

## Health Care Providers and Screening and Counseling for Interpersonal and Domestic Violence

The Affordable Care Act requires many insurance plans to provide coverage for certain recommended preventive health services (see [www.healthcare.gov/what-are-my-preventive-care-benefits](http://www.healthcare.gov/what-are-my-preventive-care-benefits)) without requiring a copayment, coinsurance, or deductible.

### **Q: What are the new preventive services guidelines?**

**A:** The Department of Health and Human Services (HHS) has adopted guidelines for women's preventive health services (see [www.healthcare.gov/what-are-my-preventive-care-benefits](http://www.healthcare.gov/what-are-my-preventive-care-benefits)) that will help ensure that women can receive, without cost-sharing, a comprehensive set of recommended preventive health services, including screening and counseling for interpersonal and domestic violence. Many health plans will be required to cover these services without cost-sharing for plan or policy years beginning on or after August 1, 2012. The guidelines adopted by HHS are based on recommendations from the Institute of Medicine.

### **Q: Why does screening for interpersonal and domestic violence matter?**

**A:** Interpersonal and domestic violence has a profound impact on the health of women and girls. Violence and trauma can result in serious injuries and death and can lead to chronic health problems.

Identifying current or past abusive and traumatic experiences can help prevent further abuse, lessen disability, and lead to improved health status. Because

they are often trusted resources in their communities, health care providers are in a unique position to connect women who experience interpersonal and domestic violence with support.

### **Q: How can providers get started with screening?**

**A:** Providers do not need to be experts on interpersonal and domestic violence to conduct screenings. Screening can occur during a well-woman visit with a primary care provider or as part of any other health care visit.

Just as providers routinely screen patients for diabetes or high blood pressure and refer them to specialists as needed, providers can also screen for interpersonal and domestic violence and provide a referral to local domestic violence programs and services. If a woman discloses abuse, the provider can provide *brief counseling* to 1) promote the patient's immediate safety; 2) discuss the possible relationship between current or previous interpersonal and domestic violence and the patient's health concerns; and 3) link the patient to support services and resources.

Before screening a patient, providers should be aware that certain states have mandatory interpersonal and domestic violence reporting laws. Fear that their situation might be reported to police or child protective services may prevent a victim from disclosing abuse. Because state reporting laws vary and patients' assessment of their own safety is paramount, it is important to discuss any confidentiality issues with patients. For more information on reporting laws in your state,

please see the resources at [www.acf.hhs.gov/programs/fysb/programs/family-violence-prevention-services](http://www.acf.hhs.gov/programs/fysb/programs/family-violence-prevention-services).

**Q: What should providers do when a patient discloses abuse?**

**A:** Many health care providers are uncertain about how to handle a disclosure of abuse and unsure about how to provide counseling. As is the case when referring patients to other specialists, providers screening for interpersonal and domestic violence are not expected to have all the answers. For this reason, providers should consider identifying local resources and making contact with domestic violence and sexual violence support services ahead of time. Then providers can more readily make a referral upon disclosure of abuse, including referrals in which providers give women information so that the women can make the best decision for themselves. Providers can learn more about referring to local domestic violence and sexual

violence programs by contacting their state coalition against domestic violence at [www.vawnet.org/links/state-coalitions.php](http://www.vawnet.org/links/state-coalitions.php) or the National Domestic Violence Hotline at [www.thehotline.org](http://www.thehotline.org).

**Q: How can health care providers learn more about responding to domestic violence?**

**A:** The Administration for Children and Families (ACF) supports the National Health Resource Center on Domestic Violence (NHRCDV). In collaboration with health care providers, national domestic violence organizations and health associations, the NHRCDV produces guidelines and practical tools for responding to interpersonal and domestic violence in health care settings. For more on the NHRCDV and other resources from ACF, please visit ACF's Division of Family Violence Prevention website at [www.acf.hhs.gov/programs/fysb/programs/family-violence-prevention-services](http://www.acf.hhs.gov/programs/fysb/programs/family-violence-prevention-services).

## For more information . . .

about screening and counseling for interpersonal and domestic violence:

**Affordable Care Act and Access to Preventive Services for Women**

[www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.htm](http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.htm)

**National Domestic Violence Hotline**

800-799-SAFE (7233) or TTY 800-787-3224 • [www.thehotline.org](http://www.thehotline.org)

**National Dating Abuse Helpline**

866-331-9474 or TTY 866-331-8453 • [www.loveisrespect.org](http://www.loveisrespect.org) (live chat is available) • text "loveis" to 77054

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 [www.twitter.com/WomensHealth](http://www.twitter.com/WomensHealth)

 [www.youtube.com/WomensHealthgov](http://www.youtube.com/WomensHealthgov)

[www.womenshealth.gov](http://www.womenshealth.gov) | 800-994-9662

