

# Routine Screening for Intimate Partner Violence in Healthcare Facilities: An Epidemiological Analysis

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# Background



Intimate partner violence (IPV) is associated with numerous adverse health outcomes

(Bonomi et al., 2007; Campbell et al., 2002; Kerner et al., 2002; Dutton et al., 2006; Woods et al., 2005)

National guidelines recommend routine screening for IPV across healthcare settings

(USPSTF, 2013)

The extent to which these guidelines are being implemented is largely unknown

# Purpose

To systematically examine screening policies and practices for IPV among different types of healthcare settings in Miami-Dade County.

- Primary Care
- Obstetrics/Gynecology
- Emergency Departments
- Pediatrics

# Comprehensive vs. non-comprehensive screening



- Comprehensive IPV screening programs are more effective at improving provider self-efficacy and increasing rates of screening and disclosure
- Multi-component approach:
  - Routine screening
  - Validated screening measures
  - Referral/response procedures
  - Training
  - Fidelity monitoring
  - Written policies

# Methods

- Epidemiologic, cross- sectional, observational design
- Random sample of healthcare facilities in Miami-Dade County
- 5 minute telephone interview conducted by trained study personnel
- Questions focused on:
  - Facility characteristics
  - Qualities of comprehensive IPV screening programs

# Sample

Facility type	Total # in sampling pool	# of facilities randomly selected	# of facilities that responded	Response rate
Primary Care	820	106	72	67.9%
OB/GYN	131	112	93	83.0%
Pediatrics	236	139	106	76.3%
ED	21	21	17	81.0%
Total	1,208	378	288	76.2%

# Sample Characteristics

## Current position/title

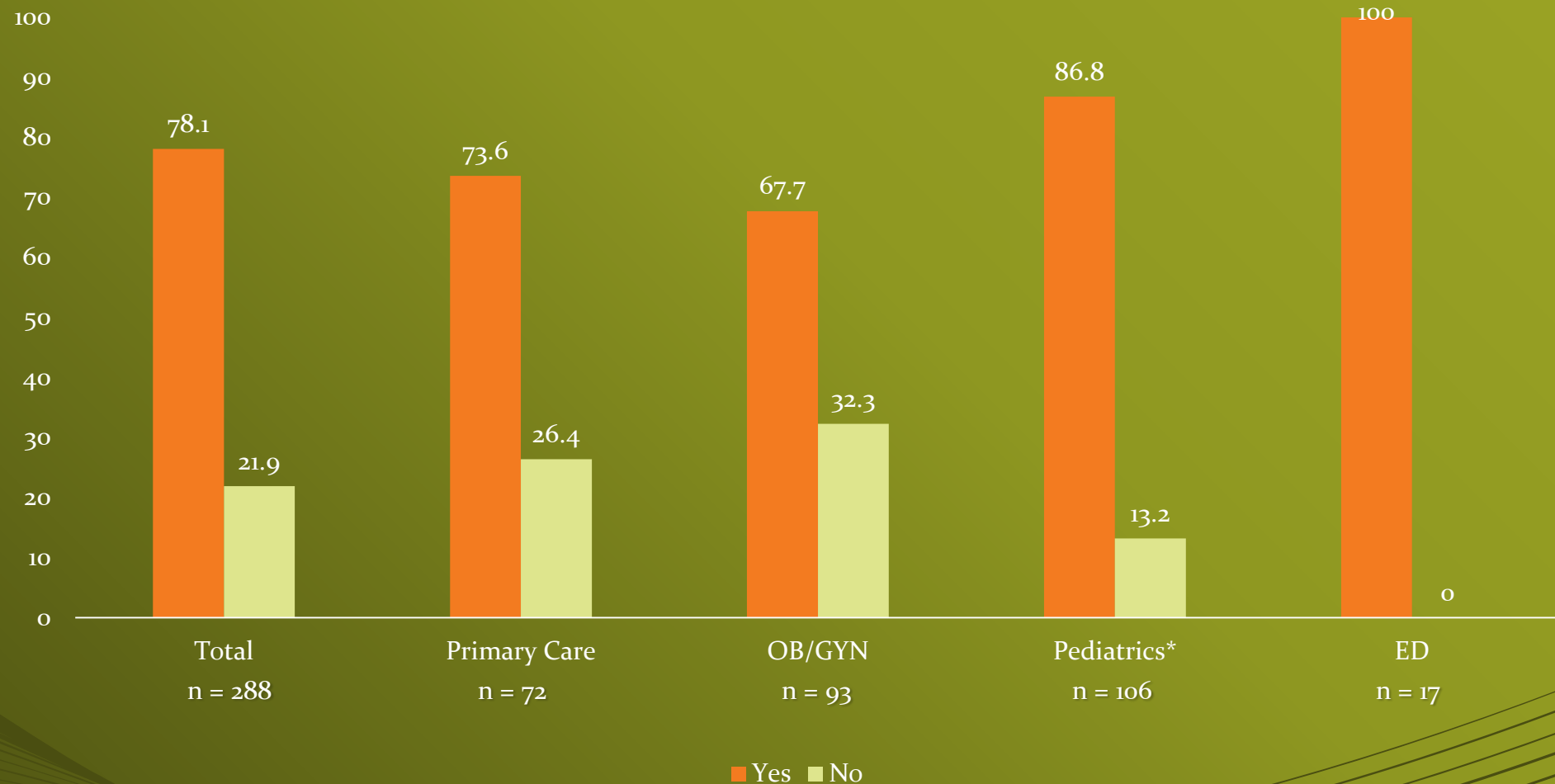
- Director/Manager: 53.8%
- Medical Assistant: 21.2%
- Administrative Assistant: 11.1%
- Provider (MD, NP, RN): 10.8%
- Other: 3.1%



