



Domestic Violence

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Clinical Solutions

2.0 CEU's

Developed by:

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Objectives

Upon completion of this self-study the learner will be able to:

1. Identify and have the knowledge to identify victims of domestic violence
2. Identify causes of domestic violence
3. Understand the signs and symptoms

The majority of domestic violence victims are women. One in three women today report physical or sexual abuse by a husband or boyfriend at some point during their lives. Domestic violence is the leading cause of injury to women. There are more than 32 million Americans affected by domestic violence each year.

(ndvh.org)

Domestic violence is a universal problem throughout the world, and affects people of any race, age, gender, religion, socioeconomic background, educational level, ethnicity or sexual orientation. It does not affect the abused, but it also affects the family member's friends, co-workers and the community as a whole.

Domestic violence is defined as battery, relationship abuse, or intimate partner violence. It is a pattern of behavior used to establish power and control over another person through fear and intimidation, often including the threat or use of violence. Domestic violence can include physical abuse, emotional abuse, economic abuse, and sexual abuse. Batterers use threats, intimidation, isolation, and other behaviors to maintain power over their victims. Domestic violence constitutes the willful intimidation, assault, battery, sexual assault, or other abusive behavior perpetrated by one family member, household member, or intimate partner against another. In most state laws addressing domestic

violence, the relationship necessary for a charge of domestic assault or abuse generally include a spouse, former spouse, or someone sharing the same residence together, or one who shares a child. As of 2007, a majority of states provide some level of statutory protection for victims of dating violence.

Overview of Domestic Violence

Domestic violence has been around since the early twentieth century. In the 1970s, the women's movement brought to light the predicament women faced. During this time women's rights advocated the power women had, fostering a growing concern over the treatment of women in the home. In response to this increase in public consciousness, the beginning of women's shelters and resources were established to provide assistance to victims of domestic violence. The first shelter for battered women was established in 1974. Since that time, there have been hundreds of shelters and domestic abuse programs throughout the United States providing emotional, financial, vocational, and sometimes legal assistance and support to domestic violence survivors and their children.

Domestic violence affects not only the abused, but those that witness this abuse, family members, co-workers, friends, and the community. Children who witness domestic violence themselves and growing up with this violence in the home and/or have an abusive role model, teaches these children that violence is a normal way of life and places them at risk of becoming society's next generation of victims and abusers

Why Domestic Violence ?

Domestic violence is all about the power and control one individual has over the other. The abuser wants to dominate the victim and wants to maintain all the control and power in the relationship. The abuser uses violence in order to establish and maintain authority and power. Perpetrators of domestic violence do not usually have a psychological illness, but is a learned behavior. The abuser learns to be abusive, manipulative and displays behaviors that allow them to dominate and control others and obtain the responses they demand.

An abuser will often restrict a victim's from maintaining outside employment, friends, and family ties. There is an isolating effect, leaving victims with no support system, and creating dependency. The abuser puts restraints of the survivor's options by not allowing access to checking accounts, credit cards or other sources of money or financial independence.

The assailant of domestic violence may constantly criticize, belittle and humiliate their partner. Causing the victim to feel worthless, ugly, stupid, and crazy, destroying their self-esteem. Low self-esteem may contribute to victims feeling they deserve the abuse, affecting their ability to see themselves as worthy of better treatment.

Reactions of Domestic Violence

Domestic violence victims are often exposed repeatedly to threats, violence, intimidation, and physical, emotional, and psychological abuse. Continuous exposure to violence has a profound effect on a victim's daily activity and functioning, thinking, interpersonal relationships, and sense of self. Some victims, Because of the chronic nature of the violence, may develop Posttraumatic Stress Disorder, a mental health disorder characterized by flashbacks, significant

anxiety, depression and fatigue. Some other reactions of domestic violence survivor may include:

- Fear
- Nightmares and sleep disturbances
- Anxiety
- Anger
- Low self-esteem
- Depression
- Substance abuse
- Social withdrawal
- Feelings of hopelessness
- Self blame

Domestic violence victims will often blame their own behavior, rather than the violent actions of the abuser. Victims attempt to alter their behavior and circumstances in an attempt to please the abuser, thinking if they follow certain rules and make sure the abuser is happy, they will not be hurt. Unfortunately, violence by the abusers is often self-driven and depends little on victims' actions or words.

Domestic violence victims may minimize the seriousness of incidents in order to cope, and not inquire about medical attention or assistance when needed. Victims, because they fear their assailant may be ashamed of their situation, may be reluctant to disclose the abuse to family, friends, work, the authorities, or victim assistance professionals. Hence, they may suffer in silence and isolation.

