


Domestic Violence & Women

Screening, Intervention, Referral & Resources

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Objectives

1. Review prevalence data and establish context and definitions
2. Describe current recommendations for screening in health care setting
3. Define safe referrals and follow up for positive screens

Context

- More than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. *2010 National Intimate Partner and Sexual Violence Survey*
- 14% of Vermont adults reported that an intimate partner had ever hit, slapped, pushed, kicked or physically hurt them in any way; 12% of Vermonters reported that an intimate partner had ever threatened them or made them feel unsafe in some way; and 15% said an intimate partner had ever tried to control their daily activities. *2009 Behavioral Risk Factor Surveillance System (BRFSS)*
- 15% of Vermont adults reported that before the age of 18, their parents or adults in the home slapped, hit, kicked, punched or beat each other up, at least once. *2010 Behavioral Risk Factor Surveillance System (BRFSS)/Adverse Childhood Experiences (ACE)*
- 7% of high school students reported they were hit, slapped, or physically hurt on purpose by a boy/girlfriend in the last 12 months. *2011 Youth Risk Behavior Survey*

Definitions

□ Intimate Partner Violence

Intimate partner violence is a pattern of assaultive and coercive behaviors that may include **inflicted physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation, and threats.** These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other.

□ Adolescent Relationship Abuse

Adolescent relationship abuse refers to a pattern of repeated acts in which a person physically, sexually, or emotionally abuses another person whom they are dating or in a relationship with, whether of the same or opposite sex, in which one or both partners is a minorFor adolescents, such behaviors include monitoring cell phone usage, telling a partner what she/he can wear, controlling whether the partner goes to school that day, as well as manipulating contraceptive use.

The Family Violence Prevention Fund, *National Consensus Guidelines On Identifying and Responding to Domestic Violence Victimization in Health Care Settings*, Updated 2004

Definitions

□ Reproductive and Sexual Coercion

Birth Control Sabotage	Pregnancy Pressure and Coercion
• Hiding/withholding/destroying partner's BC • Breaking or poking holes in condoms on purpose or removing a condom during sex in an explicit attempt to promote pregnancy • Not withdrawing when that was the agreed upon method of contraception • Pulling out vaginal rings • Tearing off contraceptive patches • Pulling out an IUD/IUC	Threatening to hurt a partner who does not agree to become pregnant • Forcing a female partner to carry a pregnancy to term against her wishes through threats or acts of violence • Forcing a female partner to terminate a pregnancy when she does not want to • Injuring a female partner in a way that she may have a miscarriage

Sexual Coercion
• Repeatedly pressuring a partner to have sex when he or she does not want to • Threatening to end a relationship if a person does not have sex • Forced non-condom use or not allowing other prophylaxis use • Intentionally exposing a partner to a STI or HIV • Threatening retaliation if notified of a positive STI result

Health Impacts of Domestic Violence

- Immediate physical injury and death, as well as:
  - Arthritis, chronic neck or back pain, migraine or other types of headache
  - Sexually transmitted infections (including HIV/AIDS), chronic pelvic pain
  - Gastrointestinal disorders: peptic ulcers, chronic irritable bowel syndrome, and frequent indigestion, diarrhea, or constipation
  - Unintended pregnancy, pregnancy complications, including low weight gain, anemia, infections, and 1st and 2nd trimester bleeding
- Trauma, depression, anxiety, suicide attempts, and substance abuse
- Long term impacts for children who experience/witnessed

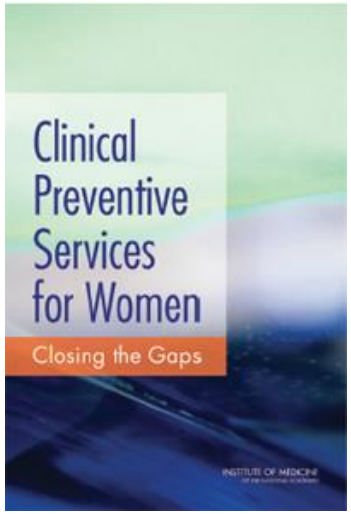
The Family Violence Prevention Fund, *National Consensus Guidelines On Identifying and Responding to Domestic Violence Victimization in Health Care Settings*, Updated 2004

