

## SCREENING FOR INTIMATE PARTNER VIOLENCE IN THE PRIMARY CARE SETTING

Partner violence can affect one third of the patients cared for in the primary care setting. The primary care setting offers an opportunity to screen women who present for routine health maintenance and those who have specific health complaints.

### Who should be routinely screened for intimate partner violence?

All females aged 14 years and older (earlier, if dating) and  
Any male fourteen years and older (earlier, if dating) *with IPV indicators*

### What should patients be screened for?

At the first visit, female patients should be screened for any intimate partner violence that occurred anytime in their lives.

Annually, women should be screened for abuse over the past year.

### When should screening occur?

If the patient is pregnant, once a trimester and during the postpartum period (at a minimum).

During new patient exams.

Annually, for abuse over the past year

During episodic visits if indicators are present

When the patient enters a new intimate relationship

At family planning visits

At STD clinics/visits

At abortion clinics/visits

(Ref: National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Setting. The Family Violence Prevention Fund. September 2002. [www.endabuse.org](http://www.endabuse.org))

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| <p style="text-align: center;"><b>American Nursing Association (ANA) AND<br/>American Medical Association (AMA)<br/><u>Policy H-515.965 on Family and Intimate Partner Violence</u></b></p> |
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The prevalence of family violence is sufficiently high and its ongoing character is such that primary care providers will encounter victims on a regular basis. Persons in clinical settings are more likely to have experienced intimate partner and family violence than non-clinical populations. Thus, to improve clinical services as well as the public health, the ANA and the AMA encourages providers to:

1. **Routinely** screen for IPV
2. **Acknowledge** the victim's experience and assess the abuse for acute and chronic health effects.
3. **Document** the abuse through *detailed charting, body maps and photos*.
4. **Assess** the risk for future injury or lethality. It is important that before the patient leaves a risk assessment is preformed and that level of safety is ascertained.
5. **Review** options and Refer. Safety planning should be done with every patient with positive history of IPV before leaving the clinical setting.

## SCREENING FOR INTIMATE PARTNER VIOLENCE IN THE OB/GYN SETTING

OB/GYN providers should screen every woman and girl for intimate partner violence. Screening is critical because the prevalence of IPV in the OB/GYN setting is high and because many women use their OB/GYN provider as their primary health care provider.

### **Who should be screened for intimate partner violence?**

All females aged fourteen years and older, earlier if dating.

### **What should patients be screened for?**

At the first visit, female patients should be screened for any intimate partner violence that occurred anytime in their lives.

Annually, women should be screened for abuse over the past year.

### **When should screening occur?**

If the patient is pregnant, once a trimester and during the postpartum period (at a minimum).

During every new patient encounter

Annually, for abuse over the past year

During episodic visits if indicators, such as signs or symptoms of injury, depression, insomnia, PTSD, etc. are present

When the patient enters a new intimate relationship

At family planning visits

At STD clinics/visits

At abortion clinics/visits

(**Ref:** National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in HealthCare Setting. The Family Violence Prevention Fund. September 2002. [www.endabuse.org](http://www.endabuse.org))

### **The American College of Obstetricians and Gynecologists (ACOG)**

(ACOG Educational Bulletin, No. 257, December 1999 Domestic Violence Recommendations)

ACOG recommends that physicians screen *all* patients for intimate partner violence.

### **For women who are not pregnant, screening should occur:**

at routine ob-gyn visits

family planning visits

preconception visits.

**For women who are pregnant,** screening should occur at various times over the course of the pregnancy because some women do not disclose abuse the first time they are asked and abuse may begin later in pregnancy.

### **Screening should occur:**

at the first prenatal visit

at least once per trimester and

at the postpartum checkup

**Domestic violence screening can be conducted by making the following statement and asking these three simple questions.**

"Because violence is so common in many women's lives and because there is help available for women being abused, I now ask every patient about domestic violence:

1. Within the past year -- or since you have been pregnant -- have you been hit, slapped, kicked or otherwise physically hurt by someone?
2. Are you in a relationship with a person who threatens or physically hurts you?
3. Has anyone forced you to participate in sexual activities that made you feel uncomfortable?"

