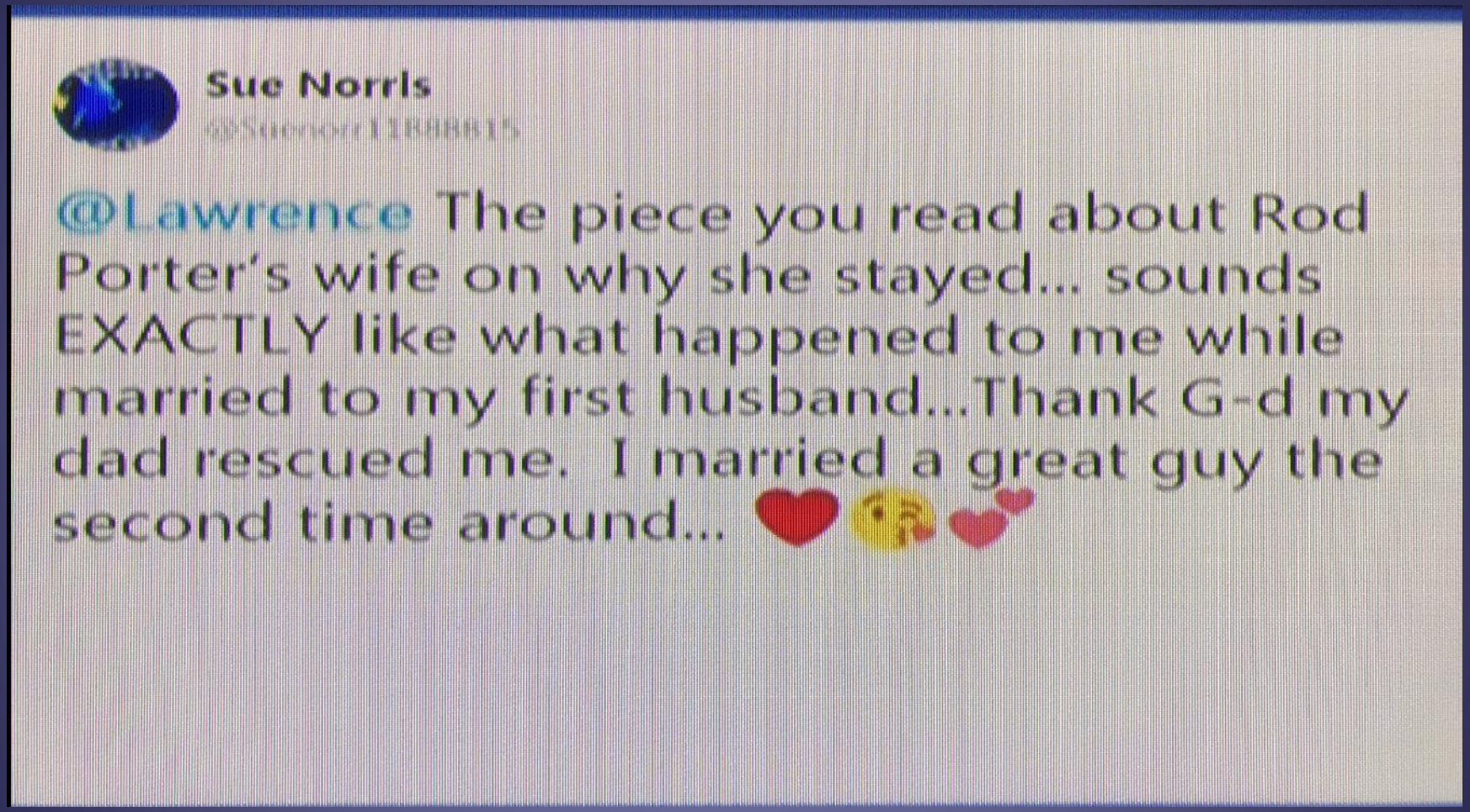
"…He offered to get help and even went to a few counseling sessions and therapy groups. And so I stayed. He belittled my intelligence and destroyed my confidence. And so I stayed. I felt ashamed and trapped. And so I stayed. Friends and clergy didn't believe me. And so I stayed. I was pregnant. And so I stayed. I lost the pregnancy and became depressed. And so I stayed."

