

Intimate Partner Violence: Intervention & Prevention

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Objectives

- Learn how to incorporate screening for domestic violence into routine health care
- Identify risk factors for Intimate Partner Violence (IPV)
- Discuss safety planning
- Incorporate evidence-based strategies to help prevent IPV in your work setting

Tanya

26 years old, here for an appointment with you

Children ages 3 & 5 with her today

Positive screen for IPV

What is your next step?

The term “**domestic violence**” to refers to the following:

- Interpersonal Abuse	- Relationship Abuse
- Dating Violence	- Domestic Abuse

Overview

- Domestic violence is an epidemic in the United States that is not only pervasive, but also extremely costly in human and financial capital.
- It is a serious public health problem that can be prevented.

Definition: Intimate Partner Violence

- The term "intimate partner violence" describes physical, sexual, emotional, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy." –CDC

Different Types of Domestic Violence



Domestic violence often encompasses many different types of abuse. The violence can include:

- **Physical Abuse**
- **Sexual Abuse**
- **Verbal Abuse**
- **Financial Abuse**
- **Stalking**

The abuser uses whatever works to assert power and control through fear and intimidation.



Physical Abuse

Physical abuse is the intentional use of physical force with the potential for causing injury, harm, disability, or death.

- Punching, Slapping, and Hitting
- Kicking, Cutting, and Stabbing
- Weapon Use
- Biting, Scratching, and Burning
- Pushing and Shoving
- Restraining, Strangling, and Holding Down

Psychological/ Emotional Abuse

Psychological or emotional abuse is any behavior that threatens, intimidates, undermines the victim's self-worth or self-esteem, or controls the victim's freedom.

- Humiliation
- Isolation
- Degradation
- Diminishing self-worth and self-esteem
- Control of victim behavior
- Blackmail
- Intimidation

Sexual Abuse

Sexual abuse is the use of physical force, coercion, or threats to force a person to have sex against his or her will.

- Sexual assault
- Forcing the victim to watch or create pornography
- Forced pregnancy
- Forced anal or oral sex
- Unwanted touching
- Reproductive coercion

Defining Sexual Assault and Rape

Sexual assault is the most inclusive term that includes sex-related behaviors from unwanted sexual contact.

Rape refers to some form of bodily penetration.

- Vaginal rape
- Anal rape
- Digital rape
- Oral rape
- Use of an object to penetrate
- Unwanted sexual contact

Check your state's individual laws for more information.

Economic/ Financial Abuse

Economic abuse occurs when an abuser controls finances and the victim's ability to obtain money or control over his or her finances.

- Preventing the victim from having or keeping a job
- Interfering with the victim's efforts to maintain a job
- Sabotaging childcare, transportation, or other arrangements
- Harassing the victim at work
- Refusing to work
- Not allowing the victim access to the family finances

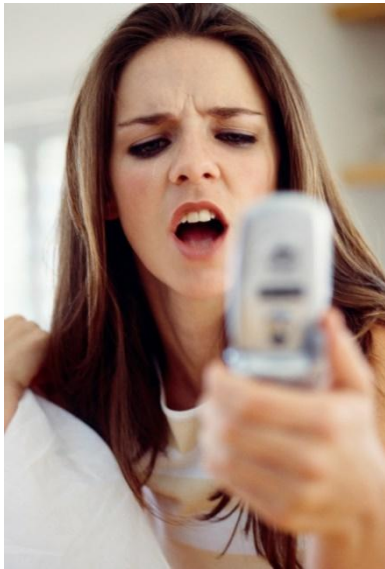
- Taking the victim's money
- Demanding an account of everything the victim buys
- Controlling the victim's access to financial information
- Not allowing the victim's name to be on accounts
- Not allowing the victim to obtain health insurance, Medicare, welfare, disability, etc.

Verbal Abuse

Verbal abuse is the perpetrator humiliating and threatening the victim.

- Degrading the victim in front of friends and family
- Telling hurtful “jokes” despite the victim’s requests to stop
- Taking the victim’s statements out of context
- Name calling
- Insulting
- Humiliation/Criticizing
- Blaming
- Accusing
- Questioning the victim’s sanity
- Threats of physical abuse

Stalking

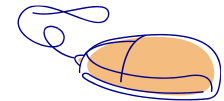


- Stalking is harassing or threatening behavior that an individual engages in repeatedly.
- Stalking can be carried out in person or via electronic mechanisms.
- Types of stalking behaviors include:
 - Following a person
 - Appearing uninvited at a victim's home or work
 - Harassing phone calls, text messages, and electronic messages
 - Vandalizing property
 - Giving constant unwanted gifts, messages, flowers, etc., to convince the victim to forgive or return to the abuser.

Cyber-stalking is the use of technology to stalk victims. It involves the pursuit, harassment, or contact of a victim in an unsolicited way initially via the internet and electronic devices.

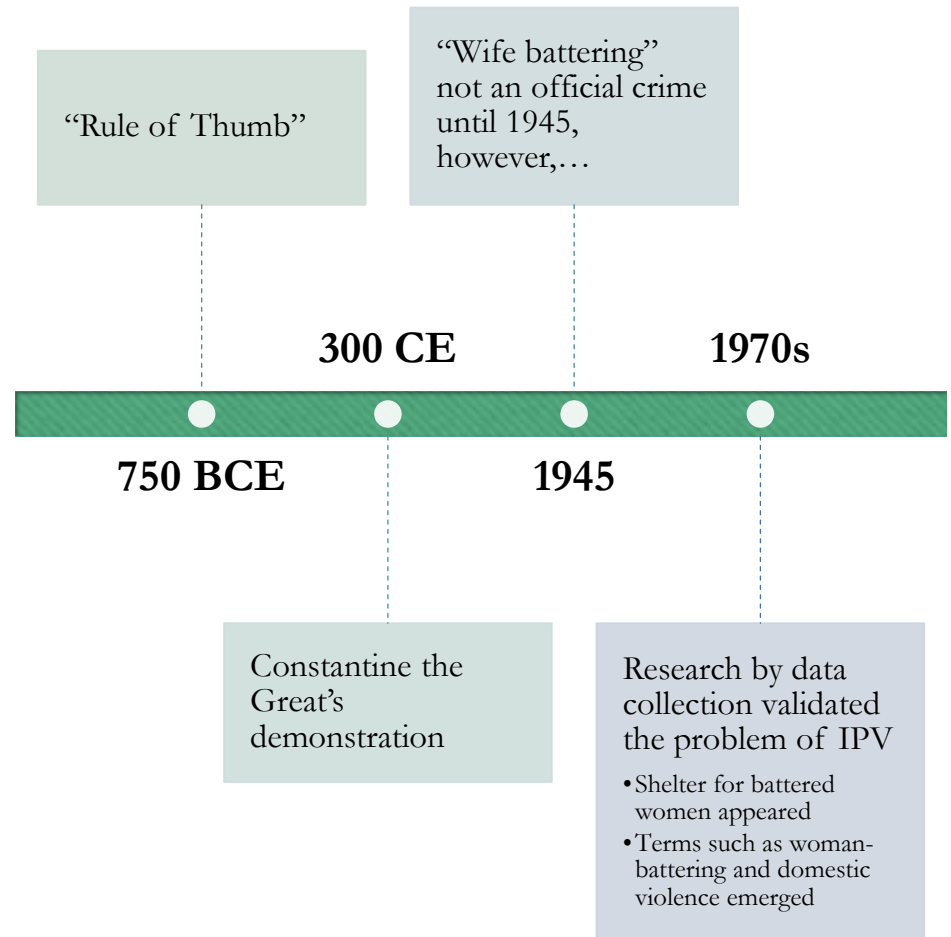
Cyber-stalking may be used through:

- **Email:** Constant emails harassing the victim
- **Chat rooms:** Constant bombarding of messages
- **Social networking sites (Facebook, Twitter, Instagram):** Following what the victim is saying, doing, and places he or she is visiting and sending repeated unwanted messages
- **GPS System (On-Star):** Following the victim through access of his or her GPS
- **Portraying the Victim:** Assuming the victim's identity to portray him or her in a negative light online



Cyber-stalking

History of IPV



The Public Health Crisis of Domestic Violence

According to the US Centers for Disease Control:

- 24 people per minute are victims of rape, physical violence, or stalking.
- More than 1 in 4 women and 1 in 7 men have experienced rape, physical violence, and/or stalking by an intimate partner.
- 1 in 10 women have been raped by an intimate partner.
- 1 in 4 women experience severe physical violence.
- 10.7% of women are stalked by an intimate partner.

The Public Health Crisis of Domestic Violence (continued)

- 8 in 10 women who have experienced rape, physical violence, and/or stalking reported at least 1 impact:
 - Fear
 - Concern for safety
 - PTSD
 - Need for health care
 - Injury
 - Contacting crisis hotline
 - Need for housing
 - Advocate services
 - Legal services
 - Missed work or school
- Victims of severe domestic violence collectively lose nearly 8 million days of paid work.
- In 2019 1,095 women were murdered by an intimate partner.

In 2023 alone, the cost for medical and mental health services and lost productivity was equal to 8.3 billion dollars.

- Cost of rape = \$460 million
- Cost of stalking = \$461 million
- Cost of lives lost = \$1.2 billion
- Cost of physical assault = \$6.2 billion

These costs are probably much greater because domestic violence is a chronically underreported crime.

The Financial Cost of Domestic Violence

Tennessee Data

- 1 in 4 women in Tennessee have been victims of Intimate Partner Violence; 1 in 10 men
- 53% of TN sexual violence survivors are under 18 years of age
- Most rapes remain unreported
- More than half of sexual assault victims were victims of a prior sexual assault
- Disproportionately higher in immigrants, Native Americans, rural residents, and LGBTQ people

Summary

It affects victims, as well as families, children, friends, and communities.

Victims are affected physically, as well as mentally, during and after abuse.

Providing victims with information and connection to resources in the community can help prevent further abuse.

Every service professional will encounter victims of domestic violence.

State Laws

- Every state defines domestic violence differently, pursuant to code or statute.
- Every professional should be familiar with the state laws regarding domestic violence and any mandatory reporting laws.




Consequences

- Physical maladies
- Mental disabilities
- Unintended pregnancies
- STIs
- Lack of feeling safe
- Lack of work productivity – lowered SES
- Burden for society, > 8.3 million healthcare dollars each year

IPV and Pregnancy

More likely to
escalate and
experience all and
more severe forms
of violence



3-fold risk of being
murdered



Increased risk for
complications during
pregnancy

Child Witnesses

- 1/3 of reported IPV cases involved at least 1 child witness
- 1/3 of the children experienced physical abuse, 15% experienced sexual abuse from the offender
- Children who witness abuse are:
 - 3x more likely to think about suicide
 - 3x more likely to have a substance use disorder
 - 4x more likely to experience child abuse
 - 4x more likely be told they have a mental illness and attempt suicide
 - Six times more likely to be abused as an adult

Effects of Witnessing IPV as Children

- Risk of becoming a future IPV victim or perpetrator
- Aggression
- Disengagement
- School absence
- Depression
- PTSD
- Poor self-image
- Poor health

Rebutting Myths

It is important to be able to distinguish between myths and facts about domestic violence.

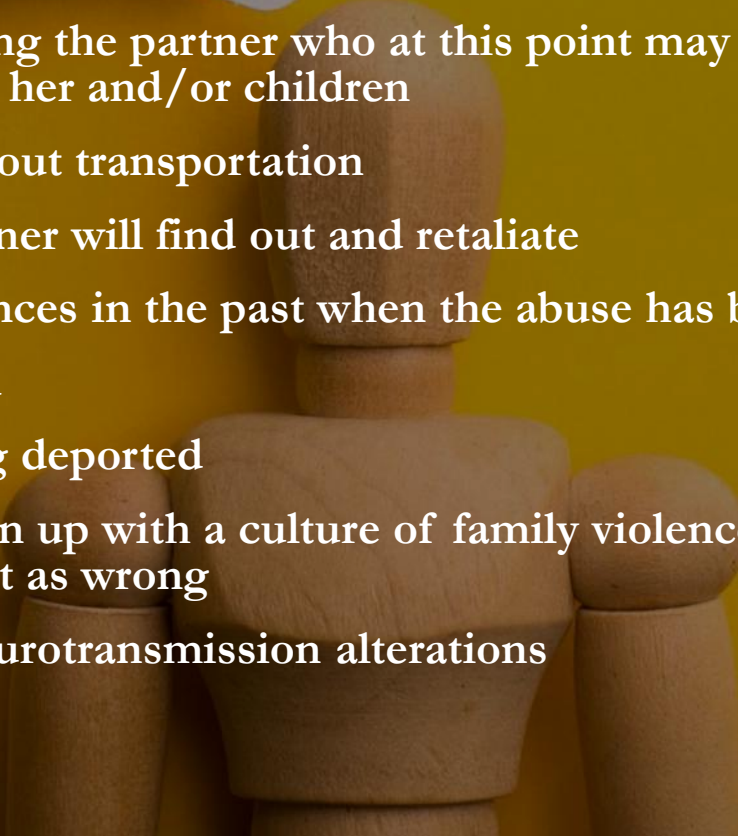
Myths	Facts
"S/he asked for it."	No one deserves to be punished with abuse.
"You can't rape a significant other."	Even if someone is your significant other, consent is always needed.
"I was teaching her a lesson."	Abuse is never a lesson.
"I was drunk/high, I didn't know what I was doing."	Alcohol and drugs do not cause someone to be abusive. It is only a risk factor and can make abuse more lethal.
"They're same sex couple, so it's not domestic violence."	Violence can occur in all types of relationships, regardless of gender or sexual identity.

Rebutting Myths (continued)

Myths	Facts
"Women are just as likely to be abusers."	Some women do commit domestic violence. However, men abuse their partners at a much higher rate. Women are also more likely to be seriously injured, stalked, experience sexual violence, and be murdered by male partners.
"It was one isolated incident."	One time is too many times, and abusers often plead for forgiveness, only to repeat violence.
"If it were so bad, she would leave."	Victims do not always have the resources or support to leave a dangerous situation or are afraid of the consequences.
"Mental illness causes domestic violence."	Being abusive is not a mental illness, it is a choice. While abusers and victims may have a mental illness, it is not an excuse for violence perpetration or victimization.



Why Someone Would Stay

- Fear of losing the partner who at this point may be the only one providing for her and/or children
 - Isolated without transportation
 - Fear the partner will find out and retaliate
 - Poor experiences in the past when the abuse has been divulged
 - Embarrassed
 - Fear of being deported
 - Having grown up with a culture of family violence and not recognizing it as wrong
 - Brain and neurotransmission alterations
- 

Why Some Victims Stay with Abusers

Fear of Further Violence

Victims may fear:

- There will be more abuse
- The abuser may carry out threats to kill
- The abuser may destroy her belongings
- Her reputation will be ruined
- The abuser may harm children, pets, and other family members
- She won't be able to see children
- The abuser may kill the victim or him/herself

Isolation and Lack of Resources

Victims may have:

- No money or income
- No safe place to go to
- Few people to ask for help
- No transportation
- No ability to leave

The most dangerous time for a woman is immediately after leaving an abuser. Her risk of serious injury or death is highest at this time, when the abuser does not have access to her.

Lack of Support:

- No friends or family to turn to
- Ashamed or embarrassed to ask for help
- Afraid of being alone
- Worry that they won't be believed

Beliefs and Feelings:

- Feel responsible for abuse
- Love the abuser
- Have children with the abuser
- Religious or social beliefs that divorce is wrong
- Religious or social beliefs that they must obey and support the man



Why Some Victims Stay with Abusers

Victim Coping Mechanisms

Minimizing: Downplaying the importance or severity of abusive behaviors

Denial: Refusing to admit or pretends that abuse is not happening

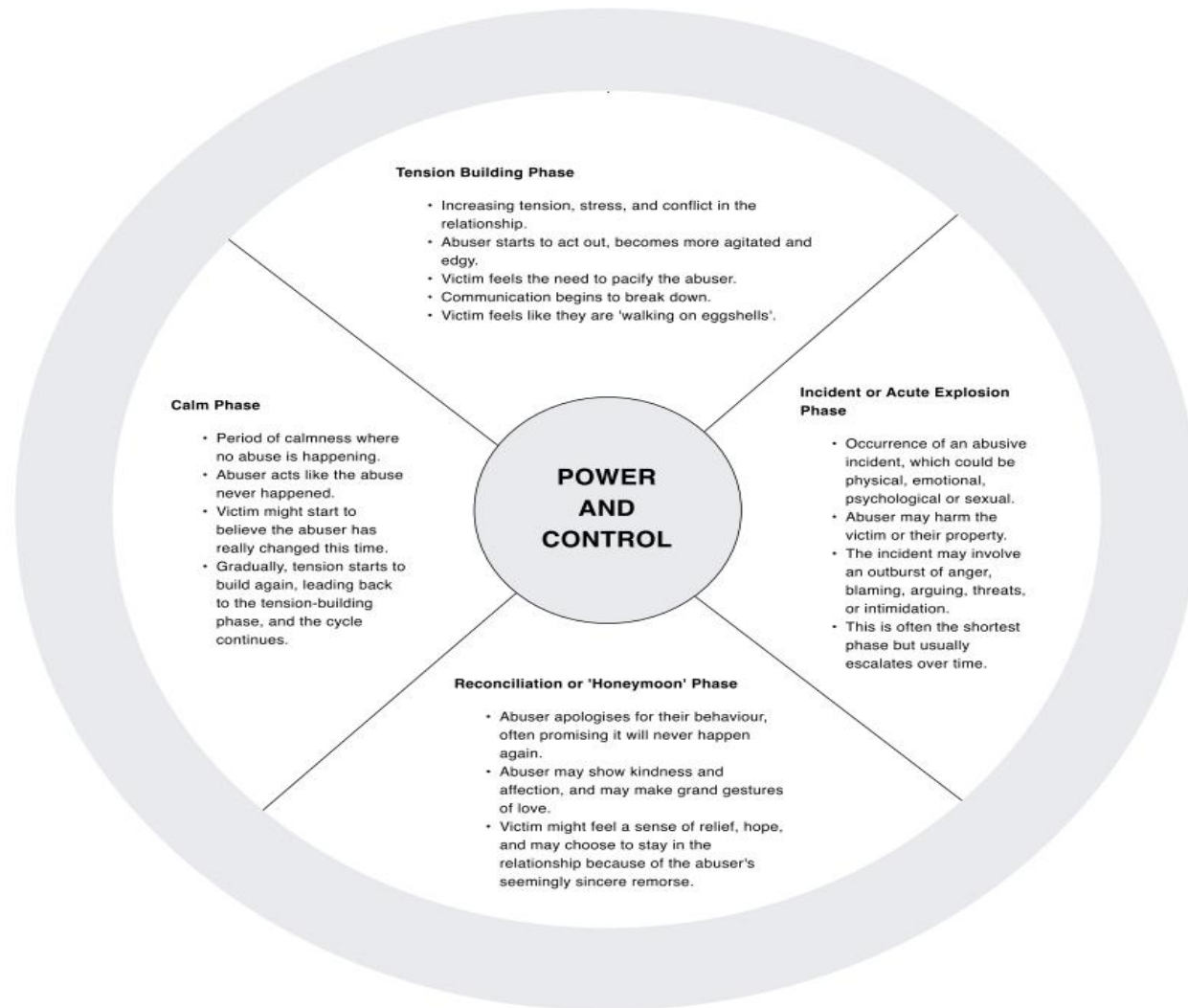
Rationalization: Victims find reasonable explanations for the abuser's behavior

- Stress, work, lack of sleep

Drug/Alcohol Use: Numb the pain from abuse

Self-Blame: Blame themselves for the actions of the perpetrators

Cycle of Abuse Wheel



Neuroscience of the Issue

Brain autopsies of women who faced intimate partner violence revealed significant vascular and white matter damage, but few had signs of CTE.

Studies also found that these women had increased medical comorbidities, such as cardiovascular and cerebrovascular diseases.

The research suggests that consequences of intimate partner violence on brain health are under-recognized and necessitate a broader medical understanding.



Excessive reactivity in the amygdala, coupled with inadequate prefrontal regulation, serves to increase the likelihood of aggressive behavior.



Developmental alterations in prefrontal-subcortical circuitry as well as neuromodulator abnormality appear to play a role.

Neuroscience of Abuser

Neuroscience



Oxytocin released from the amygdala promotes positive social bonds and has a calming effect.



Under distressing conditions, oxytocin is released from receptors in the lateral septum to trigger a stress response.



This response is associated with physical feelings of pain and withdrawal, along with a desire to return to happier times in the relationship.



