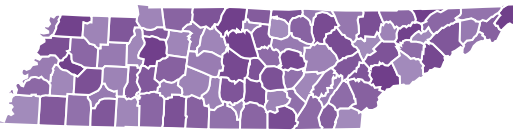




Responding to Intimate Partner Violence (IPV): A Guide for Medical Providers

by Metro Nashville Office of Family Safety

Understanding the Scope of the Issue



Tennessee ranks **ninth** nationally for the rate at which women are killed by men.

IPV impacts at least: **1 in 4 women** 

1 in 7 men 

LGBTQ individuals and young women 16-24 are among the most at-risk groups.

IPV and Health

Danger of Strangulation

- Strangulation is one of the most deadly and most common types of abuse. 54% of IPV victims in Nashville report being strangled.
- A victim is 7.5x as likely to be killed by their partner if they've previously been strangled by that partner.
- Victims can die from strangulation injuries even weeks after an incident, due to carotid dissection and other complications.



35%

of women who report IPV also report either pregnancy coercion or birth control sabotage. Rates of unintended pregnancy and STIs, including HIV, are higher amongst IPV victims.

Physical and psychological abuse has been linked to long term health effects like:

- Arthritis
- Chronic Pain
- STIs
- Pregnancy complications
- Gastrointestinal issues
- Self harm, suicide attempts drug use
- Eating disorders, mood disorders, sleep disorders
- Traumatic Brain Injury

Impact of Healthcare Providers

Women who talked to their healthcare provider about abuse were:

4x more likely to use an intervention

2.6x more likely to exit the abusive relationship

In 4 different studies of survivors of abuse, 70-81% of patients reported they would like their healthcare providers to ask them privately about IPV.



Can you think of a time when a patient's presenting health problems made you suspect there was an issue at home but neither you nor your patient said anything? Some common barriers to asking patients about IPV may be a lack of comfort discussing the issue, lack of time/resources, or fear of asking and upsetting the patient. Medical providers are often the first line of defense for victims of intimate partner violence, and medical offices can sometimes be the only place a victim is allowed to go outside of the home. Healthcare workers make a difference. YOU can help break cycles of violence and offer resources to help.

Tips for Interventions with IPV Victims

Listen: Make eye contact, recognize your patient is dealing with a difficult situation.

Believe: Thank your patient for trusting you. Let them know you are concerned about them.

Validate: Let your patient know that they are not alone and that abuse is never ok. Emphasize that it is not their fault, and help is available.

Refer: Provide a "warm handoff" to local resources.



Be Creative!

Safety is **not** a one-size-fits-all approach. *How can you make YOUR specific environment safer for victims?* For example, some offices have begun hanging a sign in the restroom where patients leave urine samples, asking patients to write in a different colored marker on their specimen cup if they are experiencing violence that they would like to discuss with a provider.

REMEMBER: It is not your job to talk someone into leaving their relationship - in fact, leaving is the **deadliest** time in an abusive relationship and should only be done with support from a trained advocate and a safety plan in place. View your role as expressing concern, offering resources and providing support.

Enhancing Your Practice Environment



Screen for IPV early, often and universally across patient populations. Incorporate discussions about healthy relationships into all patient care processes.



Ensure privacy with patients to discuss relationship concerns away from potentially abusive partners—make it a policy to have one-on-one time during appointments.



Establish your office as a safe place to disclose abuse and seek help by displaying educational materials and posters in plain sight.



Have a list of local resources available to provide if a patient discloses abuse. Connect with local domestic violence advocacy programs to find out best referral practices.



Identify a private space and phone where survivors can call to connect to services.

Helpful Resources

TN Domestic Violence Helpline (24/7): **1-800-356-6767** (can help connect you to IPV services in your area)

National Domestic Violence Hotline: **1-800-799-SAFE** (7233) or TEXT "START" to **88788**

National Health Resource Center on Domestic Violence Website: ipvhealth.org

- [Training Tools and Patient Materials](#)
- [Evidence Based CUES Intervention Model](#)
- [Training Videos for Screening for Domestic Violence During Patient Visits](#)
- [Sample Workflow for IPV Education/Screening](#)
- [General Patient Safety Card](#)

Metro Office of Family Safety (OFS) Website and **OFS Strangulation Information Webpage**
[Intimate Partner Violence Victimization Assessment Instruments for Use in Healthcare Settings](#)

Article: "Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting."