PROJECT
RADAR
Violence Prevention Steps for Health Care Professionals

www.ProjectRadarVA.com
Project RADAR is an initiative of VDH’s Division of Injury & Violence Prevention that was developed to enable health care providers to effectively recognize and respond to intimate partner violence (IPV) by providing:

- “Best Practice” Policies, Guidelines, and Assessment Tools
- Training Programs and Specialty-Specific Curricula
- Awareness and Educational Materials
- Current Research Findings on Intimate Partner Violence
Training Objectives

By the end of this training, participants will be able to:

✓ Define intimate partner violence (IPV)
✓ Perform specific screening, assessment, and intervention strategies
✓ Identify and formulate responses to challenges specific to the health care setting
✓ Direct victims of IPV to appropriate resources
What is IPV?

Intimate Partner Violence (IPV) is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over another.
# Who Are Victims and Batterers?

## Victims:
- Women and men
- Adolescents, teens, young, middle-aged and older adults
- People of all cultures and religions
- Blue collar, middle class, and wealthy
- Straight, gay, lesbian, and transgender
- Married and unmarried
- People with and without high school or college degrees

## Batterers:
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The Dynamics of Abuse: The Power & Control Wheel

- In the early 80’s in Duluth, Minnesota, victims of IPV attending educational groups were interviewed about the behaviors of their abusers and factors that influenced why they stayed in violent relationships/returned to their abusers.
- Based on input from over 200 battered women, they developed a framework for understanding IPV.
- Key finding, as conceptualized in the “power and control wheel” is that abusers use an array of tactics—apart from physical and sexual violence—to gain and maintain control over their victims.
Factors that Influence Victims

- Loss of status
- $$$
- Good times
- Family
- Religion
- Kids
- Culture
- FEAR

**Intimate partner violence occurs within the context of the victim’s life.**
**IPV as a Critical Public Health Issue**

- 1 in 3 women is abused by a partner at some point in her life
- IPV costs the U.S. $4 billion each year in *direct* medical costs and another $1.9 billion in *indirect* costs (lost productivity, etc)
- In addition to injuries sustained by victims during violent episodes, abuse is linked to:
  - Arthritis
  - Migraines
  - Gastrointestinal problems
  - Pregnancy Complications
  - Chronic neck, back, & pelvic pain
  - STI’s
  - Substance abuse
The Impact of IPV on its Victims

**Adults**
- Physical injuries
- Chronic physical ailments related to injuries and stress
- Mental health problems including depression, anxiety, and PTSD
- Social consequences caused by loss of contact with family, friends, work, and children
- Financial strain due to: loss of income and denial of education and/or career advancement
- Spiritual effects such as loss of faith and alienation from religious community

**Children**
- Developmental delays
- Mental health issues including depression, anxiety, PTSD, ODD, and sleep disorders
- Behavior disorders
- Poor adaptive and social skills
- Increased risk for substance abuse, suicide, and criminal behavior as teens and adults
- Elevated likelihood for perpetrating abuse as teens and adults
- Increased vulnerability to victimization as teens and adults
Intimate Partner Homicide: Paying the Ultimate Price

In Virginia:

- Nearly **one in three** homicides is related to family or intimate partner violence.
- Over **half** of all adult female homicide victims are killed by intimate partners.
Case Studies of the Impact of IPV in Virginia

Case #1:

- 53 year old female
- Suspect boyfriend
- Multiple Injuries
  - Attempted strangulation
  - Dental
Case Studies of the Impact of IPV in Virginia

- Contusions to the neck from attempted strangulation
- Different stages of healing, indicating old & recent injuries
Case Studies of the Impact of IPV in Virginia

Case #2:

- Male Victim
- Assaulted w/ Baseball Bat
- Readmitted to hospital a year later for stab wounds to chest and nearly died of heart failure.
Case #3

- Contusions on arm caused by biting
- Human bites worse than bites from dogs or other animals
- Very common in domestic and sexual violence cases
IPV is an Issue for ALL Health Care Providers.

