

INTIMATE PARTNER VIOLENCE

Importance

Domestic or intimate partner violence is defined by the American Bar Association as: "When spouses, intimate partners, or dates use physical violence, threats, emotional abuse, harassment, or stalking to control the behavior of their partners, they are committing domestic violence. Physical violence includes putting your hands on a person against their will. It also includes shoving, pushing, grabbing, pulling, or forcing someone to stay somewhere. Regardless of the relationship between two people, using physical violence against someone is a crime."

Women who are abused during pregnancy are at risk from direct physical injuries to themselves and the fetus, which can lead to death. In addition, abused pregnant women are at increased risk for:

- depression and other mental health problems
- tobacco, alcohol, and drug use
- exposure to reproductive tract infections
- unintended pregnancy
- inadequate prenatal care
- inadequate maternal weight gain
- pre-term birth and low birthweight.

Since women seek health care providers routinely during pregnancy, prenatal care provides a "window of opportunity" for women to receive information about domestic violence, to be specifically questioned about their experience with domestic violence and to be informed about services available for those experiencing violence. While well-developed tools for use

in primary care settings are available to identify women suffering from intimate partner abuse a recent survey in California demonstrates that only 9% to 11% of primary care physicians routinely screen for intimate partner violence at onset of prenatal care.

Prevalence:

Approximately 4 million women are abused in the US each year. Intimate partner violence is increased during pregnancy. Estimates suggest that the annual cost for direct medical treatment related to intimate partner violence exceed \$1.8 billion in the U. S.

Key Components of Best Practices

1. Screening all patients for past and current intimate partner violence
2. Interventions include careful listening and support; discussion of educational materials as well as specific messages of concern about safety, health and offers for additional services, referral and resources and discussion of a safety plan
3. Documentation of intimate partner violence and safety assessment
4. Offer follow-up visits, referrals and resources

Assessment:

The woman must be interviewed alone, without her partner, children, or other family members. Screening for all pregnant women for intimate partner violence should be done:

- At the first prenatal visit

- Again in each trimester after a relationship has been established between the provider and woman
- As needed

Screening should not be done if provider is not able to find a private location, there are concerns about the safety of the women or provider, or if an appropriate interpreter is not available.

Questions for Screening for Intimate Partner Violence:

1. Has anyone close to you ever threatened to hurt you?
2. Has anyone ever, hit, kicked, or hurt you physically?
3. Has anyone, including your partner, ever forced you to have sex?
4. Are you ever afraid of your partner or anyone in your home?

Positive answers to these questions require follow-up questions to:

- Determine immediate safety needs
- Danger/lethality assessment; if yes, suicide/homicide assessment;
- Obtain a thorough history, e.g. if the abuse was before or during the pregnancy, if it is from a current or former partner, what has been her experience in living with the abuse.
- The woman's comments and descriptions of episodes should be in quotation marks as much as possible, physical findings should be documented and photographs may be included for visible physical evidence.

Interventions:

- Careful listening, messages of support and concern for her and her children's health provide the message that she is not alone or at fault.

- Educational materials should be provided about the domestic violence cycle, as well as health consequences for her and her children, and resources.
- The interviewer should non judgmentally discuss options with the woman:
 1. Staying with the abuser, forming a safety plan, and seeking assistance
 2. Use of arrest and protective orders to remove the abuser
 3. Leave the relationship either temporarily or permanently.

The positive and negative consequences of each option must be considered, as well as her past experiences with these different options over the course of her relationship with the abuser.

- If a woman is not ready to leave and if it is safe to do so, educational materials, resource phone numbers for crisis intervention, psychological and legal counseling should be provided, and implementation of a safety plan should be discussed. When discussing the safety plan using words to show that other women have succeeded also gives a powerful message. Explain these precautions to the woman. "When you feel ready to leave your home, it will be helpful to have set aside some things that you will need. It may be safer to keep those items at a neighbor's or a friend's house." (McFarlane, 1999) Isolation is one strategy used by abusers and women may require assistance to think how she could gather these items, how to obtain copies of documents such as birth certificates, driver's licenses and social security cards. Help her think about ways to hide the material, such as with sanitary products, or with a friend or neighbor. In addition, the nurse or provider can help her mentally make an escape plan. ACOG distributes pocket cards that can fit in a shoe with

Hotline numbers and suggested steps for an exit plan.

Components of a Safety Plan

- a. Hide a bag, box or suitcase with the following:
 1. Cash
 2. Extra set of house and car keys
 3. Clothes for yourself and children; include child's favorite toy;
 4. Important phone numbers (shelter, family)
- b. Have available to take with you:
 1. Credit cards, checkbook, bank account numbers
 2. Social security numbers (yours, his, children's)
 3. Birth certificates (yours and children's)
 4. Marriage license
 5. Drivers license, green card, passport or work permit
 6. Health insurance cards, or policy numbers
 7. Children's school records
 8. Court papers or court orders
 9. Lease agreements or mortgage payment book
 10. Rent and utility receipts
 11. Pay stubs
- c. Establish a code with family and friends
- d. Ask a neighbor to call the police if violence begins

Follow-up:

- Referral to a case management program for victims of intimate partner violence is strongly recommended. It is important to remember that change is difficult and most women leave multiple times before they leave permanently.

- At least one follow-up visit with a health care provider, social worker or advocate to discuss the issues disclosed further.
- For women who disclose current abuse in pregnancy, the topic should be raised at each visit if it is safe to do so.

Challenges for OB Practices

Health care providers can improve their ability to implement screening and treatment for domestic violence by examining several aspects of their practice.

- Concerns about the time commitment required to screen for and discuss intimate partner violence, can be resolved with established protocols, establishment of referral mechanisms, and designation of non-provider tasks to support staff.
- Review of paper flow will identify ways to establish chart prompts as reminders to ask about intimate partner violence at first and subsequent prenatal visits
- Development of standard forms for documentation of responses to questions and for documentation statements and injuries can be considered.
- Referral resources need to be identified and reviewed on an on going basis. In addition, referral mechanisms should be in place with telephone numbers readily available for easy referral prior to any women being identified. Resource lists should be available for police departments, emergency services, shelters, and advocacy agencies that provide legal, financial, and emotional support.
- The practice needs to provide space for confidential one on one discussion, as well as placement of intimate partner violence educational materials and resource lists in private locations such as waiting rooms, examination rooms, and bathrooms.

Source Materials & Useful Resources

National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization In Health Care Settings. www.endabuse.org

Improving the Health Care Response to Domestic Violence, A Resource Manual for Health Care Providers
Produced by the Family Violence Prevention Fund in collaboration with the Pennsylvania Coalition against Domestic Violence. Also provides tool kits and practical information.

Contact Information:

Family Violence Prevention Fund

383 Rhode Island St., Suite 304

San Francisco, CA 94103

Phone: 415-252-8900

National Domestic Violence Hotline 1-800-799-SAFE (7233) 1-800-787-3224 (TDD).

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Medline Plus Health Information, A service of the US National Library of Medicine and the National Institutes of Health at <http://www.nlm.nih.gov/medlineplus/domesticviolence.html>

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