Why? The Role of the Health Care Provider

1. Regular, face-to-face screening of women by skilled health care providers, markedly increases the identification of victims of IPV, and those who are at risk for verbal, physical, and sexual abuse.
2. Routine inquiry of all patients, as opposed to indicator-based assessment increases opportunities for both identification and effective interventions, validates IPV as a central and legitimate health care issue and enables providers to assist both victims and their children.
3. When victims or children exposed to IPV are identified early, providers may be able to break the isolation and coordinate with DV advocates to help patients understand their options, live more safely within the relationship, or safely leave the relationship.
4. Expert opinion suggests that such interventions in adult health settings may lead to reduced morbidity and mortality. Talking with patients about IPV provides a valuable opportunity for providers to learn about their experiences with abuse.
5. Battered women report that one of the most important aspects of their interactions with a physician was being listened to about the abuse. Even if a patient chooses not to disclose being abused, the provider's inquiry can often communicate support and increase the likelihood of future discussion of the issue.

The Family Violence Prevention Fund, *National Consensus Guidelines On Identifying and Responding to Domestic Violence Victimization in Health Care Settings*, 2004

Affordable Care Act and IOM



Clinical Preventive Services for Women: Closing the Gaps, Released: July 19, 2011

- *The IOM recommends that women's preventive services include…screening and counseling for all women and adolescent girls for interpersonal and domestic violence in a culturally sensitive and supportive manner.*

Patient Protection and Affordable Care Act

- Prohibits pre-existing condition exclusion based on DV history
- Supports routine screening and counseling of domestic or interpersonal violence
- Domestic violence training in early childhood health program and providing services and reducing unintended teen pregnancies

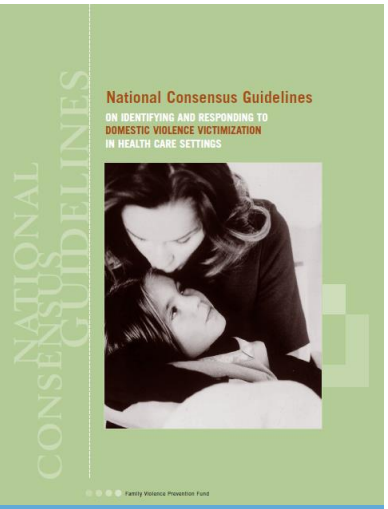
Recommendations

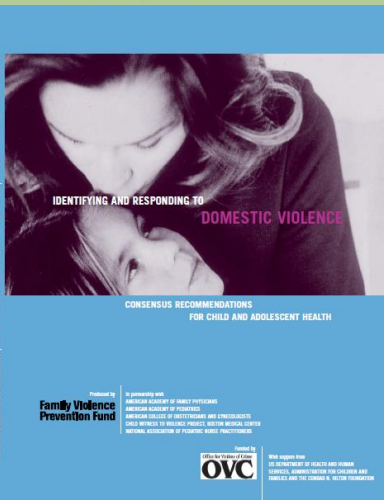
USPSTF, *January 2013:* Recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services. Grade: B Recommendation.
http://www.uspreventiveservicestaskforce.org/uspstf/uspsipv.htm

ACOG Committee Opinion, *February 2012:* Physicians should screen all women for IPV at periodic intervals, including during obstetric care (at the first prenatal visit, at least once per trimester, and at the postpartum checkup), offer ongoing support, and review available prevention and referral options.
http://www.futureswithoutviolence.org/userfiles/file/HealthCare/ACOG_committee_opinion_518.pdf

AAP Intimate Partner Violence: The Role of the Pediatrician, *April 2010:* Pediatricians are in a unique position to identify abused caregivers in pediatric settings and to evaluate and treat children raised in homes in which IPV may occur.
http://pediatrics.aappublications.org/content/125/5/1094.full?sid=2281d56f-e24e-4a8d-a2aa-0ac98d7ab081

