Domestic/Intimate Partner Violence

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Purpose

The purpose of this course is to provide comprehensive information about domestic/intimate partner violence.

Goals

Upon completion of this course, the nurse should be able to:

- Discuss statistics related to domestic/intimate partner violence.
- List and discuss 8 types of domestic/intimate partner violence.
- Describe the 3 phases of domestic/intimate partner violence.
- List at least 4 screening tools.
- Describe at least 8 types of common injuries associated with domestic/intimate partner violence.

- Describe 4 common emotional states of victims.
- Discuss fatal and non-fatal outcomes of abuse.
- Describe 7 special populations.
- List the 4 types of information that must be included in the medical record.
- List at least 8 reasons that victims stay with abusers.
- List at least 8 steps in planning for safety.
- Describe 4 primary risk factors for becoming an abuser.
- Describe the CDC's 6 factors for prevention.
- Describe the 4 main types of domestic/intimate partner restraining orders.

Introduction

Domestic/Intimate partner abuse occurs in all religious, cultural, and socioeconomic groups and in all settings. In the United States, about 10,000,000 adults experience domestic/intimate partner violence each year, 1 in 4 women (most common between ages 18 and 24) and 1 in 10 men. According to the CDC, domestic violence is "physical violence, sexual

violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner."

Incidences of domestic/intimate partner violence have increased markedly in recent years, increasing 42% between 2016 and 2018, for example. During the coronavirus epidemic, another sharp increase in incidence occurred as people were forced to stay at home and faced increased stress. One crisis line alone reported a 200% increase in calls from January 2020 to January 2021.

Domestic violence and intimate partner violence are terms that are often used interchangeably, but there is actually a distinction. Domestic violence is that which occurs in domestic situations and may involve abuse between members of the household or domestic unit, such as partners, roommates, children, brothers, sisters, aunts, and uncles. While elder abuse and child abuse are often—although not always—types of domestic abuse, they are usually considered separately.

Intimate partner violence refers specifically to violence from someone with whom the victim has or has in the past had an intimate relationship, such as a spouse, partner, boyfriend, or girlfriend. While females are most often the victims of intimate partner violence, it can also occur to males in both heterosexual and homosexual relationships and is often overlooked.

Types of domestic/intimate partner violence

While the typical image of domestic violence is that of physical violence, there are actually many different types of abuse that may occur:

- **Physical abuse:** Abusers may engage in myriad injurious behaviors: shoving, pushing, tripping, slapping, hitting, beating, biting, scratching, hair pulling, shooting, stabbing, burning, drowning, choking, and pinching. Abusers may use their hands or an object, such as a belt, to inflict injury. They may physically restrain victims, lock them in a room, or withhold sustenance or medications.

- **Controlling behavior:** Some abusers exercise dominance over others by controlling some or almost all aspects of their lives. They may, for example, check mileage, monitor emails and phone calls, call many times during the day to check on the person, determine the person’s choice of clothing, hairstyle, and makeup, encourage dependency, and use or threaten children to maintain control.

- **Emotional abuse:** Abusers may use threats, intimidation, brainwashing, insults, and criticism to undermine the person’s self-confidence. They

may lie, distort the truth, and humiliate the victim and try to convince the victim that he or she is mentally unstable or incompetent.

- **Isolating behavior:** Abusers often try to separate the victim from family and friends who might intervene and from services that may help the victim to leave the situation. Some victims begin to isolate themselves because they are ashamed for others to see their bruises or to know the extent of their abuse.

- **Verbal abuse:** Abusers often use threats and yelling to control victims. They may, for example, use insulting words (whore, dummy, disgusting, ugly). They may threaten to hurt or kill children or pets to keep the victims in a state of fear.

- **Financial abuse:** Abusers may control the money and spending and may limit access to any funds. Abusers may force victims to quit jobs or turn over their paychecks.

