

**Intimate Partner Violence (IPV)
Guidelines for Medical Providers**

Mandatory Reporting Laws

- Before inquiring learn your state's mandatory reporting law [\(1\)](#) and your local law enforcement's response to mandatory reports.
- If you suspect children are being neglected or harmed, file a CPS report. (Advocate on behalf of adult victim/survivor's safety with CPS) [\(2\)](#)
- If patient is over 65 or a dependent adult, file an APS report.

Inquiry

1. Discuss any reporting requirements for both DV and child abuse before inquiring. [\(3\)](#)
2. Establish the setting: ask in private, ensure confidentiality, and use a trained interpreter (not family members)
3. Simple direct questions [\(4\)](#) work best:
Because violence is so common in many patients' lives, I've begun to ask all my patients...
 - *Has your partner ever hit you, hurt you, or threatened you?*
 - *Does your partner make you feel afraid?*
 - *Has your partner ever forced you to have sex when you didn't want to?*
 - *-How does your partner treat you?*
4. Also ask about past history of IPV:
 - *Have you ever had a partner who hit you, hurt you, or threatened you?*
 - *Have you ever had a partner who treated you badly?*
 - *Have you ever had a partner who forced you to have sex when you didn't want to?*
5. Respect patient's decision to disclose or not

Assessment of current IPV - IF YOU GET A POSITIVE ANSWER

Give messages of support

- *You are not alone*
- *You do not deserve to be treated this way*
- *You are not to blame*

Current Abuse

Assess immediate danger "Are you afraid to go home today?"

1. Assess for safety in clinic:
Is the perpetrator with the patient?
2. Assess for current safety: ("red flags for lethality risk")
 - *Threats of homicide*
 - *Weapons involved*
 - *History of strangulation or stalking*
3. Assess for suicidality and homicidality of either patient or perpetrator
4. Assess for safety of children

Past Abuse

If patient discloses past abuse, and the abuse is not current, give supportive messages and explain that the effects of abuse can continue for years after the abuse has ended. [\(5\)](#).

Assess long term danger

1. Assess for pattern of abuse
2. Assess for history of effects of abuse
 - *Specifically, any injuries or hospitalization?*
 - *Economic coercion, social isolation or other effects?*
3. Assess support system (family, friends, etc) and coping strategies
4. Assess readiness for change

Intervention

1. Repeat messages of support:
 - *I'm glad you talked to me about this today*
 - *You deserve to be respected by your partner*
 - *I'm concerned for your safety (and any children)*
2. Offer crisis support numbers
 - Domestic Violence National Hotline: 800 799 SAFE (TTY 800 787 3224) - 24 hrs a day, in all languages, toll free, confidential:

- can provide crisis counseling and connect victims with local DV advocates who can help with safety planning, getting restraining orders, and finding shelter
3. Help prepare a *safety plan* with the patient (or connect with someone who can) (6)
 4. Offer advocacy and counseling to both patient and any DV-exposed children.
 5. Offer police and legal assistance, and recognize that this may not be a viable option for many patients (those who do not feel that police or legal help would enhance their safety and for many undocumented immigrants)
 6. Arrange for a follow up visit and a safe way to contact patient.
 7. Expand the patient's support to multiple members of a multidisciplinary team if patient is willing

Documentation

Why it's so important: If done properly, your documentation can communicate the situation to other providers. Also the medical record can serve as powerful legal evidence which can be used to back up a victim's claim of abuse. (7)

1. History
 - Write legibly
 - Use patient's own words in quotes
 - Document as much information as patient will provide regarding specific events (who, what, where, when)
2. Physical Findings
 - Describe injuries in detail
 - Draw diagrams of injuries, using the body map if possible
 - If patient consents, take photographs of injuries
 - Take serial photographs of injuries over time
3. Physical Evidence
 - If patient consents, preserve physical evidence in paper bag
 - Describe physical evidence in detail

Follow up

1. Establish and maintain a primary care provider.
2. Offer patient and any DV exposed children access to: child care, DV support groups and services, legal services and advocacy, and the local police station.
3. Offer patient and any DV exposed children a referral to a mental health provider to help process the trauma they experienced and emphasize that mental health symptoms are a common response to trauma.
3. Consider the implications of past or current abuse on current health problems that patient and any DV exposed children are experiencing.

To learn more about making your healthcare facility a more open and supportive space in which to discuss and address intimate partner violence, and to receive free patient and clinical tools, contact the Family Violence Prevention Fund toll-free 888-Rx-ABUSE (TTY 800-595-4889) or online www.endabuse.org/health.

Background

The Goal: To provide support, information, and open the possibilities of change, and not necessarily "fix" the problem.

Definition: Intimate Partner Violence (IPV) is a pattern of assaultive and coercive behaviors including physical, sexual and psychological abuse, that adults or adolescents use against their intimate partners. Remember that intimate partner violence can be seen at all socioeconomic levels, in all races and in both same sex as well as heterosexual relationships.

Why we need to ask: Violence can impact a victim's overall health, and can escalate in both frequency and severity resulting in repeat visits to the healthcare system.

- It's common, even in pregnancy: 1/3 of U.S. women report being physically or sexually abused by a husband or boyfriend at some point in their lives (1 in 12 pregnant women)
- It's often why women visit the ED: 37% of all women who sought care in the ED for violence related injuries were injured by an intimate partner
- Women don't voluntarily tell: 92% of women who were physically abused by their partners did not discuss the incident with their physicians
- We're not good at asking: 1999 JAMA study showed only 10% of PCP routinely screen for IPV
- They want us to ask: 70-81% of patients reported that they would like their healthcare providers to ask them about IPV
- Because children are affected: Children who witness domestic violence and/or are abused themselves, are at increased risk for a number of adverse health effects including behavioral problems, drug and alcohol abuse, STIs, and eating disorders. (8)

What are the health effects?

In addition to injuries sustained during violent episodes, physical and psychological abuse are linked to a number of adverse physical health effects including arthritis, chronic neck or back pain, migraine and other frequent headaches, stammering, problems seeing, sexually transmitted infections, chronic pelvic pain, and stomach ulcers.

Domestic Violence is associated with eight out of ten of the Health People 2010 Leading Health Indicators (9)

Indicator	Connection to Domestic Violence
Tobacco Use	Increased Risk of Smoking

Substance Abuse	Increased risk of high-risk alcohol use
Injury and violence	Leading cause of injuries and homicide
Mental Health	Increased risk of mental health problems
Responsible Sexual Behavior	Increased sexual risk taking and STIs, less likely to use condoms consistently
Access to healthcare	Increased risk of late entry into prenatal care
Immunizations	Children of battered women less likely to get immunizations
Overweight and Obesity	Increased poor nutritional behaviors

References

1. <http://endabuse.org/statereport/list.php3>
2. <http://endabuse.org/programs/healthcare/files/Pediatric.pdf>, Appendix XI
3. <http://endabuse.org/statereport/list.php3>
4. <http://endabuse.org/programs/healthcare/files/Consensus.pdf>, Appendix D
5. <http://endabuse.org/programs/healthcare/files/Consensus.pdf>, Appendix I
6. <http://endabuse.org/programs/display.php3?DocID=206>, Appendix H
7. <http://www.ncjrs.org/pdffiles1/nij/188564.pdf>
8. <http://endabuse.org/programs/display.php3?DocID=231>.
9. <http://endabuse.org/hcadvd/2003/tier4.pdf>

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