Introduction

Samia Noursi, PhD,¹ Lisa Begg, DrPH,² Nancy Lee, MD,³ and Janine Austin Clayton, MD⁴

INTIMATE PARTNER VIOLENCE (IPV) is a serious, yet preventable public health problem that affects more than 1 in 3 women in the United States each year, regardless of age, economic status, race, ethnicity, or sexual orientation.¹ An extensive body of research reveals that victims of IPV often suffer lifelong health consequences, such as emotional trauma, lasting physical impairment, chronic health problems, and even murder by intimate partners.²

As a centerpiece of the Affordable Care Act of 2010, Section 2713 articulates a commitment to preventive services for women. One of the key preventive services included in the guidelines adopted by the United States Department of Health and Human Services (HHS) is screening and counseling for interpersonal and domestic violence. In 2011 the Institute of Medicine (IOM) released *Clinical Preventive Services for Women: Closing the Gaps*, an extensive report that identified eight key preventive services that would help ensure women's health and well-being.³ Given that health care providers are in a unique position to assess and provide support for women who experience IPV because of the nature of the patient-provider relationship, the IOM and the U.S. Preventive Services Task Force⁴ have recommended that IPV screening and counseling should be a core part of women's preventive health visits.

In an effort to lead the development of effective guidelines for health practitioners to screen for IPV and provide patients with appropriate counseling, the Coordinating Committee for Women's Health at HHS held a research symposium in late 2013. This symposium was aimed at reviewing the current body of evidence on screening and counseling for IPV in health care settings and the context of violence across the lifespan, taking into account past and ongoing experiences of trauma and discussing challenges and barriers to screening and intervention for IPV. The ultimate goal of the symposium was to identify gaps in research on screening and counseling for IPV in primary health settings and to shape priorities in the research agenda moving forward.

The symposium included the following topics: instruments and strategies for IPV screening and assessment; culturally competent screening and counseling practices; the effects of screening and counseling on related health, safety, and outcomes related to social and emotional well-being. In addition,

the symposium topics also included discussion of new systems or approaches that can assist health care providers to screen their patients routinely, and if past or current IPV is identified, to make the appropriate referrals. Examples were provided from various health care systems, and data on their usage and effectiveness were discussed, including employing electronic health record technologies to facilitate both IPV screening and counseling. State-level policies were also discussed that aim to extend both IPV screening and counseling.

This symposium was convened on December 9, 2013, and hosted by the National Institutes of Health (NIH). It was a joint effort among many HHS agencies: Administration for Children and Families, Administration for Community Living, Agency for Health care Research and Quality, Centers for Disease Control and Prevention, Health Resources and Services Administration, Indian Health Services, NIH, Substance Abuse and Mental Health Services Administration, HHS Office of the Assistant Secretary for Planning and Evaluation, HHS Office of Population Affairs, and HHS Office on Women's Health.

We are pleased to present you with this Special Issue of the *Journal of Women's Health* highlighting the main topics covered at the meeting. For purposes of maximizing the outcome of these articles, we teamed several speakers together, requesting that they provide a joint, integrated article. As a result, most of the articles within this issue include data presented at the meeting by the authors. Our goal is that these articles provide you with state-of-the-art research and practice in the area of screening, counseling, and intervention for IPV. The last article included in this issue, "Vision for the Future," highlights the gaps identified during the meeting and a vision for future steps recommended for federal agencies and private organizations to consider in planning their investment in screening, counseling, and intervention for IPV.

As an additional resource, we recommend that you review the web portal that was established by the NIH/National Library of Medicine (NLM) in collaboration with the Office of Research on Women's Health at NIH, <http://whr.nlm.nih.gov/ipv-symposium.html>, to provide centralized information on IPV resources across the federal government. Each of the federal agencies created their own section to describe their programs. NLM is adding additional information to this portal

¹Deputy Coordinator, Women and Sex/Gender Differences Research Program, National Institute on Drug Abuse, and ²Office of Research on Women's Health, Office of the NIH Director/DPCPSI, National Institutes of Health, Bethesda, Maryland.

³Deputy Assistant Secretary for Health-Women's Health, Office of the Secretary, Department of Health and Human Services, Washington, DC.

⁴Director, Office of Research on Women's Health, and Associate Director for Women's Health Research, National Institutes of Health, Bethesda, Maryland.

on a regular basis. New materials currently include the full video cast of the entire research symposium that is archived on the NIH website, the scientific summary from the symposium, and complete slide presentations for the speakers as well as the breakout session moderators.

References

1. Black MC, Basile KC, Breiding MJ, et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2011. Available at: www.cdc.gov/ViolencePrevention/pdf/NISVS_Executive_Summary-a.pdf Accessed June 2, 2014.
2. Smith SG, Folwer KA, Nolon PH. Intimate partner homicide and corollary victims in 16 states: National Violent Death Reporting System, 2003–2009. *Am J Public Health* 2014;104:461–466.
3. Institute of Medicine (IOM). Clinical Preventive Services for Women: Closing the Gaps. Washington, DC: The National Academies Press, 2011. Available at: www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx# Accessed June 2, 2014.
4. U.S. Preventive Services Task Force. Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: Screening. January, 2013. www.uspreventiveservicestaskforce.org/uspstf12/ipvelder/ipvelderfinalrs.htm Accessed June 2, 2014.

Address correspondence to:

Samia Noursi, PhD

Deputy Coordinator, Women and Sex/Gender

Differences Research

National Institute on Drug Abuse

National Institutes of Health

Bethesda, MD 20892-9555

E-mail: snoursi@mail.nih.gov