

Study Guide Sample

This is a sample of selected pages from the study guide for this program.

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When Injuries Speak, Who Will Listen? Health Care Response to Domestic Violence

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INTRODUCTION

The health care system in the United States offers an excellent opportunity to intervene in a social and public health problem that has continued to plague our communities. Domestic violence will be reduced only through interventions from those who are in a position to see the physical and psychological damage it causes. Even though women are the recipients of the great majority of this abuse between intimate partners,¹ and even though they are often reluctant to reveal the abuse, they will still go to a health care professional for help. This means that those in the health care system have not only the opportunity, but also the responsibility, to help break this cycle of violence. This health care system includes not only emergency rooms, but also community clinics, private physician's office and other health care settings.

Domestic violence may be a difficult for issue for health care professionals for they may feel uncomfortable dealing with domestic abuse, and probably have received little, or no training to help raise this comfort level. That is why effective training and increased knowledge can help professionals realize that domestic violence is as much a public health care issue as smoking or substance abuse.

"When Injuries Speak: Health Care Response to Domestic Violence" was developed and produced with the goal of making this issue better-known, and helping healthcare professionals to develop and implement responsible domestic violence interventions with their patients. Although the video may show a more "ideal" patient who responds positively to her health care providers, it is important to understand that many women may not respond in that way. Women who have been abused often leave and return several times before permanently leaving the abuser. (See Appendix: Many Ask "Why Doesn't She Leave? Here's Why I Don't Just Leave.") Domestic abuse can build up through the years, and it may have taken a period of time for the woman to be in the position in which she finds herself. It may be difficult for her to self-identify as being abused. It is also important to remember that it often takes more than one intervention for a woman to be able to trust anyone enough to support her when she makes changes in her life.

It is also important to note that the protocols shown in the video may not be possible in many smaller health care settings with limited personnel. In "When Injuries Speak" there is a different resource person for each stage of the intervention. While this may not be possible in many settings because of personnel restrictions the overall procedures should be replicated, even if only one or two individuals are available.

This Study Guide is divided into six sections. The first section after the introduction discusses the relevant statistics dealing with domestic violence and health care. The second deals with health care interventions and specific steps to a successful intervention including two examples of danger and abuse assessments, and a listing of possible questions to ask patients. The third section is on documentation, and the fourth deals with referrals and safety planning. The last section discusses organizational response and ways to integrate a domestic violence response into the organization. The appendices include guidelines from the Joint Commission for the

Accreditation of Hospitals and Health Care Organizations, and others, tips for taking better photographs of injuries, consent to photograph form, body maps, domestic violence worksheet, safety plan, further information on domestic violence, results from a Johns Hopkins study, a letter from Dr. Jacqueline Campbell, and references.

STATISTICS

Physical injuries resulting from domestic violence are severe and very common.

- Over a third of women in emergency rooms are sufferers of domestic violence.
Thirty seven percent of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former, spouse, or boyfriend.²
- Of 218 women presenting at a metropolitan emergency department with injuries due to domestic violence, 28% required hospital admission, and 13% required major medical treatment. Forty percent had previously required medical care for abuse.³
- Battering to women results in more injuries to women than auto accidents, muggings and rapes combined.⁴
- Female victims of intimate partner violence are more likely than victims of stranger violence to experience injuries and to require medical treatment.⁵

Abuse is not just physical; it is also psychological, sexual and economic, resulting in additional physical and psychological health problems.

- Physical problems include arthritis, chronic neck or back pain, migraine and
- Other frequent headaches, visual problems, sexually transmitted diseases, chronic pelvic pain, stomach ulcers, spastic colon, indigestion, diarrhea or constipation.⁶
- One study found that abused women had more gynecological, chronic stress-related, central nervous system and total health problems.⁷
- Fifty-six percent of women who experience any partner violence are diagnosed with a psychiatric disorder.⁸
- Twenty nine percent of all women who attempt suicide were battered.⁹
- Thirty seven percent of battered women have symptoms of depression.¹⁰
- Forty six percent have symptoms of anxiety disorder.¹¹
- Forty five percent experience post-traumatic stress disorder.¹²

Pregnancy is an especially dangerous time for abused women, abuse can lead to problems in childbirth and beyond.

