

# **Intimate Partner Violence: Screening as a Step to Healing**

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**37% of women who seek  
emergency care in a hospital, for  
violence-related injuries, were  
injured by a current or former  
partner**

**US Dept of Justice**



# According to the AMA, battered women account for

- 22-35% of women seeking care in ED
- 19-30% of injured women seen in ED
- 14% of women in ambulatory clinics
- 25% of women who attempt suicide
- 25% of women using emergency mental health care
- 45-59% of mothers of abused children

# Your Patients and Mine

- **25-31% of American women, and 39% of Native American women, report being physically or sexually abused by an intimate partner at some point in their lives**
- **An estimated 10 million children witness that abuse each year**
- **Children may also experience the abuse firsthand**

# Prevalence and Chronicity

- **American Journal of Preventive Medicine  
June 2006**
- **Random telephone survey of 3429 women  
ages 18-64, HMO enrollees**
- **Predominantly white, educated, employed**
- **44% suffered some form of IPV in adult  
life**
- **34% from physical and/or sexual abuse**
- **35% from nonphysical abuse**

## Prevalence and Chronicity (cont)

- **45% of the abused women suffered more than one type**
- **11-21% abused by more than one partner**
- **Median duration of abuse was <1-5 years**
- **5-13% abuse lasted over 20 years!**
- **Repeated abuse episodes very common**
- **Younger, lower income, single mothers, child abuse survivors had highest rates**

# Health Effects of IPV

- **American Journal Preventive Medicine June 2006: Dramatic health decline**
- **Abuse within past 5 years increased depression 2.4 fold and severe depression 2.7 fold**
- **Women with most recent physical/sexual assault had substantially lower physical, social, mental health functioning scores**


# **Chronic Diseases: both survivors and witnesses**

- **Lung Diseases e.g. Asthma and COPD**
- **Heart disease and hypertension**
- **Ulcers and other GI diseases**
- **Diabetes**
- **Neurologic and Musculoskeletal Diseases**
- **Lack of Healthy Diet and Exercise**
- **Autoimmune Disorders**



# Chronic Diseases (continued)

- **Depression and Anxiety**
- **PTSD**
- **High risk health decisions and behaviors**
- **Sleep disorders**
- **Substance Abuse**
- **Aggressive or violent behavior disorders**



**Women who experience Intimate Partner Violence are 3 times more likely to display symptoms of depression, 4 times more likely to have PTSD, and 6 times more likely to have suicidal ideation (Prevention Institute)**

# Electronic Health Records and IPV

- Archives of Internal Medicine, June 2006
- Computer-based health risk assessment completed by female patients who could self-disclose IPV
- Physician prompt to discuss IPV based on patient answers
- Computer prompt improved, did not guarantee that IPV would be discussed.

## **EHR and IPV (cont.)**

- **26% urban and 21% suburban women in study were at risk for IPV**
- **Suburban women, white, private insurance and more educated women least likely to be asked about IPV**
- **Only 48% of computer prompts led to physician discussions**
- **For patients with IPV discussed, patient satisfaction with care was higher**

# Integrating IPV Assessment & Intervention into Healthcare in the US

- USPSTF recommends IPV screening & counseling
- Requires health system integration: EHR, quality incentives, supportive resources, clinician knowledge, varying approaches and patient populations, cultural issues
- [Ncbi.nlm.nih.gov/pmc/articles/PMC4302956/](https://pubmed.ncbi.nlm.nih.gov/26111111/)
- J Womens Health(Larchmt).2015 Jan 1; 24(1):92-99

# Common Comorbid Conditions

- **Chronic Pain Syndromes: migraine, pelvic, fibromyalgia, CFS, arthritis**
- **STD' s including HIV**
- **Morbid Obesity**
- **Difficulty controlling chronic diseases**
- **Compliance with recommended care**
- **Delayed Prenatal Care/ Teen Pregnancy**

# Other Barriers

- **Low Literacy due to educational challenges**
- **Language and cultural barriers**
- **Financial resources constrain access**
- **Multigenerational issues**
- **Aging perpetrators and survivors**
- **Disabled patients: 20% of US population in some definitions, very high risk**

**Pregnancy is a time when  
violence often begins or escalates**

**Pregnant women  
need to be  
screened at EVERY  
visit**

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**Pregnant or recently delivered women are more likely to die of homicide than any other cause.**



# Financial Impacts

- **One managed care plan experienced costs that were 92% higher for women who were victims of partner abuse than their general female enrollee-Journal of Family Practice 1999**
- **Direct medical and mental health care costs for victims exceed \$5.8 billion annually –CDC 2004**

