

Overcoming Barriers to Screening for and Disclosing Domestic Violence

**National Prevention Toolkit on
Domestic Violence for
Medical Professionals**



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Introduction

Domestic violence can be a difficult issue to discuss, both for victims and for medical professionals. Many victims refrain from discussing violence out of fear, shame, embarrassment, or discomfort.^{1,10,21-26} When victims feel unsafe talking about violence and medical professionals feel uncomfortable asking about violence, victims may not get the assistance they need.

The following guide has been created to address the legitimate concerns many medical professionals have about screening, and the concerns victims have about disclosing abuse. This guide provides medical professionals with suggestions to overcome barriers to screening in order to better serve patients.

Remember: Healthy Homes are Violence-Free!



Identifying Barriers Perceived by Medical Professionals

Surveys of physicians and other medical professionals reveal the barriers they perceive in their ability to screen for domestic violence. It is easy to understand why many physicians and other medical professionals have been uncomfortable abuse asking patients about domestic violence.

Medical professionals have stated that they often do not screen for domestic violence because of:

- Time restraints^{5,7,11,12,13}
- A lack of training, including:
 - A lack of confidence^{2,7}
 - Concerns of how to respond to the issue if it is reported^{2,5,7}
 - The lack of (or lack of knowledge of) 24-hour social service support⁴
- Feeling like there is no solution, including:
 - Concerns that the victim may return to an abusive partner²
 - Concerns about misdiagnosis²
- Fear of Offending^{2,7,18} including reluctance to intrude on private family matters²
- Personal discomfort discussing domestic violence^{2,11,28}

Still, asking about domestic violence can help patients get the help they need. Over time, it can make families safer.



Overcoming Barriers to Screening for Domestic Violence

Lack of Time



While screening may take some time when done properly, the time it takes to express concern for your patient can help increase outcomes later. Patients can receive healthcare that addresses their physical health, and also works to prevent further injury or conditions related to domestic violence.^{5,14,15,16} Patients also feel that

medical professionals who show concern are easier to talk to about health issues.^{1,4,6,8,17,18}

How to overcome: Build in few extra minutes between visits and appointments to account for time to discuss violence.

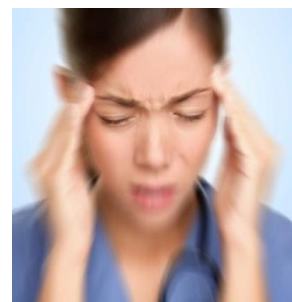
Lack of Training

While medical professionals may not be experts on domestic violence, they are able to use what they do know about the public health crisis of domestic violence to help patients connect with advocates and agencies that can help them.^{4,15,17,19,20}

How to overcome: Complete the Basic Domestic Violence training and the Screening training. Take opportunities to read new research on domestic violence (specifically in healthcare settings) and become more comfortable with the resources available in your community for patients in need.

Feeling Helpless/There's No Solution

No one person can help someone who is a victim of domestic violence fully escape his or her situation. But providing support, resources, and showing concern for patients can empower him or her to get assistance from a domestic violence shelter, mental health counselor, or other resource.^{6,17,21,24,27}



How to overcome: Take opportunities to read new research on domestic violence and become more comfortable with the resources available in your community for patients in need. Recognize the importance of being non-judgmental, supportive, and a good listener.

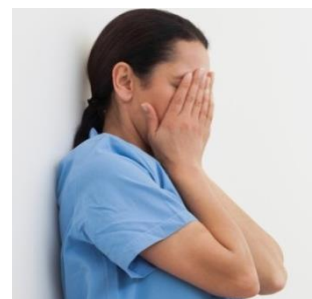
Fear of Offending:

While not all patients may be victims of domestic violence, asking patients about domestic violence while explaining the far reach of violence can help normalize the question and make victims and non-victims alike feel more comfortable.^{2,7,18}

How to overcome: Explain that you ask all your patients because of the far reach of domestic violence, regardless of who they are. Domestic violence can affect anyone, regardless of their socio-economic status, age, race, culture, ethnicity, religion, gender, or sexual identity.

Unsure of Interventions

No domestic violence victim has the same story as another. However, most victims will appreciate being provided with resources, like the number to a hotline or shelter, in case they decide they would like to use that resource.^{1,4,5,8,12,17,19,20,27}



How to overcome: Be aware of the resources in your community and refer patients to those resources if you suspect or they disclose that they are in a domestic violence relationship or are in danger.

Ideas or Bias about Potential Victims

Some medical professionals may be hesitant to ask about domestic violence because the patient may be similar to them in their career, socio-economic status, race, or be from the same neighborhood. But it's important to remember that domestic violence occurs across all racial, cultural, age, and socio-economic boundaries.^{7,14}

How to overcome: Remember that domestic violence happens in families of all races, cultures, ages, and socio-economic status. Some families may have access to more resources than others, but every woman should be asked about domestic violence, regardless of these factors.

