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Recognizing Domestic Violence and Battering of Women

Mary Ann Lee, MD, Deputy Director of Community Medicine, St. Vincent's Hospital and Medical Center, New York, NY

Abstract

Domestic violence and battering of women are a widespread epidemic and serious crime. Nationwide, at least 6 million persons are victims of some form of family violence each year. Two-thirds of these individuals are women battered by their partner. Persons from all religious, racial, ethnic and social economic groups are affected. The stresses of immigrant life, limited resources, cultural taboos, language barriers, and legal restrictions altogether make Asian women especially vulnerable to domestic violence. Battering involves a pattern of coercive behavior including the physical, sexual and psychological abuse of one person by another. It can range from verbal harassment to murder. In the majority of cases, victims' injuries are caused by beating, kicking, choking or use of a weapon. In addition, battering is a major factor in a range of psycho-social problems including suicide attempts, alcoholism, depression, drug addiction and child abuse. Medical care providers should be aware of the dynamics of abuse, be able to identify the victims, be sensitive to their needs, and be ready to provide effective care. Prompt referrals to appropriate community resources may avoid further abuse.

Domestic violence and women abuse are a widespread national health epidemic as well as a serious crime:

- Six million persons in the US. are victims of domestic violence each year; 63% of them women. It is estimated that a person is battered every 15 seconds in the US. (source: US. Dept. of Justice, Bureau of Statistics, 1987)

- 30% of women murdered in 1990 were killed by husbands or boyfriends. (source: American Medical Association. Reported by NY Newsday, June 17, 1992)

- Approximately 50% of all women treated in emergency rooms had injuries from abusive partners. (source: Philadelphia Health Management Corporation)

- It is estimated that domestic violence causes 21,000 hospitalizations; 99,800 hospitalization days; 28,700 emergency room visits and 39,900 physician visits annually in the United States. It is estimated that such incidence of domestic violence account for as much as $10 billion in health and social welfare costs. (source: Dr. Richard Gels, Ph.D., Director of Family Violence Research Program, University of Rhode Island)

- As many as 37% of all pregnant women are abused during their pregnancies. (source: "Violence Abuse of Moms-To-Be," Daily News, June 17, 1992)

- In 1985, the US Surgeon General reported that battering was the single greatest cause of injury to women more common than auto accidents, muggings and rape combined.

The staggering statistics do not reflect the entire scope of the problem. The number of cases are under-reported, especially among the Asian population.

Traditional Asian values place women in secondary roles to men. Their identities are often defined in terms of their fathers or their husbands on marriage. Deference to authority, i.e. males and elders, ability to maintain harmony within the family, non-assertiveness and self-effacement are valued virtues in the Asian women. Revealing family problems to outsiders is looked upon harshly by the community, as it brings shame and humiliation to the entire family. For a woman to confront the violence is often synonymous to condemning herself to isolation and ostracism, sometimes even by her own family. At times, family members on the abuser side may collude with the batterer in inflecting violence or withhold food, money, health care or other essentials.

The other half of this nation's women are also affected as the concerned daughters, mothers, sisters, or friends of the victims. Battering affects every community in this country. It is exacerbated by other economic, cultural, and institutional barriers such as employment, housing, child care, immigration and culturally sensitive health care. It touches upon every aspect of a battered woman's life: What she says, how she dresses, where she works, who she associates with, and even what sex her children are. It doesn't matter whether she has any control over these things; she is made to feel that she is somehow responsible.

While many battered women require medical attention, few women using the health care system are ever identified or receive help with domestic violence. Health care providers historically have not recognized battered women who come to them for help.

Many doctors find it difficult to deal with the issue, even though the AMA recommends routinely screening female patients for incidents of abuse. A survey of physician attitudes about domestic violence in June, 1992 in JAMA reveals legitimate concerns about the roles physicians are expected to play and the enormous demands that these responsibilities may make on their time.

