

# One Shot: Opportunities for Risk Assessment and Intervention in Healthcare

---

Layla Soliman, MD  
Assistant Professor of Psychiatry  
Wake Forest University School of Medicine

Property of Spring Symposium 2026

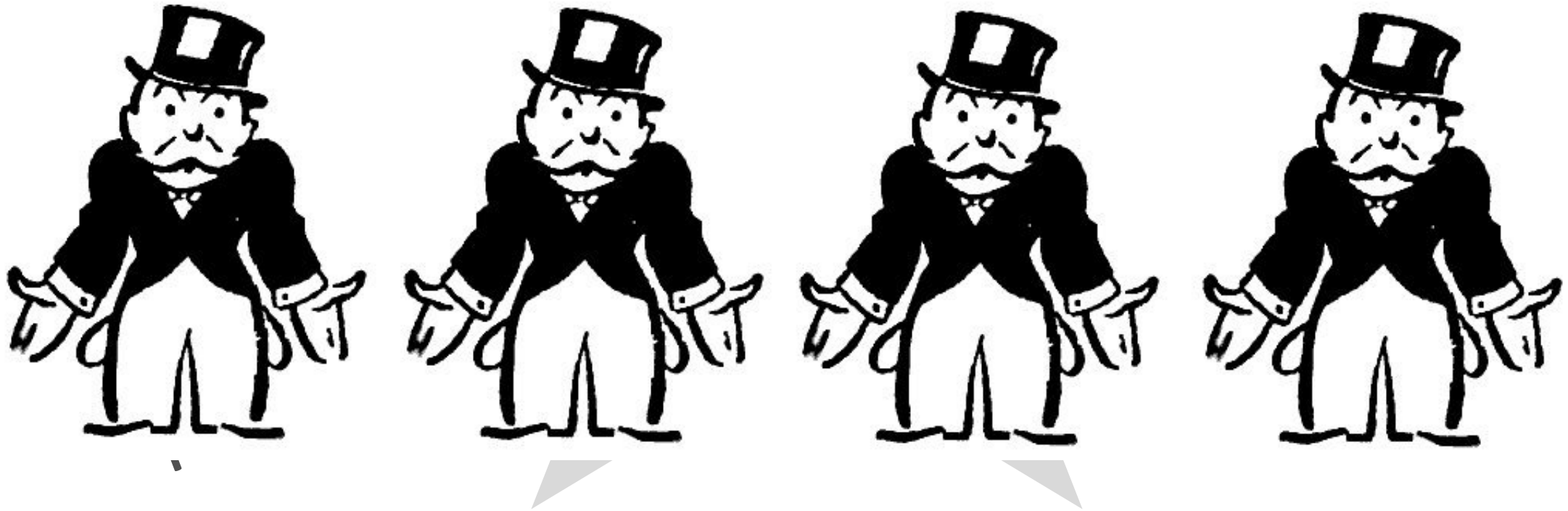


**Saint Alphonse**

A Member of Trinity Health

# No Financial Disclosures

---



# Part I: Background and Scope of the Problem

# Objectives

---

1. Recognize the prevalence of intimate partner violence and the role of firearms in both fatal and non-fatal incidents
2. Identify indicators that someone is at higher risk of intimate partner homicide
3. Recognize non-fatal sequelae of intimate partner violence that might bring someone to clinical attention



# Scope of IPV according to CDC

---

- 41% of women
- 26% of men
- Includes lifetime experience of one or more of the types of IPV AND self-report of related impact from the experience

Property of Spring Symposium 2026



# Definition of Intimate Partner Violence (IPV)

- "Abuse or aggression that occurs in a romantic relationship"
- Current or former spouse or dating partner
- Can include: physical, sexual, psychological, stalking

Property of Spring Symposium



# CDC Homicide Numbers

---

20% homicides are by a current or past intimate partner

Over 50% of femicides are by a current or past male partner

Relationship between victim and perpetrator not always known



# WHO IPV Perpetrator and Victim Risk Factors

- Lower level of education
- Childhood maltreatment/witnessing family violence
- Harmful alcohol use
- Unequal gender status
- Less access to paid employment for women
- Marital discord/dissatisfaction
- Communication difficulties between partners

# WHO IPV Perpetrator Risk Factors

---

Antisocial PD  
(perpetrator)

Harmful masculine  
behaviors/attitudes  
(perpetration)



# WHO Perpetrator Risk Factors Specific to Sexual Violence

Beliefs in family honor/sexual purity

Male sexual entitlement

Weak legal sanctions



# So, how does this happen?



- Can be subtle, with escalation to physical abuse happening much later, even well into a marriage
- During dating, IPV more physical/injuries more severe
- Often starts out subtle. Isolation, control, location tracking