Who are victims?

Anyone can be a victim. Approximately 98% of the victims are women. There was a study done by Florida State University Law Review, Kelly (2003) noted that over 25 years, leading sociologists reportedly found that men and women commit violence at similar rates. One reason we do not know the number of males being victims to domestic violence is that men may not report the abuse. Men feel people would not believe them or because abuse has a stigma and embarrassment attached to it. Society finds the concept of violence against men difficult to grasp and consequently has been slow to address it as a serious issue.

The National Violence Survey in 2003 reported that 24% of U.S. homicides of men were related to intimate partner violence (Grossman, 2003). It has been noted that in 2005, offenders victimized women 18% were those of intimate relationships and 34% were from strangers. In contrast, those males victimized, 3% were from an intimate relationship and 54% were from strangers (Bureau of Justice, 2007).

If someone you know is involved in an abusive relationship, become involved. Offer to notify an attorney or make an appointment with a social service agency. Assist with transportation to the appointments and provide support throughout the decision-making process. If you hear violence occurring, call the police. The victim should know they can count on someone; friends and/or family. Many victims may not be able to see the harm violence does to their family until someone outside the family voices a concern. Provide support and encouragement. Being supportive and positive enables victims to find the strength within themselves to escape the violence. Provide understanding if the victim is reluctant to leave; staying may be a survival strategy. Assure the victim you are willing to help when they are ready to leave.

Forms of Abuse

Physical abuse

- Pushing, slapping, punching, kicking and choking
- Assault with a weapon
- Holding down, tying down

Sexual abuse

- Forcing the victim to perform sexual acts against his/.her will
- Pursuing sexual activity when the victim is not fully conscious or feels intimidated
- Hurting that victim during sexual activity; use of objects
- Coercing the victim to engage in sexual activity without protection
- Criticizing and calling the victim by sexually degrading names
- The presence of sexually transmitted disease

Psychological abuse

- Intimidation
- Isolation from family and friends
- Degradation/humiliation/belittling/insulting
- Loss of control over own finances
- Name calling/constant criticizing/ insults

Being pregnant does not protect women. In fact, pregnancy can exacerbate the violence. This may be due to jealousy over the baby or anger about the pregnancy on the part of battery. Abuse and battery can become more intense due to the change in the woman's body, and consider her less attractive both physically and sexually.

Risk factors

Some risk factors for being a victim of domestic violence include low income, unemployment, and dating or cohabitating relationships, being under the age of 30, childhood abuse, alcohol and/or drug abuse, emotional abuse, social isolation, and growing up in a household where abuse is common. Moyer (2008) determined some triggers of domestic abuse by the male against the female include:

- Alcohol & drugs
- Family problems
- Stress from work
- Debt, unemployment, poverty
- Frustration, fear of loss of authority, poor coping skills
- The need for power and control;
- Modeling the behavior of others (i.e. father)
- Experiencing abuse as a child
- Mental illness, behavioral disorders
- Feeling rejected or alienated

Signs and Symptoms of Abuse

Many battered and abused victims may not display typical signs and symptoms when they present to the healthcare provider. Nevertheless, there are certain cues that can be attributed to abuse that might be considered as a “red flag.” There are flagrant signs of physical abuse to look for. They are injuries that include:

- Bruises, contusions, fractures, sprains
- Injuries to the head, neck, chest, and abdomen

- Pinching, punching and burning soft tissue
- Symmetrical bruises on the upper arms, wrists, and neck where a victim might attempt to walk away and prevent the person who is physically abusing them from hurting them. They may have a black eye, laceration around the eyes and lips
- Fractured jaw and ribs
- Bruising on the breast or genitalia

Permanent injury:

- Damage to joints
- Partial loss of hearing/vision
- Scars, burns, bites
- Knife wounds

Injuries during pregnancy:

- Threatened abortion, miscarriages
- Premature uterine contractions
- Sexually transmitted disease
- Low birth weight
- Unexplained fetal injuries at birth
- Unexplained fetal distress
- Poor weight gain during pregnancy

Medical findings:

- Chronic pain
- Pain due to diffuse trauma without visible evidence
- Frequent urinary tract infections, pelvic pain
- Vague complaints or symptoms without evidence of physical injury
- Poorly controlled chronic illnesses
- Stress related physical symptoms (i.e. sleep and appetite disturbances, fatigue, decreased concentration, sexual dysfunction; chronic headaches, migraines)

Mental Health/Psychiatric symptoms:

- Anxiety, panic attacks
- Depression
- Suicide attempts or gestures
- Substance abuse

Controlling Relationships:

- Limited access to routine and/or emergency care
- Noncompliance with medical treatment
- Lack of independent transportation
- Lack of access to finances
- Lack of ability to communicate by telephone
- Failure to use safe sex or birth control methods
- Victims not allowed to obtain or take medication

Patient Behavioral

- Appears frightened, ashamed, evasive, or embarrassed
- Reluctance to speak or disagree with partner when present
- Denial or minimization of violence
- Exaggerated sense of personal responsibility for the relationship

The Agency for Healthcare Research and Quality (AHRQ) indicate that women with a history of partner abuse have significantly higher health care use and costs than other women.