## Facilities serving mostly low income individuals:

- 54.9%
- Number of providers at facility:
  - Clinics: Mean = 2.9, SD: 3.5, Range = 1-30
  - ED: Mean = 60.9, SD: 41.0, Range = 23-150

# Policies/procedures in place for IPV screening

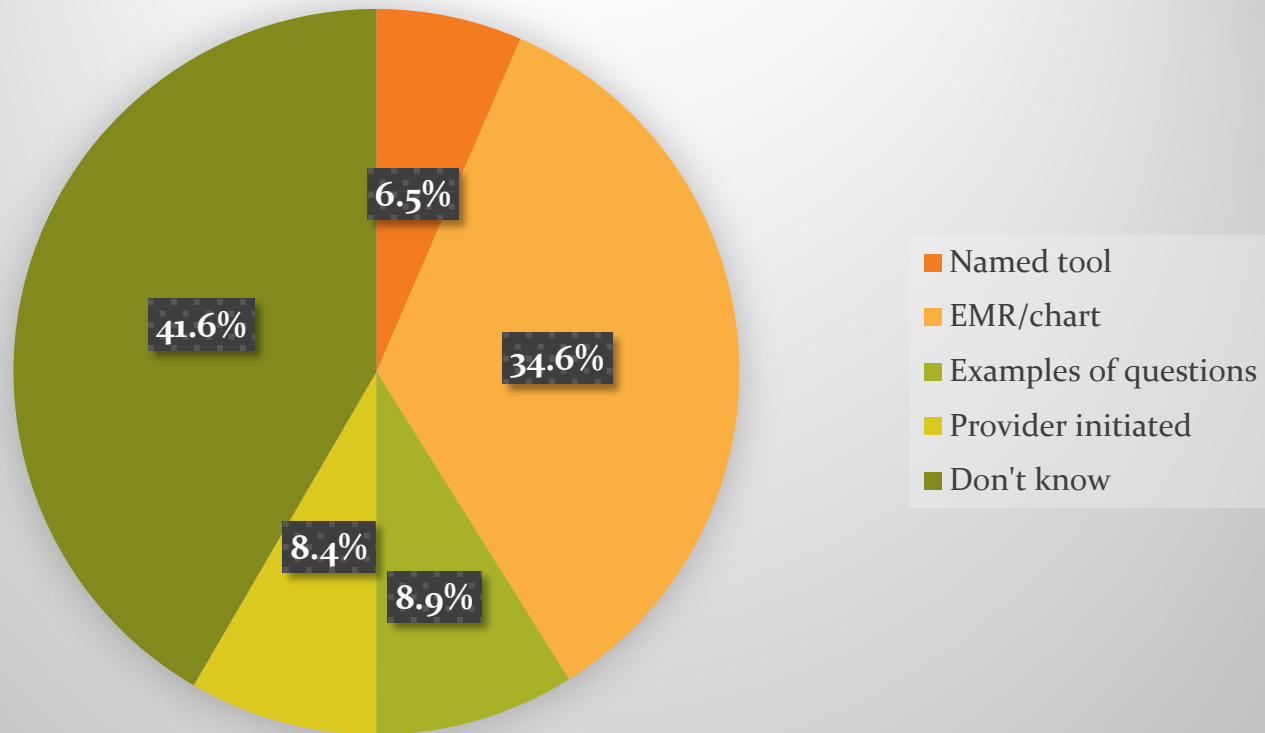


\*88.9% of Pediatric facilities that screen, screen both parents and adolescents

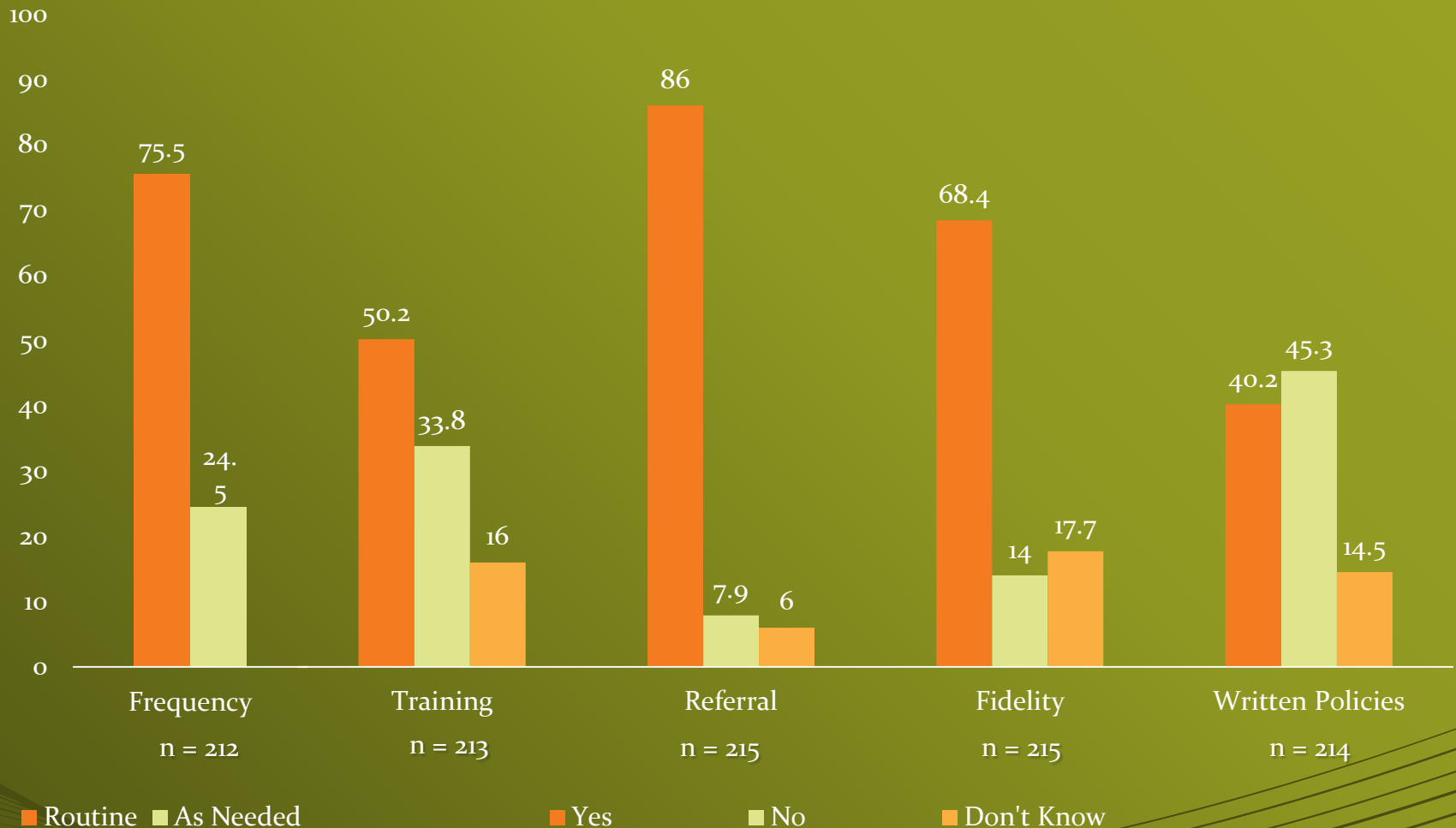


# Description of IPV screening tool/procedures

All Facilities (n=214)



