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Screening for Intimate Partner Violence Against Women: A Public Health Crisis in Maine

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UVM College of Medicine
Family Medicine Clerkship in Bangor, ME
August 2016

Mentor: Eric Brown, M.D.
While Maine has one of the lowest homicide rates in the U.S. (47\textsuperscript{th}), Maine ranked 9\textsuperscript{th} highest in the country for males murdering females. \textsuperscript{1, 2}

“According to the Maine Department of Public Safety, nearly 50% of all Maine homicides each year are the result of domestic violence.” \textsuperscript{3}

Domestic violence against women in Maine is a public health issue.
Intimate Partner Violence Against Women Leads to Increased Health Care Costs and Workdays Lost

- Female victims of IPV suffer from a number of adverse health conditions in addition to the direct damages caused by the assaults. These include chronic back pain, migraines, abdominal pain, arthritis, sexually transmitted infections and more.
  - “More than 1 in 7 women (14.8%) experienced an injury and 1 in 10 women (10.0%) missed at least one day of work or school, as a result of violence experienced in a relationship in which rape, physical violence, or stalking took place.” (In contrast to 4.0% of men experiencing injury and 3.9% missing work or school). 4
  - “Women had a significantly higher lifetime prevalence (p < .05) than men for a number of individual IPV-related impacts including: being fearful, being concerned for safety, experiencing one or more PTSD symptoms, being injured, needing medical care, needing housing services, needing legal services, and having missed at least one day of work or school.” 4

- Violence against pregnant females is strongly associated with low birth weight and preterm birth
  - “IPV diagnosis during delivery is associated with stillbirth (AOR = 4.12, 95% CI = [2.75, 6.17]), preterm birth (AOR = 1.97, 95% CI = [1.59, 2.44]), fetal death (AOR = 3.34, 95% CI = [1.99, 5.61]), infant with poor intrauterine growth (AOR = 1.55, 95% CI = [1.01, 2.40]), and increased inpatient hospital care cost (US$5,438.2 vs. US$4,080.1) per each discharge, incurring an additional cost of US$4,955,707 during the study period.” 5

- Children of female victims of IPV suffer from a variety of mental health problems
  - “In models examining one risk factor at a time, but controlling for demographics, adolescent acceptance of sexual violence, mother–adolescent discord, family conflict, low maternal monitoring, low mother–adolescent closeness, low family cohesion, depressed affect, feelings of anger, and anger reactivity were shared across all three aggression types.” 6
What disturbs you the most about intimate partner violence in Bangor and Maine?
The lack of response from the medical community. Despite lectures and presentations conducted here, the medical community sees it as someone else’s problem. They do not see the responsibility the physicians have in community education. They don’t see it as a priority for their own education. It’s what I call “euphonic.” They check off the screening boxes but does nothing with it. This plays into the conspiracy of silence, making women much less likely to talk about domestic violence. There’s also a lot of resistance from physicians about screening, because it takes up time. Doctors are so busy and are overwhelmed by having to do anything additional.

You have been part of the Maine Domestic Abuse Homicide Review Panel for many years. What have you learned from the studies and how has domestic violence against women in Maine changed over the years?
It is getting recognized as a problem more. We are now calling it as what it is. The reason why this review panel was constituted is because we are able to more easily study the dead victims. This is such a biased tip of the iceberg. What we really need is studying women who have left and successfully moved on from the abusive relationship. We should study how did they were able to do this. This is, however, especially difficult in Maine because the turnover rate of health providers (doctors, nurses, medical assistants) is so high in rural areas and we don’t have time to mobilize and institutionalize screening. However, we have gotten better in terms of more people getting help through better training of the police force and local judges; the domestic violence taskforce in Maine plays a huge role and we take protective orders seriously. Unfortunately, the domestic violence funds, including victim housing supplements, have been cut drastically.

What do you think played a big role in bettering how Maine protects domestic violence victims?
We benefited from the strong leadership and vision of certain individuals. Francine Stark put in amazing effort to train police officers to protect women. She trained these demarcated officers who would go to women’s homes to make sure of their safety, prevent stalking, etc. We also had an open-minded police chief, who was willing to accept input from domestic violence projects.

What do you see as the most important task to be done by healthcare providers to end IPV in Maine and what are some of the limitations of it?
Healthcare providers need to screen consistently and learn how to respond abuse. But there’s a physician bias that screening for domestic violence is not worth the time and energy. We need to institutionalize domestic violence screening to make it a priority. Medical organizations like the American Medical Association need to take up this task. Another issue is that in medicine we like nice and linear treatment flowcharts. Domestic violence is not nice and linear. It takes time.
Patrick McFarlane, Psychiatric-Mental Health Nurse Practitioner, Center for Family Medicine, Bangor, Maine

- **What disturbs you the most about intimate partner violence in Bangor and Maine?**
  Deaths when they occur, and the exposure of children to violence knowing the impact on their ACE score and health. Also, the fact that violence in our culture is perpetuated.

