Detection and Documentation of Intimate Partner Violence Victimization among Women Patients

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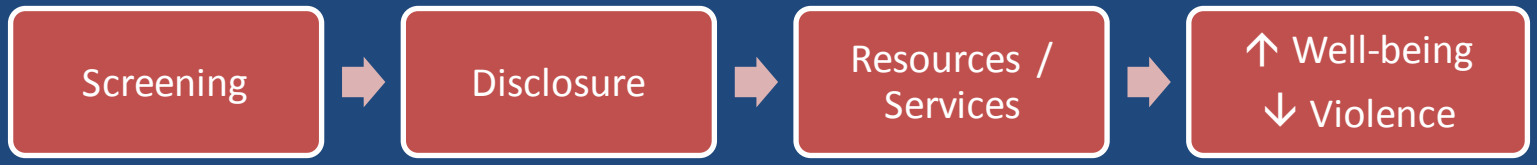
Background

- Healthcare provider role in addressing IPV
  - Detection
  - Documentation
  - Services and support



- Study purpose: to examine identification and documentation of patients' disclosed experiences of IPV, comparing current state to best practices

Best Practices

- Routine inquiry about current and lifetime IPV

  Primary care, urgent and emergency care, mental and behavioral health care, specialty care, inpatient and outpatient settings

- Response to disclosure

  Assess safety, impact, needs; provide non-judgmental validation and support, education, referrals, assistance with safety needs, testing/evaluation of health conditions

- Documentation

  Details of abuse and impact (in patient's words), results of assessments/procedures, referral and follow-up plan

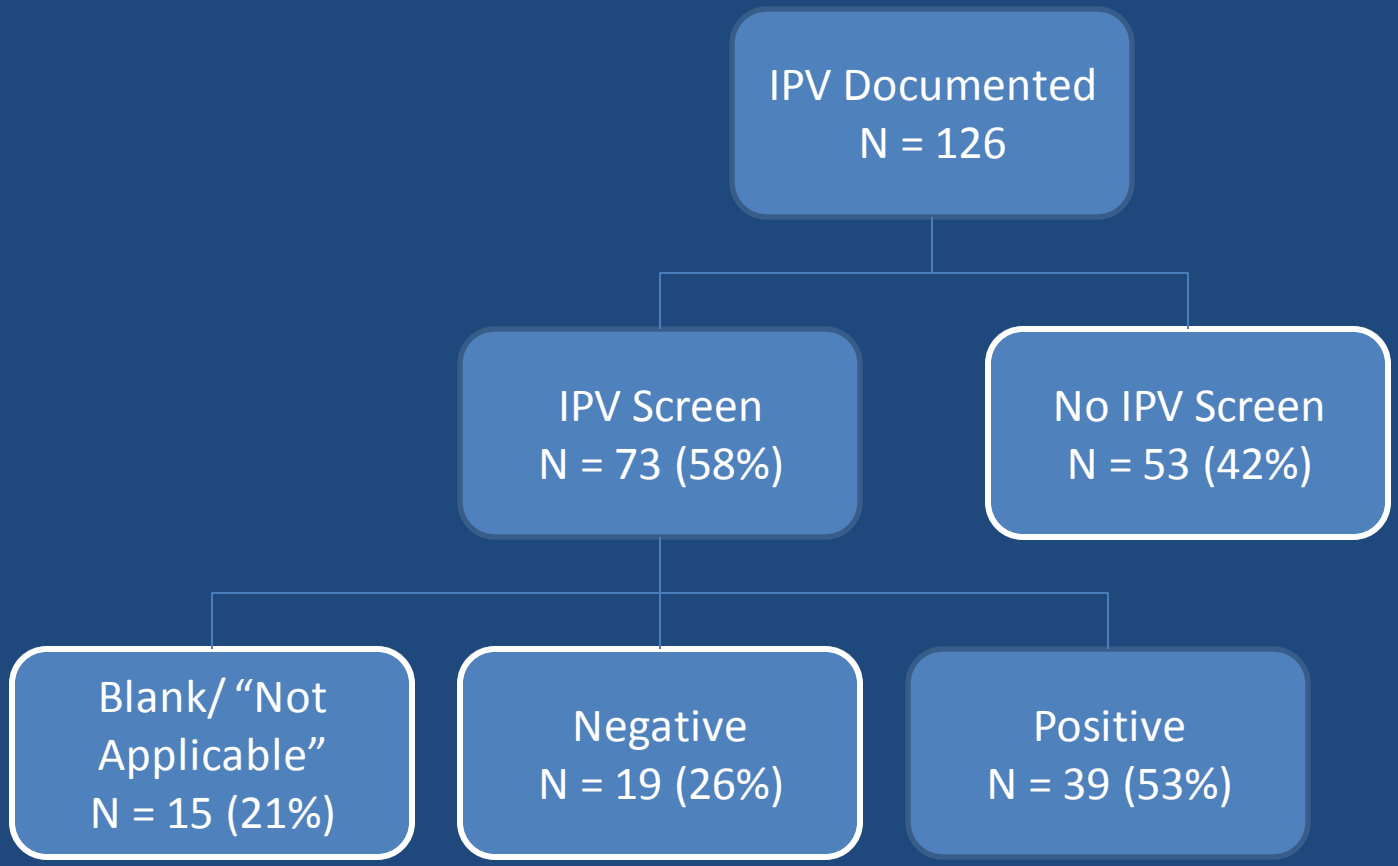
Family Violence Prevention Fund. (2004). *National consensus guidelines on identifying and responding to domestic violence victimization in healthcare settings*. San Francisco, CA: Author.

