



# **The Importance of Universal Screening for Intimate Partner Violence in Primary Care**



## Objectives

- Intimate Partner Violence 101
- Begin to hear and see **subtleties and cues** of partner violence in your patients.
- Begin PRACTICING!
- Begin to use the lens of trauma and intimate partner violence in all patient care.

## Methods

- Review articles
- Watch video and think of approaches that work for you.
- Engage with power and control wheels



# What is IPV?

- One person in a relationship is using a pattern of methods and tactics to gain and maintain power and control over the other person.
- It is a cycle that gets worse over time – not a one time ‘incident’
- Abusers use jealousy, social status, mental health, money and other tactics to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the best, safest or most realistic option for survivors “Survivors are the experts in their relationships.”
- “Intimate partner” refers to both current and former spouses and dating partners.

# Definitions of IPV

Legal definitions are often more narrowly defined with particular focus on physical and sexual assault.

Public health definitions include a broader range of controlling behaviors that impact health including:

- ❑ emotional abuse
- ❑ social isolation
- ❑ stalking
- ❑ intimidation and threats

# Prevalence of IPV

- 1 in 4 U.S. women report ever experiencing IPV.
- 1 in 7 men have been the victim of severe physical violence by an intimate partner
- 43.8% of lesbian women have experienced
- 61.1% of bisexual women have experienced
- 26% of gay men have experienced
- 37.3% of bisexual men have experienced
- Transgender 34.6% reported lifetime physical abuse by a partner and
- And 64% of reported experiencing sexual assault

*rape, physical violence,  
and/or some point in  
their lifetime, vs hetero  
women at 35% and  
hetero men at 29%*

# Prevalence

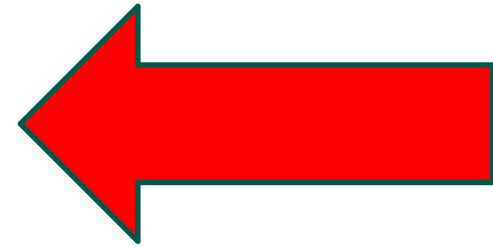
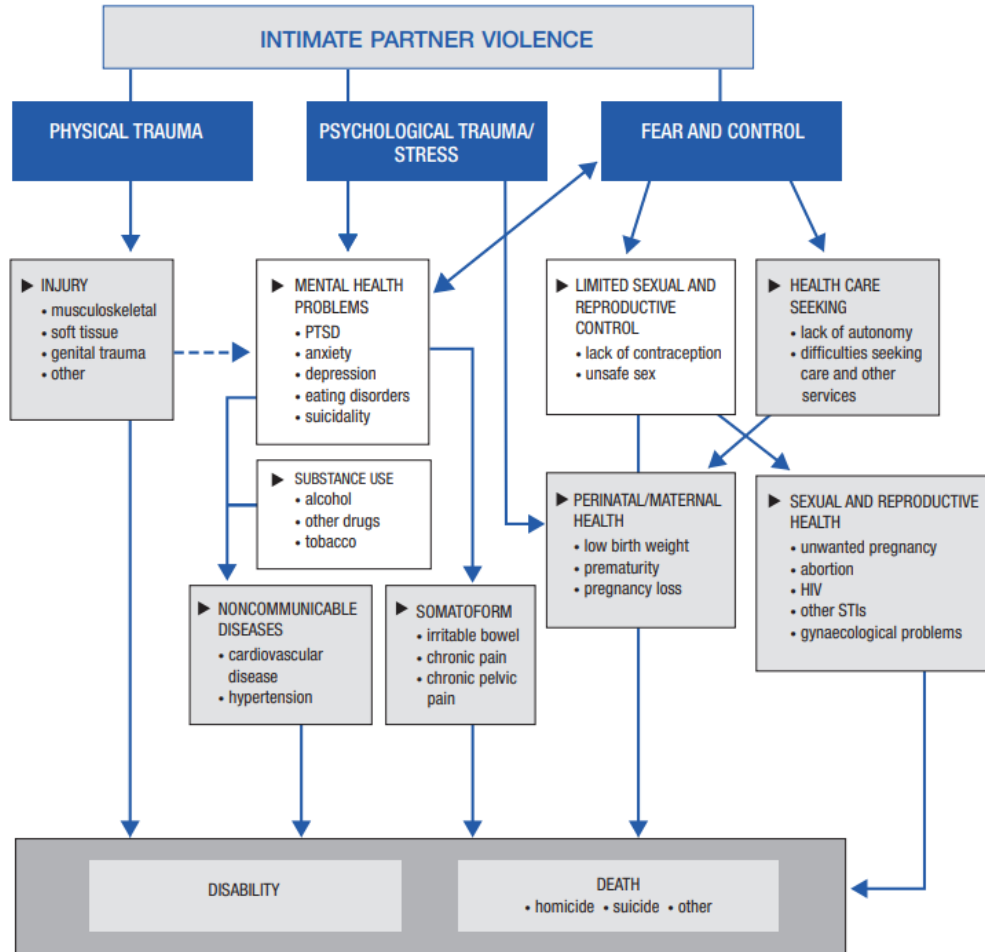
- A 2015 Violence Policy Center study finds that Black women were two and a half times more likely to be murdered by men than their White counterparts. More than nine in ten Black female victims knew their killers.
- 51.7% of American Indian/Alaska Native women, 51.3% of multiracial women, 41.2% of non-Hispanic black women, 29.7% of Hispanic women, and 15.3% of Asian or Pacific Islander.

