Viewpoint

Improve Your Response to Intimate Partner Violence with 10 Action Steps

By Ellen Taliaferro, MD, & Zita Surprenant, MD, MPH

Intimate partner violence (IPV), the psychological, emotional, and physical abuse of your patients by a current or former intimate partner, affects close to four million women a year. A little more than a third of these women report violent victimization. Like many other medical conditions, IPV often escalates in frequency and severity the longer it persists. For approximately 1,000 women each year, the violence becomes fatal.

Few of us in health care are comfortable dealing with IPV. Couple this with the fact that many physicians feel that *their* patients do not have family violence issues, and you end up with a devastating problem that goes unrecognized, unaddressed, and untreated.

The truth is that IPV presents a major challenge to physicians in *every* practice setting and specialty, and the after-effects of violence and abuse cast a long shadow on the patient's current and future health.

Early recognition of IPV and an appropriate response to IPV goes a long way in getting patients the help they need to be safe and escape ongoing injuries and illness. In addition, a valuable benefit occurs when the psychological and physical trauma of the abuse is addressed, laying the groundwork for the patient's improved health and well being.

Dr. Zita Surprenant

IPV problems can appear at any moment in any practice setting. In light of this fact, physicians and health care providers can improve care of IPV victims by implementing 10 Action Steps in their clinical settings.

The first section of our new book, *Respond to Intimate Partner Violence—10 Action Steps You Can Take to Help Your Patients and Your Practice*, provides guidance for recognizing and detecting IPV in the practice setting. Section two stresses the appropriate response to the identification of IPV by putting into place 10 action steps.

Dr. Ellen Taliaferro

Action Step No. 1: Respond Effectively

When a patient tells you that IPV complicates her life, you have a unique opportunity to help improve her health and well-being. Support her in making changes by validating the difficulties and challenges she is experiencing as well as her need to make changes.

By validating victims and survivors of IPV, you give your patients a tonic more powerful than any prescribed drug. Validation occurs through therapeutic messages, listening, and providing support materials. Some therapeutic messages you tell the patient bear repeating several times during your time with the patient. Chief among these:

- "You do not deserve to be hurt, no matter what."
- "You are not alone; help is available."

Listening nonjudgmentally is a therapeutic message in itself. Once you have validated your patient, you have her trust and can move to the next step in her care.

Action Step No. 2: Safety Needs

Start by determining how safe your patient is right now. There are numerous safety assessment tools you can use. One simple one is the physical abuse ranking score. Ask your patient if her partner does these things:

- Throws things, punches the wall.
- Pushes, shoves, or grabs her.
- Slaps her with an open hand.
- Kicks or bites.
- Hits with closed fists.
- Attempts strangulation.
- Beats her up (pinned to wall/floor, repeated kicks, punches).
- Threatens with a weapon.
- Assaults with a weapon.

If your patient's abuse ranking score is higher than five on this scale, your patient can be in extreme danger. Even if the abuse ranks low on this scale, however, your patient may still be in danger. Any patient who *feels* in danger should be considered to *be* in danger.

Safety planning for your patient should be tailored to conform to her needs. For instance, she may elect to stay in her relationship with her batterer because she feels that is safer than leaving at that time. Regardless of whether your patient elects to leave or stay with her batterer, she must not leave your clinical setting without a plan in place.

Action Step No. 3: Referral

Services available to help patients differ in each community. A fast call to the national domestic violence hotline, (800)799-SAFE, provides local

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Drs. Taliaferro and Surprenant's book, *Respond to Intimate Partner Violence—10 Action Steps You Can Take to Help Your Patients and Your Practice*, is available for $29.95 through amazon.com and at www.vlh.com.

Continuing Medical Education in *EMN*

In this and every issue, *Emergency Medicine News* offers two CME activities: 1) InFocus, the clinical evidence-based column written each month by James R. Roberts, MD, and 2) Learning to Live with the LLSA, a review of the American Board of Emergency Medicine's Lifelong Learning Self-Assessment reading list by Daniel K. Mullin, MD.

