WPSI
Women's Preventive Services Initiative

Screening for Intimate Partner and Domestic Violence in Women:
Resource Guide & Clinical Workflow

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Screening Recommendations

Universal screening for intimate partner violence (IPV) in women aged 13 and older, including during pregnancy and postpartum, at least annually and when needed, and providing intervention services is recommended by the Women's Preventive Services Initiative (WPSI)[1,2] based on evidence of effectiveness. Intimate partner and domestic violence include physical violence, sexual violence, stalking and psychological aggression, reproductive coercion, neglect, and the threat of violence or abuse. Intervention services include counseling, education, harm reduction strategies, and referral to appropriate supportive services, among others as needed. The U.S. Preventive Services Task Force (USPSTF) also recommends IPV screening.[3,4]

Most health plans and issuers are required to cover screening for IPV without cost sharing.[7] Covered benefits apply to most group health plans and issuers of group and individual health insurance coverage, as well as to patients who qualify for Medicaid based on Medicaid expansion under the Patient Protection and Affordable Care Act.

How to Use this Guide

The purpose of the resource guide and the accompanying clinical workflow are to facilitate screening for IPV in clinical practice for women aged 13 years and older, including during pregnancy and postpartum when IPV can escalate. This guide provides clinician resources to support screening and assessment and information on billing and coding, selected national and regional resources, considerations for implementation in clinical practices and health systems, and a resource index. This resource guide should be further customized to specific clinical practices as appropriate.

The Women's Preventive Services Initiative (WPSI) developed this guide and the accompanying diagram, *Screening for Intimate Partner Violence Clinical Workflow*. These are intended as resource materials for health professionals and should not replace individual considerations and clinical judgement. The WPSI is a collaborative program funded by the U.S. Health Resources and Services Administration (HRSA) and led by the American College of Obstetricians and Gynecologists (ACOG) to review and recommend updates to current women's preventive services guidelines (**https:// www.womenspreventivehealth.org**).

Two sections provide specific resources for:

- Adults, including during pregnancy and postpartum
- Adolescents

The WPSI provides additional recommendations in their *Well-Woman Chart* that outlines preventive services recommended by the WPSI, USPTF, and Bright Futures based on age, health status, and risk factors. The WPSI also developed *Clinical Summary Tables* to accompany the *Well-Woman Chart* that provide clinical practice considerations, risk assessment methods, and the age and frequency to deliver services (**https://www.womenspreventivehealth.org/ wellwomanchart/**).

References

1. Women's Preventive Services Initiative. Screening and Counseling for Intimate Partner and Domestic Violence Recommendation, 2024. **https://www.womenspreventivehealth.org/recommendations/intimate-partner-and-domestic-violence/** ;assessed May 1, 2025.

2. Nelson HD, Cantor A, Pappas M, Atchison C. Evidence Review Update: Screening and Counseling for Intimate Partner and Domestic Violence, 2023. https://www.womenspreventivehealth.org/wp-content/uploads/IPV-Screening-Update-Nov-1-2023.pdf; assessed May 1, 2025.

3. U.S. Preventive Services Task Force. Screening for intimate partner violence, elder abuse, and abuse of vulnerable adults: U.S. Preventive Services Task Force final recommendation statement. JAMA. 2018;320(16):1678-1687. doi:10.1001/jama.2018.14741

4. Feltner C, Wallace I, Berkman N, et al. Screening for intimate partner violence, elder abuse, and abuse of vulnerable adults: Evidence report and systematic review for the U.S. Preventive Services Task Force. JAMA. 2018;320(16):1688-1701. doi:10.1001/jama.2018.13212

5. Department of the Treasury, Internal Revenue Service; Department of Labor, Employee Benefits Security Administration; Department of Health and Human Services. Coverage of certain preventive services under the Affordable Care Act. Final rules. Fed Regist. 2015;80(134):41317-41347.

Resource Guide Development and Funding

Screening Adults Including During Pregnancy and Postpartum

Where can I find information about IPV in women?

Online CME courses and modules are available at Wolters Kluwer **Audio Digest**, AMA Ed Hub (**AMA**), and the American College of Physicians (**ACP**). Additional information, training, and resources for professionals are available at the Centers for Disease Prevention and Control (**CDC**), American College of Obstetricians and Gynecologists (**ACOG**), and Futures Without Violence (**FWV**). See also the resource index of this document.

