Improving IPV Screening & Access to Resources for Patients in Primary Care

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Family Medicine - South Burlington
Daniel Fried – November 2022
Mentors: Katherine Mariani, Jennifer Savage

Defining Intimate Partner Violence

According to the CDC, intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship. "Intimate partner" refers to both current and former spouses and dating partners….IPV can vary in how often it happens and how severe it is (CDC 2022)[2].

IPV Subtypes:

Physical violence is when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force.

Sexual violence is forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent

Stalking is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one's own safety or the safety of someone close to the victim.

Psychological aggression is the use of verbal and non-verbal communication with the intent to harm a partner mentally or emotionally and/or to exert control over a partner.

Barriers to IPV Screening in Primary Care Setting

Intimate Partner Violence (IPV) is limited by two main aspects:

Clinical Limitations

- Physicians have limited exposure to trauma informed care in U.S. medical schools
- Lack of effective system for streamlining and coordinating IPV work-up
- Shortage of community resources and mental health services/providers
- Clinicians may not be aware of community resources to connect patients

• Patient Limitations

- On average, it takes approximately 12 visits for a victim of IPV to disclose abuse[(2)]
- Clinician intervention limited by patient's comfortability in disclosing – **major burden**
- Efflux of increasing patient burden on primary care providers, limiting ability to develop rapport
  - Pandemic illustrated shortages of PCPs
- Limited access to PCPs and mental health resources

IPV Prevalence Contributing to Overwhelming Need for Improved Screening Practices

IPV is common. It affects millions of people in the United States each year. Data from CDC's National Intimate Partner and Sexual Violence Survey (NISVS) indicate [1]:

- Approximately 41% of women and 26% of men experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and lasting impact on their lives.
  - Injury, PTSD, concern for safety, fear, stigmatization, limited access to law enforcement, fear financial distress from separation, missing work days, and hoping to shield children from abuse are common impacts reported.
- Over 61 million women and 53 million men have experienced psychological aggression by an intimate partner in their lifetime.

Economic Burden of IPV [3]

The lifetime economic cost associated with medical services for IPV-related injuries, lost productivity from paid work, criminal justice and other costs, is $3.6 trillion

The cost of IPV over a victim's lifetime was:
- $103,767 for women
- -$23,414 for men.

$4.1 Billion

Total cost of health care for female IPV victims per year in the U.S.

486,151

Visits to ER by victims of rape and physical assault per year in the U.S.

18.5 Million

Mental health care visits by female IPV victims per year in the U.S.

Community Perspective

Note: Paraphrased from interviews

Catherine Ducosse : Associate Director and Victim Advocate at Hope works

"IPBV is major issue in our current society but its stigmatized and sometimes patients feel taboo disclosing due to fear of societal judgment. Major types of IPV she sees in her work in VT is emotional abuse, sexual violence, control, manipulation, and gas lighting. The LGBTQ+ population is also at a higher risk of abuse, isolation, and violence due to inequalities in our healthcare system. The most crucial aspect of getting a person to disclose (i.e. screening), is building a strong and trusting rapport during their visit. Training clinicians is critical to change. Trauma-informed training is instrumental as it can help providers understand the impact of trauma, and the red flags and behaviors to look out for. Learning how to approach someone is an empathetic, non-traumatic, non-judgmental, and validating way is imperative."

Jessie Mongeon: RN, Family Medicine Triage Nurse, At Risk Women and Children Shelter volunteer

A major issue with IPV screening is that it takes on average 12 visits for a victim to disclose their abuse and thus, not likely to select "yes" on the generic safety concerns screening on the social determinants questionnaire provided to patients at our practice. IPV has been an ongoing issue in Vermont and it is important for providers and rising medical students to know about the available resources for patients and how to establish a rapport with their patients, which is difficult within the time constraints of healthcare. Possible solutions could be improved training, expanded home visit programs, and periodic screening.