Methods

- Retrospective review of medical records in VA healthcare system
- Reviewed all clinical notes over a five-year period (2005-2009) for all visit types (PC, specialty, emergency, mental/behavioral health) for 533 women veteran VHA patients, age 55 and younger
- In-depth qualitative analysis of provider notes for patients with any documentation of IPV (n = 126)
  - IPV screening presence and performance
  - Quality of documentation of IPV disclosures

SCREENING

Findings: Screening Results



Screening Questions and Limitations

Behavioral Health Central Intake Evaluation:

Are you in a relationship in which you are being hurt or threatened?

Has your partner forced you to have sex or perform sex acts that you were not willing to do?

- Focus on current relationship
- Lack of universal screening
- Screening at only one point-in-time
- Close-ended questions with open-ended response option

Examples: Past Violence

- IPV screen: *No*

  Social history: *Married an abusive man (verbal and sexual abuse) for six years*

- IPV screen: *Not in a relationship – she hasn't dated in the past 20 years*

  PTSD screen: *Being attacked – survivor of domestic violence; being sexually assaulted – by ex-husband*

- IPV screen: [blank]

  Social history: *The pt. reports that she divorced [her first husband] after 6 yrs because he was physically and psychologically abusive. She states that he was controlling and would even stalk her sometimes.*

Examples: Subsequent Violence

- IPV screen: *Patient not currently in a relationship*

  Women's health visit (11 months later): *Patient hx reporting to police last week of at least second occurrence of her domestic partner being physically abusive to her.*

- IPV screen: *No*

  Women's health visit (3 months later): *We did talk extensively about the domestic violence she has experienced. Apparently, her [significant other] has been violent with her and did actually stab her in the chest with scissors at one point.*

- IPV screen: [blank]

  Nurse clinic visit (8 months later): *[Patient] reports confrontation with ex-boyfriend. He grabbed her and swung her into a brick wall… Now she reports she does not feel safe because he knows where she lives.*

DOCUMENTATION

Documentation Example 1: Report and Assessment

Primary care urgent visit note:

Reports physical abuse by boyfriend. Pt reports today at 1am she was slugged in the left side of head with the right arm of her boyfriend while she was in the passenger seat of his car. Reports her head was pushed over the metal door jam; she did not lose consciousness but did 'see stars' with the pain. … Pt reports she will not want to go home tonight because she states he has threatened further physical abuse to herself and son.

- Details of incident
- Indication of safety assessment
- No documentation of response or plan

Documentation Example 2: Limited Information

Women's health initial visit note:

[Patient] has been the victim of spousal physical and sexual abuse.

- Minimal details
- No indication of timing or current need
- No mention of assessment or response

Documentation Example 3: Provider Response

Mental health clinic follow-up visit note:

> ***Strongly suggested to her to stop any contact with [ex-boyfriend]. From the history she has given writer, he is very dangerous, and can possibly hurt or kill her. Reminded her of these facts.*** *Reminded her that she has not yet taken out a restraining order on him, and this would be a good time to do it. Told her that she should report to the police how he was waiting for her… since that sounds like beginning stalking to the writer. Suggested to her that she find out from police how to file for a restraining order and to do so. Suggested to her that she not accept any further phone calls from [ex-boyfriend]. She has caller ID; so she knows who is calling and can choose to not answer and/or shut her phone off…* ***Reminded veteran that there is only so much advice that writer can give to her; and if she chooses to not follow the advice, and allow herself to become involved with [ex-boyfriend] again, then she is setting herself up for further victimization/violence.***

- Detailed documentation of provider response – but judgmental and victim-blaming

Conclusions

- Limitations of screening if not universal, repeated, and comprehensive
  - But, we must consider context and purpose of screening – how can we help?
- Providers within a healthcare system may need training and standardization tools to guide response to, and documentation of, patients' reports of IPV experiences
  - Consider context and purpose of documentation – what is most helpful? What is potentially hurtful?
  - Consider best practices in responding to IPV disclosures
- Evaluation of IPV identification and documentation within a healthcare system may reveal gaps or limitations in current service provision and opportunities for improvement in addressing IPV among the patient population

THANK YOU!

