TOOLS USED TO TEACH IPV WITHIN OUR MEDICAL SCHOOL CURRICULM

University of Missouri School of Medicine
Intimate Partner Abuse: Interviewing skills
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"The physician's role in recognizing and responding to domestic violence is important because the health care community has a unique opportunity for action. Just as a physician would not treat a heart attack without proper follow- up and referrals, they should not treat injuries caused by domestic violence without following up and referring the individual to services that will help put an end to the tragedy."

-Philip R. Lee, M.D., Former Assistant Secretary for Health, Department of Health and Human Services

Screening Questions:

- "Because violence in relationships is a common problem, I routinely ask my patients about it. Has your partner ever harmed or threatened you?"
- "All couples disagree at times. When you and your partner disagree, does it ever become violent?"
- "At any time in the past has your partner hit, kicked, threatened, or otherwise hurt or frightened you?"
- "Have you ever been forced to have sex when you didn't want to?"
- "Many women experience some type of physical abuse in their lives. Has this ever happened to you?"

If abuse is denied...

- "If you were experiencing violence in your home, would you know where to get help?"

- "If you or anyone you know were ever in a situation where they didn't feel safe at home, do you know about the resources that are available?"

If there is an injury...

- **"**When I see injuries like this it makes me concerned that someone might have done something to intentionally hurt you. I wanted to make sure that you were okay."

Facilitate disclosure

- Assure confidentiality
- Acknowledge that it is difficult to talk about.
- Let patient know that it is okay to talk about family violence with you
- Express concern/ provide support

If she says "yes" (discloses abuse)

- Express concern /Validate patient
- Assess safety of patient and her children
- Involve law enforcement? Ex Parte?
- Develop safety plan
- Emergency Kit
- Review resources
- Assess and treat injury
- Schedule follow up
- Document injuries and history*

Intimate Partner Abuse: Interviewing Skills (page 2)

What are some important components of documentation in cases of suspected domestic violence?
Essential elements to be placed in the medical record include:

- History: Record a description of the abuse as it is described it to you. Use statements such as "The patient states that she was beaten about the head by her husband using his fists." If the patient gives the specific name of the assailant, include it in your record– "She says her boyfriend, John Smith, struck her with a baseball bat last night."
- Record all pertinent physical findings. A body map can be used to supplement the written record. Document injuries that manifest as tenderness without visible bruising.
- Offer to photograph when the patients injuries are visible. If patient agrees to have photo taken, it should be labeled well and attached to the chart along with a written description of the injuries .
- When serious injury or abuse is detected preserve all physical evidence. Torn or bloodstained clothing can be sealed in an envelope or bag.
- If patient does not confirm abuse but you are still suspicious be sure to document this in the record. For example, "the patient tells me that she fell down the stairs but her injuries are more consistent with a direct blow to the orbit, which raises concern about the possibility of non accidental injury."

Supportive Messages

- "It is not okay for someone to hit you no matter what. You did not deserve to be hit"
- "It is not your fault."
- "There are resources available that can help"
- "You are not alone in this. Many women have similar experiences"
- "I am glad that you confided in me about the cause of your injury. Violence in the home has an incredible impact on health. I am concerned about your safety and well being."

HITS Screening tool

- How often dos your partner physically Hurt you?
- How often does your partner Insult or talk down to you?
- How often does your partner Threaten you with physical harm?
- How often does your partner Scream or curse at you?

Risk and lethality assessment questions include:

- Have you ever been to the hospital for your injuries?
- Are you currently being hurt?
- Has the violence gotten worse recently?
- Has this person attempted to strangle or suffocate you?
- Is there a weapon in the house?

See more screening options at: https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf

Examples of Focused Role Play Scenarios

Begin by reviewing the handouts of the scripts provided as a group, and the students should try to choose the statements that are appropriate for the situation and feel comfortable for them.
Each scenario should take about 2-3 minutes and the focus is on practicing the phrasing for each intervention. Therefore, the patient roles are not well developed and improvisation is required. After each scenario, briefly regroup to debrief.

Scenario 1: 42 y/o woman presenting with trouble sleeping who has just admitted that her partner has "anger issues" and "a hot temper". You also provide care for her 3 young children.

