Empowering and Partnering With Patients Experiencing IPV

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31

% of women experience physical violence in their lifetime (nsvs)
Scope of the Issue

Physical abuse
Psychological abuse
Economic abuse
Reproductive & Sexual Coercion
Verbal abuse

Intimate Partner Violence Creates Health Inequities for Women

Evidence of:
- Poor pregnancy weight gain, infection, anemia, tobacco use, stillbirth, pelvic fracture, placental abruption, fetal injury, preterm delivery, and low birth weight
- Risk of escalation of the severity of violence during pregnancy or the postpartum period
- Homicide as a leading cause of maternal mortality, with the majority perpetrated by a current or former intimate partner
- High rates of birth control sabotage and pregnancy pressure
- Coercion in abusive relationships correlated with unintended pregnancies

ACOG 2012 Committee Report
How Do We Empower Patients?

- Offering Choices
- Considering Their Safety
- Providing Resources
- Delivering Appropriate Health Education
- Creating Supportive Environments
- Respecting Their Decisions
- Believing Them
- Affirming Their Agency
- Maintaining Their Confidentiality and Trust

Screening for IPV: Indicated or Universal?

- ACOG Committee Report (2012)
- National Consensus Guidelines On Identifying and responding to Domestic Violence Victimization in Health Care Setting (universal)
- Institute of Medicine
- United States Preventive Services Task Force (modified universal)
- EITHER WAY: screening needs to be done with privately.
ACA and IPV

Prohibits Pre-Existing Condition Exclusion Based on Domestic Violence History

Supports Routine Screening and Counseling of Domestic or Interpersonal Violence

Discussing the Limits of Your Confidentiality

- Be direct
- Keep it simple
- Communicate caring and concern
- Assure two-way communication
- Know the law
- Check for understanding

MCLS « 750.411: “Gun and Knife Law”

[A] person, firm, or corporation conducting a hospital or pharmacy in this state, the person managing or in charge of a hospital or pharmacy, or the person in charge of a ward or part of a hospital to which one or more persons come or are brought suffering from a wound or other injury inflicted by means of a knife, gun, pistol, or other deadly weapon, or by other means of violence, have a duty to report that fact immediately, both by telephone and in writing, to local law enforcement authorities in which the facility is located or to the county sheriff if outside the limits of a village or city. A physician or surgeon who has under his or her charge or care a person suffering from a wound or injury inflicted in the manner described above has a duty to report that fact in the same manner.

Sample Script on Confidentiality Limits

I check in with all of patients about safe and healthy relationships because it can have such a large impact on your health.

Before we get started, I want you to know that nearly everything you share with me is confidential. What state law requires that I do share is information about child abuse and elder abuse they get help they need.

The other situation that would mean I needed to report information is if you’re seeing me because you’ve been injured with a weapon or through other kinds of violence. Sharing concern about what is happening in your relationship, talking about previous instances of violence or seeking information about resources for help does not require me to report information to the police.
Transition to In-Person Screening

I am sharing information about my confidentiality limits because I want you to be able make an informed choice about what you share with me.

If you choose to share information with me, I can support you in a number of way, (list ways) --and you can decide which options are best for you.

Do you have any questions for me or concerns about confidentiality?

Common Assessment Scales

Abuse Assessment Screen (1992)
Sensitivity: 93%; Specificity: 55%

HITS
Sensitivity: 86-96%; Specificity 86-99%

Sensitivity/Specificity/Reliability: Unavailable

Sensitivity/Specificity/Reliability: Unavailable

Develop Follow-up Protocol for Positive Screen

How Do We Partner with Patients?

- Screen for intimate partner violence on a regular basis
- Provide information about resources for assistance in your office
- If patient shares information about violence, use their terms
- Ask about safety concerns for patient, children or other loved ones, and pets
- Assist patient in creating a safety plan or connect to professionals who can safety plan
- Offer supportive statements
How Do We Partner With Patients

Document injuries and other sequelae of intimate partner violence
Discuss how the patient wishes to be contacted
Continue to offer resources and support at every visit
Make the active connection to resources for support and assistance

Safety Planning: Key Considerations

Patient-authored
Considers all aspects of the patient’s life
Considers all dimensions of a person’s well-being
Focuses on what patients CAN do to support their own safety
Is frequently revisited and revised
Can be both universal and time-specific
Provide tools for safety planning or staff/advocate assistance
**Resources for clinicians**

**IPV Screening Information**

**ACOG Reports/Resources**
- [http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Intimate-Partner-Violence](http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Intimate-Partner-Violence)

**Safety Planning Tool**

**ACA coverage Information**

**Other Helpful Resources**

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**Resources for Patients**

**UMHS Social Workers at each clinic or hospital site**

**SafeHouse (All Washtenaw County)**
- 24/7 HelpLine: (734) 995-5444

**SAPAC (All U-M Affiliates)**
- 24/7 HelpLine: (734) 936-3333
  - [https://sapac.umich.edu](https://sapac.umich.edu)

[https://stopabuse.umich.edu](https://stopabuse.umich.edu) (U-M employees)

**National Domestic Violence Hotline**
- 800-799-SAFE
  - Staffed 24 hours a day in English and Spanish
  - [http://www.thehotline.org/](http://www.thehotline.org/)

**Rape and Incest National Network (RAINN)**
- 800-656-hope
  - [https://hotline.rainn.org](https://hotline.rainn.org)
  - On-line advocate chat and searchable database of local service providers
Questions, Comments, Continuing Conversation

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