

Elvira Reale, Carla Cuccurese, Valentina Caso, Ida Renzullo, Giusi Balsamo, Giusy Forte

*Psychological consequences of violence: the intervention in the Emergency Department (ED)*

*Conseguenze psicologiche della violenza: l'intervento in Pronto Soccorso.*

*Abstract*

Injury is not the most common physical health outcome of gender-based abuse. The most common are “psychological disorders”.

Many women come to the ED with severe injuries, but the link between injuries and domestic violence is often not recognised and women don't receive appropriate treatment. The article points out the importance of giving health professionals the skills and training to increase their awareness and understanding of the dynamics of domestic violence, and to develop procedures for handling such cases in the most effective way.

Seven years of “the Pink Pathway” gender practice experimented by the authors' team have proven that psychological intervention integrated with medical intervention obtains the best results regarding the health of women and their way out of violence. Therefore the article proposes specific gender guidelines in EDs and a pathway to focus on all the effects of violence.

Keywords: gender violence, emergency department, psychological consequences

*Abstract*

Il danno fisico non è l'effetto più frequente della violenza di genere (degli uomini sulle donne). Gli effetti più comuni sono quelli psicologici. Molte donne vengono al Pronto Soccorso, con lesioni gravi, ma il legame tra la lesione e la violenza domestica spesso non è riconosciuto e le donne non ricevono una diagnosi e un trattamento adeguato. L'articolo evidenzia l'importanza di offrire ai professionisti sanitari le competenze e la formazione per aumentare la loro consapevolezza e comprensione delle dinamiche della violenza domestica e sviluppare procedure per gestire tali casi nel modo più efficace.

Sette anni di una nuova prassi sanitaria centrata sulla violenza di genere e denominata “percorso rosa”, sperimentata dal team degli autori, hanno dimostrato che l'intervento psicologico integrato con l'intervento medico ottiene risultati positivi per la tutela della salute delle donne vittime di violenza e per le prospettive di uscita dalla violenza. Pertanto l'articolo propone linee guida specifiche per i gli operatori dei Pronto soccorso e un percorso diagnostico focalizzato su tutti gli effetti della violenza.

*Parole chiave:* violenza di genere, pronto soccorso, conseguenze psicologiche

### *Backgrounds*

Domestic violence involves physical injury and psychological ill-treatment by a male partner. Violence within a relationship usually results from coercion and comprises controlling behaviours, verbal abuse, and economic control, in addition to physical assault.

Physical abuse includes contusions, concussions, lacerations, fractures, gunshot wounds and other bodily damages.

Nevertheless, injury is not the most common physical health outcome of gender-based abuse; “psychological disorders” are more common for many women, the psychological consequences of abuse are even more serious than its physical effects. The experience of abuse often erodes womens’ self-esteem and puts them at greater risk of a variety of mental health problems, including depression, anxiety, phobias, post-traumatic stress disorder, and alcohol and drug abuse.

Research has documented the discrepancy between the large numbers of women who come to health care services with symptoms related to living in abusive relationships and the low rate of detection and intervention by medical staff.

### *Specific objectives*

Against this background, we point out the importance of giving health professionals, both in hospital settings and in general practice, the skills and training to increase their awareness and understanding of the dynamics of domestic violence, and to develop procedures for handling such cases in the most effective way.

Many women come to the ED with severe injuries, but the link between injuries and domestic violence often is not recognised and women don't receive an appropriate treatment.

### *Training Programmes*

Pilot projects suggest that training programmes, and the introduction of procedures and protocols relating to identifying and managing assault cases have significant effects on the identification of abused women and on a right response to their needs.

In 2008 the San Paolo Hospital in Naples, which is a Public Hospital, and Women's Health association, initiated a Pilot Project focused on training programmes for personnel to use in Emergency Unit procedures and protocols for identifying and managing cases of assault on women.

The method used included specific training of health workers in the following areas:

- providing appropriate diagnosis, prognosis and care,
- assessing for immediate danger,
- documenting the circumstances of assault, what the woman says and her physical and psychological condition (photographing the injuries, noting the patient's demeanour, clearly indicating the patient's statements as her own),
- informing the woman of her rights,
- developing a safety plan with the police, prosecutors and services for battered women (The safety planning should be tailored to the individual needs of the woman), and
- referring the woman to other community resources.

