

Intimate Partner Violence: Diagnosing the “Hush-hush” American Epidemic in the Trauma Bay



Chad Greene, *Killeen Daily Herald*

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Definition

Intimate partner violence is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.¹

¹ Family Violence Prevention Fund

Prevalence

- IPV is the leading cause of **serious injury** and the second leading cause of **death** for women under 45.²
- Physical violence occurs in **4 to 6 million** intimate relationships every year in the U.S.³
- **One in three** women will be abused by her partner during her adulthood⁴
- **One in three adult women presenting with trauma has been injured by her partner**⁵

² Davis et al ³ Senseman, R. L. ⁴ Browne, A. ⁵ McLeer, S. V.; Anwar, R.

Why Things Need to Change

“Reportedly, only 7% to 25% of IPV presenting to providers is recognized, and specific questioning about IPV occurs in only 1% to 15% of encounters. There are data to suggest that most women expect health care providers to initiate dialog about violence, rather than offering the information themselves”⁶

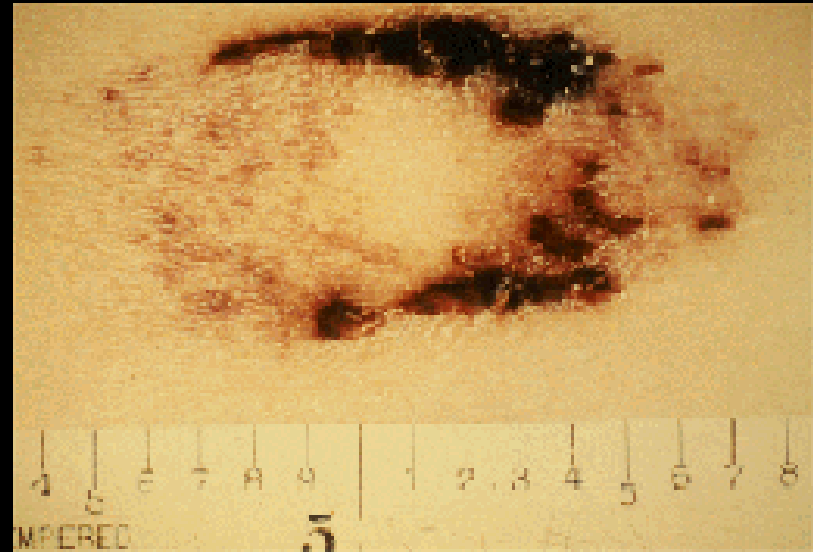
Screening the Physical Examination



Most Common Mechanisms of Injury for IPV Patients

- Stabbing/impalement
- Injuries caused by firearms
- Blunt trauma⁷

⁷Crandall et al



Differentiating Between Intentional and Unintentional Injuries

- Unintentional “fall” injuries much more common in older generations
- Younger patients who say they fell are almost always pathognomonic for IPV⁸



Real Vs. "Fake" Fall⁹



	Unintentional Injury Due to Fall	Intentional Injury (Often Blamed on Fall)
<u>Average Age</u>	70.4 years old	38.7 years old
Body Part Injured		
■ <u>Head</u>	10.7%	<u>23.1%</u>
■ <u>Face</u>	7.6%	<u>48.2%</u>
■ <u>Neck</u>	0.0%	1.3%
■ <u>Chest</u>	6.4%	<u>15.1%</u>
■ <u>Abdomen</u>	1.0%	<u>11.9%</u>
■ Spine	9.9%	6.1%
■ Upper Extremity	23.2%	19.4%
■ Lower Extremity	59.3%	11.7%



Intentional Trauma

- Face, head, neck, throat, chest, and abdomen injuries are strongly associated with intentional injury to women
- Battered women are more likely to have abrasions or contusions and less likely to have strains or sprains
- Younger women significantly more often victims than older women, particularly with firearm injuries¹⁰





Muelleman et al Study

- Identified 12 specific injury types
- Presence of any one of the injuries had a positive predictive value of 29.7%, with high sensitivity and specificity
- Absence of all 12 injuries had a negative predictive value of 97.6%
- However, 20% of the battered women had none of the 12 specific injury types
- Their results support the use of a universal screening tool for IPV in all injured women

12 IPV-Specific Injury Types

1. Tympanic membrane rupture
2. Rectal/perineal injury
3. Face abrasion/contusion
4. Neck abrasion/contusion
5. Abdomen laceration/penetration
6. Orbital/zygomatic/nasal fracture
7. Abdomen contusion
8. Tooth loose/fracture
9. Head abrasion/contusion
10. Thorax abrasion/contusion
11. Face laceration
12. Upper extremity abrasion/contusion