How can we create a safe and private setting within our clinic and health system?

Ways to ensure a private setting include establishing confidential, one-on-one time with the patient to discuss preventive services and individual health questions. Practices should establish policies that promote privacy that can be reviewed with the patient (**HSS HIPAA Rules** and **Mental Health America's Privacy Rights**). Approaches may differ in telehealth settings and may require confirming with the patient they are in a safe, private setting before initiating conversations and screening.

For IPV screening, it is essential that clinicians share any limits of confidentiality due to the state's mandatory reporting requirements prior to initiating discussions about IPV (see below, *What are best practices for documenting and reporting?*). Futures Without Violence provides facilitation questions and **privacy principles** for health systems to consider when developing their own clinical protocols. Additionally, the Futures Without Violence **CUES Intervention** provides an evidence-based approach with example prompts to ensure a safe, private setting for patients before screening for IPV.

What screening tool should our clinic use?

When selecting a screening tool, clinics should consider the length and type of administration. Examples of screening tools listed below are validated, accurate, and free to use and distribute for clinical purposes.

Screening Tools	Items	Prevalence	Score[1]	Languages[2]
Abuse Assessment Screen (AAS)	5	Past year and lifetime	≥ 1 positive response	English and Spanish
Humiliation, Afraid, Rape, Kick (HARK)	4	Past year	≥1	English (**here**)
Ongoing Violence Assessment Tool (OVAT)	4	Current	≥1	English
Women Abuse Screening Tool (WAST)	7	Current	Endorses item 1 or 2, OR total score of 4	English and Spanish
Hurt, Insult, Threaten, and Scream (HITS)[3]	4	Past year	≥10	English and Spanish

[1]The score indicates the threshold for identifying patients experiencing intimate partner violence.
[2]Identifying and verifying tools in additional languages is beyond the scope of this guide.
[3]The screening tool is not available via open access platforms and may require permission to use and/or has a copyright fee for clinical use and distribution.

What are the best practices for screening and assessment?

In WPSI *How I Practice* **Videos**, experts describe how they implement IPV screening into their everyday practice. Additionally, professional organizations have developed clinical practice guidelines and resource toolkits to support clinical decision making around the assessment, treatment, and management of IPV. Some of these organizations include:
- USPSTF: **Clinical Considerations for Screening IPV Among Women of Reproductive Age**
- Futures Without Violence (FWV): **IPV Health Toolkit & Health Educational Training Video Vignettes**
- American Psychiatric Association (APA): **Guide to IPV Among Women**

What is universal IPV education?

Universal IPV education is a trauma-informed approach to educate and normalize conversations about healthy relationships and IPV with all patients. This approach shifts the focus of screening away from patient disclosure as the primary goal (**evidence**). Universal education for IPV can be enhanced by wallet-sized brochures or safety cards that list local resources. A Patient Safety Card Template can be customized to include local contact numbers and resources. Additional resources include:
- Futures Without Violence: **free universal education materials** in multiple languages
- **The Delaware Coalition Against Domestic Violence (DCADV)**: Resource Shoe Cards, Fact Sheets, and Brochures
- Head Start ECLKC: **Families Thrive, Zero to Five Safety Card**

How can I assess risk of harm?

Harm, including death, is a major threat to health for patients experiencing IPV, and risk for harm should be assessed in the clinical setting. Patients at risk for harm present a medical emergency and require immediate care. Assessments may begin with a simple question, *"How safe is it for you to go home today?"* This can be followed by further assessment and safety planning and a direct referral to social services or other trained colleagues as needed. The Danger Assessment Tool (**https://www.dangerassessment.org/DATools.aspx**) is a 20-item set of questions that identifies risk factors for IPV homicide. The tool is available in several languages and has versions specific to female same-sex relationships and immigrants.

What are best practices for documenting and reporting IPV screening?

Before clinicians and staff initiate conversations about IPV and healthy relationships, they should review confidentiality policies, and their limitations, based on federal and state mandatory reporting requirements. Federal law requires health professionals to report the abuse and neglect of vulnerable populations, including children, the elderly, and those with disabilities. Specifically for the Child Abuse Prevention and Treatment Act (**https://www.acf.hhs.gov/sites/default/files/documents/cb/capta.pdf**), each state is responsible for providing its own definitions of child abuse and neglect. In the context of IPV, some states mandate reporting if a child witnesses domestic violence.

