

University of Vermont

**UVM ScholarWorks**

---

Family Medicine Clerkship Student Projects

Family Medicine Community

---

2022

## Creating a screening tool to prevent intimate partner violence (IPV)

Ankrish B. Milne  
UVM LCOM

Follow this and additional works at: <https://scholarworks.uvm.edu/fmclerk>



Part of the [Medical Education Commons](#), [Primary Care Commons](#), and the [Psychiatry and Psychology Commons](#)

---

### Recommended Citation

Milne, Ankrish B., "Creating a screening tool to prevent intimate partner violence (IPV)" (2022). *Family Medicine Clerkship Student Projects*. 914.  
<https://scholarworks.uvm.edu/fmclerk/914>

This Book is brought to you for free and open access by the Family Medicine Community at UVM ScholarWorks. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of UVM ScholarWorks. For more information, please contact [schwirks@uvm.edu](mailto:schwirks@uvm.edu).



# Creating a screening tool to prevent intimate partner violence (IPV)

By: Ankrish Milne, MS3

Project Mentor: Dr. Michelle Dorwart

Location: Community Health Centers of Burlington, Riverside

Rotation Date: August to September, 2022



## A quick note on language

- Violence often arises as a result of trauma, psychopathology, or some combination of the two, so we must treat those who use violence with an understanding that they, too, are likely suffering and could benefit from a restorative, rather than punitive, approach<sup>1</sup>
- Language matters: when we use terms like “abuser” or “victim”, this shuts people down and limits the provider and patient from having honest and judgment-free conversations<sup>1</sup>
- It is important in the context of healthcare to say “IPV user” instead of “perpetrator” or “abuser”, and “those who have experienced IPV” instead of “victims” or “survivors.” Those who have experienced IPV may not necessarily identify with the terms “victim” or “survivor.” Of course, if patients refer to themselves with certain words, it may be beneficial to use the same language that patients are already using<sup>1</sup>



# Problem identification and AHEC Focus Area

- Intimate partner violence can take many forms: physical violence, sexual violence, psychological or emotional abuse (e.g. excessive control over partner's finances, diet, appearance, etc.), stalking<sup>2</sup>
- AHEC Focus Area: This project focuses on Behavioral Health Integration
- 1 in 5 women and 1 in 7 men report having experienced IPV in their lifetime<sup>2</sup>
- As of 2021, an estimated 41,829 Vermonters, or 6.7% of the state population, experience IPV annually<sup>3</sup>
- IPV disproportionately affects young, unmarried women and marginalized groups (i.e., BIPOC, low SES, LGBTQ+)<sup>4</sup>
- Risk factors for using IPV<sup>4-6</sup>:
  - Substance use issues, especially alcohol
  - Primary psychopathy
  - Experiences of child abuse, or witnessing violence in household as a child
  - Social isolation or having few friends
  - Severity of ADHD symptoms, such as impulsivity
  - Men with traditional gender role attitudes



# Public Health Costs and Consequences

- 35% of females and 11% of males who experience IPV have experienced physical injury from IPV<sup>7</sup>
- Those who experience IPV often have PTSD and higher rates of chronic pain and illness (e.g. metabolic, cardiovascular, GI, and nervous system conditions)<sup>7</sup>
- Those who experience IPV are at higher risk for smoking, binge drinking, and risky sexual behaviors<sup>7</sup>
- 1 in 5 homicide victims are killed by an intimate partner<sup>2</sup>
- Total public expenditure in VT related to domestic and sexual violence: \$111 million annually<sup>8</sup>
- Total healthcare expenditure in VT related to domestic and sexual violence: \$35 million annually<sup>8</sup>
- In the US, lifetime economic cost associated with medical services for IPV-related injuries, lost productivity from paid work, criminal justice and other costs was \$3.6 trillion<sup>2</sup>



# Community Perspective

*What do you think about a screening tool that identifies those who are using IPV or are at risk of using IPV?*

“I think this would be a great step toward preventing IPV before it happens in the first place. I haven’t heard of this strategy being used before, but I think it would be beneficial not only to those who are harmed by IPV, but also those who are using violence. In my own experience with patients who use violence, it’s clear that they don’t want to be using violence, but rather they have underlying traumas and mental illness that leads them to lose control and act violently.” – Moshe, PhD, counselor

*What are some of the challenges that we might encounter when designing this screening tool?*

“The big challenge is writing questions that don’t feel like you’re accusing or incriminating someone who is using IPV. If they feel like they’re being interrogated, they probably won’t answer honestly. The whole approach should be about helping these patients with a challenge they’re struggling with, not punishing them or making them feel guilty. If you can write questions that show concern for the patient’s wellbeing and show that you want to help them, they might answer honestly, and you can really use this tool to facilitate meaningful and honest conversation.” – Nina, PhD, counselor



## Intervention and Methodology

- PCPs regularly screen patients to assess if they are experiencing IPV; however, there are no tools or standards of care that help PCPs to screen for those who use IPV or are at risk of using IPV in the future
- Based on the established risk factors for IPV use<sup>4-6</sup> and my interviews with two counselors, I created an 11-question screening tool that PCPs can administer to adult patients to screen for IPV use or risk of IPV use in the future
- This is a more preventative approach to IPV, and it could help identify individuals who could benefit from psychiatric evaluation, therapy, and medication for reasons beyond IPV use, such as PTSD, depression, anxiety, and ADHD



## Results and Response Data

- The screening tool is displayed on the right
- Scoring: Never = 0, Rarely = 1, Sometimes = 2, Often = 3, Very Often = 4
- Example risk assessment scales (needs to be validated):  
0-5 = low risk, 6-10 = medium risk, 10+ = high risk
- If a patient were to be medium or high risk, their PCP should consider initiating a conversation with them. They could start the conversation by asking about the patient's specific responses to the questionnaire
- When asked about this screening tool, providers at Riverside CHC expressed interest in implementing this tool as part of a pilot study

The following questions ask about the frequency of some behaviors, feelings, or events you may have experienced in your life. These questions cover topics that some may consider sensitive, but we only ask these questions because they may be important to your mental and physical health. Please circle one answer for each question.