# Higher Risk Indicators for Intimate Partner Homicide (IPH)

---

- Violence towards the female partner (even if she kills him later)
- Destabilization (separation/divorce/unemployment)
- Threats towards other family members
- Firearm access

Property of Spring Symposium 2026



# Higher Risk Indicators for Intimate Partner Homicide (IPH)

- Strangulation
- Physical violence towards pregnant victim
- Stalking
- Suicidal Ideation/Behavior (perpetrator)



# What about the elderly? Gerino et al, 2018

Included "three fundamental themes" from McGarry, et al

- 1) Hiddenness – can the victim talk about it?
- 2) Longevity – how long has this been going on?
- 3) Changing nature of IPV over time

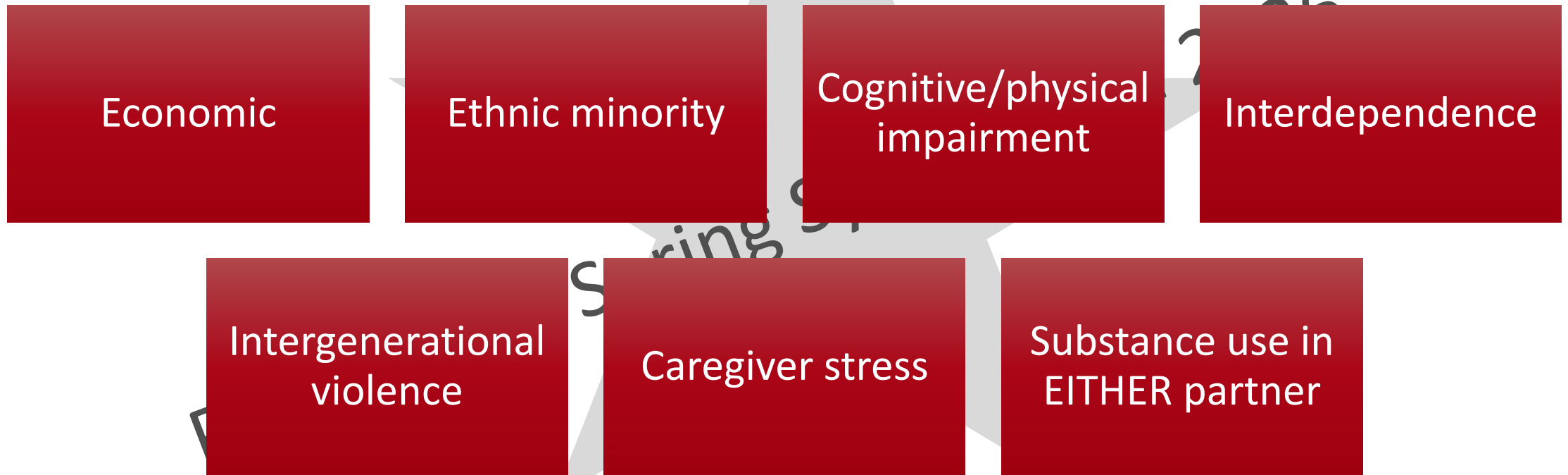


Property of Spring Symposium 2026



# Risk Factors in Elderly IPV: Gerino et al, 2018

---



# Protective Factors in Elderly IPV: Gerino et al, 2018

- \*\*\*Social support – most powerful ("par excellence")
- Help-seeking behavior (victim)
- Community-based services
- Becoming an Immigrant in Canada



# Men as victims of IPV: Barriers to help

---

- Arrest has less propensity to reduce revictimization risk
- Police are or are perceived as less empathic
- Risk of subsequent legal abuse/counter charges
- Custody issues

Property of Spring Symposium 2026



Walker, A., Lyall, K., Silva, D., Craigie, G., Mayshak, R., Costa, B., ... & Bentley, A. (2020). Male victims of female-perpetrated intimate partner violence, help-seeking, and reporting behaviors: A qualitative study. *Psychology of Men & Masculinities*, 21(2), 213.



# So... what about guns??

- Coercive control
- 5x risk of death if partner owns firearm
- Of 298 of female victims in criminal cases, 24% threatened w/gun



Sullivan, T. P., & Weiss, N. H. (2017). Is firearm threat in intimate relationships associated with posttraumatic stress disorder symptoms among women?. *Violence and gender*, 4(2), 31-36.

# Most Recent Supreme Court Ruling on Guns and IPV

*United States v. Rahimi*

“When an individual has been found by a court to pose a credible threat to the physical safety of another, that individual may be temporarily disarmed consistent with the Second Amendment.”