- **As the director of behavioral health department at CFM, what are some of the difficulties you see in treating IPV victims and family members?**
  I see the various barriers in our difficult system of healthcare... time, specialization, professional silos, that inquiry/screening becomes rote instead of mindful, and the fact that treating violence as a chronic condition becomes a lower priority.

- **What do you see as the most important task to be done by healthcare providers to end IPV in Maine?**
  Asking and intervening knowing the impact of violence and ACE scores on course, chronicity, morbidity, mortality, and healthcare costs... engendering the notion that treating violence as a chronic condition and engaging with meaningful inquiry and care coordination.

- **What are some of the limitations of the above-mentioned task, especially concerning Bangor and the surrounding communities?**
  There really are limited resources... that are not comprehensive (e.g. for the entire family) and they are not easily accessed. Though, in our circumstance... integrated healthcare... we have providers fairly immediately available, it still takes time to educate and support providers to be willing to do this...

I believe that violence writ large, and specifically the perpetration of violence should also be queried and intervened with etc. I think that, sadly, if people feel unprepared to asked about survivors of violence, they feel less prepared to ask about the perpetration of violence. I think this is the next area of screening/intervention to be explored, supported, and designing a methodology for research.
Consistent, universal screening of intimate partner violence

- "For many years, healthcare providers have been failing victims of domestic abuse because of inadequate or absent screening, assessment and education for victims while being seen. Victims need to know that their healthcare providers are an active part of a web of community systems that help them be safe."
- "screening for intimate partner violence has not been routinely included in the EHR, and, if included, has not always been accomplished with evidence-based screening tools."
- "As of January, 2013, the USPSTF recommends that healthcare providers screen all women of childbearing age for intimate partner violence using evidence-based questionnaires."
- "Research indicates that the potential benefits of screening include reduction of exposure to abuse, physical and mental harms, and mortality."

Training of healthcare providers for appropriate responses

- "Research reveals that many providers fail to ask about domestic abuse in patients’ lives because they do not know what to do if patients say “yes.” Others simply have no education about safe assessment techniques and options available for victims."
- "A healthcare provider’s failure to ask about abuse inadvertently sends a message that a patient’s experience of abuse is too overwhelming or not important. This failure supports a conspiracy of silence and contributes to a victim’s isolation."
- "Most importantly, the focus must be less on victims disclosing abuse, and more on providing information to all patients that help is available in many forms, from many systems, when patients are ready to access services."

[A] Screening Implementation
- Consistent & universal domestic abuse screening via electronic health record system
- Age-specific screening questions for teens, adults, and older adults

[B] Education of Healthcare Providers
- Focus on information dissemination
- Establishing trust and ongoing care

[C] Raising Awareness
- Normalizing screening
- Public service advertisements
## Framing the question

Because difficult relationships can cause health problems, we are asking all of our patients the following question: Does a partner, or anyone at home, hurt, hit or threaten you?

Because unfortunately violence is so common in our society, I have started asking all of my patients about it.

Because domestic violence has so many effects on health, I now ask all my patients about it.

From past experience with other patients, I’m concerned that some of your medical problems may be the result of someone hurting you. Is that happening?

I don’t know if this is a problem for you, but many of my patients are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I’ve started asking about it routinely.

## Asking indirectly

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>How are things going at home?</td>
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<tr>
<td>What about stress levels? How are things going at work? At home?</td>
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<tr>
<td>How do you feel about the relationships in your life?</td>
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<tr>
<td>How does your partner treat you?</td>
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<tr>
<td>Are you having any problems with your partner?</td>
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## Asking directly

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>You mentioned your partner’s problem with temper/stress/drinking. When that happens, has he ever threatened or hurt you?</td>
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<tr>
<td>Every couple fights at times – what are your fights like at home? Do the fights ever become physical?</td>
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<tr>
<td>Has anyone at home hit you or tried to injure you in any way?</td>
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<tr>
<td>Does your partner ever try to control you by threatening to hurt you or your family?</td>
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<tr>
<td>Has anyone close to you ever threatened or hurt you?</td>
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<tr>
<td>Have you ever been touched in a way that made you feel uncomfortable?</td>
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<tr>
<td>Has anyone ever made you to do something sexual when you did not want to?</td>
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### Electronic Medical Record System Screening Questionnaire Implementation