# Pregnancy

## Screen 1:1

- Birthing people who disclose abuse were at an **increased risk** for rapid repeat and unintended pregnancy.
- Increased incidence of low birth weight, preterm births, and miscarriages.
- Birthing people who experience IPV during pregnancy are about **3 times** more likely suffer perinatal death than those who do not experience IPV.

<https://www.nationalpartnership.org/our-work/health/moms-and-babies/intimate-partner-violence.html#>





## Health impact of abuse: More than broken bones and black eyes

- HIV/Aids
- Migraines
- Suicidal Behavior
- Chronic Pain
- Sleep disturbances
- Bladder infections
- GI Issues, IBS
- STD's, Unintended pregnancy
- Cardiovascular disease
- Asthma
- Fibromyalgia
- Depression

More than two-thirds of IPV survivors are strangled at least once.  
The average is 5.3 times per survivor.

## **STOP!** And consider...

- Can you think of a time when a patient's presenting health symptoms made you suspect something else?
- Treatment is often ineffective and the patient's health further compromised due to a partial diagnosis.

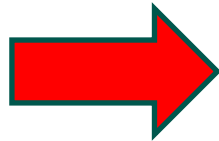


What are some barriers to  
**addressing/screening** IPV with patients?

# C: Confidentiality

- ▶ Know your state's reporting requirements and share any limits of confidentiality with your patients.
  - ▶ Always see patients alone for part of every visit so that you can bring up relationship violence safely.
- ! Make sure you have access to professional interpreters and do not rely on family or friends to interpret.

"Before we get started I want to let you know that I won't share anything we talk about today outside of the care team here unless you were to tell me about [find out your state's mandatory reporting requirements]."



What are mandates for reporting partner violence?

# UE: Universal Education + Empowerment

You may be  
the first  
person to  
talk to the  
patient  
about  
healthy  
relationships

"We've/I started talking to **all** our patients about their relationships, so they know how to get help for themselves and so they can help others."

"Because it is so prevalent, I make sure to talk to **all** my patients about healthy relationships."

"I am concerned your symptoms may have been caused by someone hurting you."

# S:Support

- ▶ Though disclosure of violence is not the goal, it will happen -- know how to support someone who discloses.
- ▶ Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (on the back of all safety cards).
- ▶ Offer health promotion strategies and a care plan that takes surviving abuse into consideration.

! What resources are available in your area for survivors of domestic and sexual violence? How about for LGBTQ, immigrant, or youth survivors? Partnering with local resources makes all the difference.