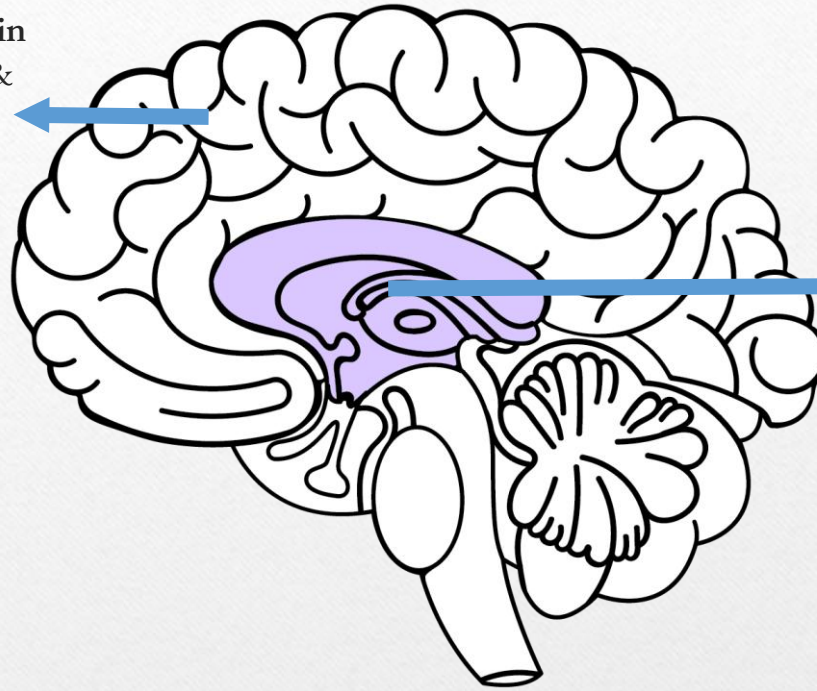
Oxytocin is powerful in dictating an individual's emotions and actions, and they cannot simply be turned off or overridden with logic.

Neuroscience

- Positive social contact with friends or family can promote higher levels of calming oxytocin.
- Abusers often use isolation tactics like withholding calls and texts from supportive figures to distance their partners from friends and family.
- This allows them to wield more power over the victims, who become increasingly dependent on them.

Intellectual (Logical) Brain

Forward looking – future &
solution focused



Emotional Brain

Non-intellectual/
non-logical – past focused

Brain Functions



Brain in Conflict

- Safety first
- Diminished hearing
- Lowered creativity
- Inability to problem-solve
- Lowered sense of humor
- Lowered ability to see complexity
- Positive memory is compromised

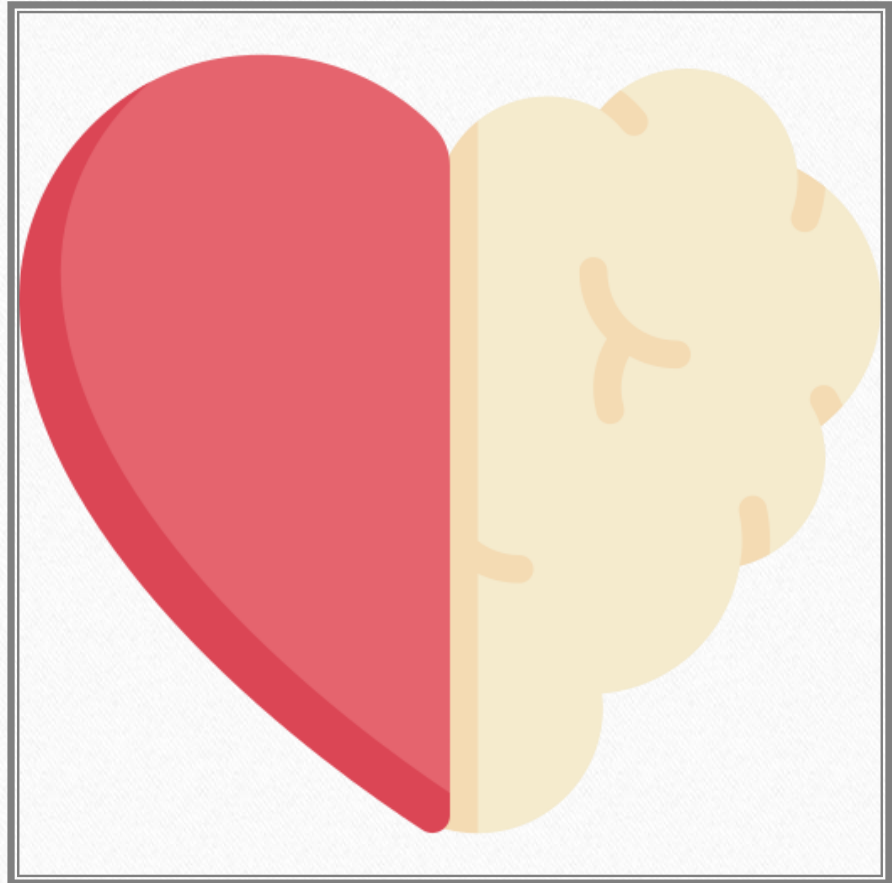
Safety



- Safety questions – to enter and to stay
 - To enter is about shared purpose
 - To stay is about respect
- Get out of content and into safety when needed
- Work to have the conversation at the right level
- Re-establishing safety
 - Apologize
 - Contrast
 - Establish mutual purpose

Relationships

Boundaried Empathy



What are things we can do to make someone defensive and NOT take responsibility? (Check all that apply.)