- Twenty three percent of women seeking pre-natal care may be abused.¹³
- Complications of pregnancy, including low birth weight gain, anemia, infections, and first and second trimester bleeding are significantly higher for abused women.¹⁴

- Pregnant women are more at risk for domestic violence than for preeclampsia, gestational diabetes or placenta previa.¹⁵
- Maternal rates of depression, suicide attempts, tobacco, alcohol, and illicit drug use are also significantly higher for battered women.¹⁶
- Forty percent of assaults on women by their male partners begin during the first pregnancy, and pregnant women are at twice the risk of battery.¹⁷

Children are greatly affected by physical and psychological abuse of their mother, the abuse then continues into the next generation.

- Children who witness domestic abuse are more likely to exhibit behavioral and physical health problems including depression, anxiety and violence to peers.¹⁸
- Children whose mothers are abused are 60% more likely to have had a nurse visit that resulted in them being sent home from school, and were twice as likely to be absent from school and suspended from school.¹⁹
- These children are also more likely to attempt suicide, abuse drugs, run away from home, engage in teenage prostitution and commit sexual assault crimes.²⁰
- Domestic violence may be the single major precursor to child abuse and neglect fatalities in this country.²¹
- In a national study of more than 6,000 American families, 50% of the men who frequently assault their partners also frequently abused their children.²²

Domestic Violence costs to society are staggering.

- Crime costs this country \$450 billion dollars a year and domestic violence costs 15% of that total, or \$67 billion.²³
- Rush Medical Center in Chicago found that the average charge for medical services to abused women, children and older people was \$1,633 per person per year which comes to a national annual cost of \$957.3 million.²⁴
- The report from the Institute of Medicine found that battered women receive 3.5 times the hospital care and admissions than those not abused, and costs for hospitalization were \$873 more than those not battered.²⁵
- A study in Minnesota found that an annual difference of \$1,775.00 more was spent on abused women who used hospital services than on a random sample of general enrollees, and that early identification and treatment of victims and potential victims will benefit health care systems in the long run.²⁶
- Families in which domestic violence occurs use doctors eight times more often, seek emergency room treatment six times more often, and use six times more prescription drugs than the general population.²⁷

Identifying Domestic Violence is not yet part of the health care system

- Ninety-two percent of women who were physically abused did not voluntarily discuss these incidents with their physicians and 57 percent did not discuss them with anyone.²⁸

- Only an estimated 10 % of physicians routinely screen for domestic violence during new patient visits and only 9% screen during periodic checkups.²⁹
- Less than one third or 29% of health maintenance organizations have policies, protocols, guidelines or materials on screening for domestic violence.³⁰

Studies have shown that health care interventions can help abused women.

- Both a two minute screening for early detection of abuse of pregnant women and a 10 minute intervention have proven highly effective in increasing the safety of pregnant abused women.³¹
- Another study show that abused pregnant who were offered interventional counseling reported significantly less violence in the year following delivery than a control group that was not given the counseling.³²

Health care providers and Congress are responding.

- Sutter Memorial Hospital in Sacramento, Kaiser Permanente of Northern California and others now routinely screen for domestic violence.
- H.R. 1267 the Domestic Violence Screening Treatment and Prevention Act has been introduced into the United States House of Representatives.

INTERVENTIONS - SCREENING AND ASSESSMENT

ENSURE PRIVACY AND MAKE SURE THE ABUSER OR ANY OTHER FAMILY MEMBER OR FRIEND IS NOT PRESENT

Make sure patient is out of sight and hearing of both their partner and any children who can talk. Don't make assumptions about the relationship between your patient and an adult accompanying them. Also be sensitive to the possibility that a patient may be in a same-sex relationship. Meeting privately can make it easier for them to disclose abuse, and keep you from endangering the patient by asking about abuse in front of a partner whom you don't recognize as such.

PROVIDE ONGOING, UNCONDITIONAL SUPPORT

- Ensure your patient that you are asking everyone about domestic abuse. Some helpful questions are:
- Because domestic violence is so prevalent in women's lives, I've started asking all my patients about it.
- Has your partner or ex-partner ever hit you or physically hurt you?
- Has he ever threatened to hurt you or someone close to you?
- Has he ever tried to keep you from seeing people you care about, or from doing things that are important to you? "
- It looks as though someone may have hurt you. Can you tell me how it happened?
- Sometimes when people feel the way you do, it may be because they are being hurt at home. Is this happening to you?"
- Say, "I'm sorry this happened. It's not your fault. You have a right to respect."
- Assure her that no one deserves to be abused.