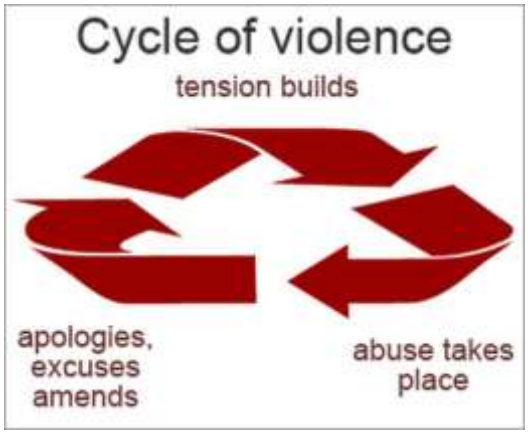
- **Sexual abuse:** Abusers may rape victims or force them to engage in sexual behavior to which they have not consented, such as forced prostitution. Victims may experience genital biting, tearing, and mutilation. Abusers may exhibit excessive jealousy and accuse the victims of being unfaithful or promiscuous and may make offensive statements about the victims' bodies or sexual preferences.

- **Stalking:** Stalkers may be known to the victim, such as a former partner, or essentially unknown (a stranger or casual acquaintance who becomes obsessed with the victim). About two-thirds of female victims of stalking are victimized by a former intimate partner. Over 19 million women in the United States have experienced stalking and over 6 million men (1 in 6 females and 1 in 17 males).

  Stalkers may harass, threaten, follow, and intimidate victims or shower them with unwanted and frightening attention. Stalking behaviors may include unwanted and persistent phone calls or other types of messages; appearing unwanted at the victim's home, workplace, or school; leaving items for the victim to find; watching, following, or tracking the victim; and unlawfully entering the victim's car or place of residence to frighten the victim.

Phases of domestic/intimate partner violence

Domestic/intimate partner violence often occurs in a cycle of 3 phases:



1. **Tension building phase:** The abuser may begin to criticize, pick fights, exhibit jealousy, swear, make threats, use alcohol or drugs, or act in unpredictable ways. The victim becomes increasingly anxious and fearful, trying to appease the abuser and keep children quiet.

2. **Violence-crisis phase:** The abuser carries out abuse. The victim may try self-defense, leave, call for help, pray, beg the abuser to stop, hide, or do whatever is necessary to survive.

3. **Seduction-calm phase**: The abuser may apologize, make promises, or give gifts. The victim may feel hopeful, blame the self, return home (if left), and minimize the abuse.

Screening for danger

All patients or clients, especially female adolescents and women, pregnant women, and males and females with mental health problems, such as depression or anxiety, should be routinely screened for domestic/intimate partner violence and suicide risk. People should be advised that screening is done universally with all patients or clients rather than just those suspected of being victims of abuse.

Numerous screening tools are available to assess risk to victims of domestic/intimate partner violence:

- Risk Assessment for Domestically Violent Men.
- Spousal Assault Risk Assessment Guide.
- Brief Spousal Assault Form for the Assessment of Risk.
- Domestic Violence Screening Inventory Revised.
- Danger Assessment/Danger Assessment-Revised.
- STaT (Slapped, Things and Threaten).
- STARK (Humiliation, Afraid, Rape Kick).
- WAST (Women Abuse Screen Tool).
- Abuse assessment screen (for pregnant women).

- HITS (Hurt, Insult, Threaten, Scream).

Question	Yes*	No
Does your partner physical HURT you?		
Does he INSULT you or talk down to you fairly often?		
Does he THREATEN you with harm?		
Does he SCREAM or curse at you fairly often?		

*Any "yes" answer indicates risk for abuse.

Screening should be done in private (or with children under 3 years of age) without another adult present because the person accompanying a potential victim may be the abuser. Assessment should always begin by explaining the purpose of the assessment and the person's right to confidentiality and by asking if the person is safe and if the abuser is present in the facility or nearby.

