

# Implications of Intimate Partner Violence (IPV): The Clinical Response

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# **Identify Signs and Symptoms of IPV in Healthcare Provider Practice and the Healthcare System**

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# Obvious Signs

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- Broken Bones
  - Swollen Face from Beating
  - Black Eyes
  - Lacerations of All Kinds
  - Loss of Body Parts (Ear Cut Off)
  - Rape
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# Non-Obvious Signs

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- Migraines
  - Chronic Backaches
  - Chronic Abdominal Pain
  - Lower Preventive Healthcare Behaviors
  - Increased Injurious Health Behaviors (Smoking, Alcoholism, Obesity, Depression, Etc.)
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# Non-Obvious Signs

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## Gynecologic Problems

- Sexually Transmitted Diseases (STDs)
- Urinary Tract and Vaginal Infection
- Painful Sexual Intercourse

## Central Nervous System Problems

- Fainting
- Seizures

*Campbell, et al, 2002*

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# Non-Obvious Signs

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## Chronic Stress-Related Health Problems

- Hypertension
- Loss of Appetite
- Abdominal Pain
- Increased Susceptibility to Viral and Bacterial Infection

*Campbell, et al, 2002*

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# Emotional Signs and Symptoms

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- Crying
  - Agitation
  - Depression
  - Perpetrator Harassment About Sexuality, Stupidity, Etc.
  - Willful Deprivation of Affection
  - Besmirching of Character (Over Time, More Damaging Than Physical Injuries)
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# Why Screening Is Important

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- ❑ Methodology Used To Identify IPV
  - ❑ Women In Abusive Situations Use the Healthcare System Six Times More Often Than Average
  - ❑ There Are Missed Opportunities To Intervene If We Do Not Screen
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# State Of The Science Of IPV

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- ❑ Haphazard Screening At Best
  - ❑ Extremely Limited Education On IPV For Health Care Providers, Medical Students, Medical Residents Or Physicians In Practice
  - ❑ No Consistent Screening Tools Being Used
  - ❑ Health Care Providers-Last To Come To The Table
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# Good Health Policy

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Improve the identification and evaluation of abuse and refer victims to appropriate services.

Stark and Flitcraft, 1991  
Violence in America

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# Danger Assessment

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Survivors Are At Greatest  
Risk Of Being Murdered  
When They Take  
Deliberate Action To Sever  
An Abusive Relationship

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# Why Screening Helps

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- ❑ Victims (Survivors) Get Referred Sooner To Appropriate Services
  - ❑ Physicians More Quickly And Accurately Render A Diagnosis
  - ❑ Communicates Broader Societal Message That IPV Is NOT Acceptable
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# Why Early Recognition Is Important

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- Reduces Morbidity
  - Reduces Mortality
  - Decreases Length Of Time Children Watch Violent Behavior
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# Reasons For Screening All Patients

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- Prevalence Across Lifespan
  - No Consistent Pre-Existing Characteristics
  - Abuse Status Changes Over A Lifetime
  - May Be Etiology Of Presenting Problem
  - May Aggravate Presenting Problem
  - May Compromise Present Treatment
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# What Happens When You Screen

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- Before Screening
    - Identify Between 5-7%
  - After Routine Screening Is Established
    - Identify Between 29-30%
  - Need To Ask At Least Three Times Before Most Patients Disclose
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# Questions To Ask

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- There Are Some Questions I Need To Ask About Your Health
  - Include questions about IPV with all other health-related questions
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# Promotion Of Screening And Education

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Use Of Protocols

Two Questions To Ask Every Patient



■ Has A Recent-Past Or Current Partner Ever Caused You To Be Afraid?



■ Has a Recent-Past Or Current Partner Ever Physically Hurt You?



■ Are You Currently Under An Order Of Protection?

