

MNA Domestic Violence Recognition & Intervention

For Nurses & Other Health Care Workers

Definition

The intentional violent or controlling behavior by a person who is currently, or was previously, in an intimate relationship with the survivor. It encompasses physical injury as well as intimidation, humiliation, fear, financial, emotional or sexual injury (*MNA Domestic Violence Task Force, 1993*).

MNA Domestic Violence Task Force Introduction

Safety in the home and workplace is being increasingly recognized as a public health concern. Health care workers are frequently involved with patients who have been or are experiencing domestic violence (DV). Domestic violence is likely to increase in frequency and severity over time, and the risk is greatest with a decision to leave the abusive situation.

Health care workers may also be affected by DV's existence among family members and friends, or by witnesses to violent episodes which spill over into the workplace with colleagues or patients. In addition, as a mostly female workforce, they themselves may be victimized by the problem. Thirty-eight% of women murdered by partners in 1998 were health care workers.

Who Are the Abused?

Domestic violence occurs in:

- up to 30% of all women at least once in their lifetime
 - 30% of women seen in emergency rooms
 - 25% of pregnant women
 - 15% of women seen for general health care
 - possibly 90% of disabled women
 - 5-10% of victims are males
 - 4% are same-sex relationships
 - a high percentage of homeless women
 - all racial groups at comparable rates
 - every socioeconomic class
- No One Is Immune*

Recognition

Indicators of DV include but are not limited to:

- Physical injury
- Vague chronic complaints, fatigue
- Pelvic pain or GYN disorders
- Depression or substance abuse
- Eating or sleeping disorders
- Suicidal ideation

Abuser behaviors may include:

- Threats of injury or use of weapons
- Restriction on movement or activities

- Exposure to risks (reckless driving)
- Forced sexual activity or pregnancies
- Constant criticism or devaluing
- Extreme jealousy or possessiveness
- Over protectiveness
- Destruction of possessions
- Excessive financial control
- Limits on social and family contacts
- Harassment while at work

Interventions

Screening questions for DV include:

- Have you ever been emotionally abused, threatened, or controlled by your partner or someone important to you?
- Have you ever been in a relationship where you have been hit, slapped, kicked or otherwise physically hurt?
- Has anyone ever forced you to have sexual activities against your will?
- Does your partner ever make you feel afraid or scared?
- Do you feel safe at home?

Helpful behaviors include:

- Assessing own feelings about DV
- Preparing to respond to a disclosure
- Listening actively and objectively
- Believing the story
- Validating feelings and fears
- Making statements such as "Because DV is so common, I ask all my patients about it."
- Avoiding "why" questions such as "Why don't you leave?" "Why haven't you called the police?"
- Documenting history, symptoms, findings, evidence and photographs
- Assessing safety and lethality
 - Are threats verbal/physical?
 - Are weapons used or available?
 - Is the violence becoming greater/more frequent?
 - What is the worst thing ever done to you so far?
 - Are your children threatened also?
 - Is your partner jealous (scale: 1-10)?
- Mutually developing a safety plan
- Respecting a decision to stay or leave
- Accepting that lack of immediate "compliance" is not proof of provider failure
- Providing referrals to local resources: police, hotlines, shelters, counseling
- Educating everyone about DV

Keys to Reducing Domestic Violence

- Education
- Training health care workers
- Institutional policies and procedures
- Societal awareness
- Adequate community resources

Legal Interventions

Mandated Reporting

In Massachusetts, no law mandates reporting domestic violence. A victim has the right to decline to report an incident. A health care worker can assist the DV victim to report.

However, reporting is mandated under Massachusetts law when the victim is a minor, an elder, or disabled, or when there are stab wounds or gunshots, or burn injuries over 5% of the body. Other states laws may differ.

Contacts:

- Minor: DSS: 800.792.5200
- Disabled: 800.426.9009
- Elder: 800.922.2275
- Weapon Use: Local police

Felony Charges

Health care workers can be of great assistance to the DV survivor through verbatim recording of statements regarding threats or fear (assault) and photographic or body-map documentation of injuries (battery) that can be introduced in court to support allegations of DV. Felony charges can be sought by the police or by the survivor.

Restraining Orders

Survivors of DV may seek emergency, temporary or permanent restraining orders against the abuser through Superior, Probate, Family, District or Municipal Courts. These range from orders to refrain from further abuse, to avoid any contact with the survivor, to provide financial support or funding for losses suffered, or to give up custody of children. DV survivors need to be aware that restraining orders can be ignored, and have led to escalation of violence and even death.

