Domestic Violence and Human Trafficking

SPEAKER
Panagiota Caralis, MD, FACP, JD

12:45 – 1:30pm

Presenter Disclosure Information
The following relationships exist related to this presentation:
► Panagiota Caralis, MD, has no financial relationships to disclose.

Off-Label/Investigational Discussion
► In accordance with pmiCME policy, faculty have been asked to disclose discussion of unlabeled or unapproved use(s) of drugs or devices during the course of their presentations.

Domestic Violence Update: A Primer for Clinicians
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Miller school of Medicine, University of Miami
Miami Veterans Health System

Learning Objectives
► Explain common definitions of domestic violence, its prevalence, impacts on health and well-being, and current theories related to its occurrence.
► Implement practical methods for screening and evaluating suspected victims or perpetrators of domestic violence.
► Distinguish between the different forms of domestic violence, including adult-partner abuse, elderly abuse, and victims of human trafficking.
► In accordance with state and national regulations, develop safety plans for victims of domestic violence.

Family Violence-Intimate Partner Abuse
► Definitions
► Prevalence
► Costs
► Cross-cultural issues
► Responses

Intimate Partner Abuse: CDC Definition
“Physical and/or sexual violence or threat of such violence; or psychological/emotional abuse and/or coercive tactics when there has been prior physical and/or sexual violence, between persons who are spouses or non marital partners or former spouses.”

Every Second

**Overall Prevalence of Intimate Partner Violence (IPV) in the US**

<table>
<thead>
<tr>
<th>Physical Violence</th>
<th>Rape</th>
<th>Sexual Violence, Physical Violence, or Stalking by an IP</th>
</tr>
</thead>
<tbody>
<tr>
<td>≈31.5% of women experienced at least one act of severe physical violence by an intimate partner during their lifetimes.</td>
<td>≈19.3% of women (&gt;23 million women) have been raped by an IP during their lifetimes.</td>
<td>≈71.1% of women and 58.2% of men first experienced these forms of IPV before age 25.</td>
</tr>
<tr>
<td>Lifetime prevalence was ≈27.5% for men.</td>
<td>≈1.7% of men (almost 2.0 million men) were raped during their lifetimes.</td>
<td>≈23.2% of women and 14.1% of men before age 18.</td>
</tr>
</tbody>
</table>


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**Impact of IPV**

- 23.7% of women were fearful;
- 20.7% were concerned for their safety;
- 20.0% had one or more PTSD symptoms;
- 13.4% were physically injured; 1.3% contracted a sexually transmitted infection; 1.7% became pregnant;
- 8.8% needed legal services; 9.1% missed at least 1 day of work or school;
- 2.8% contacted a crisis hotline.


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**Economic cost of violence against women**

2003 CDC Estimates of Costs of IPV in the US

- Exceeded $5.8 billion per year
- $4.1 billion for direct medical and health care services
- $1.8 billion for loss of productivity


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**Health Care Costs of IPV**

- Compared to women with no IPV history, women with IPV had:
  - 19% higher annual total health costs
  - 17% more primary care visits
  - 14% more specialists
  - 27% more prescriptions
- Costs remain 20% higher even 5 years after abuse has stopped.


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**Decline in Domestic Violence Rates in Florida Since 1998**

- 2011: offenses resulted in death of 192 victims, a 9% decrease compared to 2010.
  - 21% involved spouses
  - 29% cohabitants
  - 11% of the victims were parents of offenders

Florida Coalition Against Domestic Violence. http://www.fcadv.org/resources/media/facts
Domestic Violence: A Glimpse of the Big Picture in Miami Dade County

- 7394 injunctions for protection filed;
- 12,000 calls to local hotlines;
- 1097 victims given emergency residential services (50% children).

