

# Domestic violence and medical intervention

## How to bring the message to the doctor?

### Teaching – networking - follow-up

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# Special responsibility for Doctors - Remember

- **Violence is one of the greatest health issue** (WHO 2002)
  - High estimated number of **unreported cases**
  - Obvious and non-obvious **signs**
- **90%** of all German consult the GP at least once a year
  - **Low-threshold offer**
  - Person of **trust** and medical confidentiality
- Acute and chronic health issue and **medical supply**
  - Correct **documentation**



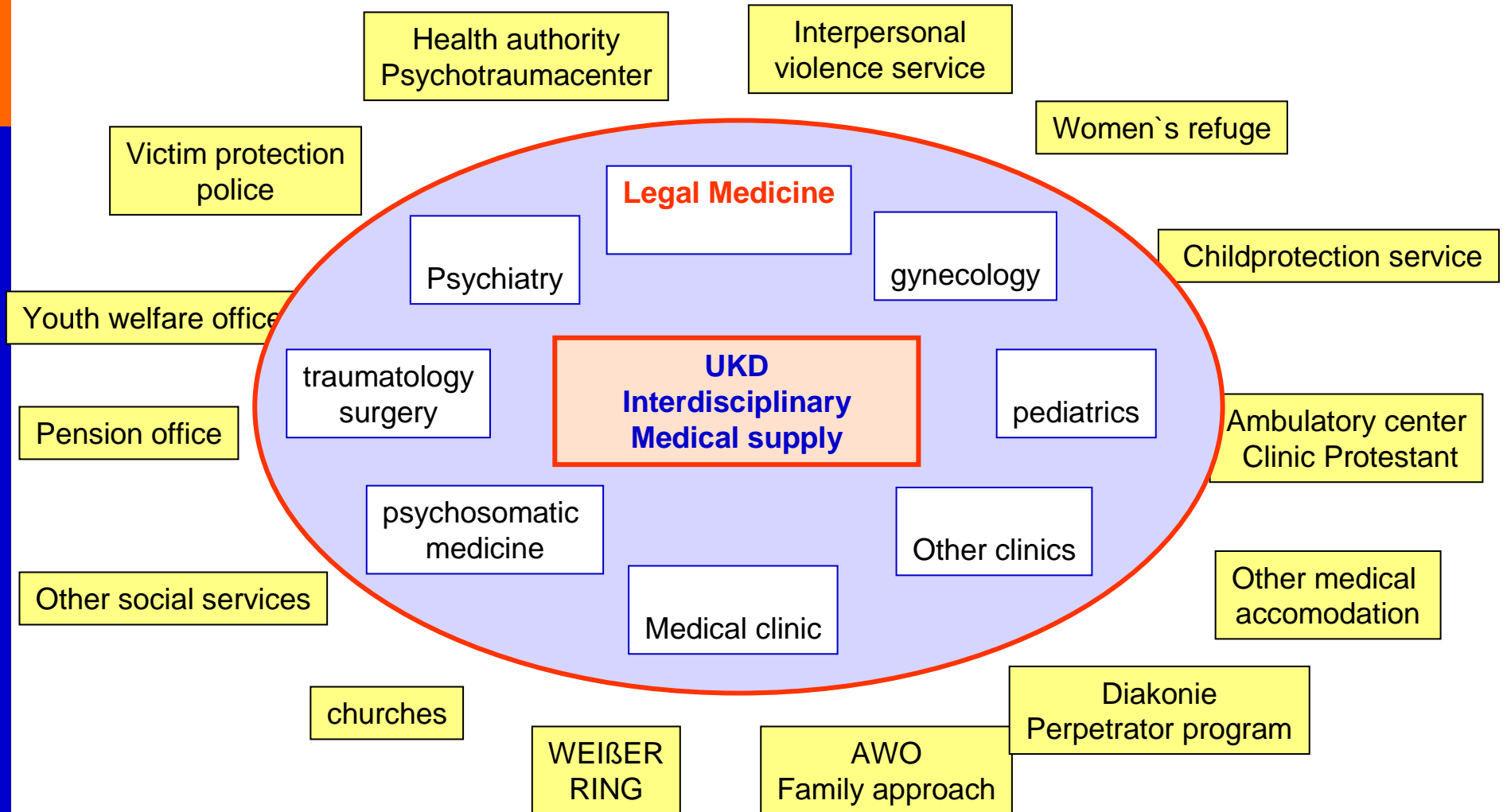
Training and professional networking, 2006  
Forensic documentation



