

AMERICAN COLLEGE OF SURGEONS INTIMATE PARTNER VIOLENCE TOOLKIT



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Version 1.0



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EXECUTIVE SUMMARY

In January 2018 the American College of Surgeons (ACS) convened an Intimate Partner Violence (IPV) Task Force under the direction of ACS President, Barbara Lee Bass, MD, FACS, and co-chaired by Patricia L. Turner, MD, FACS, Director of the ACS Division of Member Services. The mission of the ACS IPV Task Force is to raise awareness of the incidence of IPV in the surgical community; educate surgeons to recognize the signs and consequences of IPV in themselves and their colleagues; provide resources for survivors, including prevention and escape strategies; and create resources and curricula in partnership with other national professional and educational organizations to instruct surgeons about how to recognize IPV in colleagues and trainees.

This ACS Intimate Partner Violence (IPV) Toolkit represents an initial effort of the task force to address this important issue. In addition to the Toolkit, an ACS Statement on Intimate Partner Violence has been created along with a host of resources located on the ACS Website which complement the contents of this Toolkit.

Additional resources in development include a multipronged educational strategy to include educational programming for all levels of ACS members including webinars, online training programs, chapter presentations, and Clinical Congress sessions.

WHAT IS INTIMATE PARTNER VIOLENCE (IPV)?

According to the Centers for Disease Control, intimate partner violence (IPV) is defined as physical, sexual, or psychological harm by a current or former partner or spouse and is characterized by coercive and controlling behavior that includes unsolicited contact or stalking, verbal intimidation and threats, emotional manipulation, nonconsensual sex, and physical battery. This type of violence can occur in both same-sex and heterosexual couples and does not necessarily require sexual intimacy. It is estimated that 22% of women and 14% of men have experienced at least one act of severe physical violence by an intimate partner during their lifetime. This translates to an incidence of nearly 2.8 million female and 2.3 million male victims annually; far exceeding other common diseases such as breast cancer and heart disease. This statistic is particularly sobering when one considers that 6.9% of women and 1.6% of men will require medical care for IPV-related injuries with nearly half of all women murdered in the United States dying at the hands of a current or former intimate partner.

WHO IS AT RISK FOR INTIMATE PARTNER VIOLENCE (IPV)?

Intimate partner violence can happen to anyone including our patients, our friends, our colleagues and co-workers, and our residents and medical students. Although the true prevalence of IPV among US surgeons is unknown, no group is immune and IPV occurs in all contexts, irrespective of income, education, race, ethnicity, age, or professional role.



HOW DO I RECOGNIZE IF MY COLLEAGUE IS EXPERIENCING IPV?

Recognizing the signs and symptoms of IPV is the first step in helping a colleague escape a violent relationship. Signs of abuse may range from the clearly observable (e.g., bruising) to the subtle. In addition to physical injuries, victims of IPV may exhibit certain characteristics that can suggest abuse. If an individual is isolated from their loved ones, does not have control over finances, has unexplained injuries, has low self-esteem, exhibits self-harming tendencies, and/or has depression and anxiety, the individual may be a victim of IPV. In the workplace, victims may show unexplained poor work performance such as tardiness, inattention to detail, or poor concentration. In residents, this may also manifest as disorganization, failure to progress technically, or poor performance on exams.

Often the victim's partner can provide valuable clues because perpetrators demonstrate controlling, demeaning behavior. They hover; frequently calling or texting even when they know the victim is scrubbed and unavailable. They demean or belittle their partner publicly, accuse the victim of cheating, or don't "allow" their partner to be with co-workers alone or off-hours.

If you are concerned that your colleague is being abused – ASK! Even if you are wrong, your colleague will appreciate that you care enough to ask. Moreover, many victims may feel ashamed about their abuse and may not feel comfortable divulging this information. By asking, you have created a safe space for your colleague and the opportunity to seek help should they need it.

HOW DO I RECOGNIZE IF MY PATIENT IS EXPERIENCING IPV?

Identifying current violence¹

Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?

Do you feel safe in your current relationship?

Is there anyone from a previous relationship who is making you feel unsafe now?

Is anyone forcing you to do something sexual that you do not want to do?

Is anyone following or harassing you in the community?

Assessing history of violence

Have you ever been in a relationship in which your partner frightened you or hurt you?

When you were a child or adolescent, did anyone ever physically hurt you, force you to do something sexual you did not want to do, or hurt you psychologically (e.g., telling you that you were worthless or unwanted)?

