

The Essentials of an IPV Screening Protocol for Pregnant Women within a Healthcare Setting



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March 21, 2015

Disclosure Statement

I have no conflicts of interest to declare

Objectives:

- **Describe the process of successfully implementing an IPV screening protocol within a healthcare setting with multiple clinic locations.**
- **Understand the importance of collaboration between healthcare providers and local community service agencies.**
- **Discuss the pros and cons of two IPV screening methods in the healthcare setting**

IPV is associated with a wide range of medical and mental health problems

Most common cause of injury in women aged 18-44

Associated with higher rates of:

- **Headache, insomnia**
- **Abdominal and pelvic pain**
- **STDs, HIV**
- **Unintended pregnancy**
- **Abortion**

Associated with ongoing mental health problems:

- **Depression**
- **Anxiety**
- **PTSD**
- **Substance abuse**

5–20% of women experience IPV during pregnancy

- **40-60% more likely to have complications related to pregnancy**
 - Pre-term delivery
 - Low birth weight infant
 - Peri-partum depression
- **Accounts for 31% of maternal injury deaths**
- **IPV is as common as other conditions we routinely screen for in pregnancy**
 - Gestational diabetes 2-3%
 - Pre-eclampsia 5-14%

Healthcare providers can start the process

Talking to a health care provider increases the likelihood of receiving DV services

Receiving DV services increases likelihood of exiting an abusive relationship

Exiting abusive relationship is associated with improved physical health

One survivor says “I didn’t leave my husband that day but the physician’s words were part of what it took for me to finally leave. My health is completely back to normal now.”

California State Law (AB890): Screening and Training

Since 1995, California state law AB890 requires that health care providers routinely screen for IPV and that health care organizations train clinicians on detection and treatment because...

- Those experiencing IPV often seek medical care instead of contacting law enforcement
- Most women have regular contact with health care, providing multiple opportunities for learning about resources

California State Law (Penal Code 11160): Reporting

Health care providers are required to make a report to law enforcement if they are treating a physical injury due to IPV

Most women consider the healthcare setting an appropriate place to discuss and seek help for IPV, and they want physicians to ask about IPV

In a study of Kaiser Permanente members, 86% felt that all women should be screened for IPV, and 83% would advise others experiencing DV to seek help in the health care setting

Women want help for IPV

Women say they would use a variety of healthcare and community services if they were hurt or afraid of their intimate partner

The challenge is helping women know that these resources are available and how to access them – that is why the healthcare setting can play an important role

	Experiencing Intimate Partner Physical Domestic Violence (IPP-DV) (Percent)	Not Experiencing Intimate Partner Physical Domestic Violence (IPP-DV) (Percent)	All Respondents (Percent)
Legal services	68.8	71.7	71.6
Crisis counseling	56.6	67.5	67.2
Support groups	58.5	64.6	64.4
Health services	55.1	60.1	60.0
Battered women's shelter	34.2	43.0	42.8
Housing help	38.3	37.8	37.8
Children's therapy/counseling	31.3	34.2	34.1
Job training/job search	33.5	29.8	29.9
Financial help	23.2	29.0	28.8
Other	14.4	13.6	13.6
<i>Some type of help</i>	<i>89.3</i>	<i>92.1</i>	<i>92.0</i>

ACOG Recommends IPV Screening for All Women



February 2012

The College says that ob-gyns should routinely screen all women for IPV at periodic intervals including during prenatal visits, offer them support, and have referral and resource information handy for those being abused.

February 2013

Include screening, counseling and specific interventions for reproductive and sexual coercion.

Describe the process of implementing an IPV screening protocol within a healthcare setting with multiple clinic locations

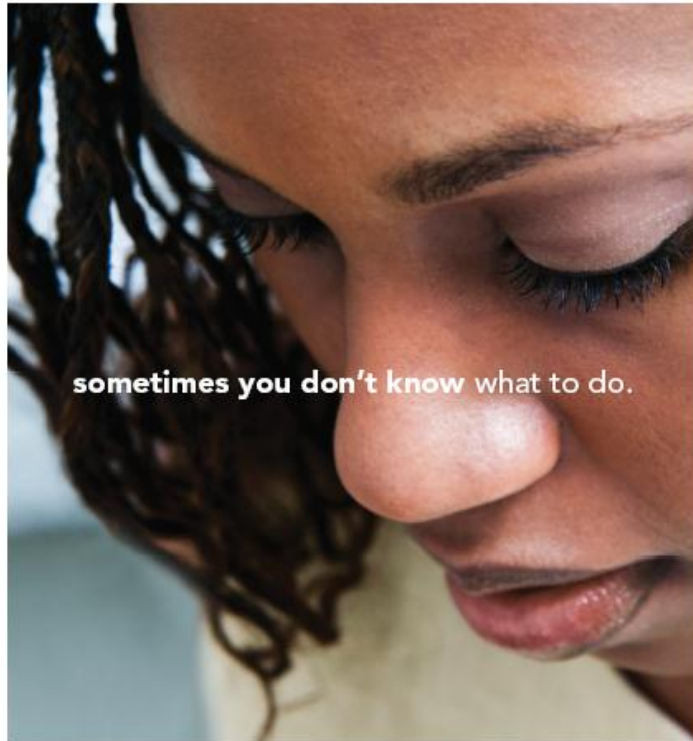
Kaiser Permanente: A Systems Model Approach

