

# DOMESTIC VIOLENCE

## KEY FACTS

- Two to 4 million U.S. women are physically assaulted each year by their male partners (American Medical Association, 1992, as cited in American Academy of Pediatrics, 1998; Kerker et al., 2000).
- One-fourth to one-third of all U.S. women are at risk for experiencing domestic violence in their lifetime (Kerker et al., 2000).
- Over one-half of female murder victims in the United States are killed by firearms in the hands of current or former male partners (Eyler and Cohen, 1999).
- Over 3 million U.S. children each year witness violence between their parents (Kerker et al., 2000).

**D**omestic violence affects not only women who are abused but also their children. Children and adolescents in families that experience domestic violence are at high risk for being abused (Kerker et al., 2000). Even if they are not directly abused, these children and adolescents can be profoundly affected by the violence they witness at home. Potential consequences of childhood or adolescent exposure to domestic violence include behavior problems, decreased academic performance, increased anxieties, social problems, and aggression (Kerker et al., 2000). Primary care health professionals are often the first health professionals to become aware of violence in a family. The safety issues associated with domestic violence, as well as the potential long-term adverse consequences of domestic violence for children and adolescents, speak to the urgent need for detection and intervention in primary care child and adolescent practice.



## DESCRIPTION OF SYMPTOMS

### Domestic Violence

(Diagnostic code: V62.8)

*Adapted from DSM-PC. Selected additional information from DSM-PC is available in the appendix. Refer to DSM-PC for further description.*

- Situations in which parents commit violent acts toward one another

### ASSOCIATED RISK FACTORS

According to Wolraich et al. (1996) and Eyler and Cohen (1999), the following risk factors are associated with domestic violence:

- History of parent growing up in a violent household
- History of abusive relationships
- Parental substance abuse including the abuse of alcohol
- Poor family communication skills

- Marital conflict
- Family disruption, losses
- Rigid or conflicted family roles
- Physical or mental disability in family
- Child with a difficult temperament
- Social isolation
- Poverty or financial difficulties

## INTERVENTIONS

Abused women are often reluctant to seek health care services for themselves, but they may feel more comfortable doing so for their children. Primary care health professionals are therefore uniquely placed to identify and support families experiencing domestic violence. Through basic screening, sensitive questioning, and an office environment in which disclosure is handled in a reassuring and confidential manner, primary care health professionals can help effect interventions for families experiencing domestic violence.

### Family

1. Be aware of factors that may indicate a family at increased risk for domestic violence (e.g., substance abuse, history of parents witnessing domestic violence as children, recent separation of partners).
2. Include brochures on domestic violence with local contact information in displays of patient education materials. Consider posting the number of a local domestic violence crisis intervention organization in restrooms.
3. Inquire gently of all families about how relationship conflicts are handled and resolved

within the family. Sample questions include the following: “Every family has disagreements at times. What happens when you and your partner disagree?” “How do you and your partner handle stressful situations at home?” “Does it ever feel like things get out of control?”

4. If a couple is present together in the office, be attuned to any discomfort or silence that might follow these questions. If you notice any discomfort in a parent’s response or have other reasons to suspect domestic violence, consider strategies that would allow you to speak with the woman privately (e.g., scheduling a follow-up appointment; providing both members of the couple with your practice’s on-call and after-hours numbers and suggesting that they get in touch with you if they have questions or concerns).
5. While interviewing a woman privately, follow up on any relationship concerns with more questions. Sample questions include the following: “Have you ever felt afraid for yourself or your children?” “Has your partner ever threatened you or your children?” “Has your partner ever forced you to do anything against your will?” “Has your partner ever hurt you or your children?”
6. Understand that abused women may realistically fear severe injury or even death if they tell anyone they have been abused or if they try to leave their abusive partners. Women may also feel embarrassed or ashamed about the abuse, may be financially vulnerable, or may worry that their children will be removed from their care if they report the abuse. Women may need ongoing support and contact before they disclose information about domestic violence.
7. Emphasize to women that under no circumstances does anyone have the right to abuse them.
8. Have in place an action plan to assist families. Know your state’s legal mandates for reporting domestic violence, and be familiar with community resources, including safe shelters and health and human services professionals who assist and counsel abused women and their children.
9. Discuss with the woman the options available to her. Provide women who are abused with contact information for services (e.g., shelters, mental health professionals, support groups, police, district attorney). Offer the woman the use of a private telephone. Ask about family or friends she can rely on for support.
10. If the woman feels it is best not to take any immediate action or is unwilling to take immediate action, encourage her to develop a safety plan. (A detailed framework for developing a safety plan is presented in Paluzzi and Slattery, 1996.) Remind her that the situation is likely to worsen if nothing is done about it. Schedule a follow-up visit.

## Child or Adolescent

1. Ask children and adolescents about relationships in their family. For example, say to children, “Draw me a picture of your family. Tell me a story about them.” (See Tool for Health Professionals: Suggested Child Interview Using a Human Figure Drawing As a Conversation Piece, *Mental Health Tool Kit*, p. 33.) Ask adolescents, “Are you worried about anyone in your family?” If domestic violence is suspected, make an effort to interview the child or adolescent privately.



2. If you suspect domestic violence, ensure the safety of the child or adolescent. Children and adolescents in families in which domestic violence has occurred are 6–15 times more likely to be abused than those who are not in such families; in cases of severe wife abuse, child abuse may coexist in as many as 77 percent of cases (Wright et al., 1997, as cited in Kerker et al., 2000). If evidence of abuse or neglect is present, immediate steps to protect the child or adolescent must be taken. When a child or adolescent intentionally or unintentionally discloses domestic violence, the disclosure may precipitate further acts of domestic violence directed against the child or adolescent or the mother. (See bridge topic: Child Maltreatment, p. 213.)
3. Be aware of the potential effects of domestic violence on children and adolescents (Wolfe and Korsh, 1994):
  - Infancy: impaired attachment, disrupted sleeping and feeding routines, irritability
  - Early childhood: regression of developmental skills, somatic complaints, anxiety symptoms, disruptive behaviors
  - Middle childhood: feelings of self-blame or guilt about the abuse, poor self-esteem, aggressive behaviors, withdrawal or clinginess, impaired academic and social functioning, somatic complaints
  - Adolescence: academic problems, aggressive and violent behaviors, withdrawal from peers, anxiety and depressive symptoms, involvement in unhealthy or potentially abusive relationships
4. Assess the child or adolescent for any of the problems listed above; consider the use of screening tools to monitor symptoms on an ongoing basis. (See screening tools referenced in bridge topic: Child Maltreatment, p. 213.)
5. Children or adolescents with worrisome symptoms or impaired functioning should be referred for mental health services. Helpful services may include individual treatment and/or group therapy to address anxiety or depressive symptoms, build self-esteem, and reinforce positive social behaviors.
6. For parents who have experienced abuse, provide guidance on how to support their child's or adolescent's needs under difficult circumstances.

## Community and School

1. Engage available agency, family, and community resources (including school personnel and school health staff) in providing the child or adolescent with additional support and in monitoring the child's or adolescent's functioning over time.
2. Consider working with local social services, law enforcement agencies, schools, the faith community, and community groups to develop and implement effective, coordinated community strategies to prevent domestic violence.

## Resource for Health Professionals

Paluzzi PA, Slattery L. 1996. *No Woman Deserves to Hurt: Domestic Violence Education for Women's Health Care Providers*. Washington, DC: American College of Nurse Midwives. This volume is a companion manual to a two-volume videotape set. Order information is available at <http://www.midwife.org>. Order forms are also available through a fax-on-demand system at (202) 728-9898.

## Resources for Families

Family Violence Prevention Fund  
383 Rhode Island Street, Suite 304  
San Francisco, CA 94103-5133  
Phone: (415) 252-8900  
Fax: (415) 252-8991  
E-mail: [fund@fvpf.org](mailto:fund@fvpf.org)  
Web site: <http://www.fvpf.org>

The Family Violence Prevention Fund (FUND) is a national nonprofit organization focusing on domestic violence prevention, education, advocacy,

and public policy reform. FUND disseminates information to consumers and professionals; sponsors campaigns to raise public awareness about domestic violence; provides referrals and other resources for battered women; sponsors conferences; and institutes model training programs. Publications include a newsletter and catalog. Materials are available in Spanish, Asian languages, and other languages.

National Library of Medicine

Web site: <http://www.nlm.nih.gov/medlineplus/domesticviolence.html>

The National Library of Medicine offers an electronic resource guide for consumers and professionals with links to general information about domestic violence and information about prevention/screening, research, specific conditions/aspects, organizations, statistics, and Spanish resources.

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