

Screening for Family Violence in the Primary Care Setting

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Objectives

- To discuss the prevalence and effects of family violence including:
 - Intimate Partner Violence
 - Child Abuse/Maltreatment
 - Elder Abuse/Maltreatment
- To discuss physician screening:
 - Current trends
 - Barriers
 - Recommendations



Definitions

- **Family Violence** (Texas Law Family Code) "...an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault or sexual assault."

Definitions

- **Domestic Violence** (Family Violence Prevention Fund) "A pattern of coercive behaviors that may include repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, deprivation and intimidation. These behaviors are perpetrated by someone who is or was involved in an intimate relationship with the victim."

Definitions

- **Maltreatment** includes physical abuse and neglect, psychological abuse, financial exploitation, and violation of rights.



Domestic Violence or Intimate Partner Violence

Intimate Partner Violence

■ Report on the National Violence Against Women Survey

- A national survey of 8000 women and 8005 men conducted in 1995 and 1996
- 17.6% of the women surveyed had been raped in their lifetime
- 22.1% of the women surveyed and 7.4% of the men reported Intimate Partner Violence

Intimate Partner Violence

■ Report on the National Violence Against Women Survey Cont'd

- Estimated that 1 out of every 5 U.S. women and 1 out of every 14 U.S. men has ever been physically assaulted by an intimate partner
- This equates to an annual rate of 44.2 female victims and 31.5 male victims per 1000 persons

Intimate Partner Violence

■ Bureau of Justice Statistics, Intimate Partner Violence 1993-2001

- In recent years, intimate partners have been responsible for 33% of all female homicides reported annually
- 1,247 women and 440 men were killed by an intimate partner in 2000.
- In 2001, 588,490 American women and 103,220 American men were victims of nonfatal violence committed by an intimate partner



Domestic Violence and Pregnancy

Domestic Violence and Pregnancy

- According to the Centers for Disease Control, 324,000 pregnant women experienced domestic violence in 1998
- Approximately 4-8% of women report domestic violence during their pregnancy
- Domestic violence may be more common among pregnant women than other conditions for which we routinely screen

Domestic Violence and Pregnancy

- Battered women may be 1.5 to 2.5 times more likely to have a low birth weight child
- Rates of preterm pregnancy may be 2.5 to 4 times higher for battered women when compared to non-battered women

Domestic Violence and Pregnancy – Opportunities to Screen

- In the US, 96% of pregnant women receive prenatal care
- Average of 12 to 13 prenatal visits

Child Abuse



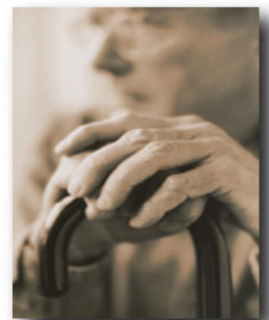
Child Abuse

- Child Maltreatment: Reports from the States to the National Child Abuse and Neglect Data System (Dept. of Health and Human Services)
 - In 2002, 896,000 children were victims of child abuse or neglect
 - The rate of victimization in 2002 was 12.3 per 1,000 children.

Child Abuse

- 60 percent were neglected by their parents or other caregivers
- 20 percent were physically abused
- 10 percent were sexually abused
- 7 percent were emotionally maltreated
- 1,400 children died due to child abuse or neglect in 2002

Elder Abuse



Elder Abuse

- It is estimated that approximately 2.5 million older adults are maltreated each year in the US
- Mistreatment is estimated to occur in 3% to 10% of the elderly population

Pavlik et al. J Am Geriatr Soc 2001

Elder Abuse

- The Pillemer and Finkelhor Mistreatment Prevalence Study (1998)
 - Survey of older adults in the Boston metropolitan area
 - Prevalence rate of 32 incidents of mistreatment per 1000 older persons

Elder Abuse

- National Center for Victims of Crime, The National Elder Abuse Incident Study (1998)
 - Estimated that 551,011 elderly persons, aged 60 and over, experienced abuse, neglect, and/or self-neglect in domestic settings in 1996
 - The median age of elder abuse victims was 77.9 years

Houston & Harris County

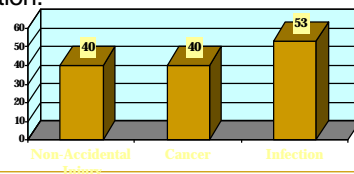
- Harris County Public Health & Environmental Services, 1998
 - 29,117 incidents of domestic violence reported to the police departments
 - This equates to 3.3 incidents per hour

Houston & Harris County

- Houston/Harris County Child Fatality Review Team, 2001
 - Injury was the leading cause of death for children in Harris County
 - One quarter of these deaths were non-accidental, and were most often inflicted by the child's parent, or someone they knew

Houston & Harris County

The number of children who died of non-accidental injuries in 2001 equaled the number who died of cancer, and was nearly equal to the number that died from infection.