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# Why Patients Don't Report

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- Fear
  - Healthcare provider didn't ask
  - Detected that healthcare provider was uncomfortable with asking
  - First time they were asked
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# Barriers To Screening

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- No Consistent Method Of Screening
  - Nothing On Violence On Health History
  - Time
  - No Initial Avenue To Get Channel Open To Talk About
  - No Specific Way To Identify
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# How and How Not To Screen (Process)

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# Routine Assessment For IPV Must Be Conducted:

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- In A Non-Judgmental Manner
  - With Straight Forward Questioning
  - In Private
  - With Assurance Of Confidentiality  
(only if children are not being abused)
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# How Not To Screen

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- ❑ "There Is No IPV IN Your Life, Is There?"
  - ❑ Using Closed Body Language
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# Screening Too Time Consuming

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- "Have you ever been hit, kicked, or punched by your partner?"
- "I notice you have a number of bruises; did someone do this to you?"

Most of the time these questions are unnecessary. You Do Not Have Time To Go Into This Kind of Detail In A Busy Office or Clinic.

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# If You Need An Opening Statement ...

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“Because violence is so common in our lives, I’ve begun to ask about it routinely”



“Are you in a relationship in which you have been physically hurt, threatened, or afraid?”

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## If The Patient Answers Yes:

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- Encourage Them To Talk About It.
    - “Would you like to talk about what has happened to you?”
    - “What would you like to do about this?”
    - Easiest way to handle: call medical/legal advocate to come to office
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# Role Of The Healthcare Provider In Detecting and Responding Clinically

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- End On A Positive Note
    - Validate Talking About Such A Problem Is Difficult
    - Reinforce His or Her Strength And Courage In Taking This Step
    - Tell Him or Her The Process Of Healing Involves Close Follow-up
    - Review The Cyclical Nature Of IPV
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# Role Of The Healthcare Provider In Detecting and Responding Clinically

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- Screen All Patients For Intimate Partner Violence
    - If You Suspect Abuse Ask/If You Don't Suspect Abuse Ask
    - Remain Non-Judgmental And Relaxed
  - If Pressed For Time, Establish A Rapport And Call The Center For Prevention Of Abuse Medical Advocate
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# Role Of The Healthcare Provider In Detecting and Responding Clinically

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- Create A Supportive Environment
    - State “You Are Not Crazy”
    - Point Out “You Are A Survivor”
    - Commend Them For Taking The First Step Toward Improving Their Life And The Life Of Their Children
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# Role Of The Healthcare Provider In Detecting and Responding Clinically

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- If you screen (even if you believe it doesn't do anything to increase identification), every patient every time, it provides an atmosphere within the professional community that increases comfort in dealing with this issue and supports the tenet this is the right thing to do.
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# **Implications for IPV survivor**

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# When IPV is undetected - survivor

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- Violence increases in both severity and frequency over time
  - Risk for preterm birth and low birth weight (LBW) babies (10.76 of abused women deliver LBW babies)
    - Average cost of LBW baby: \$50,300
    - Average cost of term delivery: \$3,355
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# When IPV is undetected - survivor

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- Individuals are seen multiple times and often undergo unnecessary evaluations and testing because providers rarely ask about family violence or determine it's impact on the patient's health (U.S. Department of Health and Human Services, 2009)
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# When IPV is undetected - survivor

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- Women who have diabetes can have it worsen because perpetrator will now allow eating and giving insulin on a regular basis (same with other chronic conditions and medications)
  - Depression
  - Suicide
  - Homicide
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# **Impact of IPV on Professional Practice and Healthcare System**

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# Healthcare System - Impact

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- Healthcare organizations, whether health plans, medical groups, community clinics or doctors' offices, can only spend what someone else is willing to pay. It is a simple truth, but is often forgotten because of the third party (i.e. insurance) payment mechanisms that predominate in this country.
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# Healthcare System - Impact

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- Healthcare decision makers face multiple, often competing demands. They must make decisions about resource allocation that bring the most value to patients, payers, purchasers, and society as a whole.
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# Healthcare System - Impact

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- ❑ IPV impacts not only the victim, but the children and the perpetrator
  - ❑ Health effects range from severe injury to chronic health problems to significant mental health issues and aggravation of other medical health conditions
  - ❑ Translates into more significant costs to treat victims
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# Healthcare System - Impact

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- ❑ Victims of IPV cost one health plan \$1,775 more per year than non-victims
- ❑ IPV results in medical expenses of \$3 to 5 billion annually and costs employers another \$100 million in lost wages, sick leave, absenteeism and lessened productivity