In some cases, it can be difficult to separate a victim from an abuser, but the healthcare provider can ask that others present step out while an examination is carried out or can request a urine specimen and accompany the person to a bathroom where they may have be able to speak without danger. Posters and information about getting help for domestic/intimate partner violence should be prominently posted in bathrooms.

Victims of domestic/intimate partner abuse often tell unlikely stories about how they were injured (fell down the stairs, ran into a door) and may refuse treatment or a complete physical examination. If assessed by emergency personnel, they may refuse transport to the emergency room. Healthcare providers can offer help and provide resources but cannot force victims to report their abuse to the police or to leave an abusive situation.

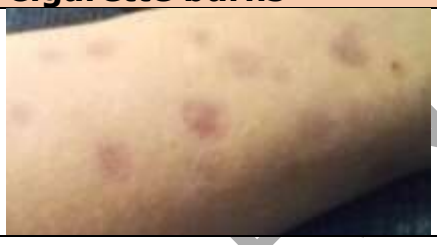
Physical assessment

People who are victims of abuse often present with a variety of health problems, including headache, pelvic pain, and palpitations and often do not report abuse as the cause of injuries. When carrying out a physical assessment, the healthcare provider should be alert to physical signs that may indicate abuse and defensive actions. Injuries common to abuse include:

- Bilateral injuries, such as to both arms and hands or both legs and feet.
- Fractures.
- Facial injuries occur in 94% of victims of domestic/intimate partner abuse. Up to half of all injuries result from abuse to the head or neck.

Some abusers may avoid the face to avoid leaving obvious bruises but strike the back of the head.

- "Bathing suit" or central injuries (back, abdomen, chest/breasts) that are usually covered by clothing to avoid obvious detection.
- Ruptured eardrum.
- Rectal or genital injuries.
- Defensive injuries, such as to the ulnar aspect of arms, palms, and soles of feet.
- Crouching injuries to back, legs, buttocks and back of head.
- Multiple injuries at various sites on the body and in various stages of healing. Within an hour of injury, bruise marks may be red, blue, purpose or black. After 18 hours, yellow discoloration is often present. Bruises that are yellow, brown, or green are older injuries, but the time cannot be specified.
- Fingernail markings (impressions, scratches, claw marks), bruises, circular injuries consistent with cigarette burns, and rope burns.

Scratches	**Cigarette burns**
	

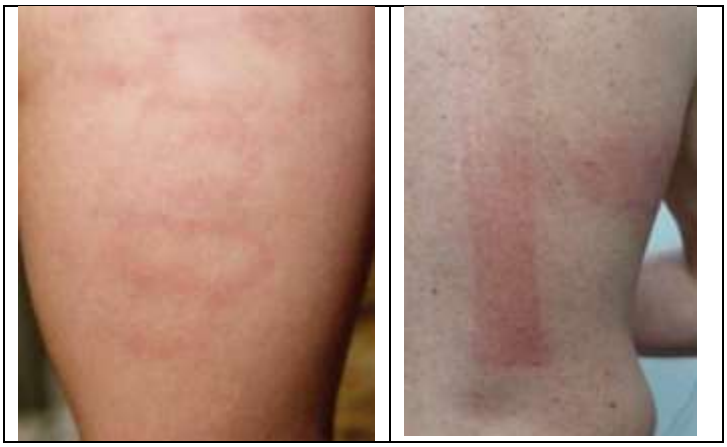
- Restraint and ligature marks.

Restraint bruising	**Ligature marks**
	

- Welts, abrasions, cuts.
- Subconjunctival hemorrhage (often resulting from violent conflict).