¹ Peter Chronholm, Intimate Partner Violence, Am Fam Phys 2011



As an adult, have you ever been physically hurt by anyone or forced to do something sexual you did not want to do?

Assessing general signs and symptoms of distress

Signs and symptoms: fatigue, headache, gastrointestinal and cardiac symptoms, pelvic pain, sexual dysfunction, chronic pain, description of frequent and vague symptoms, substance abuse, anxiety or depression, post-traumatic stress disorder, missed appointments, social isolation.

In my experience, these types of signs and symptoms are sometimes caused or made worse by stress. Are there any sources of stress in your personal life, family life, or at work?

Assessing specific causes of distress

Use screening question(s) above to assess current and past violence.

Assess depression, anxiety, alcohol or drug abuse, recent negative life events, financial problems.

Assessing specific signs and symptoms of violence

Injury: reported mechanism inconsistent with findings, multiple injury sites, repeated injury, contusions, abrasions, and other minor lacerations to head, neck, torso, or abdominal, genital, or anal areas, burns, fractures, sprains, injury during pregnancy, delay in seeking care.

Behavior: patient describes partner as jealous, controlling, angry with patient or children, partner attends appointments, controls discussion, cancels appointments, and/or shows angry, threatening, aggressive behavior.

In my experience, this type of behavior sometimes suggests problems with safety in the home. Is anyone hurting you or frightening you?

Ask directly about current violence.

If patient or colleague denies suspected abuse

Do not confront or challenge the patient or colleague, but express concern.

Describe resources available to the patient or colleague.

Offer follow-up and document findings for patients.

HOW DO I RECOGNIZE IF I AM EXPERIENCING IPV?

Although not comprehensive, the following list represents some specific signs of IPV. If your partner exhibits any of the following behaviors, you may be in an abusive relationship:

- Controls your actions. Prevents you from working or attending work functions, seminars or conferences.



- Checks your phone, email, social networks, or tracks you in any other form
- Controls the money in the relationship including taking your money
- Insults, demeans, or embarrasses you with put downs
- Controls what you do, who you talk to, or where you go.
- Looks at you or acts in a way that scares you
- Pushes you, slaps you, chokes you or hits you
- Bullies, manipulates or forces you to have sexual intercourse
- Stops you from seeing your friends or family members
- Makes all decisions without your input or consideration of your needs
- Tells you that you're a bad person or threatens to take away your children
- Acts like the abuse is no big deal, denies the abuse or tells you it's your own fault
- Destroys your property or threatens to kill your pets
- Intimidates you with guns, knives, or other weapons
- Threatens to hurt themselves, you, or others if you try to leave
- Threatens to hurt your children

If you have been the recipient of any of these behaviors or if you have questions about unhealthy or abusive relationships, contact the National Domestic Violence Hotline at 1-800-799-7233 to speak to a counselor.

HOW DO I DETERMINE IF I AM IN DANGER?

Almost half of women murdered by their partner did not recognize the severity of their situation, thus, recognizing these signs and patterns is a critical step, for both men and women, in escaping a violent, and potentially deadly relationship.

The **Danger Assessment**² is an instrument that has been used by law enforcement, health care professionals, domestic violence advocates and researchers for 25 years. This tool can be used to assess the risk of homicide in an intimate relationship.

² Danger Assessment - <https://www.dangerassessment.org/>



Danger Assessment

Using the calendar, please mark the approximate dates during the past year when you were beaten by your spouse or partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or lasting pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, permanent injury
5. Use of weapon; wounds from weapon.

(If any of the descriptions for the higher number apply, use the higher number.)

Mark YES or NO for each of the following. ("They" refers to your spouse, partner, ex-partner, or whoever is currently physically hurting you.)

- ✓ Has the violence increased in severity or frequency over the past year?
- ✓ Have they ever used a weapon against you or threatened you with a weapon?
- ✓ Do they ever try to choke you?
- ✓ Do they own a gun?
- ✓ Have they ever forced you to have sex when you did not wish to do so?
- ✓ Do they use drugs? For example – amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures?
- ✓ Do they threaten to kill you, and/or do you believe they are capable of killing you?
- ✓ Are they drunk every day or almost every day?





PLANNING FOR SAFETY

When seeking to stop the cycle of abuse, a victim must leave the abusive relationship. Leaving a violent relationship, however, can be extremely dangerous with approximately 81% of IPV-related homicides occurring during this separation period.

A safety plan is a powerful tool that can help minimize danger throughout the separation process. The plan should address when to leave, where to go, who to contact and which documents should be taken to ensure a safe departure. Discuss the plan with a close colleague, a domestic violence advocate, and/or the police.

