

Routine Screening, Assessment, and Triage for Domestic Violence in General Clinical Practice

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Consider the following:

1. Do you routinely screen for domestic or intimate partner violence?
2. Is this screening universal (i.e., screening of every client with same procedures)?
3. If this screening is universal, what procedures or questions do you use?
4. If this screening is not universal, under what circumstances do you screen for intimate partner violence?
5. If this screening is not universal, what obstacles or barriers exist?

After this presentation, participants will be able to:

1. Identify and explain the purpose and utility of routine screening for domestic and intimate partner violence in individual and couples/family settings.
2. Describe options for rapid screening of clients for domestic and intimate partner violence.
3. Identify reliable and valid methods for further assessment of clients reporting domestic or intimate partner violence histories.
4. Discuss factors influencing decisions to refer and/or treat clients reporting domestic or intimate partner violence.
5. Identify referral options for clients requiring immediate and additional intervention related to domestic or intimate partner violence.

Intimate Partner Violence

“actual or threatened physical, sexual, psychological, emotional, or stalking abuse by an intimate partner. An intimate partner can be a current or former spouse or non-marital partner, such as a boyfriend, girlfriend, or dating partner,” (can be same sex or opposite sex partner). (Basile, Hertz, & Back, 2007, p. 8)

Screening and Assessment

Screening:

- brief examinations intended to identify and detect individuals in need of further assessment
 - indicator-based screening – performed when indicator is present
 - routine screening – performed whether indicator is present or absent

Assessment:

- more detailed examination to identify and detect individuals in need of intervention.

Routine Screening for IPV

- U.S. Preventive Services Task Force (2004) concluded that there was insufficient evidence to recommend *for or against* routine screening for IPV in healthcare settings.
- However, many professional organizations recommend routine screening, including but not limited to:
 - American Academy of Family Physicians
 - American College of Obstetricians and Gynecologists
 - American Medical Association
 - American Nurses Association
 - American Psychological Association

Benefits of routine screening and assessment of IPV in clinical settings

- IPV poses risk for acute and chronic mental and physical health consequences for victims (and their children).
- As many as 25-30% of women experience IPV each year but spontaneous reporting is much lower. Victims do not report IPV for a number of reasons.
- Routine screening increases detection of IPV.
- Early identification may provide opportunity for intervention.

Screening and assessment of IPV in practice in clinical settings

- Despite the potential benefits, routine screening protocols have not been widely implemented in clinical care.
- Failure to identify and document cases of IPV continues to be noted in a variety of clinical care settings (often less than 10% of patients screened in healthcare settings).
- Few healthcare settings have been fully successful in implementing routine IPV screening protocols.

Barriers to routine screening and assessment of IPV in clinical settings

- Forgetting to screen
- Forgetting to document screening
- Discomfort with screening
- Lack of training
- Time constraints
- Lack of privacy (others present)
- Concern about information ending up in court, etc.
- Concern about availability/adequacy of resources for victims
- Mandatory reporting requirements in some locales
- Shift to electronic medical records

(Hamberger & Phelan, 2006; Owen-Smith et al., 2008)

Clinical Guidelines for Routine Screening

Recommendations include:

- Culturally competent, routine screening, implemented in private settings using straightforward, nonjudgmental questions and confidential documentation, of all female patients over age 14, whether or not signs are present or abuse is suspected, in primary care, OB/GYN and family planning, emergency, inpatient, pediatric, and mental health settings.
- More information needed regarding appropriate screening of men and lesbian women.

(The Family Violence Prevention Fund, 1999)

General Screening Guidelines and Policies

- Who should be screened routinely for IPV?
- Who should screen for IPV?
- How should screening occur?
- When should screening occur?
- Where should screening occur?

(Family Violence Prevention Fund, 1999)

Screening of IPV

IPV and SV Victimization Assessment
Instruments for Use in Healthcare Settings

<http://www.cdc.gov/NCIPC/publications/images/IPVandSVscreening.pdf>

(Basile, Hertz, & Back, 2007)

A couple of tools with good psychometric properties include:

- Women Abuse Screening Tool: 8 self-report items with good sensitivity, specificity, and validity (also available in Spanish)
- Women's Experience with Battering (WEB) scale: 10 self-report items with good sensitivity, specificity, and internal consistency reliability
- Abuse Assessment Screen (AAS): 5 clinician-administered items with good sensitivity, specificity, and test-retest reliability
- HITS (hurt, insult, threaten, scream): 4 items administered by clinician or self-report with good sensitivity, specificity, and internal consistency reliability, and validity (also in available in Spanish)

Sample Screening Questions

Framing Statements:

- Because violence is so common in many people's lives, I've begun to ask all my patients about it.
- I don't know if this is a problem for you, but many of the women I see as patients are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I've started asking about it routinely.

Direct Questions:

- Have you ever been hurt or threatened by your partner?
- Are you in a relationship with a person who physically hurts or threatens you?
- Have you ever been hit, kicked, slapped, pushed, or shoved by your partner?
- Has your partner or ex-partner ever hit you or physically hurt you? Has your partner or ex-partner ever threatened to hurt you or someone close to you?
- Are you currently or have you ever been in a relationship where you were physically hurt, threatened, controlled, or made to feel afraid?

A few things to avoid....

- You aren't being hurt by anyone, are you?
(demonstrates that you want a negative answer)
- Are you experiencing physical, emotional, or sexual abuse? (calls for interpretation of abuse)
- Are you the victim of ...? (labels client as victim)
- You alleged/claimed that your partner hurt you...(casts doubt)
- Asking in the presence of potential perpetrators of abuse.

Assessment of IPV

Measuring IPV Victimization and Perpetration:
A Compendium of Assessment Tools

<http://www.cdc.gov/NCIPC/dvp/Compendium/IPV%20Compendium.pdf>

(Thompson, Basile, Hertz, & Sitterle, 2006)

Triage and Referral for IPV

After screening and assessment reveals IPV, several factors should be taken into consideration:

- Immediate safety
 - Current whereabouts of perpetrator (if known)
 - History and level of violence
 - Victim's ability to make informed choices to protect self/others
 - Victim's access to resources and support
 - Safety of others
- Need for further assessment
- Need for medical intervention
- Need for psychological intervention
- Need for social service intervention (e.g., financial, legal, shelter, advocacy, etc.)
- Need for documentation and/or reporting

Safety Planning

- Is it safe to go home?
- Is there a safe place to go?
- Where is perpetrator?
- Are there weapons in the home?
- Are drugs/alcohol a factor?
- Are there children and/or pets to consider?

Safety Plan

Important phone numbers to keep available:

- Police: 911
- National toll-free hotline for IPV: 1-800-799-SAFE
- Local resources: (list as appropriate)

Escape plan:

- Create an escape route
- Prepare an escape bag
- Open your own bank account
- Inform trusted others of your situation

Items to take with you if you plan an escape:

- Money
- Keys
- Clothing
- Medications
- Favorite toys/blankets for children
- Documents
 - Birth certificates
 - Social Security cards
 - Driver's license
 - Automobile registration
 - Medical records
 - School records
 - Bank records
 - Credit cards
 - Passport
 - Divorce/custody papers
 - Lease or rental agreement
 - Mortgage/auto/other payment book
 - Insurance papers
 - Address book
- Sentimental items (photos, jewelry, etc.)
- Pet/pet supplies