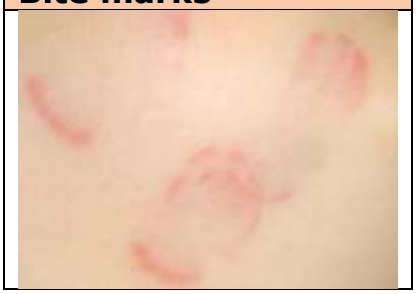
- Pattern injuries, such as from finger marks or belt marks

Finger marks	**Belt marks**



- Bite marks, which may have noticeable tooth marks or be simply semi-circular abrasions or contusions.

Bite marks



- Genital injuries, such as bite marks, tears, labial/vaginal hematomas, and rectal injuries.

Emotional assessment

Victims may exhibit a number of psychological states and should be assessed for suicidal ideation and well as emotional problems. Common emotional states include:

- **Hypervigilance**: The victim may be very fearful almost to the point of paranoia and may be distrustful of healthcare providers.
- **Hyperarousal**: The autonomic system's fight or flight response may result in increased blood pressure, pulse, and respirations. The victim may appear anxious and distressed.
- **Eidetic memory and recall**: The victim may have flashbacks that make the victim re-experience the abuse when recalling or describing it or when something, such as a sound or smell, triggers a memory.
- **Dissociation**: The victim may feel as though the mind and body are separate and that the victim is an observer rather than participant. Responses may be slowed and the victim may appear confused at times.

Possible long-term effects or health outcomes

Fatal outcomes: Victims are at increased risk of homicide, suicide, maternal mortality, and AIDS-related mortality.

Non-fatal outcomes:

- Physical health problems: Injuries, functional impairment, pain, poor general health, permanent disability.
- Chronic conditions: Chronic pain syndromes, irritable bowel syndrome, somatic complaints.
- Mental health problems: PTSD, depression, anxiety, phobias, panic disorder, eating disorders, sexual dysfunction, low self-esteem.
- Negative health behaviors: Smoking, alcohol use, drug use.

Special populations

Adolescents: When intimate partner violence occurs during adolescence, it is referred to as teen dating violence (TDV). Up to 11 million females and 5 million males who reported intimate partner violence first experienced it before age 18. Currently, about 1 out of 10 female high school students in the United States has reported experiencing physical violence associated with dating. These victims are at increased risk of pregnancy, STDs, HIV, tobacco use, and mental health problems, including risk of suicide.

Behavior that indicates a risk for violence includes monitoring cell phone or messaging, posting nude pictures of the victim on social media, stalking through social networks, controlling what the victim wears and whether the victim goes to school or uses birth control.

Older adults: About 90% of the time, the victim of elder abuse knows the perpetrator, who is often an adult child or partner. Older adults are particularly vulnerable because they may be disabled or too weak or frightened to resist. It is estimated that one to two million older adults in the United States have been victimized by someone caring for them, ranging from 2% to 10% of this population although most abuse is unreported. Abuse may occur in the home or residential facility.

Some older adults have been in abusive relationships for many years, and the abuse doesn't stop simply because the abusers and the victims have gotten older. If victims become physically dependent because of health problems, the violence may escalate.

Immigrants: Depending on their cultural background and level of education, immigrants may different perceptions about domestic/intimate partner violence and may be afraid to seek help for fear of being deported if

they report the abuse or are in the United States illegally. Many are unaware that a U Nonimmigrant Visa may allow them to remain in the United States if they have been subjected to physical or mental abuse by an intimate partner.

Disabled: The disabled are particularly vulnerable because they may not be able to verbalize what has happened to them or to defend themselves. They may be dependent on their abuser. Abuse may include not only physical abuse but withholding of necessary services or assistive devices or refusal to assist with personal services, such as help with toileting, bathing, or eating. Because of lack of appropriate facilities, the disabled may not have access to shelters, and their disabilities may prevent them from accessing hotlines or other resources.

LBGTQ: The types of abuse that those in the LBGTQ community experience are similar to those of heterosexual couples, but victims may feel that they will have little sympathy or support because of experiences with discrimination. Indications of an abusive relationship include when a partner threatens to "out" the victim, ridicules the victim, or insists that the police won't help the person.

