DOMESTIC VIOLENCE (DV): RESPONDING IN the Hospital

Summary of KEY points to accompany podcast Dr Rosemary Isaacs, VMO for Sexual Assault & Forensic Medicine. November 2018

- Also refer to Child Protection and Domestic Violence resources on your LHD Intranet and Social Work
- NSW Health Policy, Domestic Violence - Identifying and Responding (PD2006_084)

INTRODUCTION

Anyone can be a victim of domestic violence: Female or Male, and of any age. The typical pattern is a male offender and a female victim and women are five times more likely to be hospitalised due to DV injury than men. [i]

Intimate partner violence includes a partner whether or not they live in the home, of either sex, and is inclusive of ex-partners and also of same-sex relationships. The period following separation from an abusive partner is a **high risk** period which can be characterised by escalating frequency and severity of violence.

Domestic violence is a pattern of behaviour based in power and control. Domestic violence can include physical and sexual violence, emotional, psychological and financial abuse, stalking, intimidation and isolation etc.

Violence may be intermittent and followed by remorse and excuses by the perpetrator Alternatively, violence may be consistent, routine and regular.

ASK ABOUT DOMESTIC VIOLENCE

Ask when it is relevant to the history or examination, even if DV Screening has occurred. Victims often feel ashamed about their situation and are likely to find it difficult to disclose domestic violence to a health professional. However evidence demonstrates that victims want to be asked about domestic violence and are more likely to disclose when asked direct questions.

PRESENTATION WITH INJURIES.

- History may be falsified and inconsistent with presenting injuries.
- Injury may be hidden and the assault is often to soft and hidden parts of body (abdomen etc.)
- Strangulation/suffocation/brain injury may result in nil, or vague physical signs.

HOW TO ASK :

Ensure Privacy

- Privacy is needed to ask safely. The presence of any other adult or child can be a barrier to a victim disclosing domestic violence. Problem solve with the multidisciplinary team how to obtain privacy.
- Be creative: eg take the possible victim to X Ray

Direct questions work best, e.g.

- "When I see a patient with an injury like this I always ask…"/ OR "I am concerned about you and I need to ask:
  - **Did anyone hurt you?**
- "Your injuries do not seem to fit the explanation you have given me so I'm wondering":
  - **Did anything else happen? Has anyone hurt you?** (ask even if patient said "no" in DV screening.)

- Presentation for management of other health conditions: (see Table: Trauma Informed Care)

"To understand this better, I need to ask some sensitive questions…"

- **Have you experienced violence from a partner or in the home? - now or in the past?**
- **Has anyone done things to you, of a sexual nature, that made you feel bad or physically hurt you?**

HOW TO RESPOND

1. State clearly you are pleased /appreciate that they told you. Acknowledge this may have been very difficult.
2. State that domestic violence is never OK and is not their (the victim's) fault
3. Talk with your Consultant/Senior Reg. Involve Social work if possible.

Take and document a history .

Use patient's own words in "quote marks" for key disclosures.

a. Ask if children were present at the time of the assault or if they have children in their care/household "Are there children involved? Who is/are your child/ren with now? Are they safe? Was/were your child/ren nearby when your partner was violent to you?"
b. Ask about pressure on neck, choking or difficulty breathing. *Refer to Strangulation Symptoms &Signs*
c. Ask if forced into sex (consider whether referral to Sexual Assault counsellor would be helpful)

Examination

For recent assaults document a full body Examination. *Refer to How to record the physical findings below.*

Referral and Reporting

1. Consider whether mandatory reporting is necessary
   a. Family and Community Services reports if children were present or at risk
   b. NSW Health Mandatory reports of DV where a patient of NSW health is the victim and also certain set criteria are met such as serious injury or guns or weapons involved. Obtain advice through your hospital and start with a Consultant or Social work.
2. Reports of threatened violence should be escalated and responded to in consultation with a senior colleague.
3. Serious concerns should be escalated even if the patient is denying DV.
4. Refer to social work (if victim will accept referral). The social worker will have specific skills and knowledge of local resources. If patient refuses referral then:
   d. Risk assessment to assess if the patient or others are in immediate danger on leaving the hospital. Ideally this will be done by Social work, otherwise Senior medical staff . *Refer to Risk assessment table table* for an indication of the issues involved.
   e. Consider if need for mandatory reporting or Child Safety report or specific warning to patient about risks to herself.
   f. Provide resources :e.g. patient can phone or internet access to **NSW Domestic Violence Line 1800 65 64 63, or 1800 RESPECT** *see useful resources*
   g. Recognise that responding to DV &/or leaving can be a long process. You have made a contribution.