Partners in Prevention (501(c)(3)) Organization

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# Healthcare System - Impact

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- Centers for Disease Control (CDC) and Prevention (2003) estimates that the total cost of IPV for women in the United States at \$5.8 billion per year with \$4 billion in direct healthcare costs
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# Healthcare System - Impact

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- Arias and Corso (2005) reported that the average cost per woman victimized by a male intimate partner is \$948, including \$207 in mental health services
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# Healthcare System - Impact

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- Previous research (Ulrich et al 2003) has demonstrated that IPV victims have a 1.6 to 2.3 fold higher rate of medical care use than females who did not disclose victimization
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# **Evaluate the Impact of IPV on Children**

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# Impact of IPV on Children

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- Historically, medical responses to child abuse and to IPV have been separate because different healthcare practitioners routinely treat adults and children
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# Impact of IPV on Children

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- In 1962, the medical profession first recognized child abuse as a medical problem with social welfare concerns for children
  - Safety of adult victims of IPV within the same family was not taken into account
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# Impact of IPV on Children

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- ❑ Management of children's health and child abuse largely occurs without regard to the potential of IPV in the same family
  - ❑ This still occurs today despite the research over 20 years reporting overlap between child maltreatment and IPV (Edleson, 1998, Culro, 1999)
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# Impact of IPV on Children

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- Children who witness IPV are more likely to exhibit behavioral and physical health problems including depression, anxiety, and violence toward peers
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# Impact of IPV on Children

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- Children exposed to IPV as toddlers have been noted to experience health, intellectual, emotional, and behavioral problems such as running away, delinquent activities, and teen dating violence
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# Impact of IPV on Children

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- ❑ Higher levels of IPV appear to result in more severe child dysfunction
  - ❑ Problems with speech, hearing, vision have also been reported
  - ❑ Problems with alcohol and drug abuse have been noted, subsequently
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# Impact of IPV on Children

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- Pediatricians are also in a position to detect IPV through the identification of child abuse and routine well-child examinations
  - Inquiry about the safety of children should be routine during IPV screening by healthcare providers
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# Impact of IPV on Children

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- ❑ Children in homes where IPV is occurring should be included in safety planning
  - ❑ Specific questions about IPV asked routinely to all mothers in pediatric settings can give abused women additional opportunities to seek help for themselves and their children
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# Impact of IPV on Children

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- ❑ Pediatric providers have little training and experience in identifying IPV
  - ❑ Most pediatric fellows believe that responding to IPV in mothers is not within the purview of pediatrics
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# Teen Dating Violence

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# Teen Dating Violence

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- Teen dating violence, according to the National Youth Violence Prevention Resource Center (on September 19, 2007) can take many forms including psychological and emotional abuse, physical abuse, and sexual abuse. It can occur in the context of casual dating or serious long-term relationships.
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# Teen Dating Violence

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- “Teens who are exposed to dating violence are at higher risk for IPV” (Black, Noonan, Legg, Eaton, and Breiding 2006, Jacox et al 2006, Taylor and Sorenson, 2004)
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# Teen Dating Violence

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- ❑ Teen dating violence is a phenomenon that has been largely ignored by healthcare professionals (Betz 2007)
  - ❑ Adolescence is considered a particularly high-risk period for violence victimization (Gagne, Lavore, Hubert 2005)
  - ❑ It is estimated that more than 1/3 of teens report having been victims of violence in their dating relationships (Torcier, Patels, Kahn, 2003)
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# Teen Dating Violence

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- ❑ Many adults mark adolescence as the beginning of their own experiences with IPV (O'Keefe 1986, Makepeace 1997, Culross 1999)
  - ❑ Many adolescents accept aggression and violence as normal
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# Teen Dating Violence

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- Yet few systematic dating violence screening exists for adolescents in settings in which they receive healthcare such as:
    - Pediatric clinics
    - School-based clinics
    - Teen clinics
    - Family planning clinics
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# Teen Dating Violence

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- Further research is needed to increase our understanding of the phenomenon of teen dating violence and to communicate to consumers, professionals, educators, advocates, and policymakers the evidence-based strategies needed to address this serious public health issue (Banyard et al 2006, Hickman et al 2004)
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# **Responsibility and Liability of Healthcare Providers in Identifying and Responding to IPV**

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ARTICLE IV  
HEALTH CARE PROVIDERS  
(750 ILCS 60/401) (from Ch. 40, par. 2314-1)

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Sec. 401. Any person who is licensed, certified or otherwise authorized by the law of this State to administer health care in the ordinary course of business or practice of a profession shall offer to a person suspected to be a victim of abuse immediate and adequate information regarding services available to victims of abuse.

