

# Intimate Partner Violence in Primary Care: Training the Next Generation of Health Care Providers to Screen and Address

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# Faculty Disclosure

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The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

# Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at [https://www.cfha.net/page/Resources\\_2019](https://www.cfha.net/page/Resources_2019) and on the conference mobile app.



# Learning Objectives

At the conclusion of this session, the participant will be able to:

- Explain the importance of screening for IPV in a primary care setting
- Demonstrate universal education/screening protocol for IPV
- Name 2 ways in which this protocol could be applied to the clinical settings at their home institution.

# Bibliography / Reference

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3. Miller, E., McCaw, B, Humphreys, B. L., & Mitchell, C. (2014). Integrating Intimate Partner Violence assessment and intervention into healthcare in the United States: a systems approach. *Journal of Women's Health*, 24: 92-99. DOI: 10.1089/jwh.2014.4870
4. Bair-Merritt, M., Lewis-O'Connor, A., Goel, S., Amato, P., Ismailji, T., Jelley, M....Cronholm, P. (2014). Primary Care-Based Interventions for Intimate Partner Violence: A Systematic Review. *American Journal of Preventive Medicine*, 46, 188-194.
5. Hamberger, K L., Rhodes, K., & Brown, J. (2015). Screening and intervention for Intimate Partner Violence in Healthcare Settings: creating sustainable system-level programs. *Journal of Women's Health* 24: 86-91

# Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

# Activity: Pile sort

- Split into groups
- As a group, sort cards into the following categories
  - HEALTHY relationship behaviors
  - ABUSIVE relationship behaviors
  - NEED CONTEXT to determine
- Discuss your decisions

# Activity: Debrief

- How was this?
- What did it bring up for you?
- How I use this activity for residency education
  - Materials available on conference resources  
[https://www.cfha.net/page/Resources\\_2019](https://www.cfha.net/page/Resources_2019)





# Intimate Partner Violence: Definition(s)

- Physical violence
- Sexual violence
- Stalking
- Psychological aggression
  - Coercive acts
  - Verbal abuse
  - Emotional abuse

By a current or former intimate partner.

# Intimate Partner Violence: Definition(s)

- Intimate partner: A person with whom one has a close personal relationship
  - Emotional connectedness, frequent contact, “couple”, ongoing physical or sexual contact, familiarity)
  - Current or former spouses, boyfriends/girlfriends, dating partners, or sexual partners.
- Heterosexual or same-sex couples
- Does not require sexual intimacy (1).

# IPV: Prevalence



# IPV: Prevalence

- **Nearly half** of all women and men in the United States have experienced psychological aggression by an intimate partner in their lifetime (48.4% and 48.8%, respectively).
- **Not a one time thing:** Most female survivors of intimate partner violence were previously victimized by the same offender—around 80% (2).

# IPV: Screening

- Institute of Medicine, Department of Health and Human Services, US Preventative Services Task Force, and Affordable Care Act recommendation universal screening of girls/women (3)
- Prevalence rate of IPV screening in primary care is an estimated 1.5-12% of patients (Waaen et al., 2001)

# Check in

- Are you/your clinic ready to do the work of IPV screening?
- Do you have the tools to address a positive screen?
- What do your providers need to do this work?

# Futures Without Violence card

## Examples of safety cards



**You are not alone.**

Abuse and/or domestic violence occurs in all kinds of relationships. The fact that it happens often does not make it okay. You deserve to be in a relationship that is supportive and feels good. Help is available.

**A plan that works for you**

If you feel that there is something not right about your relationship it could be helpful to talk with a trusted friend or advocate about what you have been experiencing.

Together, you could formulate a plan about:

- ✓ How to get support for things you may be doing to help you cope, such as binge drinking, using drugs, eating too much or too little.
- ✓ How to connect with your health provider about what to do if your partner is restricting your access to medications or health visits, and other ways that your relationship could be affecting your health.
- ✓ How to reduce harm within your relationship and/or develop a safety plan.
- ✓ How to connect with resources on the back of this card and in your community to learn about your options.

