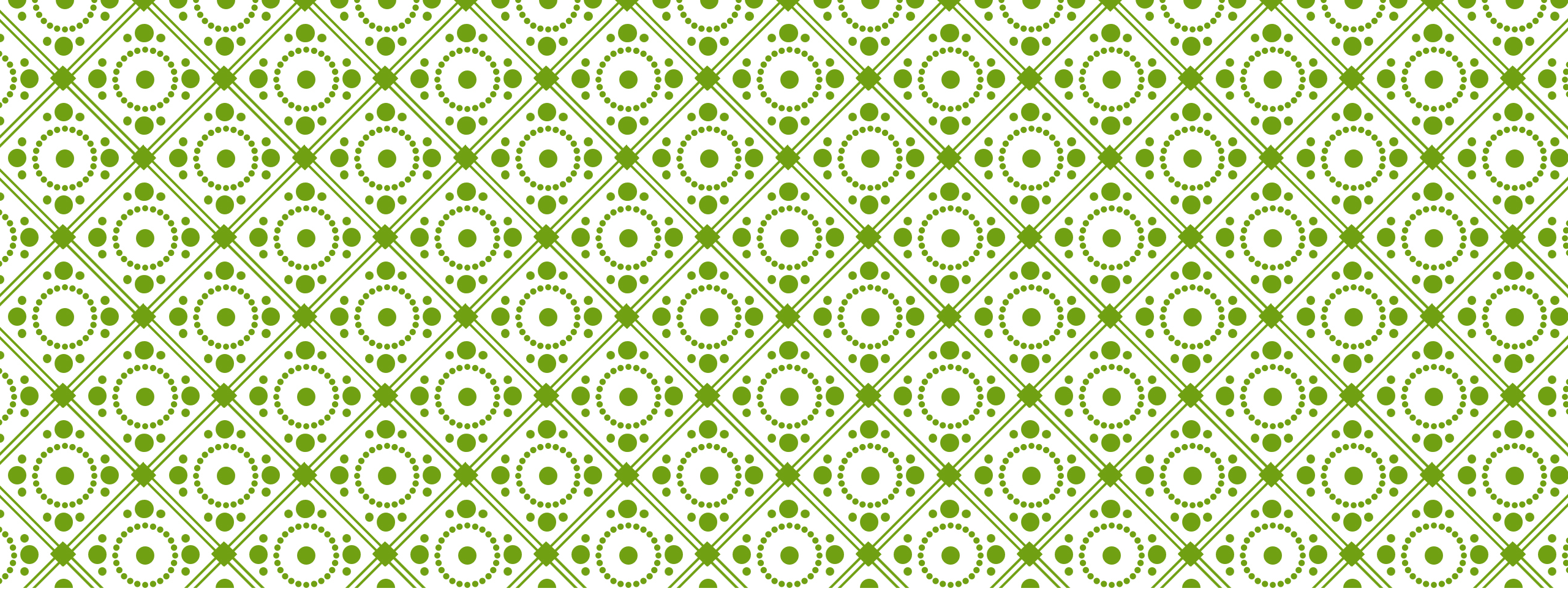


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## Intimate Partner Violence: Improving Screening Rates in the Primary Care Setting

Item Type	Presentation;Presentation
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Download date	2026-05-13 07:56:40
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# INTIMATE PARTNER VIOLENCE: IMPROVING SCREENING RATES IN THE PRIMARY CARE SETTING

Newtown Primary Care  
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Rotation 1 - April 2019  
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# PROBLEM IDENTIFICATION AND DESCRIPTION OF NEED

Intimate partner violence (IPV) is defined by the CDC as “physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner”<sup>1</sup>

- ❖ National data (2015) indicate 1 in 4 women and 1 in 10 men have experienced contact sexual violence, physical violence, and/or stalking with subsequent IPV-related impact<sup>2</sup>
  - ❖ Greater than one-third of both women and men have experienced psychological aggression alone<sup>2</sup>
  - ❖ 71.1% of female victims and 55.8% of male victims first experienced IPV before age 25<sup>2</sup>
- ❖ Domestic violence agencies across Connecticut provided services to 38,192 victims in 2018<sup>3</sup>
- ❖ Though the U.S. Preventative Services Task Force recommends screening all female patients of childbearing age for IPV<sup>3</sup>, primary care provider implementation rates are low<sup>4</sup>
- ❖ Within the Western Connecticut Health Network EMR, none of the publicly available “Wellness Visit” templates include IPV screening, nor is there a separate IPV screening template

# PUBLIC HEALTH COST

- ❖ Outside of direct physical injury, IPV is associated with numerous medical conditions including cardiovascular disease, CNS and GI disorders, chronic pain syndromes, anxiety, depression, and PTSD<sup>1</sup>
- ❖ Victims of IPV are at increased risk of miscarriage, preterm labor, STIs, high-risk sexual behavior, homelessness, substance abuse, poor nutrition, alcoholism, and suicide<sup>1</sup>
- ❖ One study estimated the lifetime economic burden of IPV victims, both male and female, to be nearly \$3.6 trillion, of which \$2.1 trillion (59%) came from medical costs<sup>5</sup>
- ❖ Under-reporting of IPV by victims indicates the actual costs are likely even higher

# COMMUNITY PERSPECTIVE

**Nya Rossi, PA** *Newtown Primary Care*

**What are the barriers facing patients to disclose IPV to their primary care provider?**

Fear. Of my patients that are known victims of IPV, their partners usually come to the office visits, making it difficult to directly ask the patient about IPV or to offer resources discretely.