To find your state's laws on what constitutes child abuse or neglect, the **Child Welfare Information Gateway** provides summaries of Mandatory Reporting of Child Abuse and Neglect Laws for all U.S. States and territories. This includes information about training requirements, institutional and individual responsibilities, standards for making a report, and more. Mandatory reporting laws for adults experiencing IPV are different than those for elder/child abuse or neglect and vary by state. While most states require reporting of injuries caused by weapons, only six states currently have mandatory reporting laws that specifically address IPV or adult abuse. To determine your state or territory's laws, statutes, and policies, **Futures Without Violence** developed a compendium of State and U.S. Territory statutes and policies on domestic violence and health care.

Understanding the clinic's role as a mandatory reporter in your state is essential in determining the best protocol for documenting screening completion and assessment scores. Although documentation is limited to what is required for billing purposes, **Maryland Department of Health and Mental Hygiene** recommends that documentation of abuse as recounted by the patient with their medical chart may be helpful in the prosecution of the abuser in a court of law. The following organizations outline best practices for documentation that ensures that survivors maintain their autonomy and confidentiality:

- **American Psychiatric Association: Guide to Treating Women Who Have Experienced IPV**
- **NCDVTMH**: Protecting Survivor Confidentiality – Best Practices in Documentation
- **Futures Without Violence**: Coding, Documentation, and Privacy

Screening Adolescents

Where can I find information about IPV in adolescents?

Online CME courses and modules for clinicians are available at Wolters Kluwer **Audio Digest**, AMA Ed Hub (**AMA**), and the American Academy of Pediatrics (**AAP**). Additional information, training, and resources are available at the Centers for Disease Prevention and Control (**CDC**), the Northwest Center for Public Health Practice (**NWCPHP**), and the American College of Obstetricians and Gynecologists (**ACOG**). See also the resource index of this document.

How can we create a safe and private setting within our clinic and health system for adolescents?

The AAP policy, *Unique Needs of the Adolescent*, and *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* recommend confidential, one-on-one time between clinicians and adolescents to discuss preventive services and individual health questions. Your practice should establish policies on privacy and confidentiality that should be reviewed with adolescents and their families. The AAP provides **tips and resources** on how to implemental confidential discussions with adolescents, including sample letters to **Adolescents** and their **Parents**. Approaches may differ in telehealth settings and may require confirming with the patient they are in a safe, private setting before initiating conversations and screening.

What screening tools should our clinic use for adolescents?

When selecting screening tools, clinicians should consider the length and type of administration and whether to use tools specific to adolescents. An example of a screening tool that is validated, accurate, and free to use and distribute for clinical purposes is listed below. Additional tools validated in adults that are relevant to adolescents are included in the previous section of this guide.

Screening Tools	Items	Prevalence	Score[1]	Languages[2]
Modified Childhood Trauma Questionnaire – Short Form (CTQ-SF)	28	Lifetime	≥ 1 positive response	English form (**here**)

[1]The score indicates the threshold for identifying patients experiencing intimate partner violence.
[2]Identifying and verifying tools in additional languages is beyond the scope of this guide.

Regional and National Resources

For Adolescents

- National Teen Dating Abuse Helpline: **Website** ; Call: 1-866-331-9474
- Childhelp National Child Abuse Hotline: Call or Text 800-4A-CHILD (800-422-4663); **Website**
- **Girls Health**: "Daughter" program of the National Women's Health Information Center focused on female youth

National Helplines

- The National Sexual Assault Hotline: Call 800-656-HOPE (4673); **Website** (Support also avail in Spanish)
- The National Domestic Violence Hotline: Call 800-799-SAFE (7233); **Website**
- Crisis Text Line: Text 'HOME' to 74174; **Website**
- Victim Connect Resource Center: **Website**; Call or text 1-855-484-2846 (1-855-4VICTIM)
- StrongHearts Native Helpline: Call 1-844-7NATIVE (1-844-762-8483); **Website**

