

# Recognition and Management of Intimate Partner Violence in the Emergency Department

**Christos Simoglou**<sup>1</sup>, Fotios Kodonas<sup>2</sup>, Euterpe Varada<sup>2</sup>, Victor Popko<sup>2</sup>, Eleni Kiriazati<sup>2</sup>, Athanasios Kabouris<sup>2</sup>

<sup>1</sup>Thoracic Surgeon, Emergency Department, General Hospital of Xanthi

<sup>2</sup>Surgical Clinic, General Hospital of Xanthi

## Introduction

Intimate Partner Violence (IPV) represents a major public health issue with significant physical, psychological, and social consequences. The Emergency Department (ED) often serves as the first point of contact for victims seeking medical attention, either directly or indirectly related to abuse. Despite its prevalence, IPV frequently goes unrecognized due to time constraints, lack of training, and victims' fear or reluctance to disclose. Effective recognition and management of IPV in the ED are crucial for early intervention, safety planning, and prevention of further harm.

## Aim

This study aims to examine the challenges healthcare professionals face in identifying and managing cases of intimate partner violence in the Emergency Department, to evaluate existing screening practices, and to propose evidence-based strategies for improving detection, documentation, and multidisciplinary response.

## Material & Methods

A systematic review of the literature was conducted using PubMed, Scopus, and CINAHL databases.

The search included articles published between 2015 and 2024 in English, using the keywords “*intimate partner violence*,” “*domestic violence*,” “*emergency department*,” “*screening*,” and “*intervention*.” Studies addressing screening tools, healthcare professional attitudes, and intervention protocols were analyzed and synthesized thematically.

## Results

The findings revealed that although ED staff frequently encounter IPV victims, under-recognition remains common. Barriers include insufficient training, lack of privacy, and uncertainty regarding appropriate referral pathways. Universal screening using validated tools (e.g., HITS, SAFE-T, and WAST) has been shown to improve identification rates. Interdisciplinary collaboration and staff education significantly enhance both patient safety and professional confidence in managing IPV cases.

## Conclusions

Recognition and management of intimate partner violence in the Emergency Department require structured protocols, staff training, and institutional support. Routine screening, establishment of clear referral networks, and integration of social and psychological services can improve outcomes for victims. Creating a supportive, nonjudgmental environment is essential to foster disclosure, ensure safety, and promote holistic patient care.

