

A New Approach to Screening for Intimate Partner Violence: Investigating and Addressing Current Intimate Partner Violence Screening Tools in the Primary Care Setting

Megan Chang, OMS-III, Sydney Kuehn, OMS-III, Stephanie Maeda, OMS-III
Janice Blumer, DO, FAAO

College of Osteopathic Medicine of the Pacific-Northwest
Western University of Health Sciences, Lebanon, OR 97355

Background

- **Intimate partner violence (IPV)** encompasses a wide range of behaviors ranging from **sexual or physical violence** to **psychological aggression** such as **limiting access to financial resources, demeaning or threatening remarks.**
- Some of the devastating health consequences of IPV include **depression, PTSD, STIs, and unplanned pregnancies.** These outcomes have a negative impact on patients' holistic health; therefore, **providers should have a way to screen those who may be at risk.**
- Some of the concerns with current IPV screening tools include **the lack of standardization, underutilization, outdated questions, and the self-reported nature.**

Study Aim

- To investigate the **frequency and effectiveness of IPV screening** within a primary care setting with the goal of **improving the quality and utilization of standardized IPV screening tools.**



Methods

Design

- Perform a retrospective systematic literature review, using recently published and peer reviewed sources, on current IPV screening practices to identify gaps in current screening tools
- Condense these findings into recommendations for an improved approach to screening practices in primary care settings.
- IRB exempt

Results

Themes	Description
<p>Lack of frequent and diverse screening</p> 	<ul style="list-style-type: none"> • A recent systematic review found that rates of routine screening vary and are typically low, ranging from 2% to 50% of clinicians reporting “always” or “almost always” routinely screening for IPV • USPSTF current recommendations for IPV screening: <ol style="list-style-type: none"> 1. Women of reproductive age → screen 2. Older and more vulnerable adults → no recommendation
<p>Lack of inclusivity of current ACOG screening tool</p> 	<p>Current recommendation – 5 question screening tool from ACOG, 2019 (not standardized)</p> <ol style="list-style-type: none"> 1. Has anyone ever touched you against your will or without your consent? 2. Have you ever been forced or pressured to engage in sexual activities when you did not want to? 3. Have you ever had unwanted sex while under the influence of alcohol or drugs? 4. Do you feel that you have control over your sexual relationships and will be listened to if you say “no” to sexual activities? 5. Is your visit today because of a sexual experience you did not want to happen?
<p>Changing demographics of those experiencing IPV</p> 	<p>A recent report by the Centers for Disease Control found that:</p> <ul style="list-style-type: none"> • 13.1% of lesbians and • 46.1% of bisexual women report experiencing rape during their lifetime • 46.4% of lesbians, • 74.9% of bisexual women, • 40.2% of gay men, and • 47.4% of bisexual men experienced other forms of sexual violence • This literature shows that we need to start expanding recommendations for screening and recognize the diverse demographics of those experiencing IPV
<p>Outdated definition of IPV</p> 	<ul style="list-style-type: none"> • Intimate partner violence has been most studied in the male-female binary as a man committing an act of violence against a woman • Classical definitions of IPV focus on the physical and sexual abuse that women face, leaving out the emotional and psychological aggression and our screening tools reflect this • Recent literature shows that this definition no longer correctly characterizes the wide breadth of relationships, gender identities, sexual orientations and other identities of our population

Conclusions

Key Findings

- **IPV disclosure** to PCPs can be key for trauma survivors
- The **changing demographics** of those experiencing IPV requires more **frequent and diverse screening** using **informed and inclusive screening questions.**

Future Research

- **Survey** of Primary Care Providers to further elucidate **frequency** of screening, screening **tools** used and anecdotal **demographics** of their patient populations experiencing **IPV**
- **Creation** of a new screening tool with trial of its efficacy
- Increased research on demographic prevalence of **IPV** in marginalized communities to strengthen USPSTF recommendations

Acknowledgments

We thank our advisors and mentors. Please contact us for any questions.

Megan Chang (megan.chang@westernu.edu)
Sydney Kuehn (sydney.kuehn@westernu.edu)
Stephanie Maeda (stephanie.maeda@westernu.edu)



College of Osteopathic Medicine of the Pacific
COMP-Northwest