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# Domestic Violence (DV) Screening

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The background features a dark blue gradient with faint, light blue technical diagrams. On the left side, there is a large circular scale with numerical markings from 140 to 260 in increments of 10. Several circular diagrams with arrows and dashed lines are scattered across the background, suggesting a technical or scientific theme.

# DOMESTIC VIOLENCE (DV) SCREENING

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THOMAS CHITTENDEN HEALTH CENTER

FAMILY MEDICINE (FEBRUARY 2019)

ROTATION MENTOR: DR. HARLEY DANIEL DONNELLY

# PROBLEM IDENTIFICATION

- Domestic violence (DV) is a prevalent issue in Chittenden County yet many victims remain under-identified.
- Healthcare providers have a unique opportunity and responsibility to identify victims in their practices so they may receive appropriate support and care.
- Formal screening methods for domestic violence (DV) should be developed and routinely employed in local clinical practices to address this problem.

# PUBLIC HEALTH IMPACT

- In 2017, Chittenden County ranked #1 for DV-related legal charges in VT.
  - 18% (1,687) of all individuals in the custody of the VT Department of Corrections (DOC) were DV offenders.
  - There have been 718 cases involving orders against stalking/sexual assault/abuse, 160 misdemeanor cases, and 91 felony cases.
- From 1994-2017, Chittenden County ranked #2 for DV-related homicides in VT.
  - 50% (148 cases) of adult homicides in VT during this period have been related to DV.
  - 47% were committed by a partner or ex-partner; 55% were committed with firearms.
- DV is an understated yet significant source of morbidity and mortality for victims.

# COMMUNITY PERSPECTIVE

- “What limitations do we face in identifying victims of DV in healthcare?”
  - Most common reasons why victims may hesitate to disclose their circumstances: (1) fear of retaliation by the perpetrator, (2) sense of personal shame, (3) lack of awareness that they are victims.
  - A unique problem within small VT towns is that whole families or close community members often see the same health care providers. Issues relating to patient privacy and conflict of interest arise when a DV victim and their perpetrator utilize the same healthcare resources.
- “What is our threshold in regards to DV intervention?”
  - This takes an understanding of VT laws as there is a strong emphasis on personal liberties. Additionally, it is controversial whether it is an appropriate role for healthcare providers to intervene in DV cases.
  - Barring cases of potential suicide, homicide (by patient), and risk of harm to minors or “vulnerable adults”, healthcare providers may not assist with DV intervention unless a victim grants consent.

# METHODOLOGY

- Distribute DVQ-1 screening questionnaire during Adult Well-Care visits\*
- DVQ-1: Have you felt unsafe/threatened at home or in your day-to-day life? (Yes/No)
- If patient answers yes on DVQ-1, follow up with 5 questions:
  - Have you been subject to physical abuse (i.e: hitting, grabbing, shoving, kicking, strangulation) in the past year? (Yes/No)
  - Have you been subject to psychological abuse (i.e: manipulation, coercion, isolation, intimidation, financial sabotage) in the past year? (Yes/No)
  - Have you been subject to sexual abuse (i.e: non-consensual sexual intercourse or other behavior) in the past year? (Yes/No)
  - Do you fear for the safety or well-being of others in your home? (Yes/No)
  - Are there firearms in the house? (Yes/No)

# RESULTS

- Over a 1 week span, 8 patients were seen for Adult Well-Care visits (5F/3M) and screened with the DVQ-1 questionnaire.
- 1 female patient was identified as a DV victim at home in the form of psychological and sexual abuse by a male partner. There was also a concurrent case of child abuse being investigated by DCF.
- The patient was not interested in intervention at this time, but she was willing to undergo CBT sessions with a therapist to treat her depression and also accepted our local community resources for safety precautions.

# EFFECTIVENESS AND LIMITATIONS

- Over 1 week, the DVQ-1 Questionnaire successfully identified one victim of DV. This was a surprising success given the short duration of the trial.
- However, the DVQ-1 Questionnaire must be implemented for a longer period of time over a larger number of patients to accurately gauge its efficacy.
- Foreseeable limitations include “high number needed to screen”, lack of provider time to fully address DV cases, and restricted ability to intervene.

# FUTURE RECOMMENDATIONS

- Incorporate routine use of DVQ-1 Questionnaire for all patients undergoing scheduled Adult Well-Care visits. Reassess incidence and prevalence of DV.
- Identify referral list of local counselors who provide trauma-specific therapy (i.e: DBT) for victims of domestic violence.
- Develop specific guidelines for provider intervention in cases where DV victims are seeking more extensive help (i.e: escape plans, referrals, community/social resources).

# REFERENCES

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