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Health Care Providers Can Help Prevent Domestic Violence

A look at the impact of domestic violence in Rhode Island and providers' roles in addressing domestic abuse

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As we go into October's Domestic Violence Awareness Month, it seems that more people than ever are talking about how this public health issue is affecting our communities. The current conversation has been propelled to the national stage by high-profile NFL cases, but every day, similar incidents occur in Rhode Island. Each year, approximately 10,000 Rhode Islanders receive domestic violence services, and others may not seek services at all. Health care professionals are often in a unique position to make a difference in the lives of these victims.

While domestic violence has historically been seen as primarily a criminal justice issue, there is an increasing focus on framing it as a public health

issue. Rhode Island is a leader among its national peers for pioneering practices in the primary prevention of domestic violence. Through the Centers for Disease Control and Prevention's (CDC) DELTA FOCUS (Domestic Violence Prevention Enhancement and Leadership Through Alliances, Focusing on Outcomes for Communities United with States) grant, the Rhode Island Coalition Against Domestic Violence (RICADV) is one of ten national grantees working collaboratively across sectors to design, implement, and evaluate promising community- and neighborhood-level strategies in collaboration with community partners in Newport and Cranston. Two of the RICADV's member agencies, the Women's Resource

Center in Newport and the Elizabeth Buffum Chace Center in Warwick, are immersed in the local implementation efforts. The RICADV is also working on policy, systems and environmental changes at the state level to prevent domestic violence more broadly across the state population.

The immediate health impacts of domestic violence on victims can be quite serious; according to the CDC, more than 1 out of 5 female victims and 1 out of 20 male victims of domestic violence have had to seek medical attention for injuries caused by the abuse. In addition, more than 3 out of 5 female victims and 1 out of 6 male victims of domestic violence have suffered symptoms of post-traumatic stress disorder (PTSD).¹ Patients may be more willing to disclose abuse to a trusted health care professional, both because of the existing relationship and because of the confidentiality offered by the doctor/patient relationship.² Intervention from health care professionals, even an action as simple as providing a referral card for domestic violence services, has been shown to reduce threats of abuse, assaults, and risks for homicide.³

Those victims who do not proactively approach their physicians about the abuse may nevertheless be willing to respond to direct questions, especially if they are delivered in a non-judgmental manner in a safe space away from their abusers. A number of domestic violence screening tools have been found to be highly accurate.⁴ Tools and best practices for screening can be found at www.healthcaresaboutipv.org.

Some victims may not disclose the abuse, even to direct questions, but a physician might see other signs that indicate abuse. Perhaps there are injuries that do not match the explanation

provided, a delay in seeking treatment for injuries, or a partner who seems overly protective and unwilling to leave the victim's side. If a physician suspects that a patient is experiencing abuse but there is an unwillingness to talk about it, the physician can offer to be a source of referrals in the future. Remaining non-judgmental will increase the likelihood that the victim will feel comfortable seeking this help in the future.

Victims who do wish to seek help can be referred to appropriate victims' services. In Rhode Island, the 24-hour **Helpline (1-800-494-8100)** is a resource for either physicians or their patients to call. The Helpline can provide referrals to local domestic violence agencies for services such as emergency shelter, court advocacy, counseling, support groups and safety planning. The Helpline can also provide advocates to accompany victims who would like support at the hospital.

Tips for Practitioners

Remember that domestic violence victims' medical information is strongly protected by state and federal law. Sharing information about victims of domestic violence without their consent is not just a legal and privacy issue but can also risk the physical safety of the victim and children in the family. It is important to disclose any limits on your confidentiality before asking a victim about possible abuse. Rhode Island does not have mandatory reporting for domestic violence, but health care workers who have come from states that do may need training in Rhode Island privacy laws.

To minimize defensiveness, it may help to frame screening questions as routine questions asked of all patients. It is important to listen to patients without judging those choices; while you may not understand their choices, victims of domestic violence know what is safe in their particular situations better than any external party can. Victims may face barriers to leaving abusive relationships, including financial dependence, fear of their abusers or

threats of harm to themselves or loved ones. It is helpful to express support for victims, emphasize that this situation is not their fault and that no one deserves to be abused.

When offering pamphlets or other printed resources on domestic violence, be aware that some victims may not be safe if their abusers find these in their possession. Never insist that a reluctant victim take these resources; instead, think creatively about how to make the information safely accessible to your patient. For instance, consider writing the Helpline number (1-800-494-8100) on a blank appointment card for a victim who doesn't feel safe taking a brochure with that same information.

It can be frustrating when a victim doesn't respond to your offers of help or remains in an abusive situation. Know that it might not be safe for that victim to accept your help in the moment, but that your listening and supporting that person in a non-judgmental way may help in building a path away from abuse in the future.

This Domestic Violence Awareness Month, we ask you to partner with us. Discuss your workplace's policy on training staff on domestic violence and how patients are screened. Take a leadership role in your professional community by implementing best practices for screening and intervening with victims. Together we can end domestic violence in Rhode Island.

For tips and best practices on screening for domestic violence go to www.healthcaresabouttipv.org and visit www.ricadv.org for more information about how you can help in Rhode Island. ❖

References

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