- Victims report that they are not embarrassed to be asked about abuse and that discussing it would strengthen relationships with health care providers.
- Victims feel that providers can help.
- JCAHO and professional standards
- Providers have a unique opportunity to identify victims and provide critical interventions and referrals.
  - 44-47% of women killed by their intimate partners have been seen by a health care provider in the year prior to their deaths.
JCAHO Standards Relevant to IPV Policy and Practice

- RI.2.150—Patients have the right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.¹
- RI.2.170—Patients have the right to access protective and advocacy services.
- RI.3.10—Criteria for identifying and assessing victims of abuse, neglect, or exploitation should be used throughout the hospital.
- EC.2.10—The hospital identifies and manages its security risks

¹ Elements of Performance:
- The organization addresses how it will, to the best of its ability, protect patients from real or perceived abuse, neglect [including involuntary seclusion for Long Term Care], or exploitation from anyone, including staff, students, volunteers, other [patients/residents/clients], visitors, or family members.
- All allegations, observations, or suspected cases of abuse, neglect, or exploitation that occur [in the organization for all except OME] are investigated by the organization.
The American Medical Association’s Guidelines for Detecting and Treating Family Violence state¹:

“Physicians should **routinely inquire** about physical, sexual, and psychological abuse as part of the medical history. Physicians must also consider abuse in the differential diagnosis for a number of medical complaints, particularly when treating women…[and] have an obligation to familiarize themselves with **protocols for diagnosing and treating abuse** and with community resources for battered women, children, and elderly persons… Physicians must be better trained to identify signs of abuse and to work cooperatively with the range of community services…**Comprehensive training** on family violence should be required in medical school curricula and in residency programs for specialties in which family violence is likely to be encountered.”

¹E-2.02 Abuse of Spouses, Children, Elderly Persons, and Others at Risk
How Are We Doing in Virginia?

The 2006 Intimate Partner Violence Health Care Provider Survey

Methodology

- Designed to assess knowledge attitudes and behaviors of Virginia’s health care providers concerning IPV
- Sent to dentists and physicians who self-identified a specialty area of family/general practice, obstetrics/gynecology, or pediatrics. Other settings included were: hospital-based emergency departments, community health centers, free clinics, family planning clinics at local health departments, and campus health centers.
- Of 5,581 surveys mailed, a total of 2,161 were returned, for an overall response rate of 42%.
How Are We Doing in Virginia?
The 2006 Intimate Partner Violence Health Care Provider Survey

Results

- 89.7% of providers have never been trained in IPV prevention.
- Almost 65% reported that they do not use screening questions with any patients, and, even when the patient presented with a bruise or laceration, only 1/3 of providers asked about the possibility of IPV.
- Almost 75% of providers reported that, to their knowledge, their workplace did not have any written guidelines regarding IPV.
- Even though 1 in 4 providers indicated that either they or someone close to them had been a victim of IPV, most estimated IPV prevalence in their practice to be “rare” or “very rare.”
Challenges to Accurately Identifying and Diagnosing IPV

- Chief complaints initially seem unrelated to IPV
- Time
- Limited resources
- Provider may suspect, but be hesitant to ask
  - Don’t ask directly about cause of injury
  - Have too low/high suspicion index
  - Co-presentation of behavioral health/substance use
- “Patient Resistance” to Problem
  - May provide inaccurate history
  - May have skewed perception of problem
    (may blame self and or minimize abuse)
How Do I Begin?

- Add printed materials to the office/clinic environment
- Make screening part of your routine
  - Include prompts/forms in chart
  - Include questions about IPV in health surveys/hx
- Frame screening questions so that they make patients comfortable
- Utilize RADAR methodology
Management of Patient Care

Use your **RADAR**

Routinely inquire about violence
Ask direct questions
Document findings
Assess safety
Review options and referrals

RADAR action steps developed by the Massachusetts Medical Society, ©1997, 2004. Adapted with permission
Routinely Inquire About Violence

- Ask even if physical indicators are absent
- Use private setting/space
- Add in with other routine inquires
  - Substance use, depression, smoking, violence
- Use framing statements
  - E.g. “Because violence is common in many people’s lives, I’ve begun to ask all my patients about it.”
ASK DIRECT QUESTIONS

• Validate and be non-judgmental
• Use culturally/linguistically appropriate language
• Examples:
  – “Are you in a relationship with a person who physically hurts or threatens you?”
  – “Do you ever feel afraid of your partner?”
  – “Is it safe for you to go home?”
Document Findings