National Organizations

- **Domestic Violence Resource Network** (DVRN), which includes 2 national resource centers, 4 special issue resource centers, 3 culturally specific resource centers. The DVRN also lists domestic and dating violence support services that are free, confidential, and available 24/7 within their **Fact Sheet**.
- National Coalition Against Domestic Violence: **https://ncadv.org/**
- National Network to End Domestic Violence: **https://nnedv.org/**
- National Center on Domestic Violence, Trauma, and Mental Health: **https://ncdvtmh.org/**
- National Resource Center on Domestic Violence: **https://www.nrcdv.org/** Includes 8 key initiative and special projects that provide comprehensive technical assistance, training, and resource development to improve community responses to domestic violence including: VAWNet, Safe Housing Partnerships, Prevent IPV, Domestic Violence Awareness Project, ACE-DV, Domestic Violence Evidence Project, Rhy Toolkit, Community Based Participatory Research Toolkit.
- U.S. Department of Veterans Affairs: Intimate Partner Violence Assistance Program (**IPVAP**)

Local and Regional

Clinics should also identify additional local and regional resources that may provide additional support and care that meet the needs of their patient population. Resource directories that may provide state-specific resources include:

- Office of Violence Against Women (OVW): **Resources for Survivors by State** including State DV Coalitions, Tribal Coalitions, and State Sexual Assault Coalitions.
- NCDVTMH: **Resource directory** for helplines and DV/SA Coalition and Programs.

Billing Codes for Intimate Partner and Domestic Violence Screening

The **WPSI Coding Guide** assists practices with coding and billing preventive services for women, including IPV screening. While there is no specific ICD-10-CM or CPT code for domestic, sexual and IPV screening, some procedure and diagnosis codes for counseling and confirmed/suspected abuse are listed below. Please refer to specific payer policies.[1] Procedure and diagnosis codes are listed below. Additional resources for billing and coding can be found in the Resource Index.

Codes	Definition
CPT Codes	**Non-Medicare/Commercial Payers**
99384-99397	Age-appropriate counseling, anticipatory guidance, and risk factor reduction interventions provided at the time of the initial or periodic comprehensive preventive medicine examinations
99401	If screening occurs outside of comprehensive preventive medicine visit and patient is without symptoms: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes
99402	If screening occurs outside of comprehensive preventive medicine visit and patient is without symptoms: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes
99202-99215	If physician counsels a patient with symptoms or an established illness: Problem oriented E/M service
HCPCS Code	**Medicare**
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
ICD-10-CM	**Diagnosis Codes**
Z13.89	Encounter for screening for other disorder
T74	Neglect or abandonment, confirmed
T76	Neglect or abandonment, suspected
O9A.31	Physical abuse complicating pregnancy, childbirth, and the puerperium
O9A.41	Sexual abuse complicating pregnancy, childbirth, and the puerperium

ICD-10-CM	Diagnosis Codes
O9A.51	Psychological abuse complicating pregnancy, childbirth, and the puerperium
Z04.71; Z04.41	Suspected case of abuse, neglect, or mistreatment ruled out
Z69	Encounter for mental health services for victim and perpetrator of abuse

[1]**CMS** covers "initial wellness visits" and "annual wellness visits" (HCPCS codes).

Implementation Considerations

Currently, there are no standard methods for the integration, documentation, and measurement of IPV screening. This section describes suggested best practices, approaches, and resources to help guide implementation.

Methods of Administration

Clinics should use validated screening tools that can be administered efficiently and are suited to their clinical operations and patient populations. Although administering tools using a paper and pencil or interview format may gather comprehensive and accurate assessments, online administration provides real-time scoring and reporting features. Some practices ask patients to complete the screening tools through the patient portal prior to their visit. Currently, for rural locations, Medicare pays for telehealth screening using staff or clinicians if the practice meets **specified requirements**. Regardless, ensuring accessibility with online tools or in-person methods requires consideration of feasibility, organizational readiness for technology needs, costs, and security.

Using the Electronic Health Record

The electronic health record (EHR) acts as a central hub for presenting automated reminders for screening and follow-up care, entering screening responses, tracking symptoms, triggering best practice advisories for significant scores on screening tools, documenting treatment plans, sending referrals, and communicating with patient's primary care team, among others. However, the capacity and functionality of individual EHR systems vary. Additionally, clinics need to consider privacy safeguards relating to both documentation as well as clinical encounters. Clinicians have a responsibility to share reporting requirements with patients, particularly regarding adolescent patients and state laws for mandatory reporting, before engaging in conversations about sensitive health information. The Agency for Healthcare Research and Quality (AHRQ) recently published a study that developed an **EHR intervention** with tools and formalized procedures to screen for IPV. AAP provides support to **integrate Bright Futures Tool and Resource Kit forms** into an EHR system to ensure that pediatric patients and their families receive all Bright Futures-recommended preventive services, screens, and tests.

