

# DV 101 for Health Care Providers

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# Who We Are and What We Do



- Public Policy
- Technical Assistance
- Training
- Awareness and Prevention
- Conference



# Objectives

- RECOGNIZE:
  - What domestic violence is
  - What domestic violence is not
  - Screening for IPV
- RESPOND
  - Healthy responses to disclosure
  - Mandatory reporting of IPV
- REFER
  - Who, what, when of referrals

# Prevalence of Domestic Violence

- One in four women (25%) has experienced domestic violence in her lifetime. --CDC, 2000
- 85% of domestic violence victims are women, and 15% are men. --Bureau of Justice Statistics, 2003
- 24% to 54% of all women who visit emergency rooms have been abused during their lifetime --CDC, 2003
- Victims of DV utilize the healthcare system as much as 2.5 times as often as non-abused patients --Dolezal, McCollum & Callahan, 2009

# Prevalence of Domestic Violence

1 in 3 girls in the US is a victim of physical, emotional, or verbal abuse from a dating partner, a figure that far exceeds rates of other types of youth violence.

57% of teens know someone who has been physically, sexually, or verbally abusive in a dating relationship. Nearly half of students who experience dating violence say some of the abuse took place on school grounds.

1 in 4 teenage girls who have been in relationships reveal they have been pressured to perform oral sex or engage in intercourse.

14% of teens have been threatened with physical harm-to themselves or self-inflicted by their partner-to avoid a breakup. 7% said their partner had threatened to kill them/commit suicide in an attempt to stay together.

# DV: It's about Power and Control

- Criminal definition
  - Incident focused
  - *Domestic violence means an act or threatened act of violence upon a person with whom the actor is or has been involved in an intimate relationship. Domestic violence also includes any other crime against a person or against property or any municipal ordinance violation against a person or against property, when used as a method of coercion, control, punishment, intimidation, or revenge directed against a person with whom the actor is or has been involved in an intimate relationship. (C.R.S. § 18-6-800.3)*

# DV: It's about Power and Control

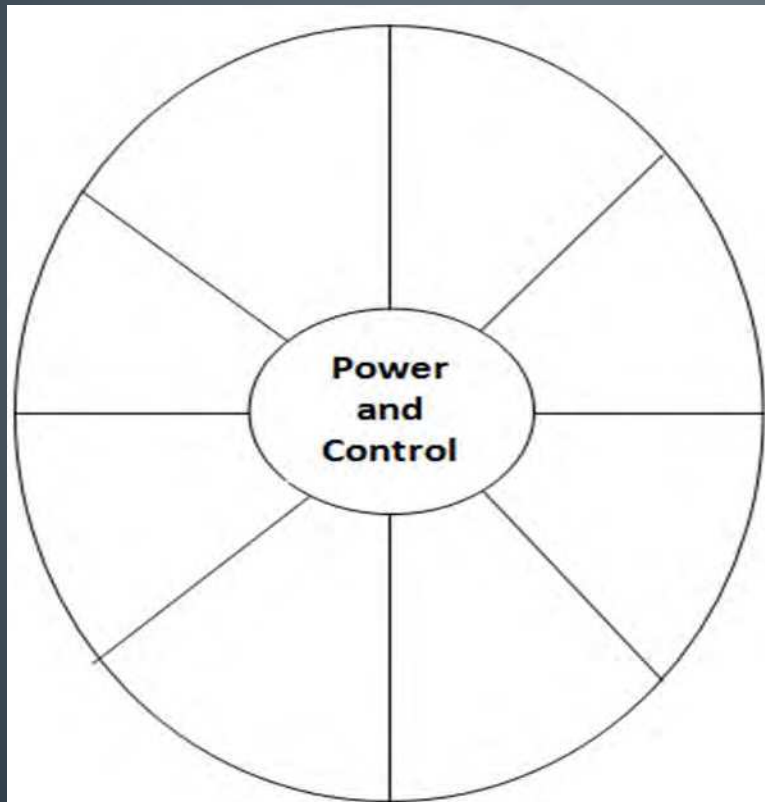
Definition:

Pattern of behavior used to gain power and maintain control over an intimate partner



**Power & Control**

# DV: It's about Power and Control





# DV: It's about Power and Control

- Pattern of behavior
  - Behaviors along a social spectrum



# Recognize

- Video: 'It's Not Like I Hit Her'
- Does this meet the criminal definition of DV?
- Is it coercive control?

