

Minnesota Coalition for Battered Women

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The Medical Community Response to Domestic Violence

Medical providers can play an important role in working to stop domestic violence. Many battered women use emergency rooms, hospitals, and clinics for injuries and medical problems due to abuse without ever telling medical providers that they are being hurt at home. Many battered women are completely unaware of battered women's services in the local community. Since medical providers meet with women in private, confidential settings there is an ideal opportunity to discuss domestic violence. This intervention can be tremendously important to a battered woman. Talking with you may be the first time she has told anyone about the abuse. When you support a battered woman, refer her to local advocacy services, and document abuse, you can greatly increase her chances of getting safe from abuse.

How do you identify a battered woman in a medical setting? Routinely screen women for abuse. Ask the right questions.

Routinely screen for abuse:

In a routine assessment, begin by explaining that your staff want *all* patients to know that this is a safe place to talk about domestic violence and that you ask *all* patients these questions as a part of their medical history. Remind the patient that this information will be kept confidential.

Questions to ask:

1. Are you (have you ever been) in a relationship in which you feel badly treated by your partner? In what ways?
2. Has your partner ever prevented you from leaving the house, seeing friends/family, getting a job, or continuing your education?
3. Does your partner try to control your behavior? In what ways?
4. What happens when you and your partner fight or disagree?
5. Has your partner ever threatened you?
6. Has your partner ever destroyed things that you care about?
7. Has your partner ever forced you to have sex you didn't want to? Are you allowed to say "no?"
8. Does your partner use drugs or alcohol? What happens when he/she does?
9. Has your partner ever hit, pushed, shoved, grabbed, or slapped you?
10. Have you ever been hit while you were pregnant?
11. Do you ever feel afraid of your partner?
12. Are there guns in your home? Has your partner ever threatened you with weapons?

In case of **injury**, interview the patient alone and ask a direct question and then follow up with the above questions.

- Did someone hurt you? Did you get these injuries by being hit by another person?

In case of **anxiety or depression** symptoms or a **suicide attempt**, ask a direct question, then follow up with the above questions.

- Is anyone hurting you at home? Are you living in a safe situation now?

Leave an open door:

Don't expect patients to tell you about being abused. A woman does not have to admit she is abused in order to benefit from your support. Tell all patients that if they are ever concerned about abuse at home that they can talk about it with you in a safe and confidential setting. Give all patients a brochure from local advocacy services to read privately.

What are some red flags of domestic violence?

- Suspect abuse if the patient has attempted suicide or shows symptoms of depression or anxiety. Mental health problems such as panic attacks, sleeplessness, suicidal ideation, alcohol or drug abuse, post-traumatic stress reactions, feelings of isolation and inability to cope may be signs of ongoing domestic abuse.
- Inquire more closely if the patient denies abuse but has unexplained injuries or if the explanation of how an injury occurred seems implausible. Be alert for discrepancies between the patient's story and her injuries. Look for bruises, lacerations, fractures, or multiple injuries in various stages of healing.
- Common injuries for battered women are in the face, back of the head, chest, breasts, abdomen, and genitals. There may be burns, whip-like bruises, choke marks on the neck, and grab marks on the upper arms. The battering of pregnant women is often aimed at the breasts or abdomen.
- Repeat visits to the emergency room or physician's office with chronic injuries or vague complaints may be a cry for help.
- Be suspicious of abuse if there was a considerable delay in the patient seeking treatment. The victim may not be able to get medical help until the abuser leaves the house.
- An abusive partner may accompany the patient, insist on staying close, be overly solicitous, or eager to explain the injury, and answer all the questions for her.

What should you do if you discover domestic violence?

- Listen to your patient, tell her you believe her, and that no one deserves to be hit or hurt in any way.
- Acknowledge that violence is wrong. Tell her that domestic violence is a crime.
- Do not pass judgment on the patient or the person who has hurt her.
- Assure her that help is available for both her and her abuser. Tell her that she can take these steps to stop the abuse: join a support group, stay at an emergency shelter or safe home, seek legal remedies (such as an Order for Protection) and have the support of a legal advocate, and talk with a battered women's advocate to create a safety plan and talk about options available for getting safe.
- Ask her: Are you safe now? Where will you go when you leave my office?
- Set up a follow-up appointment.
- Accept the woman's decisions and resist the impulse to go for a quick fix. Battered women may need time before seeking help. Always leave the door open by telling the woman you support her in making her own decisions about what to do and that she can talk to you again about the abuse in the future.
- Report the abuse of children or vulnerable adults to the proper authorities.

Documenting injuries:

Battered women often need documented proof of injuries when using the legal and other systems to get protection from her abuser. They frequently lack such evidence because they didn't tell a medical provider about the abuse and the medical provider never inquired. If a battered woman discloses abuse, it is important that you carefully document in the medical record the injuries or harm caused by battering. Include physical findings, patient's history, statements and photographs of the injuries. Assure the woman that her medical record is confidential and that she can have access to it for verification of the abuse she has suffered.

For local advocacy services, call:

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