FENWAY HEALTH


# IMPLEMENTING ROUTINE INTIMATE PARTNER VIOLENCE SCREENING IN A PRIMARY CARE SETTING

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# DISCLOSURES

No conflicts of interested to declare

# ACKNOWLEDGEMENTS

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# LEARNING OBJECTIVES

1) Identify unique features of intimate partner violence among LGBT-identified people and describe barriers to accessing support services.
2) Describe the role of health care providers in screening and how to respond appropriately to positive screens.
3) Brainstorm solutions to barriers to implementing routine screening at your home institution.

# DEFINITIONS

- Many terms!
  - LGBT
  - LGBTQ
  - LGBTQI
  - LGBTQIA
  - LGBTQIA+

# TERMS WE WILL USE IN THIS TALK

Sex assigned at birth (chromosomes, genitalia)

Gender identity (internal sense of gender, which may differ from sex assigned at birth):

- Cisgender (internal sense aligns with sex assigned at birth)
- Transgender (umbrella term; we will use to describe people whose internal sense differs from sex assigned at birth)

Sexual orientation (attraction/choice of partners):

- Opposite sex/gender (heterosexual), same sex/gender (lesbian/gay), more than one sex/gender (bisexual or pansexual), no attraction (asexual).

# BACKGROUND

- Intimate partner violence (IPV) is common and experienced by 1 in 4 women in the U.S. 1
- People who experience IPV report more adverse health consequences.2

1. IOM, Clinical Preventive Services for Women: Closing the Gaps, July 2011, Washington, DC,
2. Mass. Medical Society. Intimate Partner Violence The Clinician's Guide to Identification, Assessment, Intervention, and Prevention, 2010.
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# BACKGROUND

- Screening and intervention reduce physical and emotional violence.[1]
- In one study of 132 women (mean age=33.6 yrs) who reported IPV in an outpatient clinic:
  - Talking to a health care provider about abuse increased likelihood of using an intervention (OR=3.9).
  - More likely to exit relationship if received intervention (OR=2.6).
  - Those who exited relationship reported better physical health based on SF-12 summary scores (p=0.05) than women who stayed.

1. McCloskey LA.et al. *Public Health Rep* 2006;121: 435–444.

# BACKGROUND: LGBT POPULATIONS

- Data collected using convenience samples and telephone surveys show that:
  - IPV rates reported by people who identify as L,G,B or T are similar or higher to those of cisgender, heterosexual women.[1]
  - A history of domestic violence was reported by 19% of transgender respondents.[2]
- LGBT people face unique barriers to accessing services.
- Some recommend screening in this group.[3]

*1.* Ard. *J Gen Intern Med* 2011;6;930-933.
2. Intimate Partner Abuse Screening Tool for Gay, Lesbian Bisexual and Transgender Relationships. The Gay, Lesbian, Bisexual and Transgender Domestic Violence Coalition, March 2011.
3. National Coalition of Anti-Violence Programs. Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-affected Hate Violence in 2014.

# SCREENING RECOMMENDATIONS

- USPSTF recommends screening for intimate partner violence (IPV) in health care settings for women of reproductive age.1
- Screening and counseling for IPV can identify affected patients, increase safety, reduce abuse, and improve clinical and social outcomes.2

1. Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults, Topic Page. USPSTF.
2. McCloskey, et al. *Public Health Rep*. Jul-Aug 2006; 121(4): 435–444.

