Unseen Wounds: Addressing Intimate Partner Violence Among Health Professionals

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“You may ask yourself why I stayed.

Because I am a doctor, and because my partner was a doctor. Because I know medicine to be a stressful and demanding job. Because my partner had been assaulted at work and had a recent bereavement, and I tried to make a diagnosis: post-traumatic stress disorder, bipolar disorder, unresolved childhood issues, anything that might excuse or explain this hostile stranger. Because I was so familiar with domestic violence in practice. Because I was arrogant enough to think I was indestructible and I could offer help. Because I became tired and bewildered and confused. Because I simply did not want to recognize that I was living with someone who was potentially dangerous to me who just happened to be a doctor.”

(Keeping it Secret, Anonymous. BMJ, 7 April 2007, volume 334)

How prevalent is IPV in society?

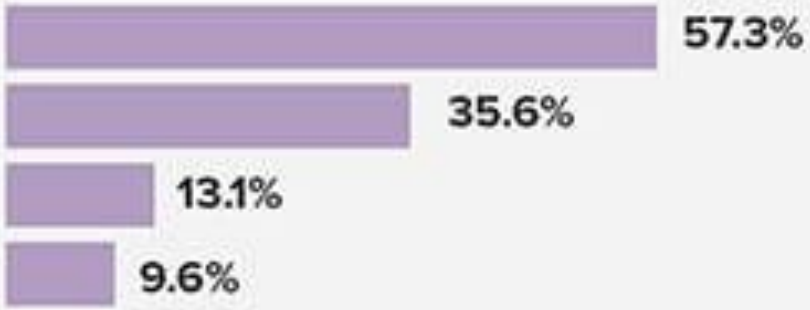
- 1 in 4 women and 1 in 9 men experience severe IPV, stalking or sexual violence
- 1 in 3 women and 1 in 4 men have had some form of physical violence from an intimate partner: burning, beating strangling during their lifetime
- 1 in 10 women have been raped by a partner
  - (45.4 % of female rape victims and 29% of male victims)
- There are over 20,000 calls to domestic violence hotlines daily in the US
- Over 50% female homicide victims are killed by a current or former partner

(National Intimate Partner and Sexual Violence Survey: 2010 Summary Report. National Center for injury Prevention and Control; US Department of Justice. Nonfatal Domestic Violence , 2003 – 2012. Truman & Morgan, April, 2014; National Violence Hotline web; Brieding, et al, 2014.

Domestic Violence: Medical Professionals Are Not Immune

May have experienced some type of intimate partner violence[1]

They report[1]:



Barriers to Breaking the Silence

- **Medical culture:** values selfless endurance, perfectionism, empathy, grit
- **Community resources may not be confidential:** risk of exposure
- **Self-blame:** due to education, knowledge, social position
- **Harassment from abusers:** often in the same field

1- DOI: 10.1097/SLA.0000000000004553

Medscape

Healthcare workers are three times more likely to face IPV than members of the public.

"The values that nurses adhere to in their career: care, compassion, competence, communication, courage and commitment—may increase the likelihood of them staying with an abusive partner for reasons of altruism or a possible belief that their partner needs them"

–Claire Richards, Cavell Nurses' Trust.

Impact of IPV in Nurses

- 25.2% = lifelong prevalence re: stalking, physical & sexual IPV
- 22.9% = lifelong prevalence re: emotional, psychological, harassment IPV

(Bracken, Messing, Campbell, Flair & Kub, 2010. Intimate Partner violence and Abuse Among Female Nurses and Nursing Personnel: Prevalence and Risk Factors. Issues in Mental Health Nursing, 31:2,137-148)

- IPV at home leads to poorer quality communication with patients at work, leading to significantly higher levels of burnout at work. (Karabey & Aras, 2023. The effect of exposure to intimate partner violence of female nurses on communication skills and burnout levels. Archives of Psychiatric Nursing, 47, 27-34).
- Lifetime prevalence for women in healthcare is 41.8% and men, 14.8%. Dheensa, et al. Healthcare professionals' own experiences of domestic violence and abuse: A meta-analysis of prevalence and systemic review of risk markers and consequences. Trauma Violence Abuse, 2022, 24(3):1282-1299).
- Double burden: facing trauma at home and also at work

It Happens to Mental Health Providers, too.

