

[Text on Screen] Healthcare Multimedia Group Inc.

Belson/Hanwright Video

World Leader in Health Care Video

Presents

Domestic Violence: Identification, Treatment, and Referral for the Healthcare Professional

[Carla] You should have called me to tell me if you were going to be late.

[Beer can slammed on table]

[Male Speaker] I don't give you what time I come home. When I hit the front door, and I get inside, I want food on the table. Do you understand me?

[Carla cowering and crying]

[Male Speaker] I don't give you what time I come home. When I hit the front door, and I get inside, I want food on the table. Do you understand me? I'm getting sick of you doing this again. your fault. You got me? You're in for it.

[Sound of slap]

[A woman is being led down the corridor of a hospital by another woman]

[Narrator] Domestic violence. One woman is beaten every 15 seconds in the United States, three to four million each year. A recent study showed that 30 percent of women presenting with injuries in hospital emergency departments were identified as victims of domestic violence. Domestic violence results in more injuries to women than muggings, rapes, and auto crashes combined. On average, 10 women a day are killed by their batterers. Domestic violence is the leading cause of death among women.

[Health professionals consult]

[Narrator] Given the physical injuries Carla presented with along with vaginal bleeding suspected to be the result of a kick to the stomach, domestic violence has to be considered.

[Mary] But the presentation strongly suggests domestic violence.

[Health Professional] Right.

[Mary] Okay. What we need to do is we need to follow reporting procedures, and I'm gonna call Dr. Spence.

[Health Professional] Good, Okay.

[Carla physically examined]

[Doctor 1] Carla, how did you get this black eye?

[Carla] Oh, the kitchen cabinet door was open and I ran into it.[Doctor 1 Examines Carla's bruises]

[Carla] Ow

[Doctor 1] What about this bruise on your neck?

[Carla] Really dumb, I fell. It's not so bad, though.

[Doctor 1] Carla, when I see injuries like yours, I often find that they're the result of being hit by someone. Do you have a boyfriend or a husband?

[Carla] A boyfriend.

[Doctor 1] Has he ever threatened you?

[Carla] No.

[Doctor 1] Has he ever pushed you?

[Carla] No.

[Doctor 1] Kicked you?

[Carla] No.

[Narrator] Our new domestic violence consult team has begun to meet monthly to refine our Institution's response procedures based on a review of cases. Mark is the social worker who works closely with us.

[Consult team meeting]

[Mark] Carla refused to give us her boyfriend's name. She did say he drinks a little bit.

[Doctor 1] Oh, that's no excuse.

[Mark] Yeah, I agree. This guy's a real winner. He cheats on her, then he brags about it. He forces her to have sex when she's not ready, and he's constantly abusing her verbally in public. Nice type, huh?

[Doctor 1] Well, the upside is the bleeding has stopped, and miraculously, in spite of the injuries, the baby was saved.

Now, for the legal aspects?

[Mark] I followed the reporting procedure that we developed in accordance with the state law. I notified the police, but if she does not give the perpetrator's name or file a complaint, they're not gonna come down. I did complete the domestic violence reporting form, and I'll forward this over to the police.

Now, do we have any documentation of her injuries in case she decides to get tough next time?

[Doctor 1] She wouldn't let us take any photographs, but I did do a thorough body map of all of her injuries.

[Body map displaying injuries]

[Doctor 1] And, let's see; safety was definitely an issue at the time of discharge. Did we help Carla develop a workable safety plan?

[Mary] Not really. She said she was supposed to stay with a friend, but we weren't sure if the boyfriend could find her there. So, I think Mark gave her referrals to a local shelter. Right?

[Mark] Uh-huh.

[Mary] Okay.

[Mark] Yeah, I gave her shelter and emergency housing information, and the hotline number. I also gave her the pamphlets on counseling and educational services.

[Pamphlets displayed]

[Mark] And even though childcare is not an issue right now, I did give her the brochures on welfare and social services, and I recommended she does not let her boyfriend see this information. So, she has everything she needs; it's up to her whether she uses it or not.

[Narrator] Carla's case reminds us of the frightening statistic that 40 to 60 percent of battered women report abuse when pregnant, but domestic violence respects no social or economic boundaries.

[Carla leaves emergency room]

[Doctor 1] No color or social class is exempt, and religious and cultural differences often exacerbate the problem rather than alleviate it.

Abusers can work in any profession, including the medical field. Gay and lesbian couples are not exempt either. And in spite of the prevalence of abuse, most healthcare professionals still are not trained to identify the symptoms. And many have a dangerously low suspicion index.

[The Wilsons in exam room]

[Doctor 2] That's a pretty serious break there, Sylvia. You must be in some pain?

[Mrs. Wilson] Mmm [nodding affirmatively].

[Doctor 2] This happened three days ago; why didn't you come in before?

[Mr. Wilson] Well, she didn't notice it 'til this morning, did you, dear?

[Mrs. Wilson] Uh-hmm [nodding negatively].

[Doctor 2] You say you stumbled against a refrigerator?

[Mr. Wilson] A wet patch on the floor. Poor, Sylvia, she's so clumsy. But I know you can patch it up, doctor.

[Doctor 2] Well, she's gonna need surgery.

[Mr. Wilson] Oh, come on. It can't be as serious as that. I wouldn't want to put Sylvia through all that. You know how sensitive she is. I'd prefer to have her at home, where I can take good care of her.

[Consult team meeting]

[Doctor 1] It was only when the orthopedic surgeon at the hospital noticed a number of other small injuries in various states of healing that the problem was even suspected.

Ann, you're familiar with this one.

[Ann] Yes, upon my initial assessment of Mrs. Wilson, I noticed that she had various stages of bruises on her arms and on her upper chest area.

[Mrs. Wilson physically examined]

[Ann] Mrs. Wilson, how did you get these bruises?

[Mrs. Wilson] Just a stupid thing. I slipped and fell against the refrigerator.

[Ann] Oh. Could you sit up, please?

[Bruising observed]

[Ann] Does this hurt?

[Mrs. Wilson] Mmm. Mmm.

[Ann] Could you take a deep breath, please?

[Mrs. Wilson] Mmm. [Breathing sound]

[Ann] And another one. [Breathing sound].

[Ann] Good. And another one. [Breathing sound].

[Ann] Okay, thank you. Comfortable?

[Mrs. Wilson] Mmm.

[Ann] Mrs. Wilson, I have to be frank with you. Injuries of this kind often mean that the patient has been subjected to physical abuse.

[Mrs. Wilson] Oh, you can't possibly think that ---

[Signs of denial displayed]

[Ann] Has your husband ever hit you, Mrs. Wilson?

[Mrs. Wilson] [Crying].

[Ann] How did you break your arm?

[Mrs. Wilson] It was my fault, really. Bill's such a wonderful man, and I'm always doing things that make him so angry. I feel like I deserve it.

[Ann] It's not your fault. Nobody deserves to be beaten like this -- nobody.

[Mrs. Wilson] But he's never broken anything before, and he's always so very sorry. And I'm such a terrible --- I can't do anything right. I can't even keep the dinner hot.

[Ann] You do a lot of things right, Mrs. Wilson. You raised two children, didn't you?

[Mrs. Wilson] They're grown now. They're out of it, Thank God. They keep telling me I should leave. Bill never touched them, though.

[Ann] You don't have to go through this alone. How long has this been going on?

[Mrs. Wilson] Years -- 30 years.

[Phone ringing]

[Narrator] He restricted her phone calls, even with family. He never allowed her to get any further education or a job, and he controlled the money, which made it virtually impossible to think of leaving. He hardly let her out of the house.

[Mrs. Wilson pondering]

[Doctor 1] So we can't be surprised that Mrs. Wilson was left with no self-esteem after years of abuse; she really wanted to believe he'd change.

[Mrs. Wilson receives flowers]

[Mrs. Wilson] I'm sorry, honey.

[Doctor 1] This is a familiar cycle: the buildup, the explosion, the honeymoon.

[Mrs. Wilson] Oh, thank you.

[Doctor 1] After the beating come the flowers, the abject apologies, the promises.

[Consult team meeting]

[Ann] And she never told anyone.

[Doctor 1] She thought that abuse was something that only happened to poor women in the ghetto. Her friends and family would never believe her. Even Dr. Campbell suspected nothing, and he'd been the family physician for years. I called him to complete the picture.

[Doctors conferring]

[Doctor 2] That's absurd. Sylvia is a complainer, doctor. She's always in here with some vague, minor complaint -- headaches and sleeplessness, nightmares, that kind of thing.

[Doctor 1] I see from her record that she's been on a variety of medications.

[Doctor 2] She's always on something -- Valium, all kinds of pain pills. But no matter what you do, she never seems to get well.

[Doctor 1] Has she ever presented with injuries before?

[Doctor 2] Well, nothing serious.

[Doctor 1] Doctor, did you ever suspect abuse?

[Doctor 2] There was nothing you could ever verify. And I respect my patient's privacy, doctor. Bill Wilson is a pillar of the community. And with all the time constraints I have to deal with, you're not going to open Pandora's box.

[Consult team meeting]

[Doctor 1] Well, they haven't the time, they know they can't fix it, so it's better ignored. It's a private matter. I even had to warn him that he could be liable for not reporting suspicious injuries.

Anyway, Mrs. Wilson wanted some time to think through her options, so Ann had the hospital staff keep her husband out of the room for a day.

[Mr. Wilson seated in hall]

[Mr. Wilson] Great. She's ready to leave, I hope?

[Ann] Your wife is in a great deal of pain, Mr. Wilson. The staff will let you know when she's ready for a visit. Come with me.

[Mr. Wilson] What?

[Mr. Wilson escorted away]

[Consult team meeting]

[Mark] I talked to her son and daughter about shelter and emotional support. The daughter is going to put her up for a while, and the son, luckily, is an attorney, so he's going to be helping with the legal aspects of going through a separation. So, she's doing very well; she's taking those first steps towards putting her life back together.

[Mrs. Wilson pondering]

[Narrator] It's important to know that elders and teens are just as likely to be victims. They are less likely to be reported, however, because they don't fit into the stereotype of the battered victim.

[Consult team meeting]

[Doctor 1] Now the Kramers. She came in with an asthma attack. Right, Mary?

[Mary] Right. I took the call once the triage nurse made her assessment. The asthma was the precipitating factor.

[Mrs. Kramer having a severe asthma attack]

[Mr. Kramer] Hey, nurse, my wife needs help!

[Health Professional] Yes, sir, I can see that. Let me get some basic information.

[Narrator] After getting Lynn's asthma under control, the social worker begins interviewing her. Because of the observed bruising and statements that her boyfriend is violent with her, domestic violence must be considered.

[Consult team meeting]

[Mary] The triage nurse remembered the name from a few months ago. Seems Lynn Kramer was here before with a similar crisis, so it looked like she wasn't getting the proper treatment for the asthma until it got to be an emergency. The husband could be rationing the medication.

[Doctor 1] It's a handy form of control.

[Mary] Right.

[Mrs. Kramer placed in wheelchair]

[Mr. Kramer] It's about time. You better get this woman well, or I guarantee you this hospital is going to be looking at one hell of a lawsuit.

[Mary] Excuse me! If you could please take a seat, someone will be with you to notify you when the doctor has seen her.

[Mr. Kramer] I've been through this before, you know; I know my rights.

[Security is called]

[Consult team meeting]

[Doctor 1] They did a great job. The charge nurse made her assessment and called the police.

Lynn was angry enough this time to come out with the truth, and we have complete documentation of the injuries with photographs -- good evidence for criminal prosecution when the time comes.

You were able to talk to her; weren't you, Mark?

[Mark] Yes, I did. This woman has a very young daughter, and it seems she did have a good job up until a few years ago. She lost her job because her husband kept harassing her at work. He'd make her late for work, and then he'd make her go home early so she could be there for whatever he needed.

[Mark consulting with Mrs. Kramer]

[Mark] Have you thought about leaving?

[Mrs. Kramer] [Crying] All the time, but he really loves me. He swears he can't live without me.

[Mark] Sounds like he's possessive as well as controlling.

[Mrs. Kramer] [Crying, nodding affirmatively].

[Mark] Has he threatened to hurt you if you leave?

[Mrs. Kramer] He says he'll make sure I lose my daughter. He has a smart lawyer and he'll get custody in the courts, and then he'll kill me.

[Mark] And you believe him?

[Mrs. Kramer] [Nodding affirmatively]. I'd be crazy not to. He says if he can't have me, no one will.

[Consult team meeting]

[Doctor 1] The ultimate control.

[Mark] Exactly.

[Doctor 1] Does he have access to weapons?