The result of this specific training has been the creation of a pink pathway and a first intervention of psychological help in a space dedicated to women victims of violence. The Pink-Pathway takes place in the ED of the Hospital in co-operation with the Women's Health Association (Tailored Health for Women).

The Pink-Pathway is:

- the integrated assistance: medical, surgical, gynaecological, paediatric, and psychological. In the Hospital for women victims and their children after the first access to the ED and with their informed consent;

- the established inter-institutional Network. This network consists of police and Prosecutors, of Centres for Victims of Violence, of social services and other health and social facilities in the local area for the management of the victim's individual needs after primary care in the ED.

*The focus on intervention of psychological assistance: The characteristics of the psychological intervention and report*

The psychological report in cases of domestic violence is useful for identifying and predicting domestic violence and its effects on health. Indeed domestic violence is a real health emergency as it is the most common type of violence with the most invasive long term effects; moreover, it is present as a psychic reference to any other type of violence (physical, verbal, sexual, ecc).

The psychological injury is also not only more frequent than other injuries but it always accompanies the other physical and sexual violence.

In contrast the medical sector has failed to develop appropriate responses and it has demonstrated inability to recognize and report psychological violence and psychological injuries. There is a lack of adequate tools to display both psychological violence (when it is not accompanied by other forms of physical and tangible violence) and psychological effects of any kind of violence.

This lack of proper tools is visible especially in emergency departments where there is the largest number of women victims of violence by intimate partners but where medical observations are limited to assessing only physical damages.

Also there is a lack of a procedure which correlates women's statements with medical observation of physical and psychological injuries.

For these reasons it is necessary to establish specific gender guidelines in the EDs and a pathway to focus on all effects of violence.

The Pink-Pathway consists of a gender protocol that provides medical aid accompanied by psychological intervention (with a focus on psychological violence and psychological effects of any type of violence) aimed at women and children when exposed to violence.

Hence the initiative of combining the medical report with the psychological one in case a woman victim of domestic violence shows up in an ED.

The psychological report differs from the medical one just for the fact that the fundamental and essential psychological tool of the diagnosis, besides direct

observation (*ictu oculi*), is to listen to the patient. Words, the way they are used and with which emotional resonance, are an essential tool of the psychological observation.

Otherwise, if we do not consider what the woman has told us in our report, the diagnosis would result as being obscure and unclear, while, in case of domestic violence, it has to take into account the possible presence of a traumatic reaction to extreme stress.

The psychological diagnosis within the report has characteristics limited to the reactions to violence: this makes it different from any other activity of psychological evaluation/consultancy that obviously has a wider range of observation as well as of subjective interpretation by the Health provider.

Briefly, the psychological report is essentially based on the observation of the emotional state and of the psychic reaction to the act of violence, comparable to a stressfully traumatic act.

As a result:

- the range of the diagnostic choice is limited to the evaluation of the traumatic and post-traumatic condition connected to the psycho-physical outcome of the violent act (physical, psychological, verbal and sexual) as told by the allegedly victimised woman;
- the tests, if used, are limited to those quantifying the presence of anxiety and/or traumatic stress symptoms; indeed personality tests of a qualitative type, dependent on subjective interpretations, are not used;
- the time is limited to one observation at the First Aid Unit, with the evaluation of the emotional state reported soon after the traumatic event;
- there is no anamnestic investigation of the victim's personality profile. Indeed, the personality type does not affect the traumatic response whose characteristics are shared by all the victims of similar extreme shocks;
- only the patient is interviewed without involving the other people from the family context, according to the medical praxis for adults;
- great attention is dedicated to the victim's account on the facts which caused the disease exclusively to diagnostic purpose, because the diagnosis of a stressful disorder is based on a careful evaluation of the stress entity (considering the cause and not only the results).

Therefore, the evaluation of a condition resulting from a traumatic shock has well codified steps that allow the reference to a standard model of diagnostic procedure that

we have used in first aid activities at Emergency Department (ED) in Naples (San Paolo Loreto Nuovo, Cardarelli Hospitals).

