

Intimate Partner Violence, Domestic Violence & Barriers to Seeking Healthcare

*A Training for Healthcare
Professionals*

Rural Health

GRACE
SMITH
HOUSE



An Open Door
For Victims Of
Domestic Violence

Grace Smith House

The mission of Grace Smith House, Inc. is to enable individuals and families to live free from domestic violence through shelter, advocacy & education.

Hotline: 845-471-3033

Definitions

- Violence:

*Behavior involving **physical** force intended to hurt, damage or kill someone*

(Oxford Dictionaries, 2017)

- Intimate Partner Violence (IPV):

Physical, sexual, verbal, or emotional abuse or battering between intimate partners

(CDC, 2016)

- Domestic Violence (DV):

Violent or aggressive behavior within the home, typically involving the violent abuse of a spouse or partner.

IPV vs. DV

- What is the difference between Intimate Partner Violence (IPV) and Domestic Violence (DV)?
 - People think DV = violence between spouses
 - DV = violence that occurs at home
 - IPV is a broad term that can include violence/abuse between two people who are NOT related by blood or marriage and do not live together.
 - DV includes abuse between family members and two people who share a home but are NOT always in an intimate relationship (ex. Roommates).

Fighting vs. Battering

- Arguments, disagreements, and differences of opinion are part of normal relationships.
 - *In an abusive relationship, there is an ongoing pattern of disproportionate control and coercion.*
- The fight is NOT between people of equal power.
 - *Occurs in a relationship where there is an imbalance of power and the continued use of abusive control tactics.*

Understanding Coercive Control

Changing the Conversation

- Coercive Control:

A complex pattern of behavior which seeks to take away the victim's liberty or freedom, to strip away their sense of self; not just bodily integrity that is violated but also their human rights

(Evan Stark, 2017)

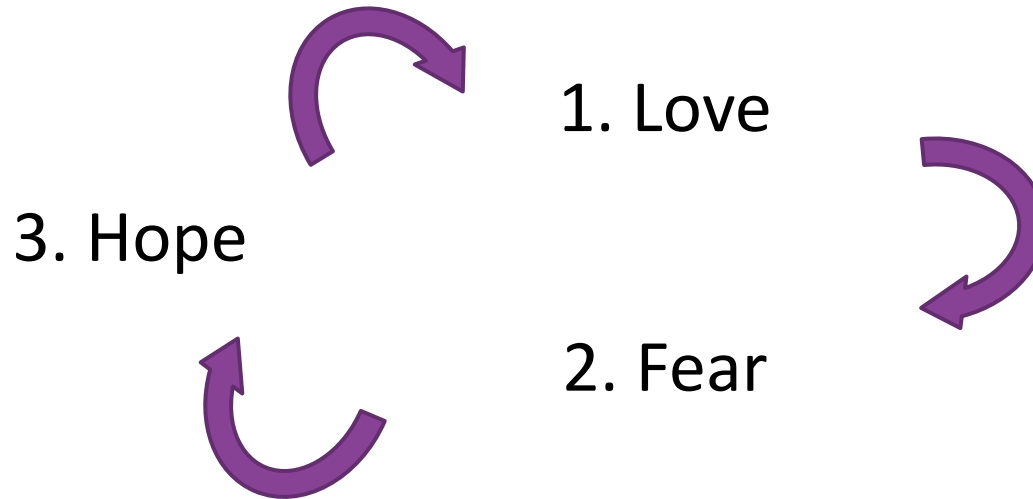
Dynamics of Abuse

- Abuse:

a pattern of behaviors used to establish power and control over another

(Mentors in Violence Prevention, 2013)

Cycle of Abuse



At Risk Populations

- Pregnant women between the ages 18-24
- LGBTQ
- Elderly
- Substance Abuse
- Rural Areas
- Special Needs
- Immigrants
- Mental Health Issues

Why don't they just leave?

Erosion of Victim's Rights, Dignity and Independence

Loss of Rights

- Victim will no longer trust self or others
- Victim made to feel they can't do anything right
- Abuser will set strict demands
 - *Rural female victims report greater feelings of loneliness than urban due to social isolation*
 - *Female subservience is seen as normal, expected; Victim may believe in traditional gender roles*

Loss of Dignity

- Abuser will humiliate, degrade, and insult victim as “punishment”
- Often done in front of children
 - *More likely to have their property damaged.*

Loss of Independence

- Victim may experience fear of being alone, of losing support
- Lack of resources and recourse
- Abuser will remind victim of their lack of power
 - 25% of females live 40+ miles away from services
 - 2x more likely to be turned away due to lack of capacity

Abuser? Victim?