"Thank you for sharing this with me, I'm so sorry this is happening. What you're telling me makes me worried about your safety and health..."

A lot of my patients experience things like this. There are resources that can help. [Share name, phone and a little about your local DV program] I would be happy to connect you today if that interests you."



Screening Alone

Asthma in the ER



# What to do with a disclosure

- Know your **resources** both within practice and in the community. Offer but do not insist on a warm hand off or resource.
- Assure patient that they “do not deserve to be treated this way” and “**there is help**”- if they want it.
- Remember the patient is the **EXPERT** in their relationship and they have kept themselves safe.
- Remember that telling someone to **leave** an abusive relationship can feel like medical power and control and may push patient away.
  - Leaving an abusive relationship can put patient at **HIGH RISK**.



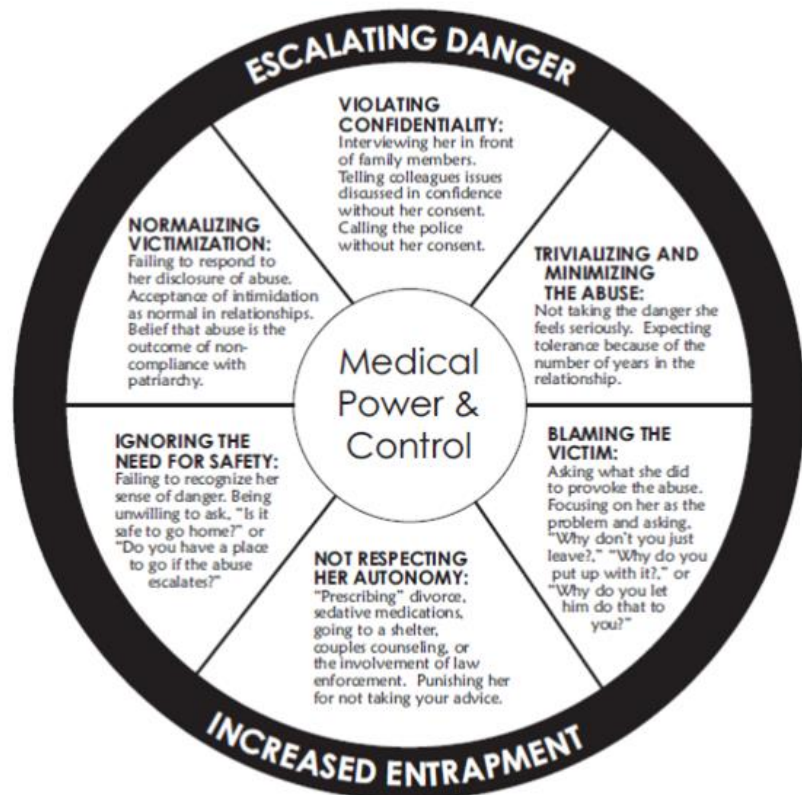
## Believe it or not...

- Patients support assessments when they are done in private and **1:1**
- The benefits of screening **outweigh** the harms.
- Interventions **improve** health and safety.
- Patients fall through the cracks when we don't ask.

# Medical settings can be distressing for patients with trauma

- Invasive procedures
- Removal of clothing
- Personal questions
- Power dynamics
- Language barrier
- Physical touch
- Loss of/lack of privacy
- Pressure from partner to not share personal info
- Pressure to make reproductive choices
- Unsure about confidentiality

# MEDICAL POWER & CONTROL WHEEL



# Power and Control Wheel





Adapted from the Domestic Abuse Intervention Project  
Duluth, Minnesota



# Thank you and **PRACTICE!**

*Someone's life depends on it*

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Committee on Health Care for Underserved Women, The American College of Obstetrics and Gynecologists (n.d.). *Intimate Partner Violence*. Acog.org. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violenceCitations>

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U.S. Preventative Task Force (2019). Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Recommendation Statement. *American Family Physicians*, 99(10).  
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