# Financial Impact

- **Minnesota health plan study revealed that abused women incur \$1775 more health care service dollars annually than general enrollees.**
- **Early identification and treatment was deemed most beneficial**
- **May have extensive and lifelong needs**

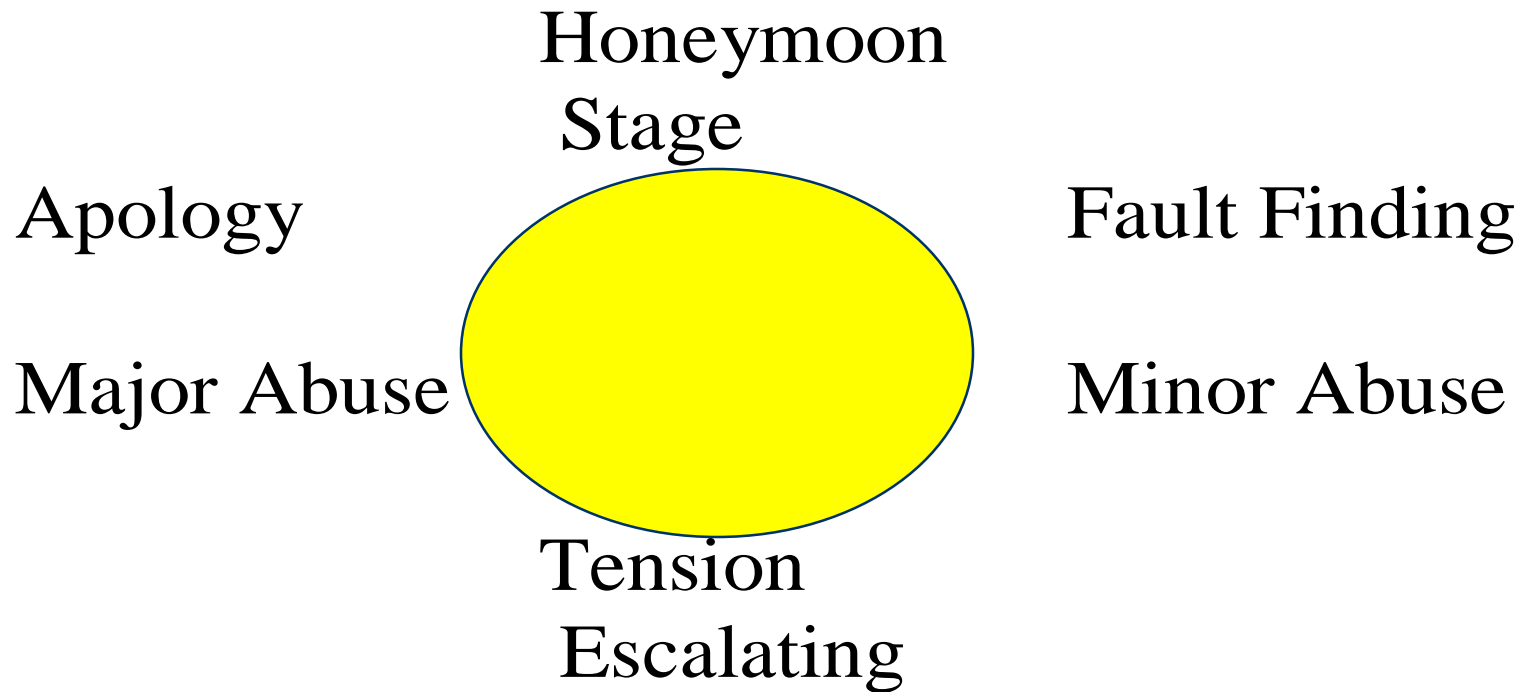
# Quality Care Includes Screening

- **Most Americans say they could tell a physician if they had been a victim or a perpetrator!!**
- **81% of all patients wish their provider would privately ask them.**
- **57% of Americans personally know a victim of domestic violence**

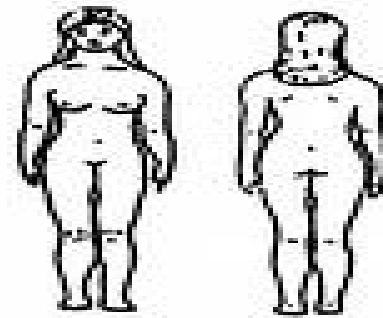
# Forms of Abuse

- **Physical Abuse**
- **Mental Abuse**
- **Sexual Abuse**
- **Property or economic abuse**

