

# How to Recognize and Respond to Survivors of Domestic Abuse Experiencing Unexpected Pregnancy or Loss of their Child to Miscarriage or Abortion

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# **ADW's Pregnancy and Domestic Violence Task Force (March- Nov. 2014)**

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## **Primary Purpose**

*To propose universal assessment protocols that address trauma and intimate partner violence (IPV) and provide referrals as needed.*

# Putting Together a Task Force

- *Area Pregnancy Centers*
- *Met Monthly at Sanctuaries for Life*
- *Whose purpose was to develop a universal address trauma and intimate partner violence referrals as needed.*




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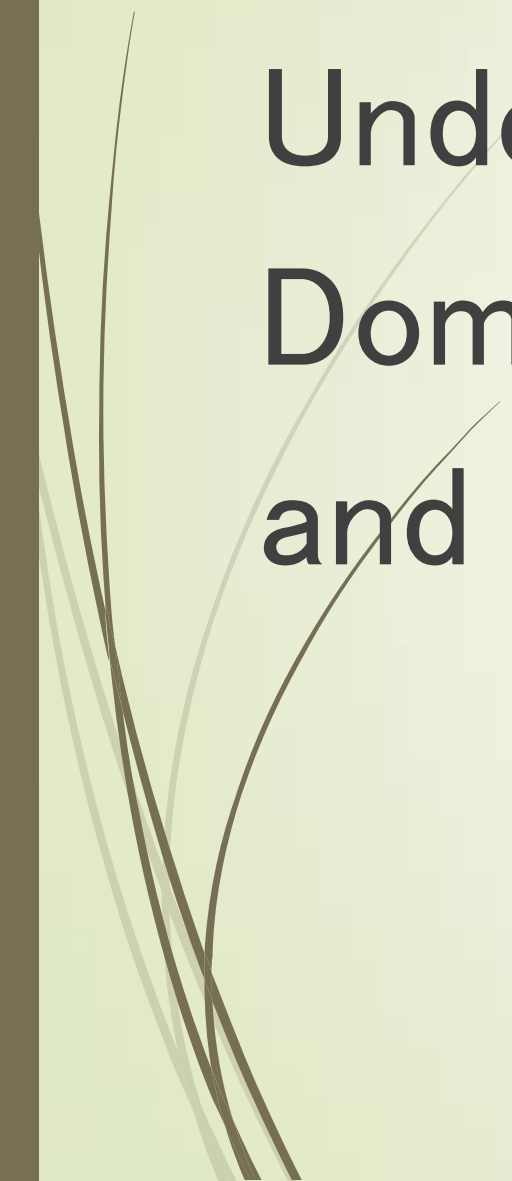


# Task Force Goals

- To understand trauma and its effects on individuals
- Understand the trauma of domestic violence and its impact on unintended pregnancy
- Establish a "Recognize, Respond and Refer" approach to be used by front line workers
- Adopt assessment tool
- Identify community resources for referrals
- Develop initial and follow up training for life affirming agencies



Understanding the trauma of  
Domestic Violence (DV)  
and its effects on individuals





## **DV Definition**

Domestic Violence is any kind of behavior that a person uses to control or intimate a partner through fear or intimidation.

It includes physical, sexual, psychological, verbal, or economic abuse.

To Understand trauma and its effects on individuals

## Research Shows

- Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of Americans. CDC (2010)
- A women experiencing unplanned pregnancy is four times more likely to be a victim of physical violence than a woman with a planned pregnancy. (Gazmarian, 1995)
- Approximately 1 in 4 women and nearly 1 in 7 men in the U.S. have experienced severe physical violence by an intimate partner at some point in their lifetime. (CDC, 2010)



To Understand trauma and its effects on individuals  
**Research, cont.**

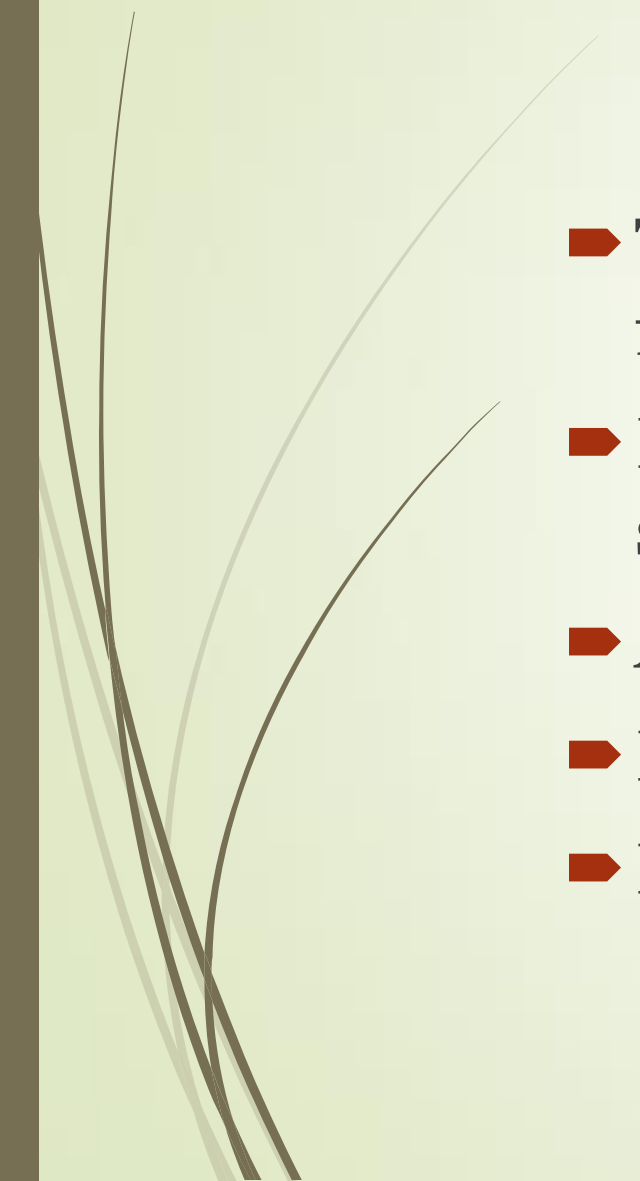
- Women are at higher risk of experiencing domestic violence than hypertension, preeclampsia, gestational diabetes or any other pregnancy complication for which screening is routine and well organized. (Bourassa, 2007)
- Girls who experience domestic violence are six times more likely to become pregnant. (Harbor House)





Understanding trauma and its effects on individuals

## **Physical Abuse**

- The intentional use of physical force with the potential for causing death, disability, injury, or harm
  - Kicking, beating, choking, punching, slapping, burning, shoving, holding, tying down, restraining
  - Attacking with guns and knives or household items
  - Damaging property
  - Leaving in a dangerous place
- 



## Understanding trauma and its effects on individuals

# **Emotional Abuse**

- Abuse involving (emotional) trauma to the victim caused by acts, or coercive tactics
- Screaming and yelling, words that make you feel ashamed or insignificant
- Constant criticism and insults
- Isolation from family, friends and coworkers
- Blaming her for the abuse
- Threatening her, her children & family
- Not allowing her to sleep or eat



# Understanding trauma and its effects on individuals

## **Economic Abuse**



- Sabotaging her attempts to work
- Not allowing her to attend school
- Not allowing her to have access to checking and savings account
- Refusing to put her name on the lease, mortgage, or car title
- Giving her an “allowance”



# Understanding trauma and its effects on individuals

## **Sexual Abuse**

- Use of physical force (and intimidation and pressure) to compel a person to engage in a sexual act against her or his will, whether or not the act is completed. 1.5 of the 2.5 women raped each year are raped by an intimate partner
- Rape
- Forcing her to perform sexual acts that she doesn't like
- Not allowing her to use birth-control and/or exposing her to STD's
- Forcing her to watch the sexual abuse of her children



# Recognizing Client's Experiencing DV

# Recognize HITS

Screening questions for **primary care providers** to identify intimate partner violence (IPV) victimization among patients HITS (Hurt, Insult, Threaten, and Screen)

Example statements for introducing the topic of IPV into the clinical encounter

1. Violence is a problem for many patients. Because it affects health and well-being, I ask all my patients about it.
2. We've started talking to all of our patients about safe and healthy relationships because it can have such a large impact on your health.<sup>1</sup>

## **Confidentiality**

Before we get started, I want you to know that everything here is confidential, meaning that I won't talk to anyone else about what is said unless you tell me that. (insert your state mandatory reporting law, listed at <http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Compendium%20Final.pdf>).

HITS screening tool<sup>34</sup>

# Recognize **HITS**, cont.

## Questions

- ▶ How often does your partner
  1. Hurt you physically?
  1. Insult you or talk down to you?
  1. Threaten you with harm?
  1. Scream or curse at you?

