Appendix L

Domestic Violence/Intimate Partner Violence

1. Definition:
    a. Domestic Violence (DV): has been defined as a "pattern of coercive behavior designed to exert power and control over a person in an intimate relationship through the use of intimidating, threatening, harmful or harassing behavior" in the home setting.
    b. Intimate Partner Violence (IPV): is defined by ACOG as violence by an intimate partner that may involve physical altercation, emotional or physical threats, and/or forced sexual relations. IPV is a pattern of coercive behaviors used by adults and/or adolescents to control their partners.
2. Pregnancy Implications:
    a. Pregnancy is a risk factor for battering. Several studies indicate a range of incidence from 8%-17% of pregnant women in public and private clinic to as much as 24%-26% (Helton, McFarlane and Anderson 1987; Cokkinides et al., 1999). Single biggest predictor of abuse during pregnancy is abuse in the year prior to pregnancy. Rates are higher in teens (22% teens vs. 16% adults).
    b. Within the last year 7% of American women (3.9 million) who are married or living with someone as a couple were physically abused, and 37% were verbally or emotionally abused by their spouse or partner (The Commonwealth Fund, 1993). 30% of women report abuse in their lifetime.
    c. The US department of Justice estimates that 95% of assaults on spouses or ex-spouses are committed by men against women (Douglas, 1991).
    d. 42% of murdered women are killed by their intimate male partner (FBIs Uniform Crime Reports, 1988-91).
3. Signs and Symptoms
    a. Abuser: Commonly observed behaviors-
        i. Over-involvement in partner's care
        ii. Jealousy
        iii. Controlling behavior
        iv. Quick involvement/short duration of relationship
        v. Unrealistic expectations (Expects perfection from partner)
        vi. Isolates woman from family and friends
        vii. Blames others for their own problems and /or feelings
        viii. Hypersensitivity
        ix. Cruelty to animals and/or children
        x. "Playful" use of force in sex
        xi. Verbal abuse
        xii. Rigid gender roles
        xiii. Sudden mood changes
        xiv. Past battering
        xv. Threats of violence
        xvi. Breaking or striking objects
        xvii. Use of force during an argument
    b. Victim: Commonly observed behaviors-

i. Improbable injury
ii. Laughing or tittering
iii. Avoiding eye contact (if culturally appropriate)
iv. Crying
v. Sighing
vi. Minimizing statements
vii. Searching/engaging eye contact (fear)
viii. Anxious body language (standing to leave, dropped shoulders, appearing depressed)
ix. Comments about emotional abuse
x. Comments about a friend who is abused

c. Victim: Historical factors-
i. Broken bones, bruises or other physical injuries
ii. Depression, anxiety, PTSD
iii. Chronic pain or somatic symptoms (headaches, pelvic pain…)
iv. Substance Abuse/use
v. Eating disorders
vi. OB hx: SAB's, PTL, IUFD, LBW, non-compliant with care
vii. STI's
viii. Delayed prenatal care
ix. Multiple medical/ED visits

4. Plan:
a. Three cornerstones of abuse assessment are ongoing screening, assessing safety, and providing appropriate referrals.
b. Screening: **A**: Ask about Domestic violence
S: Send message of support
S: Safety assessment and planning
I: Inform patients of their options
S: Supportive documentation
T: Tell others (health providers)
c. Key elements to developing trust:
i. Explaining issues of confidentiality
ii. Asking questions directly, kindly, and without judgment
iii. Asking questions in a way that lets patients know that your inquiries are routine and that you are not singling them out
iv. Asking questions in private away from partners, family, and friends
v. Listening actively
d. Key elements for encouraging disclosure:
i. Ask the question
ii. Ask about abuse in different ways
iii. Allow more time for the visit
iv. Maintain eye contact (when it is culturally appropriate)
v. Express empathy and concern
vi. Assume that the person can come from varying economic backgrounds. The professions with the highest abuse rates are police, law and medical.
e. Responding to Domestic Violence:

i. Assess safety of the woman and her children. (Presence of any of the below increase chance of homicide)
    1. Presence of guns in the house
    2. Use of drugs or alcohol by the abuser
    3. Escalating violence
    4. Hx of choking attempt by the abuser
    5. Hx of forced sexual behavior
    6. Abuser control of ADLs
    7. Suicide attempt by the victim
    8. Violence towards children
    9. Violence outside the home
ii. Recognize and problem solve with client re: barriers to leaving abuser
    1. Perpetrators behavior (escalating violence, harassment, threats)
    2. Lack of safe options
    3. Lack of community support for victims
    4. Victim overwhelmed by trauma
    5. Victim ambivalence
iii. Respect the integrity and authority of each victim of domestic violence over her own life choices.
iv. Licensed Medical providers are responsible by law to report DV/IPV to the local police when there is PHYSICAL evidence of abuse. The provider may at the request of the patient tell the police that the client does not want any action to be taken at this time.
v. Provide appropriate referrals- MSW, Domestic violence shelters/safe houses, Give copy of emergency plan
vi. Visits should be more frequent and should include evaluation of current DV status