INTIMATE PARTNER VIOLENCE: WHY AREN'T WE ASKING?

Intimate Partner Violence (IPV) can be defined as "... any behavior that causes physical, mental, sexual, emotional or social isolation or abuse to the victim, who is [or was] in an intimate relationship with the abuser" (p. 226, Krieger, 2008).



Common Myths About IPV:

- Violence doesn't affect women from high socioeconomic groups
- Violence isn't present in relationships that appear 'normal'.
- IPV is a private matter that shouldn't require external input
- IPV isn't common
- Abused women are responsible for their situation.

(Domestic Violence Resource Centre, 2013)

RESEARCH QUESTION: WHAT BARRIERS DO HEALTH PROFESSIONALS EXPERIENCE THAT PREVENTS THEM SCREENING FOR INTIMATE PARTNER VIOLENCE, AND HOW CAN THESE BARRIERS BE **OVERCOME?**

TWO COMMON BARRIERS PREVENTING SCREENING

Attitudes, Feelings, Perceptions and Biases of health professionals that lead to lack of screening include:

- Frustration at the victims response to interventions
- Misconceptions about abuse due to lack of knowledge
- Takes time away from "more important" health issues
- Fearful of invading privacy and crossing boundaries
- Personal experience causing biases
- Feeling uncomfortable, powerless to make change and as though skills are inadequate to help.

Lack of Education and Knowledge surrounding Intimate Partner Violence leads

- Unable to comprehend the link between violence and health
- Victim blaming
- Not knowing how to ask patients about
- Lack of referrals to appropriate services for intervention
- Uncertainty around documentation: Risk assessment, safety planning, etc.
- Lack the ability to detect and provide the best care for victims

OVERCOMING BARRIERS

Appropriate training is key for health professionals if we want to overcome barriers. Training needs to be about how to effectively screen patients and providing appropriate interventions. All barriers should be considered and discussed and it is important to make sure health professionals understand documentation of IPV. Practical learning is also important because it enables health professionals to gain some experience.

DC Volunteer Resource Centre (2013).

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