

# Medical Power and Control Wheel

ARE WE A PART OF THE PROBLEM?



**Violating Confidentiality**  
Interviewing in front of family. Telling colleagues issues discussed in confidence without her consent. Calling the police without her consent.

**Trivializing & Minimizing the Abuse**  
Not taking the danger she feels seriously. Expecting tolerance due to the number years in the relationship or stress related to recent illness.

**Blaming the Victim**  
Asking what she did to provoke the abuse. Focusing on her as the problem. "Why don't you leave? Why do you put up with it? Why do you let him do that to you?"

**Not Respecting Her Autonomy**  
"Prescribing" divorce, sedative medicines, going to a shelter, couples counseling, or law enforcement involvement. Punishing the patient for not taking your advice.

**Ignoring Her Need for Safety**  
Failing to recognize her sense of danger. Being unwilling to ask "is it safe to go home? Do you have a place to go if the situation escalates?"

**Normalizing Victimization**  
Failing to respond to her disclosure of abuse. Acceptance of intimidation as normal in relationships. Belief that abuse is the outcome of non-compliance with patriarchy.

Know What  
Resources  
Are  
Available to Your  
Patients

National Hotline  
800-799-SAFE

Individuals calling the  
national hotline will be  
automatically connected to  
their local advocacy  
program.

Carver and Scott County  
residents should call:

Southern Valley Alliance for  
Battered Women

952-873-4214

Calls are Answered 24/7  
Collect Calls Accepted

# Responding to Domestic Violence: A Guide for Health Care Professionals

Domestic violence is the leading cause of emergency room visits by women age 15-53. Ninety-two percent of these women never tell the health care professional treating them about the violence they are experiencing. When asked why she did not disclose the abuse to the health care professional, one female survivor answered,

“because they never asked.”

The Center for Disease Control  
2001

## Definition of Violence

Violence is the threatened or actual use of force against a person or group of people that either results in or is likely to result in: injury, death, emotional damage or coerced behavior.

Minnesota Health Care  
Coalition on Violence 1996

## Definition of Domestic Abuse

Conduct perpetrated by adults or adolescents against their family or household members in current or former dating, married or cohabiting relationships of heterosexuals, gay men and lesbians.

A pattern of assaultive and coercive behaviors, including, sexual and psychological attacks as well as economic coercion and isolation.

A combination of physical attacks, terroristic acts, and controlling tactics used by perpetrators that result in fear as well as physical and psychological harm to survivors and their children.

A pattern of purposeful behavior, directed at achieving compliance from or control over the victim.

Author: Anne Ganley, Ph.D.

## A Systems Review

The following briefly describes the impact of physical, sexual and emotional violence as identified in a massive body of research.

### Areas of Concern

- Pregnancy—with or without complications
- Suicide attempt
- Substance abuse
- Trauma—e.g. bruises with patterns
- Many seemingly minor but continual and/or varied physical problems
- Chronic pain: headache, chest abdomen, pelvic, back
- Delay in seeking treatment OR does not seek treatment for serious injury
- Functional GI problems
- History inconsistent with injury or people describe injury differently
- Series of injuries

Domestic Violence: an enormous impact on physical health

- Chronic pain: 53% of patients-hx of physical and/or sexual violence
- Pregnancy: one in five teens, one in six adults are abused during pregnancy
- Irritable bowel: 44% hx of physical and/or sexual lifetime history

Domestic Violence: an enormous impact on mental health

- Depression 48%
- Suicidality 18%
- PTSD 64%
- Alcohol abuse 9%
- Drug abuse 9%

Before asking an abuse screening question the patient must **ALWAYS BE ALONE.**

### Preface Statement:

“We at \_\_ are concerned about the effect that difficult or harmful relationships have on the health of our patients so we ask everyone the following confidential questions.”

### Screening questions:

- **ONE:** Have you ever been hit, kicked pushed or otherwise hurt or mistreated by someone important to you?
- **TWO:** Is anyone important to you yelling at you, threatening you or otherwise trying to control your life?

### Response to Patient

#### If patient responds:

- Yes, in the present, be supportive, affirming, nonjudgmental, refer, do safety assessment
- Yes, in the past, be supportive, offer resources
- No, but you have concerns, acknowledge it happens to others offer resources
- No, offer resources

### Documentation should be:

- Objective
- Complete, detailed history
- Descriptive, specific
- Quotes
- Observed behaviors (pt & others)
- Perpetrator's name
- Body map, pictures