• Include:
  – Patient’s statements about incident, relationship, injuries
  – Relevant history
  – Results of physical examination
  – Laboratory and other diagnostic procedures
  – Results of health and safety assessments, interventions, and referrals

• Use body diagram
• File reports when required by law

Safety Note:

◆ IPV should not be documented on any discharge forms or billing statements, as it may increase the risk of violence to the victim.
Assess Safety

- Review history of abuse
  - Escalation in frequency, severity
  - Threats of homicide/suicide
  - Weapons used or available
- Inquire as to whether the batterer has harmed the child(ren)
- Determine what patient perceives as risks and strengths
- Safety planning/protective strategies should be employed, regardless of whether victim plans to stay or leave
Review Options and Referrals

- Become familiar with a variety of resources
- Let the patient decide what is the safest option
- Possible referrals may include:
  - Local/statewide hotlines
  - Counselors
  - Social Workers
  - Shelters/domestic violence programs
  - Legal Resources
- Schedule follow-up appointment or plan
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Cultural Considerations

• Religious beliefs, values, social relationships can affect decisions and options for victims and perpetrators.
• Cultural responses to IPV can vary across populations.
• Institutional racism and other forms of discrimination can influence outcomes.
• Acceptable behaviors within a culture can be interpreted as false positives.
• Availability of language/culture interpreters for diversity of victims served is critical.
Helpful Information on Mandated Reporting v. Confidentiality

- When the IPV victim is a physically and mentally able adult, providers are bound by confidentiality not to contact law enforcement or other agencies against a victim’s will unless wounds have been inflicted by specific weapons such as firearms or knives. (Code of Virginia §§ 54.1-2967 & 18.2-308)

- When a child or elder is the victim of abuse, mandated reporting statutes apply. (Code of Virginia § 63.2-1509 and Code of Virginia § 63.2-1606)
General Management of Abused Patients

- Support and protect victim
- Avoid judgmental statements
- Report if child or elder abuse/neglect suspected
- Protect victim confidentiality
- Enlist social work/crisis services support
- Ensure follow up regarding both IPV and medical issues
A Public Health Approach to IPV

• Success is routine screening, assessment, and education, NOT
  – Disclosure
  – Leaving the relationship
    • Leaving actually significantly increases the risk of severe injury or death

• You do not need to “FIX” the problem

• Key is to:
  – Be there
  – Listen
  – Educate
  – Refer
Review: Why is Routine Screening and Assessment so Critical to the Health Care Role?

• It can relieve suffering and save lives.
• It’s good medical practice.
• IPV impacts patient health and treatment outcomes.
• Unidentified IPV costs money and time
• Potential future liability
• JCAHO and Professional Association Standards
The Outcomes of Taking a Public Health Approach to IPV

- Enhanced safety for victims
- Improved care and satisfaction of patients
- Attitudinal change
- Decrease in homicides
- Increase in positive health outcomes
Resources for Providers

- VDH’s Project RADAR
  - [www.projectradarva.com](http://www.projectradarva.com) / 804-864-7705
- Virginia Sexual and Domestic Violence Action Alliance
  - [www.vsdvalliance.org](http://www.vsdvalliance.org) / 800-838-8238 (24 hr hotline for victims)
  - 800-838-8238 (24-hour hotline for victims)
- Centers for Disease Control, National Center for Injury Prevention & Control
  - [www.cdc.gov/ncipc](http://www.cdc.gov/ncipc) / 800-CDC-INFO
- Family Violence Prevention Fund
  - [www.endabuse.org](http://www.endabuse.org) / 888-Rx-ABUSE
  - 888-Rx-ABUSE
- American Medical Association, Violence Prevention
  - [www.ama-assn.org/ama/pub/category/3242.html](http://www.ama-assn.org/ama/pub/category/3242.html)
- Massachusetts Medical Society Violence Prevention Program
  - [www.massmed.org/AM/Template.cfm?Section=Violence](http://www.massmed.org/AM/Template.cfm?Section=Violence) / 800-322-2303
- Academy on Violence & Abuse
  - [www.avahealth.org](http://www.avahealth.org)
For more information about Project RADAR, to request additional training or to order materials, contact:

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