[Mark] Lynn said not to her knowledge, but she's going to be moving out, anyway. I discussed with her how the police were going to make the arrest, and I spent about another hour with her explaining to her the whole process.

We talked about the safety of her family, and then I did let her know that I'm going to call the Child Abuse and Neglect Team just to make sure that her husband has not abused their little girl.

[Mrs. Kramer and Mark consulting]

[Mrs. Kramer] Okay. Can we run through this just one more time? I need to be sure.

[Mark] Okay. You're going to leave your little girl with your mother. Right? She'll be safe there as long as you need to leave her there.

[Mrs. Kramer] Yeah. Can I call my mom from here?

[Mark] Sure. Don't worry about your husband; security will detain him until the police get here.

[Mr. Kramer approached by police]

[Mark] When the police arrest him, I'll ask them to contact a judge for an emergency protective order. It's an official notice from the court not to harass, molest, or even call you until the case is properly evaluated. It's good for five days, so you have time to get a temporary restraining order from the court.

[Mr. Kramer arrested]

[Mark] Do you have a lawyer?

[Mrs. Kramer] He's the one with the attorney.

[Mark] Okay. You call this hotline number right here.

[Pamphlet displaying hotline information]

[Mark] They'll get you experienced legal advice on how to get a restraining order. All right? You'll find them extremely supportive and very helpful.

[Mrs. Kramer] And I don't have to see him?

[Mark] No. Even if he gets out on bail, they're not going to let him go until tomorrow morning. I'm not going to lie to you and tell you this is easy because it's not. This is very hard, what you're doing, but you're doing the right thing. Okay?

[Narrator] The social worker or health care provider must assess the patient's safety, address the risk of retaliation, discuss methods of self-protection, the obligation to report abuse, and the potential consequences of reporting, and provide the patient with referrals to domestic violence services, including legal services.

[Consult team meeting]

[Doctor 1] Healthcare professionals must constantly reassess the quality of care we provide to those who find themselves in danger of abuse. We've developed a high index of suspicion list, which should be of value in identifying victims of domestic violence.

[Slide show of examples]

[Text on Screen] Victims of Domestic Violence

[Narrator] Victims of domestic violence may present with a profile of depression, dependency, isolation, difficulties with trust, fear of intervention, and assume the responsibility for assaults.

[Text on Screen] Diagnostic Signs Of Domestic Abuse

[Narrator] The diagnostic signs of abuse may be categorized as red and pink flags.

[Text on Screen] Red Flags

[Narrator] The red flags include injuries to head, neck, breasts, abdomen, or back, injuries to the forearm suggesting defense, multiple sites of injury in varying degrees of healing, repeated and chronic injuries, and delay in seeking medical treatment.

[Text on Screen] Pink Flags

[Narrator] Pink flags include chronic minor medication use, chronic or diffuse pain, recurring or otherwise unexplained psychosomatic symptoms, chronic pelvic pain, recurring urinary tract infections, unwanted pregnancies, and sexually transmitted diseases.

[Text on Screen] Recognition and Intervention" Displayed

[Narrator] We've also developed a checklist for action. Under "Identification," we need to stress not only training in the recognition of symptoms, but also the importance of including domestic violence indicators in the routine questioning of incoming patients.

[Text on Screen] Interventions

[Narrator] In addition to medical treatment, our staff must be aware of procedures for providing timely intervention, including 24-hour access to consult team members. Each staff member should know what the resources are and how to tap them.

We must also monitor and implement our system of referrals to ensure that domestic violence victims have access to the support they need before they leave the hospital or clinic.

[Text on Screen] Documentation

[Narrator] And, finally, we must increase awareness of the need for thorough documentation from the moment of admission until discharge to ensure a complete history for repeat victims, and a full record of evidence for those who end up in the court system.

[Consult team meeting]

[Doctor 1] As we learn more about this problem and appropriate interventions, we provide more hope for people who, like Carla, remain all too frequently at risk.

[Banging on door]

[Male Speaker] Open the door, Carla. Don't make me break this thing down.

[Banging on door]

[Male Speaker] If I gotta come in there and get you, you're in for it. You got me?

[Continued banging on door]

[Pamphlet listing contact information]

[Text on Screen] For More Information Contact: Domestic Violence Training Project (203) 856-3699 Family Violence Prevention Fund (800)777-1960 Nat'l Coalition Against Domestic Violence (303)839-1852

[Credits on screen]

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