# Characteristics of IPV screening



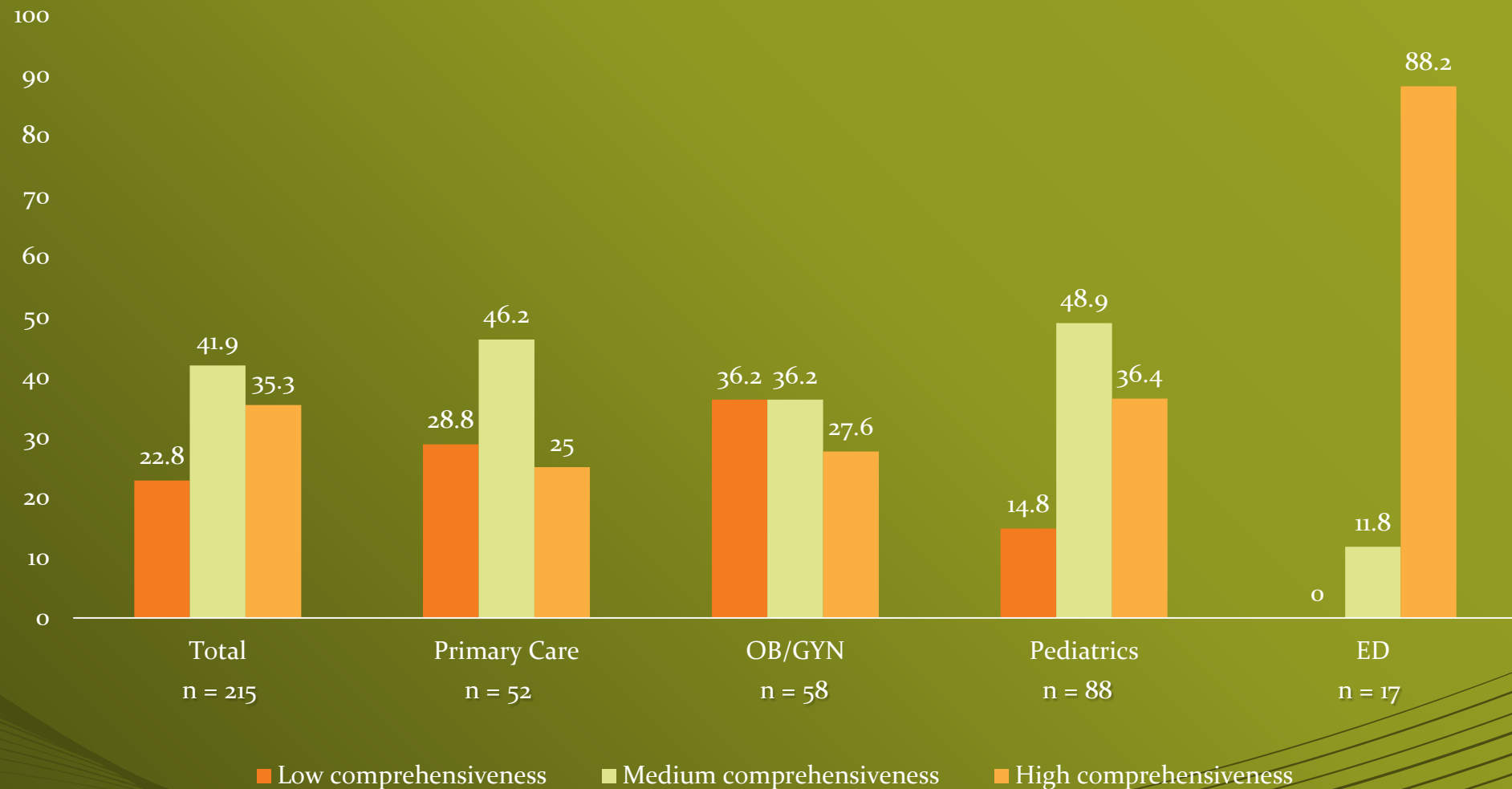
# Comprehensiveness of IPV screening programs

Composite measure across six screening components:

- Routine screening
- Validated screening measures
  - named tool, in EMR/chart, examples of questions
- Referral/response procedures
- Training
- Fidelity monitoring
- Written policies

- 0-2 = low comprehensiveness
- 3-4 = medium comprehensiveness
- 5-6 = high comprehensiveness

# Comprehensiveness of IPV screening programs



# Summary

General awareness of IPV screening across healthcare facilities



Wide variation in how IPV screening practices are implemented



Additional guidance is needed regarding what constitutes an effective IPV screening program



Interventions to improve IPV screening practices should be tailored based on the comprehensiveness of current programs

## References

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## Funding

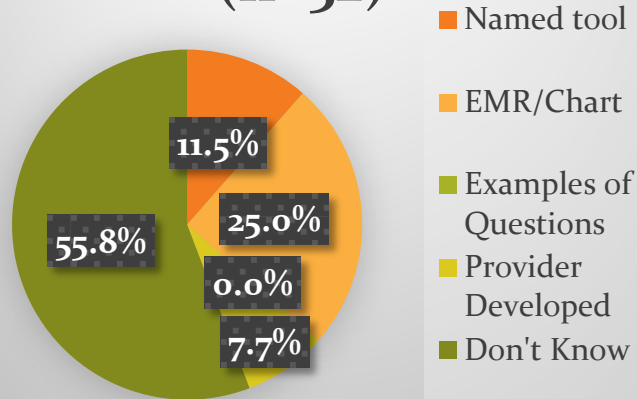
University of Miami, Provost Award.