Barton and Carbone: More Signs

- General appearance: increased anxiety, fatigue, flinching upon touch, overweight, underweight, hypertension, flat affect
- Any injury or multiple injuries: face, neck, chest, breasts, abdomen, and genitalia
- Skin: burns, bruises, old healed scars
- Head: decreased hearing from multiple head blows, subdural hematomas, headaches
- Eyes: swelling, subconjunctival hemorrhage, detached retina



Barton and Carbone: More Signs

- Gastrointestinal: non-ulcer dyspepsia, IBS
- Genital/urinary: bruises, tenderness, dyspareunia, recurrent vaginitis, vague pelvic pain, miscarriage, preterm labor, low birth weight delivery
- Rectal: bleeding, edema, irritation
- Musculoskeletal: fractures, especially of the face, radius, ulna, ribs; shoulder dislocation; limited motion; old fractures; chronic pain; particularly fibromyalgia





Time of ER Admittance

- Muelleman writes, “From midnight to 4 AM, 25% of all injured women in the EDs were positive for battering, because relatively fewer women injured by other mechanisms presented at this time.”

Demographic Red Flags



Age

- Younger patients (and their partners) have a higher risk for IPV¹¹
- Younger women more often disclose on paper and older women more often disclose when questioned face to face; Computer screening is most effective for all ages, recent studies show¹²

¹¹Vest et al

¹²Rhodes et al

Relationship Status

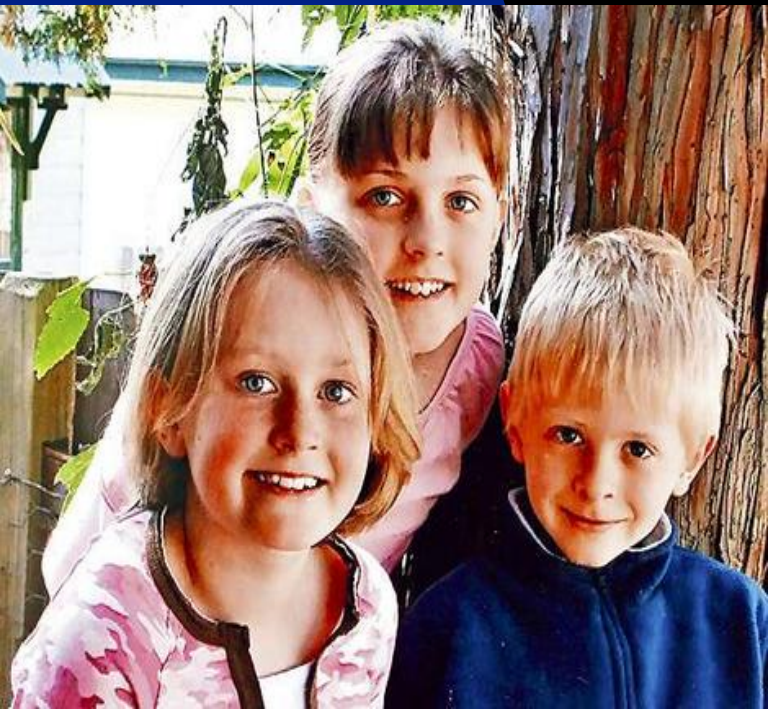
- Unmarried women have a greater risk than married women for IPV; however, abuse from an ex-husband is much less frequent than from a current partner¹³
- Separated couples often experience IPV as a result of their separation, however this usually occurs shortly after the separation is initiated rather than several years down the road¹⁴

¹³Vest et al

¹⁴McFarlane et al

Children and Custody

- Child custody issues often lead to incidents of IPV, especially ones that involve the children either as witnesses or victims
- Significant overlap between child maltreatment/abuse and IPV¹⁵



- Also, if a husband/wife pair have children, the wife may be less willing to admit IPV occurred for fear of the family breaking up¹⁶
- You are required to alert the police if a child has been hit¹⁷

Living Situation

- As stated, current partners are more likely to have IPV in their relationship
- If they live together, admittance may be a more difficult decision for the woman¹⁸

¹⁸Kentucky Injury Prevention and Research Center

Race/Ethnicity



- After controlling for other factors, race is almost irrelevant
- However, some studies have shown that nonwhite women are more at risk, especially African-Americans and Native Americans
- Asian-American women have a lower rate of IPV¹⁹

Financial Situation

- Several studies have shown that battered women may remain in an abusive relationship because they are financially dependent on the abuser²⁰
- Lower SES correlates with higher IPV²¹

²⁰Kalmuss and Straus

²¹Cunradi et al

AT
18 WEEKS
THE BABY
STARTED
KICKING.
AT
22 WEEKS
SO DID
THE
FATHER.



