

Intimate Partner Violence

Background

The focus of this protocol is to provide evidence informed recommendations on screening, identification, basic evaluation, triage and referral for adults experiencing intimate partner violence. It should not be used for minors or elders.

Intimate partner violence (IPV) while common in the United states often remains undetected with significant immediate and long-term health consequences. IPV is violence committed by spouse, ex-spouse, significant other or date and is present in all cultures, socioeconomic classes, ages, faiths and sexual orientations.¹ IPV, which may include stalking, psychological aggression, physical violence and sexual violence affects 36% of US women and 33% of US men, with severe physical violence, defined below affecting 21% of US women and 15% of US men in their lifetime.²

Physical aggression may include coercive tactics including limitation of finances and severe physical violence including hitting, kicking, hair pulling, slamming against something, choking, suffocating, beating, burning, or threatening with a knife or gun. Immediate consequences include injury and death while long-term health consequences include chronic pain, disabilities, unintended pregnancy, sexually transmitted infections, post-traumatic stress disorder, substance abuse, suicidal behavior, anxiety disorders. Additionally, violence during pregnancy is associated with preterm birth, low birth weight, postpartum mental health issues and infant hospitalization.¹

Screening for IPV is supported for reproductive aged women (biological) in addition to referring or providing on-going support services that may reduce violence and abuse in this population. Unfortunately, there is not enough evidence to support screening associated with a reduction in violence for men (biological) as more research is needed in this population. Multiple screening tools are available for IPV, each screening tool has been studied in specific settings. Clinicians choosing a tool should consider the population to be evaluated and the number of questions.³ Some examples of screening tools are:

Screening Tool	Population studied
HITS (hurt, insult, threaten, scream) 4 items	Female patients in family practice settings
PVS (partner violence screen) 3 items	Female and male patients in emergency room settings
WAST (woman abuse screening tool) 7 items	English speaking females in family practice settings and in shelters

Once identified, reporting varies from state and local agencies with some requiring clinicians including Primary Care Physicians (PCPs) to report abuse to authorities. Most state and local agencies require reporting injuries from guns, knives or weapons. For example, Oregon requires reporting injuries from weapons but not from crimes or domestic violence. Other states may have other reporting requirements.⁴

Epidemiology

The personal nature of intimate partner violence leads to the under-reporting of abuse by intimate partners the United States. In 2015, the reported rates of IPV were 5.4 per 1,000 women and 0.5 per 1,000 men.⁵ Estimates of IPV indicate that 20% to 30% of cis gendered women have experienced IPV in their lifetime.⁶ A new tool to assess IPV against transgender women indicates that 38.9% of transgender women have experienced IPV in their lifetime.⁷ The incidence of IPV among women who have been victims of human trafficking is likely to be higher, yet those rates are largely unknown.⁸

IPV is a repetitive behavior and seems to increase both in frequency and severity over time.⁹ Several factors can increase the risk of IPV. These include alcohol consumption, mental illness and a history of violent relationships in childhood.^{9,10} Homicide is a consequence of IPV that results in more than 1,000 deaths each year in the US. In the US in 2015, 9% of homicides were committed by intimate partners.¹¹

Potential Health Outcomes

IPV can lead to acute and chronic health outcomes in both women and men. However, the long term effects are more common in female than male survivors of IPV.¹² Male survivors are at risk of experiencing depression (or other psychiatric conditions), binge drinking, smoking and committing suicide.¹³

Female survivors experience health outcomes that include the following areas; endocrine, gynecologic, musculoskeletal, neurologic, psychiatric and reproductive. Specifically of concern to chiropractors are the following; chronic pain, pelvic pain, dyspareunia (in chiropractic practices that treat this issue) sleep disturbance, fibromyalgia and migraine headaches.¹⁴

Screening

In 2013 the US Preventive Services Task Force (USPSTF) recommended screening all women of reproductive age for IPV.¹⁵ However, a review of the literature (30 studies, N=14959 women) in 2018 showed that although screening may in fact identify women experiencing IPV, the screening did not show a reduction in IPV or an improvement in quality of life over 3 to 18 months.¹⁶ The role of the chiropractor is to screen all patients over the age of 18. However, if a patient presents with acute domestic violence injuries that need to be assessed and evidence needs to be collected, the patient should be referred to the appropriate emergency room facility.

