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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.[1,2] 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.[3] 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).[4] In 2005, approximately 4,000 women and 900 men were treated in emergency departments as a result of IPV, and more than 40% of women killed in New York City were killed by their intimate partner.[4,5] 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.[6]

IPV can cause serious long-term health effects.[7] It significantly increases the risk of mental health problems such as depression, post-traumatic stress disorder, anxiety, and suicidal ideation.[8-10] Women and men who experience IPV are also more likely to suffer disability from cardiovascular and musculoskeletal problems, chronic pain, arthritis, or respiratory problems.[2,11,12] Undetected IPV may result in misdiagnoses, improper testing, and inappropriate treatment or management of health conditions.[13-16]

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.[17-19] 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]

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 IPV[22]

- 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.

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 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**).

*Adapted from Agency for Healthcare Research and Quality. Guide to Clinical Preventive Services, 2008. www.ahrq.gov/clinic/pocketgd08/.

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."

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]

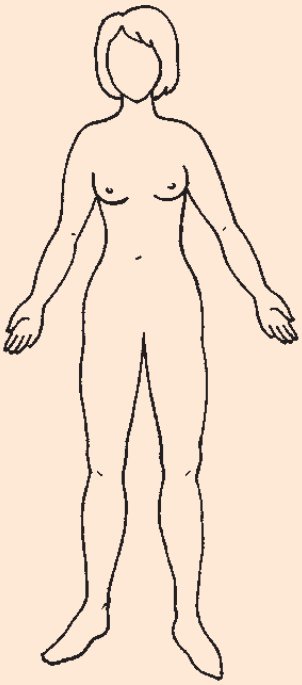
Table 4. Clinical Assessment of Patients Disclosing Abuse[26]

Safety assessment	• Evaluate severity: "Are you in immediate danger? Are you afraid to go home?" • Assess for escalation: "Has the violence gotten worse or is it getting scarier?" • Listen for threats of homicide, suicide, weapon use, or stalking. • Identify whether the patient has somewhere safe to go.
General history	**Inquire about:** • Abuse in childhood or IPV in a previous relationship. • History of miscarriage. • Child abuse in current family. • Lack of money and/or documents (e.g., passports, visas).
History of physical trauma	• Take a history of physical injuries (include dates, times, locales, and circumstances). • Note if there is an unexplained delay between the occurrence of the injury and medical treatment. • Determine if injuries are inconsistent with the given explanation. • Use direct quotes whenever possible to identify abuser and describe the assault circumstances.
Mental health assessment	• Screen for depression (**Resources**). • Ask about alcohol and substance use; rule out substance abuse or dependence (**Resources**). • Assess for suicidal ideation (**Resources**).
Physical exam	• Examine for scars, injuries, or any other findings consistent with trauma. • 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). • Use body maps to note old and new wounds and to document severity (**Figure 1**). • Offer the option to be photographed (written consent recommended). Photographs can be important evidence for future legal actions to protect the victim.

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:

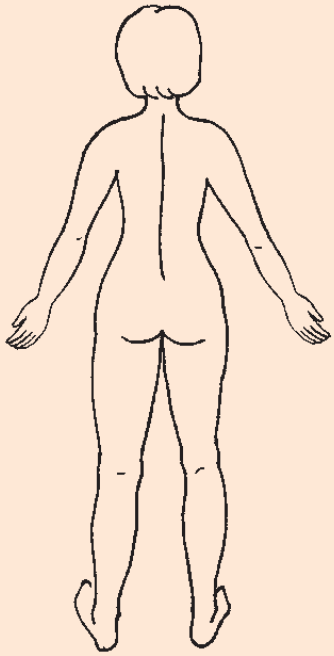
Cuts _____ Punctures _____

Bites _____ Abrasions _____

Bruises _____ Bleeding _____

Burns _____ Dislocations _____

Bone fractures _____



Source: Adapted from *Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers*, by Carole Warshaw, Anne L. Ganley, and Patricia R. Salter, San Francisco: The Family Violence Prevention Fund, 1995. Used with permission of the Family Violence Prevention Fund.

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
  www.nyc.gov/html/ocdv/html/home/home.shtml
- 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
  www.nyc.gov/html/ocdv/html/services/courts_help.shtml#orderprotection
- For help finding safe housing
  www.safehorizon.org/page.php?nav=sb&page=sheltertour

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[26]:

- 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.

