Intimate Partner Violence

What Health Care Providers Should Know

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KEYWORDS

- Intimate partner violence • Screening • Abuse • Domestic violence
- Medical documentation

KEY POINTS

- Intimate partner violence (IPV) is a health epidemic. Health care professionals have a unique and critical role to play.
- The Centers for Disease Control and Prevention describes IPV as "physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner."
- IPV screening tools are useful for detecting violence and developing intervention strategies to prevent future harm.
- Health care providers need information related to state laws, accurate documentation skills, and knowledge of national and local resources to effectively serve women who have been exposed to IPV.

INTRODUCTION

Intimate partner violence (IPV) is a public health epidemic affecting 1 in every 4 women.[1] This adversely affects health and, in the United States, costs $8.3 billion each year.[2] Health care professionals have a unique and critical role in the identification and treatment of women exposed to IPV. Often, women who are exposed to acts of IPV do not disclose the abuse based on many factors such as fear and confusion related to what they have experienced. When conducted face-to-face, both routine and repeated screenings have the potential to markedly increase the identification of IPV because a woman's abuse status can change over time. This article briefly reviews the standard of practice for health care professionals, so they can engage in an informed response to IPV, which is crucial to the safety of the woman, can improve health outcomes, and prevent further violence.

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INTIMATE PARTNER VIOLENCE DEFINED

IPV, as defined by the Centers for Disease Control and Prevention, is "physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship."[3] This violence is a pattern of controlling, assaultive, and/or coercive behavior against an intimate partner.[4] Behaviors of the abuser may include physical, sexual, psychological, and economic coercion or abuse.[5] The abuse can occur in a variety of relationships: married, separated, divorced, dating, heterosexual, or same-sex couples. It does not depend on sexual intimacy.[3]

The statistics on IPV are staggering. According to the National Coalition Against Domestic Violence, in the United States there are more than 10 million victims of IPV.[1] In cases in which a firearm is present during the abuse, there is a significant increase in the risk of homicide.[1] IPV is the most common cause of injury in women aged 18 to 44 years and is associated with numerous medical and health conditions for victims and their children.[6] Unfortunately, very few individuals (about 34%) seek medical care for their injuries following an abusive event.[1] To improve response efforts for victims of IPV, health care professionals should take the time to adhere to recommendations for screening, increase their knowledge of abuse indicators, supportive care, safety planning, documentation, and awareness of community resources and referral processes.

SCREENING FOR INTIMATE PARTNER VIOLENCE

Screening tools for IPV are useful for detecting violence and developing intervention strategies for preventing future harm. The US Preventive Services Task Force recommends clinicians screen women of childbearing ages and provides resources or refers women who screen positive to intervention services.[7] The task force concluded that screening protocols for elderly women are limited based on the absence of standards.[7]

Screening and counseling for IPV without a copayment or coinsurance when delivered by a network provider is a core service included in the preventive care policy of the Affordable Care Act.[8] To fulfill this requirement, health care professionals must have a safe and effective system in place for screening women for IPV. Minimum requirements of preventive care screening include that health care providers perform an IPV assessment on female patients 12 years of age and older.[9]

Despite the availability of screening tools, the frequency of screening varies across health care disciplines and environments. This may be due to a lack of curricular inclusion. A report detailing health professionals' educational preparation for treating IPV indicated that, in schools and colleges of medicine, dentistry, and public health, more attention should be placed on the screening, identification, health problems, interventions, and professional competencies required for addressing violence and abuse. In contrast, schools of nursing have made the most significant progress in curriculum development related to IPV.[10]

Setting

The setting for conducting IPV screening must be carefully considered. The first consideration is to provide a safe and confidential location that fosters a setting in which the woman is able to disclose exposure to violence. Screening should take place with the woman fully dressed. Another consideration is to screen the woman alone, without the accompaniment of her partner, friends, family, or caregiver.[11] By