# Questions/ Discussion

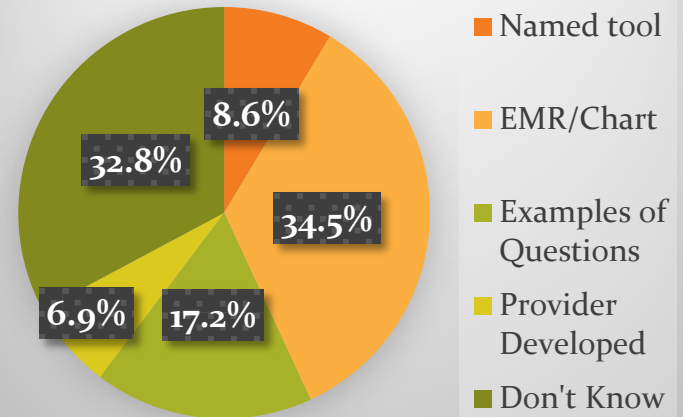
# Additional Slides



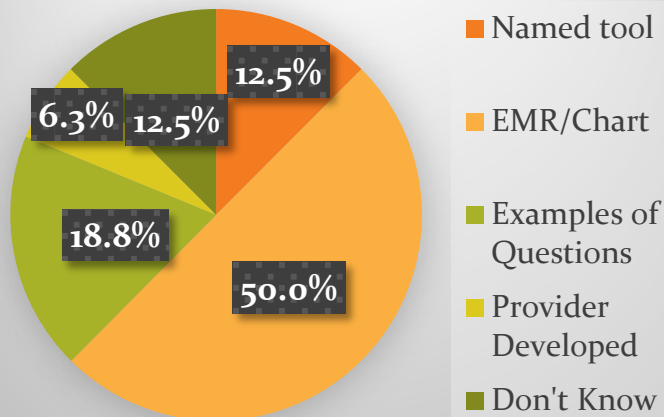
## Primary Care (n=52)



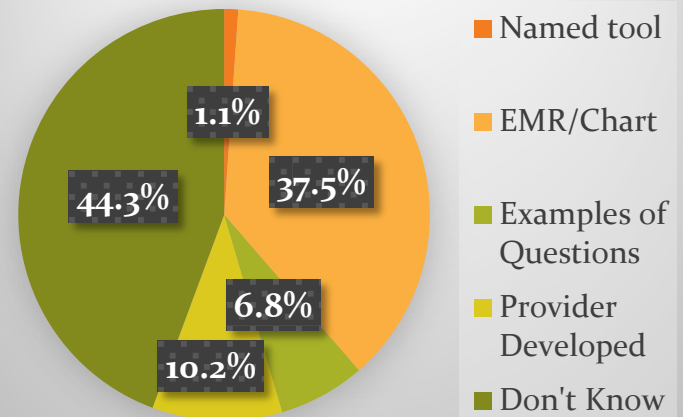
## OB/GYN (n=58)