Questions/Comments?

Contact: Melissa.Dichter@va.gov

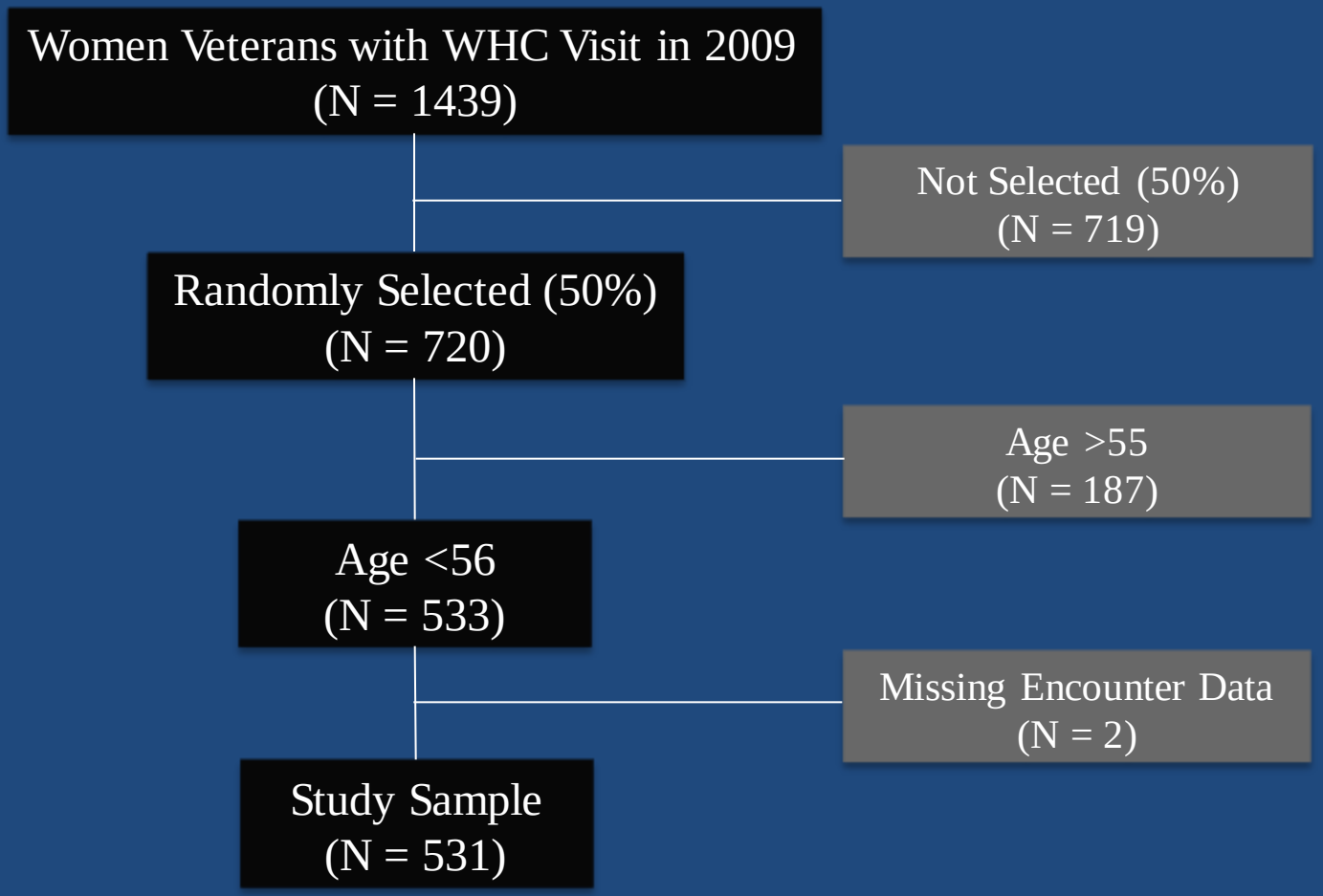
Dichter, M. E., True, J. G., Marcus, S. C., Gerlock, A. A., & Yano, E. M. (2013). Documentation of intimate partner violence in women veterans' medical records: An in-depth analysis. *Military Behavioral Health, 1*: 114-120.