Never discuss the DV with the perpetrator.

NEVER report to or confront or attempt to council the abuser about the situation. This increases the risk to the victim of further harm. It could also complicate a Police investigation.

Recording Physical Findings:

Record what you see – anatomical site, size (cms diameter and depth) , shape, colour, texture, palpation, pain etc. (think Lumps&Bumps). Record the location accurately using a body chart if possible.
Record/Draw each injury and number them. Use one number per injury. Use clinical photography if available.
Record the patient's explanation for how each injury occurred, if the patient is able to provide one.
Use clear terms eg :

- Abrasion, Graze or Scratch
- Laceration, tear or split -caused by a blunt force (eg a blow over bony prominance or stretching beyond the elastic limit of the tissue)
- Incision or cut or Stab wound (caused by a sharp object: eg a knife or broken bottle)
- Bruise, Petechiae
- Burn.

It is usually not possible to determine the age of a bruise by the appearance. There may be signs of healing on an abrasion or laceration, which needs to be recorded as this may give some indication of age.
If you recognise a specific pattern eg a bite mark or finger tip bruising then describe what you saw, as well as your conclusion. (Eg for a bite. " Two arched opposing bruises with individual teeth marks 8 cm diam" is different forensically to " "a red circular bruise 8 cm diam which patient told me resulted from him biting her 6 hours ago") Use patient diagrams where possible and/or clinical photography. Eg the adult diagrams at www.rch.org.au/clinicalguide/guideline_index/Child_Abuse_Diagrams/.

RISK ASSESSMENT includes:

- **S** STRANGULATION or SERIOUS INJURY
- **A** ACCESSS TO HELP/HEALTHCARE/ HOSPITAL IN FUTURE : Ideally a SAFETY PLAN
- **F** FIREARMS, WEAPONS,KNIVES USED , THREATENED OR PRESENT
- **E** IS IT ESCALATING? Is the violence or threats to violence increasing?
- **R** REMEMBER are there children in the home or at risk?

STRANGULATION SYMPTOMS & SIGNS

SOFT TISSUE: Neck pain, swallowing difficulty, coughing, hoarse voice

RESPIRATORY: Breathing difficulties, Shortness of Breath

NEUROLOGICAL: Incontinence: Bladder or Bowel, Dizziness, Headache, Loss of Consciousness (patient may be unaware of this) gap in memory, auditory or visual changes, Seizures

SIGNS ON Head and Neck - Remember: In many cases there are NO physical signs to find on examination

- Neck :Red marks, bruising or abrasions, bruising behind ears
- Petechiae: face & or neck, head, eyes, eyelids, oral mucosa (SVC distribution)
- Subconjunctival Haemorrhages
- Swelling of face or tongue

Risks: LOC secondary to oxygen starvation may interfere with memory formation, minor superficial injuries, soft tissue swelling (acute or delayed) compromising airway, Carotid artery dissection (may lead to stroke at a later time point – weeks to months or even years)

STRANGULATION requires assessment by an ED Senior Doctor to consider whether Trauma team required for full assessment - including airway, possible carotid dissection etc.

USEFUL RESOURCES: All the phone services also have good websites with information for victims and support people.

- Men’s Referral Service 1300 766 491 (for perpetrators who want to stop) or Men’s Line Australia 1300 789978 (mental health, victims)
- 1800 Respect or NSW Rape and Domestic Violence Phone Line 1800 424 017
- Link2Home (if victim is at risk of homelessness 1800 152 152)
- NSW Police. DV Liaison officer or Local Station or www.police.nsw.gov.au/crime/domestic_and_family_violence
- Local info from ‘ Pathways’
- **For your own debriefing and self-care**….. Employee Assistance Program 24 hour service through the hospital switchboard or Doctors’ Health advisory Service

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1. In 2012, 17% of all women and 5% of men had experienced violence by a partner since the age of 15. Australian Bureau of Statistics (2013), Australian Bureau of Statistics (2013) Personal Safety, Australia 2012, Cat. No. 4906.0, Australian Bureau of Statistics (ABS), Canberra.
2. Mouzos, J. (1999) Femicide: An overview of major findings, No. 124, Australian Institute of Criminology, Canberra, pp. 1-6; Statistics Canada (2003) Family violence in Canada: A statistical profile 2003, Canadian Centre for Justice Statistics, Ministry of Justice, Canada.