The Domestic Abuse Intervention Project was the first program to address issues of domestic violence. This program was conducted in Duluth in 1981. This program became the model for programs dealing with domestic violence. According to the Duluth Model, “women and children, and men are vulnerable to violence because of their unequal social, economic, and political status in society.”

The Duluth Model is based on all domestic violence in the home\



This model was originally designed by the Duluth, Minnesota Domestic Abuse Intervention Project (www.duluth-model.org).

Intervention

Getting out of an abusive relationship is not easy. The victims are afraid of what their partner will do if he discovers they are trying to leave. Whatever their reason, there are feelings of helplessness and feeling trapped. Nonetheless, leaving an abusive relationship is frightening; the risk of staying is too great. Today there are many resources available for abused and battered women, hotlines that can be called for advice; shelters where you can stay; even job

training, legal services, and childcare. These women deserve to live free of fear. It is important to communicate support through a nonjudgmental attitude, accepting whatever responses are offered.

According to Family Violence Prevention Fund, screening for domestic violence should occur:

- Be face-to-face
- Be direct and nonjudgmental
- Take place in a private area without friends or family of the patient and preferably no children over the age of two be present.
- Everything should be confidential, including the limits of confidentiality of medical records
- Use an interpreter when needed

As part of the standard health assessment, the healthcare provider should screen; during an initial visit, during new patient encounter, at every new intimate relationship, and during every periodic health visit.

All healthcare providers who screen for domestic violence should receive appropriate training on how to ask questions on abuse, how to respond when it is identified, and on issues of cultural competency. Screening can be assessed by using a tool from the Abuse Assessment Screen consisting of five questions.

There are questions that the healthcare provider should ask. They consist of:

- Are you in a relationship with a person who physically hurts or threatens you?
- Did someone cause these injuries? Was it your partner husband?
- Has your partner or ex-partner ever hit you or physically hurt you? Has he ever threatened to hurt you or someone close to you?
- Do you feel controlled or isolated by your partner?

- Do you ever feel afraid of your partner? Do you feel you are in danger? Is it safe for you to go home?
- Has your partner ever forced you to have sex when you didn't want to?
Has your partner ever refused to practice safe sex

Child Abuse and/or Neglect

Each year hundreds of thousands of children in the United States experience abuse or neglect. A greater understanding of the risk factors and strategies for screening can help professionals working with children and families identify different types of maltreatment and high-risk situations.

Statistics show that children who are raised in a violent home setting are often caught up in the cycle of violence. Besides becoming victims of abuse themselves, children are also adversely affected when witnessing domestic violence. Consequently, children who are from an abusive setting are at risk of poor health outcomes and risky health behaviors during their adolescence and adulthood. (CDC, 2006). Abused children may suffer from depression. Older children may be at risk of alcohol and drug abuse, eating disorders, and other physical and emotional problems.

If you suspect a child is being harmed, reporting your suspicions may protect the child. The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect. The presence of one sign does not prove child abuse is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination.

According to the US Department of Health & Welfare (2007), the following signs may signal the presence of child abuse or neglect:

The Child:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (difficulty concentrating) that cannot be attributed to specific physical or psychological causes.
- Always watchful
- Is overly compliant, passive, or withdrawn
- Comes to school or activities early, stays late, and does not want to go home

The Parent

- Shows little concern for the child
- Denies the existence of – or blames the child for – the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child of care, attention, and satisfaction of emotional needs

The Parent and Child:

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

The following are signs often associated with particular types of child abuse and neglect: physical abuse, neglect, sexual abuse and emotional. Many of these types of abuse are found in combination.

Signs of Physical Abuse

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver

Signs of Neglect

- Frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States there is no one at home to provide care

Signs of Sexual Abuse

- Has difficulty walking or sitting
- Refuses to change for gym
- Reports nightmares or bedwetting
- Experiences a change in appetite
- Demonstrates bizarre, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under the age of 14

- Reports sexual abuse by a parent or another adult caregiver

Signs of Emotional Maltreatment

- Shows extremes in behavior
- Is inappropriate adult or infantile
- Delayed in physical or emotional development
- Has suicidal tendencies
- Lack of attachment to parents

All fifty states have mandatory reporting laws that require certain professionals and institutions to report suspected child abuse or maltreatment, In Florida *all healthcare providers* are mandated to report by law suspected abuse; whether and adult or a child.