Shame	Shame them
Blame	Blame them
Convince	Convince them
Argue	Argue with them



The Clinical Encounter

You Know You Need Your Skills When:

- Emotions are up
- Stakes are high
- Opinions differ



Brief Conversations

What Does Not Work:

- ✗ Advice giving
- ✗ Shaming
- ✗ Providing discrepancy
- ✗ Indifference
- ✗ Extreme consequences

What Does Work:

- ✓ Developing discrepancy
- ✓ Heightening awareness
- ✓ Providing information
- ✓ Curiosity
- ✓ Options and natural consequences

Ambivalence and Righting Reflex



Fundamental Motivational Interviewing Skills

Open-Ended Questions

Affirmations

Reflections

Summarizations



Affirmations

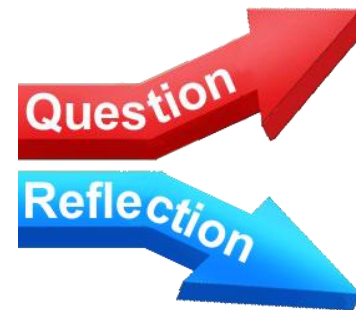
- Affirm effort or achievements
- Catch them doing something
- Recognize a struggle
- Emphasize a strength



Reflective Listening

- A hypothesis about speaker's meaning
- A statement to convey understanding
- Intonation down

- Short stems
 - ✓ “So...”
 - ✓ “Sounds like...”
 - ✓ “So you...”
 - ✓ “Seems like ...”
 - ✓ “Its like...”
 - ✓ “You feel...”



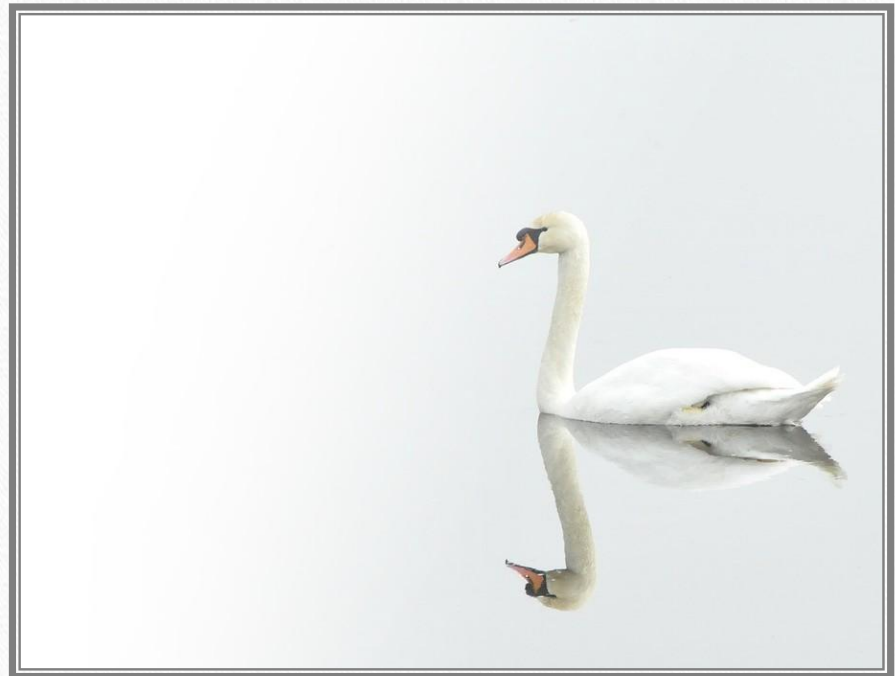
Levels of Reflection

Simple Reflections:

- Reflects content
- May paraphrase or re-state

Complex Reflections:

- Reflects at a deeper level
- Can reflect what has not been said
- Feeling/Meaning/Metaphor
- Helps client/offender understand what they have said
- Can help guide the conversation



Which skill
comes the
easiest to
you?

Open questions

Affirmations

Reflections

Summaries

Change Talk Types

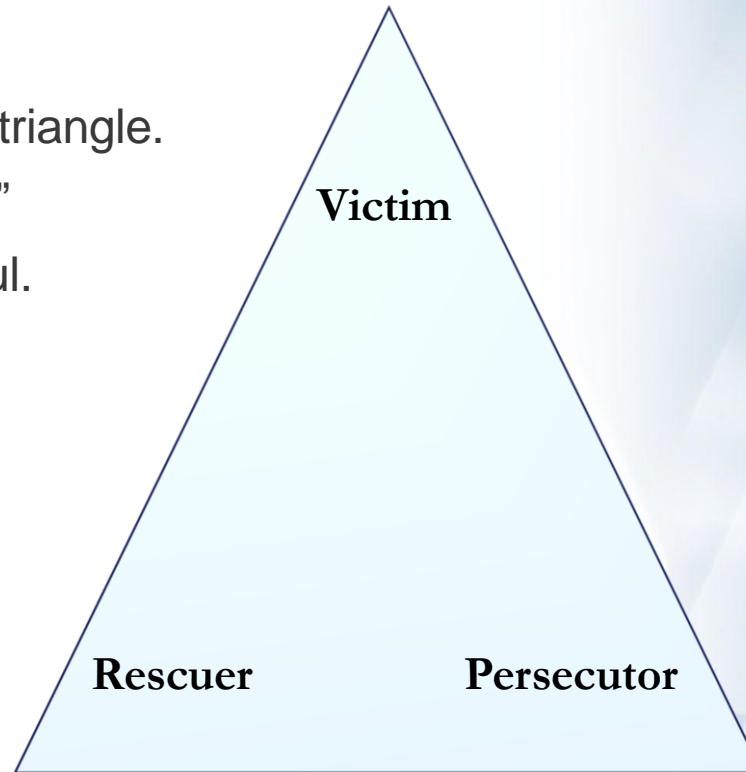
- ✓ Desire to change
- ✓ Ability to change
- ✓ Reasons to change
- ✓ Need to change
- ✓ Commitment to change
- ✓ Taking steps toward change



CHANGE

Avoid the Drama Triangle

1. Recognize the drama triangle.
2. Ask, "How can I help?"
3. Be blunt, but be careful.
4. Ask. "And what else?"
5. Listen.



