



Domestic Violence as a Maternal and Child Health Issue



NYS Office for the Prevention of Domestic Violence Health Care Program

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As a Result of these Series of Webinars, you will be Better able to:

- 1) DESCRIBE the context of domestic violence;
- 2) IDENTIFY the impact on adult women and children within the maternal and child health system;
- 3) APPLY the information to the daily practice within your setting.



You Can Make A Difference

- 1) Domestic Violence is a public health care issue.
- 2) Domestic Violence negatively impacts your patients' health outcome.
- 3) Maternal and Health Care settings offer a unique opportunity for early identification, screening and intervention within their scope of services.



Polling Question

- Medical care visits provide opportunities for intervention by health care providers
- Yes or no

Domestic Violence

- Pattern of coercive tactics
 - Physical abuse
 - Psychological and Emotional abuse
 - Sexual abuse
 - Economic abuse
 - Using children
 - Isolation, coercion and threats
 - Minimizing, denying and blaming
- Perpetrated against an intimate partner or family member
- Power and control





Reproductive & Sexual Coercion

- Involves behavior that a partner uses to maintain power and control in a relationship that are related to sexual and reproductive health:
 - DV & sexual violence
 - IPV & HIV intersection
 - Birth control sabotage
 - Pregnancy pressure & unintended pregnancies
 - Coercing partner to have unprotected sex
 - Abortion disclosure



Overall Statistics

- According to a 2010 survey done by the CDC, a quarter of all U.S. women have been the victim of severe physical violence committed by a partner at some point. *(CDC, 2009).*
- Each year, approx. 1 and a half million women in the U.S. report a rape or physical assault by intimate partner. This number includes as many as 324,000 women who are pregnant when violence occurs. *(CDC, 2009).*

As a result of trauma, Children in households where there is Domestic Violence may need Health Care for reasons such as

- A. Intentional and Unintentional Injuries
- B. Normalization of the violence in their lives
- C. Having developed unhealthy coping mechanisms
- D. Physiological disorders aggravated by the violence/ threat of violence/ stress associated with violence



Impact on Children

- Increased risk to fetus health as violence increases toward pregnant patient.
- Children exposed to DV are at significantly greater risk for mental and physical health problems.
- Studies have shown that children's IQ develop to lower rates when DV is experienced compared to non-exposed children. *(Koenen, 2003)*



Monetary Costs

- IPV costs the U.S. economy well over \$8.3 billion dollars a year. *CDC, 2012*
- IPV accounts for 26% of all incidents of violence in the workplace and costs employers \$3 billion to \$5 billion annually in the form of increased health care costs, increased absenteeism, decreased productivity, and increased security. *U.S. DOL, 2007*

Screening Recommendation

- The Institute of Medicine, American Medical Association, World Health Organization, American College of Obstetricians & Gynecologists, American Academy of Pediatricians, American Nurses Association are among the health care groups that recommend that providers screen their women patients for violence.



IOM Language

- Recommendation 5.7:
- Screening and counseling for interpersonal and domestic violence.
- Screening and counseling involve elicitation of information from women and adolescents about current and past violence and abuse in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems.



Polling Question

Despite Screening recommendations only ____ % of women were screened for violence during prenatal visits

- a) 50%
- b) 20%
- c) 37%
- d) 12%



Why Aren't We Screening?

Health care workers cite the following issues:

- Lack of time and training.
- Lack knowledge of services available.
- Don't want to offend patients.
- Frustration due to expectation that victim should leave abusive home.



Leaving an Abusive Relationship Guarantees a Life Free of Violence

- TRUE

OR

- FALSE



Leaving versus Safety





RADAR

- **R**outinely screen patients
- **A**sk direct questions
- **D**ocument your findings
- **A**ssess patient safety
- **R**eview options and referrals



Routine Screening

- Screen privately
- Convey a concerned and respectful attitude
- Assure confidentiality



Ask

- Ask Direct Questions
- Based on Presenting Problem
- Believe the victim
- Empathize
- Offer positive messages: **ABCD** Rule



Document

- Ask for specifics and use the patient's own words
- Be specific and objective
- Carefully describe all wounds, old and new
- Preserve physical evidence
- Offer to photograph injuries



Assess Patient Safety & Refer

- Conduct quick assessment of safety
- Encourage patient to contact their local domestic violence service provider.
- Ensure access to a private telephone.
- Offer materials after discussing safety issues



Limited English Proficiency

- In the event that a language barrier exists between the provider and the patient, a competent objective interpreter/translator is required by law since 2006 in NYS.



Public Health RESPONSE to DV

Recognize the problem

Educate the public

Screen routinely

Primary prevention focus

Ongoing staff education

New data sources

Strategies for intervention

Engage with community partners

(Chamberlain, 2004)

Thank you

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