

“SO ARE YOU SAFE FROM THIS GUY?”

Obstetric Providers’
Responses to Pregnant
Patients’ Disclosure of
Intimate Partner
Violence



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BACKGROUND

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- Healthcare providers can be the first point of professional contact for women who are ready to disclose intimate partner violence (IPV).
- Obstetric providers are the specialty most likely to ask women about IPV and most likely to do so during the first prenatal visit.
- No empiric study of how obstetric providers react and respond to pregnant patient's disclosure of IPV experiences.



STUDY OBJECTIVE

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- To describe communication strategies obstetric providers use to respond to pregnant patients' disclosure of IPV



METHODS

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- Observational study of patient-provider communication
 - Single, urban hospital-based obstetrics and gynecology clinic
 - Recruited obstetric providers and English-speaking, adult pregnant women presenting for first obstetric visit
- Audio-recorded first obstetric visits and identified visit recordings during which patients disclosed IPV to their obstetric provider



DATA ANALYSES

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- All transcribed sections of discussions related to IPV coded for:
 - Provider response to disclosure
 - Content of the response
 - Communication styles/strategies used in response

- Two coders independently coded all transcripts and met to compare coding

- Codes then reviewed to identify categories and themes



RESULTS

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- Total of 250 audio-recorded visits (250 patient participants; 52 provider participants).
- The majority of patients were Caucasian (66%); single (80%) with mean age of 26 years (18-42).
- Provider participants were mostly female (92%) and included ob/gyn resident doctors (74%), nurse midwives (16%), nurse practitioners (8%), and physician assistants (2%).
- In 64 visits (25.6%), patients disclosed past or present IPV.



THEMES

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- Provider responses focused on
 - Evaluating the Patient's IPV Situation
 - Demonstrating Support for the Patient
 - Developing a Plan for the Future

- Communication strategies
 - Demonstrating empathy
 - Avoiding Discussion



EVALUATING THE PATIENT'S SITUATION

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“So are you safe from this guy?”

- Assessing safety/imminent risk

“But you do have your mom there for support if you feel threatened?”

- Inquiring about other sources of

“What kind of abusive?”

“Do you have any contact with him now?”

patient had



DEMONSTRATING SUPPORT FOR THE PATIENT

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“No one deserves to be hit or in a fight or whatever. Especially when you are pregnant”

about violence

to talk to our social

more // (provider cuts off)

Provider: I think I know, often times women and I hope the baby and opposite. The most their partner

“Okay um because it is really important for us that you are not in danger. You, your daughter, and your baby.”

know, often pregnant the with



DEVELOPING A PLAN FOR

University

ynecology

"Please, please, please call us if you feel threatened. We will always come to your aid."

➤ **C**

"Do you have a safe house that you could go to if you needed to?"

➤ **Offering support**

talk to us today?

➤ **Discussing on**



DEVELOPING A PLAN FOR THE FUTURE

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➤ Creating a Safety Plan and Offering Self/System as Resource for Continued Support

Provider: Some people that are in abusive relationships we develop a code word for them so that if they call and say I'm bleeding or I think I'm leaking fluid, or I think I am in labor or something like that, we know that means that they need to come here for a safe place to be. So if you ever need something like that, please, please, please talk to us about it so we know that you are safe all the time.



COMMUNICATION STRATEGIES

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- Demonstrating empathy
 - Empathetic statements
 - Active listening (reflections/summarization)
 - Encouraging remarks
- Avoiding discussion
 - Leading questions
 - Changing topic
 - No response



DEMONSTRATING EMPATHY

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➤ Empathetic statements

➤ *"It's good for you... getting your life back together"*

➤ Encouraging

Right, you want to feel like you have a safe place for your kids and for your new baby.

... that sounds hard "



AVOIDING DISCUSSION

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- **Leading questions**
- **Changing topics**
- **No response**

Provider: Any sexual abuse or domestic violence at home?

Patient: No. I had a little domestic violence, but that stopped. I had him arrested. It was minimal, he pushed me, but it still happened so...

Provider: Any high blood pressure or diabetes? Heart disease?



CONCLUSIONS

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- Obstetrics providers' responses to IPV disclosures varied greatly.
- Provider responses more often focused on assessing patient's risk for imminent danger, but less frequently addressed the need for safety planning (even when patient at risk).
- Demonstrated support through the mechanisms of empathizing, summarizing, and providing positive reinforcement. Less often delivered extensive counseling on the importance of safety and talking about violence.
- Tendency to abruptly change the topic of conversation away from violence.



IMPLICATIONS

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- Study findings supports the need for comprehensive clinical training programs for health care professionals focusing on communication skills/strategies as well as providing ways in which to offer support for the patient, encourage safety planning, and discuss local resource availability.
- Future areas of research could evaluate how provider responses to IPV disclosures affect patient outcomes, decisions, and help-seeking/safety behaviors
- Need to explore the impact of other clinical team members' involvement in responding to IPV disclosures



LIMITATIONS

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- Missed opportunities to observe providers' strategies for (1) talking about violence with a partner present and (2) talking with an adolescent population.
- Did not observe patient conversations with nursing, support staff, and social workers.
- The majority of provider participants in this study were training residents, so the conversations may reflect a relative lack of clinical experience with IPV.
- We did not interview the providers to ask them to elaborate on the strategy behind their response to a specific IPV disclosure encounter.



ACKNOWLEDGEMENTS

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- Provider and patient participants
- The clinical staff and administrators at the Magee-Womens Hospital Outpatient Clinic
- Agency for Healthcare Research and Quality, Chang KO8 HS013913
- My mentor, Dr. Judy Chang



QUESTIONS?





EVALUATING THE PATIENT'S IPV SITUATION

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➤ Safety Assessment and Abuser Contact

Provider: [Ever experience] domestic violence?

Patient: Domestic violence with my ex-husband.

Provider: You are safe now?

Patient: Yes.

Provider: (pause) Does he know where you are?



DEVELOPING A PLAN FOR THE FUTURE

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➤ Offering Referral and Offering Self/System as Resource for Continued Support

Provider: Ok. I'm going to have you talk to the social worker to see if there is anything she can do to help you. Because this is a lot of stuff. You are looking for a place and...

Patient: *Yeah.*

Provider: So I want you to be kind of clued into that - or keyed into that system. But she, the social worker, as well as myself and the other doctors that will take care of you. We want to know and do something about it if this person was involved in your life.



DEMONSTRATING SUPPORT FOR THE PATIENT

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➤ Desire for Patient Safety and Validation

Provider: I'm really, really, concerned about what you told me about what is going on at home and I want to make sure that you have an option to get somewhere safe. And to get your kids somewhere safe. It sounds like you may be at the point where you need something like that. Because that is not right. Ok, you need to be somewhere safe, especially while you are pregnant. And your kids need to be somewhere safe as well.



EXTRA SLIDE

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**Number of Patients per
Provider (N=38)**

Number (%)

One patient each	22 (58%)
Two patients each	7 (18%)
Three patients each	5 (13%)
Four patients each	3 (8%)
Five patients each	1 (3%)