Community Interventions

Counseling

No one deserves to be abused. Many survivors of DV need help in regaining their sense of self-worth. Mental health providers in community health centers and medical facilities can be helpful in promoting self-esteem and in assisting the victim to assess risk and develop a long-term safety plan.

Shelters

There are two types of shelters for survivors of domestic violence: homeless residences for those who do not wish to return to their homes but lack the resources to obtain another residence, and battered women's shelters which are anonymous residences for those fearing reprisal. Often it is safer to use a geographically distant residence. Child care when leaving the home complicates shelter issues. Shelters differ on accepting children (particularly male teenage children) or pets.

Societal Interventions

Health care workers also have a responsibility to influence societal attitudes toward domestic violence. As PTA members, church congregants, community participants or leaders, social club members and voters, they can be proactive in supporting social, economic or political changes to assist DV survivors in moving beyond their present situation.

MNA's Domestic Violence Task Force has a Speakers' Bureau available for professional or community presentations on DV. They may be contacted at 781.821.4625.

Workplace

Employee Assistance Programs (EAPs) are the most common source of workplace assistance for counseling and referral to resources. Occupational health nurses may also be of assistance. Some employers have been proactive in direct provision for worker safety such as security pagers, compliance with restraining orders, confidentiality efforts, camera surveillance, and staggered working hours.

Employers Against Domestic Violence (617.348.4970) is a Massachusetts group which educates employers, helps by critiquing workplace DV policies and identifies best practices. Employees might suggest that their employer ask them for

assistance. Many health care agencies have domestic violence committees who have developed policies about DV for both patients and employees.

Information & Referral Sources

Federal, State and Local Agencies

National 24-hr hotline	800.799.SAFE TTY#: 800.787.3224
MA State-wide 24-hr hotline	800.992.2600
MA Battered Women's Coalition	617.661.7203
Network for Battered Lesbians & Bisexual Women	617.423.7233
Gay Men Against Domestic Violence	800.832.1901
Brockton Family and Community Resources	508.583.5200
New England Learning Center for Women in Transition (Athol)	888.249.0806

Shelters/Other Services

Greater Boston:

Boston	Asian Task Force Against Domestic Violence	617.338.2355
Boston	Casa Myrna Vasquez	800.992.2600
Cambridge	Transition House	617.661.7203
Chelsea	Harbor Cove	617.884.9909
Jamaica Plain	Elizabeth Stone House	617.522.3417
Jamaica Plain	F.I.N.E.X. House	617.288.1054
Lawrence	Women's Resource Center	800.400.4700
Lowell	Alternative House	978.454.1436
Malden	Services Against Family Violence	781.324.2221
Roxbury	Renewal House	617.566.6881
Somerville	Respond	617.623.5900
Quincy	DOVE Shelter	617.471.1234
Northern MA:		
Newburyport	Women's Crisis Center	978.465.2155
Salem	Healing Abuse Working for Change (HAWC)	800.547.1649
Central MA:		
Framingham	Women's Protective Service	508.626.8686
Newton	Second Step Inc.	617.965.3999

Waltham	Support for Battered Women	800.899.4000
Worcester	Abby's House	508.756.5486
Worcester	YWCA Daybreak	508.755.9030
Southern Worcester County	New Hope	800.323.4673
Western MA:		
Amherst	Everywomen's Center	888.837.0800
Greenfield	NELCWIT	978.772.0806
Holyoke	Women's Shelter/Companeras	413.536.1628
Leominster	Battered Women's Resources	877.342.9355
Northampton	Necessities/Necesidades	413.586.5066
Pittsfield	Elizabeth Freeman Center	413.443.0089
Westfield	New Beginnings/YWCA	800.479.6245
Southeastern MA:		
Attleboro	New Hope	800.323.4673
Brockton	Woman's Place Crisis Center	508.588.2041
Fall River	S STAR	508.675.0087
Fall River	Our Sisters' Place	508.677.0224
New Bedford	The New Bedford Women's Center	888.839.6634
Cape Cod & Islands:		
Plymouth	South Shore Women's Center	508.746.2664
Hyannis	Independence House	800.439.66507
North Falmouth	The Cape Cod Center for Women	508.564.7233
Nantucket	A Safe Place	508.228.2111