## Priority Topic: DOMESTIC VIOLENCE

### Key Features:

Domestic Violence is now more commonly referred to as Intimate Partner Violence or IPV.

<table>
<thead>
<tr>
<th>1. In a patient with new, obvious risks for domestic violence, take advantage of opportunities in pertinent encounters to screen for domestic violence (e.g., periodic annual exam, visits for anxiety/depression, ER visits).</th>
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**What you should study:** As of 2018, the USPSTF recommends screening all women of child-bearing age for intimate partner violence

- EM Cases BCE 65: Intimate Partner Violence
- Intimate Partner Violence AAFP 2016
- Intimate Partner Violence WHO 2012
- Intimate Partner Violence ACOG 2012
- Trauma in Pregnancy AAFP 2014 - Consider IPV as a possible etiology

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<th>2. In a patient in a suspected or confirmed situation of domestic violence:</th>
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<tr>
<td>a) Assess the level of risk and the safety of children (i.e., the need for youth protection).</td>
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<td>b) Advise about the escalating nature of domestic violence.</td>
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</tbody>
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I couldn’t find a good article on this.

- Just do it!
3. In a situation of suspected or confirmed domestic violence, develop, in collaboration with the patient, an appropriate emergency plan to ensure the safety of the patient and other household members.

**What you should study:**

✓ Safety Plan Domestic Violence - long document but VERY useful, scan for important features

4. In a patient living with domestic violence, counsel about the cycle of domestic violence and feelings associated with it (e.g., helplessness, guilt), and its impact on children.

**What you should study:**

✓ Cycle of Violence
✓ Types and Cycles of Abuse
✓ Children’s Exposure to IPV 2013