**With disclosure of ongoing domestic violence, the provider's responsibilities include:**

- . Acknowledgement of abuse
- . Making a safety assessment
- . Assisting with a safety plan
- . Providing appropriate referrals
- . Documentation
- . Follow up and continued support.

## SCREENING FOR INTIMATE PARTNER VIOLENCE IN THE PEDIATRIC SETTING

The American Academy of Pediatrics endorses and accepts as its policy the *Identifying and Responding to Domestic Violence: Consensus Recommendations for Child and Adolescent Health*. These recommendations are designed to assist health care providers from the pediatric and family health settings address adult domestic violence victimization and childhood exposure to domestic violence through screening, assessment, documentation, intervention and referrals. The publication offers specific recommendations on screening adults for victimization when accompanied by their children, screening adolescents for domestic violence and addresses the overlap of domestic violence and child maltreatment.

The guidelines are available at: <http://endabuse.org/programs/healthcare/files/Pediatric.pdf>

### Who and How Often to Screen:

Screening should be done in private. Do not screen in front of verbal toddlers or children.

Screen female caregivers or parents who accompany their children during new patient visits; at least once per year at well child visits; and, thereafter, whenever they disclose a new intimate partner relationship.

Screen female and male caregivers or parents known to be in same-sex relationships who accompany their children during new patient visits; at least once per year at well-child visits; and, thereafter; whenever they disclose a new intimate relationship.

Screen adolescents during new patient visits; at health maintenance visits once per year; or whenever they disclose a new intimate relationship.

Ask pregnant teens at first prenatal visit; at least once per trimester; and at the postpartum visit.

**American Academy of Pediatrics  
COMMITTEE ON CHILD ABUSE AND NEGLECT**

The Role of the Pediatrician in Recognizing and Intervening on Behalf of Abused Women **(RE9748)**

### Summary

- . Pediatricians are in a position to recognize abused women in pediatric settings.
- . Intervening on behalf of battered women is an active form of child abuse prevention.
- . Questions about family violence should become part of anticipatory guidance.
- . Pediatricians must understand the dynamics of abusive relationships.

## SCREENING AND CLINICAL MANAGEMENT OF DOMESTIC VIOLENCE IN THE MENTAL HEALTH SETTING

In mental health services, including substance abuse settings, universal intimate partner violence screening of women and girls and males with indicators, should be routine. Intimate partner violence is a significant risk factor for depression, suicide, PTSD, anxiety and substance abuse in women.

### Who should be screened for intimate partner violence?

*All female patients aged 14 years or older (earlier if dating)*

*Any male fourteen years and older (earlier, if dating) with IPV indicators*

### What should patients be screened for?

At the first visit, female patients should be screened for any intimate partner violence that occurred anytime in their lives.

Annually, women should be screened for abuse over the past year

### When should screening occur?

As part of every initial assessment

At each new intimate partner relationship

Annually, if receiving ongoing or periodic treatment

During episodic visits if indicators are present (depression, suicidal ideation, anxiety, PTSD, substance abuse).

**Reference:** National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Setting. The Family Violence Prevention Fund. September 2002.  
[www.endabuse.org](http://www.endabuse.org)

### **The American Psychiatric Association (APA)**

(<http://www.psych.org>) 2001 Revised Position Statement on Domestic Violence

Be aware of the need to participate in the formulation and implementation of protocols for the identification of family violence.

Have knowledge of applicable laws concerning reporting of domestic violence and protection of victims.

Participate with local, state and national government and advocacy agencies which support advocacy for increased funding for prevention, recognition, protection and treatment of victims and perpetrators of domestic violence and children exposed to domestic violence.

Increase participation in multidisciplinary research efforts on the mental health effects and service needs of those exposed to domestic violence and of those who perpetrate domestic violence

Plan and implement psychiatric education on domestic violence prevention, identification and rehabilitation for medical students, residents and psychiatrists.

**The American Psychological Association** recommends that “routine screening for a history of victimization be included in standard medical and psychological examination.”