Forms of Control After Victim Leaves

Physical and Psychological Harm

- Threats of violence toward victim, children, friends, family, or self (abuser), pets
- Stalking
- Withholding medical treatment (insurance, medications)

Access

- No public transportation; no transportation to services
- Lack of cell service or telecommunications generally
- Higher health insurance costs*
- Fear of impact on children

Financial Harm

- Abuser controls access to money, healthcare, transportation , telecommunications
- Loss of benefits, housing, source of income
- Poverty
- Lack of economic opportunities
- Fleeing to emergency shelter

Children

- Emotional and physical harm
- Unsupervised visitation with abuser
- Fear of losing custody
- Guilt over “breaking up the family”

Community/Social Response

- Not being believed
- Blamed for abuse; leaving sooner; not protecting children
- Fear of “Everyone will Know”
- Service providers likely to know their abusers

Relationship Lost

- Isolation from an already small community
- Pain of losing partner/spouse
- Feelings of self-doubt, inability to live without partner
- Loss of sense of self



Screening for IPV in Healthcare Settings

Barriers to Screening

- Partner is present
- Lack of time
- Discomfort with discussing IPV by provider
- Discomfort with discussing IPV by patient
- Unsure how to respond to positive disclosure
- Patient does not show “obvious warning signs”

Harm Reduction Strategies

- Universal screening
- Confidentiality
- Screen alone – away from friends, family including children, partner
- Do not use family or friends as interpreter
- Empower and provide options/resources
 - Offer use of phone
 - Could advocate come to office? If closer for victim?
 - Anonymity must be stressed
 - Warm referral to services “you can trust them not to tell anyone”

Safety Planning with your Patient

- Patient might consider identifying a safe person and/or place they can find safety, as well as having an emergency bag ready and accessible
- Emergency Bag content:
 - Copies of important papers for you and your children (i.e. birth certificates, medical records, social security cards, drivers license, passport, green card, immunization records, immigration papers, etc.)
 - Change of clothes
 - Formula/Diapers
 - Special Valuables
 - Extra set of car/house keys
 - Money/food stamps
 - Bank book/checkbook/credit card
 - Emergency numbers/a cell phone
 - Medications/prescriptions

Safety Planning at Home

- Don't get trapped
- Tell the neighbors
- Create a code word/ signal
- Plan where you will go if you have to leave.
- Trust your instincts and judgment.

WAST Assessment for IPV

Adapted from Adapted from “Woman Abuse Screening Tool (WAST)” - developed by Dr. B Lent

WAST Assessment

1. In general, how would you describe your relationship?

___ *A lot of tension*

___ *Some tension*

___ *No Tension*

WAST Assessment

1. In general, how would you describe your relationship?
2. Do you and your partner work out arguments with:

____ *Great difficulty*

____ *Some difficulty*

____ *No difficulty*

WAST Assessment

1. In general, how would you describe your relationship?
2. Do you and your partner work out arguments with:
3. Do your arguments ever result in you feeling down or bad about yourself?

___ *Often*

___ *Sometimes*

___ *Never*

WAST Assessment

1. In general, how would you describe your relationship?
2. Do you and your partner work out arguments with:
3. Do your arguments ever result in you feeling down or bad about yourself?
4. Do arguments ever result in hitting, kicking or pushing?

___ *Often*

___ *Sometimes*

___ *Never*

WAST Assessment

1. In general, how would you describe your relationship?
2. Do you and your partner work out arguments with:
3. Do your arguments ever result in you feeling down or bad about yourself?
4. Do arguments ever result in hitting, kicking or pushing?
5. Do you ever feel frightened by what your partner says or does?

_____ *Often*

_____ *Sometimes*

_____ *Never*

WAST Assessment

1. In general, how would you describe your relationship?
2. Do you and your partner work out arguments with?
3. Do your arguments ever result in you feeling down or bad about yourself?
4. Do arguments ever result in hitting, kicking or pushing?
5. DO you ever feel frightened by what your partner says or does?
6. Do you ever fear for your child(ren)'s safety because of what your partner says or does?

___ *Often*

___ *Sometimes*

___ *Never*

How to Respond to Disclosure

Listen, believe, validate
Thank patient for sharing with you

Clip

Validating Responses

- “I can’t imagine what you’ve been through”
- “I’m so sorry for what you have been through...”
- “That had to be terrible. You are brave for sharing this with me...”
- “Thank you for sharing this with me. That must have been very difficult...”
- “...I have a brochure with some resources...”

Resources and Referrals

- Local:
 - Grace Smith House - 845-471-3033
 - Dutchess County Talk/Text Line - (845) 485-9700
- National
 - National DV Hotline – 1-800-799-7233
 - LoveIsRespect.org
- *Make a follow up appointment*

Appointment Reminder Card

Before my appointment... My appointment is _____ at _____ AM/PM
(date) (time)

I need to see my provider about

This is a: check-up sudden problem on-going problem

I'm feeling _____

_____ **about seeing my provider.**

Questions for my provider: _____

Appointment Reminder Card

After my appointment....

My appointment is _____ at _____ AM/PM
(date) *(time)*

I need to _____

- pick up medication make another appointment talk to a specialist

I feel

Be Healthy ♥ Be Safe

845-471-3033

Thank you!

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