

Domestic violence or partner abuse

Presenting complaints

Patients may be fearful and reluctant to disclose domestic violence and abuse. Professionals should be particularly sensitive and empathetic in their approach.

The patient may present with:

- physical injuries: bruising, cuts, burns, broken bones
- increased rate or severity of injuries, especially located on the abdomen, during pregnancy
- physical complaints: headaches, chronic pain, pelvic inflammatory disease, pelvic pain, sexual dysfunction
- psychiatric symptoms: depression, anxiety, suicidality, post-traumatic stress disorder, alcohol or drug abuse
- comments about relationship problems or jealousy by the partner
- complaints of being hit or harmed by the partner
- fearfulness
- a partner who insists on being present at appointments; a partner who intimidates or controls the patient

Diagnostic pointers

- Dysjunction between physical signs and reported mechanism and history of injury should increase the index of suspicion.
- Physical, sexual or emotional abuse perpetrated by a spouse or partner. Both men and women can be victims, but female victims of male partners experience more severe injury and greater depression. (Partner abuse also occurs in gay and lesbian relationships.)
- Behavioural changes such as hypervigilance, submissive behaviour in the presence of the abuser, partner speaks or responds on behalf of patient.

Co-existing conditions

- Domestic violence is associated with high rates of mental health problems, which also need to be assessed and treated:
 - Self-harm and Depression - F32# are among the most common mental health sequelae of partner abuse (ref 94). Living with violence can exacerbate a predisposition to depression, but a woman's first exposure to abuse can also cause subsequent depression. Depression may improve as time passes after abuse
 - Battered women are nearly four times more likely to suffer from Post-traumatic stress disorder - F43.1, directly related to the experience of partner violence.
 - Alcohol misuse - F10 and Drug use disorders - F11# occur in higher rates in abused women, with evidence that it may be a consequence and not just an association with

partner violence

- Higher levels of Generalized anxiety - F41.1 and Phobic disorders - F40 occur, as well as worse long-term physical health.

- Children witnessing domestic violence might present with symptoms related to this experience. For example, young children might experience tummy aches, difficulty in sleeping, regression tantrums, and enuresis; boys might present with aggression, disobedience, truancy or substance misuse, girls with withdrawal from others, anxiety and depression, low self-esteem, vague physical symptoms. Girls are more likely to develop eating disorders or deliberate self-harm tendencies. Schooling might be affected and children can exhibit symptoms of Post-traumatic stress disorder (nightmares, flash backs, easily startled).
- Children living in the home are also at higher risk of being assaulted or abused by the perpetrator. See Child abuse and neglect.

References

94 Golding JM. Intimate partner violence as a risk factor for mental disorders: a meta-analysis. *J Family Violence* 1999, 14: 99-132. (CIV) This is a literature review of 38 studies. Existing research is consistent with the hypothesis that intimate partner violence increases the risk for mental health problems such as depression, suicidality, Post-traumatic stress disorder and drug abuse.

Essential information for patient and family

Domestic violence is a universal problem: one in four British women and one in seven men are physically assaulted by a partner in their lives (ref 95). Rates are higher if forms of emotional abuse are included.

- The effects of domestic violence go beyond physical injury.
- The risk of attack is increased for women when they try to leave. The woman should have safety awareness and be encouraged to seek appropriate support (see Resources for patients and families).
- Children who witness or experience domestic violence are also directly affected and are at risk.

References

95 Home Office. Domestic Violence: Finding from a new British Crime Survey self completion questionnaire. London: Home Office Research Studies, 1999.

General management and advice to patient

- **Assess immediate risk.** Ask if patient feels she or her children might be in danger when she returns home today. Detailed risk assessment questions are probably not appropriate within primary care consultations. However, encourage the woman to protect herself and her children. Reassure her that seeking help does not mean that her children will be taken in to care. Encourage her to talk to the children about how they feel.

- Abused women report that they feel they can confide in their GP, yet often feel ashamed to disclose their situation. Most women experiencing partner abuse are not recognized within primary care (ref 96). Although there is debate about routine screening, (ref 97) having a low threshold for asking direct questions about domestic violence is necessary to identify cases.
- The higher prevalence of current or past abuse in women with mental health problems is a compelling reason for asking about abuse routinely in such cases.
- In the absence of visible injury, the practitioner can lead up to explicit enquiry about abuse with a statement like, 'Because conflict or violence is so common in the lives of women, we have begun to ask routinely about abuse in relationships'. If the presenting complaint is anxiety or depression, exploration of stressors should include enquiry about partner abuse. The following questions (HARK) - humiliation, afraid, rape, kick) can be used to ask about past abuse:
 - **Humiliation:** Within the past year, have you been humiliated or emotionally abused in other ways by your partner, ex-partner or anyone close to you?
 - **Afraid:** Within the past year have you been afraid of your partner, ex-partner or anyone close to you?
 - **Rape:** Within the past year have you been raped or forced to have any kind of sexual activity by your partner, ex-partner or anyone close to you?
 - **Kick:** Within the past year, have you been kicked, hit, slapped or otherwise physically hurt by your partner, ex-partner or anyone close to you?