Scoring 5-point scale: never (1 point), rarely (2 points), sometimes (3 points), fairly often (4 points), frequently (5 points). Scores >10 points are positive for IPV

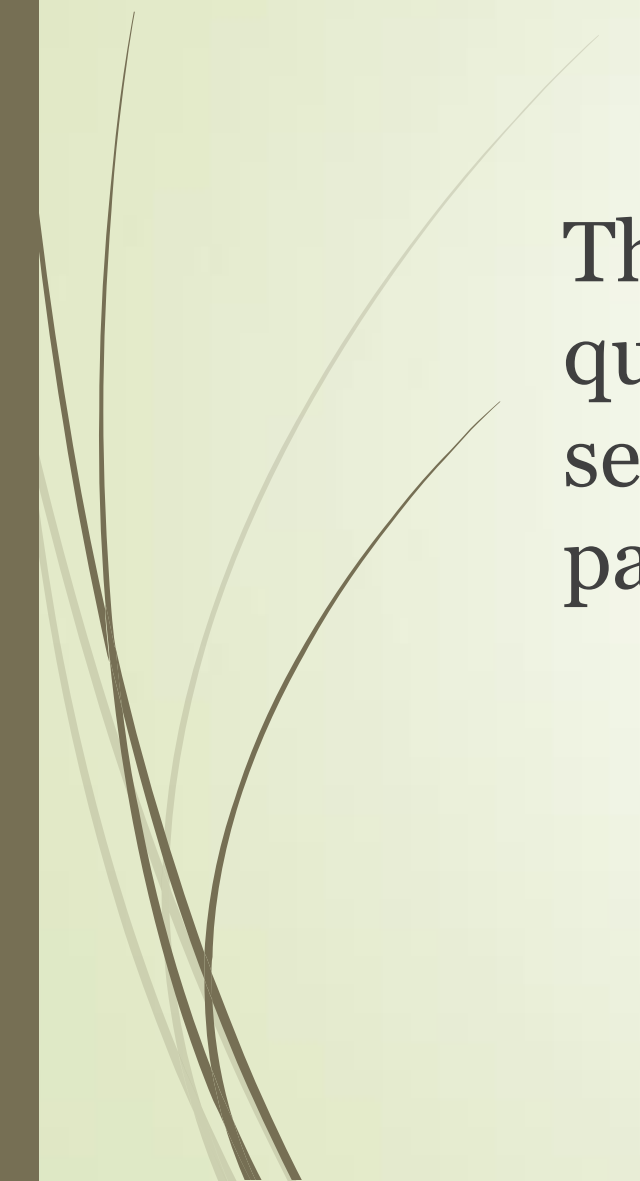
Sensitivity (%) 86–96

Specificity (%) 86–99

- ▶ Adapted from Rabin RF, Jennings JM, Campbell JC, et al. Intimate partner violence screening tools: a systematic review. *Am J Prev Med* 2009;36(5):439–45.e4;
- ▶ with permission. HITS reprinted with permission from Kevin Sherin, MD, MPH ([Kevin\\_Sherin@doh.state.fl.us](mailto:Kevin_Sherin@doh.state.fl.us)). Copyright 2003.



# Recognize **AAS**



The Abuse Assessment Screen (AAS) includes 5 questions covering emotional, physical, and sexual abuse, and can be used with pregnant patients





## Recognize AAS

1. Have you ever been emotionally or physically abused by your partner or someone important to you?
2. Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone?
3. Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone?
4. Within the last year, has anyone forced you to have sexual activities?
5. Are you afraid of your partner or anyone you listed above?



Recognize  
**AAS**, cont.

Scoring Yes to any question is positive for  
IPV



Sensitivity (%) 93–94

Specificity (%) 55–99



## Recognize **Client's Interaction with Partner**

- ▶ Partner may accompany patient, insist on staying close, and answer all questions directed at patient.
- ▶ Patient may be reluctant to speak or disagree in front to her partner.
- ▶ Partner may express intense irrational jealousy or possessiveness of patient



# Responding to Client's Experiencing DV



# Respond Talking to Clients

- ▶ Listen to them
- ▶ BELIEVE them
- ▶ Assure them it is NOT their fault
- ▶ Don't pass judgment on them or the one who hurt them
- ▶ Tell them about the support services which are available in your area
- ▶ Ask if they are "SAFE" right now
- ▶ If they are in immediate danger CALL 911
- ▶ Use the National hotline if necessary
  - ▶ **1-800-799-7233**



# Respond

## Talking, cont.

- Example statements for introducing the topic of IPV into the clinical encounter
- Introductory or framing statements:
  - 1. “Violence is a problem for many patients. Because it affects health and well-being, I ask all my patients about it.
  - 2. “We’ve started talking to all of our patients about safe and healthy relationships because it can have such a large impact on your health.<sup>1</sup>”
- Confidentiality: “Before we get started, I want you to know that everything here is statementconfidential, meaning that I won’t talk to anyone else about what is said unless you tell me that.(insert your state mandatory reporting law, listed at <http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Compendium%20Final.pdf>)”



Respond  
**Talking Cont.**

- These 3 questions must be asked of every female patient:
  - Within the past year have you been hit slapped, kicked, or otherwise physically hurt by someone?
  - Are you in a relationship with a person who threatens or physically hurts you?
  - Has anyone forced you to have sexual activities which make you uncomfortable?



# Referrals



# Community Resources

- Develop a working knowledge of community resources that can provide safety, advocacy, and support.
- Important Phone Numbers
  - Police/Sheriff-911
  - National Domestic Violence Hotline-800-799-7233 (SAFE)  
<http://www.thehotline.org>
- My Sister's Place [www.mysistersplacedc.org](http://www.mysistersplacedc.org) 202-529-5991 Provides confidential shelter, programs, education and advocacy for battered women and their children. Includes volunteer opportunities, projects and ...
- House of Ruth [www.houseofruth.org](http://www.houseofruth.org) 202-667-7001 *Domestic Violence Support Center*



# National Resources

- ▶ Family Violence Prevention Fund [www.endabuse.org](http://www.endabuse.org)
- ▶ Institute on DV in the African American American Community
- ▶ National Center on Domestic & Sexual Violence  
[www.dvinstitute.org](http://www.dvinstitute.org)
- ▶ Robin McGraw's website for The Aspire Initiative  
[www.whengeorgismiled.org](http://www.whengeorgismiled.org) Click curriculum

# National Resources, cont.

- National Domestic Violence Hotline: 800-799-SAFE (7233) and <http://www.ndvh.org/>
- Provides crisis intervention, information, safety planning, and referral for IPV victims, perpetrators, friends, and families
- Staffed 24 hours a day in English, Spanish, and more than 170 different languages through interpreter services
- IPV resources listed by state are at <http://www.thehotline.org/help/resources/>
- National Coalition Against Domestic Violence: <http://www.ncadv.org/> An advocacy organization working to eliminate IPV and empower victims
- Patients can create a safety plan at <http://www.ncadv.org/protectyourself/MyPersonalSafetyPlan>
- American Bar Association: Offers safety planning and general legal information for primary care providers to use with patients <http://apps.americanbar.org/tips/publicservice/safetipseng.html>
- Futures Without Violence: <http://www.futureswithoutviolence.org> Works to prevent violence within the home, and in the community

# National Resources Cont.

- ▶ Primary care providers can order posters, brochures, safety planning cards, and buttons from health material index at [http://www.futureswithoutviolence.org/section/our\\_work/health/health\\_material](http://www.futureswithoutviolence.org/section/our_work/health/health_material)
- ▶ Office on Violence Against Women: <http://www.ovw.usdoj.gov/>
- ▶ US Department of Justice organization that facilitates programs to end IPV
- ▶ IPV resources listed by state are at <http://www.ovw.usdoj.gov/statedomestic.htm>
- ▶ Adapted from Cronholm PF, Fogarty CT, Ambuel B, et al. Intimate partner violence. Am Fam Physician 2011;83(10):1165–72.
- ▶ A list of these reporting laws is available at <http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Compendium%20Final.pdf>.<sup>27</sup> If a report is mandated, law enforcement will generally require the following information: (1) name of IPV victim;
- ▶ [Durborow N, Lizdas KC, O’Flaherty A, et al. Compendium of state statutes and policies on domestic violence and health care. San Francisco \(CA\): Family Violence Prevention Fund; 2010. p. 73.](#)
- ▶ Harbor House, Education Resource [www.harborhouseonline.org](http://www.harborhouseonline.org)

# References

- National Intimate Partner and Sexual Violence Survey. (2010, May 1). Retrieved October 14, 2014, from [www.cdc.gov/violenceprevention/pdf/nisvs\\_report2010-a.pdf](http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf)
- Bourassa, D. (2007). The Prevalence of Intimate Partner Violence Among Women and Teenagers Seeking Abortion Compared With Those Continuing Pregnancy. *Woman's Health*,423-423.
- Gazmarian JA, Adams MM, Saltzman LE, Johnson, CH. Bruce FC, MarksJS. The relationship between pregnancy intendedness and physical violence in mothers of newborns. *Obstet Gynecol* 1995;85(6):1031–8.
- Abuse Assessment Screen (AAS) questionnaire: the Greek validation - E. Antoniou, E. Ioannidi-Kapolou, M. Daglas, V. Vivilaki, D. Karamitros, V. Dafermos, G. Iatrakis
- HITS: a short domestic violence screening tool for use in a family practice setting. *AUSherin KM, Sinacore JM, Li XQ, Zitter RE, Shakil A SO Fam Med.* 1998 Jul;30(7):508-12.