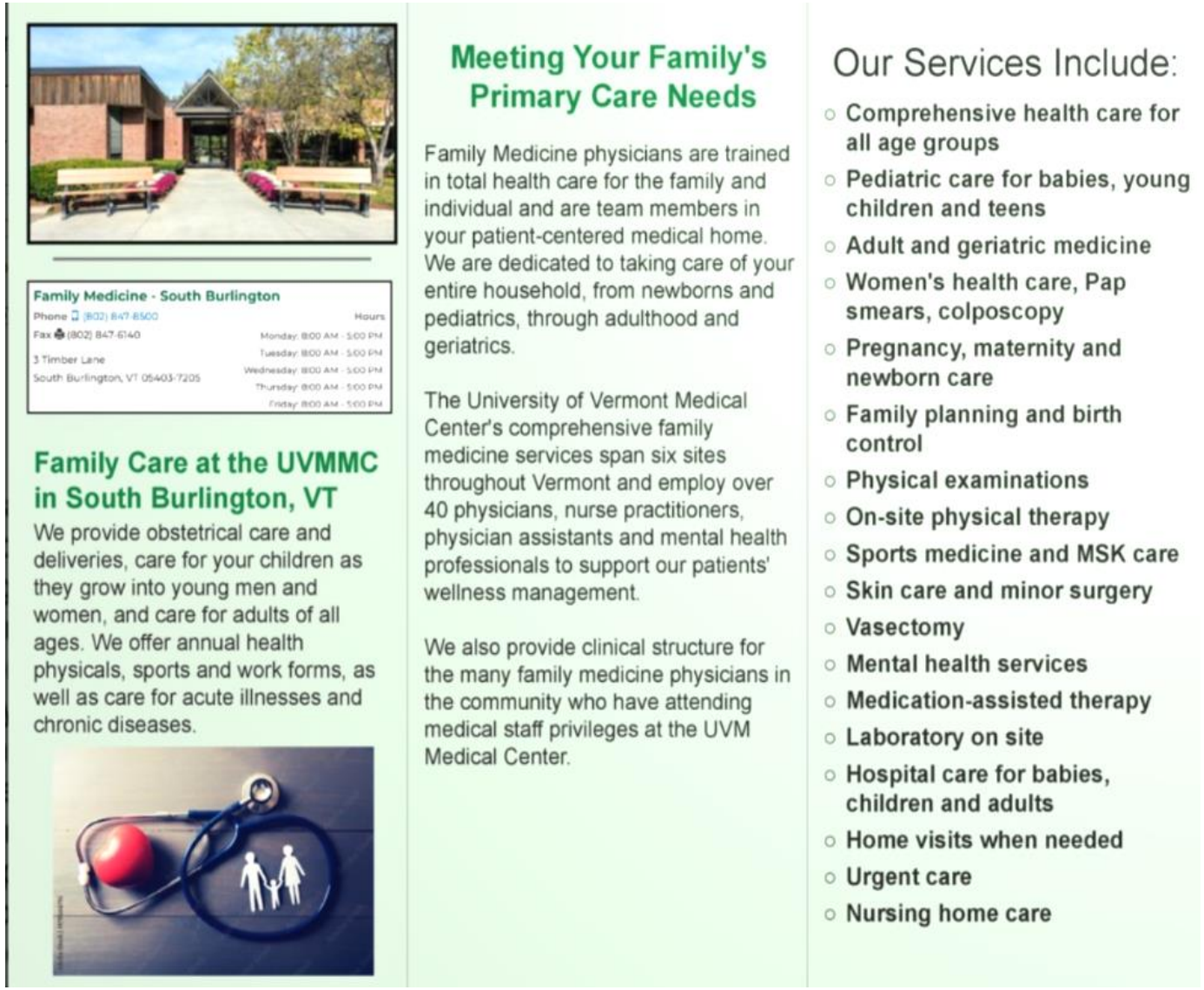
Intervention & Methodology

- Interviewed local community members in IPV care roles on the prevalence of IPV in Vermont, barriers to screening, and idea to mitigate the limitations in our health care system
- Specifically discussed the role of medical student education and its utility for improving IPV screening
- Spoke with two other organization via telephone regarding their role in IPV healthcare, availability of resources, methods or assisting patients, and barriers to screening they see on their end.
- Research the various economic costs and barriers to IPV care and its overall impact on our healthcare system and society
- Places Hope works poster in all bathrooms at my family medicine practice
