**Domestic Violence**

1. In a patient with new, obvious risks for domestic violence, take advantage of opportunities in pertinent encounters to screen for domestic violence (e.g., periodic annual exam, visits for anxiety/depression, ER visits).
2. In a patient in a suspected or confirmed situation of domestic violence:
	1. Assess the level of risk and the safety of children (i.e., the need for youth protection).
	2. Advise about the escalating nature of domestic violence.
3. In a situation of suspected or confirmed domestic violence, develop, in collaboration with the patient, an appropriate emergency plan to ensure the safety of the patient and other household members.
4. In a patient living with domestic violence, counsel about the cycle of domestic violence and feelings associated with it (e.g., helplessness, guilt), and its impact on children.

**DEFINITION:** intentional controlling or violent behaviour by a person the victim is/was intimately related. Controlling behaviour may include physical, emotional, sexual, or economic. **Includes elder abuse.**

**Primary pattern** of domestic violence is episodic, unpredictable outbursts. They tend to start as emotional and verbal, but eventually lead to physical. Victims live in constant state of fear. Violence frequently escalates.

**15% prevalence, only pick-up < 5%** so we need to screen in high risk groups.

* Female trauma victims
* Women with chronic headaches and abdominal pain
* Pregnant women (especially with injuries)
* Women with STIs
* Women with a history of childhood abuse
* Elders with signs of neglect or with injuries
* Elders with increasing chronic pain, depression and the number of health conditions
* Don’t forget about men (15% of abuse victims)

**Pregnancy:** classic medical teaching is that **domestic violence starts (or escalates) in pregnancy** and in the post-partum period (so watch for it on the exam).

* 20% prevalence (higher than pre-eclampsia and gestational diabetes)
* Higher in unintended pregnancy
* Higher in those who seek late prenatal care
* Higher incidence of low birth weight, pyelonephritis, preterm labour

**When to suspect domestic violence:**

* Inconsistent explanation of injuries
* Delay in seeking treatment for injuries
* Increased somatic complaints such as headaches, abdo pain, fatigue, chronic pelvic pain
* Strange injures: breasts, abdomen, genitals, head and neck, forearms
* Many bruises at different stages of healing

**Consequences of abuse:**

* Social isolation, economic dependence
* Anxiety, depression, somatization

**How to screen:** 1 question method

“At any time, has your partner hit, kicked or otherwise hurt or threatened you?”

S.A.F.E. questionnaire method (outline for the entire encounter)

* “Do you feel **safe** in your relationship?”
* “Have you ever felt threatened or **afraid**?”
* “Is your **family** aware you have been hurt? Could you go to the for support?”
* “Do you have a safe place to go in an **emergency**?”

**Treatment:**

1. **Assess level of violence**
* Has the violence increased in severity or frequency over the past year?
* Has your partner threatened to kill you, your children, or himself?
* Are there weapons in the house?
* Does your partner know you are planning to leave?
1. **If previous murder threats, or guns in the house (or you just feel it is VERY unsafe):**
* Suggest immediate referral to mental health, social work, women’s shelter

 **2b) Lower risk domestic violence:**

* Most victims not ready to leave abuser because of fear of retaliation, economic dependence, hopes that violence might stop
* Involve counseling, social workers: improves a victim’s self worth, assess the degree of danger, help to develop safety plan
1. **Safety plan:**
* Safe place to go, how to get there, having money, clothes, keys, medications, important documents, taking the children
* Define where they will go: relative, emergency department, calling domestic violence hotline (give number)
* See patient frequently in follow-up
* Re-visit idea of counseling/support if there is resistance
1. **Documentation:**
* State the diagnosis of domestic violence, use specifics in notes
* Injuries should be described and photographed
* **Mandatory reporting for abuse of minors** (<18 years old) and those in **imminent danger**
* Domestic violence not reportable without women’s permission