

Intersections of Sexual and Domestic Violence: Information for healthcare providers

Sexual violence and **domestic violence** often overlap. Many survivors experience sexual coercion, assault, or reproductive control within an intimate relationship. Both forms of violence are rooted in power and control.

Reproductive coercion—such as birth control sabotage, forced pregnancy, or pressure to terminate a pregnancy—is one way people who use violence exert power.

Even if overt sexual violence is not occurring within a relationship, if physical and emotional abuse are present, sexual activity may feel coerced or necessary for the survivor to feel safe, and not always consensual or pleasurable.

Healthcare Providers Can Make a Difference

Though survivors of sexual and domestic violence often turn to healthcare providers for medical care and support, medical visits and examinations can be hard. Move through all medical visits and exams with care and consent by:

- Talking with all patients about experiences of sexual and domestic violence - but not in front of their friends or family. This may increase danger for them.
- Offering to have an additional staff or support person in the room during the medical examination part of the visit.
- Clearly explaining any medical mandatory reporting requirements that you have *before* bringing up abuse.
- Letting patients know when they can keep their clothes on during medical exams.
- Describing next steps before moving on. E.g. “I am going to put this stethoscope on your chest to listen to your breathing”, “I am going to pass you the speculum for you to insert. If you prefer, I can also do it”, “you’re going to feel some pressure.”



My partner has always been the one who decides when we have sex - even when they knew I did not want to. I never knew that this was not okay.

What if my patient discloses that they have experienced sexual or domestic violence?

- **Share supportive messages:** “I am grateful that you feel safe enough to share this with me, I am here to support you.”
- **Promote wellbeing:**
 - Share options for emergency contraception.
 - If a patient does not feel safe negotiating condom use with their partner, they may be interested in less detectable, longer term methods of contraception, or STI prevention such as PrEP (pre-exposure prophylaxis for HIV).
 - It is not required that patients see a forensic examiner unless they are interested in collecting evidence for a police report. Any provider can prescribe STI prophylaxis.
- **Offer a warm connection** to supportive community-based rape crisis services and/or domestic violence programs.
- **Be clear** about what information you put in the medical record and offer to leave notes out or use hidden chart notes when privacy is a concern.

Most importantly:

Studies show that the majority of survivors will not feel comfortable talking about sexual violence or abuse at all with their healthcare provider. Ensure you are offering supportive messages and information about where to get help in the community to **all patients**.

Learn more about the CUES intervention here.



“I always get really anxious about going to the doctor and really appreciate it when my doctor takes her time and explains everything to me as she’s doing it. It makes me feel less nervous and like she cares.”

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