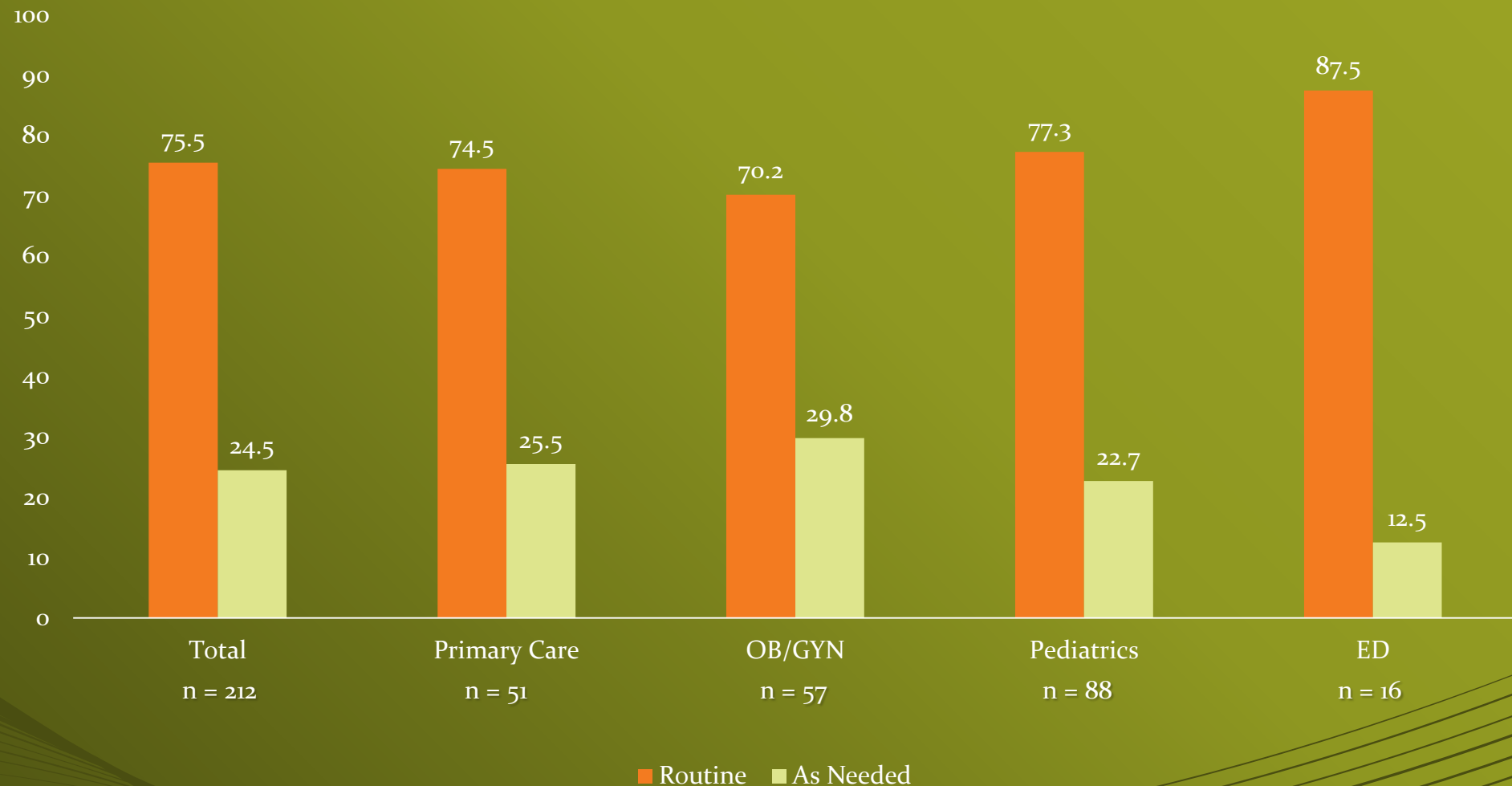
## ED (n=16)