- Constructed a discrete multi-fold, business-card sized pamphlet for the clinicians in my office to provide to their patients
  - Lists various organizations that assist with IPV and other forms of abuse
  - Provided the telephone number
  - Instructed providers to counsel patients about need to “hide” the card

Results – Outside of Pamphlet

Results: I designed a tri-fold, index card-sized pamphlet for the providers to provide to patients they suspect are victims of IPV.

I. The outside of the pamphlet is discrete, only depicting office info
II. Kept info for IPV resources limited to inside the brochure, hidden in a discrete manner
III. Card small enough to fit in sole of shoe, or other unique hiding spots



Results – Inside of Pamphlet

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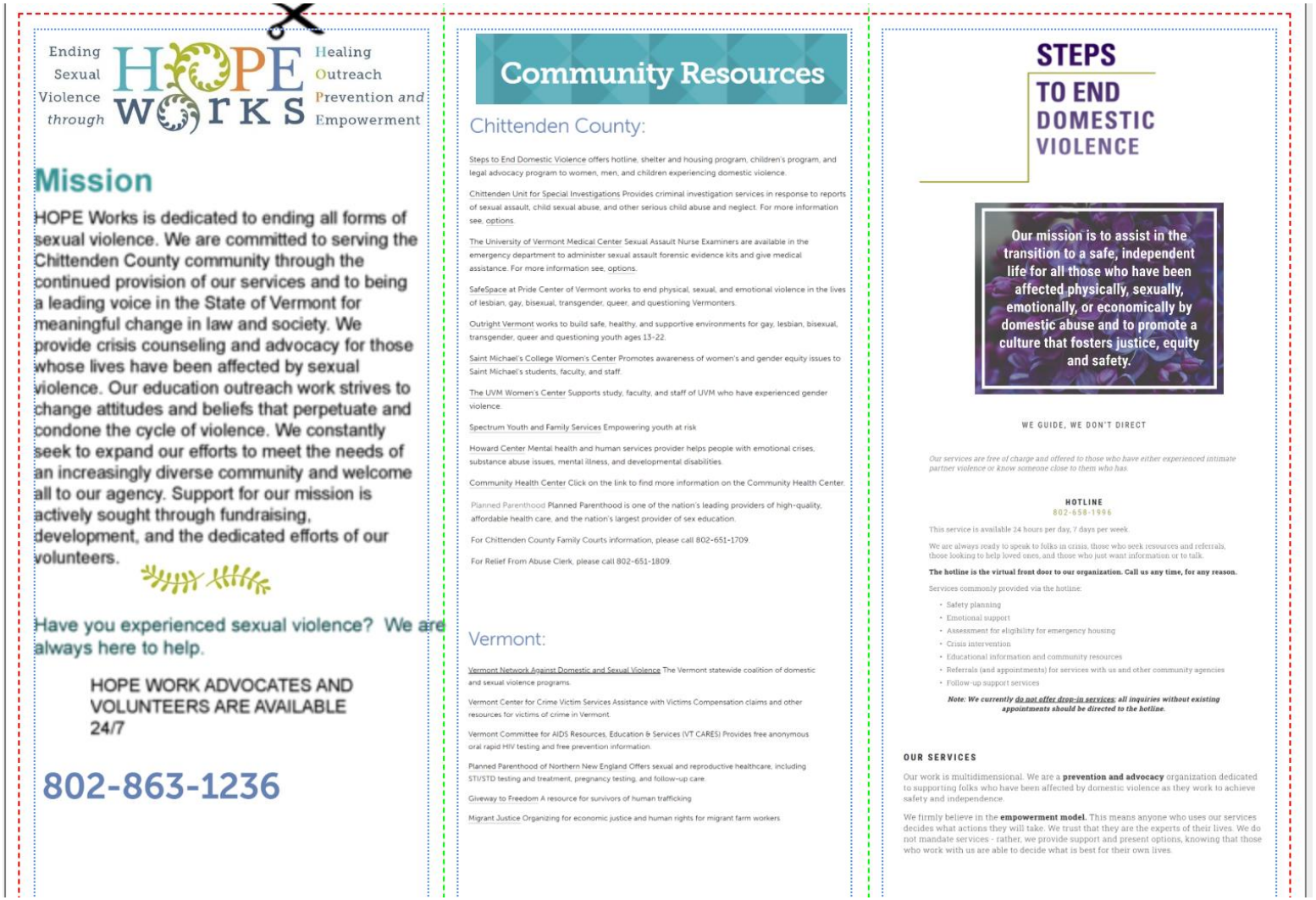