Newer Surveys

Survey of 1268 women in 24 ER and primary care clinics in a large integrated health care system

- 50–57% had experienced physical and/or emotional abuse
- 26% reported sexual abuse in their lifetime
- In the past year:
  - 28% reported emotional abuse
  - 12% physical abuse
  - 6% severe physical abuse
  - 4% sexual abuse

In the US: The Link of IPV with HIV

African-American Women Physically Abused by Partners

4 times more likely to be verbally abused and 9 times more likely to be physically abused when they ask partner to use condom.

Case Study: HIV

- Susan discovered she was HIV+
- When she told her husband, he burned her face over a primus stove.
- Her 4-year-old son was burned when he tried to stop his father.
- Susan charged her husband with attempted murder but did not plan to leave him.
- If she divorced him, she would lose access to his medical aid, which provided life-prolonging anti-retroviral drugs.

Health Outcomes in Women with Physical and Sexual IPV

- 2876 women interviewed:
  - Health scores were self-assessed 5 points lower for women with IPV.
  - Prevalence ratios for depressive and severe depressive symptoms were higher.

- 2730 women interviewed:
  - Mean age 30.5 years
  - 18% exposed to physical and sexual violence
  - Self-reported 6 somatic symptoms and 1.5 diseases—significantly higher compared to non-exposed women

Cumulative Rates of Domestic Violence by Setting

<table>
<thead>
<tr>
<th>Study</th>
<th>Year</th>
<th>Setting (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appleton</td>
<td>1980</td>
<td>35</td>
</tr>
<tr>
<td>Goldberg &amp; Tomlanovich</td>
<td>1984</td>
<td>22</td>
</tr>
<tr>
<td>Abbott, et. al.</td>
<td>1995</td>
<td>54</td>
</tr>
<tr>
<td>Gin, et. al.</td>
<td>1991</td>
<td>34</td>
</tr>
<tr>
<td>Murdoch &amp; Nichol</td>
<td>1994</td>
<td>28</td>
</tr>
<tr>
<td>Caralis, et al.</td>
<td>1997</td>
<td>42</td>
</tr>
<tr>
<td>Hillard</td>
<td>1985</td>
<td>11</td>
</tr>
<tr>
<td>McFarlane</td>
<td>1992</td>
<td>17</td>
</tr>
<tr>
<td>Parker</td>
<td>1993</td>
<td>18</td>
</tr>
</tbody>
</table>

Lets Be Clear…

VIOLENCE IS A PUBLIC HEALTH PROBLEM
It is not the violence of the few that scares me. But the silence of the many.
— Dr. Martin Luther King, Jr.

Physicians’ Failure to Diagnose and Treat Family Violence
► ER physicians fail to identify battered women:
• 1 in 3 diagnosed versus 1 in 4 documented
• 1 in 5 women sought medical care an average of 11 times previously.
• 8% of documented records include this as discharge diagnosis.
• Battered women identify health care professionals as the LEAST helpful (less than police, clergy, lawyers).


Patients’ Self Experience with Abuse

<table>
<thead>
<tr>
<th>Patients (N=406)</th>
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</thead>
<tbody>
<tr>
<td>Have experienced emotional or physical abuse by partner</td>
</tr>
<tr>
<td>Are currently in an abusive relationship</td>
</tr>
<tr>
<td>Hit by partner in last year</td>
</tr>
<tr>
<td>Within past year had forced sex</td>
</tr>
<tr>
<td>Have been asked by doctor and or nurse about abuse</td>
</tr>
<tr>
<td>Could tell their doctor they were victims of abuse</td>
</tr>
</tbody>
</table>


Barriers to Diagnosing and Treating Domestic Violence: Removing the Myths
Abuse occurs in “normal” families
► Abusers are indistinguishable
► Abusers accompany victim
Cuts across racial and socioeconomic classes
► African Americans more likely to report abuse
► Latinas and immigrants are less likely
Don’t blame the victim
► She can’t “just leave”
► Respect their choices