**What other barriers keep providers from asking screening IPV questions?**

It is uncomfortable to ask. I was trained to ask 'Do you feel safe in your relationship?', but that doesn't seem adequate and wording can be difficult with such a sensitive topic. I should be asking it more often though. Including a well-worded, one-question screen in annual visits would be a great way to ensure the question gets asked.

**LCSW** *Western Connecticut Health Network*

**What is your perspective of IPV screening during routine office visits?**

It's absolutely necessary, it helps normalize the question and provides an avenue for victims to safely disclose without fear of repercussions. Though it can be a tough question to ask because it seems so direct, so it's probably not happening enough. I will see patients for one mental health issue – depression, anxiety, PTSD, etc. – and it will come out at a later session that the patient is a victim of IPV. I don't think their provider knows at the time they give the referral for them to come talk to me.

**How do you think rates of provider screening for IPV might be improved?**

Just by making it a habit to follow up the routine questions about sexual health with asking about the patient's relationships – how they're doing, then naturally flows into if the patient has ever felt unsafe.

# INTERVENTION AND METHODOLOGY

- ❖ Newtown Primary Care providers most frequently utilized HPI templates adapted from pre-existing public phrases within the EMR system to structure interviews during wellness visits
- ❖ **Intervention:** Create a concise, effective IPV screening template for use within annual wellness visit HPI phrases to increase provider awareness, ease of access, and implementation
- ❖ USPSTF recommends initial screening with a validated tool, followed by referral to intervention services, including local and national resources, if the screen is positive<sup>4</sup>
  - ❖ Evaluation of the validated screening tools identified the Woman Abuse Screening Tool – Short Form (WAST-SF) as time efficient and efficacious (sensitivity: 93%, specificity: 68%)<sup>7</sup>
- ❖ Positive screens should be assessed for risk of immediate harm<sup>6</sup>

# RESULTS

❖ IPV screening template (right) comprised of the WAST-SF, a 5-question immediate harm risk follow up, and resources was disseminated among the Newtown Primary Care providers

❖ 3 of the 6 providers self-reported incorporating the IPV screening tool into their personalized HPI templates for annual wellness visits

## IPV Screening Template:

Are you currently in a relationship? **No**/Yes

In general, how would you describe your relationship? **No tension**/Some tension/A lot of tension

You and your partner work out arguments with: **No difficulty**/Some difficulty/Great difficulty

If patient responded **A lot of tension** or **Great difficulty**, assess immediate harm risk:

Has the physical violence increased over the past six months? **No**/Yes

Has your partner used a weapon or threatened you with a weapon? **No**/Yes

Do you believe your partner is capable of killing you? **No**/Yes

Have you been beaten while pregnant? **No**/Yes

Is your partner violently and constantly jealous of you? **No**/Yes

Resources were **not applicable**/provided/deferred, including follow up with in-house Behavioral Health services, Women's Center of Greater Danbury and National Domestic Violence Hotline 1-800-799-SAFE (7233).

*Blue text indicates default selections from an EMR drop-down menu*

# EVALUATION OF EFFECTIVENESS AND LIMITATIONS

- ❖ IPV screening template was met with positive feedback from the Newtown Primary Care office providers
- ❖ Inclusion of the screen into providers' HPI templates increases provider awareness at a minimum, even if the questions are not asked
  - ❖ Follow-up quantitative data needed to assess provider screening rates
- ❖ Consistent use of the amended HPI template facilitates provider comfort with screening and normalizes screening questions at wellness visits
- ❖ Inability to create a network-wide public phrase severely minimized ubiquity of the screening tool in WCHN
  - ❖ Currently template is only available to providers it has been personally shared with
- ❖ Difficulty implementing the screen if partner is present during the wellness visit
- ❖ Time constraints limited evaluation of screening implementation and patient response

# RECOMMENDATIONS FOR FUTURE INTERVENTIONS

- ❖ Work with EMR technology services to incorporate the IPV screening tool directly into preexisting public phrases or create an independent IPV screening public phrase for network-wide provider access
- ❖ Regularly assess provider screening rates through QA initiatives
- ❖ Coordinate with the Women's Center of Greater Danbury to organize staff training to reinforce provider awareness and provide tools for a conscientious approach to IPV screening
  - ❖ Incorporate a one-on-one portion of wellness visits in which to ask sensitive screening questions
- ❖ Place IPV information in the office lobby, restrooms, and exam rooms to facilitate community awareness and discrete dissemination of resources
- ❖ Gauge patient response to IPV screening via surveys

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