Ending Sexual Violence through HOPE WORKS Healing Outreach Prevention and Empowerment

Mission

HOPE Works is dedicated to ending all forms of sexual violence. We are committed to serving the Chittenden County community through the continued provision of our services and to being a leading voice in the State of Vermont for meaningful change in law and society. We provide crisis counseling and advocacy for those whose lives have been affected by sexual violence. Our education outreach work strives to change attitudes and beliefs that perpetuate and condone the cycle of violence. We constantly seek to expand our efforts to meet the needs of an increasingly diverse community and welcome all to our agency. Support for our mission is actively sought through fundraising, development, and the dedicated efforts of our volunteers.

Have you experienced sexual violence? We are always here to help.

HOPE WORK ADVOCATES AND VOLUNTEERS ARE AVAILABLE 24/7

802-863-1236

Community Resources

Chittenden County:

Steps to End Domestic Violence offers hotline, shelter and housing program, children's program, and legal advocacy program to women, men, and children experiencing domestic violence.

Chittenden Unit for Special Investigations Provides criminal investigation services in response to reports of sexual assault, child sexual abuse, and other serious child abuse and neglect. For more information see, options.

The University of Vermont Medical Center Sexual Assault Nurse Examiners are available in the emergency department to administer sexual assault forensic evidence kits and give medical assistance. For more information see, options.

SafeSpace at Pride Center of Vermont works to end physical, sexual, and emotional violence in the lives of lesbian, gay, bisexual, transgender, queer, and questioning Vermonters.

Outright Vermont works to build safe, healthy, and supportive environments for gay, lesbian, bisexual, transgender, queer and questioning youth ages 13-22.

Saint Michael's College Women's Center Promotes awareness of women's and gender equity issues to Saint Michael's students, faculty, and staff.

The UVM Women's Center Supports study, faculty, and staff of UVM who have experienced gender violence.

Spectrum Youth and Family Services Empowering youth at risk

Howard Center Mental health and human services provider helps people with emotional crises, substance abuse issues, mental illness, and developmental disabilities.

Community Health Center Click on the link to find more information on the Community Health Center.

Planned Parenthood Planned Parenthood is one of the nation's leading providers of high-quality, affordable health care, and the nation's largest provider of sex education.

For Chittenden County Family Courts information, please call 802-651-1709.

For Relief From Abuse Clerk, please call 802-651-1809.

Vermont:

Vermont Network Against Domestic and Sexual Violence The Vermont statewide coalition of domestic and sexual violence programs.

Vermont Center for Crime Victim Services Assistance with Victims Compensation claims and other resources for victims of crime in Vermont.

Vermont Committee for AIDS Resources, Education & Services (VT CARES) Provides free anonymous oral rapid HIV testing and free prevention information.

Planned Parenthood of Northern New England Offers sexual and reproductive healthcare, including STI/STD testing and treatment, pregnancy testing, and follow-up care.