Domestic Violence Prevention Systems Model Implementation



- **Creating a supportive environment**
- **Screening and referrals**
- **Providing on-site DV resources**
- **Connecting with community groups**

Here's What You Can DO



sometimes you don't know what to do.

IT'S OK TO ASK FOR HELP.

If you need help dealing with an abusive relationship, please contact the Employee Assistance Program (EAP) at (510) 987-4600 or the line 8-427-4600 for confidential assistance. An EAP coordinator can help you find solutions that fit your individual needs, find emergency housing, get counseling, develop a safety plan, and access legal services. Or contact the National Domestic Violence Hotline at 1-800-799-SAFE (1-800-799-7233).

kp.org/domesticviolence

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Obstetric care provides a window of opportunity

96% of pregnant women receive prenatal care

Average of 12–13 prenatal care visits

Opportunity to develop trust in health care team

Routinely screen at specified prenatal visits:

- At first prenatal visit
- At 28 weeks
- At 35 weeks
- At postpartum checkup



Protocol and Training

- **Support tools developed**
- **Training of healthcare team at each clinic site**
- **Roles and expectations of each member of healthcare team delineated**
- **Feedback elicited over time to adjust and improve protocol and support tools**

Ask

- Screening must occur in privacy
- Use the patient's language of choice
- Laminated cards with questions and “yes” or “no” are good options.

Your privacy matters.
Su privacidad es importante.



The confidentiality of the patient-doctor relationship is **important** to us.
That's why we ask family members and friends to remain in the waiting area during patient examinations.
Afterward, at the patient's request, family or friends may be invited into the exam room.
Thank you for your understanding and support.

La confidencialidad de la relación entre el paciente y el médico **es importante** para nosotros.
Por eso pedimos que los familiares y amigos permanezcan en la sala de espera durante el examen del paciente.
Después, si el paciente lo solicita, podría invitarse a los familiares o amigos a la sala de examen.
Le agradeceremos su comprensión y asistencia.

Kaiser Permanente protects the privacy and security of your personal information in accordance with state and federal laws.
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Sample Screening Questions

“Because abuse is so common and because it can affect your health, we ask all our patients about abuse.

- 1. Within the past year, has your partner or anyone else hit, slapped, kicked, or otherwise physically hurt you?*
- 2. Within the past year, has your partner or anyone else forced you to participate in unwanted sexual activities?*
- 3. Are you afraid of your partner or anyone else?*

Available in English, Spanish, Chinese, Vietnamese, Arabic, Farsi, Hindi, and Gujarati, Korean

Affirm

If patient says “no”

“I am glad that this is not a problem for you. If this should ever change, you can feel free to talk to me or your provider about this.”

Affirm and Assess

If patient says “yes”

- *“I am so sorry this has happened to you but I am glad you are telling us about this so we can help.”*
- *“I would like to ask you a few more questions. Is the partner you are referring to your current partner or an ex-partner? If it is an ex-partner, do you still have contact with them?”*
- *“Did this person accompany you to the appointment today?”*
- *“Do you feel safe going home?”*

Offer Help

“I want you to know that I am concerned for your safety, you are not alone and help is available. You may be feeling confused, frustrated, sad, angry or ashamed. Domestic violence is common and happens in all kinds of relationships. This is not your fault. It does not go away and it tends to get worse and more frequent over time. It can have a significant impact on your health and wellbeing.”

Offer Help

“There are people who can help you. I would like to call Human Options a community program that we work closely with. They have a lot of experience and can talk to you about what choices you have. What you say is completely confidential and private.”

Staff provide a warm handoff to the advocate on the phone

Refer

Give them an information card with referrals. Encourage them to call right away. Research has shown that brochure based interventions are effective and providers find that a brief intervention that uses a safety card and includes a referral to a local domestic violence or advocacy support agency is simple and effective. Providers can help patients connect with an advocate to work on a safety plan and additional services such as housing, legal advocacy and support groups/counseling.

Understand the importance of collaboration between healthcare providers and local community service agencies.

