

Screening for and responding to disclosure of Intimate Partner Violence

Substance use disorders in women is strongly associated with current and past histories of partner violence (http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/10/NCDVTMH_NDVH_MHSUCoercionSurveyReport_2014-2.pdf)

What is Intimate Partner Violence?

Intimate partner violence (IPV) is a preventable public health problem that affects millions of people regardless of age, economic status, race, religion, ethnicity, sexual orientation, or educational background. IPV is defined as a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation of personal needs, intimidation, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.

Reproductive and sexual coercion and IPV are health issues that disproportionately affect women, although they affect people of all genders. Women are at significantly higher risk than men of experiencing IPV, of sustaining serious injuries, and being killed by an intimate partner. Human trafficking and substance use coercion are closely associated.

- Approximately 1 in 4 women have been physically and/or sexually assaulted by a current or former partner
- Nearly half (45.9%) of women experiencing physical abuse in a relationship also disclose forced sex by their intimate partner In a nationally representative sample, and 1 in 4 women reported lifetime coerced sex
- Among women reporting coerced sex, more than one-third were 15 years old or younger at the time of their first coerced sexual experience
- Childhood sexual trauma is strongly associated with adult substance use in women

Why does this belong in healthcare?

IPV has serious implications for health and wellbeing of its survivors

- Leading cause of female homicides and injury-related deaths during pregnancy
- Accounts for a significant proportion of injuries and emergency room visits for women
- May lead to lifelong consequences, including emotional trauma, lasting physical impairment, chronic health problems, and death.
- Women who have been victimized by an intimate partner and children raised in violent households are more likely to experience a wide array of physical and mental health conditions including headaches, gastrointestinal problems, depression, anxiety, sleep problems, post-traumatic stress disorder (PTSD), and substance use disorders.

There is a substantial body of research describing the dynamics and effects of IPV on health. Abusive and controlling behaviors range from sexual assault and forced sex, to more hidden forms of victimization that interfere with a partner's choices about sexual activities, contraception, safer sex practices, and pregnancy. IPV is often a barrier to accessing reproductive health care.

Screening for IPV:

- All women should be screened for interpersonal violence before, during, and after pregnancy. Although optimal timing of screening has not been determined, repeated screening is recommended.
- Creating space for confidential screening allows providers to ask questions about other sensitive topics such as reproductive health history, infectious disease history, and to safely screen women for domestic violence
- When a woman cannot be confidentially screened, screening should be deferred

Validated screening tools exist for intimate partner violence (<http://ipvhealth.org/>; <https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>).

If a patient screens positive, what should I do?

It is important to validate the patient's experience and to thank them for sharing this very personal information with you. Some helpful, scripted responses are included below. If a person declines an offer of resources, that's okay. It's important to validate their experience and to meet them where they are today.

- *"I am glad you told me. We see many patients here with similar situations, and there are services in the area that can be of help. Can I give you some more information?"*
- *"Would you be interested in talking further about this with one of us [social worker, behavioral health clinician, domestic violence advocate] today?"*

Always offer referral: Domestic violence advocacy programs are available 24/7. During clinic hours, they may be available to come to the clinic for a warm referral if the patient has time, so it's good to offer this whenever possible. This can also be planned for a future date as it may be safer for a person to come to a medical appointment than to make other arrangements.

If a person does not have time or is not sure about accepting a referral, provide them with local and/or national contact information. It's important that every clinic has this information readily available.

National Domestic Violence Hotline

1-800-799-SAFE (1-800-799-7233)

(TTY) 1-800-787-3224

www.thehotline.org

For patients who screen negative: It's important to talk about why screening for IPV is necessary. Normalizing the discussion of IPV and providing reassurance that the practice is a safe place to disclose may encourage survivors who are afraid to disclose in the future. It may also help them counsel a friend or family member who is in an abusive relationship. Normalizing these conversations is valuable.

Documentation following a positive screen:

- Provider notes, especially with objective findings related to trauma may be helpful evidence in custody or divorce proceedings. However, **including a diagnosis of adult physical abuse or other documentation in your note can increase risk if the abusive partner has access to your patient's electronic medical records.**
 - **2018 ICD-10-CM Diagnosis Code T74.11XA: Adult physical abuse, confirmed, initial encounter**
 - **2018 ICD-10-CM Diagnosis Code Z91.410: Personal history of adult physical and sexual abuse**

- Some EHR systems have the option of hiding documentation to protect highly confidential information, this is recommended if available.