Domestic Violence

By Shaila Gunn

Intimate partner violence: Threatened psychological, physical, or sexual harm by a current or former partner or spouse. IPV is frequently under-recognized since patients often conceal that they are in unsafe or abusive relationships, and hints may be subtle. You WILL see patients living in these situations regardless of where you practice.

Risk Factors

1. Any socioeconomic background
2. Any race
3. Any gender identity
4. Any sexual orientation

EVERYONE IS AT RISK

So, what might suggest someone is experiencing IPV?

1. Inconsistent explanation of injuries
2. Delay in seeking treatment
3. Frequent emergency department or urgent visits. Typically, abusers do not want their victims to form an ongoing allegiance with one clinician. They may feel the victim will be less likely to find an ally in an emergency department where care may be more fragmented.
4. Missed appointments (17% of victims of IPV felt their partner interfered with them seeking attention)
5. Late initiation of prenatal care in pregnancy
6. Repeated abortions. Unplanned pregnancy may result from sexual assault or not being able to use birth control (reproduction coercion)
7. Medication non-adherence. Their partner may be a barrier to them filling or taking their prescriptions
8. Inappropriate affect. They may appear jumpy, fearful, or cry readily. They may avoid eye contact and seem evasive or hostile. A flat affect or dissociated appearance may suggest posttraumatic stress disorder.
9. Overly attentive or verbally abusive partner. The clinician should be suspicious if the partner is overly solicitous or answers questions for the patient. If the partner refuses to leave the examination room, the clinician should find a way to get the partner to leave before questioning the patient. Partner reluctance to leave the patient alone is an important sign.
10. Apparent social isolation.
11. Reluctance to undress or have a genital, rectal, or oral examination, or difficulty with these or other examinations.
12. IPV is associated with poor health outcomes and non-specific mental and physical health issues. Think about it in patients presenting with:
    a. Chronic pain
    b. IBS
    c. Headaches
    d. MSK pain

e. Depression
f. Anxiety
g. Suicidality
h. Panic disorder
i. Eating disorders
j. Substance use disorders
k. PTSD
l. Dissociative disorders

Setting up the environment

It is important that the patient feels safe and comfortable to discuss this. Acknowledge it may be challenging for them to discuss or they fear consequences from their partner is they found out. It is important to listen, use open ended questions, and give the patient space to speak. We can take the following steps to help patients:

1. Health care professionals who are nonjudgmental and compassionate
2. Assurance of confidentiality
3. Recognition of the complexities of violence and the difficulty of a quick resolution
4. Avoidance of "medicalizing" the issue
5. Discussion that is not rushed or hurried
6. Confirmation that the violence is undeserved
7. Supportive listening and feedback to bolster the patient's confidence
8. Ability to progress at their own pace
9. No pressure to disclose, leave the relationship, or press charges
10. Shared decision-making and respect for the patient's decisions

Risk mitigation

1. **Child protection**: It is our obligation to assess the level of risk and safety for children and our duty to report.
   - Ask directly if there are children at home. Use your judgement to determine the level of threat. Report if you are concerned. Be prepared to give you name, role, contact info, demographic information including names and birthdates of caregivers and children involved, as well as objective details about child protection concern in basic and non-medical language. Also be sure to document everything in their health records right away.
   - There are no specific tools, but here some examples that are used by the justice system
     - Ontario Domestic Assault Risk Assessment (ODARA)
       - Correlates depending on the score to the proportional risk of future assaults within an average of 5 years
       - Includes a list of questions including history or prior domestic assault against a partner or the children, prior nondomestic assaults, sentencing, failures of conditional release, threat to harm or kill, confinement of victim, history of children together, substance use problems, and assault on victim during pregnancy.
     - https://grcounseling.com/wp-content/uploads/2016/08/domestic-violence-risk-assessment.pdf
     - https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf

2. **Advise about the escalating nature of domestic violence**
    - Note that unless there is an imminent threat to the victim or someone else, IPV is not reportable.
    - Those who experience violence may downplay, deny, or normalize the situation they are in
    - Key features to the history that can indication escalating risk and therefore increased need for safety planning include:
        - An increase in the frequency or severity of threats or assaults
        - Increasing or new threats of homicide or suicide by the partner
        - The presence or availability of a firearm or other lethal weapon
        - New or increasingly violent behavior outside the relationship by the perpetrator
3. **Create a safety plan**
    - Your local domestic violence program can be a great resource for this information including emergency contact numbers and locations and safe spaces patients can go
    - To create an effective plan, understand the patients' resources, living situation, and support network
    - Understand if they have a phone, car, drivers license, finances, children, and trusted family and friends
    - Keep a list of trusted emergency contacts, cash, credit and debit cards, originals and photocopies of passport and driver's license, keys, medications, clothes, and important children's items in a safe, secure, readily accessible place.
    - School aged children especially should be kept in the loop on the conversation and know who to call on the phone if they are in danger. Have safe words. Know when to call police.
    - Know where the local shelters are.
    - Consider emergency protection orders, restraining orders etc.

Counselling Patients

It is important that as a health care provider we counsel patients about the cycle of domestic violence and validate their feelings, as often people will feel helpfulness or guilty. The best thing we can do is offer validation and support. For example:

"I believe what you are telling me"
"There is nothing wrong with you"
"You are not alone"
"You are not at fault or to blame"
"You deserve better than this"
"No one should ever deserve this"
"This must be so difficult"
"You have tremendous courage"

But it is also important to communicate the need for safety and wellbeing

It is also important to counsel them on the potential impact on children.

- Adverse childhood events

- Their own physical and mental wellbeing
- Future substance use
- Negative future relationships
- Experiencing IPC themselves

Resources

ODARA Tool: https://grcounseling.com/wp-content/uploads/2016/08/domestic-violence-risk-assessment.pdf

Northcott, M. Intimate Partner Violence Risk Assessment Tools: A Review. Research and Statistics Divisions, Department of Justice Canada https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_8/rr12_8.pdf

Alpert, E. Intimate Partner Violence The Clinician's Guide to Identification, Assessment, Intervention, and Prevention. Massachusetts Medical Society Committee on Violence Intervention and Prevention. http://www.massmed.org/partnerviolence/

Intimate Partner Violence in Practical Gynecology: A Guide for the Primary Care Physician, 2nd ed, Ryden J, Blumenthal PD, Charney P (Eds), American College of Physicans, 2009.

Women exposed to intimate partner violence: expectations and experiences when they encounter health care professionals: a meta-analysis of qualitative studies. AU Feder GS, Hutson M, Ramsay J, Taket AR SO Arch Intern Med. 2006 Jan;166(1):22-37.