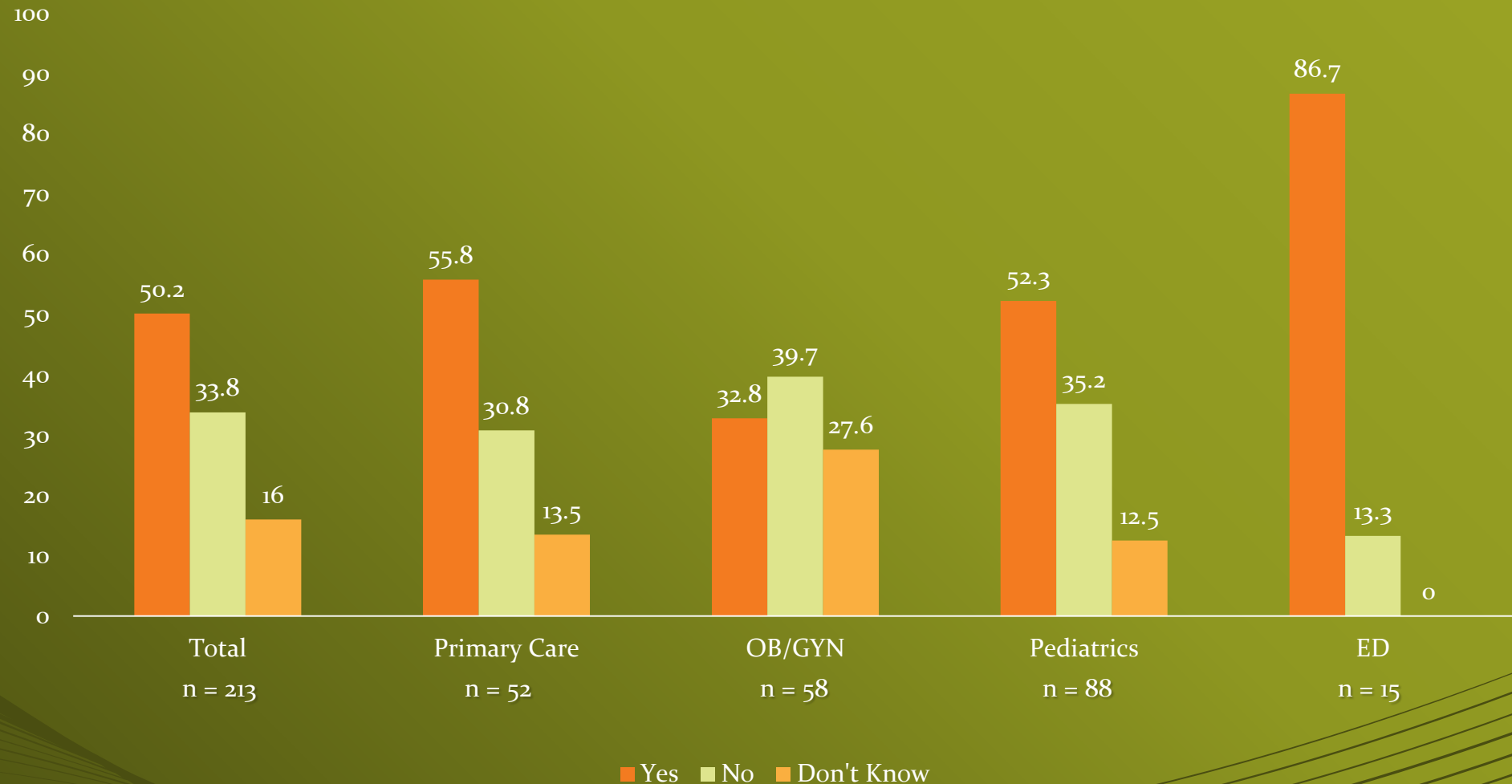
## Pediatrics (n=88)



