INTIMATE PARTNER VIOLENCE: ENCOURAGING DISCLOSURE AND REFERRAL IN THE PRIMARY CARE SETTING

Screen patients for intimate partner violence using the 4-question Abuse Assessment Screen; encourage disclosure through routine inquiry and dialogue.

If abuse is disclosed or suspected, provide a full clinical assessment and document findings thoroughly.

Promptly refer all patients who disclose intimate partner violence to social and legal services.

Intimate partner violence (IPV) is a serious health problem that affects up to 26% of adult women and 16% of adult men.1 IPV refers to a broad pattern of coercive or violent tactics used by one partner to establish and maintain power and control over the other. These tactics can include physical, sexual, psychological, and economic abuse by a current or former partner (partners may include common-law spouses, boyfriends, girlfriends, lovers, or dating partners). IPV occurs in all demographic groups, but higher rates have been reported among women between the ages of 16 and 24 years.2 IPV among adolescents is often referred to as dating violence. This report focuses on detection and management of IPV among adults and adolescents.

IPV is a leading cause of injury to women in New York City (NYC).3 In 2005, approximately 4,000 women and 900 men were treated in emergency departments as a result of IPV, and more than 46% of women killed in NYC were killed by their intimate partner.4 The actual numbers are probably higher because patients can be reluctant to disclose information about abusive partners, and because providers do not always ask about or document assault. According to telephone surveys conducted in 2006, 2.5% of NYC adults (approximately 141,000) reported fearing their intimate partner.5

IPV can cause serious long-term health effects.6 It significantly increases the risk of mental health problems such as depression, post-traumatic stress disorder, anxiety, and suicidal ideation.7 Women and men who experience IPV are also more likely to suffer disability from cardiovascular and musculoskeletal problems, chronic pain, arthritis, or respiratory problems.8 Undetected IPV may result in misdiagnoses, improper testing, and inappropriate treatment or management of health conditions.9,10 Primary care providers play a critical role in identifying and referring victims of IPV. Screening has been shown to increase disclosure and facilitate referral, and surveys indicate that most patients want their provider to inquire about IPV.11 Routine inquiry, ongoing dialogue, and establishing patient trust are vital to patient disclosure.
ADDRESSING INTIMATE PARTNER VIOLENCE IN A CLINICAL SETTING

Screening
Providers should ask patients about IPV and encourage disclosure. Although IPV is a serious health risk to women and men, women are disproportionately affected and particularly vulnerable during pregnancy.20 Alert patients by displaying IPV posters, safety cards, and patient education materials, including referral information, in exam or waiting rooms or bathrooms, or provide materials with discharge instructions.

Consider screening for IPV:
• At the initial patient visit.
• During routine exams.
• At prenatal care and immediate postpartum visits.
• If a patient mentions a new intimate relationship.
• When a patient presents with symptoms (Table 1) or trauma (Table 2) consistent with IPV.

Use standardized screening tools, such as the Abuse Assessment Screen validated for use in women (Table 3), which are effective in identifying patients suffering from IPV.21

To encourage patient disclosure:
• Examine the patient in private.
• Ask clear, direct questions.24,25
• Use nonjudgmental words, tone, and body language.
If language is an obstacle, locate a trained interpreter.

It is important to communicate your desire to help. For some patients, acknowledging IPV and taking action to get help can be a slow process. Initiate the conversation with some leading statements or questions such as:
“Since violence is common in many people’s lives, I ask all my patients about it.”
OR
“Do you feel safe and comfortable at home?”

Conduct screenings without the partner, friends, or relatives, including children 3 years of age and older, present. Providers can consider screening in the presence of children under the age of 3 years.26 When a partner accompanies the patient, be aware of the partner’s behavior. He or she may insist on staying close and may try to answer many of the questions posed to the patient. Partners may also show evidence of hand injuries (e.g., skin discolorations indicative of ecchymosis, lacerations).

