

# The Importance of Proper Screening and Assessment for Intimate Partner Violence

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# Understanding Intimate Partner Violence

A **pattern** of assaultive and coercive behaviors that may include:

- inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation, and threats.
- These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship and aims at **establishing control by one partner over another.**
- **MYTH** of mutual abuse

# What Does Intimate Partner Violence Look Like?

- 1 in 4 women; 1 in 7 men will experience IPV in their lifetime
- Previous strangulation increases likeliness for homicide by 750%
- 20 people per minute are victims of physical violence by intimate partner in the U.S.
- In Virginia, black women are 3-4x more likely to be killed by an intimate partner
- 1 in 3 women killed in the U.S. are at the hands of an intimate partner
- Presence of a gun in a IPV situation increases risk of homicide for women by 500%
- Leading cause of death among pregnant women is homicide by intimate partner
- 47% of women killed by their intimate partners have been seen by a health care provider in the year prior to their deaths

# Activity

**How would a perpetrator use X behavior or how might someone use X behavior to establish a system of power, control, and exploitation?**

**How might a survivor use X behavior or how would someone use X behavior in the process of surviving a system of power, control, and exploitation?**

- Surviving and/or managing patterns of power and control within the context of an intimate relationship is complicated and can sometimes result in a survivor engaging in behaviors that are considered taboo
- A behavior in and of itself is not necessarily an indicator of an individual being an abuser or survivor, we must also look at context, intent, and effect of a behavior to effectively assess who is surviving and who is creating systems of power and control within the relationship

# Considerations for Screening

Rather than simply determining who has done what to whom, we want to assess who is establishing systematic power and control in a relationship

- **CONTEXT** of behavior: hitting someone because they wouldn't let you out of the car
- **INTENT** of use: establishing control vs. regaining control over oneself
- **EFFECT** of behavior: “I began to dread coming home, answering the phone, seeing a friend in public—everything would have to be answered for”



# Screening Guidelines

## General Questions:

Ask in general about the relationship, what it is that has brought them to you for support.

- Could you tell me about your relationship?
- Did something in particular happen that made you contact us now?
- If so, is this typical in the things that happen in your relationship?
- What is your most pressing concern; what would you like to see change?
- Which, if any, are within your power to change/effect?

Questions about abusive tactics and behaviors:

Try to get more specific information about incidents of abuse for context

- What are fights about? What are they like? Where/when do they happen?
- Is there name calling, put-downs, yelling/screaming?
- How does sex happen in the relationship? Has your partner touched you in ways that made you feel uncomfortable or without your consent? Withheld sex as punishment? Have they ever manipulated or forced you to have sex when you did not want to?

## Recognizing patterns and systematic behaviors of abuse

### Look for patterns of control:

- How are decisions made in the relationship?
- How do disagreements get resolved, if they do?
- Do you have contact with family/friends/support? How does your partner feel about that?
- What kinds of things do you all do separately? How do they feel when you do things without them? How do they let you know how they feel?
- How are you/how is your life different from before you were involved with your partner?

# Steps to Integrate a Response to IPV

1. Build Partnerships with local sexual and domestic violence programs- know what services they provide, for who, and how to access
2. Prepare your Practice – MOU's, choose screening, develop Policy and Protocols (include how this affects staff, not just clients)
3. Adopt an evidence based intervention – consider universal education and screening – promote wellness and safety
4. Linkages of Care (what is your plan after someone says yes!)
5. Train ALL staff
6. Evaluate and sustain your progress

# Hurt, Insulted, Threatened with Harm, and Screamed (HITS) Domestic Violence Screening Tool

Please read each of the following activities and fill in circle that best indicates the frequency with which you partner acts in the way depicted.

How often does your partner?	Never	Rarely	Sometimes	Fairly often	Frequently
Physically hurt you					
Insult or talk down to you					
Threaten you with harm					
Scream or curse at you					
	1	2	3	4	5
Total Score:					

<p>If you have answered 'Never' to all of the above questions. Have you ever previously experienced any intimate partner violence (i.e., has a partner ever physically hurt you, insulted you, threatened you with harm or screamed/cursed at you).</p>	<p>Yes ___ No ___</p>
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# Common Barriers to Screening

- Mandated Reporting – what does this look like?
- Comfort levels with initiating conversations about DV
- What to do if someone discloses
- Feelings of frustration and stress working with clients experiencing DV
- Concerns about personal safety
- Talking about DV could cause shame and embarrassment for the client
- Worried about losing the client's participation in the program

# Safety Strategies for Home Visitors

- What protocols does your program have to promote safety?
  - Trust your instincts
  - Never screen for DV in front of a partner, friend, or family member
  - Ask if it is safe for the person to keep the card/info given
  - Meet with the client at the office or another public space if it doesn't feel safe in their home
  - Establish up to date check in times with the home office
  - Park vehicle pointed toward exit
  - Observe and listen before entering the household
  - Have emergency numbers programmed and set on auto dial

# State, Local, Territorial, and Tribal Partnership Programs to Reduce Maternal Deaths Due to Violence

## *Data and Evaluation*

- Expand data surveillance to identify and track maternal deaths due to violence.

## *Training and Technical Assistance*

- **Train clinical practices, organizations, and VDH home visitation program in screening and clinical management of intimate partner violence (IPV) and suicide risk.**

## *Linkages of Care*

- Linkage and referral between OB-GYN and pediatric clinic if pre- or post-natal patient screens positive for perinatal depression and/or IPV.

## *Health System Collaboration*



- Implement pre/postnatal community-level class with one health system, focused on mental health, substance use, IPV risk, resilience skills, and connections to social support.

## *Policy and Communications*

- Launch statewide communications campaign.
- Create policy tracking tool for current and proposed legislation.



# New Home Visitors Safety Card



**YOU DESERVE A HEALTHY RELATIONSHIP.**

**YOU AND YOUR CHILD(REN) DESERVE TO FEEL SAFE AND BE TREATED WITH RESPECT.**

**Does your partner:**

- Insult your parenting abilities or threaten to take your child(ren) away?
- Control where you go, who you talk to, or how you spend money?
- Destroy any of your belongings?
- Hurt you or your child(ren) with their words or actions?

**VIRGINIA FAMILY VIOLENCE & SEXUAL ASSAULT HOTLINE**  
CALL 1-800-838-8238  
TEXT 804-793-9999

**LGBTQ PARTNER AND SEXUAL ASSAULT HELPLINE**  
CALL 1-866-356-6998

**YOU DO NOT NEED TO BE IN CRISIS TO GET SUPPORT.**

**NATIONAL SUICIDE AND CRISIS LIFELINE**  
CALL 988

**NATIONAL MATERNAL MENTAL HEALTH HOTLINE**  
CALL 1-833-9-HELP4MOMS

- Do you feel so sad that you can't get out of bed or take care of the kids the way you want to?
- Are you smoking more to try and calm yourself?
- Are you drinking more, using prescription drugs, or other drugs to make the pain go away?
- Do you ever feel so sad that you have thoughts of hurting yourself or suicide?



**If you answered YES to any of these questions, talk with your home visitor about how to get help.**

# Steps to Safety Card Intervention

- Universal education – Normalize activity: “I give this card to all of my clients”
- Educate about DV – Open the card and do a quick review: “It talks about healthy relationships and mental health”
- Make the connection – Create a sense of empowerment: “We give this to everyone so they know how to get help for themselves if they were to need it, and so they can help a friend or family member”
- Safety planning
- Referral

# Questions?

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