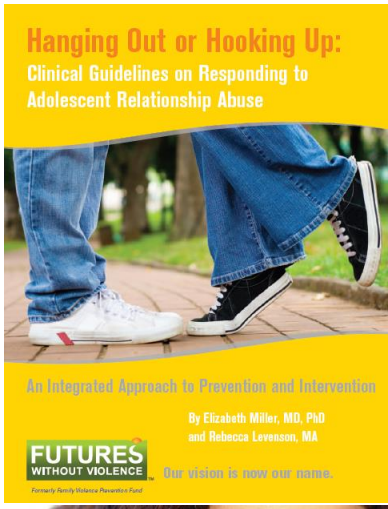
Identifying & Responding to Domestic Violence

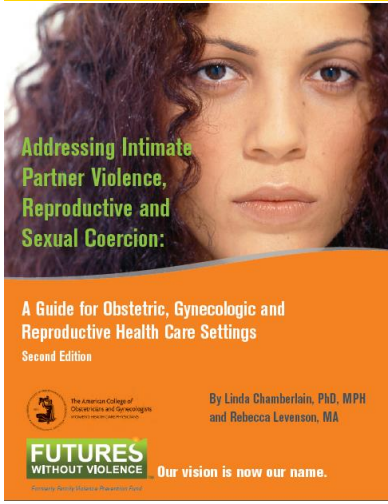




- **National Consensus Guidelines:** *Identifying & Responding to Domestic Violence Victimization in Health Care Settings*
- **Hanging Out or Hooking Up:** *Clinical Guidelines on Responding to Adolescent Relationship Abuse*
- **Addressing Intimate Partner Violence, Reproductive and Sexual Coercion:** *A Guide for Obstetric, Gynecologic and Reproductive Health Care Settings*
- **Identifying and Responding to Domestic Violence:** *Consensus Recommendations for Child and Adolescent Health*

www.futureswithoutviolence.org/section/our_work/health/_health_material





Screening: What should providers ask?

- Ask patients about current and lifetime* exposure to IPV victimization, including direct questions about physical, emotional and sexual abuse

FRAMING QUESTIONS:	**DIRECT VERBAL QUESTIONS:**
• *"Because violence is so common in many people's lives, I've begun to ask all my patients about it"* • *"I am concerned that your symptoms may have been caused by someone hurting you"* • *"I don't know if this is (or ever has been) a problem for you, but many of the patients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I've started asking about it routinely"*	• *"Are you in a relationship with a person who physically hurts or threatens you?"* • *"Did someone cause these injuries? Was it your partner/ husband?"* • *"Has your partner or ex-partner ever hit you or physically hurt you?"* • *"Do you (or did you ever) feel controlled or isolated by your partner?"* • *"Do you ever feel afraid of your partner? Do you feel you are in danger?"* • *"Has your partner ever forced you to have sex when you didn't want to? Has your partner ever refused to practice safe sex?"* • *"Has any of this happened to you in previous relationships?"*

