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Implementing an Intimate Partner Violence Screening at a Connecticut Family Medicine Practice

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Problem & Need

Intimate partner violence is a significant public health problem. According to the CDC, **36% of US women and 33% of US men** experience sexual violence, physical violence, or stalking by an intimate partner during their lifetime.

"**One in 4 women and one in 10 men** experience intimate partner violence (IPV), and violence can take various forms: it can be physical, emotional, sexual, or psychological. People of all races, cultures, genders, sexual orientations, socioeconomic classes, and religions experience IPV. However, such violence has a **disproportionate effect on communities of color and other marginalized groups."** – Evans et al.

"We are hearing from survivors how Covid-19 is already being used by their abusive partners to **further control and abuse**, how Covid-19 is already impacting their ability to access support and services like accessing shelter, counseling, different things that they would typically lean on in their communities" - Crystal Justice, the chief marketing and development officer at National Domestic Violence Hotline.

Public Health Cost in the Community

According to a 2003 CDC report the costs of IPV against women exceed an estimated **$5.8 billion** yearly

- $4.1 billion in the direct costs of medical care and mental health care
- $1.8 billion in the indirect costs of lost productivity and present value of lifetime earnings.
- The total medical and mental health care cost per victimization by an intimate partner was $838 per rape, $816 per physical assault, and $294 per stalking

These figures may not reflect the true magnitude of costs at the time they were calculated as the data was collected through surveys which relied on self-reporting which can limit the accuracy.

The Connecticut Coalition Against Domestic Violence reported serving **37,773 victims**, there were 33,711 hotline crisis calls, 31,717 individual counseling sessions, and 1,924 support groups

The Women's Center in Northern Fairfield and Southern Litchfield County in Connecticut serves as a safe have and sole provider of services to victims of domestic and sexual and in 2020 reported serving a total of **23,566 clients** and 1,075 clients specifically in Newtown, CT in 2020

Community Perspective & Issue

What do you think the benefits are to having an IPV screening form at a primary care office?

"This is only a positive screening, many individuals experiencing IPV are reluctant to admit, talk about it, for numerous reasons, fear being the biggest. What this will do is possibly catch someone off guard to allow them to quickly answer and not think too much about it. They are also alone, which may not happen that often. **They can tell the truth without fear in that moment**....You can always recommend calling the local domestic violence agency which is confidential for their safety…**remember how lethal IPV is** and what is most important is that you refer that patient to services. They may want to leave, but for the safety of the patient that should be planned, organized, and very carefully executed for their safety. " -Rayna Havelock. Manager of Counseling and Advocacy of the Women's Center of Greater Danbury

What do you think the benefits are to having an IPV screening form at a primary care office?

"I think it is imperative that providers screen their patients. I heard a story from a gynecologist who had been seeing a patient for 10 years and never knew they were being abused because they never asked those screening questions…The goal of the screening is not disclosure, but it is about **educating your patients every time**… I think providers should keep an open mind and have a willingness to learn throughout their careers." –Jazmynn Jakubczyk. Prevention Coordinator Prudence Crandall Center, Inc.

Intervention and Methodology

How often does your partner?	Never	Rarely	Sometimes	Fairly Often	Frequently
	1	2	3	4	5
1. Physically hurt you?					
2. Insult or talk down to you?					
3. Threaten you with harm?					
4. Scream or curse at you?					
5. (+) Force you to do sexual acts that you are not comfortable with?					
Total Score:					

Each item is Scored 1-5

Range is 4-20

>10 is positive screen

(+) added question to capture sexual violence

The **USPSTF provides a B recommendation** that clinicians screen for IPV in women of reproductive age and provide or refer women who screen positive to ongoing support services.

Hits, Insults, Threaten, Screams (HITS) was found to be among the top 6 tools that showed the highest sensitivity and specificity.

It is **simple and fast** compared to some of other methods making it more practical for a busy clinical setting. It is also unique because it screens for both psychologically and physical aggression.

The HITS screening form was integrated into the intake process at the clinic.

Resources were set up for follow up for patients who screen positive including:

- »Referral to in-house behavioral health specialist
- »Resource Hub Brochures from the Connecticut Coalition Against Domestic Violence
- »Option to place a call to the domestic violence hotline with clinic phone if desired by patient

Results

- Increased awareness of the importance of IPV screening in the clinical environment
- Resources from local organizations were obtained for the practice which can be distributed to patients who screen positive
- Posters and fliers with tear-away phone numbers will be displayed in patient rooms and bathrooms after covid restrictions are removed
- Increased patient education about the prevalence of IPV
- Studies have found that survivors are 4x more likely to use an intervention after talking with their healthcare provider about abuse

Evaluation of effectiveness and limitations

To **evaluate the effectiveness** the practice could:

- Perform a retrospective chart review to see frequency of IPV related concerns prior to implementation of the screening and then compare to frequency after implementation.
- Track the need of changing out the tear-away fliers

Limitations:

- Difficulty accurately assessing IPV prevalence and effectiveness of an awareness campaign or screening technique
- COVID-19 restrictions
- The increasing use of telemedicine which can make it more difficult to screen patients safely

Recommendations for future interventions

Deepen the collaboration with local organizations such as the Connecticut Coalition Against Domestic Violence (CCADV)

CCADV offers free IPV Screening and Intervention trainings for Health Care Professionals which could be completed by providers

With the increasing use of telemedicine there is concern that screening for IPV may not be as effective because the partner may be present with the patient at the time of the screening. CCADV also provides a script that can be completed when using telemedicine

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