

Intimate Partner Violence (IPV)

Presented by: GYN/OB Interprofessional Research Committee August 4, 2015

Purpose



1- To educate providers about the importance of screening women for IPV

2- To implement an IPV screening tool within Epic to effectively screen women for IPV

Recommendations



- ACOG recommends IPV screening for women of all ages
- Joint Commission requires accredited hospitals to have systems in place to assess IPV

Definition



- Actual or threatened physical or sexual violence as well as psychological or emotional abuse by an intimate partner
- The U.S. Department of Justice defines domestic violence as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power or control over another intimate partner

Statistics



- Affects all cultures, age groups, and socioeconomic classes
- 3 million women will be a victim of IPV annually
- Estimated 23% cases of IPV begin or worsen during pregnancy

Societal Healthcare Costs



- 500,000 women require medical treatment annually
- Annual healthcare costs for women who are physically abuse are 42% higher than women who have never been abused
- 33% higher for women who experience nonphysical abuse to women who are not abused

Moats, et al., 2014



Opportunities for the Healthcare provider

Healthcare provider has the opportunity:



- To reduce and prevent IPV through screening and referral
- To routinely screen every patients which may uncover abuse that is less obvious



What Healthcare providers need

- A validated IPV instrument to ask and record during the medical history
- An algorithm to follow to assure a safe plan with referral as a result of a positive screen

The Plan



- All women who enter JHH GYN/OB clinics will be screened
- Every woman will be rescreened on return visits
- All patients will be screened in Epic by a healthcare provider: attending physicians, residents, advanced practice providers, nurses and social workers

The Plan



- The healthcare provider will screen using the Abuse Assessment Screen (AAS)
- The AAS is composed of a 5 question scale used to assess physical, sexual, and emotional abuse committed against women
- An affirmative answer to any one of five questions constitutes a positive screen

The Plan – A positive screen



- If a patient needs immediate intervention, call the Baltimore City Police and refer to SW follow-up
- If the patient declines immediate intervention, provide the patient with our new 24 hour resource hotline: 443-997-JANE (5263)
- Each patient will be provided with a clinic business card that includes the hotline resource number

THE AAS



Abuse Assessment Screen

Instructions: Circle Yes or No for each question
1. Have you ever been emotionally or physically abused by your partner or someone important
to you? YES NO
2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone? YES NO
If YES, who? (Circle all that apply)
Husband Ex-Husband Boyfriend Stranger Other Multiple
Total no. of times
3. Since you've been pregnant, have you been slapped, kicked or otherwise physically hurt by someone? YES NO
If YES, who? (Circle all that apply)
Husband Ex-Husband Boyfriend Stranger Other Multiple
Total no. of times
4. Within the last year, has anyone forced you to have sexual activities? YES NO
If YES, who? (Circle all that apply)
Husband Ex-Husband Boyfriend Stranger Other Total no. of times
5. Are you afraid of your partner or anyone you listed above? YES NO

Copyright (c) 1992, American Medical Association. All rights reserved. Journal of the American Medical Association, 1992, 267, 3176-78.

WHAT TO EXPECT



 The AAS will release into Epic in FY2015 above the Medical History portion of all GYN/OB visits.

 A positive response to any of the five questions will open a screen that will guide the user to the next steps as outlined above.

Conclusion



- IPV has been associated with negative long term physical and mental health consequences
- Screening for IPV has the potential to improve healthy outcomes
- A trusting relationship between patients and their providers allows repeated opportunities for detection and intervention of IPV