



Intimate Partner Violence

Intimate partner violence (IPV), often called domestic violence, is a serious, preventable public health problem affecting millions of Americans. IPV describes physical, sexual, or psychological harm or stalking by a current or former spouse or dating partner. It can occur between heterosexual couples or same-sex couples, and does not require sexual intimacy.

MENTAL HEALTH RISKS ASSOCIATED WITH IPV

Research conducted over the past 35 years has consistently shown that being victimized by an intimate partner may increase a person's risk for **depression**, posttraumatic stress disorder (**PTSD**), **eating disorders**, **insomnia**, **substance use**, and **suicidality**, as well as a range of chronic health conditions, including chronic pain. Some of these conditions are the direct result of physical and sexual violence while others are related to the traumatic psychophysiological effects of ongoing abuse.

PREVALENCE OF IPV

Women seeking mental health treatment report high rates of IPV (30% of women in outpatient settings and 33% in inpatient settings). Informal focus groups with women who self-identified as consumers of mental health services found a **majority experienced IPV but few had been asked about it by their healthcare providers**. Most reported they were interested in receiving information about resources for support in their communities.

INDICATORS OF IPV

BEHAVIORAL

- Chronic suicidal/homicidal ideations or gestures
- Hyper-vigilance
- Inappropriate affect/worry/rumination
- Inappropriate restrictions/limitations imposed by others
- Missed medical appointments
- Poor work performance/unexplained absences
- Social isolation/withdrawal
- Substance dependence

EMOTIONAL

- Emotional numbness
- Fear of partner, caregiver, acquaintances, or strangers
- Helplessness
- Low self-esteem, low self-worth
- Sadness/symptoms of depression

PHYSICAL

- An injury inconsistent with explanation
- Broken bones
- Bruising, welts, lacerations or scars
- Eye injuries, blackened/swollen
- Frequent injuries
- Mouth injuries/split lip, broken teeth
- Series of ER visits
- Sexually transmitted infections
- Unwanted pregnancy

➤ **IPV SIGNAL FOR HELP:** *The Signal for Help is a single-handed gesture that can be used by an individual to alert others in person or on a video call that they are a victim of IPV. See examples of the hand gesture at [wikipedia.org/wiki/Signal_for_Help](https://en.wikipedia.org/wiki/Signal_for_Help).*

IPV SCREENING QUESTIONS

Introduce screening questions as routine and only when the patient can be assessed in private. If the patient is with their partner and you suspect IPV, ask the partner to sit in the waiting room.

Consider **LEADING WITH:** "I don't know if this has happened to you, but because so many people experience abuse and violence in their lives, it's something we always ask about. I'd like to ask..."

- 1 Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?
- 2 Do you feel unsafe in your current relationship?
- 3 Is there a partner from a previous relationship making you feel unsafe now?

If performing an assessment by **TELEPHONE** or **VIDEOCONFERENCING**, consider including these questions:

- 1 Is it safe for you to talk right now?
- 2 Is your partner at home with you right now? When might they return?
- 3 Do you feel you are in immediate danger? (If yes, tell them you are mandated to call 911)
- 4 Have they ever threatened to kill you or someone else? Do they have a weapon?

ACTIONS PROVIDERS CAN TAKE

EDUCATE YOURSELF

Get educated on the **indicators of violence** listed on the previous page and what an intimate partner means (a current or former dating partner or spouse). Providers of all disciplines should **familiarize themselves with the mandated reporting laws** in the locality where they currently practice.

HAVE ACCESSIBLE MATERIALS

Have **educational materials or pamphlets accessible for patients** and Family Advocacy Program (FAP) **contact information** the patient can review in private, especially if they seem weary about discussing their relationship or are unsure if abuse is occurring. Visit thehotline.org for **resources for victims and families**, such as the [Power and Control Wheel infographic](#) that describes what occurs in abusive relationships.

HELP THEM MAKE A PLAN

When a patient verbalizes that they are in an abusive relationship, reassure them that they are not alone, be sympathetic and empathic, ensure they understand that the encounter must be documented, **educate the patient** on their options in **reporting/meeting with a FAP counselor**, and **help them make a plan** so they can remain safe when they leave the office.

RESOURCES

The **FAP is the primary resource for active duty victims of IPV**. A Victim Advocate can assist with the following services:

- Crisis intervention and non-clinical support
- Assistance with CONUS relocation and early return of dependents
- Coordination of emergency housing, food, and safety planning
- Information on financial and legal resources
- Information on mental health and counseling resources
- Accompaniment throughout the legal and investigative process

SAFE HOUSING: Options for **safe housing will vary by location and military service**. Some locations have designated safe houses overseas, while others provide financial assistance or vouchers for hotels. Other Commands will move the alleged offender out of the home and place them in barracks until the investigation and safety planning are complete.

OVERSEAS RESOURCES: Resources can be more limited in overseas locations. Active duty and families serving in overseas locations are more dependent on the military for many services in their day to day lives due to language and cultural barriers. Victims may be more reluctant to report if the abuser is active duty for fear of impacting their career. **Essential installation contact resources available in OCONUS clinics include: FAP, base legal, chaplain services, off-base crisis services, local emergency numbers, and the Domestic Violence Hotline.**

REPORTING PROCESS

There are two options for reporting IPV through FAP detailed below. Both services **include privacy/confidentiality, counseling, victim services, medical/sexual assault forensic exam, and victims legal counsel.**

RESTRICTED REPORT

Allows victims to **confidentially** disclose the IPV incident to specified individuals **WITHOUT triggering an investigation.**

- Report can be taken by **FAP victim advocate, FAP clinician, or healthcare providers only.** (Chaplains cannot take restricted reports but have privileged and confidential communication)
- **Law enforcement is not notified and Command is not involved.**
- **PLEASE NOTE:** If someone is in imminent danger, then restricted reporting is not an option. Additionally, child abuse cases must be reported to law enforcement and child protective services.

UNRESTRICTED REPORT

Allows victims to disclose that they are a victim of IPV and **triggers an official investigation and Command notification.**

- Report can be taken by Chain of Command, FAP victim advocate or clinician, healthcare provider, or military law enforcement. (Chaplains can report an IPV incident to Chain of Command on a victim's behalf if they prefer)
- Law enforcement will **investigate the incident**, including contacting the alleged offender. Command may be notified, and if the alleged offender is active duty, the **Command may take administrative action against them.**
- **SERVICES INCLUDE:** Law Enforcement Investigation, Command Involvement, Military Protective Order/Civilian Protective Order, Expedited Transfer.

For more information check out thehotline.org, [CDC information on IPV](#), [Military One Source](#), or contact your local FAP.

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