# EVIDENCE-BASED STRATEGIES

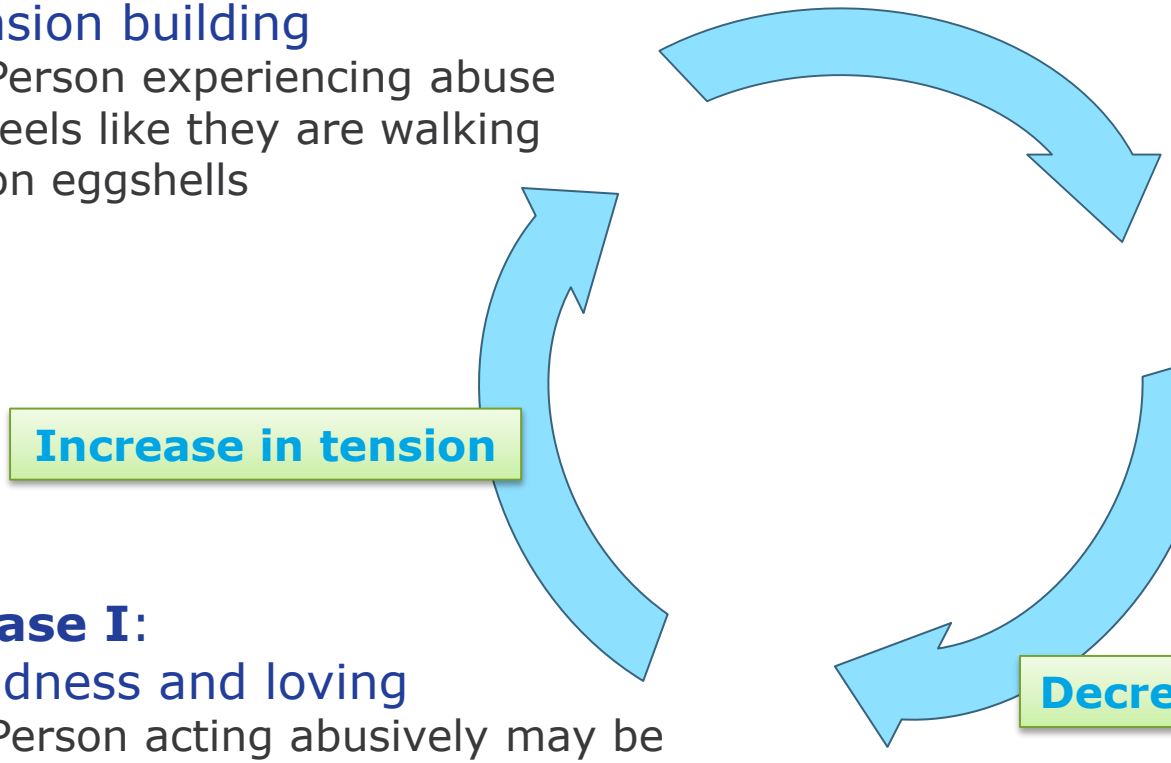
- Screening instruments accurately identify women experiencing IPV.[1]
- IOM, AMA and ACOG recommendations support screening[2,3]
- ACA requires counseling and brief screening as preventive service for women
- Patients support screening and prefer paper or computer-based methods[4]


1. Nelson, et al. *Ann Intern Med.* 2012;156:796-808.
2. National Advisory Council on Violence and Abuse. Policy Compendium. AMA; 2008.
3. American Congress of Obstetricians and Gynecologists. Screening Tools—Domestic Violence. ACOG; 2012.
4. MacMillan HL, et al. *JAMA.* 2006;296(5):530-536.

# BRIEF IPV OVERVIEW AND THE ROLE OF THE PRIMARY CARE PROVIDER

# CYCLE OF ABUSE

**Phase II**:
Tension building
- Person experiencing abuse feels like they are walking on eggshells




**Phase III**:
Abusive incident
- Incident of violence or extreme control

*Possible court or other system involvement*

**Decrease in tension**

**Phase I**:
Kindness and loving
- Person acting abusively may be loving, attentive or promise change

Adapted from The Battered Women, 1979 & Office of Kansas Attorney General.

# SEEKING HELP: UNIQUE OBSTACLES FOR LGBT PEOPLE

**Screening**

- It may be difficult to figure out who is **being abusive** and who is **being abused**.

**"Mutual"**

- Either party may present the abuse as mutual, even when one exerts power and control over the other.

**Community Disbelief**

- The partner experiencing abuse may be disbelieved or the abuse may be downplayed by other members of the LGBT community.

**Legal systems**

- Judicial system may not understand dynamics of same-sex domestic violence, may discount it altogether.

**Dual Arrest**

- Police are 10-15x as likely to make a dual arrest in cases of same-sex domestic/intimate partner violence than in heterosexual ones (NCAVP, 2009).

**Mutual Restraining Orders**

- Judges are more likely to issue mutual restraining orders to same-sex partners
  - This is unfair and traumatizing for the abused person.

**Privacy and Safety**

- In the hospital emergency room, the **person who is abusive might introduce themself as a friend** and may be allowed to accompany the abused person through the medical visit, **compromising the abused person's privacy and safety.**

**Heterosexism, homophobia, & transphobia**

- Can be an added source of victimization → Attitude often encountered:
  - "It serves you right!"
  - "You brought it on yourself."

**Shelter**

- LGBT individuals who experience abuse may have difficulty finding a **safe shelter.** 61.6% of survivors who sought shelter were denied access. (NCAVP, 2011).

# RESPONDING TO DISCLOSURES

- Chief role: respond with compassion and support
  - *Thank you for telling me*
  - *I'm sorry this is happening*
  - *You do not deserve this*
  - *You are not alone*
  - *We can help*

- NO need to be an expert, figure out the details of what happened, or analyze relationship dynamics.

# RESPONDING *(CONT.)*

- Refer patient to IPV specialist who can perform a thorough assessment and connect patient to resources and services.
- Assist patient in immediate safety planning. Do not assume that the patient is ready to leave the relationship. Ask patient what they need/want to be safe now, and help to identify concrete strategies to implement today.
- Be aware that there are fewer resources for LGBT survivors of abuse. Be prepared to advocate!