- "As an aspiring psychiatrist, I questioned my character judgment (how did I end up with a misogynistic abuser?) and wondered if I ought to have known better. I worried that my colleagues would deem me unfit to care for patients. And I thought that this was not supposed to happen to women like me." (Chloe Lee, KevinMD, https://kevinmd.com/2024/04/the-abusers-playbook-the-weaponization-of-mental-health.html)
- "I was driving from work to home and from home to work. I lived in two separate worlds. I said to myself, "Now you are leaving one world and coming into the other world," which is so very different. I suppressed everything. At work, my colleagues perceived me as a strong professional with a backbone, and at home I was nothing. Me, the respected professional, had to suppress so much." Ben-Ari, A. (2008). Splitting and Integrating: The Enabling Narratives of Mental Health Professionals who Lived with Domestic and Intimate Violence. Qualitative Inquiry, 14(8): 1425-1443).

How Common is IPV in Physicians?

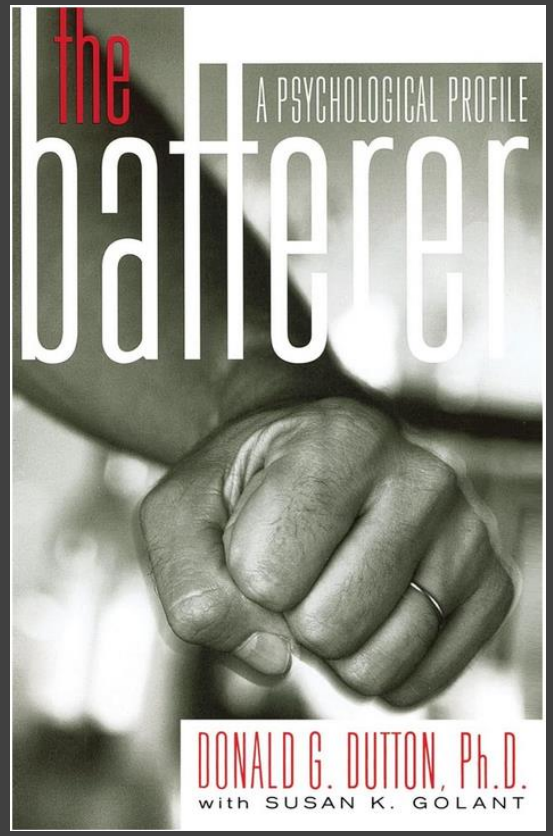
- Women physicians: 7 – 24%
- Men physicians: 6 – 10%
- Stigma prevents reporting or obfuscation of analysis, findings
  - Child abuse, adult sexual assault and IPV recorded together
  - Validity and reliability not reported for any IPV study
  - Childhood exposure included in findings

(Hernandez, Reibling, Maddux & Kahn, 2016)

IPV Stereotypes in Medical Education

- More frequently affects individuals of minority status, low socioeconomic status, low education and community integration, from abusive and chaotic families, helpless, single or cohabiting couples

- Perpetrators more frequently of minority status, male, alcoholics or substance abusers, low education, “criminal mentality” or “thugs,” impoverished, unintelligent



Yes, It Happens to Men, too.

