Medical Xpress

Health-care providers can play critical role in reducing and preventing intimate partner violence

November 28 2012

In a perspective article to appear in the Nov. 29 issue of the *New England Journal of Medicine*, researchers from Boston University Schools of Medicine and Public Health (BUSM and BUSPH) report that health-care providers can play a critical role in helping to reduce and prevent intimate partner violence (IPV) by screening and referring patients to appropriate resources.

The U.S. Centers for Disease Control and Prevention recently released a comprehensive report on the prevalence of sexual violence, stalking and IPV in the U.S. The report relays the alarming findings that 35.6 percent of women in the U.S. are raped, assaulted or stalked by intimate partners at some point during their lives, and approximately six percent experience these events in a given year. Men are also at risk: 28.5 percent report lifetime victimization and five percent report past year victimization. The annual health care costs for women who are experiencing ongoing IPV are 42 percent higher than those for non-abused women, and it has been estimated that the cost of providing health care to adult survivors of IPV ranges from $2.3 billion to $7 billion in the first year after the assault.

Now that the Affordable Care Act requires insurance coverage to include domestic violence screening of women, physicians are taking a new look at how they respond to patients who are domestic violence survivors. There are several steps doctors should take when patients

report potential IPV, including acknowledging the admission of abuse. "We advise thanking the patient for trusting the provider with the information, and expressing concern about the patient's safety," explained lead author Jane Liebschutz, MD, MPH, FACP, an associate professor of medicine and social and behavioral sciences at BUSM and BUSPH respectively.

Other steps include: asking the patient if he or she would like to be connected to IPV advocacy services; offering the patient the National Domestic Violence hotline number; considering whether child protective services are required and screening the patient for co-morbid depression, anxiety and substance abuse.

According to Liebschutz, when a patient screens negative for IPV, but providers nevertheless suspect that they are experiencing abuse, it is important that the provider not force disclosure. "It is not critical that the patient acknowledges IPV victimization in order to receive a benefit from the screening. Having asked IPV-related questions signals to the patient that the provider is caring and concerned, trustworthy and willing to discuss the topic during a future visit," she added.

Finally, providers need not receive a positive screening response in order to provide universal education about IPV. "Even if a patient screens negative, providers are encouraged to state that many patients do experience IPV at some point, and that there are many resources to help people who feel unsafe in their relationships," said co-author Emily Rothman, ScD., an associate professor of community health services at BUSPH.

Provided by Boston University Medical Center

Citation: Health-care providers can play critical role in reducing and preventing intimate partner

violence (2012, November 28) retrieved 26 April 2024 from
https://medicalxpress.com/news/2012-11-health-care-critical-role-intimate-partner.html

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.