Intimate Partner Violence

If we don’t ask, they might not tell.....
Recommendation for OHSU Richmond Clinic

Laurel Hallock Koppelman, MN, FNP-C, DNP-S
What is Intimate Partner Violence (IPV)?

**Definition:** The CDC (2013) defines IPV as a preventable public health problem that includes sexual, physical, emotional and/or verbal abuse by a partner. IPV intersects in all areas of society regardless of age, gender, race/ethnicity, or socioeconomic background. While men are also victims of IPV, worldwide women bear the brunt of the violence. **1 in 4 American women** has been assaulted either physically or sexually by a person with whom they had a relationship.

**Costs:** Conservative estimates of the financial costs of IPV in the United States are approximately **5.8 billion dollars per year**. This includes not only the medical care received by abused individuals but also the cost of mental health services, police and justice department costs as well as the fiscal impact of women who are unable to participate in the workforce due to injury and/or death.

**Future Health Problems:** People that are victims of violence by someone they knew or were in a relationship with were more likely to develop the following **chronic physical illnesses**:

- asthma
- diabetes
- irritable bowel syndrome
- poorer mental health

79% of women experience their first incidence of IPV before the age of 24, with a majority of cases occurring between the ages of 18-24.

**What can we do? What must we do?**
Screening for IPV in primary care

New USPSTF Recommendations (GRADE B): All women age 14-46 are to be screened at every encounter with their healthcare providers regardless of setting, reason for appointment or lack of physical signs of abuse. **Not only does frequency of screening increase the opportunity to build a patient-provider relationship, but also it normalizes screening for IPV as a portion of the patient visit.**

Concerns: There is noticeable absence of screening endorsement for women outside the age range of 14-46, and all men, who may also be victims of IPV. **What would you do?**

How to Screen: When conducting screening, the setting should be private and safe without other adults present including partners. Family members should not be utilized as translators.

Explain confidentiality and frame the conversation:

- “Before we get started, I want you to know that everything here is confidential, meaning that I won’t talk to anyone else about what is said unless you tell me something that requires reporting.”*
- “We’ve started talking to all of our patients about safe and healthy relationships because it can have such a large impact on your health.”

*In Oregon non-accidental violence that causes physical injury or violence with a firearm, knife or weapon considered to be deadly requires reporting to law enforcement.

Recommendations for OHSU Richmond Clinic based on survey results:

- Develop a Clinical Working Group
  - Invite key players: Madeleine Sanford, FNP
  - Decide upon training and screening tools
- Training for staff: ongoing and for new employees
- Develop a protocol for screening/positive screens
- Determine screening methods: how and how often
- Documentation:
  - Ochin updates
  - ICD-9 and CPT codes
  - Smartphrase templates
- Resources
  - Develop community contacts
  - Provide referral information for all pods
  - Tangible item for patients (posters, cards, etc.)
- Adapt current wellness posters in each clinical site to reflect USPSTF changes
- QI/QA project to review if screening is taking place
Oregon does not have a mandatory screening protocol or a statewide training program nor requires training for clinicians on IPV screening.

**Training Opportunities:**

- **CME Current Management of Domestic Violence - Responding to IPV** is available for 16 hours of training at $25.00 per hour. This may be cost prohibitive for the OHSU Richmond Clinic. [http://www.vlh.com/shared/courses/course_info.cfm?courseno=1762](http://www.vlh.com/shared/courses/course_info.cfm?courseno=1762)

- **“Screen to end abuse”: 32 minute video with vignettes of health care providers providing screening and interventions for IPV in primary care practices** [http://vimeo.com/15230267](http://vimeo.com/15230267)

- **Contact Samantha Nabiloff of Volunteers of America Home Free Services who would be interested in providing training for health care providers; 503-771-5503**

- **Powerpoint developed for IPV screening training session.** [http://www.leapsf.org/pdf/IPV_screening_slides.pdf](http://www.leapsf.org/pdf/IPV_screening_slides.pdf)

- **A CNE developed for Florida nurses that discusses IPV, risk factors and screening as well as intervention techniques.** [http://accesscontinuingeducation.com/ACE4000-09/course.cfm](http://accesscontinuingeducation.com/ACE4000-09/course.cfm)

**Screening:** The most studied IPV screening tools were: the Hurt, Insult, Threatened, and Scream (HITS), the Woman Abuse Screening Tool/Woman Abuse Screening Tool-Short Form (WAST/WAST-SF), the Partner Violence Screen (PVS), and the Abuse Assessment Screen (AAS.) The PVS is a three-item screen for use in the emergency department. The AAS is used for pregnant women. The others were developed for primary care providers to use with patients with whom providers have an established relationship.

The following tools are recommended as options. The IPV Clinic workgroup should determine which screening tool to utilize according to philosophy of clinic:

- **HITS screening tool**
  - Addresses the frequency of IPV in 4 item questions
  - For use with female patients in family practice settings

- **RADAR**
  - 5 areas to help physicians recognize and discuss physical IPV and safety using the letters as a mnemonic to assist providers in remembering questions.
  - Female and male patients in health care settings.

- **Victimization Assessment Tool**
  - 5 items assess physical IPV, SV, suicidal ideation, and risk of hurting others.
  - Women and men in primary care settings.
Intimate Partner Violence

Suggested Algorithm for practice at OHSU Richmond Clinic
Intimate Partner Violence (IPV) Screening

Provide a safe, private room without partners, friends or family members. Do not use family members as translators.

Assure confidentiality: “Before we get started, I want you to know that everything here is confidential, meaning that I won’t talk to anyone else about what is said unless you tell me something that requires reporting.”*

Framing the Question: “We’ve started talking to all of our patients about safe and healthy relationships because it can have such a large impact on your health.”

“In Oregon non-accidental violence that causes physical injury or with a firearm, knife or weapon considered to be deadly requires reporting to law enforcement.

Screening Questions for IPV

1. Have you ever been emotionally or physically abused by a partner? If so, by whom?
2. Within the past year, have you been hit, kicked, slapped, choked, frightened or otherwise physically hurt? If so, by whom?
3. Within the past year, have you been forced to have sex against your will? If so, by whom?
4. Are you afraid of your current or past partner? Has this person threatened you?

**NO to all**

Discuss the need for healthy relationships, how it affects personal health and the health of children.

Have safety cards available so that friends and family that may be IPV victims may use them.

*It may take 4-7 times before a patient discloses abuse.

**YES to any question**

Acknowledge the courage it takes to speak up.

Say, “This is not your fault. You did nothing to deserve this, and you are not alone.”

Assess Safety

SEVERITY OF VIOLENCE: Are you afraid to go home?

ESCALATION OF VIOLENCE: It is getting worse or more dangerous?

THREATS OF VIOLENCE: Has your partner used a weapon like a gun or a knife or threatened you with a weapon or said he/she would murder you?

Assess for depression or suicidal ideations as it is at risk for hurting self.

Refer to resources

Sexual violence <96 hours ago:

- Suggest ED Forensic/SANE visit for evidence collection.
- Say, “You do not have to report this to the police, but you may still want the exam done for the future if you ever decide to take action towards the person that did this to you. The exam also lets you know that you are in good health.”

Safe situation/patient not afraid:

- Say, “I have some resources if you would like to talk to someone about this.”
- Provide IPV resources and phone numbers, number to call in the office on clinic phone if patient wants to; do not force a patient to take resources with him/her.

Unsafe situation/patient afraid:

- Say, “I’m concerned about your safety.”
- Provide IPV resources and option to call IPV hotline in the office. Allow the patient to decide what to do.

Document that IPV screening took place!
Documentation
How much? How often? Add to OCHIN?

It is important to document not only that a screen for IPV occurred at each visit, but also to include details from a positive screen. This information may be used in future legal proceedings. Documenting also allows for evidence that the health care provider provided education for the patient, executed a safety assessment and connected the patient to resources.

Affordable Care Act Implications
- Prohibits Pre-Existing Condition Exclusion
- Supports Routine Screening and Counseling

ICD-9 Coding for visits
- 99381-99397
- 999401-99412

CPT Coding: V82.89-Special Screening

This would be an excellent Smartphrase set to be added to Ochin in the Health Maintenance Record and/or in the chart.

Example of documenting as adapted from the Indian Health Service IPV screen:

- **Screening Tool Utilized**
- **Results**
  - Negative – (denies being a current or past victim of IPV)
  - Present – admits being current victim of IPV
  - Past – denies being a current victim, but admits being a past victim of IPV
  - Refused – patient declined exam/screen
  - Unable to screen

If present or past abuse is revealed, it is important to include the following in the medical chart:

- Full name of the perpetrator and relationship to the victim
- Timing and location of abuse
- Witnesses
- Description of how abuse took place.

Additional Provider Comments regardless of results.

Document safety assessment results.

Sometimes a question is the best medicine.

I didn't have time to screen my patients for domestic violence. Then one of them was killed by her husband. Looking back at my notes, all the signs were there. If only I had asked.
### Domestic Violence Resources

<table>
<thead>
<tr>
<th>24-HOUR CRISIS LINES &amp; HELPLINES</th>
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<tbody>
<tr>
<td>Portland Women's Crisis Line.................. 503-235-5333</td>
</tr>
<tr>
<td>Or toll-free.................................... 1-888-235-5333</td>
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<tr>
<td>Línea UNICA (Español).................... 503-232-4448</td>
</tr>
<tr>
<td>National Domestic Violence Hotline........... 1-800-799-SAFE</td>
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<tr>
<td>Multnomah County Mental Health Line........... 503-988-4888</td>
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<tr>
<td>Child Abuse Reporting Hotline................. 503-731-3100</td>
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<tr>
<td>Aging &amp; Disability Services 24-hr HelpLine....... 503-988-3646</td>
</tr>
<tr>
<td>Alcohol &amp; Drug Helpline.................... 1-800-923-HELP or 503-244-1312</td>
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### RESTRAINING ORDERS & STALKING ORDERS

| Multnomah County Courts........................ 503-988-3022 |
| Clackamas County Victim Assistance............ 503-655-8616 |
| Washington County RO Adult.................... 503-640-5352 |
| Clark County (Washington) Court................ 1-360-397-2424 |
| Legal Aid's Domestic Violence Project.......... 503-224-4086 |
| Volunteers Of America Court Care............... 503-988-4334 |

### LAW ENFORCEMENT AGENCIES

#### EMERGENCIES

- Non-emergency Police Response in Mult. Co........ 503-823-3333
- VINE (Jail/Prison/Corrections Info.)............. 1-877-OR-VINE
- DVERT (Domestic Violence Enhanced Response).... 503-988-6440
- Portland Police DV Reduction Unit................ 503-823-0090
- Gresham Police.................................... 503-618-2318
- Multnomah County Sheriff's Office............... 503-255-3600
- Multnomah Co. Probation DV Unit.................. 503-988-5056

### MULTNOMAH COUNTY DISTRICT ATTORNEYS OFFICE

- Domestic Violence Prosecutor's Office........... 503-988-3873
- Victims' Assistance Office........................ 503-988-3222
- Outreach for Underserved Populations............ 503-988-5419
- Child Support Enforcement........................ 503-988-3150

### CIVIL LEGAL ASSISTANCE

- Child Support Helpline................................ 1-800-383-1222
- Legal Aid & Oregon Law Center sponsored helpline (for child support information. Call Mondays 1:00-4:00) or Thursdays 9:00-noon) .503-299-6101
- Legal Aid's Family Law Hotline..................... 1-800-383-1222
- (Phone advice about family law issues for low-income domestic violence victims/survivors in Mult. Co. Call Thursdays between 9:00 am-Noon) .503-768-6500

### IMMIGRATION REPRESENTATION

- Catholic Charities' Immigration Services........... 503-542-2855
- Catholic Charities' El Programa Hispano............ 503-669-8350
- Immigration Counseling Services.................. 503-221-1689
- Lutheran Community Services NW................... 503-233-0042
- SOAR .................................................. 503-284-3002

### BATTERER INTERVENTION PROGRAMS

- Allies in Change Counseling Center............. 503-297-9797
- ARMS .................................................. 503-846-9284
- Bridges 2 Safety.................................... 1-847-235-9516
- ChangePoint.......................................... 503-350-2758
- Eastside Concern (Central City Concern)........ 503-253-5954
- Gresham Intimate Violence Education............. 503-465-8656
- MEPS Counseling.................................... 503-260-3458
- Modus Vivendi LLC................................... 503-781-9065
- SoYouTalk............................................ 503-936-2904
- Teras Intervention................................... 503-719-5250
- Treatment Services NW (Spanish Language)........ 503-246-5238

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### Resources for Multnomah County

**MVCC** MULTNOMAH COUNTY FAMILY VIOLENCE COORDINATING COUNCIL

**Last Updated: January 29, 2014**
References


Sprague, S., Madden, K., Simunovic, N., Godin, K., Pham, N.K., Bhandari, M., Goslings, J.C. (2012). Barriers to screening for intimate partner violence. Women & Health, 52(6), 587-606.


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For more info:
Contact Laurel Hallock Koppelman via email:
hallockk@ohsu.edu
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