Target Audience Statements: The InFocus CME activity in *Emergency Medicine News* is intended for emergency physicians with an interest in the diagnosis and treatment of various disease processes commonly seen in emergency departments, with special emphasis on evidence-based medicine. The Learning to Live with the LLSA CME activity in *Emergency Medicine News* is intended for emergency physicians with an interest in studying for the annual American Board of Emergency Medicine's Lifelong Learning and Self-Assessment examination.

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IPV

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resources that patients can access. Be sure to identify yourself as a provider at the very beginning of the call.

Most patients dealing with the presence of intimate partner violence in their lives don't need to be admitted to the hospital. If your patient has medical or mental health needs that require admission and her perpetrator remains free or poses a threat to her, consider admitting her as a Jane Doe. Note that HIPAA provides that patients can request not to be listed in the health care facility directory.

Action Step No. 4: Document

Good documentation builds a bridge of communication among health care providers attending the patient, and assists when community advocacy and legal referrals are indicated. When taking care of victims of IPV, the three main modes of documentation consist of charting, body maps, and photo documentation.

Action Step No. 5: Reporting

Mandatory injury reporting requirements vary considerably from state to state. To provide effective IPV intervention, you need to understand your state and local reporting laws, procedures, and the methods of enforcement, whether the issue is IPV, child abuse, elder abuse, abuse of someone with a disability, or assault involving weapons.

Specific information about state reporting laws can be found at www.endabuse.org.

Action Step No. 6: Stage of Change

Change is not easy. Leaving an abuser or staying in a relationship with new family dynamics often represents a major life change. You can best help your patient bring about necessary changes in her life by understanding that change occurs in stages and that relapse is a normal part of the process.

Action Step No.7: Special Populations

There can be additional barriers, special needs, and safety issues when working with IPV victims across age groups, gender, sexual orientation, and different cultures. You can best help individual patients in each of these groups by understanding the special needs each group has. For instance, a male victim of IPV struggles with issues different from a teenage girl being abused by her partner or an elderly widow who remarries and then finds herself a victim of abuse.

Action Steps for Responding to Intimate Partner Violence

1. Respond effectively to patients who disclose violent relationships.
2. Respond to your patient's safety needs.
3. Manage your patient's referral needs.
4. Document your findings.
5. Meet your state and local IPV reporting requirements.
6. Respond to your patient's stage of change.
7. Address IPV in special populations.
8. Address special clinical situations involving IPV.
9. Develop a system for addressing IPV in your practice.
10. Respond to abusers.

Source: Ellen H. Taliaferro, MD, and Zita J. Surprenant, MD, Virtual Lecture Hall of Medical Directions, Inc., 2006.

Action Step No. 8: Clinical Situations

In addition to separate populations, special clinical situations arise when treating IPV patients. For instance, the IPV victim and her perpetrator both may be your patients, or your patient may be suicidal. Another special situation arises when her abusive partner manually strangled her during an assault.

Action Step No. 9: Response System

You need a team approach to lay the groundwork for effective IPV intervention in your practice setting. Two critical ingredients set the stage for success:

■ Provide training for your staff to

understand and respond to IPV.
- Designate a practice setting "IPV champion" who becomes your local expert on policies, procedures, and local resource coordination.

Action Step No. 10: Respond to Abuser

Although your first concern must be the safety of the IPV victim who is not safe until the abuse and battering stops, you also must care about your patient's abuser. Caring about IPV abusers can be a means of ending the abuse and ensuring the victim's safety. Remember, even when victims leave their abusers and are safe, there is a high probability that their untreated abuser will victimize a new partner.

You can learn more about identifying IPV in your practice and preparing your practice setting for effective intervention in our book. The accompanying CD-ROM contains resources such as medical records forms, patient handouts, and even a staff training guide. The book can be ordered from the Virtual Lecture Hall of Medical Directions, Inc., or through amazon.com. (See box.) Online training with CME credits featuring the information in the book also can be found at www.vlh.com.

Physicians and health care providers have a unique opportunity to identify and intervene with IPV in their practice settings. Doing so can save lives, promote patient health, and enhance a patient's well-being. Los Angeles physician Bruce B. Ettinger sums this up quite well: "Set up a response system if one does not already exist, and take the risk and ask questions. The reward will equal anything you have ever done in medicine. You will save a life." EMN

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