If the answer to any of these question is 'yes', with the woman's permission summarize information in the medical record, including a description of the abuse and any related symptoms. A more detailed record can be made at a subsequent consultation.

- **Documentation.** Good records might prove invaluable in future legal proceedings, as well as in alerting other colleagues with whom the woman might consult.
- **Confidentiality** is crucial; accidental access to the record by the partner can place the woman at greater risk - information should not be entered into hand-held records (eg antenatal or child health records), and care should be taken in entering an identifiable term on a computer summary that might be visible to the partner if he attends a consultation.
- After disclosure, or in the absence of disclosure if the practitioner still suspects abuse, give a contact number for local agencies that provide advocacy (see Resources below). Evaluations of advocacy
- projects in the UK are positive and, generally, abused women find referral to advocacy acceptable (ref 98).
- Cognitive behaviour therapy interventions are effective in improving the mental health of abused women (ref 99).

References

96 Richardson J, Coid J, Petruckevitch A et al. Identifying domestic violence: cross-sectional study in primary care. *Br Med J* 2002, 324: 274-277 (CIV) This is a survey and review of medical records. Health professions should be aware of domestic violence, but the case for screening has not been made. One in six subjects surveyed objected to screening.

97 Ramsay J, Richardson J, Carter YH et al. Should health professionals screen women for domestic violence? Systematic review. *Br Med J* 2002, 325: 314 (CIV) Twenty studies in surveys

and interventions studies were reviewed. Most subject were in favour of screening. None of the studies measured quality of life, mental health outcomes or potential harm from screening programmes.

98 Burton S, Regan L, Kelly L. Supporting Women and Challenging Men: Lessons From the Domestic Violence Intervention Project. Bristol: Policy Press, 1998 (CIV) Women benefit from the combination of forms of support, with support groups being the most effective in combating shame, self-blame and the destruction of self-belief, which can strongly inhibit a woman's attempts to end violence. Although two in three men dropped out of the programme, there was a substantial impact on attitudes and behaviour for most men who did complete it.

99 Abel E. Psychosocial treatments for battered women: a review of the empirical research. Res Social Work Practice 2000, 10: 55-77.

Referral

After disclosure of a history of partner abuse by a patient and contact with an advocacy agency, further follow-up for mental health sequelae by the primary care clinician is recommended. This might result in referral to a therapist.

Resources for patients and families

Contact the Police Domestic Violence Officer to discuss safety and options.

Women's Aid Federation

National Domestic Violence helpline (24hr)

England: 08457 023 468

Wales: 029 2039 0874

Northern Ireland: 01232 249 041/358

Scotland: 0131 221 0401

Website: <http://www.womensaid.org.uk>

Support, advice, information and referrals for women experiencing domestic violence.

Zero Tolerance 0800 028 3398 (helpline)

Website: <http://www.domesticviolenceprevention.com>

Support, advice and information for women experiencing domestic violence.

Rape Crisis Federation 020 7837 1600 (24-hour helpline)

Website: <http://www.rapecrisis.co.uk>

Victim Support 0845 30 30 900 (Support line 9am-7pm, Monday - Friday; 9am-7pm,

Saturday/Sunday; 9am-5pm, bank holidays; see telephone directory for local branch)

Provides emotional support and practical information for anyone who has suffered the effects of crime, regardless of whether the crime has been reported.

Refuge 0870 599 5443 (24-hour national crisis line)

Offers support, information and referrals. It runs its own refuges in London and the South East.

Kiran ji Asian Women's Aid 020 8558 1986; Email: kiranawa@talk21.com

Advice, support and refuge for Asian women, and women from other cultures (eg Turkey, Iran, Morocco and Malaysia, etc.)

Everyman Project 020 7737 6747

Counselling, support and advice to men who are violent or concerned about their violence, and anyone affected by that violence.

Relate 01788 573 241/456 1310

Website: <http://www.relate.org.uk>

Counselling for adults with relationship difficulties, whether married or not.

Parentline 01702 559 900 (helpline)

Offers help and advice to parents on bringing up children and teenagers.

The Suzy Lamplugh Trust Website: <http://www.suzylamplugh.org.uk>

Works to minimize the damage caused to individuals and to society by aggression in all its forms. For legal advice (eg child custody, restraining injunctions):

The National Council for Civil Liberties 020 7378 8659 (advice line)

Citizens' Advice Bureau (see telephone directory for local branch)

Rights of Women 020 7251 6575

Leaflets are available from the Royal College of Psychiatrists (<http://www.rcpsych.ac.uk>): Fact sheet 18, for parents and teachers. Domestic violence - its effects on children.