

# MWIA TRAINING MODULE ON VIOLENCE

## Permanent Injury and Severe Violence Against Women

### Definition of the type of abuse<sup>1</sup>

Physical abuse against women by an intimate (typically male) partner varies in levels of severity. Severe intimate partner violence (IPV) is particularly concerning as it can result in hospitalisation, permanent disability and death.

### General facts/Prevalence rates

- According to a U.S. survey, almost 25% of women have experienced *severe* IPV<sup>1</sup>.
- Global estimates of *severe* IPV are difficult because there is a lack of consistency in the metrics used in each study. The term “battering”, for example, is ambiguous.
- In the U.S. IPV accounts for 15% of all violent crime and only 34% of IPV victims receive medical care for their injuries<sup>1</sup>.
- Domestic violence is likely to increase in frequency and severity if left unchecked.
- Approximately 90% of injuries in IPV are to the head, neck or face<sup>1</sup>, and are the most common type of physical abuse, followed by musculoskeletal and genital injuries<sup>1</sup>.

### Risk factors<sup>1</sup>

- Risk of experiencing IPV increases with low socio-economic status, drug and alcohol dependence, and in adolescence or young adulthood.
- Women with disabilities are 40% more likely to experience IPV, especially *severe* violence, than women without disabilities.
- Women experiencing IPV are 8x more likely to be killed by an intimate partner if there are firearms in the home<sup>1</sup>.

### Types this form of abuse may take

**Blunt Force Injury**—strike from a blunt object (typically from the hand) results in abrasions, contusions, lacerations and/or fractures. It is the most common form of physical IPV.<sup>5</sup>

**Injury from Weapons**—an estimated 0.5% of IPV injuries are caused by a gun or knife. This statistic omits fatal weapon-inflicted injuries<sup>5</sup>.

**Strangulation**—the assailant typically uses his/her hands to choke the victim, although ligatures are reportedly used in few cases. This can result in suffocation and neck injuries. Rates of strangulation vary greatly according to time and location, between 15-68%. Health care professionals reportedly under assess it<sup>5</sup>.

**Sexual Assault-Related Injury**—some sexual assaults result in visible physical injury to the genitalia (occurring in one third of victims) and other areas of the body. Injuries to genitalia are less common when the victim knows the assailant. Rates of this type of abuse also vary greatly. U.S. studies report between 6-32%, while it is an estimated 3% in Sweden and 7.2% in Turkey<sup>1</sup>.

**Miscellaneous Mechanisms of Injury**—Biting, burning, and hair pulling also occur in IPV, and have different degrees of severity. For example, hair pulling can result in minor hair loss or cervical spine trauma<sup>5</sup>.

**Traumatic Brain Injury**—external physical force to the head, including blunt-force injuries (which may or may not fracture the skull), shaking of the brain, or hypoxia by strangulation can all result in traumatic brain injuries. This may result in impairments to cognition, behaviour and physical functioning to varying degrees<sup>1</sup>.

**Homicide**—WHO estimates that 38% of murders of women are committed by intimate male partners<sup>4</sup>.

## Prevention<sup>1</sup>

- Train medical staff to routinely look for early signs of IPV – IPV can exist when woman does not present with symptoms, she may try to conceal IPV evidence. Early intervention may prevent violence from escalating.
- Assess for IPV in all patients presenting with head, neck or face injuries.
- Increase the availability and accessibility of legal, social and psychological support services, including domestic violence shelters.
- Collect data to monitor and evaluate IPV severity and prevalence. This will help to understand trends and implement prevention and intervention programs.