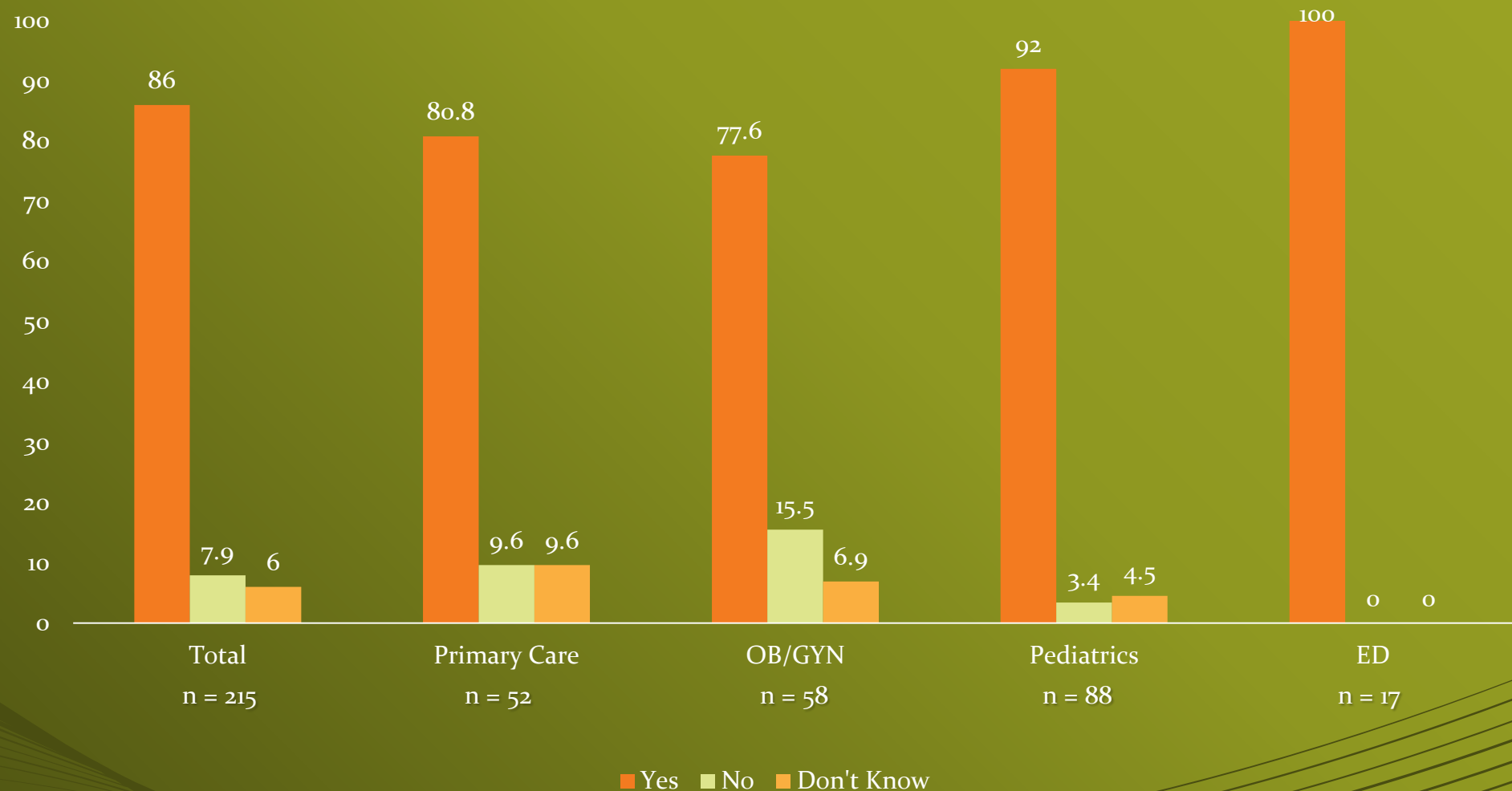
# Frequency of IPV screening



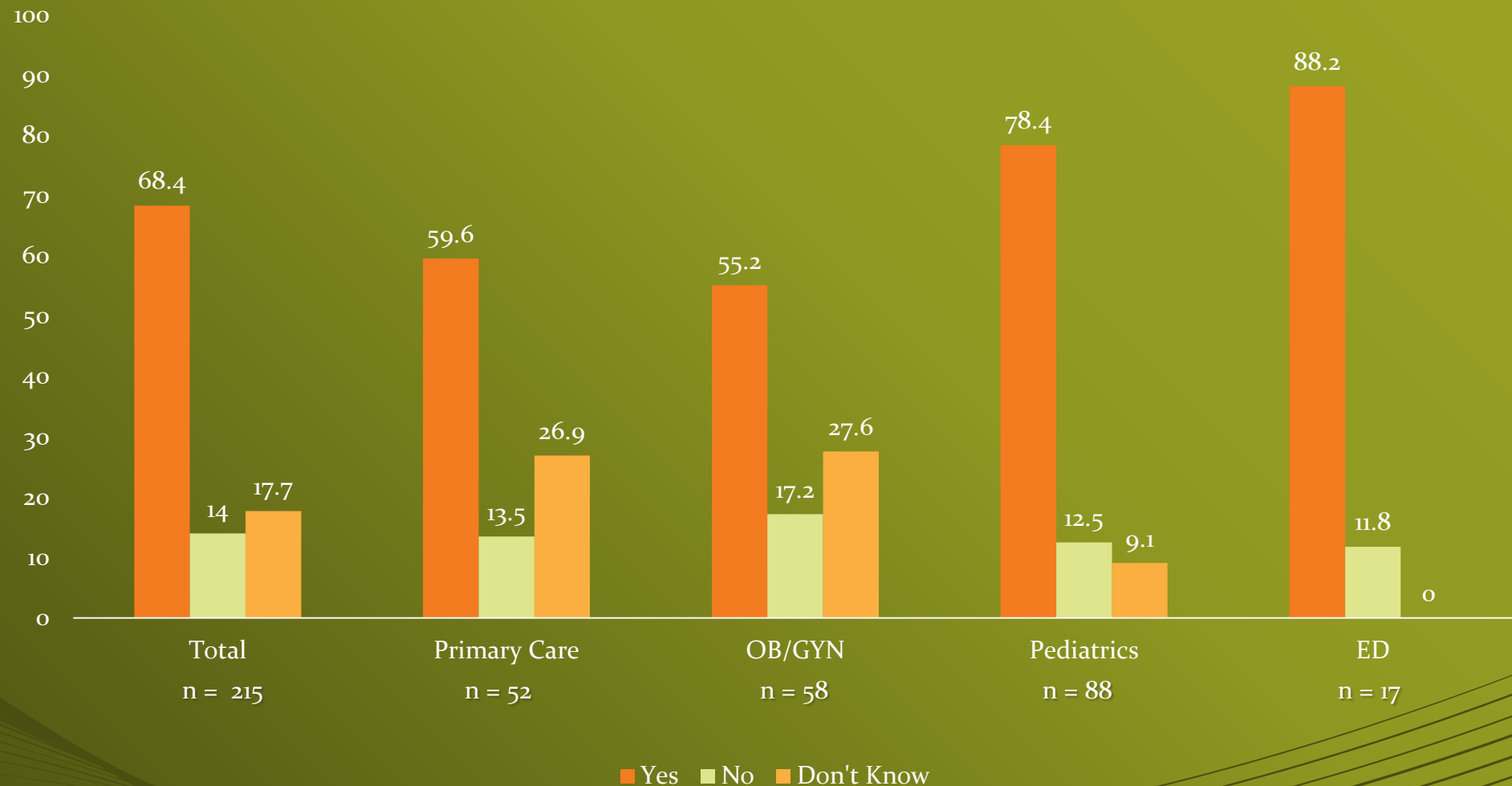
# Provider/Staff training for IPV screening



# Referral protocol/procedures for responding to IPV



# Fidelity monitoring of IPV screening practices



# Written policies for IPV screening