Giveway to Freedom A resource for survivors of human trafficking

Migrant Justice Organizing for economic justice and human rights for migrant farm workers

STEPS TO END DOMESTIC VIOLENCE

Our mission is to assist in the transition to a safe, independent life for all those who have been affected physically, sexually, emotionally, or economically by domestic abuse and to promote a culture that fosters justice, equity and safety.

WE GUIDE, WE DON'T DIRECT

Our services are free of charge and offered to those who have either experienced intimate partner violence or know someone close to them who has.

HOTLINE
802-658-1996

This service is available 24 hours per day, 7 days per week.

We are always ready to speak to folks in crisis, those who seek resources and referrals, those looking to help loved ones, and those who just want information or to talk.

The hotline is the virtual front door to our organization. Call us any time, for any reason.

Services commonly provided via the hotline:

- Safety planning
- Emotional support
- Assessment for eligibility for emergency housing
- Crisis intervention
- Educational information and community resources
- Referrals (and appointments) for services with us and other community agencies
- Follow-up support services

Note: We currently do not offer drop-in services; all inquiries without existing appointments should be directed to the hotline.

OUR SERVICES

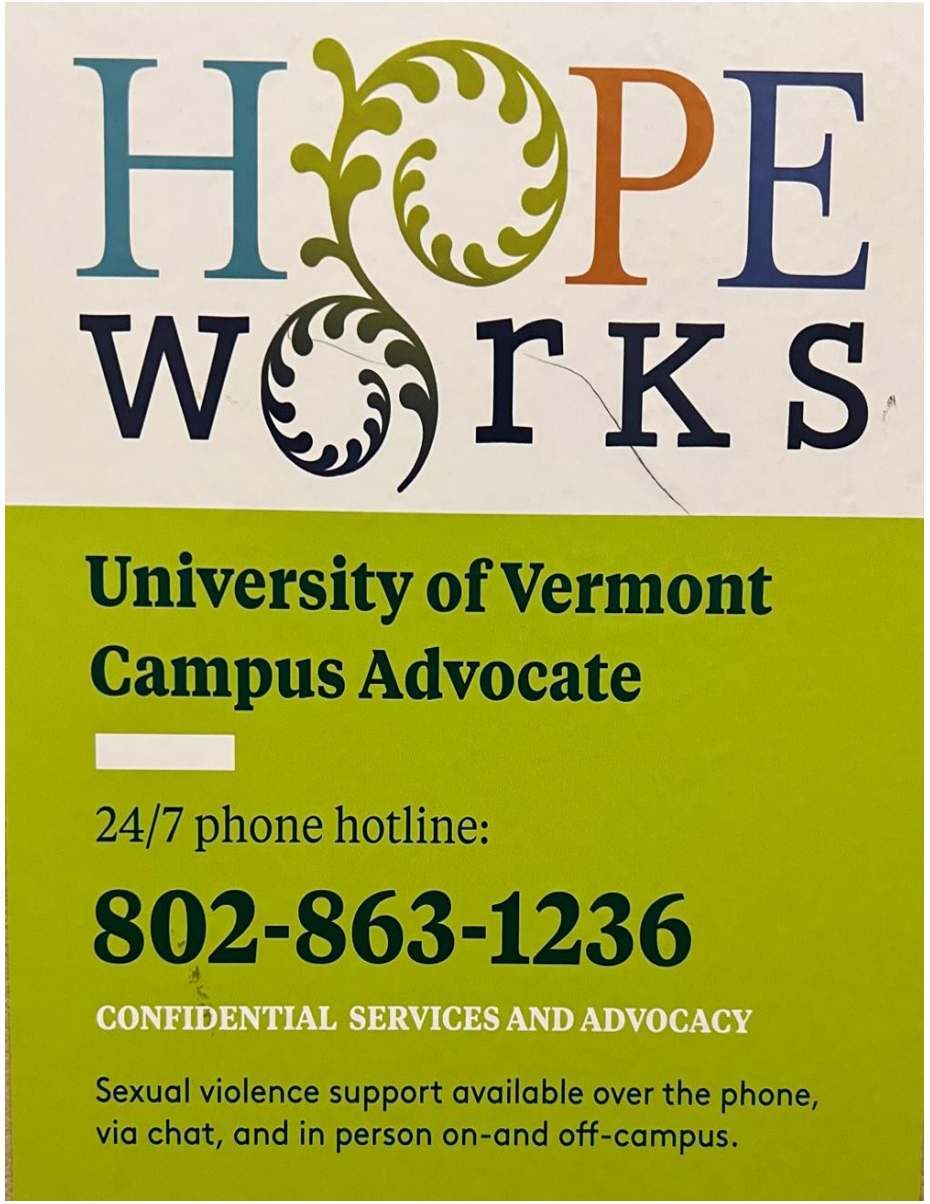
Our work is multidimensional. We are a **prevention and advocacy** organization dedicated to supporting folks who have been affected by domestic violence as they work to achieve safety and independence.