Table 1. Clinical Indicators Potentially Consistent With Intimate Partner Violence*2,22,23

General physical findings
• Complaints of headache (including migraine), back pain, chronic neck pain, vague complaints, and psychogenic pain.
• Digestive problems (e.g., nausea, abdominal pain, diarrhea, constipation).
• Appetite disturbance, significant weight gain or loss.
• Assault injuries consistent with IPV (Table 2).

Obstetric and gynecologic findings
• Complaints of painful intercourse and/or sexual dysfunction.
• Injuries during pregnancy, fetal injury, or miscarriage.
• Sexually transmitted infections including HIV, and signs/symptoms of infection such as vaginal pain, itching, or discharge.
• Urinary tract infection, pain on urination.

Mental health findings
• Symptoms of depression, anxiety, post-traumatic stress disorder, insomnia.
• Inappropriate affect (e.g., lack of expressiveness, minimal eye contact).
• Eating disorders (e.g., anorexia, bulimia).
• Frequent use of prescribed anxiolytics or pain medications.
• Abuse of drugs, alcohol, or tobacco.
• Suicidal or homicidal ideation or attempts.

*One or more of these findings may be present.

Table 2. Assault Injuries Consistent With IPV22

• Patterned injuries, such as injuries to both wrists.
• Multiple or frequent injuries (contusions, abrasions, minor lacerations, human bites) in various stages of healing.
• Sprains or fractures, especially fractured or subluxated teeth, fractures to the mandible, maxilla, orbit, and spiral wrist fractures.
• Burns (cigarette or rope burns), gunshot/stab wounds.
• Localized hair loss and scalp injury.
• Detached retina, perforated tympanic membrane.
• Concussion, subdural hematoma, or cerebral bleeding associated with bruising to neck and back of head from choking or head banging.
• Signs of sexual assault, injuries to genitalia and breasts.

Table 3. Abuse Assessment Screen*21

1. Have you ever been emotionally or physically abused by a partner? If so, by whom?
2. Within the past year, have you been hit, slapped or otherwise physically hurt? If so, by whom?
3. Within the past year, have you been forced to have sex against your will? If so, by whom?
4. Are you afraid of your partner?

If a patient answers YES to one or more questions, conduct a clinical assessment (Table 4) and offer referral(s) (Table 5).

If a patient answers “no” to each of the abuse screening questions in Table 3:
  • Respect the patient’s responses.
  • Let the patient know that you are available should the situation ever change.
  • If you believe the patient may be at risk, offer information and resources (“If you should ever experience something like this…”).
  • Assess again as circumstances allow.

If you suspect current or past IPV victimization despite a lack of patient disclosure, document that a screening was conducted at this visit and that the patient did not disclose abuse. Documentation of this concern may prompt you to ask again at future visits. Include your reasons for concern, such as “physical findings are not congruent with history or description,” or “patient presents with evidence consistent with violence.”

### Table 4. Clinical Assessment of Patients Disclosing Abuse

<table>
<thead>
<tr>
<th>Safety assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Evaluate severity: “Are you in immediate danger? Are you afraid to go home?”</td>
</tr>
<tr>
<td>• Assess for escalation: “Has the violence gotten worse or is it getting scarier?”</td>
</tr>
<tr>
<td>• Listen for threats of homicide, suicide, weapon use, or stalking.</td>
</tr>
<tr>
<td>• Identify whether the patient has somewhere safe to go.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General history</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inquire about:</td>
</tr>
<tr>
<td>• Abuse in childhood or IPV in a previous relationship.</td>
</tr>
<tr>
<td>• History of miscarriage.</td>
</tr>
<tr>
<td>• Child abuse in current family.</td>
</tr>
<tr>
<td>• Lack of money and/or documents (e.g., passports, visas).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of physical trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Take a history of physical injuries (include dates, times, locales, and circumstances).</td>
</tr>
<tr>
<td>• Note if there is an unexplained delay between the occurrence of the injury and medical treatment.</td>
</tr>
<tr>
<td>• Determine if injuries are inconsistent with the given explanation.</td>
</tr>
<tr>
<td>• Use direct quotes whenever possible to identify abuser and describe the assault circumstances.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental health assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Screen for depression [Resources].</td>
</tr>
<tr>
<td>• Ask about alcohol and substance use; rule out substance abuse or dependence [Resources].</td>
</tr>
<tr>
<td>• Assess for suicidal ideation [Resources].</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Examine for scars, injuries, or any other findings consistent with trauma.</td>
</tr>
<tr>
<td>• If patient reports recent sexual abuse, refer him or her to rape crisis services and to appropriate ED care for a Sexual Assault Forensic Exam (SAFE), which includes forensic specimen collection. Written consent must be obtained for specimen collection (see Referrals and Follow-up, page 6).</td>
</tr>
<tr>
<td>• Use body maps to note old and new wounds and to document severity [Figure 1].</td>
</tr>
<tr>
<td>• Offer the option to be photographed (written consent recommended). Photographs can be important evidence for future legal actions to protect the victim.</td>
</tr>
</tbody>
</table>

