

Screening for Sexual and Intimate Partner Violence



People who are surviving intimate partner violence and family violence are likely to have experienced and may continue to experience increased isolation and danger caused by social distancing measures during the Coronavirus pandemic. Survivors often have specific needs around safety, health, and confidentiality. People who are already more vulnerable to economic and health insecurity are facing additional challenges as the pandemic continues.

Health providers have the unique opportunity to offer patient-centered harm reduction strategies, which enhance survivor health and safety, as well as provide invaluable support and access to resources during this time of heightened risk.

For additional resources to help implement effective screening protocols, visit www.ipvhealth.org.

What can you do for SV and IPV survivors?

Implementing universal screening practices can be the most effective strategy. In other words, check in with *all* patients on their well-being and if they are feeling supported by their partners and family members, or friends. **Normalize the topic:** "I need to ask you some personal questions. I can better understand your health if you answer some questions about your relationships and sexual history. I ask all of my patients these questions because it is important for me to know what has gone on in their lives."

Three important steps for supporting SV/IPV survivors are to Ask Questions, Listen and Respond, and Provide Confidential Support and Information.

Ask Questions

- Are you feeling supported by your partner or family while you are at home?
- What's your biggest concern?
- What are you most worried about?
- How can I help?
- Have you ever been touched sexually against your will or without your consent?
- Have you ever been forced or pressured to have sex?
- Do you and your partner ever disagree about sexual things? Like what? How do you resolve these conflicts?

Listen and Respond

Take time to really listen. Some trauma-informed responses are:

- Thank you for sharing this.
- I believe you.
- I am concerned for your safety.
- You don't deserve this.
- It's not your fault.
- You are not alone.
- I don't know what to say right now, but I'm glad you told me.
- I'm really sorry that happened to you.
- I'm glad you had the courage to tell me.

Listen for high risk concerns like access to firearms, threats of suicide or to kill, or prior attempts of strangulation. If a patient shares one or more of the these concerns with you, it is important to share your concerns for their safety and offer options that will reduce those risks, including access to a 24-hour Hotline.

Provide Confidential Support and Information

If a patient discloses sexual violence:

- If the assault happened recently, ask the patient if they want a forensic exam to be performed.
- If the assault happened within the past 120 hours, and the patient is female, ask if the patient wants emergency contraception.

Discuss ways to reduce stress.

- This might include teaching breathing practices, or helping someone problem solve how they can eat healthy, exercise, and get enough sleep during this crisis.

Offer to brainstorm safety strategies and ask about emergency safety plans.

- Help a patient think through tactics that may have helped them stay safe in the past. Help someone to prepare in advance for how to get to a safe and secure space with a phone to call for help in an emergency.

Inquire about supportive friends and family members.

- Isolation is a powerful tactic of abuse. Breaking down isolation can help to reduce risks for the entire family. Offer your patient the opportunity to contact supportive family and friends while in your facility and make a plan with them to reach out regularly for safety and wellness checks.
- Help the patient identify a “code” word to share with family and friends if they need immediate help.

Provide access to and information on hospital-based services such as an IPV Program within your healthcare facility.

- Consider the resources available within your facility including sexual assault and IPV advocates, other patient advocates, social workers, and behavioral health professionals.
- Connect survivors to the network of support that they need.
- Find out the contact information for your local Domestic Violence and Sexual Assault Agency and be prepared to share that information (You can get that number by calling the Virginia Statewide Hotline at 1-800-838-8238; some information can also be found online at www.vsdvalliance.org).

Encourage individuals to contact the Virginia Statewide Hotline, which is available through text (804-793-9999), via chat (www.vadata.org/chat) or by phone (800-838-8238) 24 hours a day.

- Encourage every patient to leave with a hotline card so they'll have the information for themselves and others who may need help now or in the future. To order hotline cards, call the Virginia Statewide Hotline at 1-800-838-8238.

Healthcare Providers Should Avoid...

- Asking patients about their victimization when other people are present.
- Only asking patients who "seem" like victims about their experiences.
- Use the term "rape," as some survivors may not label their experience as rape.
- Only asking about specific types of violence or recent violence.
- Expressing value judgments.

Learn more



www.vsdvalliance.org

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Virginia Statewide Hotline

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Chat: vadata.org/chat