Federal Ministry for Women and Family,  
BMFSFJ, 2008-2010

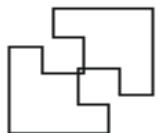
# Düsseldorf Networking

**University hospital**  
**Networking since 2006:**  
training, flyer, SOP, evaluation





**Pilot project**  
**Medical intervention in violence against women**  
**By physicians in the ambulatory services**



GSF e.V.  
Scientific evaluation

Scientific  
advisory Board

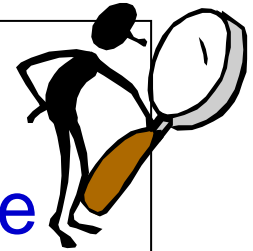
grant



Bundesministerium  
für Familie, Senioren, Frauen  
und Jugend

# Preintervention survey

## Dilemmas and opportunities in Health service



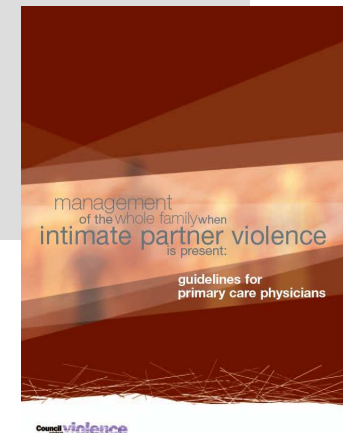
- Estimation of lifetime prevalence of IPV **20%**
- **High significance** of medical intervention
- Moderate degree of medical care for victims at present
- **Insufficient knowledge** of
  - Medical intervention 30%
  - Documentation 32%
  - networking 47%
  - guidelines 18% implementation 9%
- Lack of time 24%
- Cultural and foreign-language barriers 24%
- Handling of PTSD 24%

# Interventional strategies

## AVDR (Gerbert, adjusted)

- **Ask** the women (Red flags, risk score)
- **Validate** that violence is wrong - Respect
  - In case of non-disclosure, let the door open but don't insist
- **Document** – Examine - Treat
- **Refer** – offer additional appointment
- Patient's safety –
- looking after yourself