Implementation Planning

Implementation of IPV screening may require a quality improvement approach that includes a dedicated QI team. Implementation may include an initial assessment of current practices; clinician and staff training including institutional and interpersonal biases around IPV screening; establishment of referral networks; and development of screening measures; among others. Futures Without Violence has developed resources to support hospital administration with addressing and responding to IPV, including a ***Primary Care Train the Trainer Toolkit***, **model clinic policies** and **protocols for community health centers**, and steps on how clinics can create their own **comprehensive healthcare response** to domestic/sexual violence. The NCDVTMH also created a **tipsheet** to outline how behavioral health services can create partnerships with local domestic violence and/or community programs.

Resources for Implementation

Professional societies and organizations have developed toolkits and frameworks to guide clinicians and health systems in implementing IPV screening and management into their practices. Examples include:

- Futures Without Violence: **IPV Health Toolkit** (for Health Care Providers)
- Virginia Department of Health: **Health Providers – Project RADAR**
- National Center on Domestic Violence, Trauma, and Mental Health: **Online Repository of Trauma-Focused Interventions for Survivors of IPV**

Resource Index

This index includes a list of clinical resources, including those cited in previous sections, to facilitate screening for IPV.

Education/CME Resources for Clinicians

- American Academy of Pediatrics – **Pediatric Collection: Adolescent Health Care** (3 parts)
- Northwest Center for Public Health Practice (**NWCPHP**)
- The American College of Physicians – **IPV: Dynamics and Effects**
- The Center of Disease Control and Prevention – **Teen Dating Violence** & **Intimate Partner Violence Prevention** (Adult)
- UCI Initiative to End Family Violence: **Domestic Violence and Health Training for Medical Professionals**
- Gery Grossman Seminars: **Spousal/Intimate Partner Abuse CE Courses**
- AMA Ed Hub: **Intimate Partner Violence** (CME)
- Wolters Kluwer Audio Digest: **CME/CE Resource Center**
- **Case Western Reserve University – Research Briefs: Prenatal Exposure to Domestic Violence**
- **American Academy of Family Physicians (AAFP): CME Activities**
- **American College of Surgeons: IPV Conversation Webinar**
- Kaiser Family Foundation: **IPV Screening and Counseling Services in Clinical Settings**
- National Sexual Violence Resource Center: **eLearning modules**
- Prevent Connect: **Podcasts**
- Academy of Violence & Abuse: **Statements & Publication Resource Library**

Universal Education/Patient Resources

- Futures Without Violence: **Safety Cards and Brochures**
- Futures Without Violence/Head Start ECLKC: **Families Thrive, Zero to Five Safety Card**
- National Center on Domestic Violence, Trauma, and Mental Health: **Mental Health Coercion – Palm Card for Practitioners** (Available in 9 languages)
- Futures Without Violence: **The Evidence Behind CUES**
- Social Work Today: **Universal Trauma-Informed Education – Addressing IPV**
- **Maryland Health Care Coalition Against Domestic Violence: Patient Health Brochure (IPV)**

Patient Safety & Privacy

- Futures Without Violence: **Privacy Principles for Protecting Survivors of IPV in Healthcare Settings**
- Futures Without Violence: **Coding, Documentation, and Privacy**
- American Hospital Association: **Guidelines Documenting ICD-10 Codes and Other Sensitive Information in Electronic Health Record**
- ACOG: **Confidentiality in Adolescent Health Care**

IPV Screening Guidelines & Toolkits

- WPSI - *How I Practice* Screening for Intimate Partner and Domestic Violence: **Videos**
- AAP - **Adolescent Health: A Compendium of AAP Clinical Practice Guidelines and Policies**
- AAP – I**njury and Violence Prevention: A Compendium of AAP Clinical Practice Guidelines and Policies**
- American Academy of Pediatrics: **Clinical Recommendations & Resources**
- AAP – **IPV: The Role of the Pediatrician**
- Futures Without Violence: **IPV Health Toolkit**
- Futures Without Violence: **Adolescent Clinical Guidelines**
- **AAFP – Clinical Preventive Service Recommendation: IPV and Abuse of Vulnerable Adults**
- **ACOG – Clinical Guidance on Intimate Partner Violence**
- **American Psychiatric Association (APA): Treating Women Who Have Experienced Intimate Partner Violence**
- Maryland Department of Health and Mental Hygiene – **IPV: A guide for health care providers**
- Maryland Health Care Coalition Against Domestic Violence: **Health and IPV Video Series**
- Minnesota Department of Health: **Family Home Visiting IPV Screening & Referrals Toolkit**
- American College of Surgeons: **IPV Toolkit**