Jennie Willoughby, 2017

Memomoronic

@ValerieSofiana9

@Lawrence I tried to be a better wife. And I had babies and I thought maybe I deserved it. And I thought because it wasn't constant and there was no lasting damage. Then he did it in front of my son who was 8. and so I left #AndSoIStayed


Sue Norris
@Lawrence The piece you read about Rod Porter's wife on why she stayed... sounds EXACTLY like what happened to me while married to my first husband...Thank G-d my dad rescued me. I married a great guy the second time around...

Annemleke55

Replying to @BanditaFear @Lawrence

At 20, holding my infant daughter in my arms he hit me in the mouth. She was covered in my blood. I looked at her and said to myself over my dead body will I give her a life like this. Left in the night and never looked back.

Barriers to Disclosure

- Fear
- Perceptions of healthcare system
- Afraid of CPS referral
- Language, culture and religion
- Stigma and shame
- Immigration status
- Sexual orientation / gender identity
- Abuser threats and control

Immigrant, Refugee and Undocumented Migrant Concerns

- Lack of knowledge, misinformation about the legal system
- Fear of arrest, maltreatment, deportation
- Fear of authority figures
- Fear of being separated from children
- Language and cultural barriers
- Losing connections with family, community here and in home country
- Financial survival

Clinician Challenges

- Never learned about topic
- Lack of practical experience
- Unacquainted with local resources
- Wouldn't know what to do
- Inquiry is "someone else's job"
- No private space to inquire or act
- No time
- Discomfort with topic
- Personal bias or exposure

Survivor Dynamics

- Fear
- Walking on eggshells
- Rules keep changing
- Erosion of independence
- World keeps getting smaller
- Desire to improve, not end, relationship
- Feelings of failure
- Chronic and recurrent health issues

Perpetrator Dynamics

- ‘Partner’ seen as inferior, unworthy, less than, needing to be kept in line
- Coercive behavior purpose: to assert or maintain control
- Abuser may appear ‘healthier’ or more believable than survivor
- Many perpetrators do not see their behavior as wrong in any way

Dynamics Summary

- Intentional and purposeful
- Power / Control
- Intimidation / Fear
- NOT an accident
- NOT a problem of loss of control
- NOT an impulse control disorder
- NOT about anger or anger management
- NOT a problem with “the relationship”
- NOT the survivor’s fault

Physical Health Presentations

- Back pain, other M-S complaints
- Headaches
- Abdominal pain
- Pelvic pain
- Recurrent STIs
- Eating disorders
- Poorly controlled medical issues
- Chronic sequelae of injury
- Acute injury

Mental Health Presentations

- Sleep disturbances
- Substance use (including alcohol)
- Chronic pain / somatization disorders
- Anxiety, panic
- Depression
- “Post”-traumatic stress disorder
- Hypervigilance
- Dissociation
- Suicidal ideation or attempts

Now conceptualized as adaptations to toxic tress

Clinical Evaluation

- History
- Physical Examination
- Documentation
- Risk Assessment
- All done using principles of ***trauma-informed care*** within a ***resilience framework***

Resilience Framework

- Patient-centered (patient's perspective)
- Strengths rather than weaknesses
- Abilities, rather than problems
- The future, rather than the past
- Ways to make safe and independent decisions for the future, rather than on what went wrong in the past

Trauma-Informed Care

- "Universal precautions" re: lifespan trauma
- Trauma lens for individual and system care
- Check in about patient comfort with:
  - Physical touch during exam
  - Sense of safeness if door closed
  - How to accommodate their needs
- Minimize repeat requests to recount details
- What a survivor shares may change over time

Trauma-Informed Care: Principles

- Model respect
- Establish and maintain rapport
- Respect boundaries
- Share information
- Acknowledge mutual, reciprocal learning
- Share control within and beyond encounter
- Expect ebbs and flows
- Show compassion in response
- Promote “safeness” as well as safety

Indications for Inquiry

- Physical cues
- Social cues
- **No cues**

Principles of Inquiry and Care

- Safety first (patient, children, staff, self)
- Inquire *routinely* about traumatic experiences across the lifespan
- Model trauma-sensitive practice and active, engaged listening
- Learn from patient. Ask: “How has this affected your life and your health?”
- Avoid labels and judgment

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Principles of Inquiry and Care (cont.)

