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# Intimate Partner Violence: Providing Resources to Patients and Facilitating Understanding

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UVMHN Berlin Family Medicine Practice

Mentors: Drs. Jensen, Bamford, Stafford, Kowalski, Rodriguez and  
from Circle: Meg Kuhner

# Problem Identification and Need

Defining Intimate Partner Violence (IPV): physical violence, emotional violence, sexual violence, psychological aggression and stalking against a current or former partner.

- Approximately 27% of women and 11% of men have experienced some form of intimate partner in their lifetime.
- In 2014, there were 15 homicides in Vermont. 67% (10) involved domestic violence.
- In 2015, IPV Vermont resulted in: 16,384 hotline and crisis calls, 4,654 intimate partner reports, 1,142 sexual violence reports, 773 survivors sheltered, 1,407 children provided various services and 1,486 legal petitions *requested* for relief from abuse.
- Presently, there are *over 450 phone calls* per month to the Washington County devoted domestic violence hotline and shelter known as Circle. The overwhelming majority served are women.
- Women victims to IPV present to primary care offices with: 5-23% of women present to primary care; 18-30% of women present to emergency departments
- High volume primary care offices like UVMHN Berlin Family Medicine address primarily medical concerns of patients. While this includes mental health, IPV is infrequently a part of doctor-patient interactions.

# Public Health Cost

- In 1995, the cost of IPV against women exceeded \$5.8 billion. Of this:
  - \$4.1 billion - direct costs related to medical and mental health care.
  - \$1.8 billion - indirect costs of lost productivity.
  - Cost estimations are considered low because they do not include costs associated with the criminal justice system.
- Adjusting for inflation, the \$5.8 billion exceeds \$8.3 billion in 2003 dollars:
  - \$460 million for rape, \$6.2 billion for physical assault, \$461 million for stalking, and \$1.2 billion in the value of lost lives.
- The costs of IPV persist after the abuse has ended. Annual health care costs related to IPV victimization can extend to 15 years after the cessation of abuse.
- Each year, IPV victims lose 8 million days of paid work which is the equivalent of more than 32,000 full-time jobs-and almost 5.6 million days of household productivity each year.
- Women experiencing controlling behaviors by men such as not being allowed to go to work or school, or having their lives or the lives of loved ones threatened are more likely to experience unemployment, have health problems, and receive public assistance.

# Community Perspective and Support

Interview with Dr. Jennifer Bamford UVMHN Berlin Family Medicine Site Director: *with respect to the challenge of addressing IPV in primary care:*

- “Assessing for Intimate Partner Violence and Domestic Violence is part of our initial new patient intake form. However, the intake form doesn’t really talk about current abuse. Often patients don’t get a chance to complete these intake forms prior to the doctor visiting with them. As a busy primary care office, we deal with a lot of physical and mental health problems and IPV is essentially never the chief complaint for a visit. We often ask, “do you feel safe at home?” and are competent to handle IPV if it comes up, but it rarely does. Informational and educational resources for patients is certainly important.”

Meg Kuhner, Co-Director of Circle: *on PCP Barriers to addressing IPV*

- “Victims feel misunderstood. They feel embarrassed. Often they don’t have the financial resources to even go to a doctor. They blame themselves so they feel like they are going to get blamed if they tell someone. A lot of the time the only way they get medical help is through an Emergency Department or through mental health services. A lot of the women we work with - going to a primary care doctor is a *luxury*. They might take their kids to an appointment. It’s challenging for - it is difficult to recognize and see the signs of IPV. She’s not going to come to your office alone. If she has an ailment, and he insists on being in the room It is a huge red flag. It’s critical to get her away from him. That is a real tactic of abusers. It’s a challenge for doctors to be in contact with someone who has been battered. If physically abused, they hide bruises. The abuser who emotionally abuses and blames the victim. The victim internalizes the blame and she may be clinically depressed, cutting, using drugs and alcohol and those are not the folks who make an appointment. The economic abuse, emotional abuse, are way harder to heal and detect. One thing that can happen is having clear information at the doctor’s office about what Circle is and resources for women victimized by IPV.”

