

## Screening and Interviewing Strategies for Intimate Partner Violence

### Framing Statements

Introduce the topic of intimate partner violence with a framing statement to put the issue in context and to normalize the inquiry.

Examples:

- “Because abuse and violence are so common in many of my patient’s lives, I have begun to ask questions about this possibility routinely.”
- “I know I have been seeing you in a clinic for a few years now. Because of the high frequency of abuse, I have started to ask all my patients more about their relationships.”
- “Because there is help available for individuals who are being abused, I now ask all my patients about domestic violence.”
- “I do not know if this is a problem for you, but because so many patients I see are dealing with abusive relationships, I’ve started asking about it routinely.”

### Direct Screening And Follow-Up Questions

Follow framing statements with behaviorally specific, direct screening questions.

Examples:

- “Have you ever been hit, kicked, slapped, shoved, strangled, forced to have sex or otherwise hurt by your partner?”
- “Are you currently or have you ever been in a relationship where you were physically hurt, threatened or made to feel afraid?”
- “Many women come in with injuries like yours, and often they are a result of someone hitting them. Is this what happened to you?”
- “Has he/she ever forced you to have sex when you did not want to or refused to practice safe sex?”
- “Do you ever feel afraid of your partner? Do you feel you are in danger? Do you feel that it is safe for you to go home?”
- “Has your partner ever destroyed things that you cared about?”
- “Has your partner ever threatened or abused your children?”
- “Do you have guns in your home? Has your partner ever threatened to use them when he was angry?”
- “Do you feel controlled or isolated by your partner?”

### Indirect Questions

Use the following questions as a lead-in to more direct questioning or when a patient has denied abuse, but you feel it is a possibility. Examples:

- I am asking you about this because I am concerned about your safety.

- Have you been under any stress lately? Are you having problems with your partner? Do your arguments or fights ever become physical? Are you ever afraid? Have you ever gotten hurt?
- You seem to be concerned about your partner. Can you tell me more about that? Does she/he ever act in ways that frighten you?
- I'm concerned that someone hurting you may have caused your injuries/symptoms. Did someone hurt you or has anyone been hurting you?"
- You mentioned that your partner loses his/her temper with the children. Can you tell me more about that? Has he/she ever hit you or the children?
- How are things going in your relationship? All couples argue/fight. What happens when you disagree? Does your partner fight physically?
- You mentioned that your partner uses alcohol. How does she/he act when she/he becomes intoxicated? Does his/her behavior ever frighten you? Does she/he ever become violent?
- Couples have different ways of resolving their conflicts. How do you and your partner deal with conflicts? What happened when you disagree? What happens when your partner does not get his/her way?

### **Risk Assessment Questions**

- Has the violence gotten worse or become more frequent?
- Are you planning to leave/divorce your partner?
- Is he/she aware of your plans?
- Has your partner been violent toward your children?
- Has your partner threatened suicide or homicide if you leave him/her?
- Are you suicidal or homicidal?
- Is there a firearm in the home?
- Has your partner ever threatened or used a weapon on you?
- Has your partner ever tried to choke (strangle) you?
- Does your partner use drugs or abuse alcohol?
- Has your partner ever stalked you or left threatening messages on your car?
- If you or anyone you know were being abused and needed help, would you know whom to ask? What to do? Where to go?

### **What If Your Patient Denies Domestic Violence?**

- 1. Accept the response.** Not all patients are domestic violence victims. If a patient seems uneasy about the inquiry, reassure them that these were routine questions asked of everyone due to the prevalence of the problem.
- 2. If you are still concerned that abuse is occurring,** briefly let patients know that you are a resource if that problem should ever be an issue for the patient. Let them know where they get information about domestic violence and move on to another topic. Routine inquiry often will open doors that domestic violence victims will use later.