# IMPLEMENTING ROUTINE IPV SCREENING:

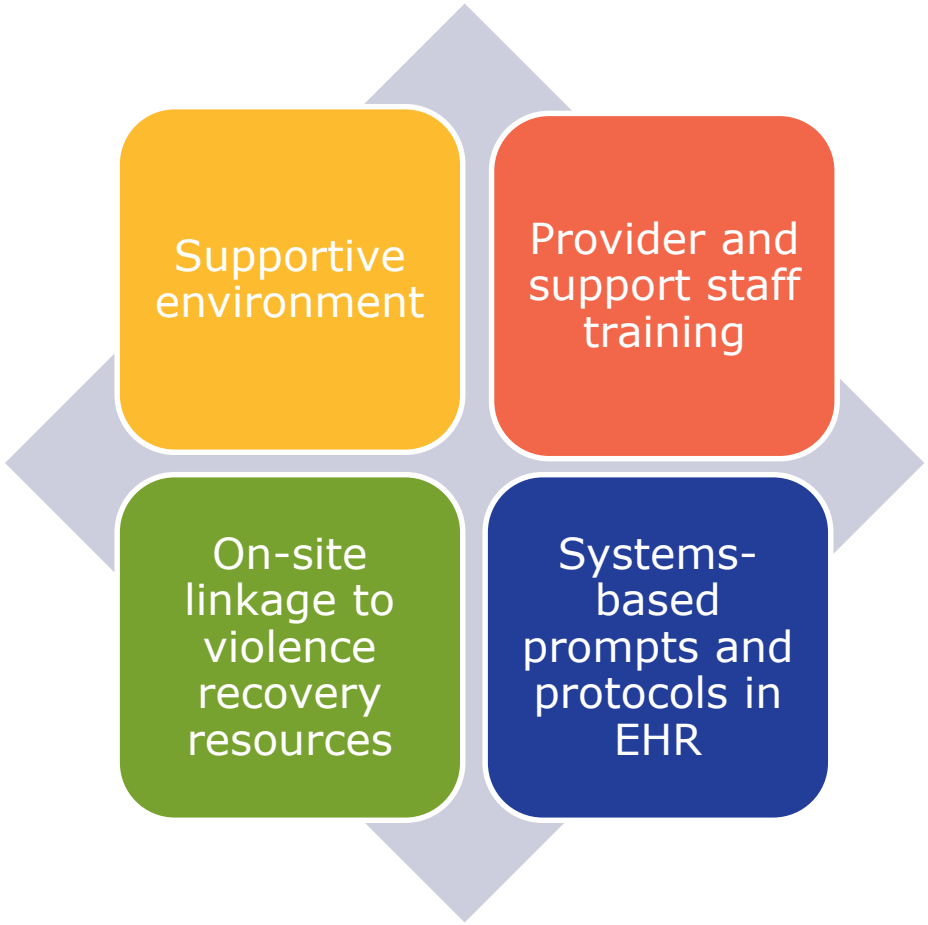
# THE FENWAY EXPERIENCE

# GOAL AND OBJECTIVES:

***Institute universal IPV screening in order to* identify LGBTQ and other patients in need of support**

1) Develop and administer gender-neutral partner violence screening survey.
2) Implement electronic health record (EHR) reminders and forms to promote effective documentation/tracking.
3) Create a referral process to connect patients to violence recovery resources.

# DESCRIPTION OF INTERVENTION



# DESCRIPTION OF INTERVENTION

- Universal screening implemented in 2014 via paper-based survey and tablet.
- All patients 18+ presenting unaccompanied for a primary care appointment eligible for screening.
- Resource cards offered to all patients; warm hand-offs available to all screen-positive patients.

# SURVEY QUESTIONS

- **Q1**: In the last year, have you felt isolated, trapped or like you are walking on eggshells in an intimate relationship?
- **Q2:** In the last year, has your partner controlled where you go, who you talk to, or how you spend money?
- **Q3:** In the past year, has someone pressured or forced you to do something sexual that you didn't want to do?
- **Q4:** In the last year, has someone hit, kicked, punched, or otherwise hurt you?

*Adapted from the Abuse Assessment Screen (AAS)

**Intimate Partner Violence Screening**

Please use the flowsheet below to determine the dates and results of previous Intimate Partner Violence screenings

| Days | 07/11/2014 | 07/09/2014 | 07/07/2014 | | | |
|---|---|---|---|---|---|---|
| DVSCRN_COMPL | | | | | | |
| DOMVIOLCURR | | | | | | |
| VIOLENT PART | | | | | | |
| REF DOM VIOL | | | | | | |

**IPV Screen Due Before:** ASAP

Contacts for immediate/urgent support

**Please answer all questions**

I prefer not to answer these questions ☐

In the last year, have you felt isolated, trapped or like you are walking on eggshells in an intimate relationship?