Professionals should know the following:

- Most abusers are not mentally ill.
- Abuse is not caused by anger management problems or stress.
- Abusers deny responsibility of abuse and often blame the victim for the abuse.
- Abusers choose to abuse victims.

Although abusers may have a substance abuse issue or have been abused in the past, this does not cause abuse.

Common Characteristics of Abusers

A photograph of a middle-aged man with grey hair, wearing a white lab coat over a dark suit and tie. He has a stethoscope around his neck and is covering his face with both hands, appearing to be in a state of distress or frustration. The background is a blurred indoor setting, possibly a hospital or office.

Avoiding Negative Reactions to Victims Who Don't Leave

- Many professionals who interact with victims become frustrated with victims.
- They think victims are putting themselves in a dangerous situation and being reckless.
- Medical professionals may suggest that the victim leave the abuser and when he or she doesn't, consider him or her noncompliant.
- Victims may not leave for a multitude of reasons, including that they do not know the resources available to them or are afraid of what could happen if they are caught.

Why Blaming the Victim is Wrong



- People blame victims to distance themselves from domestic violence, so they feel more in control of their own safety.
- The problem of victim blaming is that it marginalizes the victim and makes it harder to come forward and report the abuse.
- Victim-blaming attitudes also reinforce what the abuser has been saying to the victim: that it is the victim's fault.
- Victim blaming allows the abuser to perpetrate the victim while avoiding accountability.
- It is NEVER the victim's fault. It is always the abuser's choice to take advantage of another human being.



Practitioner Barriers

- Lack of awareness and education
- Not wanting to open painful feelings
- Uncertain of how to intervene
- Protecting oneself so not to listen to painful, depressing events
- Feeling of helplessness at not being able to fix or change the situation
- Time challenge

Role (Responsibility) of the Provider

- Screen
- Understand who is at risk of becoming a victim
- Assess level of danger
- Give appropriate and safe feedback
- Refer to local agencies
- Identify other family members at risk, especially children



**Intimate Partner Violence
and Sexual Violence
Victimization Assessment
Instruments for Use in
Healthcare Settings**

Validated
Screening
Tools for use in
Outpatient
Clinic Settings

Abuse Assessment Screen (available
in Spanish)

- 5 questions

Danger Assessment (available in
Spanish)

- 15 items to assess danger of homicide

HITS (hurt, insult, threaten, and
scream)

- 4 items

WAST (Medical Assistants can
administer, quickly!)

- Short version (2 items)
- Spanish version (8 items)

Abuse Assessment Screen

1. Have you ever been emotionally or physically abused by your partner or someone important to you?

- a. Yes
- b. No

2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?

- a. Yes
- b. No
- If yes, by whom? (Circle all that apply)

WAST

In general, how would you describe your relationship?

- No tension+1
- Some tension+2
- A lot of tension+3

Do you and your partner work out arguments with:

- No difficulty+1
- Some difficulty+2
- Great difficulty +3

Questions to Assess Immediate Risk of Violence

- Has the physical violence happened more often or gotten worse in the last 6 months?
- Has he ever used a weapon or threatened you with a weapon?
- Has he ever tried to strangle you?
- Do you believe he could ever kill you?
- Has he ever beaten you when you were pregnant?
- Is he violently and constantly jealous of you?
- If she answers “yes” to at least 3 of these questions, she may be in immediate danger of violence

Sample Screening Questions

- “Because violence is so common in many women’s lives and because there is help available for women being abused, I/we now ask every patient about intimate partner/domestic violence.”
- Within the past year, have you been hit, slapped, kicked or otherwise physically hurt by someone?
- “Are you in a relationship with a person who threatens or physically hurts you?”
- Has anyone forced you to have sexual activities that made you feel uncomfortable?”
- “Has your partner ever tampered with your birth control or tried to get you pregnant when you didn’t want to be?”

Identifying Those at Risk

Victims

Victims of IPV vary by:

- Age group
- Religion
- Ethnic/racial group
- Socioeconomic level
- Educational background
- Sexual orientation
- There is no single profile of an abused woman *or* perpetrator

Victim Risk Factors

- Being a victim of child abuse or witnessing parental IPV
- Age < 24
- Having young children in the home
- Not being married
- Low self-esteem
- Pregnancy
- Poverty
- History of being raised with violence at home

Victim Risks, Continued

Ethnicity

- Higher prevalence, incidence, and recurrence of IPV among African American and Hispanics couples than White couples

Special populations

- Immigrant women, women with disabilities, the elderly

Alcohol consumption and alcohol problems

Less education

Living within a community or family with male dominant norms



Characteristics of Perpetrators

- 26-35 years old
- Presence of high levels of hostility
- Low level of assertiveness
- High need for control
- Impulsiveness
- Inability to regulate behavior such as aggression

Risk Factors for Homicide

- Abuse in a previous relationship
- Leaving the abuser, or even the threat of leaving
- Stalking
- Being strangled prior
- Availability of handguns and other weapons, especially when coupled with ETOH
- Perpetrator's change in behavior
- Loss in control over the victim
- Barriers to help



Stories from Family Members of IPV Homicide Victims

- She couldn't escape him no matter where she moved
- There was an increase in their arguing; she told him their marriage was over
- Extreme jealousy

Barriers to help

- By perpetrator
- Isolation
- By the justice system, social and mental health organizations
- By healthcare providers

Talking with your patient (victim)