# Recognize: Reproductive Coercion

- Coercive behavior that interferes with a person's ability to control her/his reproductive life.
- Partners may verbally or physically threaten women if they use birth control or seek abortions
- They may throw away or damage birth control and remove condoms during sex.
- <https://www.youtube.com/watch?v=yzRjqedHOiE>



# Recognize

- What domestic violence is NOT:
  - Mental illness
  - A result of substance abuse
  - An anger management problem or a loss of control
  - EVER the fault of the victim

# Recognize: Screening for IPV

- Do not screen when patient's partner or children are present
- Discuss limits to confidentiality
- Introduce the topic of intimate partner violence with a framing statement to put the issue in context and to normalize the inquiry.
  - "I do not know if this is a problem for you, but because so many patients I see are dealing with abusive relationships, I've started asking about it routinely."

# Recognize: Screening for IPV

- Follow framing statements with behaviorally specific, direct screening questions.
  - “Are you currently or have you ever been in a relationship where you were physically hurt, threatened or made to feel afraid?”
- More specific questions can be appropriate when you believe that abuse is a possibility, but general questions have not been productive.
  - You mentioned that your partner uses alcohol. How does she/he act when she/he becomes intoxicated? Does his/her behavior ever frighten you? Does she/he ever become violent?

# Respond

- **What If Your Patient Denies Domestic Violence?**
  - Accept the response. Not all patients are domestic violence victims. If a patient seems uneasy about the inquiry, reassure them that these were routine questions asked of everyone due to the prevalence of the problem.
  - If you are still concerned that abuse is occurring, briefly let patients know that you are a resource if that problem should ever be an issue for the patient. Let them know where they get information about domestic violence and move on to another topic. Routine inquiry often will open doors that domestic violence victims will use later.

# Respond

- Do not give advice; talk about options
  - Survivor must be allowed to make the decisions (e.g. do not just encourage patient to leave relationship)
  - If you disagree, remain supportive
- Discuss any limits to confidentiality





# Respond

- I'm concerned for your safety.
- There are resources available for you.
- I am so sorry this has happened. You don't deserve that, and it's not your fault.
- What would help you to feel safe right now?
- I believe you and think you are really strong.

# Respond: Mandatory Reporting

- C.R.S. § 12-36-135 requires physicians, nurses and other health care providers as defined in 12-36-106 to report attending to or treating any wounds believed to be intentionally inflicted on a person or any other injury that the physician has reason to believe involves a criminal act, including injuries resulting from domestic violence to local police.
- However, 'licensee' means "any physician, physician assistant, or anesthesiologist assistant who is licensed pursuant to this article" (12-36-102.5(7))

# Respond & Refer

- Tell the victim that you are concerned about her safety
- Ask if it is safe for her to go home that day
- If it is not safe for her to go home give her the number of the domestic violence hotline or local advocacy organization and let her use a private phone
- Let her know that there are people who care and can help her
- Provide referral information for victim services
- Do not tell the perpetrator about the intervention