○ Yes ○ No ○ Declined to Answer

In the last year, has your partner controlled where you go, who you talk to, or how you spend money?

○ Yes ○ No ○ Declined to Answer

In the last year, has someone pressured or forced you to do something sexual that you didn't want to do?

○ Yes ○ No ○ Declined to Answer

In the last year, has someone hit, kicked, punched, or otherwise hurt you?

○ Yes ○ No ○ Declined to Answer

Has patient experience IPV in the past? ○ Yes ○ No ○ Unknown

Intimate Partner Violence, Referral ○ yes-accepted ○ yes-declined ○ no

Intimate Partner Violence, Comments

# PARTNER ABUSE AFFECTS US ALL.

**HAS YOUR PARTNER:**

Shamed you or humiliated you in front of others or in private?

Controlled where you go, who you talk to, or how you spend money?

Hurt or threatened you, or forced you to have sex?

If you answered yes to any of these questions, you may be in an abusive relationship. *You are not alone.*

Partner abuse, also known as domestic or intimate partner violence, affects us all, regardless of sexual orientation or gender identity.

FENWAY HEALTH

**WEB** fenwayhealth.org

**SafeLink Hotline** **Toll-free 24-hour hotline** 877.785.2020 **TTY** 877.521.2601

▶ INFORMATION SUPPORT SAFETY PLANNING SHELTER

**Beth Israel Center for Violence Prevention and Recovery** 617.667.8141

▶ INFORMATION COUNSELING ADVOCACY SUPPORT

**Violence Recovery Program at Fenway Health**

Serving lesbian, gay, bisexual, transgender & queer (LGBTQ) communities

617.927.6250 **TTY** 617.859.1256 **Toll-free in MA** 800.834.3242

▶ INFORMATION COUNSELING ADVOCACY SUPPORT

**The Network/La Red** Serving LGBTQ, BDSM & polyamorous communities

617.742.4911 **TTY** 617.227.4911

▶ HOTLINE SHELTER SUPPORT SAFETY PLANNING

# Partner abuse affects us all

Partner abuse, also known as **domestic violence** or **intimate partner violence**, affects us all, regardless of sexual orientation or gender identity. If you have questions about your relationship, talk to your health care provider or someone you trust.

**We can help. You are not alone.**

For more information and resources:

# BARRIERS AND SOLUTIONS

| | |
|---|---|
| Discomfort or feeling powerless | • Ongoing staff training<br>• Review role of health care provider in IPV screening |
| Safety of Patient | Safety planning for patient |
| Legal Concerns | • Address documentation in staff trainings<br>• Mandated reporting and documentation |
| Time constraints | • Electronic screening method<br>• Patient completes before office visit starts |
| Organizational capacity to respond | • Partner with internal or external departments who can aid in response<br>• Develop clear protocol |

Sprague, et al. Barriers to Screening for Intimate Partner Violence, Women & Health, (2012). 52:6, 587-605,

# FOR LATER DISCUSSION

- Identify 2 barriers to implementing routine IPV screening at your own practice site.