In the absence of acute injuries, UWS recommends screening of all persons over the age of 18.

Start by asking you patient “Have you ever been in a relationship where you were being hurt, threatened or made to feel afraid?”

If the answer is no, the assessment is complete.

If yes, the assessment should proceed by asking “may I ask you a few more questions?”

If no: encourage patient and let them know that you are available to the patient

If yes: proceed to the PVS (partner violence screen)

When engaging a patient using the _____ screening tool, remember the **SAVE** acronym.¹⁷

S = SCREEN- use screen recommended below

A = ASK- ask direct questions in using a non-judgmental approach

V = VALIDATE = validate (confirm) the patient’s response

E = EVALUATE/EDUCATE

Partner Violence Screen (PVS)

1. Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?
2. Do you feel safe in your current relationship?
3. Is there a partner from a previous relationship who is making you feel unsafe now?

If a patient answers question 1 or 3 of the PVS screen affirmatively, refer the patient to a professional counselor and/or a shelter.

Patient Resources

Providing patients with resources to address IPV should be approached with care, taking into consideration each patient’s circumstance. Information about leaving should be only provided verbally, as the patient may be unable to manage written resources due to the presence of the abuser.

Planning to Leave:

- **Identify a safe friend or friends and safe places to go for example, local shelters for victims of abuse.** Create a code word to use with friends, family, or neighbors to let them know you are in danger without the abuser finding out. If possible, agree on a secret location where they can pick you up.
- **Keep an alternate cellphone nearby.** Try not to call for help on your home phone or on a shared cellphone. Your partner might be able to trace the numbers. If you don’t have a

cellphone, you can get a prepaid cellphone. Some domestic violence shelters offer free cellphones.

- **Memorize the phone numbers of friends, family, or shelters.** If your partner takes your phone, you will still be able to contact loved ones or shelters for a safe place to stay.
- **Make a list of things to take if you have to leave quickly.** Important identity documents and money are probably the top priority. See the safety packing list below for a detailed list of items to pack. Get these items together and keep them in a safe place where your partner will not find them. If you are in immediate danger, leave without them.
- **If you can, hide an extra set of car keys** so you can leave if your partner takes away your usual keys.
- **Ask your doctor how to get extra medicine or glasses, hearing aids, or other medically necessary items for you or your children.**
- **Contact your local family court** (or domestic violence court, if your state has one) for information about getting a restraining order. If you need legal help but don't have much money, your local domestic violence agency may be able to help you find a lawyer who will work for free or on a sliding scale based on what you can pay.
- **Protect your online security** as you collect information and prepare. Use a computer at a public library to download information or use a friend's computer or cellphone. Your partner might be able to track your planning otherwise.
- **Try to take with you any evidence of abuse or violence** if you leave your partner. This might include threatening notes from your partner. It might be copies of police and medical reports. It might include pictures of your injuries or damage to your property.
- **Keep copies of all paper and electronic documents on an external thumb drive**

When you leave:

1) Identification

- Driver's license
- Birth certificate and children's birth certificates
- Social security cards
- Financial information
- Money and/or credit cards (in your name)
- Checking and/or savings account books

2) Legal Papers

- Protective order
- Copies of any lease or rental agreements, or the deed to your home
- Car registration and insurance papers
- Health and life insurance papers
- Medical records for you and your children
- School records
- Work permits/green Card/visa

- Passport
- Divorce and custody papers
- Marriage license

3) Emergency Numbers

- Your local police and/or sheriff's department
- Your local domestic violence program or shelter
- Friends, relatives and family members
- Your local doctor's office and hospital
- County and/or District Attorney's Office

4) Other

- Medications
- Extra set of house and car keys
- Valuable jewelry
- Pay-as-you-go cell phone
- Address book
- Pictures and sentimental items
- Several changes of clothes for you and your children
- Emergency money

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