1. Do you ever do things that you later regret?  
Never      Rarely      Sometimes      Often      Very Often
2. Do you feel like you lose control when you are angry or upset?  
Never      Rarely      Sometimes      Often      Very Often
3. Do you ever feel like you act impulsively?  
Never      Rarely      Sometimes      Often      Very Often
4. Do you ever feel ashamed for any reason?  
Never      Rarely      Sometimes      Often      Very Often
5. Do you ever engage in behaviors that you don't want others to know about?  
Never      Rarely      Sometimes      Often      Very Often
6. Do you ever feel out of control when using substances?  
Never      Rarely      Sometimes      Often      Very Often
7. Growing up, did you witness or experience violence in your home?  
Never      Rarely      Sometimes      Often      Very Often
8. Do you ever feel disrespected by friends or family?  
Never      Rarely      Sometimes      Often      Very Often
9. Do you ever feel socially isolated?  
Never      Rarely      Sometimes      Often      Very Often
10. Do you ever wish that you had more people you could talk to about difficult feelings or things going on in your life?  
Never      Rarely      Sometimes      Often      Very Often
11. If you answered rarely, sometimes, often, or very often to any of the questions above, have these factors ever impacted your intimate relationship(s)?  
Never      Rarely      Sometimes      Often      Very Often





# Evaluation of Effectiveness and Limitations

## EVALUATION

- A pilot study would need to be conducted, in which three main questions would be assessed:
  - What percentage of people screened positive for IPV use or risk for future IPV use?
  - Of those patients, what percentage ended up having a conversation with their PCP about IPV and related mental health struggles?
  - Of those patients, what percentage received counseling with their PCP, a referral to therapy, medication, or some meaningful alteration to their care?
- After this initial pilot study, a more complex study would need to be conducted to validate the screening tool further

## LIMITATIONS

- Lack of time for both PCPs and patients to complete and discuss the results of a new screening tool
- Lack of mental health resources to support those who screen positive



## Future Interventions and Project Ideas

- Conduct a pilot study on this screening tool in a local clinic to assess its viability
- Investigate which questions most accurately screen for IPV use, thus enabling this screening tool to be truncated without reducing its screening potential
- Examine how PCPs can most effectively lead conversations about IPV use with their patients and create a conversation guide for PCPs
- Create evidence-based educational materials for parents on how to talk to their children and teenagers about healthy and safe relationships



# References

1. Portnoy, G. A., Colon, R., Gross, G. M., Adams, L. J., Bastian, L. A., & Iverson, K. M. (2020). Patient and provider barriers, facilitators, and implementation preferences of intimate partner violence perpetration screening. *BMC Health Services Research*. <https://doi.org/10.1186/s12913-020-05595-7>
2. *Fast Facts: Preventing Intimate Partner Violence | Violence Prevention | Injury Center | CDC*. (n.d.). Centers for Disease Control and Prevention. Retrieved September 28, 2022, from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>
3. VT Network 2021 Data Snapshot. (2021). Vermont Network Against Domestic and Sexual Violence. [www.vtnetwork.org/wpcontent/uploads/2022/01/2021\\_NW\\_Data-Snapshot.pdf](http://www.vtnetwork.org/wpcontent/uploads/2022/01/2021_NW_Data-Snapshot.pdf).
4. Yakubovich, A. R., Stöckl, H., Murray, J., Melendez-Torres, G. J., Steinert, J. I., Glavin, C. E., & Humphreys, D. K. (2018). Risk and protective factors for intimate partner violence against women: Systematic review and meta-analyses of prospective–longitudinal studies. *American journal of public health*, *108*(7), e1-e11.
5. Risk and Protective Factors|Intimate Partner Violence|Violence Prevention|Injury Center|CDC. (n.d.). Centers for Disease Control and Prevention. Retrieved September 28, 2022, from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>
6. Wymbs, B. T., Dawson, A. E., Suhr, J. A., Bunford, N., & Gidycz, C. A. (2016). ADHD Symptoms as Risk Factors for Intimate Partner Violence Perpetration and Victimization. *Journal of Interpersonal Violence*, *5*, 659–681. <https://doi.org/10.1177/0886260515586371>
7. Stubbs, A., & Szoeki, C. (2021). The effect of intimate partner violence on the physical health and health-related behaviors of women: A systematic review of the literature. *Trauma, violence, & abuse*, *23*(4), 1157-1172.
8. Barquist, J., Brouillette, A., Robinson, S., & Stearns, M. (2021). The Economic Impact of Domestic and Sexual Violence on the State of Vermont: a Report of the Vermont Network against Domestic and Sexual Violence. Vermont Network Against Domestic and Sexual Violence. [https://www.vtnetwork.org/wp-content/uploads/2021/04/Economic-Impact-Report\\_4\\_2.pdf](https://www.vtnetwork.org/wp-content/uploads/2021/04/Economic-Impact-Report_4_2.pdf).