- "My wife destroyed all my diaries from when I was a child, and these were so precious to me. She threatened me with a knife, would kick me and pretend it was an accident, and told me daily that I was a "waste of gray matter." I just despaired of life" (Jeremy, 27)
- "After the rape I went to the ER. The doctor told me, "Well, that's what happens when you have sex with another man." He knew I was a doctor and I was badly bruised and beaten up. He didn't report my partner, even though Steve had beaten me with a gun." (Phil, 39)
- "I'm afraid my wife will kill me with the fireplace tongs. I can't move as fast as I could when I was younger and I can't get away. Who will believe me if I tell them that this "sweet old lady" is an abuser?" (Malcolm, 84)

Our National Survey (n=400) (Reibling, Distelberg, Guptill & Hernandez, 2020)

- Abuse behavior operationalized: stalking, slapping, controlling behavior, verbal and psychological abuse behaviors, sexual coercion, parental undermining, financial deprivation, etc.
- 24% physicians endorsed experiencing some type of IPV
- 15% experienced verbal abuse
- 8% experienced physical abuse
- 4% experienced sexual abuse
- 4% had been stalked

- 24% physicians experienced some form of IPV
  - 240,000 US physicians
- 15% experienced verbal abuse
  - 150,000 physicians
- 8% experienced physical abuse
  - 80,000 physicians
- 4% experienced sexual abuse
  - 40,000 physicians
- 4% experienced stalking
  - 40,000 physicians

◦ (extrapolated to 1,000,000 practicing physicians, 2020).

If you were approached either as a colleague or as the physician of a physician in a controlling or abusive relationship, what would you tell them to do and where should they get help?

- The most common response included referral to get to a shelter
- The least desirable and least feasible resource for physicians affected by IPV was unanimously: shelter services

- FEW PEOPLE UNDERSTAND HOW FUNCTIONAL POVERTY CAN AFFECT PHYSICIANS: DRIVING A TESLA BUT WHO HAVE ONLY $20/WEEK FOR FOOD

How helpful are Shelters for doctors?

- “I was referred to a women’s shelter by the wellbeing officer at my institution. [Shelter staff] told me that I needed to take three months off work. I told them that was impossible since I was responsible for the wellbeing of my children, their school tuition and after-school activities—these all cost money, and my [ex-]husband wasn’t going to pay for anything. And how was I supposed to pay my attorney’s fees? My [ex-]husband was trying to destroy me financially so I had to work. In the end, they told me that I’m not serious about leaving my husband and I am proof that most women won’t leave their abusers.” (Lana, age 39).

Qualitative Findings

Hernandez, ChenFeng, Scott in progress

N=10

2021

Realities and Vulnerabilities as doctors

- “Super hard working, always ... I mean, a lot of the physicians that I know, they're really hard on themselves… plus, you have an MD. So someone who's a narcissist is like, "Boom. Got it. Someone who earns highly. There's someone I can brag about.””
- “I know a lot of doctors who are married to men with PhDs but who are functionally unemployed. “It’s okay. I’m the breadwinner—I can do it all!” We can support the family while they do whatever they want that makes them happy.”
- “I was married Catholic.” Strong beliefs in the sanctity of enduring marriage.

Female Physician IPV Victims

- Fear for their lives
- Emotionally isolate themselves
- Dress to cover bruises
- Deceive family, friends, and colleagues
- Experience shock about being abused
- Have difficulty holding their abuser accountable
- Lose financial independence
- Often believe that their ability to articulate a diagnosis and behavioral symptoms mean they are mastering the situation

- May not receive adequate help from law enforcement
- Face a longer court battle in order to reduce financial and emotional stability
- Fear humiliating publicity after police interventions
- May not know where to go or what to do
- Are frequently stalked by their abuser
- Protective orders do not always apply to places of employment where both work
- Institutional attorneys usually do not want to become involved
- Are portrayed by their abuser, who can appear kind, delightful, and professional, as mentally unstable and/or abusive

- Shame because taught to screen but experience IPV themselves
  - Split personas: work and home
- Felt professionally defective
- Did not feel they received empathic responses from colleagues
- Feared retaliation and felt little support
- Worried about threats made to family members as a control ploy
- Concerned about wellbeing of their children
- Loss of professional standing if they speak up
- Experienced gossip and innuendo by colleagues

Law enforcement and physician IPV

- "I called the police and told them that my husband just threatened to kill me that night, and I had reason to believe that he was serious. The officer laughed and said, "There are no homicides in your part of town!" It took them 30 minutes to arrive and they are only five minutes away. They took me to the precinct and left me and my young daughter sitting outside on a bench. It was 2:30 in the morning and my husband was sitting at the curb about 20 feet away with my purse and phone in the car. I said, "You can't just leave us out here!" and the officer said, "If something happens, push the button here and someone will come out."