We firmly believe in the **empowerment model.** This means anyone who uses our services decides what actions they will take. We trust that they are the experts of their lives. We do not mandate services - rather, we provide support and present options, knowing that those who work with us are able to decide what is best for their own lives.

Results –Brochure

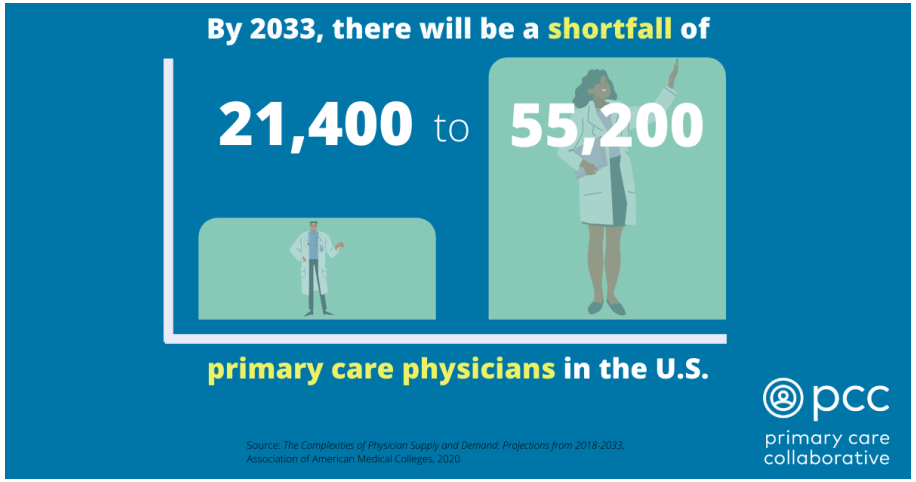
Additional laminated poster for Hope Works was obtained and placed in each bathroom of the family medicine practice. The hope is that this discrete location placement encourages a safe space for patients while providing valuable resources.

