Intimate Partner Violence/Domestic Violence

WHAT IS IT?

Intimate partner violence is a behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of **physical aggression, sexual coercion, psychological abuse and controlling behaviors.**

In Virginia:

33% **of women**

29% **of men**

experience violence, rape or stalking at the hands of an intimate partner.

- In one day, IPV programs in Virginia receive hundreds of hotline calls and serve thousands of victims. However, hundreds of victims can't get the help they need due to lack of resources. [2]
- In 2020, there were over 500 homicides due to IPV, with 70% involving a firearm. [3]
- When firearms have been used in the most severe abuse incident, the risk increases 41-fold.[5]
- 65% of all murder-suicides involve an intimate partner; 96% of the victims of these crimes are female.[6]

Abusers' access to firearms increases the risk of intimate partner homicide

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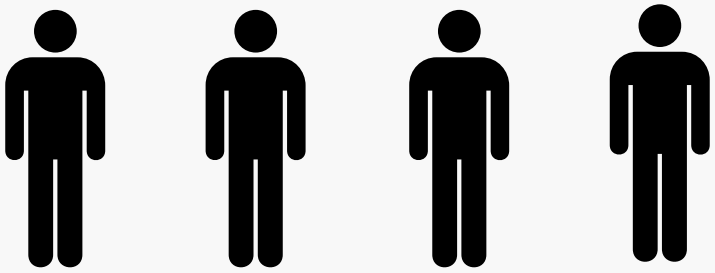
approximately 500%

It is important to remember that experiencing IPV is **never** the fault of the victim.

Who is at risk?



Anyone can be at risk of Intimate Partner Violence

- **Risk Factors:** Pregnancy, living in a low income household, being a racial or ethnic minority and living in a rural area
- Over 300,000 pregnant women are abused annually in the United States.[7]
- IPV can pregnancy outcomes including low birth weight, placental abruptions, substance use/abuse and preterm delivery.
- High rates of birth control sabotage and pregnancy pressure in abusive relationships are correlated with unintended pregnancies.[8]

- More than 15 million children in the United States live in homes in which domestic violence has happened at least once.[9]
- These children are at greater risk for repeating the cycle as adults by entering into abusive relationships or becoming abusers themselves.[10]
- Children who witness domestic violence or are victims of abuse themselves are at serious risk for long-term physical and mental health problems, such as obesity, heart disease, depression and anxiety.[11,12]

What can we do?

IPV screening and counseling is a **core part** of women's health visits and pediatric well child checks. The close nature of the patient-physician relationship and the multiple visits that occur make it an ideal setting for screening.

How can we prevent it?

- Teach safe and healthy relationships skills.
- Engage influential adults and peers as allies.
- Disrupt developmental pathways towards partner violence.
- Promote healthy, respectful and nonviolent relationships.
- Create protective environments.
- Strengthen economic support for families.

How do we screen?

The **HITS tool (Hurt-Insult-Threaten-Scream)** is a four question, self-reported or staff administered screening tool that assesses the frequency of certain components of IPV. Each item is scored from 1-5. Total score can range between 4-20. A score greater than 10 signifies that you are at risk of domestic violence abuse, and should seek counseling or help from a domestic violence resource center. Studies show that the HITS tool has a sensitivity of 96% and specificity of 91%.[13]

Recommendations for IPV Screening: 14 and 7

ACOG:

-Once per trimester of pregnancy
-At comprehensive 6-week postpartum check

May also consider:
-At 2, 6, 12, 18, and 24 months postpartum
-Whenever there is a change in partners
-As needed based on clinician judgment

AAP:

-Pediatricians may routinely provide brief education and resources during office visits,rather than following a traditional screening model.
For this project we suggest pairing with PPD screening at 1, 2, 4, 6 months Well Child Check.

Find Resources Here:

Virginia Chapter
Incorporated in Virginia
American Academy of Pediatrics

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