Discomfort

Domestic violence has often been treated as a private problem – but it is not. Domestic violence affects not only families, but entire communities and the nation as a whole.^{2,11,28}

How to overcome: The impact and reach of domestic violence is so vast that it's essential for medical professionals to get involved in screening and referrals. Do what you can to ease into the topic, but be direct, listen, and be supportive.

Barriers to Disclosing Domestic Violence Identified by Victims

When working with domestic violence victims, it's important to understand why many do not seek help when they are in unhealthy, unsafe, and physically abusive relationships. Many in abusive relationships fear being shamed or not believed when they disclose abuse.^{1,8,25,26}

Victims are often tied to abusers in many ways, from financial constraints, to fears over retaliation and having their children taken away.^{9,10,22,23} The next section of this guide describes what keeps victims from disclosing abuse to medical professionals and police.



These barriers to disclosing abuse are also common barriers that keep women from leaving unhealthy and abusive relationships.

Barriers to Leaving a Violent Relationship

This is not an exhaustive list of reasons why some victims stay in abusive relationships, or choose not to report abuse. It provides insight into the complicated web of domestic violence relationships, and the complex situations victims are forced into.

Fear of not being taken seriously: Women are often tied to abusers in many ways (see below). However, not all medical professionals, law enforcement officers, or other helping professionals are aware of the strong ties victims have to abusers. Disclosing domestic violence may leave a victim feeling helpless if the person they tell does not take them seriously or casually suggests that she “just leave” the relationship.^{8,10,22,29}

Fear of abuser retaliation: Women are at the highest risk for injury and death when they leave a relationship.³¹ Women are also at risk of severe injury if they disclose abuse and the abuser finds out.^{10,22,23}

Fear of consequences: Victims are often unsure of what happens next if they disclose abuse. Telling friends may lead to alienation, shame, embarrassment, or blame.^{1,10,25} If a victim goes to the police for safety, the abuser may be arrested and a victim may not want that to happen.^{1,10,30} Victims may be unsure of what actions a medical professional may (or is required to) take after disclosure.^{10,22,25} Additionally, victims who are using substances, undocumented,



or otherwise at risk of coming in contact with police may be unwilling to contact police.^{32,36,37,38,39}

Fear for children: Some victims state that they are afraid that if they do report

domestic violence or leave a relationship, child welfare agencies may be contacted and their children could be removed from their care.^{19,23,33,34,35} Many women risk injury so their children have the financial, social, and parental support of a male role model or second parent.^{2,3,35,40}

Lack of resources: Isolated victims, such as those who live in rural areas, may not have access to transportation, lack health insurance, and/or be closely monitored by their partners and do not have the autonomy to seek all of the resources they may need to leave an abusive relationship.^{35,41,42} Isolating victims is a tactic used by abusers to control victims; it helps keep victims in abusive relationships and removes them from support networks that can help them.^{35,43} A victim may fear reaching out to a medical professional or police if he or she ever does gain access to such resources, because of both how isolated he or she has become and threats made by his or her partner.

Financial instability: Victims in abusive relationships often rely on some or all of the abuser's income for their own financial well-being, as well as that of their children. Some abusers, in an attempt to further isolate victims, do not allow them to work outside the home or communicate with many others at all.^{35,44,45} Women who have been out of work for a long period of time, and have limited resources, may see staying with an abuser as a better option than not being able to make ends meet for themselves and their children.



Lack of housing: Although many believe that shelters and temporary safety are enough to propel women out of unhealthy and dangerous relationships, this is completely not true. While women may be able to seek temporary refuge, resources for housing and financial support are limited.⁴⁶ Staying with an abusive

partner may be dangerous and harmful to victims, but they and their children will likely have a roof over their heads and a dry place to sleep at night, something not always true of women who attempt to escape relationships.^{35,46,47}

Cultural and/or religious reasons: Certain religions and cultures oppose divorce, separation, and/or women living alone with or without children.^{10,48,49,50} These pressures and teachings from family, friends, faith systems, and others can influence a woman to stay in an abusive relationship to avoid further alienation and guilt.

Language difficulties: Some victims of domestic violence may have limited use of English. These victims may be unaware of resources or support who can meet the needs of non-English speakers or those who speak English as a second language.^{35,36,51,52} These victims may also have a limited understanding of what rights and protections they have as victims because of language barriers.

Immigrant status: Some victims of domestic violence may not be citizens of the United States, or may be worried about how their immigration status will be perceived. A victim may fear being arrested, deported, or having his or her visa revoked if he or she seeks help from police, medical professionals, or advocacy agencies.^{35,36,37,38,39}

Resources

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