Indirect Approach to Intimate Partner Violence

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INDIRECT APPROACHES TO INTIMATE PARTNER VIOLENCE AT COLCHESTER FAMILY PRACTICE

BY JASMINE ROBINSON

ROTATION #3 2017

DR. JOHN CHISHOLM AND DR. ANYA KOUTRAS
PROBLEM IDENTIFICATION AND DESCRIPTION OF NEED

• “The time-squeezed primary physician who simple makes a ‘blind’ referral to a mental health professional of a potential victim or even a potential perpetrator of domestic violence, may well be acting countertherapeutically—in effect, abandoning the patient”

• It was important to give direct referrals to community organizations and explain their services to patients, so to encourage them to reach out to these organizations for help. Referrals to a social worker are also possible, but much like how physicians are educators, this part of the field is lacking in patient-education directly from the physicians.

• Trust is also a huge barrier in patients disclosing their IPV status, however, physicians are in a position to gain a patient’s trust through indirect approaches to the topic because they have previously established trust (as a PCP)
PUBLIC HEALTH COSTS

- $4.1 BILLION/YEAR FOR MEDICAL AND MENTAL HEALTH CARE SERVICES\textsuperscript{2}
- $1,700 ADDITIONAL HEALTH CARE COSTS AFTER DISCLOSING ABUSE TO PROVIDER\textsuperscript{3}
- > DOUBLE PLUS $4,500 ADDITIONAL HEALTH CARE COSTS IF ABUSED WITHIN THE PAST YEAR
- 2.5 TIMES MORE LIKELY TO VISIT MENTAL HEALTH PROVIDER IF STILL BEING VICTIMIZED, AND 5 TIMES MORE LIKELY IF PSYCHOLOGICALLY ABUSED\textsuperscript{4}
- 19% HIGHER COSTS FOR WOMEN WITH A HISTORY OF >5 YEARS OF PHYSICAL ABUSE, EVEN AFTER THE ABUSE HAS ENDED\textsuperscript{4}
COMMUNITY PERSPECTIVE ON ISSUE AND SUPPORT FOR PROJECT

**LUCY BASA**
Victim Advocate of Hope Works

- **BARRIERS TO DISCLOSURE**
  - Survivors feel judged by physicians
  - Afraid of being ordered on what to do
  - Uncertain about confidentiality

- **Physician training on how to be supportive to victims of IPV**
  - Take similar approach as tobacco cessation

**MEGAN FOSTER**
Shelter and Hotline Manager at Steps to End Domestic Violence

- **Majority of victim referrals come from community health centers**

- **Victims continue to be asked about safety in front of their partners**

- **Victims feel pressured as soon as they disclose their DV status**
INTERVENTION AND METHODOLOGY

- Advise patients who have a history of IPV or are currently experiencing it to receive counseling
  - Make sure to describe why therapy is important, much like other medical services (ex. “Being a victim of domestic violence can have long term affects on your mental health, and although medications are helpful, counseling can provide tools to cope with what you’ve experienced.”)
- Advise with concrete resources from the community: referrals to Steps to End Domestic Violence, Mental Health Programs
- Identify barriers that prevent victim’s ability to make safe choices
- Do not add any external pressure; “When you are ready, we are here to support you”
RESULTS

• A TOTAL OF 5 PATIENTS WERE ENGAGED IN AN INDIRECT APPROACH METHOD TO IPV QUESTIONS
• 3 ACCEPTED INFORMATION ON COUNSELING WITH A TRAUMA THERAPY COUNSELOR
• 3 ACCEPTED INFORMATION ON ORGANIZATIONS WITHIN THE AREA THAT OFFER SUPPORT
• 2 HAD PREVIOUSLY SOUGHT COUNSELING AFTER ESCAPING IPV SITUATIONS
• 1 WAS CURRENTLY STILL LIVING IN A DOMESTIC VIOLENCE HOUSEHOLD, YET AGREED TO SEEK COUNSELING TO HELP HER THROUGH HER TRANSITION INTO ESCAPING
# EVALUATION OF EFFECTIVENESS AND LIMITATIONS

## EFFECTIVENESS
- Indirect approaches and education about counseling was well received when using motivational interviewing.
- Patients who had previously denied counseling had accepted it with this approach.

## LIMITATIONS
- Controlling partner may prevent them from attending therapy sessions.
- They may already be in therapy for anxiety, depression or PTSD.
- Partner may be with them at their appointment, preventing them from seeking help.
RECOMMENDATION FOR FUTURE INTERVENTIONS/PROJECTS

• WRITTEN INFORMATION FOR PATIENTS TO TAKE OR LOOK AT IN THE OFFICE
  • PRINTABLES ONLINE AT HTTPS://WWW.STEPSVT.ORG/PRINTABLES/

• PROFESSIONAL EDUCATION TRAINING IN IPV

• INFORMATION LOCATED IN PATIENT ROOMS
REFERENCES


2 Costs of intimate partner violence against women in the united states. centers for disease control and prevention, national center for injury prevention and control. 2003.


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