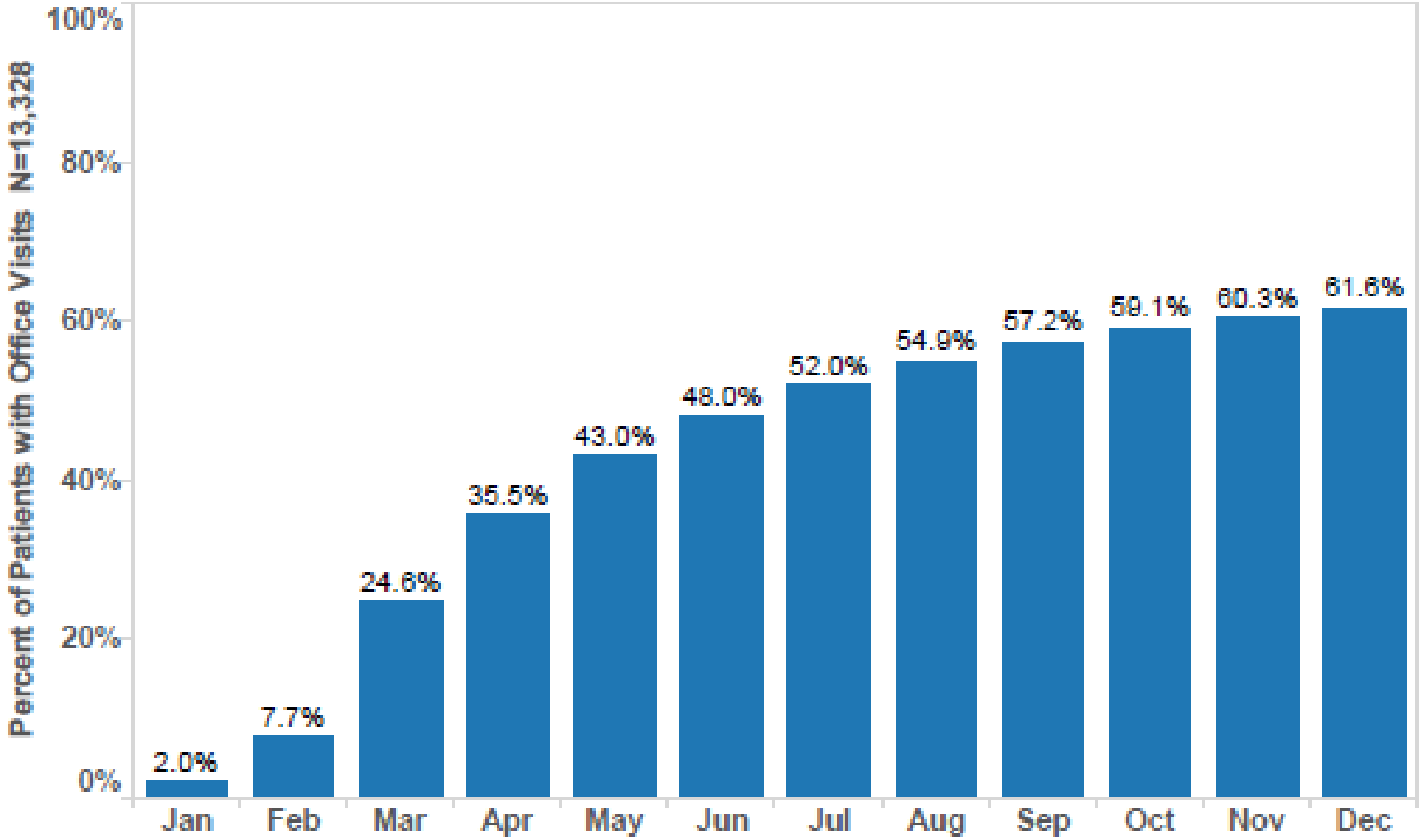
# RESULTS OF SCREENING AND LESSONS LEARNED:

# THE FENWAY EXPERIENCE

# OVERALL SCREENING RATES

| Total N of Patients Eligible for Screening | N=13,328 (100%) |
|---|---|
| n screened for IPV | 8210/13,328 (62%)<br>• 42% screened at 40 min. visit<br>• 54% screened at 20 min. visit<br>• 4% missing appointment data |
| n answering YES to ≥1 screening question | 797/8210 (10%) |

# CUMULATIVE PERCENTAGE OF PC PATIENTS WITH OFFICE VISITS SCREENED FOR IPV, 2014



# DEMOGRAPHICS OF SCREENED PATIENTS, RACE

| Race | N, % |
|---|---|
| White | 9650 (72.4%) |
| Black or African American | 1030 (7.7%) |
| Multiple Race | 383 (2.9%) |
| American Indian/Alaska Native | 35 (0.3%) |
| Asian | 836 (6.5%) |
| Native Hawaiian/Pacific Islander | 86 (0.6%) |
| Other | 281 (2.1%) |
| Refused or Unknown | 1000 (7.5%) |