Shelters for LBGTQ individuals are often not available, and services, such as hotlines and support groups, are often geared toward those in heterosexual relationships. Cases of domestic/intimate partner violence are higher among males living with other males than among males living with females, and females living with other females have less domestic/intimate partner violence than females living with males.

Males: Males are often especially reluctant to admit that they are victims of abuse, whether in heterosexual or homosexual relationships, because of cultural perceptions about males. Victims may feel embarrassed or ashamed and may fear that they won't be believed. Abusers may belittle or verbally humiliate the victim, act possessively, control spending, threaten to leave and take the children, threaten to report the victim for abuse or make other false allegations.

Males may stay in an abusive relationship out of fear that the children will be harmed if they leave. Resources, such as support services and shelters, for males who are victims of domestic/intimate partner violence are often scarce or nonexistent. About 5% of males are killed by an intimate partner, and 100,000 a year are abused.

Pregnant women: Abuse often escalates during pregnancy as the abuser becomes jealous of the victim's attention to the fetus, and abusers may be

increasingly stressed at the emotional and financial responsibilities of rearing a child. One out of 6 pregnant women are abused by an intimate partner. The abuser may prevent the women from receiving adequate prenatal care and may put both the life of the woman and the fetus in danger by acts of violence.

Women are at increased risk of uterine injury, miscarriage, stillbirth, preterm delivery, vaginal infections, and bleeding. The baby is at increased risk of low birth weight, poor feeding, and problems sleeping.

Documentation responsibilities

The Joint Commission requires that hospitals have policies in place for the identification, evaluation, management, and referral of victims of domestic/intimate partner violence. Hospitals must ensure that any evidentiary materials are safeguarded in case they are needed for future legal actions. This includes careful documentation and (when appropriate) photographs or illustrations of all injuries.

The medical record must contain the following:

1. Consent forms from the victim, parent, or legal guardian.
2. Record of any evidentiary material released by the victim.
3. Information regarding any legally-required notifications and release of information to appropriate authorities.
4. Any referrals made to private or public community resources for victims of abuse, such as shelters.

Details about the abuse should be documented thoroughly in the medical record, using direct quotations of the victim's words for critical information. Information should include:

- Description of abuse: Including current abuse (in victim's words) and any prior history of domestic/intimate partner violence.
- Description of inconsistencies in the victim's report: Report should be as objective as possible in describing the inconsistencies and the victim's behavior.
- Associated problems: Physical or emotional problems that may be related to the abuse.
- Very detailed description of injuries: Type, location, size, color, distribution and intensity of pain, and apparent age of injuries. Anatomical diagrams, illustrations, and/or color photographs should be included. One full body shot, a torso shot, and closeup shots should be included with 2 views of each injury with a ruler to show size. (Note that photographs should be taken before medical treatment and appropriate consent form signed.)

- Clothing and evidentiary materials: Any clothing that is damaged or torn should be photographed and all evidentiary materials preserved according to the chain of evidence and established protocols.
- Legal responsibilities: If reporting of domestic/intimate partner violence is mandated by law, the victim must be notified and the reporting documented. All victims should be advised that abuse is a crime and that they have the right to report it to the police.
- Police report: If the victim wishes to report the abuse to the police, the healthcare provider should assist the victim to do so, ensure that the victim is in a safe environment while awaiting the police, and document the actions taken.
- Victim refuses to report incident to police (if not mandated): Provide as much support as the victim allows, including information about abuse hotlines and shelters, and try to ascertain if the victim has a safe place to go or a plan for safety.

Hospitals and other healthcare facilities should have prominent posters and pamphlets available regarding domestic/intimate partner violence with information about resources.