### Children, Abuse, and IPV

IPV and child maltreatment often coexist. Studies indicate that in 30% to 60% of families where mothers are battered, children also suffer abuse.\(^{27,28}\) If providers suspect abuse of a minor, or believe that the abuse of a parent or caretaker is putting a child at imminent risk, they have the legal obligation to report it to the New York State Central Registry of Child Abuse and Maltreatment (SCR) [Resources].\(^{29}\) Because reporting the abuse can put the victim and child(ren) at increased risk for abuse, it is important that the patient knows a report is being submitted.

Providers should also be aware that, pursuant to various laws, adolescents under the age of 18 have the right to confidential reproductive health care without parental permission or knowledge.\(^{29}\)
Figure 1.26

An example of an injury location chart (or “body map”)

Draw an arrow from the injury description to the body image where any injury was observed. Note the number of injuries of each type in the space provided. Mark and describe all bruises, scratches, lacerations, bite marks, etc.

Encounters:

Cuts _______  Punctures _______
Bites _______  Abrasions _______
Bruises _______  Bleeding _______
 Burns _______  Dislocations _______
Bone fractures ____________________

Table 5. Victim’s Rights Notice*

If You Are the Victim of Intimate Partner Violence

The Police Can Help You:

- Get to a safe place away from the violence.
- Get information on how the courts can help protect you against the violence.
- Get medical care for injuries you or your children may have.
- Get necessary belongings from your home for you and your children.
- Get copies of police reports about the violence.
- File a complaint in criminal court, and locate criminal and family courts in your area.

The Courts Can Help You:

- In 2008, New York State expanded protections. You can take your case to criminal court, family court, or both if you are currently or were formerly in any intimate relationship with the abuser. This includes being married, living together, dating without living together, or having a child in common.30
- The forms you need are available from the family court and the criminal court.
- The courts can decide to provide a temporary order of protection for you, your children, and any witnesses who may request one.
- The family court may appoint a lawyer to help you in court if you cannot afford one.
- The family court may order temporary child support and temporary custody of your children.

*For information about NYS law and victims of domestic violence, visit: www.opdv.state.ny.us/professionals/criminal_justice/police/vrnoticeeng.html.

24-HOUR CONFIDENTIAL HOTLINES

- New York City Domestic Violence Hotline
  (800) 621-HOPE/(800) 621-4673
  Help is available in 150 languages.
  or
  Call 311—ask for Domestic Violence Hotline.

- New York Asian Women’s Center
  (888) 888-7702
  Help is available in 15 different Asian languages and dialects.

- NYC Gay and Lesbian Anti-Violence Project
  (212) 714-1141
  Help is available in English and Spanish.

- New York City Police Department
  Rape and Sexual Assault Hotline
  (212) 267-RAPE/(212) 267-7273
  Help is available in English and Spanish.