Meg Kuhner: *on IPV in Vermont*

- “Long, cold winters, lots of alcohol and drug abuse and it’s a rural state. The victim can be isolated so easily, and we have terrible gun laws with regard to domestic violence. In the top 10 for domestic violence- there are southern states and Vermont. We think of Vermont as pure as the driven snow and yet domestic violence is a huge underground problem in Vermont. There is a growing concern for young women and trafficking and selling sex for drugs.”

# Community Perspective and Support

- Survey was created and distributed to the available PCPs at UVMHN Berlin Family Health.
- The objective was to examine the need for informational resources regarding IPV and Circle by getting a general idea of how often IPV is addressed during patient visits **in a typical month**.
- Surveyed 4 physicians and 1 nurse practitioner (n = 5).
- Key Points: 100% of patients are not coming in as IPV as their chief complaint.
  - 80% of providers surveyed report patients bring up IPV 1-5 times and that independent of that they will address IPV with 1 to 5 patients in a typical month.
  - In a typical month, 80% of providers surveyed report asking questions relevant to IPV with 1-5 patients during an *acute visit* of 15 minutes.
  - During an extended visit, 80% of providers report asking questions relevant to IPV with 1-5 patients and 20% report asking questions with 6-10 patients per month.

## Survey Questions:

### **In a typical month:**

Q1. How often is a patient's chief complaint IPV or an iteration of IPV?

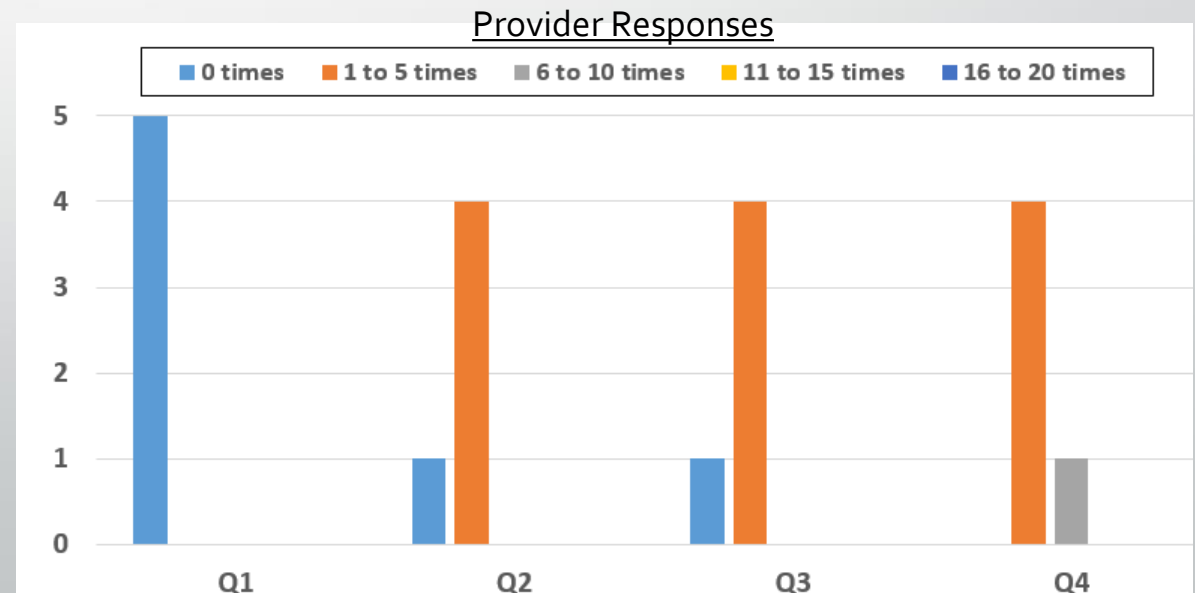
Q2. How often do patients bring up IPV during interactions?

Q3. During an acute visit of 15 minutes, with how many patients do you ask questions relevant to IPV?

Q4. During an extended visit of 30 minutes or more, with how many patients do you ask questions relevant to IPV?