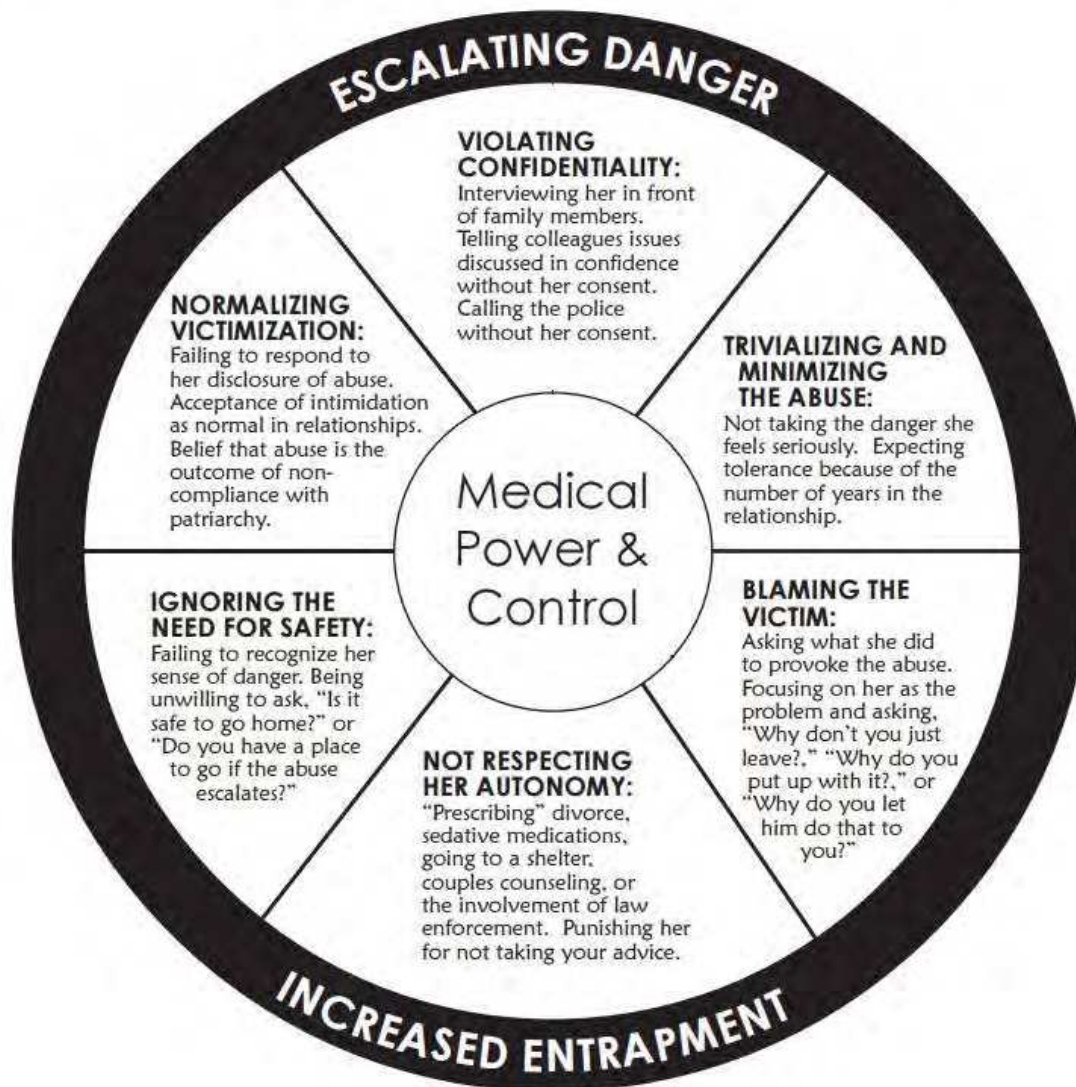


# Refer

- Survivors linked with advocates during post-crisis period report higher quality of life, more social supports, and less re-victimization
- <http://ccadv.org/find-help/programs-by-county/>



# MEDICAL POWER & CONTROL WHEEL



# Refer

- Be prepared to address DV
- Form partnerships with local DV programs
- Develop safety planning protocol
- Incorporate awareness of abusers' on-going stalking, harassment and assaults into policy and practice
- Know & link to other community resources vital for safety (law enforcement, civil legal, protection orders)

# Respond: The EOB

- Victims of Intimate Partner Violence: “A health plan must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of protected health information from the health plan by alternative means or at alternative locations, if the individual clearly states that the disclosure of all or part of that information could endanger the individual.” – HIPAA 45 CFR Section 164.522(b)

# Any Questions?



**"Mr. Osborne, may I be excused? My brain is full."**



# Other Resources

- CCADV: Amy Pohl- [apohl@ccadv.org](mailto:apohl@ccadv.org)
- Domestic Violence and the Role of the Healthcare Provider. The Value of Educating on Assessment and Intervention Strategies  
([http://nomore.org/wp-content/uploads/2013/11/WhitePaper\\_DomesticViolence\\_EMBARGOED-11.14.pdf](http://nomore.org/wp-content/uploads/2013/11/WhitePaper_DomesticViolence_EMBARGOED-11.14.pdf))
- Clearinghouse at Center for Relationship Abuse Awareness  
(<http://stoprelationshipabuse.org/professional-resources/health-care-providers/>)
- CCASA Teen Toolkit
- (<http://www.ccasa.org/wp-content/uploads/2013/12/Teen-Toolkit-2013-website.pdf>)