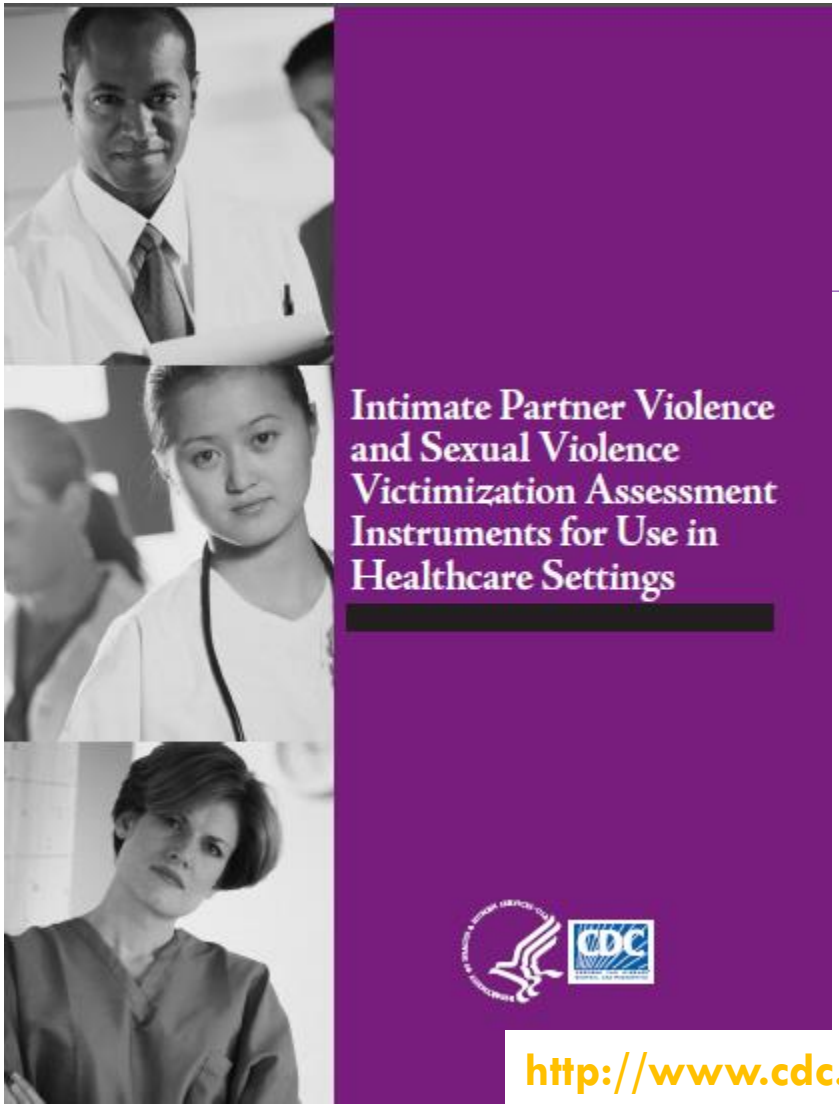
Screening: Who should be routinely asked about current and past IPV victimization?

- All adolescent and adult patients* regardless of cultural background
- Parents or caregivers of children in pediatric care

Screening: How should inquiry for present and past IPV victimization occur?

- Conducted **routinely, regardless of the presence or absence of indicators** of abuse
- Conducted orally as part of a **face-to-face** health care encounter
- Included in **written** or **computer-based** health **questionnaires**
- **Direct and nonjudgmental** using language that is culturally/linguistically appropriate
- Conducted in **private**: no friends, relatives (except children under 3) or caregivers should be present
- **Confidential**: prior to inquiry, patients should be informed of any reporting requirements or other limits to provider/patient confidentiality
- Assisted, if needed, by **interpreters who have been trained** to ask about abuse and who do not know the patient or the patient's partner, caregiver, friends or family socially

Screening: Validated Tools



Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings

Domestic Violence Initiative Screening Questions

Health worker to explain the following in own words:

- In this health service, we are concerned about your health and safety, so we ask all women the same questions about violence at home;
- This is because violence is very common and we want to improve our response to families experiencing violence.

Health worker to ask the following questions of ALL female patients on their own:

1. Are you ever afraid of your partner? YES NO
2. In the last year, has your partner hit, kicked, punched or otherwise hurt you? YES NO
3. In the last year, has your partner put you down, humiliated
   …hat you can do? YES NO
   …partner threatened to hurt you? YES NO

…entified in any of the above questions, continue to questions 5 and 6.