The following points compose psychological reports:

1. place and date of the intervention,
2. personal data of the patient,
3. psychological report or medical evaluation further integrated by the report,
4. indication of the person who committed violence, if mentioned by the victim,
5. observation of the emotional, cognitive and attitudinal state (the way the patient looks, what she expresses by her verbal and non-verbal language at the reception). The observation is carried out *ictu-oculi* or by a brief test of measurement of the emotional condition (they are simple internationally validated quantitative questionnaires evaluating the presence/absence of stress or anxiety symptoms).
6. Recording of what the patient has declared to evaluate as the level of stress suffered (in our case domestic violence). Such recording in the context of psychological observation has a technical relevance and so differs from what the patient has declared in another situation (for example at the police station) because it is done at the same time as the observation of the emotional state and it also includes the reference to what the victim “thought and felt about herself and the environment” while she was victim of violence, in order to evaluate the coherence between “the facts described and the experience observed” which is at the base of a person’s psychological reliability.
7. A brief anamnestic context record limited to facts regarding previous traumatic violence and to the type of previous psychic reactions, with what the patient declared to define the further seriousness of the events also in relation to the feared risks (in particular the risk of death, which is a major component of the health evaluation, according to standard markers).
8. Note of the possible presence of underage children at the time of violence, with possible outcome from the witnessed abuse, as reported by international institutions about the care of underage people’s health.
9. Final diagnosis with the indication of the time relation/coherence and of the causal efficiency between what the victim declared about the violence undergone and the psychic conditions evaluated.
10. Indications of treatment that underline: measures of prevention and safety of the patient and her underage children, if involved; the necessity of further psychological

examination and psychological support for the victim and her underage children, if involved.

11. Sending the patient to the “anti violence association” (which is connected to the ED for legal consultancy and support), to the Police, to Social Services, to the Ordinary and Juvenile Court (if necessary).

In conclusion, an accurately detailed psychological report on all that was observed and noted, during one first aid observation, surely provides more stable evidence of a scarcely validated oral report, with time, by a healthcare operator working in a first aid unit with multiple cases.

On the other hand, an accurately detailed report (according to Italian penal law, art. 334 c.p.p.) on the reference to the emotional and effective circumstances in which the person came (which reports the description of the traumatic event, the violence suffered, in detail, in the patient’s words, and also showing the emotional state which was related to the victim’s report, such as her crying, anxiety, confusion, ecc.) can be used in a judicial procedure over time, when that emotional load (observed soon after the event), a highly sensitive marker in assessing the presence of an event like violence, will not be present anymore.

The psychological report offers the opportunity to “keep” (fixing it in the description) the representation of an emotional behavior, an important marker of some abuse, and to deliver in its “liveliness” to the interpretation of the judicial procedure, even years and years later, regardless of what the operator heard at the moment of the observation.

Moreover, the psychological report is well standardized in its procedures (represented in the form attached) in order to leave little space for subjective interpretations or for necessity of clarifications in the phase of debate.

*In synthesis. The phases of psychological intervention in ED Pink-Pathway:*

- listening, information about resources that must be activated to stop violence,
- observation of emotional state,
- dynamic collection of the last event /trauma,
- collection of events about previous violence,
- indication of the presence of children with possible shock state and accompanying them to Pediatric observation,
- mortality risk assessment for women and children,

- psychological diagnosis and report for woman and child (if this has been observed in the pediatric department,
- sending to the police and to legal support for complaint, and
- sending to social resources (anti-violence center, social assistance)

*In synthesis. The psychological diagnosis in the ED context*

The psychological diagnosis is limited to the assessment of the trauma (acute disorder or post-traumatic stress disorder), but it is never directed to the assessment of the personality profile. The psychological diagnosis assesses the psychological reliability of the female victim by comparing the emotions expressed and what is narrated (consistency between reported and experienced).

The psychological diagnosis assumed to also assess the distress of children exposed to violence:

- It collects what the woman reports about the reactions of children to violence (at home, at school and in social relations),

- it indicates the need for further diagnosis on children it assumes responsibility for recommending a suspension of the relationship between father and child, pending further evaluation of the juvenile court.

The psychological diagnosis also assesses the risk of violence on the woman's life (femicide).

It applies Campbell's indicators to the history of the woman and weighs especially negative emotions towards her partner: the fear and the perception that he could concretize the death threats or carry out murder attempts (like pointing weapon, or gripping his hands around her throat).

It assumes responsibility for recommending that she leave home with the children in presence of significant indicators of risk.

*Conclusions*

The training was effective in improving staff attitudes and knowledge about battered women and in the development of new integrated medical and psychological protocols.



