MNPQC

PERINATAL EDUCATION ECHO SERIES

AUGUST 6, 2026 | SESSION SNAPSHOT

Screening and Responding to Intimate Partner Violence

SESSION SUMMARY

This session provided an overview of intimate partner violence (IPV) and its impact on individuals during pregnancy and postpartum. Participants learned trauma-informed approaches to recognizing, screening for, and responding to IPV, as well as practical strategies to support those experiencing IPV in perinatal care settings.

WHAT IS IPV?

IPV is a pattern of abuse used to maintain power and control over another person. It typically occurs between current or former intimate partners and is not always sexual in nature. Types of IPV may include emotional, verbal, financial, physical, sexual, and digital abuse as well as stalking.

HEALTH EFFECTS OF IPV:

1. **Overall Health:** Women exposed to IPV are **2x more likely** to experience depression and **1.5x more likely** to acquire HIV, syphilis, chlamydia, or gonorrhea.
2. **Reproductive Health:** During pregnancy, IPV can negatively affect both the pregnant mother and their baby. This may look like delayed prenatal care, using substances during pregnancy, miscarriage, preterm labor or birth, and other obstetric complications.
3. **Severe Outcomes:** Unfortunately, in some cases, IPV is fatal. **Globally, 38% of all murders of women are committed by an intimate partner.** In Minnesota, the Maternal Mortality Review Committee (MMRC) 2017-2021 Report identified **28 pregnancy-associated deaths** due to violence, including **19 deaths during the postpartum period**.

TYPES OF IPV SCREENING:

- **Universal:** All patients are routinely screened for IPV due to its prevalence and known impacts on physical and mental health.
- **Selective:** Screening is limited to people with specific characteristics (e.g., women or reproductive age).
- **Case Finding**: Screening is conducted only when signs of IPV are present (e.g., bruising, cuts, missing hair, or broken teeth).

CURRENT STATE OF IPV SCREENING

Routine screening for IPV is considered a best practice according to the U.S. Preventive Services Task Force (USPSTF). Despite these recommendations, screening remains *inconsistent* due to common barriers for healthcare professionals such as:

- Limited knowledge or training on IPV screening.
- Fear of offending or upsetting the patient.
- Unsure how to respond to IPV disclosures.

KEY RECOMMENDATIONS:

1 Create a Safe Environment for Screening

Screening can occur in person, on a tablet, or during pre-check-in for appointments. Ensure privacy and safety, use a medical translator when needed, and follow up on mobile screening results. Only screen if you are prepared to respond to a disclosure**.** If privacy cannot be ensured, wait until it is safe to proceed.

2 Use Effective Screening Approaches

Using Behaviorally-Specific IPV Screening Tools is the best approach. Examples are listed below:

- **HARK:** Assesses IPV experience within the past year through four questions about a current or former partner.
- **HITS:** Measures frequency of IPV behaviors with a current partner but does not assess timeframe, sexual abuse, or former partners.

3 How to Respond After Screening

If IPV is disclosed: 1) Thank the person for trusting you and acknowledge their experience. 2) Avoid asking for details, offering solutions, or pressuring them to leave their relationship. 3) Ask how to best support them and respect their choice.

If IPV is *not* disclosed, remember that a “no” response does not mean IPV has not occurred. The goal of universal screening is not disclosure—it is creating an opportunity for support if and when someone is ready.

Updated as of August 2026

RESOURCES:

- **IPV Health, A Project from Futures Without Violence and the National Health Resource Center on Domestic Violence:** This long-standing program offers education and resources on Intimate Partner Violence for health professionals, advocates, and survivors. Visit the IPV Health website to learn more.
- **Confidentiality, Universal Education, Empowerment, and Support (CUES) Training**: This free, self-paced online CUES training course through the National Health Resource Center on Domestic Violence is designed to address intimate partner violence in healthcare settings. Developed in 2025, the intended audience for this training is healthcare providers, staff, and advocates. If you were unable to attend this ECHO session, this training will also cover limitations of screening, how to utilize CUES, expand on what support looks like in a healthcare setting, and so much more. Access the training course here.
- **Resource Library for Health Settings from Futures Without Violence:** Futures offers a comprehensive resource library featuring free and for-purchase materials about all types of violence. Whether you are looking for downloadable and print-ready products or quick links to dedicated toolkits on domestic violence and intimate partner violence, the library makes it easy to find practical information and tools for professionals, organizations, and communities. Explore the Resource Library.
- **Minnesota Department of Health (MDH), Family Home Visiting Intimate Partner Violence Screening & Referrals Toolkit:** Download the Toolkit.
- **CUES Intervention to Address Domestic and Sexual Violence in Health Settings Poster:** This resource was developed by Futures Without Violence as a tool to keep in a health staff break room. The poster covers each step of CUES with quick tips, key statements you can use, and quick links to safety cards. Access the Poster.
- **Partner with Local Organizations:**
  - Learn more about DayOne, which offers a 24/7 hotline and resource map.
  - Violence Free Minnesota is our state coalition against domestic violence and also a resource to find help.

Frequently Asked Questions & Answers:

- **Q:** Is the commonly used screening question, "*Do you feel safe at home?*" appropriate to use when screening for intimate partner violence?
  - **A:** No. This is not an effective screening question because the answer can be a simple "yes" or "no" and is open to interpretation. Patients may think you are asking about general home safety (e.g., mold, fall risks, neighborhood violence) rather than abuse by a current or former partner. This question was not designed to identify IPV. Instead, use a validated, behaviorally specific IPV screening tool.

PRESENTER CONTACT

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ADDITIONAL DETAILS

If you have questions about this session snapshot or would like to request access to the session slides, please contact the QI Team: QI@minnesotaperinatal.org.

Learn more about this ECHO Series. Visit our ECHO webpage.

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