This allowed "Extreme Risk Protection Orders" aka "Red Flag Laws" to continue. Twenty-one states have these. Idaho does not.



# Part II: Treatment Considerations

# What's at Stake? IPV Sequelae

---

- Depression
- PTSD
- Suicidal ideation
- Traumatic brain injury/Impaired cognition (from TBI)
- Children exposed are at higher risk of future IPV (perpetrator or victim) substance use, depression, suicide, etc.



# Overall Cost of IPV to Victim

Higher risk of suicide

Long term physical sequelae (chronic pain, cognitive issues, etc)

Sexual abuse can lead to STDs, long-term injury

Post traumatic Stress Disorder

Sequelae can perpetuate the problem

Poorer overall health = increased dependence; harder to leave



# Health Outcomes in IPV

---

- 70% increase in risk of cardiac disease
- 60% increase in risk of asthma
- 70% risk of excessive drinking
- TBI may go undiagnosed because it's not immediately visible/obvious so even first responders can miss it

Bair-Merritt, M. H., Lewis-O'Connor, A., Goel, S., Amato, P., Ismailji, T., Jelley, M., ... & Cronholm, P. (2014). Primary care-based interventions for intimate partner violence: A systematic review. *American journal of preventive medicine*, 46(2), 188-194.



# Considerations in Assessing/Treating IPV: Trauma- and Violence- Informed Care (TVIC)

---

- Considers IPV from a multi-layered ecological approach
- Equity-oriented approach that looks at how people who are already marginalized are more vulnerable to IPV
- Community-based interventions can be helpful
- Screening is only as good as the resources to back it up

Property of Spring Symposium 2026



Wathen, C. N., & Mantler, T. (2022). Trauma-and violence-informed care: orienting intimate partner violence interventions to equity. *Current epidemiology reports*, 9(4), 233-244.



# What Drives Perceptions of Providing and Receiving IPV Care?

---

- Individual Level Factors: Clinicians' comfort level, empathy, skill, etc
- Institutional Factors: Physical space, available personnel, availability of types of care onsite
- System-Level Factors: Specialty care, ease of navigating referrals, access to follow-up care

This slide + next 5 slides: Duchesne, E., Nathoo, A., Walker, M., & Bartels, S. A. (2023). Patient and provider emergency care experiences related to intimate partner violence: a systematic review of the existing evidence. *Trauma, Violence, & Abuse*, 24(5), 2901-2921.



# Drivers of Negative Experiences (Patients)

- Long wait times
- Condescension; pity
- Perceived lack of empathy if legal intervention declined
- Assumptions about survivors' intelligence, substance use, culpability, truthfulness

Property of Spring Symposium 2026



# Drivers of Negative Experiences (Patients)

- Lack of respect for autonomy
- Lack of privacy (others can hear, perpetrator in room, etc)
- Focus only on physical aspect of injury

Property of Spring Symposium 2026



# Drivers of Positive Experiences (Patients)

---

- Seen promptly
- Non-judgmental
- Not rushed
- Private Setting
- Can access after-care within a reasonable time
- Autonomy respected

Property of Spring Symposium 2026



# Drivers of Negative Experiences: Clinicians

- Lack of time
- Inadequate training/comfort
- Feeling powerless
- Negative assumptions about people who experience IPV (can also be a defense mechanism)

Property of Spring Symposium 2026



# Drivers of Negative Experiences: Clinicians

- Lack of community resources
- Patient refuses legal intervention
- Patient accepts legal intervention, but law enforcement or attorneys perceived to be non-responsive

Property of Spring Symposium 2026



# Drivers of Positive Experiences: Clinicians

---

- Accessible multi-disciplinary team embedded in ED to assist with IPV care
- Resources in community
- Feeling adequately trained
- Specialty care available within reasonable time for follow-up
- Support to navigate vicarious trauma and negative emotions

Property of Spring Symposium 2026



# Conflicting Recommendations: Universal Screening

- United States Preventative Services Task Force and the American Academy of Family Medicine: Universal Screening
- World Health Organization (WHO): Case-finding based on symptoms/conditions that could be caused by IPV

Property of Spring Symposium 2026



# Steps to Take

Separate any potential abusive partner before screening

Create a safe, non-judgmental environment

Practitioner should listen, validate and support decisions

Know mandated reporting laws in state

Collaborate about documentation

Geriatric patients may be under-screened

# Steps to Take

Code words  
(especially for  
virtual visits/follow-  
up calls)