(Holly, age 42)

- The abuser received a 3 year restraining order

“My ex came to the door and demanded to come in. I have a protection order in place so I called the police. They took 45 minutes to get there. I ended up calling my neighbor and she video-taped him and also called the police. When the police officer came out, he asked me what I had done to make my husband so mad at me. I told him, “He’s not my husband anymore and he has a restraining order. He’s not even supposed to be on the property.” My neighbor was really good at sharing the video with the officer and explaining what she saw. The [officer] was patronizing and asked me, “Do you even have a job?” When I told him that I’m a doctor he said, “Yeah, right…” and he just left.

Two months later, in court the judge asked for evidence that my ex violated the protection order and I referred to two police reports. The judge said there weren’t any and he couldn’t extend the protection order because he didn’t have evidence to do so. The officer who had come out never even filed a report, he just logged it. It was too late to submit a new one, so now I’m having to watch my back again.”

(Amy, 37)

What Can I Do?

- “My ex works at my hospital and the restraining order doesn’t apply there. So he calls me for consults at three in the morning to go to some obscure, dark place in the hospital. I’m always dragging a nurse with me or refusing. So he has written me up as someone who won’t provide consults. Do I tell the hospital what a criminal he is?”

Partner violence vs the medical system

- "…the way the system is set up is quite misogynist and quite disbelieving of the experience of women, whether they are physicians or, I don't know, whatever anyone's stereotype of the battered woman would be."
- "I was abused in my residency by one of the attendings. Not like sexually or anything, just emotionally. Insulted, called names, forced to do things that were humiliating. That sometimes we're abused in training sort of makes us feel like it's acceptable to behave like that. Because also, when I reported that abuse in training, it was minimized. And meanwhile, I was undergoing abuse at home at the same time…"
- "I'm yelled at and belittled by doctors every single week. This is abuse, and the expectation is that we will just take it. So when I go home and if I'm not yelled at that day– well… that's a very low threshold to define a healthy marriage."

Implications

- IPV does happen to physicians. Expect it.
- Screen everyone, thoroughly!
- Include physician IPV in lectures, grand rounds, orientation discussions, CME
- Create resource materials for staff bathrooms and work rooms, computer sign-ons
- Work with wellbeing staff, area therapists, to identify rapid responses and resource lists
- Meet with local law enforcement and institutional safety officers
- Consider wellbeing committee case management to assist clinicians with resources
- Identify local pro bono attorneys who are willing to serve physicians and clinicians

How to help

- Believe them without judgment
- Offer support (recognize functional poverty and assist accordingly)
- Refer to attorney, expert witness, psychiatrist if needed. Call a shelter for information, resources (pro bono family attorneys)
- Help locate safe space
- Create a safety plan if they stay or leave
- Phone support and advice
- Go with clinician friends to appointments for moral support
- Explain that a weekend away does not equal treatment

- Offer to share childcare at your expense (your friend, **not** your patient)
- Normalize the experience, regardless of couple type or victim gender
- Offer to hold important paper copies, medications, certificates, etc. in safety
- Provide books and articles about IPV—many are uninformed
- Encourage them to speak to others who have experienced IPV
- Help them locate an expert witness, pro bono attorney if needed, etc.
- Refute helpless narratives by pointing out strengths, hope, capabilities
- Encourage help-seeking as something a right and sign of strength
- Provide photo of abuser to unit, HR, and hospital security
- Consider changing schedule, work areas, secure parking availability

Resources

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