Intervention: Screen for abuse. Discuss confidentiality issues related to both discussing her relationship with her husband and to any disclosures related to the children.

Scenario 2: 29 y/o male presenting with blurry vision, found to have facial bruising and a black eye. You had recently seen him and his male partner for physicals to become foster parents.

Intervention: You have a high suspicion for abuse. Communicate concern and validate the patient. *During the debrief, review the discussion points related to gender and IPV below.*

Scenario 3: 24 y/o woman and her 2 y/o daughter both being seen for a rash (which you diagnose as poison ivy). During the skin exam, you notice several healing cigarette burns on the child's leg.

Intervention: You have a high suspicion for abuse. You are planning on making a report to the Children's Division. Discuss this with the mother in a way that maintains a therapeutic relationship.

Scenario 4: 4 y/o male and his mother presenting for a well child check. Linear bruising is noted on his posterior legs and buttocks.

Intervention: Express your concerns about the possibility of physical abuse.

Discussion Points for Facilitators
WOMEN vs MEN as victims of IPV

- Victims are more commonly women (about 85%) and perpetrators are more commonly male (about 75%) –U.S. Department of Justice Data
- It is important to remember that men can also be victims of abuse at the hands of their female partners and that abuse also occurs in same gender relationships.
- In 2012 in Missouri, 32 women were killed by their intimate male partners
  5 men were killed by their intimate female partners
- Almost 1 of 2 female homicide victims are murdered by intimate partners
- About 1 in 20 male homicide victims are murdered by intimate partners
- In cases of homicide where a victim is murdered by an intimate partner, there is often a history of IPV in the relationship. If the homicide victim is a woman, it is often found that she has been a past ***victim*** of IPV. When the homicide victim is a man it is often found that he is a past ***perpetrator*** of IPV.

Example of a Traditional Role Play Scenario

INFORMATION FOR PATIENT ROLE

SETTING: Emergency Room.

SITUATION: You are Patty Hayes, a 28 year old female. You presented to the emergency with a dislocated right shoulder which they were rapidly able to reduce. You told the ER nurse that it occurred when you tripped and fell down the stairs outside your apartment. The injury actually occurred when your boyfriend Robert pulled you across the room by your arm. You have been with Robert for five years. Your relationship was not initially violent, but you have had multiple injuries over the last several years that have required medical intervention. Once he smashed a glass bottle over your hand and you needed to have stitches. Another time you had a concussion after he slammed you into the wall. You have also had multiple shoulder injuries from being jerked by the arm. This however is the first time that you have had a dislocation. You have a good relationship with your doctor, but have never confided that these injuries were the result of abuse. No one has ever asked you about this possibility. When you initially started dating Robert, he was very attentive. He was handsome and his attention was flattering. He accompanied you everywhere and said he wanted you all to himself. He made you feel pretty and protected. He gradually made it clear that he was not happy when you spent time with your friends, and made such a big deal of it that gradually you stopped spending time with friends and family. Robert told you what make up he wanted you to wear and what clothes to put on. You moved in together after the first year and Robert took over managing all of the finances. You worked part time at one of the local restaurants, but Robert began taking your tips and wages because you "weren't smart enough to manage money well" You moved out of the city limits, away from any public transportation, and Robert now has the only vehicle and does not allow you to drive. Last year he showed up at your place of work and told them that you would not be working there anymore. You now feel quite trapped in the relationship, but on some levels still care for Robert and hope that things will improve. You do not feel that you have the skills at this point to make it on your own and feel quite dependent on Robert just to get by. He has told you that if you ever leave him he will commit suicide. He has also threatened to hurt your family if you should ever decide to leave. Once he mentioned how your mother's home would burn quickly to the ground if it should ever "accidently" catch on fire some night. You are willing to disclose the actual cause of your injuries if the "doctor" today appears to be genuinely concerned and can assure you that what you discuss is confidential. Otherwise you plan to stick to your story that your injury was from an accidental fall.

INFORMATION FOR THE PHYSICIAN ROLE

SETTING: Emergency room. Patty Hayes has just been seen for a dislocated shoulder which was fairly easily reduced.