… any of this now? YES NO
…d a copy of this form to your doctor? YES NO

Signature of Client

Date

…fused help ☐
…lp provided ☐

Screening Not Completed Due to:
Presence of partner ☐
Presence of family member/friend ☐
Absence of interpreter ☐
Woman refused to answer the questions ☐
Additional Comments:

Signature of Health Professional:

Date:

Abuse Assessment Screen

Instructions: Circle Yes or No for each question

1. Have you ever been emotionally or physically abused by your partner or someone important to you? YES NO

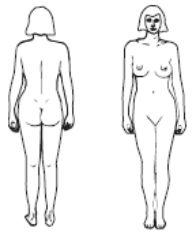
2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone? YES NO
   If YES, who? (Circle all that apply)
   Husband Ex-Husband Boyfriend Stranger Other Multiple
   Total no. of times _____

3. Since you've been pregnant, have you been slapped, kicked or otherwise physically hurt by someone? YES NO
   If YES, who? (Circle all that apply)
   Husband Ex-Husband Boyfriend Stranger Other Multiple
   Total no. of times _____

Mark the area of injury on the body map. Score each incident according to the following scale:

SCORE

1 – Threats of abuse including use of weapon _____
2 – Slapping, pushing; no injuries and/or lasting pain _____
3 – Punching, kicking, bruises, cuts, and/or continuing pain _____
4 – Beating up, severe contusions, burns, broken bones _____
5 – Head injury, internal injury, permanent injury _____
6 – Use of weapon; wound from weapon _____



4. Within the last year, has anyone forced you to have sexual activities? YES NO
   If YES, who? (Circle all that apply)
   Husband Ex-Husband Boyfriend Stranger Other Multiple
   Total no. of times _____

5. Are you afraid of your partner or anyone you listed above? YES NO

Journal of the American Medical Association, 1992, 267, 3176-78.

http://www.cdc.gov/ncipc/pub-res/images/ipvandsvscreening.pdf

Screening: When should inquiry for past and present IPV victimization occur?

- As part of the **routine health history** (e.g. social history/review of systems)
- As part of the **standard health assessment** (or at every encounter in urgent care)
- During every **new patient** encounter
- During **periodic comprehensive health** visits (assess for current IPV victimization only)
- During a visit for a **new chief complaint** (assess for current IPV only)
- At every **new intimate relationship** (assess for current IPV only)
- When **signs and symptoms** raise concerns or at other times at the provider's discretion

Disclosure: How to respond

- Assessment of immediate danger
  - "Are you in immediate danger?"
  - "Is your partner at the health facility now?"
  - "Do you want to (or have to) go home with your partner?"
  - "Do you have somewhere safe to go?"
  - "Have there been threats or direct abuse of the children (if s/he has children)?"
  - "Are you afraid your life may be in danger?"
  - "Has the violence gotten worse or is it getting scarier? Is it happening more often?"
  - "Has your partner used weapons, alcohol or drugs?"
  - "Has your partner ever held you or your children against your will?"
  - "Does your partner ever watch you closely, follow you or stalk you?"
  - "Has your partner ever threatened to kill you, him/herself or your children?"
- Assess impact of IPV (past or present) on the patient's health
- Assessment of the pattern and history of current abuse