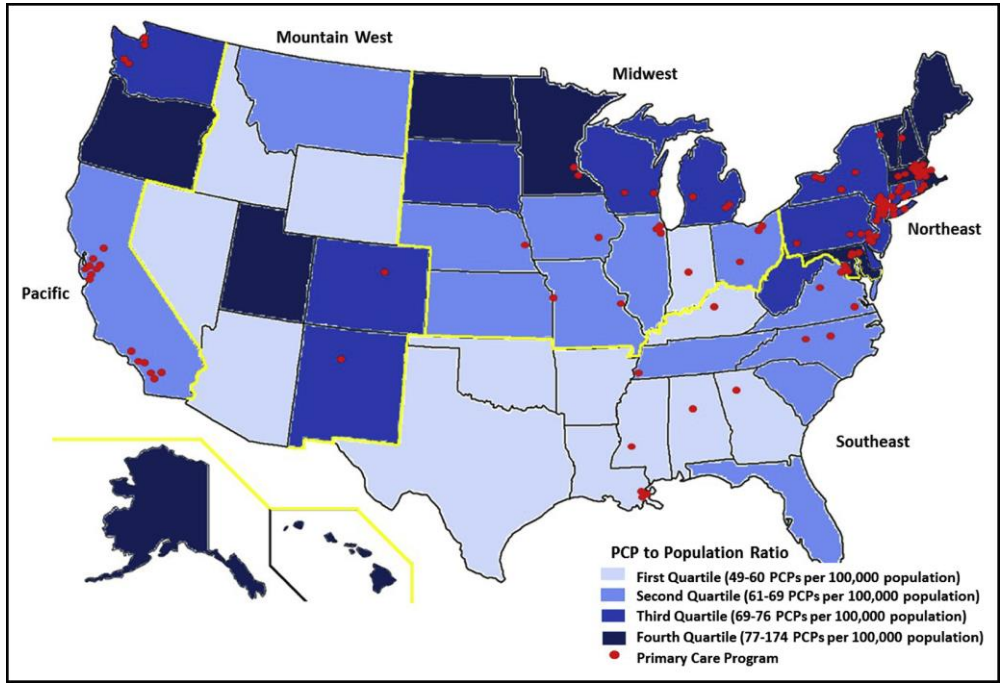
Patients can read this pamphlet along and safely, even if their partner accompanies them to the visit.



Limitations

- Printed resources is subject to obsolescence given technological advance (4)
- Current healthcare system and visit models limit amount of time providers are able to dedicate to individual patients
- Massive PCP shortage means certain individuals, especially those with social determinant concerns, have limited access to healthcare (4)
- Medical schools provide inadequate IPV and trauma-informed care training
- Need for a more effective manner to provide resources to at-risk individuals in a more discrete manner





Recommendations for Future Interventions

- Create interprofessional trauma-informed care and IPV training with Hope works and Steps to End Domestic Violence in both LCOM pre-clerkship years
- Develop standardized protocol for each PCP to follow if IPE is suspected and/or identified
- Incorporate a home-visit model for more PCPs
- Establish provider relations with local community agencies with training sessions – raises comfort level of staff in both screening and in referring to services [5]
- A systematic review of 17 programs that evaluated IPV screening found that programs that included a comprehensive approach and institutional support were effective in increasing IPV screening and disclosure rates. Effective screening protocols, initial and ongoing training, and immediate access/referrals to onsite or offsite support services helped to improve provider screening [5]

Preventative Measures (6)

References

(1) *Fast Facts: Preventing Intimate Partner Violence |Violence Prevention|Injury Center|CDC*. (n.d.). Retrieved November 6, 2022, from https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html

(2) *Intimate Partner Violence*. (n.d.). ACOG. Retrieved November 6, 2022, from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence

(3) *Intimate Partner Violence (IPV) Screening and Counseling Services in Clinical Settings*. (2019, December 2). KFF. https://www.kff.org/womens-health-policy/issue-brief/intimate-partner-violence-ipv-screening-and-counseling-services-in-clinical-settings/

(4) *NCBI - WWW Error Blocked Diagnostic*. (n.d.). Retrieved November 6, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6161830/

(5) O'Campo, P., Kirst, M., Tsamis, C., Catherine Chambers, C., & Ahmad, F. (2018, October 10). *Implementing successful intimate partner violence screening programs in health care settings: evidence generated from a realist-informed systematic review*. pubmed.gov. https://pubmed.ncbi.nlm.nih.gov/21330026/

(6) Tjaden, P., Thoennes, N., Justice, U.S. Department of, Programs, O. O. J., of Justice, National Institute, & and Prevention, Centers for Disease Control. (2012). *Extent, Nature, and Consequences of Intimate Partner Violence: Findings From the National Violence Against Women Survey*. CreateSpace Independent Publishing Platform.

Interview Consent Form

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she/they has explained the nature and purpose of this project. The interviewee affirms that he/she/they has consented to this interview.

Consented

Name: Jessie Mongeon, RN

Name: Catherine Ducosse, Associate Director - Hope works

Other Contributors

Name: Katherine Mariani, MD

Name: Jennifer Savage, CRP