Houston & Harris County

■ CHILDREN AT RISK

Growing Up in Houston: Assessing the Quality of Life of Our Children (October, 2004)

- In Harris County in 2002, 20,120 reports of child abuse and neglect were investigated for an annual rate of 36 per 1000
- 6,415 were confirmed (8 per 1000)

Costs of Family Violence (US)

■ American Institute on Domestic Violence

- \$3 to \$5 billion lost by employers every year for medical costs associated with battered workers
- \$100 million in lost wages, sick leave and absenteeism

Costs of Family Violence

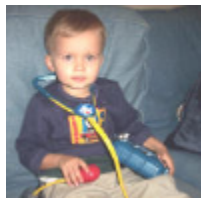
■ Coker et al. (2002)

- Both men and women who experience physical intimate partner violence are at a higher risk for
 - Current poor health
 - Depressive symptoms
 - Substance use
 - Developing a chronic disease

Costs of Family Violence

- Between 3.3 and 10 million children witness Domestic Violence annually (Bair-Merritt et al., 2004)
- Children who witness or suffer from abuse are at an increased risk for:
 - Depression
 - Anxiety
 - Poor school performance
 - Conduct disorders
 - Increased aggression
 - Lower self-esteem

Physicians' Role in Screening for Family Violence



Physicians' Role - Current Trends

■ Sharps et al. (2001)

- 41% of women who had been killed by intimate partners had utilized the health care system for injury or medical or psychological problems in the year preceding their death

Physicians' Role - Current Trends

- Abbot et al., (1995)
 - Only 2.6% of all women presenting for emergency care were screened for past or present domestic violence
 - Only 13% of the women presenting for care of acute domestic violence disclosed this history

Physicians' Role - Current Trends

- Borowsky & Ireland (2002) – Parental Screening for IPV
 - 554 pediatricians: 5% routinely screened a parent for IPV
 - 195 family physicians: 8% routinely screened a parent for IPV

Physicians' Role - Current Trends

- Parsons, Zaccaro, Wells, & Stovall (1995)
 - National Survey: 15% of Obstetrician and Gynecology fellows reported screening for domestic violence

Physicians' Role – Barriers to Screening

- Waalen et al. (2000) – Systematic Review of 12 papers on screening for Intimate Partner Violence by health care providers
 - Lack of effective interventions
 - Lack of provider education
 - Limited time
 - Fear of offending the patient

Physicians' Role – Not Knowing What to Do

- Reid and Glasser (1997)
 - Surveyed a group of primary care physicians in three mid-western counties
 - Only 6% of the respondents had developed a follow-up care plan for their patients identified as victims of domestic violence
 - 45% had a list of referral agencies, but less than 18% felt that there is adequate information for physicians about how to support and refer women who have been abused.

Physicians' Role – Lack of Education

- Alpert, Tonkin, Seeherman and Holtz (1998) - review of U.S. medical school curricula
 - Majority of physicians report not having received any education about family violence during medical school
 - Survey of 126 of the accredited U.S. medical schools during the academic year of 1993-1994. 86% of the deans responded that there was a curriculum on domestic violence in place at their school, only 57% of the students reported instruction in this area

Physicians' Role – Lack of Education

- Borowsky and Ireland (2002)
 - 72% of the pediatric residents and 40% of family medicine residents surveyed indicated a need for more education on issues of domestic violence

Physicians' Role – The Good News

- Several studies have found that educating residents about the issue of DV increases their likelihood to screen for DV, as well as their self-efficacy
 - Abraham et al. (2001)
 - Berger, Bogen, Dulani, & Broussard (2002)
 - Johnson, Fein, Campbell, & Ginsburg (1999)
 - Knight, R.A. & Remington, P.L. (2000)

Physicians' Role – Recommendations

- Joint Commission on Accreditation of Healthcare Organizations now requires that all hospitals develop policies and procedures for handling abused patients, along with organizing structured programs for staff personnel (2002)
- Residency Review Commissions for several specialties now mandate standards for domestic and family violence education during residency

Physicians' Role – Recommendations

- The American Medical Association
“medical schools and graduate medical education programs educate students and resident physicians to sensitively inquire about family abuse with all patients, when appropriate and as part of a comprehensive history and physical examination, and provide information about the available community resources for the management of the patient. (Res. 303, I-96)”

Physicians' Role – Recommendations

- U.S. Preventive Services Task Force. Screening for family and intimate partner violence: recommendation statement (1996)
 - The Task Force found insufficient evidence to recommend for or against the use of specific instruments to detect domestic violence
 - The USPSTF found no direct evidence that screening for family and intimate partner violence leads to decreased disability or premature death.

