

## Resources for Survivors

The greater Long Beach/South Bay area has five emergency domestic violence centers. If a patient wants help or is considering reaching out for help, have your patient call one of the shelters' hotlines from your office. They will explain shelter procedures, available resources, and provide support.

Community-based resources for survivors include shelter, counseling for survivors and their children, legal assistance, treatment programs for offenders, support groups, and hotlines. The End Abuse website has a list of local programs under "Referrals".

In addition, the End Abuse website has Safety Plans in English, Spanish, and Khmer. These are available as pdf files and can be printed for your patients. They can be found under "Partners, Resources and Publications".

[www.endabuselb.org](http://www.endabuselb.org)

## Resources for Physicians

Did you know screening for intimate partner violence (IPV) is now recommended by the U.S. Preventive Services Task Force Guidelines? If you need further information about IPV and health care providers, please visit the following websites:

- [www.futureswithoutviolence.org/health](http://www.futureswithoutviolence.org/health)
- [www.healthcaresaboutipv.org](http://www.healthcaresaboutipv.org)
- [www.cdc.gov](http://www.cdc.gov)—search for "intimate partner violence"

Pediatricians also need to screen for IPV in the households of their patients:

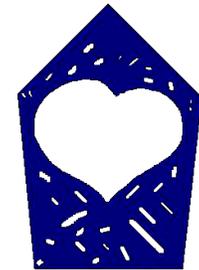
- [www.aap.org](http://www.aap.org)—search for "intimate partner violence"
- [www.cestudy.org](http://www.cestudy.org)

## Mandated Reporting

In California, health care providers must make a police report if there are current injuries that resulted from intimate partner violence, even if the victim does not want to make a report. Reports must be made to child protective services if children witness domestic violence. If the patient is over 65 or is a dependent adult, file an Adult Protective Services report. If you are concerned for anyone's immediate safety, contact law enforcement. If you are ever unsure about making a report, call the agency and they will discuss the case with you to determine the response. For more information, visit the "Mandated Reporting" page at the End Abuse website:

[www.endabuselb.org](http://www.endabuselb.org)

# Intimate Partner Violence: The Role of Health Care Providers



End Abuse Long Beach

[www.endabuselb.org](http://www.endabuselb.org)  
Since 1975

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## INTIMATE PARTNER VIOLENCE (IPV)

- IPV includes threats or acts of physical or sexual violence, harassment, stalking, and psychological abuse.
- Pregnant women and persons with disabilities are at higher risk for IPV. IPV also occurs in same sex relationships.
- IPV is associated with many health conditions, such as migraines, STIs, and gastrointestinal issues; IPV may contribute to non-adherence.
- As many as 60% of children in homes with IPV are also being abused themselves. Family pets are also at risk.
- Teen dating violence affects one in four young women.

### PHYSICAL SIGNS & SYMPTOMS

- Injuries to head, neck, and torso
- Multiple or repeated injuries or bruising at different stages of healing.
- Vague complaints about headaches or stomach pains.
- Intentional injuries to breast, abdomen, or genitals
- Miscarriage or any injury during pregnancy; repeated STDs

### BEHAVIORAL SIGNS & SYMPTOMS

- Delay in seeking medical care and seeking care in different facilities.
- Explanations are inconsistent with the nature of the injury.
- Partner refuses to allow the victim to be alone during examination.
- Extreme fear, discomfort or trauma during gynecological exams.

## Intimate Partner Violence: Guidelines for Providers

**Domestic/Intimate Partner Violence (IPV)** is the most common cause of injury to women in the United States.

As a health care provider, **YOU** can help save a life by knowing the signs and symptoms of IPV and by using appropriate screening and referral procedures. Screening should be conducted routinely, even in the absence of any indicators of abuse. Parents should be screened in pediatric practices. The goal is to provide a supportive environment to gather information, to assess health and safety needs, and to develop a response.

Start by establishing a private setting (interview the patient alone). Discuss the limits of confidentiality (see Mandated Reporting). Use direct questions:

- “Because violence is common in many of my patients’ lives, I ask all of my patients...”
- Has anyone ever hit you, hurt you, or threatened you?
- Does your partner make you feel afraid?
- Have you ever been forced to have sex when you didn’t want to?
- How does your partner treat you? What happens when you disagree?
- Who makes decisions about birth control or safe sex practices?

**Respect the patient’s decision to disclose or not.**

If you get a positive answer:

- Give positive messages of support
  - You are not alone
  - You don’t deserve this
  - You are not to blame
- Assess immediate danger
  - Are you in immediate danger?”
  - Determine if the perpetrator is with them
- Assess for safety of children in the home
- Assess for risk of lethality
  - Threats of homicide
  - Involvement of weapons
  - Suicidality/homicidality of victim and offender
  - History of strangulation/stalking
  - Has there been an escalation recently?

Intervention Strategies:

- Offer crisis support numbers
- Repeat messages of support
  - I’m glad you talked to me
  - You do not deserve the abuse
  - I’m concerned about your safety
- Prepare a safety plan (hotline staff can help)
- Inform the patient about the different services available (counseling, legal assistance, shelter, police reports)
- Arrange for a follow up visit
- Document the results of the assessment, intervention, and referral.

The **Adverse Childhood Experiences Study** has shown the long term effects of trauma on individuals exposed to IPV. There are significant and costly health implications.