Physicians now are already mandated to report child abuse, to explain to very ill patients that they have the right to refuse treatment, to explain the side effects of immunizations, to screen for depression, etc. The legal ramifications of the AMA recommendation are still unknown. Physicians have been sued for failure to report child abuse. The question to be answered is, if the physician failed to screen for domestic violence, can the patient or her survivors sue the physician for failing to take action?

Sample of self-administrated questionnaire that can be readily incorporated into the medical history forms for female patients to screen for battering.

Does your partner....

- constantly criticize you and your abilities as a wife, partner, mother, or employee?
- behave in an overprotective manner or become extremely jealous?
- call you names or fight with you in front of friends or family?
- threaten to hurt you, your children, pets, family members, friends, or himself?
- suddenly get angry or lose his temper?
- destroy personal property?
- deny you access to family assets like bank accounts, credit cards, and cars?
- control all your finances or withhold money from you?
- use intimidation or manipulation to control you or your children?
- hit, punch, slap, kick, shove, or bite you?
- prevent you from going places, going to school, or getting a job?
- force you to have sex?
- harass you at work?

The Battering Syndrome from a Medical Perspective

The battering syndrome usually develops in stages of increasing medical complexity and severity. The syndrome is chronologically organized into episodes of repeated injuries and/or psychological abuse followed by illness and emotional problems resulting from ongoing abuse. This may prompt utilization of multiple social and medical services as victims attempt to prevent future violence and ameliorate the physical and emotional damage resulting from the battering. If the abuse continues without effective intervention, serious psycho-social problems such as attempted suicide, mental illness and substance abuse can arise. Physical injuries and symptoms that need further investigation for possible domestic violence. Injuries to face, neck, throat, chest, breasts, abdomen, and genitals. Unusual distribution of injuries or injury to multiple areas. Contusions, lacerations, abrasions, stab wounds, burns, human bites Fractures, particularly of the nose and orbits, and spiral wrist fractures Evidence of sexual assault Chronic pain, especially headaches and abdominal pain Injuries during pregnancy Substantial delay between onset of injury and presentation for treatment Multiple injuries in various stages of healing Extent and type of injury inconsistent with patient's explanation. Repeated use of emergency room services and/or psychosomatic or emotional complaints.

What the physician should do when domestic violence in your patient is suspected?

Four main guidelines for the practitioner:

1. Validate the victim's experience
2. Explore her options and advocate for her safety
3. Build on her strengths and avoid victim blaming
4. Respect her right to self-determination

These are the positive steps to take:

1. Convey an attitude of concern and respect. Assure the confidentiality of any information provided.

2. Interview the patient in private, using impartial, unrelated interpreters. Questioning the patient in the presence of the abuser or family member may put the patient in further danger.
3. Ask the victim directly if her injuries or complaints are the result of an assault by someone she knows.
4. Communicate to the victim that she is not alone, that she is not to be blamed for the violence, that help is available.
5. Record the patient's history and conduct thorough medical examination including appropriate lab tests and x-rays. Keep detailed medical records. If the extent or type of injuries is inconsistent with the explanation the patient gives, make notes in the medical record.
6. Preserve physical evidence. Place torn or blood stained clothing and/or weapon in a sealed envelope. Mark on the envelope the date, patient name, the name of the person who took the items in the bag. Keep in a locked place until turned over to authorities or patient's lawyer.
7. Offer to contact authorities. Battering is a crime.
8. Offer to photograph the patient's injuries. Keep photographs, labeled and dated, in sealed envelope.
9. Help the victim assess her and her children's immediate safety. Respect and accept her evaluation of her situation.
10. Ensure the victim access to a private phone to talk to the appropriate local or state domestic violence program staff for further safety assessment or shelter plans, and counseling.
11. Provide information and referrals to programs in the community for counseling, shelter, support groups and legal assistance.

"Which nothing, nothing can divide: When she the word obey has said, And man by law supreme has made, Then all that's kind is laid aside, And nothing left but state and pride." -- Lady Mary Chudleigh, "To the Ladles."