- (Outside NYC) NY State Domestic Violence Hotline
  (800) 942-6906 (English)
  (800) 942-6908 (Spanish)

PATIENT INFORMATION & HELP ON THE WEB

- Mayor’s Office to Combat Domestic Violence

- Safe Horizon
  http://safehorizon.org

- Violence Intervention Program
  http://63.135.104.107

- New York Asian Women’s Center
  http://nyawc.org

- NYC Gay and Lesbian Anti-Violence Project
  http://avp.org

- Voices of Women
  www.vowbwrc.org

- Connect
  www.connectnyc.org

- For help with orders of protection
  #orderprotection

- For help finding safe housing
  www.safehorizon.org/page.php?nav=sb&page=sheltiertour
Assessment of Patients With Suspected or Confirmed IPV

Conduct a full clinical assessment immediately after patient disclosure of recent abuse, or if you suspect abuse based on clinical signs or symptoms consistent with IPV (Tables 1 and 2).

The clinical assessment (Table 4) should first determine whether the patient is in immediate danger. Indications of immediate danger include:

- An escalation in the frequency or severity of violence.
- Recent use or threatened use of weapons by the abuser during IPV episodes.
- Threats by the abuser of homicide or suicide.
- Stalking of the patient.

If a patient is in immediate danger, the physician or staff should help the patient call the police or an IPV hotline if the patient is willing (Table 5).

The following should be included in the patient evaluation and documented in the medical record (Table 4):

1) Evaluation of patient safety.
2) History, including trauma history.
3) Evaluation of mental health, specifically suicidal ideation.
4) Physical examination.

The medical record should be prepared with care, as it may be used during medical/legal proceedings or required for the procurement of social services. Document the patient’s statements and avoid pejorative or judgmental language (e.g., write “patient states” rather than “patient alleges”).

Screening and assessments should not occur if:

- There is no way to conduct the assessment in private.
- There are concerns that assessing the patient would place the patient or provider at risk.
- There is a language barrier and the provider is unable to secure an appropriate interpreter.

If screening and assessment do not occur and you suspect that the patient is experiencing IPV, note in the patient’s chart that inquiry was not completed and schedule a follow-up appointment or referral to another provider.

Medical Documentation as Evidence for Housing Assistance

In April 2006, the New York City Housing Authority (NYCHA) made the determination to allow medical documentation of IPV as evidence for women and men applying to move into, or transfer within, the public housing system.


Referrals and Follow-up

All patients who disclose current or past IPV should be offered referral to supportive social and legal services, such as to a social worker, counselor, or other designated staff. Designated support staff should call the proper IPV advocacy hotline to link the patient with the appropriate support services within the community (Table 5). To the extent possible, be familiar with local resources or the National Domestic Violence Hotline: (800) 799-SAFE/(800) 799-7233, TTY (800) 787-3224. When possible, refer patients to organizations that address their unique needs, such as for services in a primary language other than English. There are also organizations that specialize in working with specific populations such as lesbian, gay, bisexual, or transgender clients, teens, elderly, disabled, or unauthorized immigrants.

Sexual violence

Patients who report experiencing recent sexual violence (i.e., within the past 96 hours) should be referred to the nearest Emergency Department with specialized services for sexual violence victims. These services include a Sexual Assault Forensic Exam (SAFE), rape crisis services, and comprehensive medical, forensic, and psychosocial care (Table 5). Patients who disclose sexual violence that occurred more than 96 hours ago should also receive information about rape crisis services.

Safety planning

After a patient discloses current or past abuse, offer at least one follow-up visit. Ask if it is safe for the patient to receive appointment reminder calls at home or if there is an alternate number—this facilitates trust. For patients currently in abusive relationships, use each follow-up visit as an opportunity to:

- Ask what resources the patient has accessed.