Connecting victims with the resources they need to make changes in their lives

Local DV Service Providers:

- have expertise
- are available 24/7
- have emergency services
- can connect victims with other agencies and services
- provide free counseling services
- are private and safe
- can provide education and support for clinic providers and staff



Discuss the pros and cons of two IPV screening methods

Written Prenatal Questionnaire: First Prenatal Visit

OTHER	CIRCLE NO or YES
1. Do you follow any kind of restrictive diet, e.g. vegetarian, vegan, etc.?	No Yes
2. Have you ever had an eating disorder?	No Yes
3. Do you feel you are financially able to provide nutritional food to your family?	No Yes
Within the last year:	
4. Has anyone hit, slapped, kicked, or forced you to have sex when you didn't want to?	No Yes
Since the pregnancy began:	
5. Has your partner ever threatened you?	No Yes
6. Have you smoked cigarettes? If yes, specify how many cigarettes/week in	

Two questions about IPV among 70+ health history questions. Given to patient at her first appointment.

DV Screening Questionnaire

Kphc, Threevaztestest Age: 55 year old DOB: 7/7/1957 Allergies: Bee Pollen, Beer, Abciximab, Air, Amlodipine
Sex: F MRN: 000008075615 PCP: (None) INS: MULT* Kp.org Inactive
Alert: FYI HM Code: Prior

Current Questionnaires
DV SCREENING DOM/VIO/NATL

Adv	Question	Answer	Comment
	Within the past year, has your partner hit, slapped, kicked or otherwise physically hurt you?		
	Within the past year, has your partner forced you to participate in unwanted sexual activities?		
	Are you afraid of your partner?		
	IF PATIENT ANSWERS YES TO ANY QUESTION, CONSIDER USING DV SMARTSET		

Administered by MA during initial intake, alone in a semi-private setting. Questions are on a laminated card, in language of patient choice.

HealthConnect Questionnaire

“Because violence is so common and it can affect your pregnancy and health, we ask all our patients about abuse. Your answers will be communicated to your provider.”

1. Within the past year, has your partner hit, slapped, kicked, or otherwise physically hurt you?

Yes

No

2. Within the past year, has your partner forced you to participate in unwanted sexual activities?

Yes

No

3. Are you afraid of your partner?

Yes

No

Supportive environment Rooming alone

Screening must be done in privacy- no family members or friends as interpreters

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Afterward, at the patient's request, family or friends may be invited into the exam room.

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Supportive environment

Body language and supportive messaging

Body Language

- good eye contact
- neutral body posture
- clear instructions
- no language barrier

Supportive Messaging

- Reason for the screening/why are we doing this?
- Positive response to “yes” and “no” answers
- Emphasize information sharing, not disclosure

Supportive environment

Scripting for Success

In the Waiting Room

Look the patient straight in the eye and say with a cheerful smile...

"Good morning/afternoon. I need to bring you back alone to do your intake. Your guest will be brought back when you see your provider."

At the MA Station

"We have a few questions for you to answer regarding your safety. Please read these three questions to yourself, and point to the answer that fits your situation."

If the patient gives a negative response, offer a supportive message:

"I am glad this isn't a problem for you. If this should ever change, you can feel free to talk with us about it. Would you like to have time alone to talk to your provider in private before I bring in your guest?"

If the patient gives a positive response, offer a supportive message:

*"I am so sorry, but I am glad you are telling us about this so we can help.*** will talk to you more about this, and will be able to give you some resources and information."*

Inform the provider of a positive screening response and document in nursing notes.

If the patient shares any additional concerns, document in the Nursing Notes and verbally inform the provider.

OB/GYN IPV Screening

MSA	2014 Q1		2014 Q2		2014 Q3		2014 Q4		Total for 2014	
	Screens	POS	Screens	POS	Screens	POS	Screens	POS	Screens	POS
AV	945	6	988	3	1,659	16	1,848	21	5,440	21
BP	11,372	24	10,727	20	10,484	15	10,080	16	42,663	16
Do	2,283	9	2,232	5	4,143	16	5,904	23	14,562	23
Fo	7,774	11	10,493	13	11,886	10	11,594	8	41,747	8
KC	450	0	642	4	915	4	994	11	3,001	11
LAMC	2,077	4	2,027	3	5,238	16	7,087	17	16,429	17
OC	4,564	11	4,735	7	7,611	18	9,477	33	26,387	33
PC	660	0	558	3	3,347	3	8,458	4	13,023	4
Rv	1,242	7	1,151	2	1,160	4	3,764	16	7,317	16
SD	15,462	17	14,711	19	15,668	12	13,929	18	59,770	18
SB	851	3	739	0	824	1	3,351	6	5,765	6
WLA	1,377	2	1,184	6	2,653	13	3,821	12	9,035	12
WH	767	2	708	4	2,896	11	4,314	13	8,685	13
TOTAL	49,824	96	50,895	89	68,471	139	75,621	198	244,811	522

Screens: include duplicate patients POS: Positive disclosures (no duplicate patients)

Linkages & Learnings

- **Ensure privacy and safety of patients and staff**
- **Escalation plan for unusual or unexpected situations**
- **Communication between healthcare organization, community agencies and law enforcement**

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