Pregnancy

- According to some studies...
 - ◆ Incidence of IPV often increases when a woman becomes pregnant
 - ◆ IPV is at a higher risk in relationships where the woman is either pregnant or unsure about pregnancy
 - ◆ 30% of women who were found to be IPV victims had been abused while pregnant and 5% miscarried due to abuse
 - ◆ Postpartum, IPV has highest incidence²²



Drug/Alcohol Use

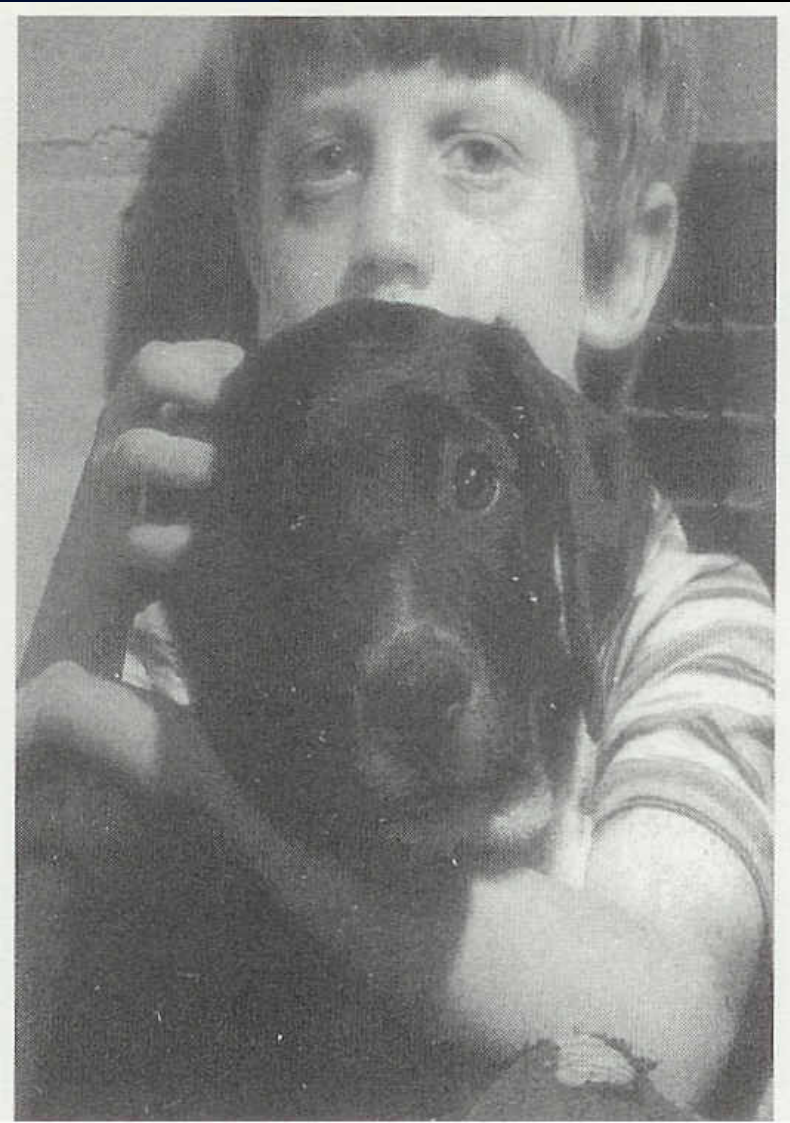
- Alcohol use is highly indicative of IPV, especially on the end of the victim
- The more often and extreme drug/alcohol use is, the higher the rate of IPV
- Drug use also indicates high IPV rates, especially when the batterer uses methamphetamine or cocaine²²



Past Abuse

- Incidents of IPV are rarely isolated
- 86% of women presenting to the ED in which IPV was ascertained had experienced previous incidents of abuse; 47% of these victims required medical attention in the past²³

Witnessing Abuse as a Child



- Perpetrators are extremely likely to have witnessed abuse as a child
- Oftentimes, victims do not consider domestic violence a problem because they were used to seeing it in their childhood home²⁴

²⁴Barton and Carbone

Battered Woman Syndrome

- Type of posttraumatic stress disorder
- Symptoms include:
 - ◆ re-experiencing the battering as if it were reoccurring even when it is not
 - ◆ attempts to avoid the psychological impact of battering by avoiding activities, people, and emotions
 - ◆ hyperarousal or hypervigilance
 - ◆ disrupted interpersonal relationships
 - ◆ body image distortion or other somatic concerns
 - ◆ sexuality and intimacy issues.

