

AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: (Assigned by HOD)
(I-24)

Introduced by: Priya Gupta, Aaron Kiel, Christian Tallo, Jessica MacIntyre, Ariella Wagner

Subject: Improving the Identification of Intimate Partner Violence (IPV) in People with Disabilities

Referred to: Reference Committee (Assigned by HOD)

1 Whereas, intimate partner violence (IPV) is defined as abuse or aggression by an intimate
2 partner, including physical violence, sexual violence, psychological aggression, emotional
3 abuse, and stalking^{1,2}; and
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5 Whereas, it has been estimated that up to 54-80% of individuals with disabilities experience
6 some form of IPV in their lifetime, resulting in nearly double the lifetime risk of IPV compared to
7 the general population^{2,3,4}; and
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9 Whereas, despite professional organizations recommending routine IPV screening, only 15% of
10 women with disabilities reported being asked by healthcare providers if they have experienced
11 IPV⁴; and
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13 Whereas, physician implicit bias leads to people with disabilities receiving inadequate
14 counseling and screening for concerns related to sexual health, which may be one contributor to
15 the lack of IPV screening in this population⁵; and
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17 Whereas, in addition to the traditional manifestations of IPV, people with disabilities may
18 experience different forms of IPV than people without disabilities, such as having their adaptive
19 equipment withheld or damaged, which may be a reason IPV is not always identified by
20 standard screening tools in this population^{6,7}; and
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22 Whereas, standard IPV screening tools are only 80% as accurate at identifying IPV in people
23 with physical disabilities as disability-specific IPV screening tools, such as the Abuse
24 Assessment Screen-Disability (AAS-D), contributing to the lack of identification of IPV in this
25 population⁸; and
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27 Whereas, the AAS-D screening tool has not yet been validated, limiting its ability to be used in
28 clinical practice⁸; and
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30 Whereas, it has been suggested that IPV screening tools that include disability-specific
31 questions written in languages that can be easily understood by individuals with cognitive
32 disabilities would be useful for IPV screening in individuals with both physical and cognitive
33 disabilities, but currently, no such tool is commonly used⁶; and
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35 Whereas, accurate identification of IPV in people with disabilities through the use of disability-
36 specific screening tools, such as the AAS-D, could help guide treatment, allow for the
37 incorporation of trauma-informed care, and ultimately decrease the morbidity associated with
38 IPV in this population⁶; therefore be it

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RESOLVED, that our American Medical Association advocate for increased research on the prevalence of intimate partner violence (IPV) in people with disabilities and the unique IPV-related issues faced by people with disabilities; and be it further

RESOLVED, that our AMA advocate for increased research into the efficacy of population-specific, evidence-based intimate partner violence (IPV) screening tools that address the specific manifestations of abuse faced by people with disabilities, and, if necessary, advocate for the creation of updated, easily accessible, population-specific IPV screening tools that are validated for use in people with various types of physical and/or cognitive disabilities; and be it further

RESOLVED, that our AMA encourage the use of population-specific intimate partner violence (IPV) screening tools and provide education on the importance of using disability-specific screening tools when performing routine IPV screening for patients with disabilities.

Fiscal Note: (Assigned by HOD)

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RELEVANT AMA POLICY

Family and Intimate Partner Violence H-515.965

(1) Our AMA believes that all forms of family and intimate partner violence (IPV) are major public health issues and urges the profession, both individually and collectively, to work with other interested parties to prevent such violence and to address the needs of survivors. Physicians have a major role in lessening the prevalence, scope and severity of child maltreatment, intimate partner violence, and elder abuse, all of which fall under the rubric of family violence. To support physicians in practice, our AMA will continue to campaign against family violence and remains open to working with all interested parties to address violence in US society. [...] (3) The prevalence of family violence is sufficiently high and its ongoing character is such that physicians, particularly physicians providing primary care, will encounter survivors on a regular basis. Persons in clinical settings are more likely to have experienced intimate partner and family violence than non-clinical populations. Thus, to improve clinical services as well as the public

health, our AMA encourages physicians to: (a) Routinely inquire about the family violence histories of their patients as this knowledge is essential for effective diagnosis and care; [...]

Improving Screening and Treatment Guidelines for Intimate Partner Violence (IPV) Against Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Other Individuals (LGBTQ) D-515.980

Our AMA will: 1. [...] (4) encourage research on intimate partner violence in the LGBTQ community to include studies on the prevalence, the accuracy of screening tools, effectiveness of early detection and interventions, as well as the benefits and harms of screening; and (5) encourage the dissemination of research to educate physicians and the community regarding the prevalence of IPV in the LGBTQ population, the accuracy of screening tools, effectiveness of early detection and interventions, as well as the benefits and harms of screening. (Modify HOD policy) 2. Our AMA encourages research on intimate partner violence in the LGBTQ community to include studies on the prevalence, the accuracy of screening tools, effectiveness of early detection and interventions, as well as the benefits and harms of screening. (New HOD policy)

Medical Care of Persons with Disabilities H-90.968

1. Our AMA encourages: (a) clinicians to learn and appreciate variable presentations of complex functioning profiles in all persons with disabilities including but not limited to physical, sensory, developmental, intellectual, learning, and psychiatric disabilities and chronic illnesses; [...] (d) education of physicians on how to provide and/or advocate for developmentally appropriate and accessible medical, social and living support for patients with disabilities so as to improve health outcomes; [...] 3. Our AMA entreats health care professionals, parents, and others participating in decision-making to be guided by the following principles: [...] Our AMA advocates for the highest quality medical care for persons with profound disabilities; [...]