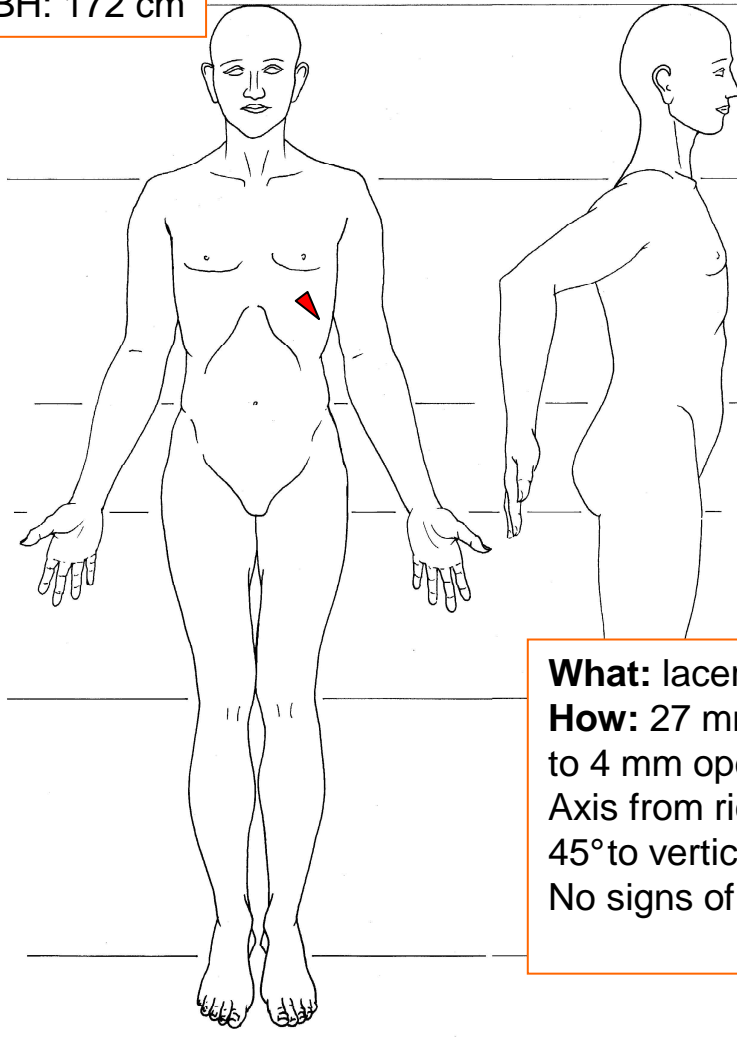
*Guidelines for primary care physicians. "Management of the whole family when intimate partner violence is present."*  
[www.racgp.org.au/guidelines/intimatepartnerabuse](http://www.racgp.org.au/guidelines/intimatepartnerabuse). 2006



# Significant Documentation

## where – what - how

BH: 172 cm



### Where::

121 cm above the bottom  
5 cm left to vertical axis  
12 cm above costal arch

### What: laceration:

**How:** 27 mm long,  
to 4 mm open,  
Axis from right above to left below, angle of  
45° to vertical axis, Sharp wound angle below.  
No signs of inflammation



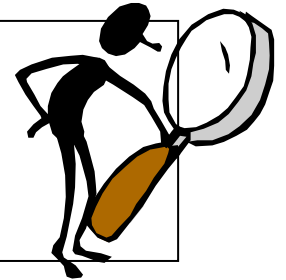
Physician's name  
location + date

# MIGG

- Basic **teaching**
  - KABB, role-play, documentation
- Inter-agency collaboration - **networking**
- **Support** – 1 year-follow up
  - Case management (ambivalence, frustration)
  - Regular meetings (QZ – Qualitycircle)
  - Additional topics (Migration, Stalking, perpetrator program)
  - Implementation+Quality assessment for primary care office
    - Flyer, poster, pocket-version, folder
    - timemanagement, security, teammanagement
- Standardized **Questionnaires and revision**



## Interim results (n=19)



- ❑ **Increased awareness**, selective and in part routine screening of abuse (227F,40M) and disclosure (38F, 8 M)
- ❑ Some physician reported enormous **increase in disclosure**, some do not
- ❑ **Supporting materials** esp. Vademecum, Meddoc-Karte (Pocket-card) and forensic phrasing-support are helpful
- ❑ **Additional Time** (median 17,5 min) and additional date required (83%)
- ❑ Increase in **emotional violence** reported by women
- ❑ **Professional networking** is a basic need

# Further Effects of the MIGG-Project

## Institutes of Legal Medicine Düsseldorf, Kiel, München

- More work for Forensic services
  - Systematic cooperation with local professional networking
  - **Increase in number of victims** of violence
  - **Increase in counselling of physician,**
- **Increase of referral of women** to domestic and sexual violence service
- **Advisory board:** integration in existing structures by multiple measures (Journals, symposium, guideline, QM)
- **Maintenance,** infiltration into existing structures
  - medical education, psychosomatisation training, nursing, midwife, paramedics