### Useful websites

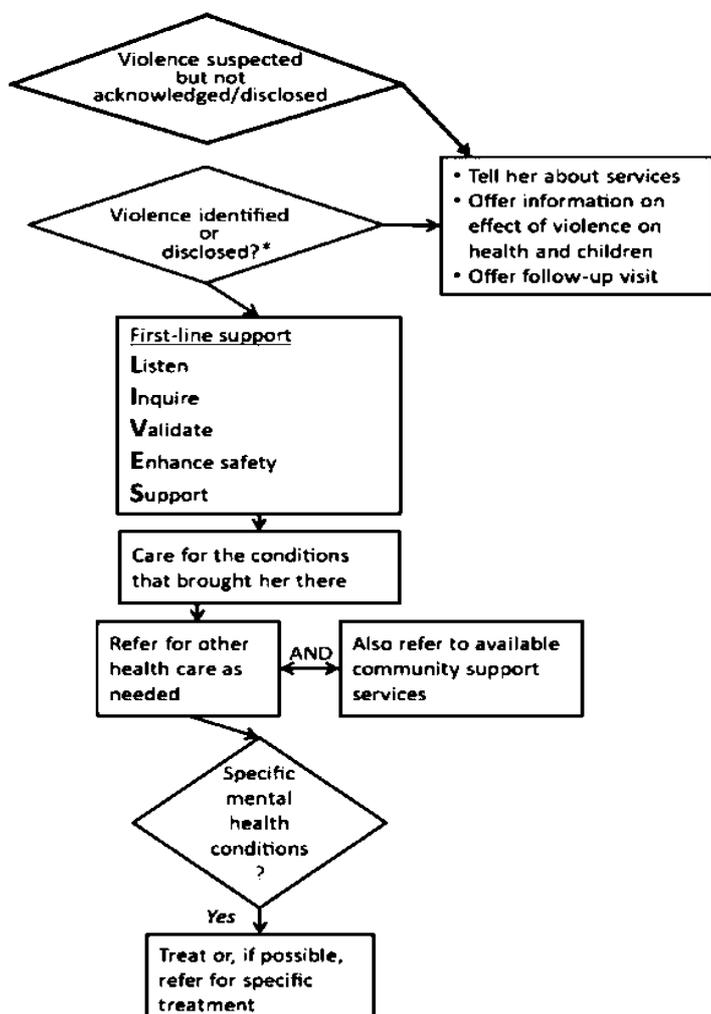
National Coalition Against Domestic Violence – Facts about domestic violence and abuse:  
[www.speakcdn.com/assets/2497/domestic\\_violence\\_and\\_physical\\_abuse\\_ncadv.pdf](http://www.speakcdn.com/assets/2497/domestic_violence_and_physical_abuse_ncadv.pdf)

Journal article on patterns of IPV injuries, types, locations and mechanisms:  
<http://journals.sagepub.com/doi/pdf/10.1177/1524838007303504>

WHO global and regional estimates of violence against women:  
[www.apps.who.int/iris/bitstream/handle/10665/85239/9789241564625\\_eng.pdf](http://www.apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf)

### Useful resources

#### Pathways for Care for IPV<sup>10</sup>



#### RADAR Tool (for IPV in general)<sup>9</sup>

**R**emember to ask routinely about IPV as a matter of routine personal care.

**A**sk directly about violence with such questions as “At any time, has a partner hit, kicked, or otherwise hurt or frightened you?” Interview your patient in private at all times.

**D**ocument findings related to suspected intimate partner violence in the patient’s chart.

**A**ssess your patient’s safety. Is it safe to return home? Find out if any weapons are kept in the house, if the children are in danger, and if the violence is escalating.

**R**eview options with your patient. Know about the types of referral resources in your community (e.g. shelters, support groups, legal advocates).

## HELPS Screening Tool for Traumatic Brain Injury<sup>6</sup>

**Directions:** Score 1 point for every question answered 'Yes'. A score of two or more, particularly if the injury affects function (P), should be considered as a sign of a possible injury that needs to be further explored with a more extensive interview and medical or neuropsychological work-up.

Question	No	Yes	Comments
<b>H</b> = Did you ever <u>hit</u> your head? Were you ever hit on your head?			
<b>E</b> = Were you ever seen in an <u>emergency room</u> by a doctor or hospitalised? If so, for what reason?			
<b>L</b> = Did you ever <u>lose consciousness</u> ? For how long? For what reason?			
<b>P</b> = Did you have any <u>problems</u> after you were hit on the head? - Headaches - Dizziness - Anxiety - Depression - Difficulty concentrating - Difficulty remembering - Difficulty reading, writing, calculating - Difficulty performing your job or school work - Changes in behaviour or attitude - Difficulty problem solving - Changes in relationships			
<b>S</b> = Did you have any significant <u>sicknesses</u> after having your head hit?			

### Implementation of Screening Tools

- If patient describes an IPV event, document the event in the patient's chart in her own words.
- Ask how you can best support your patient.
- Make a safety plan with patient – you may want to connect your patient with a nurse, social worker, advocate, community resource, or healthcare worker trained in violence prevention.

### References

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