Cultural Barriers in the US

<table>
<thead>
<tr>
<th>Internal Barriers</th>
<th>External Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>► Misunderstanding about what defines domestic violence</td>
<td>► Unaware of services</td>
</tr>
<tr>
<td>► Stigma associated with domestic violence</td>
<td>► Culturally sensitive services</td>
</tr>
<tr>
<td>► Responsibility to maintain family regardless of cost</td>
<td>► Lack of economic self-sufficiency</td>
</tr>
<tr>
<td>► Community loyalty</td>
<td>► Mistrust of legal system and health care</td>
</tr>
<tr>
<td>► Traditional male-female roles</td>
<td>► Immigration issues</td>
</tr>
<tr>
<td></td>
<td>► Language barriers</td>
</tr>
</tbody>
</table>

% Abuse during Pregnancy by Ethnic Group and Assessment

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Abuse During Pregnancy %</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>55%</td>
</tr>
<tr>
<td>Anglo American</td>
<td>65%</td>
</tr>
<tr>
<td>Central American</td>
<td>35%</td>
</tr>
<tr>
<td>Cuban</td>
<td>30%</td>
</tr>
<tr>
<td>Mexican</td>
<td>50%</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>80%</td>
</tr>
</tbody>
</table>

Risk Factors for Intimate Partner Femicide

Study of socio-demographic comparisons of women abused/killed and abused

- Findings:
  - Higher risk of death for African American women.
  - Lower risk of death for non-Hispanic White women.
  - Neither higher nor lower risk of death for Latina women.
  - Unemployment and lower education of abusers increased risk.
  - Immigrant woman had independent risk of IP femicide.

Funded study by NIDA/NIMH, DCD, NIJ
10 cities: Baltimore, Chicago, Houston, Kansas City, Wichita, LA, NY, Portland, Seattle, Tampa/St Pete


Florida Lethality Indicators

- Prior history of domestic violence
- Estrangement / separation
- Obsessive-possessive behavior
  - Ownership / centrality of victim to perpetrator
  - Hunting / tracking / stalking of victim
  - Sadistic / terrorist acts / harming pets
- Suicidal ideation
- Depression / sleep disturbances
- Substance abuse
- Prior threats to kill
- Prior police contact

44–47% of women killed were seen in health care setting before being killed.

Screening for Abuse

- Prevalence of domestic violence requires routine screening — it should be asked as part of social history and evaluation of chief complaint.
- Simple, direct questions delivered with concern and in a safe and confidential environment.
- Abuse severity, degree of isolation, and assessment of patient’s safety and emergency plans should be screened.

Screening for Domestic Violence in Health Care Settings

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Recommended universal screening in a variety of health care settings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Institute of Medicine 2011 Clinical Preventive Services for Women Closing the Gaps: Guidelines |
| Affordable Care Act IPV screening services covered under new health plans without requiring a co-payment, co-insurance, or deductible |
| US Preventive Services Task 2013: called for clinicians to screen women of childbearing age for IPV |

Screening for Domestic Violence in Health Care Settings

Treatment Plan

Screen
Treat illness
Educate and empower
Plan for safety
Support services & community referral

JCAHO = Joint Commission: Accreditation, Health Care, Certification | ACOG = American College of Obstetricians and Gynecologists | ANA = American Nurses Association | AMA = American Medical Association | AHA = American Heart Association

Institute of Medicine

Affordable Care Act

US Preventive Services Task

IPV: Intimate Partner Violence

Closing the Gaps: Guidelines

Recommended universal screening in a variety of health care settings

2011 Clinical Preventive Services for Women

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2013: called for clinicians to screen women of childbearing age for IPV

Prevalence of domestic violence requires routine screening — it should be asked as part of social history and evaluation of chief complaint.

Simple, direct questions delivered with concern and in a safe and confidential environment.