For more information see:
www.nyc.gov/html/nycha/downloads/pdf/vdv-documentation.pdf.

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[31,32]

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

- Inquire about the nature of the current violence.
- Determine whether the violence is escalating in frequency or severity.
- Communicate ongoing concern about your patient's safety and health.

Potential follow-up questions include:

- "Has the abuse gotten worse, or does it happen more often?"
- "What services are helping you, such as counseling, a support group, or other assistance?"
- "Whom have you talked with, such as a family member or a friend, about the abuse?"

If the patient is still not ready to act, reiterate the options (e.g., individual safety planning, talking with friends or family, advocacy services and support groups, transitional/temporary housing), and ensure that the patient has access to appropriate health care.

Legal Requirements

While providers are not required to report all disclosures of IPV, they are required by New York State (NYS) law to report certain injuries that appear to have resulted from a criminal act, whether or not a patient elects to file a report (**Table 6**).[31,32] The following injuries must be reported to the local police (Penal Law Sections 265.25-26):

- Gunshot/firearm-related injuries.
- Serious lacerations and punctures consistent with knife or sharp object injuries.

In addition, all life-threatening burns, 2nd- or 3rd-degree burns to 5% or more of the body, and all respiratory tract burns should be reported to the New York State Office of Fire Prevention and Control (**Table 6**).

NYS law also requires hospitals and diagnostic and treatment centers to privately and confidentially provide copies of the *Victim's Rights Notice* (**Table 5**) to all suspected or confirmed adult IPV patients. This notice contains information on patients' legal rights, help available from the police and courts, and locations for emergency assistance (Public Health Law Section 2803-h).

In addition to the *Victim's Rights Notice*, facilities that serve maternity and prenatal patients are required to distribute copies of *Are You and Your Baby Safe?* (Public Health Law Section 2803-p). Both notices are available from the NYS Department of Health, Office for the Prevention of Domestic Violence (**Resources**).

Summary

IPV is a serious public health concern. Health care providers can play a critical role in identifying and helping at-risk patients. When IPV screening and dialogue are part of routine patient visits, disclosure is more likely to occur. Identifying IPV may help reveal the cause behind nonspecific complaints and improve chronic disease management. Once IPV is disclosed, providers may help patients reduce subsequent health risks and prevent further escalation of violence. ◆

RESOURCES

General IPV Information (for Patients and Providers)

- Department of Health and Mental Hygiene (DOHMH) Health Bulletin www.nyc.gov/html/doh/downloads/pdf/public/dohmhnews7-07.pdf
- Connect
  www.connectnyc.org
- Safe Horizon
  http://safehorizon.org
- Violence Intervention Program
  http://63.135.104.107
- Voices of Women
  www.vowbwrc.org

IPV Screening and Referral Information (for Providers)

- Mayor's Office to Combat Domestic Violence: A Medical Providers' Guide to Managing the Care of Domestic Violence Patients within a Cultural Context
  www.nyc.gov/html/ocdv/downloads/pdf/providers_dv_guide.pdf
- New York State Office for the Prevention of Domestic Violence
  www.opdv.state.ny.us/professionals/health/index.html

  Victim's Rights Notice
  www.opdv.state.ny.us/professionals/criminal_justice/police/vrnoticeeng.html

  Are You and Your Baby Safe?
  www.health.state.ny.us/nysdoh/baby/4605.htm
- Family Violence Prevention Fund (National Consensus Guidelines)
  http://endabuse.org/programs/healthcare/files/Consensus.pdf
- Sexual Assault Forensic Examiners/Response Teams (SAFE/SART) at NYC hospitals and rape crisis programs
  www.nycagainstrape.org/resource_map_hospital.html
- New York Civil Liberties Union
  Minors & Rape Crisis Treatment Q&A
  www.nyclu.org/rrp_minors_rptreat_042602.html
- New York State Office of Fire Prevention and Control—Legislation (see listing for 1985)
  www.dos.state.ny.us/fire/legislation.htm#1985
- New York State Central Registry of Child Abuse and Maltreatment Hotline
  (800) 635-1522

