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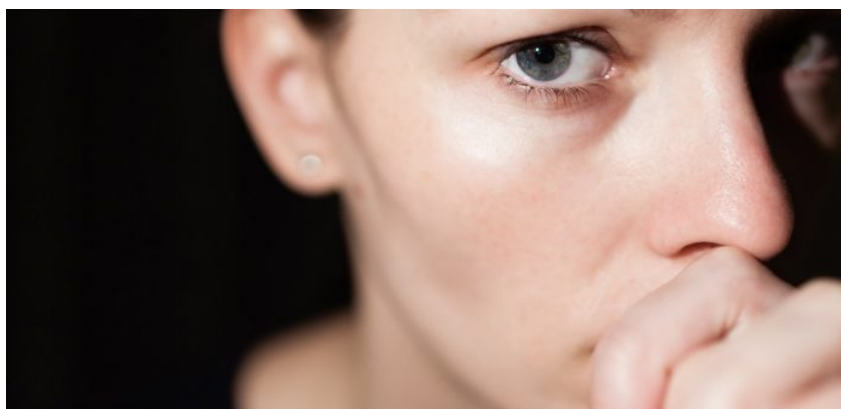
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Intimate Partner Violence



BY DESHANA COLLETT AND TAMARA BENNETT ON NOVEMBER 14, 2017

MENTAL HEALTH, PHYSICIAN ASSISTANTS, PRIMARY CARE, WOMEN'S HEALTH



The buck begins with healthcare providers

Domestic violence or intimate partner violence (IPV) is a preventable health problem that affects more than 12 million people in the U.S. each year.¹ IPV does not discriminate on race, ethnicity, socioeconomic status, religion, education level, sexual orientation, etc.

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The term “intimate partner violence” describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy¹ IPV affects one in three women in the United States.

For women, IPV is the leading cause of injury and female homicide.² The National Coalition Against Domestic Violence reports that every 9 seconds, a women is abused and each day three women will die day as a result of intimate partner violence.³ Intimate partner violence is a preventable health concern that needs to be a part of every clinician’s routine history and physical exam components yet only 13% of healthcare providers screen for IPV.⁴

Beginning in 2013, the United States Preventive Screening Taskforce, recommends that all women of childbearing age should receive annual screening for intimate partner violence. Barriers for screening include lack of time during the visit, lack of knowledge and lack of confidence when addressing IPV intervention.

To overcome these barriers, providers should familiarize themselves with screening tools such as RADAR developed by the Massachusetts Medical Society. These screening tools direct providers to perform patient-centered screening that views the patient as an individual, recognizing that every element that makes them who they are (culture, religion, gender, disabled, sexual orientation, age, etc.), has a significant effect on how they define and understand IPV. Screening is most successful when it is done during an in-person conversation with direct, open-minded questions, in a safe environment that ensures privacy and confidentiality.








Screening should be incorporated into several components of the patient encounter. Questions should be framed in the past and present tense and include any behaviors that would be considered abusive. When violence is identified, providers must properly document the encounter and include detailed physical findings.

As gatekeepers in medicine, healthcare providers are the single most important entity when screening, diagnosing and preventing intimate partner violence.

References

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