Reasons victims stay with abusers

It can be difficult to understand why victims stay in relationships in which they are abused, especially if they have suffered severe and/or repeated injuries, but this is often the case. Fear is often the overriding factor. The most dangerous time for a victim is when leaving, and this is precisely when many victims are killed. Victims may be afraid that the abuser will harm or kill them, children, or pets or will ruin them financially.

Additionally, victims may be convinced of partial blame for the acts of the abusers because they failed to follow the "rules," the abuser blames the victims for losing control, and the victim fought back, verbally or physically, to the abuse.

Barriers to leaving may include:

- Fear of increased violence: Strangulation is a common cause of death. Victims are 10 times more likely to be killed by strangulation.
- Lack of support (family, friends, community resources).
- Fear of living independently and supporting self and/or family.
- Fear of losing custody of children to the abuser.
- Lack of education.
- Lack of money: Economic independence is critical to leaving an abusive situation. Victims without adequate education or jobs often feel they have no alternatives. If the victim is the spouse of a person in the military and leaves, the victim may be eligible for assistance for up to 36 months

through the Transitional Compensation Program. Other victims may be eligible for welfare assistance.
- Religious beliefs: Some religions are opposed to divorce, and some are patriarchal.
- Cultural beliefs: Some cultures view women as subservient to men or even the property of men.
- Lack of legal support.
- Love for the abuser.
- Inconsistency of abuse: The abuser may have periods of loving attention between episodes of violence.
- Rationalization of the reasons for abuse (stress, drugs, alcohol).
- Access of abuser to guns. A gun in the home increases the risk of homicide for women by 500%.
- Abuser threatens suicide if the victim leaves.
- Courts often deal with abusers leniently.

In some cases, the abuser is part of the system that should be there to protect victims, such as when police officers are the abusers. Police abusers are often protected by their coworkers, complaints ignored, and little or no disciplinary action other than perhaps counseling taken against the abuser.

Planning for safety

Victims of domestic/intimate partner abuse should be encouraged to make a plan for safety even if they plan to remain in the abusive relationship. Safety steps include:

- Keeping cell phones charged and on silent so they can quickly be used to call for help.
- Identifying the safest room in the home to retreat to if the abuser becomes threatening. This may include a room with few items that can be used as weapons or a room with windows visible from outside the home.
- Staying away from rooms with children when the abuser becomes threatening because the children may observe the violence or become victims themselves.
- Parking vehicles facing forward so that it can be quickly driven away from the property.
- Hiding spare vehicle and home keys.
- Determining the safest exit from the home, such as a back door instead of a front door.
- Assuming a protective position when being attacked, such as sitting in a corner with the back against the wall and knees pulled up to the chest to protect the internal organs, head down, and arms covering the neck.
- Sharing information about the abuse with a trusted friend or family member, keeping in mind that these people may be at risk if they attempt to intervene.

- Maintaining important items where they are easily and quickly accessible, including ID/driver's license, birth certificates, health insurance cards, medications, cash, ATM card, baby supplies, pet supplies, cell phone and charger, change of clothing, copy of restraining order (if in effect), and house and car keys.
- Keeping a list of phone numbers of people or other resources to call for help.
- Establishing code words or phrases with trusted friends or family members to signal the need for help.
- Identifying a safe place for children to go (room in the house, neighbor) if they are in danger.
- Practicing internet safety, including clearing browser history of content an abuser should not see, such as information about domestic/intimate partner violence.
- Opening email accounts that the abuser doesn't know about.
- Purchasing and hiding a pay-as-you-go cell phone for private calls.
- Avoiding posting any identifying or personal information on social media and utilizing privacy settings.
- Calling a hotline to ask for assistance if planning to leave an abusive relationship. Hotlines can provide information about how and when to safely leave a house and where to go.
- Establishing ownership of pets through licensing, rabies certificates, and veterinary records. Pets are often abused similarly to people.
- Making a plan for care of pets if leaving the abusive relationship.
- Saving hotline/shelter numbers under other headings, such as "Beauty shop."

