

Domestic Violence: How You Can Help

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In April of this year, the Centers for Disease Control and Prevention (CDC) estimated that domestic violence results in the “typical” victim missing three days of work per month as a result of being abused. This loss of work results in greater than 1.8 billion dollars in lost wages, earnings, and productivity.¹ With these staggering costs, business leaders have begun to recognize that domestic violence is not solely a “family issue” but also an economic one. These statistics have caused many business leaders to begin to develop strategies to identify these victims and provide them with services to return them to full productivity.

Likewise, physicians have largely chosen to view domestic violence as a social rather than a medical issue. In contrast to the cost to the business community, the same CDC advisory pointed out that the direct medical costs of domestic violence exceed 4.1 billion dollars. Although the economic data is compelling, the social costs are more so. It is currently estimated that 960,000 incidents of violence occur against a current or former spouse, boyfriend, or girlfriend per year.² In a survey of women in the United States, nearly one-third report being physically or sexually abused by a husband or boyfriend at some point in their lives.³ About half of women who are victims of domestic violence report an injury from each act of abuse with about 20% of them seeking medical attention.⁴ This does not include the multitude of other “atypical presentations” of domestic violence to the medical system such as depression, pelvic pain, and being accident prone.

Yet it is not only the person being abused who is harmed by domestic violence. Between 3.3 and ten million children witness some form of domestic violence annually.^{5,6} Unfortunately, it has become clear that almost 50% of these children are also being physically and psychologically abused.⁷ This abuse often perpetuates the cycle of violence. One of the largest predictors of an individual going on to become an abuser is having witnessed domestic violence as a child.

Although most medical providers are empathetic to the issue of domestic violence when directly confronted with it, few feel comfortable screening for it or feel capable of helping victims when they are discovered. To help medical providers identify victims of domestic violence and provide meaningful help, the Medical Society of Delaware combined with the Domestic Violence Coordinating Council has developed a program to help medical providers better address their patients’ needs.

Question: How do I screen?

Active screening:

Most experts encourage physicians to include questions about domestic violence as part of the routine social history. One way to ask women about domestic violence is to ask open-ended questions such as, “Because domestic violence is so common, I am now

asking all my patients whether they are currently in an abusive relationship.” Many physicians are hesitant to ask such questions, feeling they can be offensive to patients who are not being abused. In contrast to this, acceptance studies have actually shown that both victims and nonvictims appreciate their physicians caring and do not find such questions intrusive.⁷

Passive screening:

Another method is to perform passive screening by placing pamphlets about domestic violence in patient restrooms and exam rooms. The Domestic Violence Coordinating Council through their web site (www.dvcc.state.de.us) has developed safety plans that can easily be downloaded, copied, and placed in patient restrooms. These pamphlets provide useful information about domestic violence and the resources that are available in the state of Delaware. Moreover, these pamphlets provide victims with access to emotional support, legal help, and the shelter network. These pamphlets are available in both English and Spanish and provide an effective method for patients to access the support they need and deserve.

Question: What do I do if a patient tells me she is a victim of domestic violence?

After identifying a woman who is a victim of domestic violence, it is important to validate the victim’s decision to seek help and provide the resources that she needs to seek safety. This process has been greatly simplified in the state of Delaware. By calling the domestic violence hotlines (New Castle County: 302-762-6610 or Kent/Sussex County: 302-422-8058, or contact 1-800-262-9800), a woman can speak to a trained domestic violence coordinator who can help her. Moreover, the hotlines can provide access to the shelter system, domestic violence counselors, and safety planning.

Question: When do I have to report domestic violence?

Physicians are often confused about their legal obligation to report domestic violence and the victim’s rights to privacy. It is important that health care providers understand that the most dangerous time for a victim is the time she tries to leave her abuser. The safest way for a victim to leave her abuser is to pick a time and method of her choosing.

Nonetheless, physicians are required by law to report domestic violence when it involves children or the threat or use of a lethal weapon.

If we are to help the victims of domestic violence we must first acknowledge the problem and be willing to talk with our patients. Using the tools provided by the Domestic Violence Coordinating Council will help us break the cycle of violence.

References:

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