

Tips to help you ID intimate partner violence via telehealth

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It's more important than ever for physicians to ask patients whether they are experiencing intimate partner violence (IPV), which is often called domestic violence.

Centers for Disease Control and Prevention statistics show that one in three women and one in four men have experienced IPV during their lifetime. That's why it is so important for physicians to screen their patients about IPV. Unfortunately, though, physicians are finding it more difficult to ask screening questions and provide support when they are often seeing patients via telehealth, a mode of care whose use has skyrocketed during the COVID-19 pandemic.

“Compromised privacy at home may enable a controlling partner to overhear responses to screening questions about IPV and become suspicious or even violent, and supportive care for IPV-related injury or provision of resources may require an in-person visit,” according to a *JAMA Insights* article, “Responding to Intimate Partner Violence During Telehealth Clinical Encounters.”

A JN Learning™ module by the same name can help physicians learn how to ask questions that allow you to assess a person's situation and provide support in a way that prioritizes their privacy. Key recommendations include initiating an IPV screening with questions that only require yes or no responses and providing subsequent supportive care resources through email or referral to online information.

Below, find some suggested questions and advisements for screening for IPV via telehealth.

When a patient may or may not be alone, ask:

- “Is now a safe time to talk?”
- “Are you alone?”

When someone else is present in the room with the patient:

Say, “HIPAA laws require that I conduct the telehealth visit with no one else present.”

Once the other person has left the room, frame questions so they can be answered with a yes or no response. For example, say: “I’d like to ask some questions that I ask everyone right now,” and start with COVID symptom questions. Follow up with “Are you feeling stressed?” or “Do you feel safe at home?”

You can also say: “I care and I’m concerned about your (and your child or children’s) safety. I can help connect you with counseling and support, legal resources and shelter. Everything is free and confidential. Would you be interested?”

If the person agrees that they would like a referral for support, provide it and ask if it is OK to check back in with them. Ask them how to safely check back in with them by asking a question they can answer with yes or no.

The CME module, “Responding to Intimate Partner Violence During Telehealth Clinical Encounters,” is enduring material and designated by the AMA for a maximum of 1 *AMA PRA Category 1 Credit*.

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Following CUES

A physician also can use the CUES mnemonic. That stands for confidentiality, universal education and empowerment, and support.

Confidentiality: Know your state’s reporting requirements and sharing any limits of confidentiality.

Universal education and empowerment: Speak with the patient about healthy relationships and how they affect health. Provide a hotline number or a website with online resources. Emphasize you are a safe person to speak with.

Support: Disclosure of violence isn’t the goal with the universal education approach. It is important to make a warm referral to a social worker, partner agency or hotline.

“Regardless of the modality of screening, the same basic approach remains: to first recognize that violence and abuse could be occurring and proceed with caution so that the person experiencing IPV is approached in a person-centered way, with access and privacy prioritized,” the *JAMA Insights* article notes.

October is National Domestic Violence Awareness Month. Patients who need help can call the National Domestic Violence Hotline at 800-799-SAFE (7233). They also can text LOVEIS to 22522 or log onto thehotline.org for more discreet options. The Urban Resource Institute, based in New York City, offers these safety planning tips to share with patients experiencing IPV.