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IPV: why don't we screen for those committing acts of violence?

Hannah Cook
Family Medicine, 8/2022-9/2022
Plattsburgh, NY
Mentor: Dr. Sarah Asif

Focus and Problem Identification

- Violence against women is a global public health problem and studies on intimate partner violence suggest that nearly one third of women experience physical or sexual violence from an intimate partner during their lifetime. ¹
 - 31.7% of New York women and 29% of New York men experience intimate partner physical violence, intimate partner sexual violence and/or intimate partner stalking in their lifetimes. ²
- **Social Determinants of Health** (economic stability, education, social and community context, health and health care, neighborhood and built environment)
 - Education for resident doctors at Plattsburgh Family Practice
- **Medical Practice Transformation** (e.g., quality improvement, care coordination, cost containment, rural health care, primary care, care for underserved, disadvantaged populations, patient-centered care)
 - Focus on patient-centered care to improve the quality of life for those involved on both sides of IPV

Health Cost Considerations

- IPV results in nearly 2.0 million injuries, more than 550,000 of which require medical attention.
- In addition, IPV victims also lose a total of nearly 8.0 million days of paid work—the equivalent of more than 32,000 full-time jobs—and nearly 5.6 million days of household productivity as a result of the violence.
- The costs of intimate partner rape, physical assault, and stalking exceed \$5.8 billion each year, nearly \$4.1 billion of which is for direct medical and mental health care services.³

Community Perspective

Attorney in Plattsburgh, NY

- What is your position?
 - “I am the senior attorney in the Attorney’s for Children Law Office in Clinton County. I have been here since 2014 and have been doing law guardian work since 1998.”
- Have you ever seen a client who would have benefitted from intervention for their role in committing intimate partner violence?
 - “About 15-20% of my caseload involves IPV, so yes, absolutely. For victims, it is much easier for women to come forward than men, mostly because of the culture here. For offenders, intervention before they come to the penal system which has a set list of protocols would be helpful, but like all screenings it would be self-reported. I have talked to men who feel bad afterwards, and maybe they didn’t want to do it, but they didn’t know where to put that piece.”

Family medicine resident physicians in Plattsburgh, NY

- What are your current recommendations for IPV victims and their partners?
 - “As of now I know the steps to take with victims. Most of those who are violent towards their spouse do not bring it up. It would be a very interesting screening. I wonder how honest people would be, although it would likely be the same as any other screening.”
- Do you see a lot of patients who are victims or perpetrators of IPV?
 - “Yes, I do. I’ve been here for many years and have developed a patient panel that has a fair number of couples. It can be difficult when you are made aware of this aspect of a relationship and have the other partner, the partner committing the violence, as a patient as well.”

Methodology

- Present current state of the evidence for screening in clinic
- What is the role of the physician in screening for IPV among those committing acts of violence?
- State of the evidence:
 - **Cognitive behavioral therapy (CBT) or programs with elements of CBT are frequently used treatments for physically abusive men.**
 - CBT not only seeks to change behavior using established behavioral strategies, but also targets the thinking patterns and beliefs that are thought to contribute to violence.
 - **There are still too few randomized controlled effect evaluations to conclude about the effects of cognitive behavior therapy on domestic violence.** ¹
 - There is still **insufficient evidence to confirm that cognitive behavioral group therapy for perpetrators of intimate partner violence has a positive effect.** ⁴
 - Internet-delivered cognitive behavior therapy (iCBT) focused on enhancing conflict-resolution skills and emotion-regulation ability **has the potential to reduce IPV** among self-recruited individuals with mild forms of abusive behavior in intimate relationship. ⁵
 - A randomized controlled trial of 125 men that compared the effectiveness of nurse-led **cognitive-behavioral group therapy vs. mindfulness-based stress reduction group therapy** in improving reported mental health outcomes and emotion regulation at 12 months' follow-up amongst perpetrators who voluntarily seek help for violence in intimate partnerships.
 - Even though there was reduction in symptoms in both groups at 12 months' follow-up with no between-group differences, the total symptom scores remained high in both groups. ⁶

Data

- Questionnaire to screen for those committing acts of IPV
- Presented ways to ask about IPV among perpetrating population

Sample Questionnaire for IPV screening: men or those committing acts of violence in intimate partnerships

1. Do you ever do things that you regret later?
Never Sometimes Neutral Often Very Often
2. Do you feel like you lose control when you are angry or upset?
Never Sometimes Neutral Often Very Often
3. Do you ever feel like you act impulsively?
Never Sometimes Neutral Often Very Often
4. Do you ever feel ashamed for any reason?
Never Sometimes Neutral Often Very Often
5. Do you ever engage in behaviors that you don't want others to know about?
Never Sometimes Neutral Often Very Often
6. Do you use substances that make you feel out of control?
Never Sometimes Neutral Often Very Often
7. Did you grow up with violence in your home?
Never Sometimes Neutral Often Very Often
8. Has this ever impacted your relationship(s) in the past?
Never Sometimes Neutral Often Very Often
9. Do you ever feel disrespected by a family member?
Never Sometimes Neutral Often Very Often
10. Do you ever feel disrespected by anyone in your social circle?
Never Sometimes Neutral Often Very Often

Effectiveness and Limitations

- Presented to family medicine clinic in rural NY
- Goal of increasing awareness and providing ways to ask patients about their relationships
 - All conclusions show limitations in the number and power of randomized control studies
 - CBT
 - iCBT
 - Group therapy
 - Mindfulness
 - Time
 - Funding, burden of disease

Future Directions

- **Too few randomized controlled trials** that show treatment is efficacious, the USPSTF likes to make recommendations when something is considered *treatable*.
- Randomization is not only difficult to establish in these studies, but also is considered by some to be unethical or politically unacceptable.
- Poor data to date could result in the continued use of ineffective (and potentially harmful) interventions.
 - Could also lure society into a false sense of security in the belief that once the individual has been treated, their risk of reoffending is reduced.

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