

HELPING VICTIMS OF INTIMATE PARTNER VIOLENCE: GUIDELINES FOR MILITARY CLINICAL PROVIDERS

Intimate partner violence (IPV) is a public health issue and clinical concern. IPV involves controlling, coercive and threatening behavior, violence, or abuse by a current or previous intimate partner. Victim shame, stigma surrounding IPV, fear of retribution from the perpetrator, and occupational or financial consequences can serve as barriers to help-seeking for IPV victims.

Clinical providers have an important role in IPV detection, prevention, and intervention because of their unique relationship with patients. Moreover, healthcare providers may be a victim's first point of professional contact after abuse has occurred. Providers need to be

IPV involves controlling, coercive and threatening behavior, violence, or abuse by a current or previous intimate partner.

aware of the signs of IPV, have an understanding of the adverse health effects of IPV, provide appropriate initial clinical support, document abuse effectively and direct victims to appropriate treatments and services.

Some providers may be concerned that asking about IPV will make patients uncomfortable. However, studies have shown that patients welcome clinician inquiries and screenings for IPV, when done in a respectful, nonjudgmental manner. Helpful and caring discussions with clinicians about IPV reduce help-seeking barriers for patients.

Signs of IPV

Your patient may be experiencing IPV if they show the following physical and/or behavioral signs or symptoms:

- Multiple emergency room visits
- Frequent use of emergency contraceptives and/or reduction in use of regular contraception
- Traumatic Brain Injury (TBI), which may be difficult to detect and often takes the form of headaches or sensitivity to light
- Injuries to the face, mouth, and neck - often target areas for the abuser
- Exhibits physical pain or is extremely anxious or depressed
- Has trouble explaining bruises or injuries
- Evidence of strangulation (bruising on neck), bite marks, trauma to hands (burn marks or bone fractures), hair loss (from being pulled)
- Partner (potential abuser) will not leave patient (potential victim) alone with healthcare provider and/or controls discussion with provider, cancels patient's

appointments, and/or shows angry, threatening, aggressive behaviors

- Patient describes partner as jealous, controlling, or angry with patient or children
- Isolation from family and friends

Potential Health Outcomes

IPV is associated with a number of adverse health outcomes such as:

- Sleep problems
- Somatic pain
- Headaches
- Depression, anxiety, and PTSD
- Increased use of alcohol, tobacco, and other drugs to cope with distress emotions

How to Address IPV with Patients

Talking with patients about IPV can be challenging. Below are examples of how to talk with patients about IPV:

1. Ask about injuries and suspect behavior. If patient

exhibits physical or behavioral signs/symptoms of IPV, ask:

“In my experience, this type of injury/ behavior is sometimes caused by other people’s actions. Is anyone hurting you or frightening you?”

If patient is willing to discuss exposure to IPV, you should assess the safety of the patient and other household members using the following questions:

“Do you feel safe in your current relationship?”

“In general, how would you describe your relationship?”

“Is there a partner from a previous relationship who is making you feel unsafe now?”

2. Validate patients’ experiences: Offer validation that they deserve a healthy and safe relationship. Let them know that you want to support them in a way that would be helpful and safe for them.

“Whatever is happening, you didn’t cause this.”

“You do not deserve to be hit or hurt no matter what happened.”

3. Document abuse: Document presenting signs and symptoms of abuse location, size, duration, color, shape, and date and time of occurrence. Take photographs, if possible and use an injury location chart or “body map,” write legibly if not using a computer, include descriptions of patient’s demeanor and identify them as the source of information. Use medical terms to describe injuries.

4. Refer victim to IPV reporting and counseling resources.

“Relationships can be difficult and made even more challenging by stressors within and outside the home.

In what you have told me, I have become concerned about the impact of the challenges at home on your well-being. I would like to give you some information for resources that can provide immediate assistance or additional services.”

- » **The Family Advocacy Program (FAP)** assists with safety planning and offers treatment services.
 - » **Victim Advocates** can be a confidential resource and advise on reporting options, staying safe, getting medical services, and finding counseling.
 - » **The National Domestic Violence Hotline** provides crisis intervention, information, and referral to victim advocate services. Can help address concerns regarding kids, pets, job, finances, and other common areas of concern.
 - » **Military OneSource** helps victims locate counseling services and can help with a Military Protective Order (MPO), taking away the service member’s weapon and mandating the abuser cannot enter the victim’s workplace.
5. Schedule a follow-up appointment. If a patient has reported exposure to IPV or you suspect exposure, schedule a follow-up appointment to track and document patient’s health and safety.

Other Ways to Help

Display literature, brochures, safety cards or posters in your waiting area or restrooms that provide information about where a victim can get help. Incorporate routine screening for IPV into your clinical practice.