# Cycle of Violence



# Patterns of Injury



# RADAR Screening Tool

- **R- Routinely Ask**
- **A- Ask Direct Questions**
- **D- Document Findings**
- **A- Assess Safety**
- **R- Referral**



# RADAR

- **Routinely ask**
- **Non-judgmental, open ended**
- **Health system and office protocols**
- **Interview patients ALONE**
- **Engage staff in process**
- **Consider cards in rest rooms**
- **Staff may have own personal issues**

# RADAR

- **ASK direct question?**
- **Do you feel safe at home?**
- **What happens when you argue?**
- **Do you ever feel unsafe in your relationship?**
- **I notice bruises, who did this to you?**
- **Are you ever forced/coerced to perform sexual acts?**

# RADAR

- **DOCUMENT** your findings
- **Use patients own words and name of assailant**
- **Consider use of body map or photos**
- **Tell patient that this information is in records and record physical findings**
- **If DV suspected but not confirmed by patient, consider for differential dx list**

# RADAR

- **ASSESS safety**
- **Is there a pattern of abuse? Escalating severity and/or frequency?**
- **Death threats against patient or family?**
- **Injury/death of pet?**
- **Weapon in the home?**
- **Is she afraid to go home?**
- **Who controls medications?**

# RADAR

- **REFERRAL –be selective!**
- **Know local resources e.g. shelters**
- **Consider protective admission**
- **Respect patient as an adult capable of own decisions, set follow-up with YOU**
- **Offer brochures and use of private phone**

# **RADAR: Other points**

- **State reporting requirements variable**
- **Office staff confidentiality**
- **AVOID “Just Leave” advice**
- **Children often victimized -mandated reporters**
- **Comorbid issues e.g. mental health, substance abuse, injuries, pregnancy/STD’ s**
- **Protection From Abuse Order -PFA**

**Remember : Women are more likely to be killed at the time they are leaving a relationship and for the next year.**



**If a weapon is involved, you must report this to police in most areas.**





- **33% of homeless persons identify domestic violence as the cause**

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- **21-30% of American college students report at least one occurrence of physical assault by a dating partner**
  - **In homes with DV, children are abused or neglected at a 1500% higher rate than the national average**

# **BEFORE the violence**

- **Ask family, friends and others for help**
- **Make a list of people who can give you shelter, rides and money**
- **Make a list of phone numbers: police, hospital, hotline**
- **Have an emergency kit with money, ID for self and kids, checkbook, spare keys, meds, pay stubs, food stamps, toys (easy access)**

# **DURING the violence**

- **Call police or have someone else call**
- **Grab emergency kit if you can**
- **GET OUT! Take your children with you!**

# **AFTER the violence**

- **Get medical help and tell them what happened**
- **Have the doctor, nurse, or friend take pictures**
- **Save any ripped or bloody clothes**
- **Talk to someone about your options -call a 24 hour hotline**

# Sexual Assault

- **1 in 4 females, 1 in 5-6 males: lifetime risk**
- **60% before age 18**
- **Know state laws**
- **Sexual Assault forensic examiner programs in ED' s, expanding community programs nationwide**
- **Immediate and survivorship issues impact health long term**
- **Comorbid issues extensive**

# Messages of Collusion or Blame

- **When we advise a victim to be more assertive or accommodating to stop the violence**
- **When we fail to ask direct questions about injuries**
- **When we fail to hold the perpetrator accountable and engage in victim blaming**

# Community Action Steps

- **Fatality Review Team**
- **Sexual Assault Response Teams**
- **Family Violence Task Force**
- **Hospitals developing emergency housing backup if shelters full**
- **Batterers Treatment Programs**
- **Involving Public Health**
- **Blame placed on abuser and NOT the victim**

# **National Domestic Violence Hotline**

**1-800-799-  
SAFE (7233)**





# Pennsylvania Coalition Against Domestic Violence

- **\*National Resource Center**

- 3605 Vartan Way #101

Harrisburg,

PA 17110

- [www.pcadv.org](http://www.pcadv.org)

# Resources

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[FuturesWithoutViolence.org](https://www.futureswithoutviolence.org)

- [PreventionInstitute.org](https://www.preventioninstitute.org)
- [ACESTooHigh.com](https://www.cestoohigh.com)
- [DomesticViolenceResearch.org](https://www.domesticviolenceresearch.org)

# PA Coalition Against Rape

- National Sexual Violence Resource Center
- [www.nsvrc.org](http://www.nsvrc.org)
- [www.pcar.org](http://www.pcar.org)

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