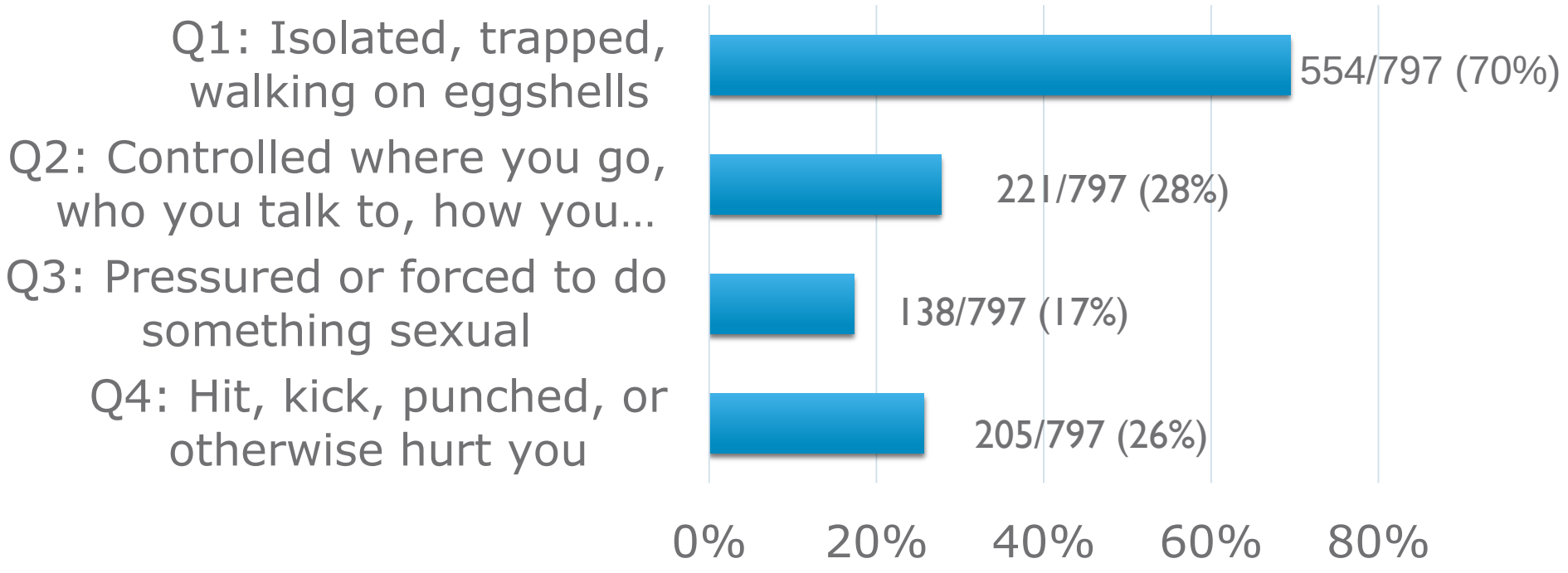
# DEMOGRAPHICS OF SCREENED PATIENTS, ETHNICITY

| Ethnicity | N, % |
|---|---|
| Non-Hispanic/Latino | 10938 (82%) |
| Hispanic/Latino | 1284 (10%) |
| Unknown | 1106 (8%) |

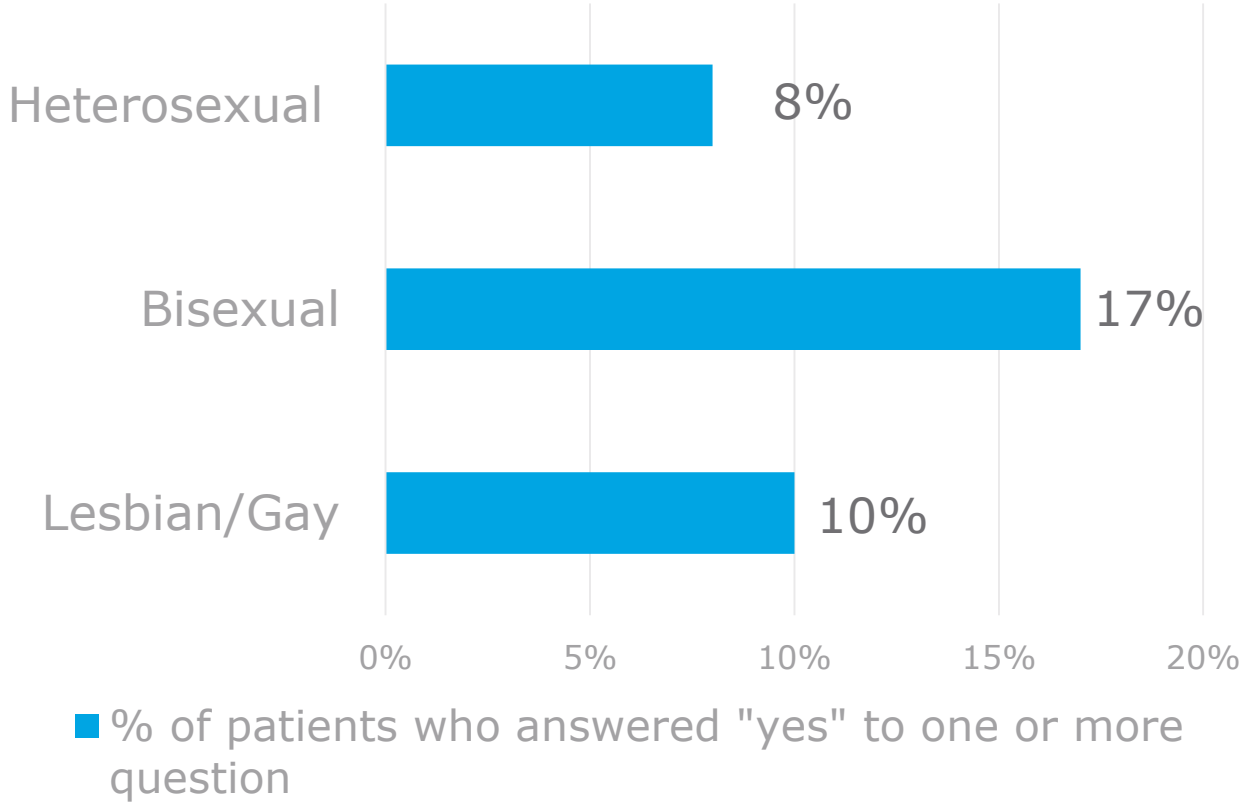
# DEMOGRAPHICS OF SCREENED PATIENTS, FEDERAL POVERTY LEVEL