SITUATION: You are an ER physician. Patty Hayes is a 28 year old female who presented to the emergency room this evening with a dislocated right shoulder. She indicated that the injury occurred when she fell down the stairs outside her apartment. The history she gives fits the injury, and initially you had no concerns, but glancing at her chart you remember that you had seen her once before in the ER ten months ago, for a fairly severe laceration on her hand. At the time you remember that it seemed unusual to have accidently sustained that type of laceration. You also recall that she had been brought to the emergency room by a man who you thought was likely her boyfriend or husband and that he had been notably concerned about all of the details of the visit and that when Patty had been asked a question, he would often answer for her. At the time, you suspected that he was just helping out since she was injured, but in retrospect and with a new injury today, it raises concern in your mind that potentially Patty's injuries were inflicted instead of accidental. Looking through the chart you notice that over the last several years she has also been seen a number of times by other providers for other accidental injuries including a head injury that had resulted in brief loss of conscience.

INTERVENTION GOALS (to be given to the "physician"):

1. Inquire about the cause of patient's injury in a nonjudgmental manner.

2. Interact with the patient in a way that would help her feel comfortable disclosing any violence or control issues in her relationship that may have been a factor in this or other injuries that she has sustained.

3. If she discloses that abuse has occurred, identify the extent to which control and violence has occurred in the relationship.

4. If she does not disclose, let her know about resources that are available if she or anyone she knows might be in need of them in the future.

5. Intervene as appropriate based on what patient discloses and what you perceive as her readiness to change.

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FACILITATOR NOTES (Points for Discussion after role-playing)

Feel free to take the discussion wherever it seems most appropriate. You might consider:

How did each physician inquire about the cause of the injury?
If students stumbled with this, you might suggest, "Can you tell me what happened?" If patient does not disclose, but you are worried about the cause of her injuries, consider, "When I see I see injuries like this, it makes me concerned that someone might have done something to intentionally hurt you. I want to make sure that you are okay."

What did each provider do to facilitate disclosure?
Actions on the part of a provider that might facilitate disclosure (before a patient has disclosed):

- Assure confidentiality
- Acknowledge that these things are difficult to talk about
- Let the patient know that it is okay to talk about family violence with you. ("Some women are reluctant to talk about these issues with a doctor or think that this is not a medical issue, but the relationships we have with our partners have a huge impact on our health and if there is stress or violence in a relationship, it can have an impact on the health of the whole family. I want you to know that at any point it is okay to talk about these issues here.")
- Express concern/provide support. ("I want to make sure you are okay, These injuries make me worry about your safety")

If/when patient discloses, in what way did the role-playing "physicians" intervene?
Though somewhat dependent on the patient and situation, elements required for an intervention with a patient who discloses often include:

- Expressing concern and validating the patient (It is not okay for him to hit you/kick you, no matter what. You did not deserve to be kicked." "It is not your fault")
- Assess the safety of the patient and her children.
- Assess and treat injuries.
- Discuss safety issues/safety plan/emergency kit.
- Clarify if patient would like to involve law enforcement. Ex Parte? Mandated reporting of intimate partner violence varies by state. In our state, it is not mandated by law, and it is felt by those who work with women in this situation, that the decision if and when to involve law enforcement needs to be made by the woman herself, and that for others to do so potentially could put her at great risk of injury.
- Review resources, including that provider is a resource.
- Schedule follow up visit.
- Document injuries and history. (in documentation of history, describe what patient says, who she says inflicted the injury, do not use the term "alleges" which can imply that her story is questioned and can be detrimental if case goes to court.)

What are some of the reasons woman stay in abusive relationships?

- A fear of escalation of the violence when she tries to leave
- A lack of real alternatives for housing, employment, and financial assistance. (Approximately 50% of homeless mothers and children are homeless because of leaving an abusive relationship)
- Belief that her children need an intact family.
- Belief that she could not provide her children with a decent home, clothing, and schooling.
- Immobilized by psychological or physical trauma.
- Cultural, religious, or family values that encourage maintenance of the family unit at all cost.
- Belief that the violence is her fault.
- Still loves perpetrator. She does not want to end relationship; she just wants the violence to stop.