Physicians' Role – Recommendations

- Keep Family Violence in your Differential Diagnosis for:
 - Medical visits for injuries
 - Repeated visits
 - Chronic, non-specific complaints such as abdominal or pelvic pain, headaches and irritable bowel syndrome
 - Depression, anxiety, suicidal ideation, drug and alcohol abuse

Physicians' Role – Recommendations

- Massachusetts Medical Society (1992):
RADAR
 - **R** – Routinely screen every patient for violence
 - **A** – Ask directly, kindly, non-judgementally
 - **D** – Document your findings
 - **A** – Assess the patient's safety
 - **R** – Review options and provide referrals

Physicians' Role – Recommendations (CDC)

- Abuse Assessment Screen
 - In the last year (since I saw you last), have you been hit, slapped, kicked or otherwise physically hurt by someone? (If yes, by whom? Number of times? Nature of injuries?)
 - Within the last year, has anyone made you do something sexual that you did not want to do? (If yes, who?)
 - Are you afraid of your partner or anyone else?

Physicians' Role – Recommendations (CDC)

- Additional Questions
 - **Emotional Abuse** – Does your partner (or former partner) ever humiliate you? Shame you? Put you down in public? Keep you from seeing friends or from doing things you want to do?
 - **Child Abuse** - Within the last year, has someone made you worry about the safety of your child? (If yes, who?)

Questions NOT to Ask

- Why don't you leave?
- What did you do to make your _____ so angry?
- Why do you keep going back to _____ ?

Developing a Safety Plan

- Assess the safety of the patient and/or their children
- If it is not safe for your patient to go home, help him or her develop a safety plan:
 - Decide where to go
 - Have person decide on a code that can be used with friends and family
 - Provide a list of referrals
 - Contact local authorities if appropriate

Referrals

- **24 Hr. Domestic Violence Hotline:** (713) 528-2121
- **24 Hr. Sexual Assault Hotline:** (713) 528-RAPE(7273)
- **Houston Area Women's Center:** (713) 528-6798
- **National Domestic Violence Hotline:**
1-800-799-SAFE(7233) 1-800-787-3224 (TTD)
- **Children's Protective Services – Texas Abuse Hotline:** 1-800-252-5400
- **Houston Police Department Juvenile Division**
- **Juvenile Sex Crimes Unit:** (713) 731-5335
- **Juvenile Physical Abuse Unit:** (713) 731-5335
- **Aid to Victims of Domestic Violence**
- **(legal assistance):** (713) 224-9911

Texas Law for Reporting

- ALL cases of suspected child or elder abuse MUST be reported (report to Texas Department of Family and Protective Services)
- Physicians are MANDATORY reporters of child or elder abuse
- Domestic violence is illegal, but it is NOT a MANDATORY reportable crime

Texas Law for Reporting

- For victims of domestic violence, physicians MUST:
 - Document your suspicions in the chart
 - Provide referrals to the victim so that he/she can seek safe haven
 - Provide notice that domestic violence is a crime that can be reported to law enforcement agencies
- Only mandated to report gunshot wounds in adults

Review Options with Patient

- Stay with abuser
- Have abuser arrested or restrained
- Leave the abuser, temporarily or permanently

Options if children are involved

- In Texas – if a child witnesses domestic violence this does not automatically equate to child abuse
- CPS does not have to be called if you judge that the children are safe and have not been abused
- However, if the children were present during an assault, CPS should be called since this puts them at a high risk for being injured themselves

Children and Domestic Violence

- Carter et al. (1999)
 - In 30-60% of families experiencing either domestic violence or child maltreatment, the other form of violence is also present
- Knapp et al. (1998)
 - Children of battered mothers are 6 to 15 times more likely to be abused

American Academy of Pediatrics

- Pediatrics Vol 101, No. 6, June 1998
 - “The abuse of women is a pediatric issue.”
 - “Identifying and intervening on the behalf of battered women may be one of the most effective means of preventing child abuse.”

Conclusions

- Domestic violence is extremely prevalent across all age groups
- Domestic violence has far-reaching consequences well beyond the immediate physical scars
- Physicians historically have done a poor job of screening for domestic violence
- Use your RADAR

Parting Thoughts...

- Please fill out the evaluation forms
- Handouts with hotline numbers, guidelines for screening
- Anyone interested in participating in a focus group on these issues, please contact:

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Case for Discussion

- Diane is a 33 year old patient of yours who has been coming to see you over the past few months for several vague, non-specific complaints. She complains of feeling tired all the time, has frequent headaches and intestinal problems. Your diagnostic workup has been negative so far. During her most recent visit, a bruise on her arm prompts you to ask about domestic violence.
 - How do you ask?
 - What do you ask?

Case for Discussion

- Diane finally admits to you that her husband has been abusive lately. At first, it was just verbal abuse – putting her down, etc. But recently it has escalated to physical violence, and he has even threatened to kill her if she tells anyone.
 - What information do you need to know?
 - What would you do?
 - What if there were children in the home?

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