Table 6. Types of IPV That Must Be Reported

<table>
<thead>
<tr>
<th>Type of Injury or Abuse</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury from discharge of a firearm.</td>
<td>Report to the local police, or call 911 (Penal Law Section 265.25).</td>
</tr>
<tr>
<td>Potentially life-threatening injury inflicted by a knife or other sharp object.</td>
<td></td>
</tr>
<tr>
<td>All 2nd- or 3rd-degree burns to 5% or more of the body.</td>
<td>Report in writing to New York State Office of Fire Prevention and Control within 72 hours of patient visit (Penal Law Section 265.26).</td>
</tr>
<tr>
<td>All respiratory tract burns due to inhalation of superheated air.</td>
<td>Phone: (518) 474-6746</td>
</tr>
<tr>
<td>All life-threatening burns.</td>
<td>Fax: (518) 474-3240</td>
</tr>
<tr>
<td>Abuse or suspected abuse of a child by a parent, guardian, or caregiver.</td>
<td>Report to New York State Central Registry of Child Abuse and Maltreatment (SCR).</td>
</tr>
<tr>
<td></td>
<td>Phone: (800) 635-1522</td>
</tr>
</tbody>
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ASSessing intimate partner violence in a clinical setting

Screening

Providers should ask patients about IPV and encourage disclosure. Although IPV is a serious health risk to women and men, women are disproportionately affected and particularly vulnerable during pregnancy. Alert patients by displaying IPV posters, safety cards, and patient education materials, including referral information, in exam or waiting rooms or bathrooms, or provide materials with discharge instructions. Consider screening for IPV:

• At initial patient visit.
• During routine exams.
• At prenatal care and immediate postpartum visits.
• If a patient mentions a new intimate relationship.

If a patient mentions with symptoms consistent with IPV (Table 1).

Table 1. Clinical Indicators Potentially Consistent With Intimate Partner Violence

<table>
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<tr>
<th>General physical findings</th>
<th>Obstetric and gynecologic findings</th>
<th>Mental health findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints of headaches, neck pain, and back pain</td>
<td>Complaints of pelvic pain, especially during pregnancy and before periods</td>
<td>Complaints of depression, anxiety, and post-traumatic stress disorder</td>
</tr>
<tr>
<td>Exerted weight loss or gain</td>
<td>Exerted weight gain or loss</td>
<td>Exerted weight gain or loss</td>
</tr>
<tr>
<td>Depression or increased anxiety or stress</td>
<td>Anxiety or depression</td>
<td>Anxiety or depression</td>
</tr>
<tr>
<td>Apparent physical or emotional abuse</td>
<td>Sexual assault or domestic violence</td>
<td>Sexual assault or domestic violence</td>
</tr>
</tbody>
</table>

To encourage patient disclosure:

• Ask clear, direct questions.

• Use nonjudgmental words, tone, and body language.

• If language is an obstacle, locate a trained interpreter.

It is important to communicate your desire to help to the patient. For some patients, acknowledging IPV and taking action to get help can be a slow process. Initiate the conversation with some leading statements or questions such as:

“Since violence is common in many people’s lives, I ask all my patients about it. OK?

Do you feel safe and comfortable at home?”

Conduct screenings without the partner, friends, or relatives, including children 3 years of age and older. Patients can consider screening the presence of children under the age of 3 years. When a partner accompanies the patient, be aware of the partner’s behavior. He or she may insist on staying close and may try to answer some of the questions posed to the patient. Providers may also show evidence of hand injuries (e.g., skin discolorations indicative of cyanohemoglobin, lacera-tions).

Unintended trauma, especially in children.

Mental health findings

• Symptoms of depression, anxiety, or post-traumatic stress disorder.
• Inappropriate affect [e.g., lack of expression, minimal facial expression]
• Eating disorders (e.g., anorexia, bulimia)
• Frequent use of prescribed and over-the-counter medications

Table 2. Abuse Assessment Screen**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Have you ever been physically or emotionally abused by a partner? If so, by whom?</td>
<td>1. Ask the patient if there were any injuries sustained or reported to any authority, or if they were ever threatened with injury.</td>
</tr>
<tr>
<td>II.</td>
<td>Have you ever had a partner who was violent toward you during pregnancy?</td>
<td>2. Ask the patient about any violence that occurred during pregnancy, whether or not a partner was present.</td>
</tr>
<tr>
<td>III.</td>
<td>Have you ever been treated by a health care provider for physical injuries?</td>
<td>3. Ask the patient if they have ever been treated by a health care provider for any injuries sustained during pregnancy.</td>
</tr>
</tbody>
</table>

Table 3. Abuse Screening Follow-Up Questions**

1. Have you ever been physically or emotionally abused by a partner? If so, by whom?
2. How did they get hurt?
3. How did they react?
4. Have you ever received help for any injuries sustained or reported to any authority, or if you were threatened with injury?
5. Are you afraid of your partner?
6. If a partner yes answers to one or more questions, explore their safety and support needs in the context of their abuse.