Other Forms of Abuse

- IPV includes domestic and sexual abuse
- Child abuse, general assault and battery on the part of a male indicates a high incidence of IPV
- Stalking is also a form of abuse, and can indicate past, current or future IPV



Interviewing the Patient



Screener and Screening Environment

- Conduct the interview in a private setting
- A screener with the same gender and race makes victims more comfortable
- Younger patients (i.e. <30) prefer talking to an older screener; older patients do not care as much
- Women prefer being screened alone and were not comfortable with others present²⁵

Getting Them to Come Forward

- Gain their trust by being open and honest
- Assure the patient of confidentiality, but explain legal constraints regarding cases involving
 - ◆ Weapons
 - ◆ Children
 - ◆ Other crimes²⁵
- Don't use terms such as DV, IPV, abuse; ask specific questions about how they might be being abused

Survivors on Not Recognizing DV

- “I didn’t associate my situation with domestic violence. [Interviewer: ‘Why not?'] Because I wasn’t all tattered and torn. The images that we see of women who are battered are those that end up in the emergency room. And I didn’t look like that.”
- “On intake, I was asked all these screening questions and I was amazed and horrified to find myself answering ‘yes,’ ‘yes,’ ‘yes’ to question after question. And it was then, at that moment, that I realized, ‘My God, this does apply to me!’”²⁶

How to Start

- Explain that violence is a common problem in America, and that you ask all your patients about it

- Examples:

- ◆ “I have begun to ask all of my patients about their family life as it affects their health and safety. May I ask you a few questions?”
- ◆ “Violence is an issue that unfortunately affects everyone. Therefore, I now ask all patients about exposure to violence. May I ask you a few questions?”
- ◆ “Sometimes when I see an injury like yours, it is because somebody got hit. How did you get this injury/bruise?”

How to Phrase Questions

Ask open-ended/indirect questions

- **Examples:**
 - ◆ “What happens when you two have a disagreement at home?”
 - ◆ “Do you feel safe in your home and relationship?”
- **Follow-up questions may include:**
 - ◆ “What do you mean by ____”
 - ◆ “How often does this occur?”
- **Allow them to narrate as much as possible**
- **Abuse is NEVER the victim’s fault**
 - ◆ Do not ask “why” questions; they can sound accusatory
 - ◆ Reinforce: “It is not your fault. No one deserves to be hit. You need to protect yourself and your children.”

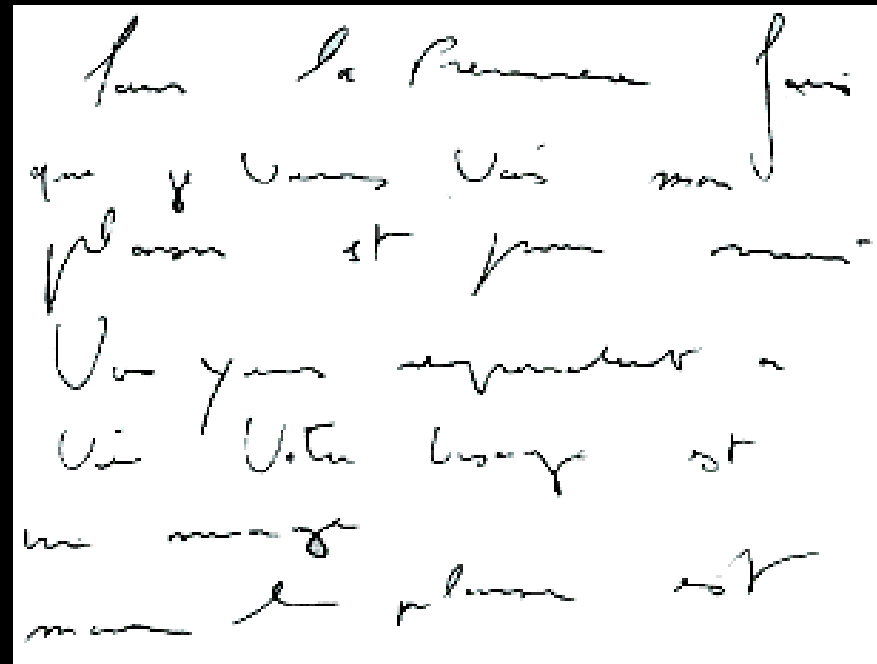
How to Phrase Questions

Direct Questions

- Sometimes more direct questioning will be necessary for certain patients. Examples are:
 - ◆ “Have you ever been hurt or threatened by your partner?”
 - ◆ “Do you ever feel afraid of (controlled or isolated by) your partner?”
 - ◆ “Has your child witnessed a violent or frightening event in your neighborhood or home?”
 - ◆ “Are you in immediate danger?”
 - ◆ “Has the violence gotten worse or scarier? Is it more frequent?”²⁷

Documenting Evidence

- Pay full attention to what the patient is saying
- Either remember vividly to record later, or take notes while they are speaking
- Write in your best handwriting
- What you write down may be used as evidence if the victim decides to prosecute



Je suis la Revenance pour
que je vous vois mon
plaisir et pour mon
Voie vous représente a
Vie Vite usage et
me usage
mon le plaisir est



Conclusion

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