Brief Intervention

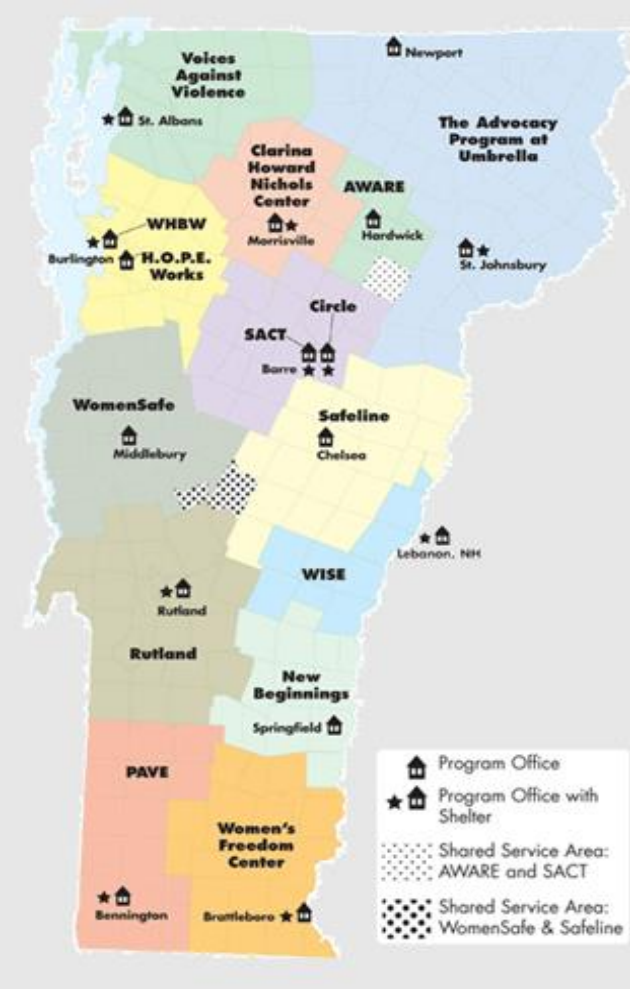
- Provide validation
  - Listen non-judgmentally
  - *"I am concerned for your safety (and the safety of your children)"*
  - *"You are not alone and help is available"*
  - *"You don't deserve the abuse and it is not your fault"*
  - *"Stopping the abuse is the responsibility of your partner not you"*
- Provide information
- Respond to safety issues
  - Review ideas about keeping information private and safe from the abuser
  - Offer patient immediate and private access to an advocate in person via/phone
  - Offer to have a provider or advocate discuss safety then or at a later appt
  - If the patient wants immediate police assistance, offer to place the call
  - Reinforce the patient's autonomy in making decisions regarding her/his safety
  - If there is significant risk of suicide, the patient should be kept safe in the health setting until emergency psychiatric evaluation can be obtained

Make Referrals (Safely!)

The Vermont Network Against Domestic & Sexual Violence

www.vtnetwork.org

14 members programs across Vermont which provide DV/SV response & prevention. **Get to know your local program!**



Make Referrals (Safely!)

- If in immediate danger – Dial 911
- Call a helpline for information and support:
  - Domestic Violence: 800-228-7395
  - Sexual Violence and Rape: 800-489-7273
  - Teen Dating Abuse: 866-331-9474
  - Adult Protective Services: 800-564-1612
  - Child Abuse: 800-649-5285

Follow-up: What to do next

- Documentation
  - Document relevant history, results of physical examination, laboratory and other diagnostic procedures
  - Results of assessment, intervention and referral
  - If patient does not disclose IPV, document that assessment was conducted and that the patient did not disclose abuse
- At least one follow-up appointment (or referral) with a health care provider, social worker or DV advocate should be offered after disclosure of current or past abuse
- At every follow up visit with patients currently in abusive relationships
  - Ensure that patient has a connection to a primary care provider
  - Coordinate and monitor an integrated care plan with community based experts as needed

Special Populations

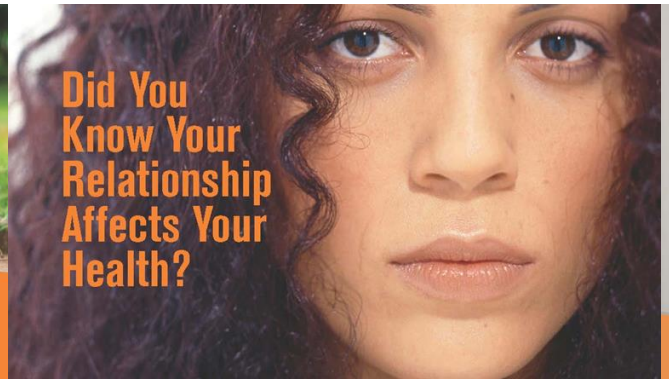
- LGBTQ
- Adolescents
- Elderly and vulnerable adults
- Perinatal depression

Tools & Resources

- **Futures without Violence:** www.futureswithoutviolence.org
  - National Health Resource Center on Domestic Violence
  - **IPV Screening and Counseling Toolkit**
  - Brochure-based Assessment & Safety Cards
  - Training opportunities
    - http://www.futureswithoutviolence.org/section/our_work/health/_toolkit/_getting_started/_training

Coming soon

Vermont Network Against Domestic & Sexual Violence: Health Care Toolkit www.vtnetwork.org



Call or Email Any Time!

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