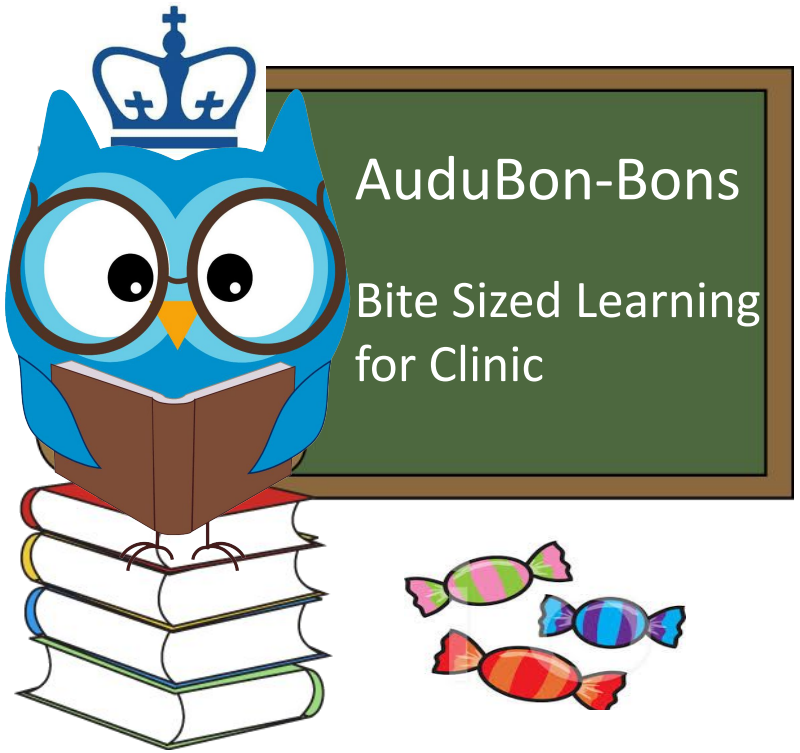
INTIMATE PARTNER VIOLENCE



Week 6

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Reading Assignment:
ACOG Committee Opinion #518
Intimate Partner Violence

LEARNING OBJECTIVES

- To be able to define intimate partner violence
- To screen for intimate partner violence using trauma-informed care
- To provide resources for survivors of intimate partner violence

CASE VIGNETTE

- Ms. Maple, a 31 y.o. G0 woman presents to clinic with pelvic pain. This is her fourth visit in the past year.

FOCUSED HISTORY

What elements of the patient's history are most relevant?

- **PMH:** **Denies**
- **PSH:** Appendectomy at age 15
- **POBH:** G0
- **PGYNH:** Regular menses. Denies history of STIs or abnormal paps. Up to date on pap. Sexually active with mutually monogamous male partner. Denies history of fibroids or cysts.
- **MEDS:** None
- **All:** NKDA
- **FH:** Mother with depression
- **SH:** Denies tob, drug, etoh use. Unemployed. Accepts blood products.
  - **When asked about her relationship with her partner, she appears tearful and stops making eye contact. When you ask her if he ever hurts her, she says "He doesn't mean to." When you ask follow-up questions, she begins to backtrack on her initial statement.**

PERTINENT PHYSICAL EXAM FINDINGS

What elements of the patient's physical exam are most relevant?

- **General:** Well appearing woman, VSS
- **CV:** RRR
- **Resp:** CTAB
- **Abd:** Soft, ND, NT, no rebound or guarding
- **Vulva:** Normal external female genitalia. No lesions.
- **Vagina:** Pink, healthy mucosa.
- **Cervix:** Closed os. No lesions. No bleeding. No CMT.
- **Uterus:** NT. Anteverted. No masses palpable.
- **Adnexae:** NT. No masses palpable.

INTIMATE PARTNER VIOLENCE

What is intimate partner violence (IPV)?

- Pattern of assaultive behavior and coercive behavior that may include physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation, and reproductive coercion by a person who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent and is aimed at **establishing control** of one partner over the other.

What is the prevalence of IPV?

- More than 1 in 3 women in the US have experienced rape, physical violence, or stalking by an intimate partner in their lifetime.
- In the women experience U.S 4.8 million incidents of physical or sexual assault annually.
- These numbers are an **underrepresentation** of the actual incidence. Many cases are not reported.
- About 20% of women in family planning clinics who had a history of abuse also experience **pregnancy coercion** and 15% reported **birth control sabotage**.

FYI: Threats preventing or attempting to prevent access to abortion care violates the FACE Act (Freedom of Access to Clinic Entrances & Places of Religious Worship)

INTIMATE PARTNER VIOLENCE IN PREGNANCY

What are some of the medical consequences of IPV in pregnancy?

- Poor pregnancy weight gain, infection, anemia, tobacco use, IUFD, pelvic fracture, placental abruption, fetal injury, preterm delivery, low birth weight
- **Homicide has been reported as a leading cause of maternal mortality, with the majority perpetrated by a current or former intimate partner.**

When are survivors of IPV most likely to be killed by their abuser?

- When they are trying to leave the relationship
- During **pregnancy and the postpartum period**

SCREENING FOR INTIMATE PARTNER VIOLENCE

What are some common chief complaints of survivors of IPV in clinic visits?