<table>
<thead>
<tr>
<th>Universal</th>
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<tbody>
<tr>
<td><strong>Control</strong></td>
<td>Has anyone ever tried to control who you see, who you talk to, what you do or where you go? Does he try to isolate you socially?</td>
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<tr>
<td><strong>Jealousy</strong></td>
<td>Is anyone in your life extremely jealous about what you do or who you talk to? Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don’t want him to?</td>
</tr>
<tr>
<td><strong>Threats</strong></td>
<td>Has anyone threatened you or the people, pets, or things you care about? Has anyone ever threatened you with a weapon, like a gun or a knife?</td>
</tr>
<tr>
<td><strong>Verbal &amp; Emotional</strong></td>
<td>Does anyone keep on putting you down, make you feel worthless or stupid? Does anyone make you feel like you’re not worthy of being loved? Does he constantly blame you?</td>
</tr>
<tr>
<td><strong>Physical</strong></td>
<td>Has anyone ever shoved you? Has anyone ever kicked you? Has anyone ever slap or hit you? Has anyone ever punch you? Has anyone ever tried to strangle you? Has the physical violence increased in severity or frequency over the past year? Were you ever made to lie about bruises, cuts, or other injuries to others or at the hospital?</td>
</tr>
<tr>
<td><strong>Sexual</strong></td>
<td>Has anyone ever touched you in your private area in a way that made you feel ashamed or uncomfortable? Has anyone ever made you do or watch something sexual when you didn’t really want to?</td>
</tr>
<tr>
<td><strong>Abuser Qs</strong></td>
<td>Does he own a gun? Is he unemployed? Does he use illegal drugs? Is he an alcoholic or problem drinker? Has he ever threatened or tried to commit suicide?</td>
</tr>
<tr>
<td><strong>Victim Qs</strong></td>
<td>Do you believe he is capable of killing you? Have you ever threatened or tried to commit suicide? If you were being abused by him and tried to get help, do you think people would not take you seriously? If you were having serious difficulties with him, would you keep it a secret out of fear or shame?</td>
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**Teens**
- Added "Control" questions focusing on jealousy. (ex) Does he ever act extremely jealous? Does he tell you who you can or cannot hang out with?

**Adults**
- Added "Control" questions inquiring about financial control. (ex) Is there anyone in your life who controls how much money you have? Does he tell you when you can see your family, how much money you can use, or when you can take the car?
- Added "Threats" questions. (ex) Has anyone ever threatened to set you or your house on fire? Has anyone ever threatened to kill you? Does he threaten to harm your children?
- Added "Physical" questions focusing on pregnancy. (ex) Have you ever been beaten by him while you were pregnant?
- Added "Sexual" questions focusing on STDs. (ex) Have you ever contracted an STD after being forced to engage in a sexual act?
- Added "Abuser-related" questions about children. (ex) Do you have a child that is not his?

**Older adults**
- Added "Control" questions about food and money. (ex) Is there anyone in your life that controls how much food or money you can have?
- Added "Threats" questions. (ex) Has anyone ever threatened to starve you or send you away? Does he threaten to harm your children?
Healthcare Provider Training
- How to use the screening questionnaire
- How to respond when patient discloses IPV
- How to approach treating an IPV patient

Raising Awareness
- Notices about universal domestic violence screening & Pamphlets about IPV in waiting rooms, registration desks, and patient rooms.
- Placing public service advertisements on public transportation and schools to disseminate information about IPV and how to get help

Sample public service advertisements to be placed on local buses.

No one should ever feel UNSAFE in their OWN HOME

There are so many people in Bangor that care about you and want to help you. We’ll be here waiting, whenever you feel ready.
We have resources and we take keeping you safe seriously. Even if you just want to talk and nothing more, we’re here for you.
1-866-834-HELP

Did you know that Maine ranks 9th highest in domestic violence murder rates in the country?
As healthcare providers, we’re doing more to end domestic violence. We are now universally screening for abuse, be it verbal, emotional, physical or sexual. This means we will ask you everytime. Please support us to eliminate domestic violence in Maine.

1-866-834-4357
24/7 Hotline
<table>
<thead>
<tr>
<th>Efficacy</th>
<th>Limits</th>
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<tr>
<td># Normalization of IPV screening creates an encouraging community</td>
<td># Assisting rural Maine</td>
</tr>
<tr>
<td>environment for IPV victims to seek help</td>
<td>- Difficulties maintaining care due to transportation and access</td>
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<tr>
<td># Incorporation of screening questionnaire into the electronic medical</td>
<td>hardship</td>
</tr>
<tr>
<td>record system ensures that healthcare practitioners consistently</td>
<td>- Difficulties ensuring confidentiality in smaller communities</td>
</tr>
<tr>
<td>screen for IPV</td>
<td>- Limited resources for immediate response</td>
</tr>
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<td></td>
<td># Pushback from healthcare providers who feel pressed on time.</td>
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**Recommendations for Future Interventions**

**Healthcare Provider-driven Community Engagement**
- Further establishing the understanding that IPV is a community health issue
- Developing behavioral health-led community solidarity
  - Eradicating shame and promoting acceptance to encourage women to seek help from both healthcare providers and neighbors
- Creating a culture of vigilant “Community Watch” for Intimate Partner Violence
- Support for Men against VAW (violence against women)

**Extended Efforts for Marginalized Population & Children**
- Development of screening questions for LGBTQ, Native American, and non-English speaking populations in Bangor
- Screening children of IPV victims
REFERENCES