- Validate and support by acknowledging her/his courage and resilience under difficult circumstances
- Support and respect patient's decisions
- Avoid the urge to 'rescue'
- Always be honest re: confidentiality and its limitations (e.g., mandatory reporting)
- Self-care and life/work balance

Inquiry = Intervention

When inquiry is done with sensitivity and compassion, you are actually educating a person and beginning the process of healing and empowerment.

When you inquire about abuse, you are changing someone's world for the better.

RADAR

- **R:** Remember to ask
- **A:** Ask directly
- **D:** Document findings
- **A:** Assess for safety
- **R:** Review options, refer
- ***(F: Follow up)***

Create a Climate for Inquiry

- Practice-based efforts
  - buttons
  - posters
  - tear-off cards
  - newsletters
- Community-based efforts
  - PSAs
  - local newspaper articles, op-eds
  - participation in community activities
- Set aside and manage staff time and responsibilities

Inquiring about Abuse

Frame questions by normalizing inquiry:

- ✓ Abuse, whether current or in the past, affects many people, and so I now ask every patient I see about domestic violence, sexual assault, child abuse, and other frightening or hurtful experiences that may have happened to them in their lifetimes.
- ✓ Many patients I see are coping with abuse in a relationship, or have had difficult experiences when they were younger, so I've started asking all my patients about bad or frightening experiences they may have had as a child or as an adult.

Direct Questions

- ✓ Has a partner, family member, caregiver or anyone else ever threatened, frightened, or hurt you in any way?
- ✓ Has a partner, family member, caregiver or anyone else ever touched you in a sexual way or made you do something sexual when you didn't want them to, at any time in your life, including when you were a child?

Indirect Questions

- ✓ Every couple and every family has conflicts - what is it like when you and your partner or family disagree? Do conflicts ever turn violent or make you afraid for your safety?
- ✓ I've seen patients who are being hurt or threatened by someone they love or are close to. Has anything like this ever happened to you?
- ✓ Have you ever felt afraid of your partner, caregiver or anyone else whom you know?
- ✓ Are you able to speak your mind in front of your partner?
- ✓ Do you feel safe at home with your partner?
- ✓ If there was one thing you could change in your relationship, what would that be?

Written Questions

- ✓ Have you *ever* been physically hurt, touched in an unwanted sexual way, or threatened or made to feel afraid by a partner, family member or anyone else?
- ✓ Is someone currently threatening or harming you?
- ✓ When you were a child, were you ever in a situation with a family member or other person in which you recall being physically hurt, made to do sexual things, threatened, or made to feel afraid?

If Abuse is Suspected

- Ask direct and indirect questions.
- Ask additional focused questions:
  - ✓ When I see a patient with an illness / condition / injury such as yours, it is sometimes because someone has hurt her/him/them or has done other harmful things. Has someone hurt you, either recently or in the past? What happened?

2-Minute Triage

Current episode:

- ✓ What happened?
- ✓ Was a weapon involved?
- ✓ Can you tell me about the person who hurt you?
- ✓ Have your children seen or heard you being hurt?
- ✓ Have your children ever been threatened or hurt?
- ✓ Have you ever tried to leave? What happened?
- ✓ Are you in danger now?
- ✓ Do you need help from the police or from anyone else right now?

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Follow-Up Questions

- ✓ Have you been hurt/frightened/threatened before?
- ✓ Has your partner hurt or threatened anyone close to you, a pet, or any of your belongings or keepsakes?
- ✓ Does your partner belittle, insult, or blame you either privately or in front of others?
- ✓ How freely are you able to come and go as you please, and make your own decisions?
- ✓ Can you talk to or see friends & family when you want to?
- ✓ Is your partner a jealous person?

  -- Does he/she/they accuse you of having affairs?

continued...

Follow-Up Questions

- ✓ Can you speak your mind freely in front of your partner?
- ✓ What was it like when things were good between you and your (partner/spouse/date)?
- ✓ When your relationship began to turn sour, what happened?
- ✓ Can you tell me about the worst or scariest time?
- ✓ Can you tell me about the most recent time?
- ✓ Has your partner made you have sex when you didn't want to?
- ✓ Have you needed to get medical care because of abuse?
- ✓ Have you ever needed to get away for your safety?

continued...