Risk factors for becoming an abuser

Many factors may combine to place a person at increased risk of becoming a perpetrator of domestic/intimate partner violence:

- **Individual**: Those with low self-esteem, low income, and low academic achievement are at risk as well as those who are substance abusers or have antisocial personality traits or conduct problems. Abusers may feel isolated or have few friends and have a belief in strict gender roles. They may be unemployed and experience depression, anger, and/or hostility. Abusers often have a history of physical or psychological abuse.
- **Relationship**: Unstable marriages with conflict and jealousy or dominance by one partner are at risk. Unhealthy family relationships, economic stress, association with antisocial or aggressive peers, history of physical discipline and/or poor parenting as a child, and lack of friends all may contribute. Growing up in a household where the child observes or experiences domestic violence is a common risk factor.
- **Community**: Poverty and problems associated with poverty (crowded housing, inadequate food, unemployment), weak community sanctions

against domestic/intimate partner violence, and many places selling alcohol.
- **Societal**: Weak health, education, and economic policies or laws, income inequality, and ideas regarding traditional gender norms.

Preventive measures

Multiple approaches are necessary to decrease the incidence of domestic/intimate partner violence. The CDC recommends the following strategies:

Restraining orders

One recourse that victims of domestic/intimate partner abuse have is a restraining order although this alone is not always enough to protect a victim as an abuser can violate the restraining order. Different types of restraining orders are available depending on the circumstances: domestic violence restraining orders, civil harassment restraining orders, elder/dependent adult abuse restraining order, and workplace violence restraining order.

A restraining order may vary from state to state but may order that the restrained individual avoid contact or going near the victim, children, or other relatives; relinquish guns; pay child and/or spousal support; stay away from pets; move out of a shared home; pay certain bills and avoid large expenses that may affect the other person. Some may be required to complete a batterer intervention program.

Types of domestic violence restraining orders include:

- **Emergency Protective Order**: Law enforcement officers can request this order from a judge at any time of the day or night if they respond to a call regarding domestic/intimate partner violence. The EPO is in effect for up to a week.
- **Temporary Restraining Order**: The victim must go to court to request a restraining order for which a hearing date is set. If the judge feels it is warranted, the judge may issue a TRO is issued that is usually in effect for 20 to 25 days until the court hearing date.
- **Permanent Restraining Order**: At the hearing, if the judge is convinced that the victim is at risk, a PRO is issued, usually for a period of 5 years after which it must be renewed.
- **Criminal Protective Order**: The CPO is issued by a criminal court when criminal charges for abuse are filed. The CPO is in effect until the trial is over and usually last for 3 years after the trial if the abuser is found to be guilty or pleads guilty.

Additional restraining orders, such as those for civil harassment, elder or dependent adult abuse, and workplace violence are also available, and a lawyer can help people to determine the most appropriate restraining order for the situation.

The *Violence Against Women Act* makes crossing state lines to stalk, harass, or physical injure a partner a federal crime. If the abuser is subject to a protective order or is convicted of a qualifying crime of domestic violence, it is a violation to possess a firearm or ammunition.

National hotlines

- Victim Connect: 1-855-4VICTIM (1-855-484-2846)
- National Domestic Violence Hotline: 1−800−799−SAFE (7233) or
- TTY 1−800−787−3224
- The National Sexual Assault Hotline: 1-800-656-HOPE (4673)

Conclusion

It's important when caring for victims of domestic/intimate partner violence that the nurse remain empathetic and non-judgmental so that the door stays open to helping the victim leave an abusive situation, even if that doesn't occur right away. It can require a great deal of courage to leave a situation in which the victim may rightfully fear death at the hands of the abuser or fear for the safety of children.

In some cases, healthcare providers may fear for their own safety, especially if the abuser is present and becomes threatening. Security should be alerted when a victim of possible abuse arrives for treatment especially if accompanied by the likely abuser.

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