Clinician Pocket Cards

- Virginia Department of Health: **IPV Assessment Guide Pocket Card for Providers**
- Maryland Health Care Coalition Against Domestic Violence: **Badge Cards and Desk References for Providers**

Documentation & Reporting

- Futures Without Violence: **Compendium of State and U.S. Territory Statutes and Policies on Domestic Violence and Health Care**
- Futures Without Violence: **Coding, Documentation, and Privacy**
- NCDVTMH - **Protecting Survivor Confidentiality: Best Practices in Documentation**
- **Child Welfare Information Gateway**: Mandatory Reporting of Child Abuse and Neglect Laws by U.S. State and Territories

Billing & Coding

- **WPSI Coding Guide**
- CMS **Medicare Preventive Services**: provides HCPCS & CPT Codes, ICD-10 Codes, and summaries of coverage
- **CMS Medicare Wellness Visits**: Describes and differentiates between an Initial Preventive Physical Exam (IPPE), Annual Wellness Visit (AWV), and a Routine Physical Exam
- American Academy of Professional Coders (AAPC) developed an online medical code search and lookup resource, **Codify**, which provides CPT, HCPCS Level II, ICD-10-CM, and ICD-10-PCS codes associated with keywords and phrases.
- For Perinatal/Postpartum Women – ACOG developed a **coding & billing library** with specific resources for **telehealth services** and **Q&A platforms**.

Screening for Intimate Partner Violence Clinical Workflow

Screen all women ages 13 and older at least once per year

Assure Private Setting

- Create safe space alone with patient: *"Can we have some time alone during your visit?"*
- Explain policies on confidentiality and mandatory reporting as relevant to clinic and local laws*

YES | **NO**

Resources in this Clinic

Screening tools:
Education materials:
Referral contacts:
Confidentiality and reporting requirements:

Provide Universal Education*

- Offer framing statement: "Healthy relationships are important to physical and mental health"
- Give information about safe relationships and resources
- Provide information card

Setting Not Private

- Do not screen if others are present
- Document that screening could not be completed at this visit
- Screen at next encounter

Screen for IPV

- Use validated screening tool*
- Record response in medical record

NO

Screening Negative

- Do not push for disclosure
- Offer supportive message: *"If this should change, please talk with me about it"*

YES

Screening Positive Assess for Immediate Danger

- *"How safe is it for you to go home today?"*

NO

No Immediate Danger

- Review resource materials
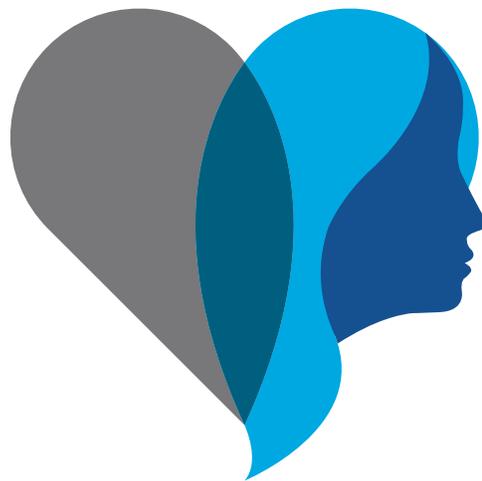- Offer behavioral health services, social services, and/or community resources as needed

YES

Immediate Danger Facilitate Next Steps

- Provide resources: national and local hotlines, safety planning, others as relevant
- Offer behavioral health services, social services, and/or community resources as needed
- Initiate in-clinic referral or direct handover to social services or another trained colleague

Documentation, Billing, Coding, Reporting

- Document screening in health record and education and resources offered
- Bill and code clinical encounter*
- Mandatory reporting if relevant to state reporting laws and circumstances*
- Follow-up and referral as needed

Women's Preventive Services Initiative