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

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Family Violence Prevention Program
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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.”
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
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.

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

- 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 8427-4600 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
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
• Screening must occur in privacy
• Use the patient’s language of choice
• Laminated cards with questions and “yes” or “no” are good options.
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 Guajarati, Korean
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.”
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?”
“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.”
“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
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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>CIRCLE NO or YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you follow any kind of restrictive diet, e.g. vegetarian, vegan, etc.?</td>
<td>No Yes</td>
</tr>
<tr>
<td>2. Have you ever had an eating disorder?</td>
<td>No Yes</td>
</tr>
<tr>
<td>3. Do you feel you are financially able to provide nutritional food to your family?</td>
<td>No Yes</td>
</tr>
<tr>
<td><strong>Within the last year:</strong></td>
<td></td>
</tr>
<tr>
<td>4. Has anyone hit, slapped, kicked, or forced you to have sex when you didn’t want to?</td>
<td>No Yes</td>
</tr>
<tr>
<td><strong>Since the pregnancy began:</strong></td>
<td></td>
</tr>
<tr>
<td>5. Has your partner ever threatened you?</td>
<td>No Yes</td>
</tr>
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</table>
Administered by MA during initial intake, alone in a semi-private setting. Questions are on a laminated card, in language of patient choice.
“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.
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

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<th>MSA</th>
<th>2014 Q1</th>
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<tr>
<td></td>
<td>Screens</td>
<td>POS</td>
<td>Screens</td>
<td>POS</td>
<td>Screens</td>
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<tr>
<td>AV</td>
<td>945</td>
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<td>Fo</td>
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<td>10,493</td>
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<td>11</td>
<td>4,735</td>
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<td>7,611</td>
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<td>Rv</td>
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<td>WH</td>
<td>767</td>
<td>2</td>
<td>708</td>
<td>4</td>
<td>2,896</td>
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<tr>
<td>TOTAL</td>
<td>49,824</td>
<td>96</td>
<td>50,895</td>
<td>89</td>
<td>68,471</td>
</tr>
</tbody>
</table>

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

Up 10%  
Up 42%
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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