

Be A Change Maker: Action Guide

Recognizing And Responding To Domestic Violence As A Healthcare Worker



As A Healthcare Worker, You Are Uniquely Positioned To Help

Intimate partner violence impacts health in many ways, and healthcare workers have the opportunity to provide trauma-informed care and harm reduction. Survivors/victims of domestic violence are more likely to come into contact with a healthcare worker than a domestic violence advocate so it's critical that healthcare workers can recognize the warning signs and connect patients to domestic violence services.

Recognizing Domestic Violence

- Traumatic brain injury, chronic pain, and/or disability caused by physical injury.
- Anxiety, depression, PTSD, suicidal ideation, substance-use disorders, and/or sleep disorders caused by emotional trauma.
- Repeat STIs or unwanted pregnancies.
- Marks on neck, broken blood vessels in eyes, or other injuries from potential strangulation.
- Multiple injuries in various stages of healing.
- Difficulty keeping up with medication or other treatment plan, repeatedly missing healthcare appointments.
- Exploitation of existing health issues may include withholding care or medication or threatening someone related to their mental health or substance-use.

Starting The Conversation

- Always have conversations about safety and IPV with patient alone.
- Disclose limits of confidentiality (see more on your duty to report child abuse/neglect and Mandatory Reporting here).
- Give patient undivided attention during conversation. Sit down and make eye contact. Do not take notes, look at phone/computer, or prepare for procedure.
- Only ask if you are prepared to offer support and resources.
- Don't push for disclosure. Aim to be a trustworthy provider your patients can talk to. If and when they feel comfortable, offer information and resources.
- Respect and use the pronouns of patient and their partner(s).
- Mirror their language. Some patients will identify with and use words like abuse, victim, survivor, violence, rape, etc. and some will not.
- Leaving an abusive relationship is not always the safest option at any given moment in time.
- Ask about immediate safety in clinic or upon returning home.
- Have a clinic security plan in case of any immediate risk to safety.
- Provide brochures, phone numbers, or warm referral depending on what patient wants and deems is safest for them.
- Work with administration and IT to ensure that abuse documentation does not appear on bills, after-visit summaries, explanations of benefits or patient portals.
- Connecting patients to domestic violence advocates is a great way to support their unique safety needs.
- Become familiar with local domestic violence agencies. Introduce yourself to advocates and have contact information ready to share with patients.

Example Scripts

Tailor to your style and the situation.

1. As I'm getting to know my patients, I like to ask about their relationships since they can really affect our health. Has your partner ever made you feel bad about yourself? Or hurt you in any way?
2. When I see an injury like this, I wonder if someone is hurting you. Can you tell me what happened?
3. I'm so glad you're coming in regularly for testing. I see this is the third time we've treated you for [an STI]. Are you able to use protection with your partner(s)? Is there anything else you want to talk about with your sexual health and experiences?
4. I know you've said you don't want to become pregnant again, but your partner doesn't like you using birth control. That makes me worry about your health and safety. Can you share a little more about that with me?

Healthcare Harm Reduction Strategies

- When a patient is experiencing reproductive coercion, discuss "invisible" birth control options such as the IUD that will offer long-lasting contraception and partner does not need to know.
- For patients whose partners are controlling access to important medications, offer backups (e.g. an additional inhaler to keep in a safe place only the patient will know about).
- For patients experiencing sexual abuse/coercion and at risk of HIV infection, discuss a regular testing plan and other preventative measures such as PEP and/or PrEP.
- For patients experiencing mental health or substance use coercion, discuss treatment options and support groups and ways to access them safely.
- Assess for symptoms of strangulation and traumatic brain injury.

To view the resources referenced in this guide and to connect with your agencies, please visit <https://nccadv.coalitionmanager.org/resourcemanager/resourcefile/details/689> or scan the QR code below.

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