RESOURCES

General IPV Information (for Patients and Providers)

- Domestic Violence: Health Bulletins

- General IPV Information (for Patients and Providers)
  - NYS Department of Health: www.health.state.ny.us/nysdoh/baby/4605.htm
  - Are You and Your Baby Safe? www.health.state.ny.us/nysdoh/baby/4605.htm

- General IPV Information (for Patients and Providers)
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In addition, all-life-threatening burns, 2nd- and 3rd-degree burns to 5% or more of the body, and all respiratory tract or injury should be reported to the New York State Office of Fire Prevention and Control (Office of Fire Prevention and Control).

NYS law also requires hospitals and diagnostic and treatment centers to provide patients with the rights to be notified of their right to confidentiality and to contact an advocate for assistance (Public Health Law 2803-b).

In addition to the Victim’s Rights Notice, facilities that serve pregnant and non-pregnant patients are required to distribute copies of the NYS Office of Domestic Violence (Resources).

Summary

IPV is a serious public health concern. Health care providers can play a critical role in identifying and helping their patients. When IPV screening and dialogue are part of routine patient visits, disclosure is more likely to occur. Identifying IPV may help recall the cause behind nonspecific complaints and improve chronic disease outcomes. Once IPV is disclosed, providers may help patients reduce risk factors and prevent further escalation of violence.
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INTIMATE PARTNER VIOLENCE

City Health Information

The New York City Department of Health and Mental Hygiene

CME Activity Inside and Online

Valid Until October 31, 2009


Prevalence, Incidence, and Consequences of Violence Against Women

Tjaden P, Thoennes N.

Public Health Rep


Adv Pain Res Ther


Am J Public Health

1974;64(3):263-268.

Public Health Rep


Clin Pediatr (Phila)


J Fam Violence


Lancet.

Lancet.


Obstet Gynecol


Arch Intern Med

2002;162(10):1157-1163.

Arch Pediatr Adolesc Med


Clin Pediatr (Phila)


Clin Pediatr (Phila)

2001;36(8):555-561.

Clin Pediatr (Phila)


Arch Fam Med


Arch Fam Med


Clin Pediatr (Phila)


Clin Pediatr (Phila)


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Arch Fam Med

Assessment Screen validated for use in women (referral information, in exam or waiting rooms or bathrooms, posters, safety cards, and patient education materials, including Screening VIOLENCE IN A CLINICAL SETTING

• Inappropriate affect (e.g., lack of expressiveness, minimal
• Symptoms of depression, anxiety, post-traumatic stress
• Complaints of painful intercourse and/or sexual dysfunction.

Use standardized screening tools, such as the Abuse

• If a patient mentions a new intimate relationship.
• During routine exams.
Consider screening for IPV:

Violence*2,22,23 including children 3 years of age and older, present. Providers OR "Since violence is common in many people' s lives, I ask all

If language is an obstacle, locate a trained interpreter.

To encourage patient disclosure:

Table 2. Assault Injuries Consistent With IPV22

Table 6

In addition, all life-threatening burns, 2nd- or 3rd-degree

Since it is often more effective to express concern or interest in

Concussion, subdural hematoma, or cerebral bleeding

• Patterned injuries, such as injuries to both wrists.

Table 5

D. Surveys indicate that patients want their primary care

A. Physical trauma history should be documented using

Participants must submit the accompanying exam

CME Activity Intimate partner violence: encouraging disclosure and referral in the primary care setting

Participants are required to submit name, address,

Mental Hygiene is accredited by the Medical Society of the State of New York to sponsor continuing medical education for...

PLEASE PRINT LEGIBLY.