Elderly Abuse

While elderly abuse is not a new phenomenon, the abuse has become devastating for the older person and consequently this abuse has thus been the cause of poor quality of life, psychological distress, multiple health problems and increased mortality. Gender aspects if elder abuse are obscured by sexist attitudes at all levels if society. Sexism and ageism together place older women as the most vulnerable to elder abuse.

Globally, the number of persons aged 60 years or over is expected to almost triple within the next few decades from 672 million in 2005 to nearly 1.9 billion by 2050. The very old, aged 80 or older are at risk of being abused and will continue to increase. For many years, professional associations have recommended routine screening.

World Health Organization (2008) noted that the elder abuse is a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. It is important to note that elder abuse excludes random acts of violence or criminal behavior against older people. Harm to the elderly may overlap but is not necessarily synonymous with abuse and the abuser – such as partners, children, in-laws, grandchildren, nurses, social workers and home help.

Elderly Abuse is categorized in three categories:

- Neglect, including isolation, abandonment and social exclusion
- Violation of human, legal and medical rights
- Deprivation of choices; decision, status finances and respect

Types of Abuse	Characteristics	Examples
Physical	Infliction of pain or injury	Slapping, hitting, kicking, forced feeding, restraints
Psychological/Emotional	Infliction of mental anguish	Verbal aggression or threats
Financial/Materials	Illegal or improper use of financial/ funds	Threat of money or deprive the older person from their finances
Sexual Abuse	Non-consensual contact	Suggestive talk, forced sexual activities, touching, fondling
Neglect	Intentional or unintentional refusal or failure of designated caregivers to meet the needs required for older persons well-being	Failure to provide adequate food shelter, clothing, medical care, hygiene or social contact

Victims of abuse have similar characteristics such as, fear of retaliation and stigma not to leave their home or desire to protect the abuser, and emotional distress.

There are several tools to determine elder abuse. The main risk factors are as follows: The main risk factors for elder abuse are:

- Social isolation of the abused person and/or their family
- Frailty of the victim, functional disability and cognitive impairment
- Alcohol or substance abuse, cognitive impairment and mental health problems
- Caregiver stress

Three different tools have been developed by Reis & Nahmiash:

The Brief Abuse Elderly Tool (BASE):

- Simple five questions

The Caregiver Abuse Screen (CASE):

- Eight questions to caregivers. Used to detect abuse in cognitively impaired adults

The Indicators of Abuse Screen (IOA) :

- 48 point checklist of problem indicators for abuse that is completed by healthcare professionals in the context of a comprehensive home assessment. This tool addresses the patient directly.

There are two quizzes with questions. First is the, Are You at Risk for Elderly Abuse or Fraud? The other is; Is Someone You Care About at Risk for Elderly Abuse or Fraud?

Ultimately, elderly abuse is a violation of human rights that will affect every aspect of the older person's life. It is imperative to identify, manage, and prevent the occurrence by increasing the level of trust with patients, implementing screening practice and effectively work with other services in the commun

Bibliography

Alpert, E. J., (ed.), 2004. Use your RADAR. Partner Violence: How to recognize and treat victims of abuse. A guide for physicians and other health care professional (4th ed). Massachusetts: Massachusetts Medical Society.

Ashur, M. L. C. (1993) Asking about domestic violence: SAFE questions. JAMA, 269 (18), 2367.

Centers for Disease Control (CDC) (2008). Preventing child maltreatment: A program activity guide. Retrieved September 4, 2010, from <http://www.cdc.gov/injury>.

Department of Health and Human Services (DHSS) 2006. Administration on children, youth, and families. Child Maltreatment. Retrieved September 3, 2010 from <http://www.acf.hhs.gov/programs/cb/pubs/cm06/index.htm>.

Domestic Abuse Intervention Programs (DHSS) 2008. Power and control wheel . Retrieved September 4, 2010 from <http://www.theduluthmodel.org/wheelgallery.php>.

Family Violence Prevention Fund. October 1999. Retrieved September 3, 2010 <http://www.endabuse.org/section/aboutus/>

World health Organization (WHO) (2008). Discussing Screening for Elderly Abuse at Primary Health Care Level. Retrieved on September 4, 2010 whqlibdoc.who.int/publications/2008/9789241594530_eng.pdf.

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