Screen	Screen privately (alone) and assure confidentiality
Talk	Talk in a manner s/he can understand, and you are comfortable with
Listen	Listen without interruption
Provide	Provide a non-judgmental and supportive environment



EMPOWER

- Empathic listening
- Making time to properly document findings
- Providing information about IPV
- Offering option and choices
- Working with an abuse specialist
- Encouraging planning for safety and support
- Referring to local services

If in a
Medical
Setting: PE
(not acute)

- Regular PE plus...
- Pay attention to common areas such as neck, chest, face, breasts
- Musculoskeletal (increased back and neck pain)
- Neurological –
 - TBI not uncommon (dizziness, memory loss, difficulty concentrating)
- Pelvic exam
- Can photograph with permission
- Can use body diagrams

Documentation

- Tell them what you want to document and ask their permission
- Use their words, not yours when possible
- If you take pictures, include the client's name, location of injury, and name of photographer
- Document any health complaints, signs, symptoms
- Measure and describe injuries
- Don't document heat of the moment statements such as, "I swear I'll kill him"

Plan



Listen



Inquire about needs and concerns



Validate



Enhance safety



Support

You do not
need to:

Solve problems

Convince the person to leave a violent
relationship

Convince him to go to other services such as
the police and the courts

Ask detailed questions that force her to relive
painful events

Ask him to analyze what happened or why

Pressure her to tell you her feelings and
reactions to an event

These actions could cause more harm than
good

Safety Plan Discussion

Safe place to go

- If you need to leave your home in a hurry, where could you go?

Planning for children

- Would you go alone or take your children with you?

Transport

- How will you get there?

Items to take with you

- Important documents, immunization records, keys, money, clothes, essential items. Do you have access to money if you need to leave in a hurry?

Support of someone close by

- Is there a neighbor you can talk to about the violence who can call the police or come with assistance for you if they hear sounds of violence coming from your home?

Here is a PERSONALIZED SAFETY PLAN that you may find useful:

Suggestions for increasing safety in the relationship

- I will have important phone numbers available to my children and myself.
 - o Police: 911
 - o National Domestic Violence Hotline: (800) 797-SAFE
 - o INSERT OTHER LOCAL RESOURCES
 - o SafeLink: (877) 785-2020 (toll free)
(877) 561-2601 (hearing impaired)
 - o Parents Anonymous: (800) 882-1250 (for parents with trouble coping)

I can tell _____ and _____ about the violence and ask them to call the police if they hear suspicious noises coming from my home.

- If I leave my home, I can go (list places):
 1. _____
 2. _____
 3. _____
- I can leave extra money, car keys, clothes, and documents with _____.
- If I leave, I will bring:
 - ✓ Identification
 - ✓ Birth certificates for me and my children
 - ✓ Social Security cards
 - ✓ School and medical records
 - ✓ Money, bankbooks, credit cards
 - ✓ Keys-house/car/office
 - ✓ Driver's license and registration
 - ✓ Medications
 - ✓ Change of clothes
 - ✓ Welfare identification
 - ✓ Passports
 - ✓ Divorce papers
 - ✓ Lease/rental agreement, house deed
 - ✓ Mortgage payment book, current unpaid bills
 - ✓ Insurance papers
 - ✓ Address book
 - ✓ Pictures, jewelry, items of sentimental value
 - ✓ Children's favorite toys and/or blankets
- To ensure safety and independence, I can: keep change for phone calls with me at all times; open my own savings account; practice my escape route with a support person; and review safety plan on _____ (date).

Tanya

Gain	Gain trust and explore her situation more
Assess	Assess her and her children's safety
Assess	Assess for bruises, reaction to the PE
EMPOWER	EMPOWER framework for visit
Discuss	Discuss safety plan

Prevention

Individual

Look for characteristics and personal history that increase an individual's risk to become a victim/perpetrator

Prevention strategies

- Promote attitudes, beliefs, and behaviors that prevent violence

Relationship

Focus on close friends, family members, partners, anyone who can influence behavior, leading to violence and becoming a victim/perpetrator

Prevention Strategies

- Parenting/family focused programs that teach coping and problem-solving skills
- Bystander approach/training
- Teen opportunities that discuss sex and healthy intimate relationships, increasing self-confidence
- Classes in early education discussing healthy relationships

Community

School, work, neighborhoods where relationships occur

- Can be highly associated with violence increasing risk of becoming victim/perpetrator

Prevention

- Improving social determinants of health
- Decreasing social isolation
- Changing work policies/trainings
- School policies against IPV
- Home Visiting Programs

Did you know
1 in 4 women experience intimate partner violence?
You are not alone



Call First Nations
Community HealthSource
(505) 515-3922 or (505) 515-3921

5608 Zuni SE, Albuquerque, NM 87108

Art by Anastasia Andersen

Societal

- IPV is not accepted! Change the norms!
- Educational and social policies
- Social determinants of health



Remember, this may be your
only chance to help her/him



Validated Screening Tools

Abuse Assessment Screen ACOG

<https://www.acog.org/About-ACOG/ACOG-Departments/Women-with-Disabilities/Abuse-Assessment-Screen>

Danger Assessment Tool

https://wwwn.cdc.gov/wpvhc/Course.aspx/Supplemental/Unit6_8_Supp

HITS

https://www.researchgate.net/profile/Kevin-Sherin/publication/13616105_HITS_A_short_domestic_violence_screening_tool_for_use_in_a_family_practice_setting/links/02e7e538a4f3a20d28000000.pdf

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