

***How Obstetric Care Providers
Ask Their Pregnant Patients
about Intimate Partner
Violence***

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Background

- Most health care organizations recommend screening all female patients for IPV
- Obstetricians more likely than other clinicians to ask about IPV, especially during first obstetrics visit
- Most women report wanting providers to ask about IPV
- We do not know how obstetricians are asking and what is the best way to ask.

Study Objective

- To describe how obstetric care providers ask patients about intimate partner violence (IPV) during the first obstetric visit.
- To explore what communication elements are associated with in-person patient disclosure of IPV.

[Methods]

- Audio-recorded first obstetric visits
 - Most thorough visit
 - Most likely to contain provider IPV inquiry
- Subjects also completed computerized questionnaire immediately before meeting provider

[Study Setting]

- Hospital-based clinic in an urban academic medical center
- Patient population racially diverse, primarily low-income, majority on medical assistance or no health insurance

[Data Analysis]

- Audio-recordings were coded for IPV inquiry and IPV disclosures
- Provider IPV inquiry was coded
 - direct, indirect, or none, and whether providers gave an explanation for asking about IPV
- Bivariate analysis—associations between IPV inquiry communication and IPV disclosure

[Provider Communication Style]

- Transactional
 - Focus on information exchange
- Transactional with Social Talk
 - Mostly information exchange with some social talk (e.g. joking, comment on weather)
- Interactional
 - Focus on rapport-building and interpersonal relationship integrated with the information exchange

[Patient Subject Characteristics]

- 250 pregnant patients
- The mean age 25 years (range 18-42 years)
- 47% White 47% African American
- Most (84%) were not married.

[Obstetric Provider Characteristics]

- 51 obstetric care providers
- 94 % female (94%)
- 86% white
- Mean age was 31 years (range 22 to 54 years)
- 40 (78%) resident obstetrics and gynecology physicians
- 6 (12%) nurse midwives, 4 (8%) nurse practitioners and a one (2%) physician assistant

[IPV Provider Inquiry]

- Providers asked about IPV in 244 (97.6%) of the visits.

[IPV Disclosure – In-Person]

- Of the 250 patients, 67 (27%) disclosed IPV to their obstetric care provider during their audio-recorded visit.

[IPV Disclosure - Computer]

- 247 patient subjects completed the computerized questionnaire
- 85 (34%) disclosed IPV via the computer

**Styles of IPV inquiry-
direct/indirect questions**

- In 219 visits (87.6%), the providers asked about IPV using direct language
 - e.g. "Have you ever been a victim of domestic violence?"
- In 48 (19%) of the visits, providers asked about IPV only indirectly
 - e.g. "Are you safe at home?"

**Styles of IPV inquiry-repeated
questions/framing statements**

- In 138 (55%) of the visits, providers used more than one question to ask about IPV
 - e.g. "Any abuse? Physical, sexual, emotional? Are you safe at home?"
- In only 31 visits (12.4%), did the provider make a statement explaining to the patient why she was being asked about IPV

**Communication and In-Person
Disclosure**

- IPV disclosure was 2.9 times more likely to occur in visits in which the provider asked about IPV using more than one question
- Disclosure was not associated with direct language or a reason for asking

Communication Styles and IPV Disclosure

- 24 patients who disclosed IPV on the computer did not disclose in person
 - 89.2% transactional or transactional with social talk vs. 10.7% interactional
- 7 patient did not disclose on the computer but did disclose in person
 - 28.6% transactional or transactional with social talk vs. 71.4% interactional

Limitations

- Data collected at single clinical location-may not be generalizable
- Only captured discussions with obstetric care provider
- Providers were mainly resident physicians-they may lack IPV screening and other communication skills/training
- We did not examine differences between disclosures of past versus current IPV

Conclusions

- Our findings suggest that providers' use of more than one question to assess IPV can affect patient disclosure.
- The style of asking about IPV likely influences a survivor's willingness to disclose her experience of IPV

[Implications]

- These communication elements (e.g. repeated inquiry and interactional communication style) can be included in provider training interventions to improve methods of asking about IPV.

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