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

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Intimate partner violence (IPV) is associated with numerous adverse health outcomes (Bonomi et al., 2007; Campbell et al., 2002; Kernic 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

O'Campo, Kirst, Tsamis, Chambers, & Ahmad, 2011
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

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

- Named tool: 41.6%
- EMR/chart: 34.6%
- Examples of questions: 8.9%
- Provider initiated: 8.4%
- Don’t know: 6.5%
Characteristics of IPV screening

- **Frequency**: 75.5% routine, 24.5% as needed (n = 212)
- **Training**: 50.2% Yes, 49.8% Don't know (n = 213)
- **Referral**: 86% Yes, 14% No (n = 215)
- **Fidelity**: 68.4% Yes, 31.6% (n = 215)
- **Written Policies**: 40.2% Yes, 45.3% Don't know, 14.5% No (n = 214)
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

<table>
<thead>
<tr>
<th></th>
<th>Total (n = 215)</th>
<th>Primary Care (n = 52)</th>
<th>OB/GYN (n = 58)</th>
<th>Pediatrics (n = 88)</th>
<th>ED (n = 17)</th>
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</thead>
<tbody>
<tr>
<td>Low comprehensiveness</td>
<td>22.8</td>
<td>28.8</td>
<td>36.2</td>
<td>14.8</td>
<td>0</td>
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<tr>
<td>Medium comprehensiveness</td>
<td>41.9</td>
<td>46.2</td>
<td>36.2</td>
<td>48.9</td>
<td>11.8</td>
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<tr>
<td>High comprehensiveness</td>
<td>35.3</td>
<td>25</td>
<td>27.6</td>
<td>36.4</td>
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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


Funding

University of Miami, Provost Award.
Questions/Discussion
Additional Slides
Primary Care (n=52)

- Named tool: 55.8%
- EMR/Chart: 11.5%
- Examples of Questions: 25.0%
- Provider Developed: 0.0%
- Don't Know: 7.7%

OB/GYN (n=58)

- Named tool: 32.8%
- EMR/Chart: 6.9%
- Examples of Questions: 17.2%
- Provider Developed: 34.5%
- Don't Know: 8.6%

ED (n=16)

- Named tool: 6.3%
- EMR/Chart: 12.5%
- Examples of Questions: 18.8%
- Provider Developed: 50.0%
- Don't Know: 12.5%

Pediatrics (n=88)

- Named tool: 1.1%
- EMR/Chart: 44.3%
- Examples of Questions: 37.5%
- Provider Developed: 6.8%
- Don't Know: 10.2%
Frequency of IPV screening

- Total: 75.5% Routine, 24.5% As Needed (n = 212)
- Primary Care: 74.5% Routine, 25.5% As Needed (n = 51)
- OB/GYN: 70.2% Routine, 29.8% As Needed (n = 57)
- Pediatrics: 77.3% Routine, 22.7% As Needed (n = 88)
- ED: 87.5% Routine, 12.5% As Needed (n = 16)
Provider/Staff training for IPV screening

- Total: 50.2% Yes, 33.8% No, 16% Don't Know
- Primary Care: 55.8% Yes, 30.8% No, 13.5% Don't Know
- OB/GYN: 32.8% Yes, 39.7% No, 27.6% Don't Know
- Pediatrics: 52.3% Yes, 35.2% No, 12.5% Don't Know
- ED: 86.7% Yes, 13.3% No, 0 Don't Know

n = number of respondents
Referral protocol/procedures for responding to IPV

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<tr>
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<th>No</th>
<th>Don't Know</th>
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<tr>
<td>Total</td>
<td>86</td>
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<td>Primary Care</td>
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<td>OB/GYN</td>
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<tr>
<td>Pediatrics</td>
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n = 215
n = 52
n = 58
n = 88
n = 17
Fidelity monitoring of IPV screening practices

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<td>14</td>
<td>17.7</td>
<td>68.4</td>
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<td><strong>OB/GYN</strong></td>
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Written policies for IPV screening

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<th>No</th>
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n = 87
n = 17