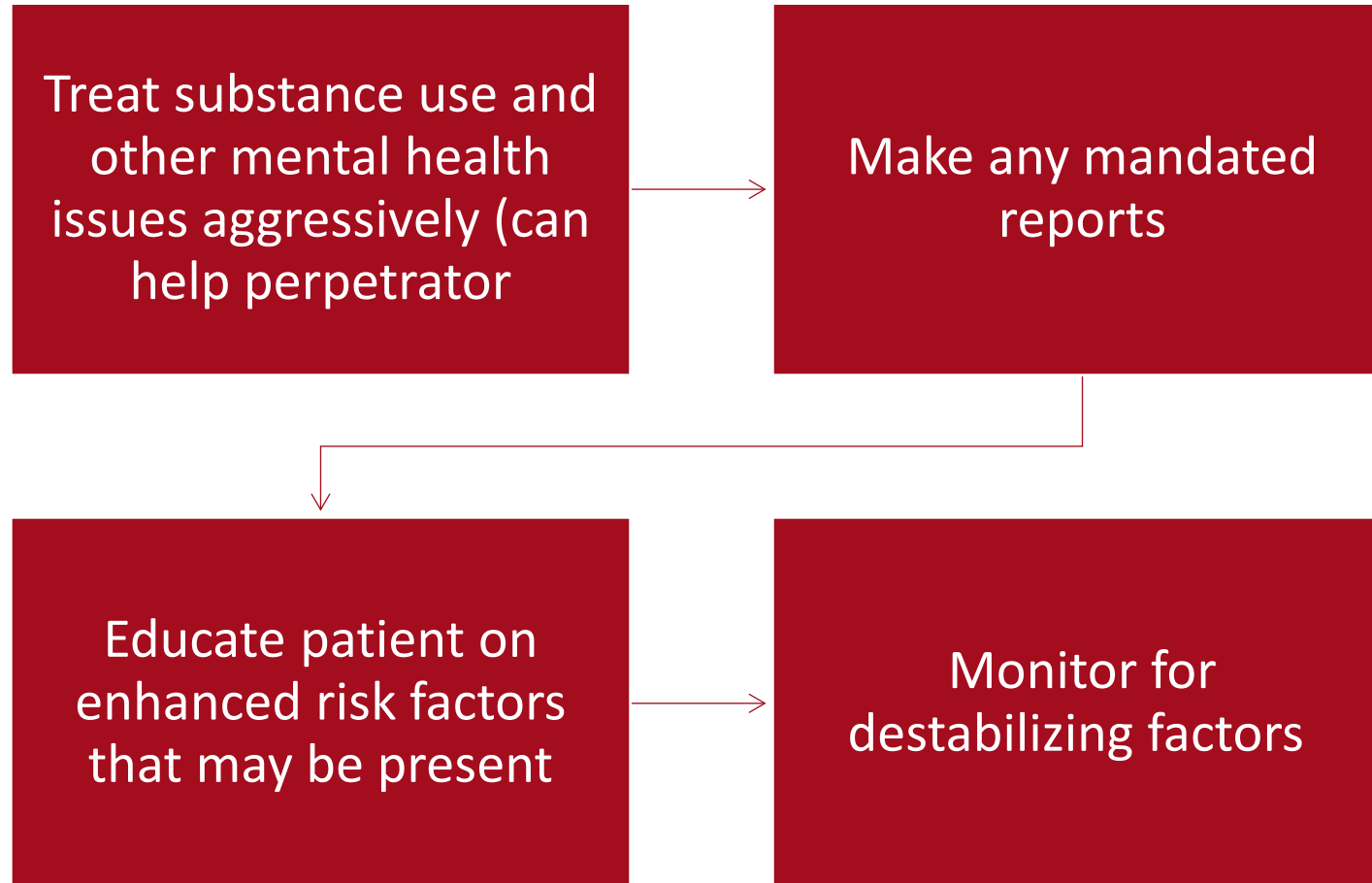
Emergency plan

Referral to IPV  
specific resources

Screen for sequelae

Screen for history of  
strangling and other  
high-risk indicators

# Steps to Take



# WHO "LIVES:" An approach for talking to patients

**L**isten

**I**nquire

**V**alidate

**E**nhance safety

**S**upport

Property of Spring Symposium 2026



# Protect Yourself Legally. . .

---

- Mandated reporting likely required if children are present/exposed to IPV; learn laws specific to your state re: any other mandates
- Document, but ensure privacy (mark note sensitive, for example)
- Collaborate with patient about level of access perpetrator may have to records and let that guide decision-making
- Stay out of rendering opinions on custody; these are incredibly complex and sensitive evaluations



## . . . and Physically

- Google yourself every couple of months and get personal information removed from websites
- Understand that perpetrators have gone after healthcare professionals in the past
- If perpetrator is known, provide photo to security

Property of Spring Symposium 2026



Thank You!

