

Intimate Partner Violence (IPV) Workflow for Telehealth Visits

Universal Education for Women Ages 18-59*

During the COVID19 Pandemic there are concerns for individuals who are confined to their homes who may be experiencing intimate partner violence (IPV). Use of telehealth (phone, virtual, Gateway) for IPV screening presents both challenges and opportunities. The main challenge is how to maintain safety while providing emotional support and resources to patients who may lack other ways to connect with services. Since we must assume that a patient may not be alone and that asking about IPV directly may not be safe, we are promoting Universal Education.



SAMPLE of GENERAL INQUIRY QUESTIONS

- “Who is living in your home right now?”
- “How are you coping? How is your partner coping?”
- “How are you doing during this time?”
- “What is working well? What is difficult?”
- “How are things going at home?”
- “Is there anything you want to share or ask me?”
- “If they have children- how are your children doing?”

SAFETY IS THE #1 PRIORITY GUIDING PRINCIPLES

- **Establish level of privacy:**
” Welcome to your telehealth visit. Nice to see you. Before we begin can you share with me- Are you alone and free to speak openly or do have family members close by that can hear our conversation? Are you able to move to a more private space? “
- It is important to **follow the patient’s lead** about the conversation (they may be hesitant, speak softly, or seem anxious).
- If there are indications for safety concerns- proceed with caution around the dialogue; **be prepared to switch the conversation.**

UNIVERSAL EDUCATION: Evidence in the field suggests that ‘checklist’ questions for intimate partner violence may not be as effective as Universal Education. This approach represents a shift in traditional approaches of screening and obtaining details. Effective responses are trauma-informed, acknowledge an individual’s strengths, meet patients where they are, and provide resources through empathic listening.

Universal Education: Response Based on Dialogue

LOW-RISK



AT-RISK

- No immediate referral is needed.
- Ask patient if they would like to take the hotline numbers for a family member or friend.
- 1-800-799-SAFE is the National Hotline and easy to remember.



Offer emotional support and resources:

- “I am sorry to hear this is happening.”
- “Is there something I can help you [or your children] with?”
- “There are resources and people to help.”
- “Can I provide you those numbers?”
- “Do you have a safe place to keep this information?”
- “What is the best way for me to share information with you?”
- “What is the safest way to communicate with you?”

State - SAFELINK Hotline	877-785-2020
National DV Hotline	800-799-SAFE
Boston Area Rape Crisis Hotline	800-841-9371
C.A.R.E Clinic	617-525-9580
Passageway	617-732-8753
Parental Stress Hotline	800-632-8188

In Massachusetts- if unable to call police- a person may **Text 911**. Information should include: address, what is happening, any details that would be helpful

*Mandated reporting laws apply to individuals under the age of 18 and over the age of 60 in Massachusetts

May 6th ,2020

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IPV Impact, Prevalence and Health Consequences in the United States



will experience physical **violence** by their intimate partner in their lifetime



1 in 4 women

1 in 7 men

- 1 in 3 women and nearly 1 in 6 men experience some form of sexual **violence** during their lifetimes. https://www.cdc.gov/violenceprevention/pdf/nisvs_executive_summary-a.pdf
- Nearly 1 out of 5 murder victims were killed by an intimate partner (Cooper & Smith, 2011)
- Over 1.5 million children in the US are exposed to IPV (McDonald, Jouriles, Ramisetty-Mikler, et al. 2006)

There is much well-documented evidence from controlled research in abused women in various settings in the literature on health consequences attributable to IPV, such as injury, chronic pain, gastrointestinal, gynecological symptoms including sexually-transmitted diseases, depression, and post-traumatic stress disorder.

(UpToDate, Weil, Elmore & Kunins

<https://www.uptodate.com/contents/intimate-partner-violence-epidemiology-and-health-consequences>

Children also can experience adverse physical and emotional health consequences related to IPV exposures.

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

Health Impact of IPV

IPV does not appear the same in every relationship. What is common is that abusive partners exhibit behaviors of power and control.

Health Consequences:

- STI's | Unplanned pregnancies | Pelvic Pain | Chronic Pain | Substance Use Disorders | Behavioral Health Issues | Homelessness

Descriptions of IPV behaviors of power and control:

- Embarrassing you or putting you down
- Intimidation | Looking at you or acting in ways that scare you
- Controlling who you see, where you go, or what you do
- Preventing you from making your own decisions
- Telling you that you are a bad parent or threatening to harm or take away your children
- Preventing you from working or attending school
- Blaming you for the abuse, or acting like it's not really happening
- Destroying your property or threatening to hurt or kill your pets
- Intimidating you with guns, knives or other weapons
- Shoving, slapping, choking or hitting you
- Attempting to stop you from pressing charges
- Threatening to commit suicide because of something you've done
- Threatening to hurt or kill you
- Pressuring you to have sex when you don't want to; making you perform sexual acts you are not comfortable with
- Pressuring you to use drugs or alcohol
- Preventing you from using birth control or pressuring you to become pregnant when you're not ready

IPV and Pregnancy

ACOG suggests screening once per each trimester of pregnancy and postpartum

Intimate Partner Violence Inquiry

IPV inquiry and response is best understood in the context of face-to-face encounters with members of their health care team. A summary of IPV screening tools are compiled in this article:

<https://www.ncbi.nlm.nih.gov/pubmed/31456510>.

Recommendations for Intimate Partner Violence (IPV) Inquiry and Response are available at:

- Joint Commission (Joint Commission-Standard PC.01.02.09)
- US Preventative Task Force (Link [HERE](#))

References and Contributors

Annie Lewis-O'Connor, Lisa James, Brigid McCaw, Eve Rittenberg, Megan Bair-Merritt, Nomi Levy-Carrick, Andrea MacDonald, Jeannie Lee, and Joy Williams. May 6th, 2020

- Futures Without Violence: <https://www.futureswithoutviolence.org/get-updates-information-covid-19/>
- National Network to End Domestic Violence www.nnedv.org

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