Follow-Up Questions

- How do you cope with bad feelings that arise because of what has happened? Have you ever:
  - Gotten drunk or high?
  - Cut yourself?
  - Burned yourself?
  - Pulled at your hair or ground your teeth?
  - Ate a lot, stopped eating, or vomited on purpose?
  - What else? Please tell me more.
- Have you ever had thoughts of harming yourself, made a plan, or actually tried to hurt or kill yourself?
- Who (if anyone) knows about what has been going on?
- Who in your life can you trust or confide in?

Physical Examination: Suspicious Findings

- *Any* injury
- Bilateral or multiple injuries
- Delay between injury and presentation
- Explanation inconsistent with injury
- Prior use of emergency services

continued…

Suspicious Findings (cont.)

- Chronic pain symptoms without apparent etiology
- Signs of psychological distress
- Pregnant person with any injury
- Partner who is overly protective, controlling or refuses to leave

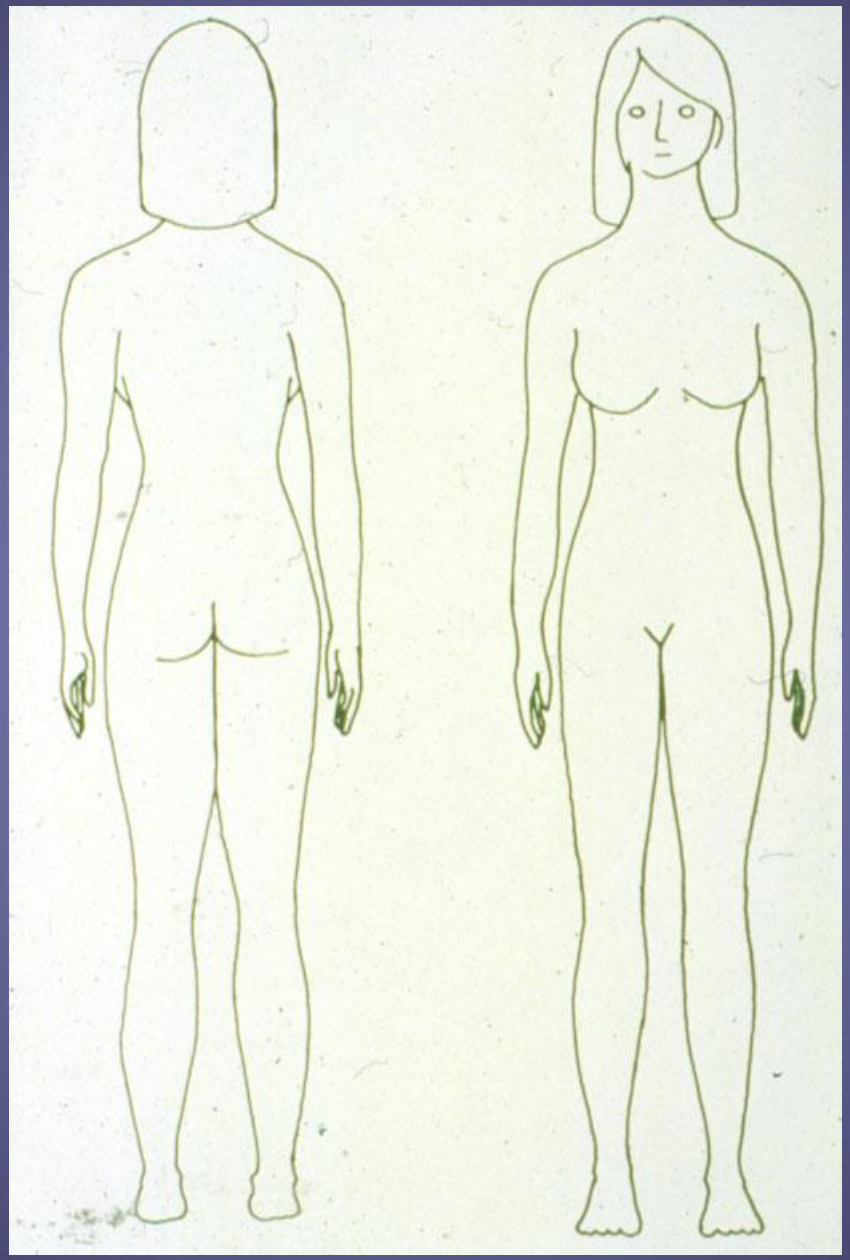
Documentation

Reasons to document:

- Medically right
- Morally right
- May keep provider out of court - criminal or custody case
- May keep provider out of court - standard of care

Documentation

- Written descriptions
- Diagrams or sketches
- Photographs



Intervention and Follow-Up

Risk Assessment

Important determinants:

- Patient's appraisal
- Clinician's appraisal

Risk factors for serious or lethal injury:

- Increase in frequency or severity of abuse
- Threats of homicide or suicide by partner
- Presence or availability of a gun or other lethal weapon
- Abuser knows of survivor's plans to leave or take other action

Clinician's Role

- Communicate concern
- Assure confidentiality (and explain its limits)
- Provide information
- Review options, refer as necessary
- Liaise with community-based advocacy
  - Safety planning
  - Support groups
  - Emergency shelter / transitional housing
  - Legal, social welfare, and children's needs
  - Collaborative, reciprocal care
- Medical treatment and follow up

Communicate Concern

- Validate, communicate empathy:
  - ✓ Thank you for sharing what has been going on
  - ✓ I believe you
  - ✓ You are not crazy
  - ✓ You are not alone
  - ✓ You are not at fault or to blame
  - ✓ You deserve better
  - ✓ This must be so difficult for you
  - ✓ You have tremendous courage and stamina

continued...

Communicate Concern (cont.)

Convey concern for safety

- ✓ I care about your safety and well-being
- ✓ Help is available

Leave the door open

- ✓ You have choices
- ✓ As your situation changes, I (or my office, practice, hospital) will assist with information and support
- ✓ You are always welcome and respected here

Assure Confidentiality*

Goes hand-in-hand with communicating care, modeling respect, and maintaining professional boundaries

- ✓ What you tell me / what we speak about is confidential – I will not tell anyone, including your partner
- ✓ Model confidentiality by not asking or speaking about abuse with a family member, child, or friend present

* Caveats re: child, elder or disabled restrictions on confidentiality

Provide Information

- ✓ What has happened to you is not uncommon, and it is not your fault
- ✓ Physical violence is only one part of IPV
- ✓ IPV often increases in frequency and severity over time
- ✓ Your symptoms may subside once you are safe
- ✓ Your symptoms might temporarily worsen once you are safe
- ✓ Children can be affected by being
  - physically hurt
  - witnessing or hearing abuse

Offer Resource Referrals

- Safety planning
- Support groups
- Legal services
- Social welfare services
- Services for children, others affected
- Short and long-term counseling
- Shelter services
- SANE, forensic eval. for sex assault (≤120 hrs)
- Other (ESL, GED and beyond, housing, job training, summer camp for kids, and more)

Lowell Resources

- Alternative House
  978 454-1436
- Center for Hope and Healing
  978 452-7721
- National Domestic Violence Hotline
  800 799-7233

Safety Planning

- Process, not a “thing”
- Individualized for each patient/survivor
  - Dynamic, evolves as situation changes
  - Current danger
  - Resources needed
  - Involve survivor, respect her/his/their choices and autonomy
- Enlist services of a social worker or advocate
- Assure and embrace follow-up

Safety Planning Components

- Crisis / “disaster” plan
- “Grab and Go” bag
- Place to go, way to get there
- Logistics
  - if survivor stays and abuser leaves
  - if both stay
  - if survivor leaves

The Value of Follow-up

- Support, credibility for survivor
- Time management for self and staff
- Strengthens therapeutic relationship
- Clinician learns more about what works
- Reinforces team concept
- Gets easier and more rewarding

Summary: Individual Clinician Role

- **R:** Remember to ask
- **A:** Ask directly
- **D:** Document findings
- **A:** Assess for safety
- **R:** Review options, refer
- *(F: Follow up)*

But Wait – There's More! Public / Advocacy Role

- Respected in community
- Valued team member
- Change agent
- Innovator in prevention efforts
- Opportunities for leadership and scholarship

Leadership Opportunities

- Focus on collaboration, partnership
- HCP as a key change agent
  - Local or regional task forces
  - Teaching, training opportunities
  - Research and evaluation opportunities
  - Continuing education opportunities
  - Media contacts – expert voice
  - Community-focused volunteer activities


DILBERT by Scott Adams
AS YOU CAN CLEARLY SEE IN SLIDE 397...
www.dilbert.com


GAAAAH!


"POWERPOINT"
POISONING.

Don’t hesitate to reach out!

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