| FPL Category | N, % |
|---|---|
| 100% and below | 3130 (24%) |
| 101-150% | 761 (6%) |
| 151-200% | 608 (5%) |
| Over 200% | 4454 (33)% |
| Missing | 4365 (33%) |

# FREQUENCY OF POSITIVE RESPONSES TO Q1-Q4



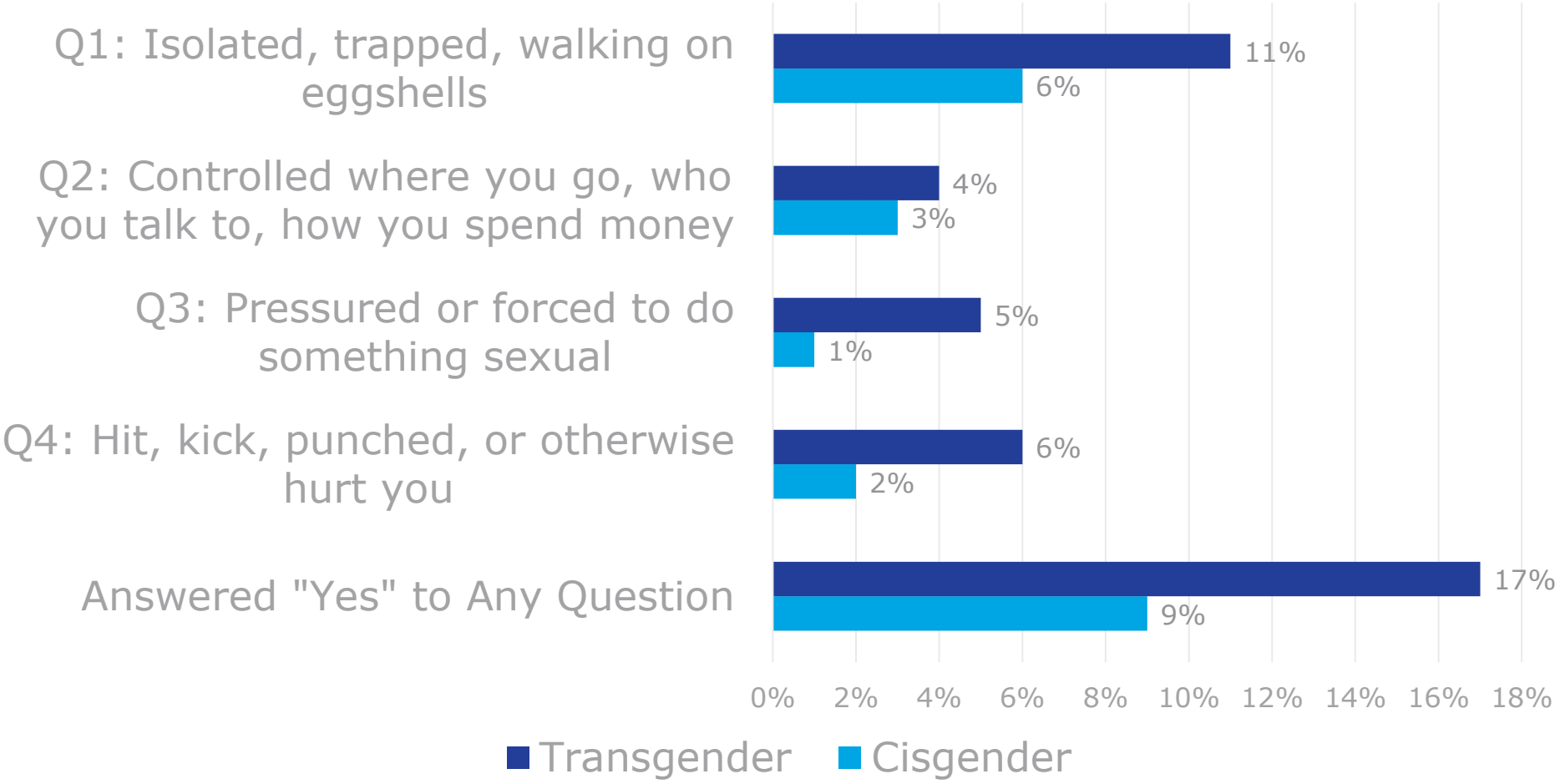
# IPV RATES BY SEXUAL ORIENTATION



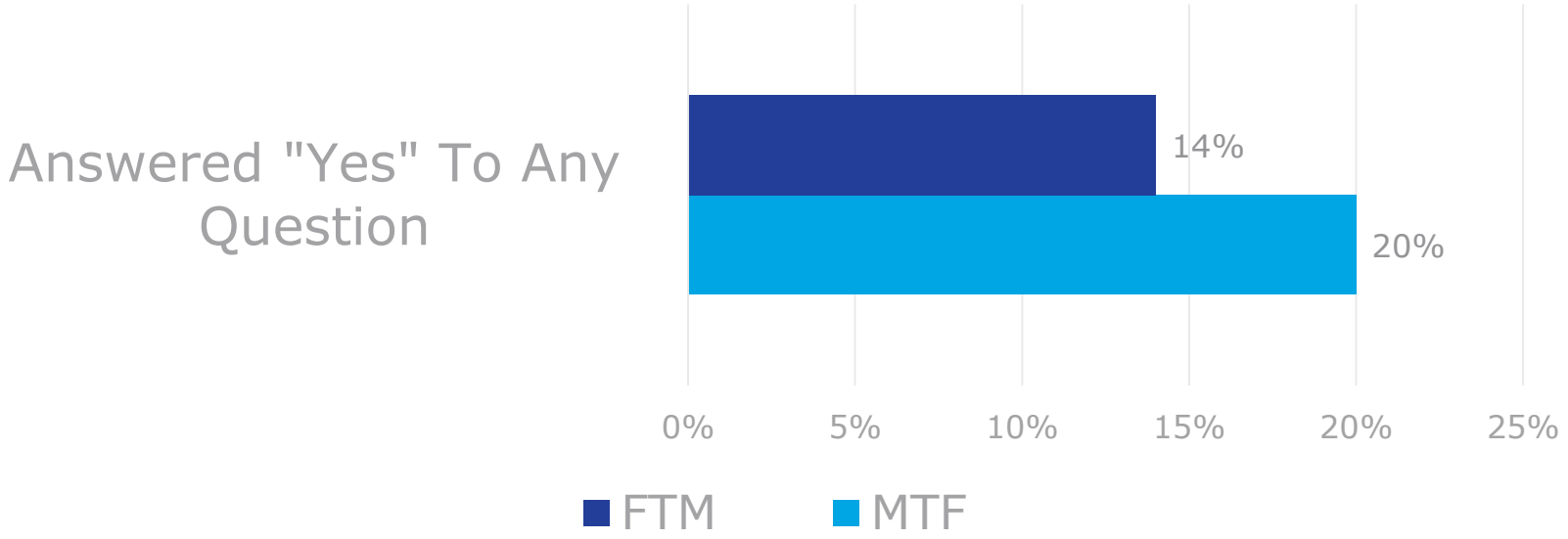
# IPV RATES BY SELF-IDENTIFIED S.O. AND INSURANCE SEX

| Self-ID Sexual Orientation | Insurance Sex | |
|---|---|---|
| | Female | Male |
| Heterosexual | 7% | 9% |
| Gay/Lesbian | 10% | 10% |
| Bisexual | 17% | 18% |

# IPV RATES AMONG TRANSGENDER AND CISGENDER PATIENTS



# IPV RATES AMONG FTM AND MTF PATIENTS




*A patient was identified as transgender if their insurance sex marker did not match their self-identified gender identity (registration form)

# FEEDBACK FROM PROVIDERS

- Screening introduces the topic and makes it easier to talk about.
- Negative screens do not impact visit length.
- Most patients react neutrally or positively.

# SUMMARY: FINDINGS

1. A gender-neutral screening tool was effective in detecting IPV in a mixed clinic population.
2. Routine screening is associated with a high (approx. 10%) overall detection rate and provides an opportunity to connect patients to services.
3. Bisexual and transgender patients were significantly more likely to screen positive than hetero/L/G and cisgender patients respectively.
4. Next steps:
    1. Multivariate analyses to identify explanatory factors for these differences.
    2. Increase overall screening capture.

# DISCUSSION

1. What implementation barriers did you identify?
2. What strategies could be used to overcome these barriers?

# NATIONAL RESOURCES

- National On-line Resource Center on Violence Against Women
  http://www.vawnet.org/domestic-violence
  Special collections on population-specific approaches: LGBT
- National Coalition of Anti-Violence Programs (NCAVP)
  http://www.avp.org/about-avp/coalitions-a-collaborations/82-national-coalition-of-anti-violence-programs
- The Northwest Network
  http://nwnetwork.org
- The Network/La Red
  http://tnlr.org
- FORGE
  http://forge-forward.org

# CONTACTS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