- Some survivors present for acute injuries, but most present with **non-acute chief complaints** such as chronic headaches, sleep and appetite disturbances, palpitations, chronic pelvic pain, irritable bowel syndrome, sexual dysfunction, urinary frequency/urgency, abdominal symptoms, and recurrent vaginal infections
- Survivors can also present with PTSD, anxiety disorders, depression, substance use, and suicidal ideation

What are some red flags for IPV?

- Signs of depression, substance use, mental health problems, requests for repeat pregnancy test when patient does not wish to be pregnant, new or recurring STIs, asking to be retested for STI, expressing fear when negotiating condom use, expressing desire to hide contraceptive use (e.g. cutting IUD strings so partner will not know she has an IUD)

Who should your screen for IPV?

- **All patients and continue to screen at periodic intervals**
- During pregnancy, patients should be screened at initial visit and at least once each trimester, and at postpartum visit

SCREENING FOR INTIMATE PARTNER VIOLENCE

Is there a different between self-administered screening or clinician interviewing?

- No
- But screening must be conducted privately

SCREENING FOR INTIMATE PARTNER VIOLENCE

What are some good techniques for screening for IPV?

- Location: Private and safe setting with patient alone
- Language: Professional language without using stigmatizing terms
- Relationships: Long-term therapeutic relationships will allow patient to feel safer revealing abuse
- Resources: Resources should be located in private places where patient is alone such as the bathrooms. Patient can place phone numbers or websites in her phone under alternate names.
- Trauma-Informed Care: Entering each patient encounter with the assumption that patients have experienced trauma in their history. Create an encounter that feels safe and empowers the patient.
- Confidentiality: Ensure patient understands that their visit is confidential unless they disclose child abuse for which you are a mandated reporter.
    - Our social workers are well versed with what is a mandated report and are excellent resour

INTIMATE PARTNER VIOLENCE RESOURCES

What is the next step after a patient discloses IPV?

- Acknowledge the trauma
- Assess the immediate safety of the patient and children if present
- Assist in developing a safety plan – SW can help with this
- Identify risk factors for intimate partner homicide
- Do NOT force patient to accept assistance or secretly place information in her possession
    - Your role is to be available when she is ready in a non-judgmental space. Trying to force her to follow your plan will only remove you as a potential resource for her in the future, and can put her at greater risk from her abuser.

What are risk factors for intimate partner homicide?

- Having experienced previous acts of violence, estrangement from partner, threats to life, threats with a weapon, previous nonfatal strangulation, and partner access to a gun

INTIMATE PARTNER VIOLENCE RESOURCES

What are some resources for your patient?

- Your amazing Social Worker colleagues!
- Domestic and Other Violence Emergencies (DOVE) at Columbia
  - 212-305-9060
- National Domestic Violence Hotline
  - 1-800-799-SAFE (7233)
- Rape Abuse & Incest National Network Hotline
  - 1-800-656-HOPE (4673)
- Futures Without Violence
  - www.futureswithoutviolence.org

INTIMATE PARTNER VIOLENCE DOCUMENTATION

Why is documenting your encounter important?

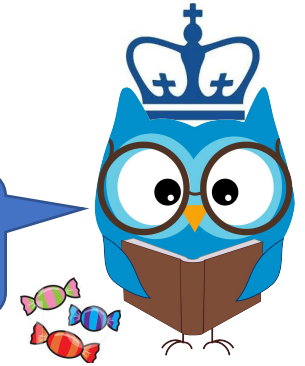
- Documenting the clinical interaction provides important evidence in any future legal proceedings
- Accurately document the patient's physical condition, including any pertinent photographs or body maps, use quotations if indicated

SOCIAL DETERMINANTS OF HEALTH

Patients with Disabilities

- Patients with disabilities are more reliant on their partners or caregivers for help.
- This can set up a dangerous dynamic where abusers may inflict abuse by withholding medication, preventing use of assistive equipment, and sabotaging other personal service needs such as bathing, bathroom functions, or eating.
- Many violence shelters do not accept women with disabilities or are not trained to respond adequately to the needs of patients with disabilities.

What are some specific screening questions for patients with disabilities?



EPIC .PHRASE

.BBonIPV

<u>Description: Intimate Partner Violence without Child Abuse</u>

The patient revealed that she has experienced intimate partner violence in the form of ***. There have been *** such incidents and the descriptions are as follows: ***. There *are/are not* children in the home and they are not subject to abuse. They have not witnessed abuse. I acknowledged her trauma. She affirmed she is not in immediate danger. She also denies s/sx of depression or SI/HI. She denies having experienced previous acts of violence, estrangement from partner, threats to life, threats with a weapon, previous nonfatal strangulation, or partner having access to a gun. She *would like to/would not like to* establish a safety plan today. We reviewed her resources including our in office Social Worker and DOVE. She *would like to/would not like to* meet with our Social Worker today. She *would like to/would like to* take the information for DOVE. Plan to follow up with patient closely to offer continued support and close assessment of her safety.

CODING AND BILLING

- **This is a very important service, but is not billable.**

EVIDENCE

Intimate Partner Violence. Committee Opinion No. 518. American College of Obstetricians and Gynecologists. Obstet Gynecol 2012; 119:412-7.

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014