SCREENING FOR INTIMATE PARTNER VIOLENCE: AN OPPORTUNITY FOR EMPOWERMENT

Leigh Kimber, MD
Leigh_Kimberg@sfdph.org
INTIMATE PARTNER VIOLENCE PREVALENCE

• COMMUNITY PREVALENCE:
  – WOMEN: 24.8% LIFETIME
  – MEN: 7.8% LIFETIME

• CLINIC PREVALENCE:
  – WOMEN CURRENT: 5.5%-22.7%
  – WOMEN LIFETIME: 28%-66%
OUTLINE

• PREVALENCE DATA

• ROUTINE SCREENING
  – RECOMMENDATIONS
  – “HOW TO ASK”

• AFTER SCREENING-”WHAT TO DO”
  – ASSESSMENT
  – INTERVENTION
  – DOCUMENTATION
IPV SCREENING RECOMMENDATION

• In ED care, all primary care services (IM, FP, OB/GYN, PEDS), inpatient medical and surgical care and mental health care:

• AT A MINIMUM, ALL WOMEN AND GIRLS (and any boys or men with symptoms and signs of victimization) for intimate partner violence
SCREENING ENVIRONMENT

- PRIVACY
- DISCUSS IN PATIENT’S OWN LANGUAGE/CULTURAL SENSITIVITY
- USE BEHAVIORAL, NON-JUDGEMENTAL LANGUAGE
- ESTABLISH RAPPORT-CALM DEMEANOR, CAREFUL LISTENING
- USE ENVIRONMENTAL SUPPORTS (POSTERS)
- WARN OF LIMITS TO CONFIDENTIALITY (Discussed later)
HOW TO ASK ABOUT IPV

QUESTIONS:
– DIRECT QUESTIONS
– INDIRECT QUESTIONS
– FRAMING QUESTIONS
INDIRECT QUESTIONS

• What happens when you and your partner disagree?
• How do you feel your partner treats you?
• Do you feel safe at home?
DIRECT QUESTIONS

• Has your partner ever hit you, hurt you or threatened you?

• Has your partner ever forced you to have sex when you didn’t want to?

• I see you have a bruise. I am very concerned that someone hit you. Did anyone hit you?
FRAMING QUESTIONS:

• I ask all my patients about safety in their relationships.

• Because violence in relationships is unfortunately so common, I ask all my patients.

• I know I’ve been seeing you a long time and I’ve never asked you about this before but recently I’ve been learning about how common abuse is in relationships and I want to ask you.
SCREENING FOR IPV: INTERVALS?

• NO STUDY OF APPROPRIATE INTERVALS
• PRENATAL DATA
• MY PRACTICE
  – NEW RELATIONSHIP
  – NEW SYMPTOM OR SIGN
  – CONTINUED SUSPICION
  – YEARLY OR EVERY FEW YEARS DEPENDING UPON PATIENT
SCREENING FOR IPV: SAVING TIME

• TRY DOING THIS SCREENING EARLY IN THE VISIT
• DROP OTHER ISSUES
• UTILIZE MULTIDISCIPLINARY TEAM
• UTILIZE COMMUNITY RESOURCES DURING VISIT
• ASK DIRECT QUESTIONS
SCREENING FOR IPV: SUCCESS IS SCREENING

- PROVIDER CAN SUPPORT, EDUCATE, AND EMPOWER—but, not RESCUE
- PROCESS OF CHANGE IS MOST OFTEN SLOW
- BUT, EVALUATE YOUR RATE OF POSITIVE RESPONSES
SCREENING: LIMITS OF CONFIDENTIALITY

• ADULT PATIENTS
  – State law that injured patients require mandatory report
  – Response by police varies widely by county (county of patient’s residence)

• ADOLESCENT PATIENTS
  – All IPV requires child abuse report

• ELDERS/DEPENDENT ADULTS
  – All suspicions of abuse or neglect are reported to APS
AFTER SCREENING: RESPONSE TO IPV
NO IPV EVER

• ABOUT 50% OR MORE OF YOUR WOMAN PATIENTS

• USE AS OPPORTUNITY FOR EDUCATION AND PUBLICIZING SCREENING TO THE COMMUNITY (YOU ARE “MODELING” BEING HELPFUL)
DENIAL OF IPV, BUT STILL SUSPECTED

- BE RESPECTFUL
- TRY TO ANTICIPATE CONCERNS (IMMIGRATION, FEAR, CONFIDENTIALITY, LANGUAGE BARRIERS)
- RE-EXPLAIN LIMITS OF CONFIDENTIALITY
- ENCOURAGE ABOUT AVAILABLE HELP
PAST IPV

• ACKNOWLEDGE AND PROVIDE EDUCATION AND SUPPORT
• INQUIRE ABOUT CURRENT SAFETY
• OFFER SERVICES AS NEEDED
RESPONDING TO IPV

• ASSESSMENT

• INTERVENTION AND REFERRAL

• DOCUMENTATION
ASSESSMENT TIPS

• DO AS A MULTIDISCIPLINARY TEAM
• DO OVER MULTIPLE VISITS
• USE HOTLINES DURING CLINIC
ASSESSMENT OF IPV

• IMMEDIATE SAFETY—IN CLINIC AND HOME
• SUICIDALITY OR HOMICIDALITY
• SAFETY OF CHILDREN
• PATTERN AND HISTORY OF ABUSE
• CONNECTION TO HEALTH PROBLEMS
• RESOURCES AVAILABLE
• READINESS FOR CHANGE
• LETHALITY/RISK FOR SIGNIFICANT HARM
INTERVENTION

GOALS:

– INCREASE SAFETY OF VICTIM AND CHILDREN
– PROVIDE SUPPORT, INFORMATION, AND RESOURCES
– EMPOWERMENT
– SUPPORT BY MULTIPLE DISCIPLINES
– NOT “FIX” OR “RESCUE”
INTERVENTION

• MESSAGES OF SUPPORT
  – REPETITIVE
  – POINT OUT STRENGTHS
  – FROM MULTIPLE TEAM MEMBERS

• EDUCATION
  – HEALTH EFFECTS
  – DYNAMICS (NOT REMITTING)
  – EFFECTS ON CHILDREN
  – ILLEGALITY
  – OPTIONS FOR HELP
INTERVENTION

• SAFETY PLANNING
  – IN CLINIC OR AT OUTSIDE AGENCY

• REFERRALS
  – HOTLINES (EVERYONE)
  – COUNSELING
  – LEGAL
  – POLICE

• SAFE WAY TO CONTACT PATIENT
DOCUMENTATION

• SAFEGUARD CONFIDENTIALITY

• WRITE LEGIBLY

• USE PATIENT’S WORDS IN QUOTES

• GIVE DETAILS AS PATIENT ALLOWS

• DRAW BODY MAPS

• TAKE PHOTOS (WITH CONSENT)
RESPONSE TO IPV: SUMMARY

MOST IMPORTANT RESPONSES:

• MESSAGES OF SUPPORT

• PROVIDE WITH COMMUNITY RESOURCES