### **Response options:**

0, 1-5, 6-10, 11-15, 16-20



# Intervention and Methodology

- Intervention: Lack of educational pamphlets and community resource guides was identified as absent at UVMHN Berlin Family Medicine. Physicians were open and enthusiastic to providing valuable resources and educational materials to patients. The physicians saw clear value to this. Because Circle is *the* domestic violence hotline and 12 bed shelter in Washington County, meeting with them and getting their input on materials was critical. Circle was enthusiastic and supportive of our interest and provided ample materials for distribution in patient rooms, patient bathrooms as well as the patient waiting area.
- Method: A literature review was conducted looking at guidelines related to screening and intervention strategies. The U.S. Preventive Services Task Force (USPSTF) has a Grade B\* recommendation that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence and provide or refer women who screen positive to intervention services.
- A survey was completed by the PCPs at UVMHN Berlin Family Health to assess how frequently IPV comes up during visits and how frequently PCPs ask about it.

\*A Grade B recommendation is defined by USPSTF as having a high certainty of moderate net benefit or that there is moderate certainty that the net benefit is moderate to substantial.

# Results

- The physicians at UVMHN Berlin Family Medicine are interested in the whole health of their patients and recognize the importance of providing resources to patients.
- In collaboration with Meg Kuhner from Circle, we were provided with ample flyers, cards and handouts. These were placed in visible locations throughout the office: patient rooms, patient bathrooms and the patient waiting area.
- In the future, Circle is willing to replenish the supply of their handouts when they run low.
- Circle is interested in leading continuing education seminars and training sessions at the Central Vermont Medical Center (CVMC), which is the complex out of which Berlin Family Medicine Practices. In the past, they have had difficulty finding a contact person at CVMC to facilitate this. To this end, I provided Circle Co-Director Meg Kuhner with the contact information of the Continuing Education coordinator at CVMC.



# Results



24-Hour Hotline: 1-877-543-9498

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ENDING VIOLENCE AGAINST WOMEN  
TOGETHER

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FOR SAFE  
FAMILIES**

National Fatherhood Institute:  
www.fatherhood.org

Every parent needs support at some point. There are great confidential, helpful, and nonjudgmental resources to call 24/7. In addition, there is an app that can help too. Scan the code on the right for more information.

**Childhelp:** 1-800-4-A-CHILD (422-4453)  
If you are feeling frustrated or angry with your child or just need to talk.

**Treatment referral:**  
1-800-862-HELP (4357)  
Referral service for substance abuse and mental health issues.

QR code

24-Hour Hotline: 1-877-543-9498

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Formerly Battered Women's Services & Shelter

Are you afraid of your partner?  
*Does your partner put you down constantly?*

Does your partner threaten you or the children with physical harm?  
*Is your partner extremely jealous and controlling?*

Does your partner isolate you from friends and family?  
*Does your partner monitor your every move?*

**JUST BECAUSE IT ISN'T PHYSICAL,  
DOESN'T MEAN IT'S NOT ABUSE**

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# Evaluation of Effectiveness and Limitations

- The information distributed provides a valuable resource to women experiencing IPV. In general, it increases the awareness of IPV and the resources available in Washington County.
- Due to waiting times in the patient lobby and patient rooms, it can serve as an indirect way for Berlin Family Medicine to address IPV.
- Placing information in bathrooms allows women experiencing IPV to read about the resources available and see the Circle hotline number in privacy. This is significant if the abuser accompanied her to the patient room.
- It is difficult to evaluate effectiveness due to time constraints.
- The survey sample size to PCPs at Berlin Family medicine was quite low (n=5). Ideally the size would be larger.
- Circle does ask how the caller learned about the domestic hotline number. Gathering referral data from the Circle hotline is an opportunity to assess the effectiveness of this intervention.

# Recommendations for Future Interventions

- Circle has expressed interest in the past about providing a training seminar on IPV and how to ask questions regarding IPV. This appears to be a promising opportunity both at UVMHN Berlin Family Medicine and at the Emergency Department of Central Vermont Medical Center. I provided Circle with the contact person who arranges these seminars for the Central Vermont Medical Center hospital. This has the potential to become an annual endeavor.
- An ongoing literature review of best practices for IPV detection, intervention and interview strategies and their continued adoption into practice.
- Developing a Grand Rounds on IPV in Primary Care.
- Updating and replacing the Circle-created educational resources as necessary.
- Survey patients regarding their exposure to IPV.

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# Interview Consent Form

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Yes \_\_\_\_\_ / No \_\_\_\_\_