Depression, Suicidal Ideation, and Alcohol and Substance Use Screening and Management Information (for Providers)

- *City Health Information*: Brief Intervention for Alcohol Problems
  www.nyc.gov/html/doh/downloads/pdf/chi/chi25-10.pdf
- *City Health Information*: Detecting and Treating Depression in Adults
  www.nyc.gov/html/doh/downloads/pdf/chi/chi26-9.pdf
- *City Health Information*: Clinical Guidelines for Adults Exposed to the World Trade Center Disaster, Depression Screening and Treatment, **Table 8**, pp. 49-50, Substance Abuse Screening and Treatment, **Table 11**, p. 53
  www.nyc.gov/html/doh/downloads/pdf/chi/chi27-6.pdf

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Continuing Education Activity

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

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THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DOHMH)
CITY HEALTH INFORMATION
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Objectives

At the conclusion of the course, the participants should be able to:

1. Understand when intimate partner violence (IPV) screening and assessment should occur.
2. List components of a clinical assessment for IPV.
3. Describe requirements for reporting IPV.

CME Accreditation Statement

The New York City Department of Health and Mental Hygiene is accredited by the Medical Society of the State of New York to sponsor continuing medical education for physicians. The New York City Department of Health and Mental Hygiene designates this continuing medical educational activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Each physician should only claim credit commensurate with the extent of their participation in the activity.

Participants are required to submit name, address, and professional degree. This information will be maintained in the Department's CME program database. If you request, the CME Program will verify your participation and whether you passed the exam. We will *not* share information with other organizations without your permission, except in certain emergencies when communication with health care providers is deemed by the public health agencies to be essential or when required by law. Participants who provide e-mail addresses may receive electronic announcements from the Department about future CME activities as well as other public health information.

Participants must submit the accompanying exam by October 31, 2009.

CME Activity Faculty:
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All faculty are affiliated with the New York City DOHMH, Division of Epidemiology.

The faculty does not have any financial arrangements or affiliations with any commercial entities whose products, research, or services may be discussed in these materials.

1. All of the following are true about intimate partner violence (IPV) EXCEPT:

- ❑ A. Intimate partner violence can include psychological, physical, and sexual abuse.
- ❑ B. Intimate partner violence is a reportable condition in New York State.
- ❑ C. Screening tools are available to assess intimate partner violence in clinical settings.
- ❑ D. Surveys indicate that patients want their primary care providers to inquire about intimate partner violence.

2. Which of the following are signs/symptoms NOT often associated with IPV?

- ❑ A. Symptoms of depression, post-traumatic stress disorder, insomnia.
- ❑ B. Substance abuse: smoking, drinking, drug use.
- ❑ C. Digestive problems, significant weight loss or gain.
- ❑ D. Flu-like symptoms.
- ❑ E. Headaches.

3. Common injuries that result from physical intimate partner violence include:

- ❑ A. Patterned injuries such as a central or bilateral injury pattern (e.g., injuries to both wrists).
- ❑ B. Multiple injuries in various stages of healing.
- ❑ C. Sprains or fractures.
- ❑ D. Localized hair loss and scalp injury.
- ❑ E. All of the above.

4. Which of the following is NOT true regarding screening and assessment for IPV in patients?

- ❑ A. When assessing patients for IPV, it is always important to inquire about their immediate safety.
- ❑ B. If the screening cannot be done in the patient's primary language, it is acceptable to use a family member to interpret, as long as it is not the patient's partner.
- ❑ C. For patients in whom IPV is confirmed, offering referrals is imperative.
- ❑ D. If the health care provider suspects IPV, but the patient does not disclose during screening, the provider should document his/her reasons for concern or suspicion.

5. In a clinical assessment of a patient who discloses IPV, which of the following should NOT occur?

- ❑ A. Physical trauma history should be documented using direct patient quotes.
- ❑ B. During the physical exam, use body maps to note old and new wounds and document severity.
- ❑ C. Immediately collect forensic evidence for any patient reporting recent sexual assault rather than refer him or her to expert teams elsewhere.
- ❑ D. Screen for depression and assess for suicidal ideation.

6. How well did this continuing education activity achieve its educational objectives?

❑ A. Very well ❑ B. Adequately ❑ C. Poorly

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