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Specific Clinical Presentations

Injuries:
- Recurrent - involving central body, head, face, or torso
- Any injuries during pregnancy

Injury Sequelae:
- Headaches, hearing difficulty from head trauma
- Joint pains from twisting injuries
- Abdominal or breast pain from blows to torso
- Dyspareunia or recurrent genitourinary infections
- Dysphagia following choking
- Recurrent sinus infections or dental problems

Symptoms of Stress:
- Functional gastrointestinal complaints
- Chronic pain syndromes
- Atypical chest pain
- Hyperventilation
- Sleep, mood, and appetite disorder

Mental Health Problems

As the pattern of violence is established, the clinical presentation may be dominated by:
- Alcohol abuse
- Illicit or licit drug abuse
- Depression
- Anxiety
- Suicide attempts

Developing a Safety Plan

Patient assesses level of danger; fear of harm establishes need for intervention

Factors for higher risk of injury or death:
- Escalating injuries
- Threats of homicide/suicide
- Gun possession
- Sexual assault
- Threats against other family members
- Batterer’s drug/alcohol use

Assess resources needed to flee suddenly:
- Places to go (friends, family, shelter)
- Resources and planning (funds, children, job)
- Referrals: Inform and assist in contacting community support services

CAUTION

Patients should be warned to keep any information given to them in a safe place where a perpetrator will not see or find them.

Florida Domestic Violence Services
1-800 96-ABUSE

<table>
<thead>
<tr>
<th>Service</th>
<th>Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot line calls</td>
<td>136,663</td>
</tr>
<tr>
<td>Information and referral</td>
<td>982,489</td>
</tr>
<tr>
<td>Emergency shelter</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>14,128</td>
</tr>
<tr>
<td>Children</td>
<td>6,802</td>
</tr>
<tr>
<td>Over 65 years</td>
<td>46</td>
</tr>
<tr>
<td>Telephone counseling</td>
<td>93,413</td>
</tr>
<tr>
<td>Face-to-face counseling</td>
<td>47,437</td>
</tr>
<tr>
<td>Safety plans</td>
<td>52,048</td>
</tr>
</tbody>
</table>

National Domestic Violence Hotline
1-800-799-SAFE
Mandated Reporting

Child Abuse

Elder Abuse

Abuse of Disabled Persons

Family Violence Law

Court orders to protect the victim

Emergency Ex Parte Relief
► Available 24 hours, any time up to 30 days
► Clerks assist, fees waivable
► Addresses safety at home, work, school
► Removes abuser from home
► Forbids contact
► Awards child custody and support

Permanent Relief (1 year)
► Court hearing within 30 days, restrains abuser
► Awards custody and support
► Batterers’ interventions and treatment programs

Effectiveness of Batterers’ Intervention Programs

<table>
<thead>
<tr>
<th>Study</th>
<th>% Batterers</th>
<th>% Refrained</th>
<th>Follow-Up (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamberger 1990</td>
<td>106</td>
<td>40</td>
<td>1</td>
</tr>
<tr>
<td>Duluth Program 1992</td>
<td>500</td>
<td>60</td>
<td>5</td>
</tr>
<tr>
<td>Domestic Abuse Project 1989</td>
<td>1500</td>
<td>66</td>
<td>4</td>
</tr>
<tr>
<td>Edleson 1989</td>
<td>1500</td>
<td>54-84%</td>
<td>1</td>
</tr>
</tbody>
</table>

Human Trafficking

► 600,000 – 800,000 adults/children worldwide estimated
► Sex trafficking
► Labor trafficking
  ▪ Debt bondage
  ▪ Forced labor
  ▪ Indentured servitude
► Child soldiers

Human Trafficking in Florida

► Statistics rank Miami as 9th in the nation, and Florida 3rd highest destination for sex trafficking in the country.
► Florida legislature passed two bills to addressed the problem in 2012.
► Two shelters in Miami Dade.

Trafficking Victim Recognition

► Indirect questions are best
► May or may not speak English but someone speaks for her/him
► Vague replies to spending money, housing, job—the story does not fit
► No ID or travel papers
► Signs of abuse, neglect, or poor health

Interventions for Trafficking

Questions to Ask:
► From where, how, and why in US?
► Type of work, set hours, pay, how paid?
► Threatened with violence?
► Permission needed to eat, sleep, use bathroom, talk with others?
► Forced to do this?
► Live where and with whom?
► Locks on doors and windows?