APPENDIX

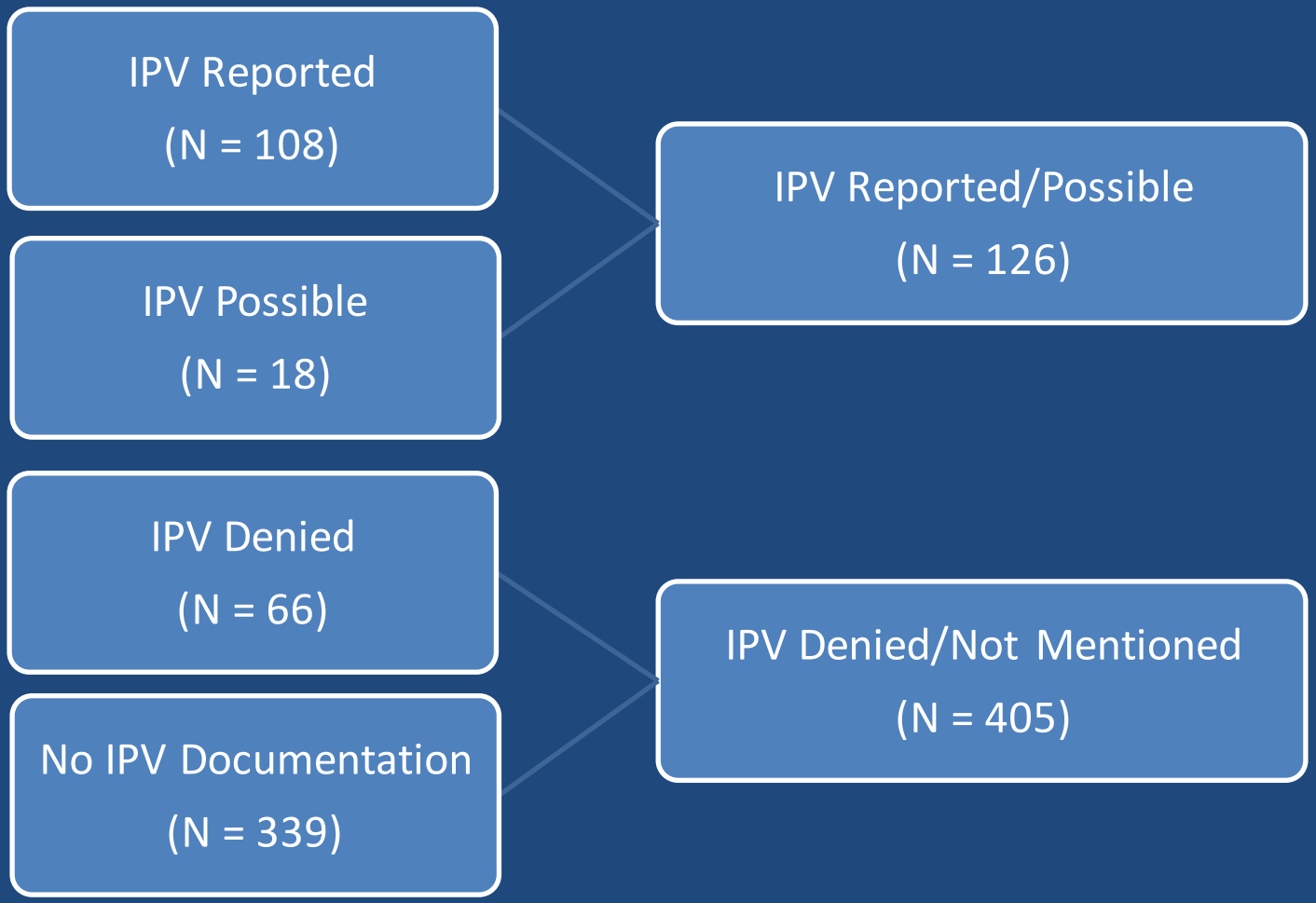
Sample Description

		IPV Noted
	Total *N*	*N* (%)
Total	531	126 (23.7)
Age		
18–25	20	6 (30.0)
26–35	131	23 (17.6)
36–45	136	34 (25.0)
46–55	244	63 (25.8)
Ethnicity[a]		
Not Hispanic	482	119 (24.7)
Hispanic	21	7 (33.3)
Branch[b]		
Air Force	92	19 (20.7)
Army	288	63 (21.9)
Coast Guard	5	3 (60.0)
Marine Corps	34	10 (29.4)
Navy	107	31 (29.0)
Race[c]		
Black	346	80 (23.1)
White	213	41 (31.8)
Other	13	2 (15.4)
Period of service		
Persian Gulf	303	68 (22.4)
Post-Vietnam	197	53 (26.9)
Vietnam Era	24	4 (16.7)
Other	7	1 (14.3)

Sample Selection



IPV Groups


IPV Reported
(N = 108)
IPV Possible
(N = 18)
IPV Reported/Possible
(N = 126)
IPV Denied
(N = 66)
No IPV Documentation
(N = 339)
IPV Denied/Not Mentioned
(N = 405)