Some of the results of the medical and psychological Pink Pathway are:  
- the early identification of cases of violence necessary to establish preventative actions (there was an increase of 80% of cases compared to previous years, before Pink Pathway);

- an appropriate medical and psychological diagnosis of traumatic reaction (post traumatic stress disorder or acute) without indication of personality profiles or individual vulnerability (to avoid attributions of responsibility to the woman and provide justification for the man's violent);
- an appropriate response of care including the assessment of the risk of life;
- - continuing involvement of police and prosecutors to stop the violent man and to provide security and safety for women (legal measures of protection).

The new Pink Pathway approach has led, on the one hand, to an increase by health workers of: the identification of violence cases and psychological consequences (80% more); and on the other, an increase of women's capabilities in: recognizing violence in their intimate relations, recognizing the psychological risks of violence on health, accepting help and reporting to the police more often than before.

A new psychological service for women gender violence victims has involved, from 2009 to 2015, 671 women victims of violence and 74 children under 14.

All these women received: medical and psychological aid; a medical and psychological report (when the woman was victim of sexual violence the report was also gynecological); the prevalent diagnosis was: post traumatic stress disorder, acute stress disorder, or anxiety state. All these women have been referred to external services and to police for safety measures; most of them are on the path for coming out of violence.

In synthesis:

- Seven years of our gender practice have proven that psychological intervention integrated with the medical intervention is able to get the best results regarding the health of women and finding their way out of violence;
- the Pink Pathway has shown itself to be a useful tool for the well-being and safety of women victims;
- it is a reliable tool for prosecutors and police;

Elvira Reale is psychologist, psychotherapist, specialist in women mental health (past director of public service of women mental health); responsible anti-violence health sector at the Emergency Department in the “Cardarelli” Hospital in Naples; Scientific Director of Association Health Woman; Scientific Coordinator of Master, Naples University: “Gender violence and Pink Pathway in Emergency Department”; Member expert appointed by the National Observatory on gender violence at Department of Equal Opportunities at Presidency of the Council of Ministers; Author of many books and articles, including: *Maltreatment and violence against women, The response of health services*, Vol.1 e 2, Edited by FrancoAngeli, Milan 2011.

Carla Cuccurese is psychologist supervisor and psychotherapist, specialized in relational traumas; she works at the Dafne Center-Pink Code of Antonio Cardarelli Hospital in Naples and coordinates network activities with the police and other social services.

Valentina Caso and Ida Renzullo are psychologists senior, specialist in gender violence on women, with a master in: “Pink Pathway in Emergency Department” at the University of Campania, Luigi Vanvitelli, and they are working at the Dafne Center-Pink Code of Antonio Cardarelli Hospital in Naples.

Giusi Balsamo and Giusy Forte are psychologists junior, they carry out research and data collection activities and they are part of training staff at the Dafne Center-Pink Code of Antonio Cardarelli Hospital in Naples.

Elvira Reale è psicologa dirigente, specialista in salute mentale delle donne (già direttore di un servizio pubblico per la salute mentale delle donne); responsabile del percorso rosa presso l'ospedale San Paolo di Napoli (anni 2009-15) e responsabile del centro anti-violenza presso il pronto Soccorso dell'Ospedale Cardarelli di Napoli, Direttrice scientifica dell'Associazione salute donna; Coordinatrice scientifica del master presso l'università, Luigi Vanvitelli, di Napoli "violenza di genere sulle donne e percorso rosa in pronto soccorso"; rappresentante regionale presso l'Osservatorio nazionale sulla violenza di genere; autrice di numerosi libri e articoli tra cui: "Maltrattamento e violenza sulle donne: la risposta dei servizi sanitari", Franco Angeli editore, Milano 2011.

Carla Cuccurese, psicologa e psicoterapeuta con formazione specifica per la prevenzione della violenza contro le donne. Psicologa presso servizi specializzati per le donne vittime di violenza (attualmente presso il Centro Antiviolenza di Napoli). Psicologa presso il "percorso rosa" dell'Ospedale San Paolo e consulente presso l'ospedale Cardarelli di Napoli per il "percorso rosa".

Valentina Caso e Ida Renzullo sono psicologhe specialiste in violenza di genere sulle donne, con un master in "Percorso rosa nel dipartimento di emergenza" alla Università della Campania, Luigi Vanvitelli e lavorano presso il centro Dafne dell'Ospedale Cardarelli di Napoli.

Giusi Balsamo e Giusy Forte sono psicologhe in formazione presso il Centro Dafne dell'Ospedale Antonio Cardarelli di Napoli.