

**PROJECT  
RADAR**  
Violence Prevention Steps for Health Care Professionals

[www.ProjectRadarVA.com](http://www.ProjectRadarVA.com)

Building Resilience for a Safer System  
Division of Injury & Violence Prevention  
**VDH** VIRGINIA DEPARTMENT OF HEALTH  
*Protecting You and Your Environment*

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### What is Project RADAR?

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

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### 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

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## 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.

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## 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:

- Women and men
- Adolescents, teens, young, middle-aged and older adults
- People of all cultures and religions
- Blue collar, middle class, and wealthy
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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.

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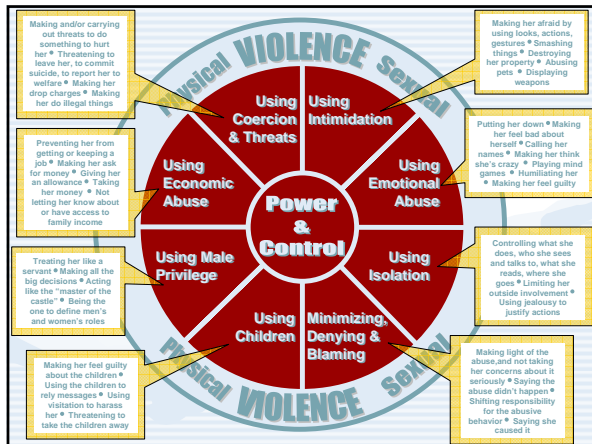
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### Factors that Influence Victims

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



**\*\*Intimate partner violence occurs within the context of the victim's life.**

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### IPV as a Critical Public Health Issue

- More than 1/3 of American women are physically and/or sexually abused by a partner at some point in their lives.
- Those who experience abuse access the health care system 2 to 2.5 times as often as those not exposed to abuse
- Based on data from 1995, the CDC concluded that IPV costs the U.S. \$4.1 billion each year in *direct* medical costs and another \$1.8 billion in *indirect* costs (lost productivity, etc). Extrapolated to 2003, these costs were estimated at \$8.3 billion.
- Mental health care costs are estimated to be 800% higher for abused versus non abused women.




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## IPV as a Critical Public Health Issue

In addition to injuries sustained by victims during violent episodes, abuse is linked to:

- Chronic neck, back & pelvic pain
- Gastrointestinal problems
- Migraines
- STI's
- Pregnancy complications
- Substance abuse
- Depression
- PTSD
- Suicide



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## 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

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## 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.

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## 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.

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**Joint Commission**  
An Accreditation of Healthcare Organization  
*Setting the Standard for Quality in Health Care*

### 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.<sup>1</sup>
- 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

<sup>1</sup> 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.

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**AMA**  
AMERICAN MEDICAL ASSOCIATION

### Professional Standards

The **American Medical Association's** Guidelines for Detecting and Treating Family Violence state<sup>1</sup>:

“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.”

<sup>1</sup>E-2.02 Abuse of Spouses, Children, Elderly Persons, and Others at Risk

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## How Are We Doing in Virginia?

### The 2009 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, hygienists, licensed clinical social workers, psychiatrists and medical doctors 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 10,325 surveys mailed, a total of 4,481 were returned, for an overall response rate of 43.4%.

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## How Are We Doing in Virginia?

### The 2009 Intimate Partner Violence Health Care Provider Survey

#### Results

- 85.4 % of providers have never attended an IPV training/workshop.
- Even though over 1 in 3 providers indicated that either they or someone close to them had been a victim of IPV, half reported that they **do not use screening questions with any patients.**
- **Even when the patient presented with a bruise or laceration,** only 1 in 4 providers consistently (“always” or “almost always”) asked about the possibility of IPV.
- Over 2/3 (67%) of providers reported that, to their knowledge, their workplace does not have any written guidelines regarding IPV.

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## The Hospital Policy Analysis Project



#### Characteristics of Participating Hospitals

- 62 hospitals participated (RR=76.5%)
- Distributed across the five health planning districts
- Equally distributed in terms of bed size and average number of ED visits annually
- 67% of study hospitals in a health system, compared to 61% of all Virginia hospitals
- Type of ownership (public, private, government) of study hospitals representative of ownership distribution of all Virginia hospitals.

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## The Hospital Policy Analysis Project



### Key Findings

- Only 24.6% of participating hospitals had a 'stand-alone' policy on IPV.
- 36.1% did not provide any definition of IPV or DV anywhere in the policy.
- Only 2.4% referenced JCAHO standards on abuse.
- Reporting requirements regarding IPV were unclearly or incorrectly stated in 59% of the policies that we reviewed.
- Referral sources with phone numbers were provided in 49.2% of the policies, but only 13.1% included a written safety plan.
- 37.7% made mention of requiring staff training/education on IPV, but only 1.6% discussed how to address employees affected by IPV and only 6.6% discussed related security issues (e.g. what to do if an abuser is on-site)

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## 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)



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## 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



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## 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

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## 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.”



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## 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?”



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## 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.**

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## 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
- Danger Assessment Tool: [www.dangerassessment.org](http://www.dangerassessment.org)

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## 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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## Management of Patient Care

### Use your **RADAR**

- Routinely inquire about violence
- Ask direct questions
- Document findings
- Assess safety
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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.



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## 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, incapacitated adult, or person over the age of 60 is the victim of abuse, mandated reporting statutes apply. (Code of Virginia § 63.2-1509 and Code of Virginia § 63.2-1606)

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### 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



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### 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



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### 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

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## 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




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## 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
  - <http://www.ama-assn.org/ama/pub/category/3242.html>
- Massachusetts Medical Society Violence Prevention Program
  - <http://www.massmed.org/AM/Template.cfm?Section=Violence/800-322-2303>
- Academy on Violence & Abuse
  - [www.avahealth.org](http://www.avahealth.org)

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For more information about Project RADAR, to request additional training or to order materials, contact:

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