ARTICLE IV  
HEALTH CARE PROVIDERS  
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Any person who is licensed, certified or otherwise authorized by the law of this State to administer health care in the ordinary course of business, or practice of a profession and who in good faith offers to a person suspected to be a victim of abuse information regarding services available to victims of abuse **shall not be civilly liable for any act or omission of the agency providing those services** to the victims of abuse or for the inadequacy of those services provided by the agency.

(Source: P.A. 87-436.) *Illinois Domestic Violence Act of 1986*

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**ARTICLE IV**  
**HEALTH CARE PROVIDERS**  
**(20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2)**

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**Sec. 3.2. It is the duty of any person conducting or operating a medical facility, or any physician or nurse as soon as treatment permits to notify the local law enforcement agency of that jurisdiction upon the application for treatment of a person who is not accompanied by a law enforcement officer, when it reasonably appears that the person requesting treatment has received:**

(Source: P.A. 86-1475.)

*Illinois Domestic Violence Act of 1986*

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**ARTICLE IV**  
**HEALTH CARE PROVIDERS**  
**(20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2)**

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- (1) any injury resulting from the discharge of a firearm; or
- (2) any injury sustained in the commission of or as a victim of a criminal offense.

Any hospital, physician or nurse shall be forever held harmless from any civil liability for their reasonable compliance with the provisions of this Section.

(Source: P.A. 86-1475.)

*Illinois Domestic Violence Act of 1986*

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# Responsibility and Liability of Healthcare Providers in Identifying and Responding to IPV

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- Validate The Patient's Experience
    - Healthcare Providers Can Have A Great Impact By Speaking Out Against IPV
  - Provide Safety And Privacy
    - Laws To Protect Them
    - No One Has The Right To Hurt Others
    - No One Deserves To Be Beaten Or Threatened
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# Responsibility and Liability of Healthcare Providers in Identifying and Responding to IPV

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- Listen Non-Judgmentally
  - Assess For Immediate Danger
    - What Will Happen When They Go Home?
    - Is There A Weapon In The Home?
    - Are Children Also Being Abused?
    - Is There Use/Abuse Of Drugs & Alcohol By The Perpetrator And/Or Survivor?
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# Responsibility and Liability of Healthcare Providers in Identifying and Responding to IPV

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- ❑ Has The Survivor Ever Thought Of Or Attempted Suicide?
  - ❑ What Does the Survivor Do To Cope?
  - ❑ Avoid Rescuing - You Cannot Make Choices Or Direct The Life Of The Survivor By Telling Them What To Do (No Matter How Much You Think It Is Right For The Survivor and Her/His Children)
  - ❑ Rescuing Only Sabotages The Critical Work The Survivor Must Accomplish Independently
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# Responsibility and Liability of Healthcare Providers in Identifying and Responding to IPV

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- ❑ Encourage A Process Of Decision-Making To Help Them Understand Their Options
  - ❑ Articulate The History Of Violence - Continues To Escalate In Severity And Frequency
  - ❑ Perpetrator Apologies And Attentiveness Afterward Do Not Mean Violence Will Not Occur Again
  - ❑ Express Concern That The Survivor And Her/His Children Are At Risk For Serious Injury
  - ❑ Explore Resources With The Survivor - Shelter, Temporary Housing, Friend And Family Support, Legal Assistance
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# Responsibility and Liability of Healthcare Providers in Identifying and Responding to IPV

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## Keep Resources In Your Office, Clinic, Department, etc.

- Pamphlets
  - Local Shelters Telephone Numbers
  - List Of Counselors
    - Police
    - Legal Advocates
    - Other Community Resources e.g. Family Justice Center
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