Basic elements of a safety plan recommended by the National Domestic Violence Hotline include:

- Identify signs of imminent violence and danger from a partner.
- Know safe spaces in the house and ways to escape the house.
- Don't run to where the children are, as your partner may hurt them as well.
- If violence is unavoidable, make yourself a small target. Dive into a corner and curl up into a ball with your face protected and arms around each side of your head fingers entwined.
- If possible, have a phone accessible at all times and know what numbers to call for help. Know where the nearest public phone is located. Know the phone number to your shelter. If your life is in danger, call the police.
- Let trusted friends and neighbors know of your situation and develop a plan, a visual signal, and a password for when you need help.
- Teach your children how to get help. Instruct them not to get involved in the violence between you and your partner. Plan a code word to signal to them that they should get help or leave the house.
- Tell your children that violence is never right, even when someone they love is being violent. Tell them that neither you, nor they, are at fault or are the cause of the violence, and that when anyone is being violent, it is important to stay safe.
- Practice how to get out safely. Practice with your children.
- Plan for what you will do if your children tells your partner of your plan or if your partner otherwise finds out about your plan.
- Keep weapons like guns and knives locked away and as inaccessible as possible.
- Make a habit of backing the car into the driveway and keeping it fueled. Keep the driver's door unlocked and others locked – for quick escape.
- Try not to wear scarves or long jewelry that could be used to strangle you.
- Create several plausible reasons for leaving the house at different times of the day or night.

- ✓ Do they control most, or all, of your daily activities? For instance: do they tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If they try, but you do not let them, check here: ___)
- ✓ Have you ever been beaten while you were pregnant?
- ✓ Are they violently and constantly jealous of you? (For instance, do they say, "If I can't have you, no one can.")
- ✓ Have you ever threatened or tried to commit suicide?
- ✓ Have they ever threatened or tried to commit suicide?
- ✓ Do they threaten to harm your children?
- ✓ Do you have a child that is not your spouse's/partner's?
- ✓ Are they unemployed?
- ✓ Have you left them during the past year? (If you never lived together, check here: ___)
- ✓ Do you currently have another (different) intimate partner?
- ✓ Do they follow you or spy on you, leave threatening notes, destroy your property, or call you when you don't want them to?

Total "Yes" Answers



- Identify safe times to leave the house and the relationship, such as when the partner is not home.
- Change passwords and phone numbers if possible.
- Document abuse – including pictures.
- Consider getting a pay as you go phone to avoid tracking.
- Use a safe computer, i.e., one at work or the library to do research before leaving.
- Let others know about your situation, such as neighbors, co-workers, HR, friends, or the police. Let them know of your safety plan.
- Pack a bag that includes:
 - Legal documents such as birth certificates, passports, and social security cards
 - Medications
 - Extra set of car and house keys
 - Valuables such as jewelry and sentimental items
 - Address book
 - Clothes
 - Money
- Connect with supportive people and resources during this difficult time.
- Seek out a counselor, psychologist, or psychiatrist.
- Download the [National Domestic Violence Hotline Safety Plan](#).

WHAT ARE THE LAWS REGARDING IPV?

Unfortunately, the laws vary state by state. To determine what is applicable in your state and for assistance, please contact the [Women's Law Organization](#).

HOW CAN I GET HELP?

Within the hospital, you can turn to your colleagues, hospital social services department, and human resources department.

ADDITIONAL RESOURCES

[The National Domestic Violence Hotline](#) – A non-profit organization that provides real-time crisis intervention, information, and referrals as well as on-line resources.

1-800-799-SAFE (7233)

[The National Sexual Assault Hotline](#) – A confidential, secure service that provides live help through the Rape, Abuse, and Incest National Network

1-800-656 HOPE (4673)

[The National Coalition Against Domestic Violence](#) – An advocacy organization working to prevent domestic violence and empower those affected.



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HELPGUIDE.ORG – Help for men who are being abused.

[The Academy on Violence & Abuse](#) – An interdisciplinary organization of healthcare professionals dedicated to making violence and abuse a core component of medical and related professional education and clinical care.

[Futures Without Violence \(formerly Family Violence Prevention Fund\)](#) – Works to prevent violence within the home and in the community.

[MedlinePlus](#) – Provides information for healthcare professionals and patients about domestic violence; including information in Spanish.

[The Women's Law Organization](#) – Provides legal advice and advocacy based on state statutes.