Referral, confidential hotline and support services are available 24/7 via phone, text, or online chat.

**National Domestic Violence Hotline**  
1-800-798-7233 | 1-888-787-3234 (TTY)  
thehotline.org

**The Trevor Project**  
Crisis line for LGBTQ Youth  
800-488-7386 | thetreverproject.org

Other helpful resources:  
**The National Network**  
nnadvoc.org

**National Coalition of Anti-Violence Programs**  
ncavp.org

**FORGE** for trans people and allies  
forge-forward.org

**The National GLMA**  
glma.org

**FUTURES WITHOUT VIOLENCE**  
futureswithoutviolence.org

Developed in collaboration with the Los Angeles LGBT Center  
© 2014 Futures Without Violence. All rights reserved.  
Revised by the U.S. Department of Health and Human Services  
Division of Adolescent and School Health, Youth and Injury Prevention  
Division #20170110, Revisions by Peter D. Chivers

**Caring Relationships, Healthy You**

**Did You Know Your Relationship Affects Your Health?**

**A Train the Trainers Curriculum on Addressing Intimate Partner Violence, Reproductive and Sexual Coercion**

By Linda Chamberlain, PhD, MPH, Rebecca Levenson, MA, Erica Monasterio, MN, FNP-BC, and Virginia Duplessis, MSW

**FUTURES WITHOUT VIOLENCE**

# Who to Screen

- Adults and adolescents
  - New patients
  - Annual visits
  - Contraception visits
  - Health indicators
- In OB/GYN practices
  - Annual visits
  - Prenatal visits
  - Antepartum admissions
  - High-risk situations or indicators



# How to Use the Safety Cards

1. Interview patient **alone**.
2. Review **confidentiality limits** w/ patient at start of visit:

**“Before we get started, I want you to know that everything here is confidential, meaning that I won’t talk to anyone else about what is said unless you tell me something that requires reporting. This can include harm to a child, serious risk to your own life, or serious risk to other lives.”**

Note: In many states, non-accidental violence that causes physical injury or with a firearm, knife or weapon considered to be deadly requires reporting to law enforcement.

# How to Use the Safety Cards

3. Use **gender-neutral** language
4. Introduce screening as **universal practice**  
“We’ve started talking to all our pts about safe and healthy relationships because it can have such a large impact on your health.”
5. Review education on healthy/unhealthy relationships, and then ask a **direct follow up question** to inquire if any of the types of abuse are happening
6. Give **2 cards**, one for them and one for someone in their life who may benefit

# Positive Screen/Disclosure

1. Offer a **compassionate, supportive response**. Direct statements reassure and offer support and validation.

**“Thank you for telling me. I’m concerned for you. There are so many people in similar situations - it’s not your fault”.**

2. Review resources and offer a warm hand off to BHC or to call an IPV advocate together.

# Positive Screen/Disclosure

## 3. Assess Safety

- SEVERITY OF VIOLENCE
  - Are you afraid to go home?
- ESCALATION OF VIOLENCE
  - Is it getting worse or more dangerous?
- THREATS OF VIOLENCE
  - Has your partner used a weapon like a gun or a knife or threatened you with a weapon or said he/she would murder you?
- SUICIDALITY/SELF-HARM
  - Assess for depression or suicidal ideations as patient is at risk for hurting self

# This is Challenging Work

- Comfort level
- Stigma
- Prevalence within the workforce
- Knowledge deficit: understanding the different forms of abuse and knowing what to say or do
- Existence of resources
- Knowing about the resources that exist

# Next steps

- Where are you/where is your institution with being ready to start screening for IPV?
- Name 2 ways in which this protocol could be applied to the clinical settings at your institution
- Identify potential barriers and what groundwork needs to be completed to take these steps

# Thank you

- Gratitude to CFHA for selecting this topic for presentation discussion
- Gratitude to you for your attendance, concern and engagement
- Next year...Presentation on dismantling discomfort?

# Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.





Join us next year in Philadelphia, Pennsylvania! Thank you!