

**SCREENING FOR
INTIMATE
PARTNER
VIOLENCE: AN
OPPORTUNITY
FOR
EMPOWERMENT**

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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 suspicious 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**