

## Moving beyond assessment: Examining providers' responses to patient disclosures of violence

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### Background

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- Intimate partner violence (IPV) and sexual assault are significant public health issues
  - Approximately 1 in 4 women in the United States (U.S.) experiences violence by an intimate partner during her lifetime, which may include unwanted sexual contact
- Universal screening for IPV has increased dramatically and is becoming integrated into practice as part of routine care
- Despite gains made in research and support for screening, little is known about how health care providers respond to the disclosure of violence

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### Study Methods

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- Qualitative analysis of health care providers' documented responses to women's disclosure of IPV or sexual assault from existing medical records
  - Part of a larger retrospective review of records examining the association between IPV, contraceptive use & sexual risk behaviors
- The study team reviewed 2000 medical records from 4 reproductive health clinics in the northeastern U.S. for a positive response to either one of the following abuse questions:
  - 1) "Have you ever been abused/felt unsafe in a relationship (physical/emotional/sexual) threats or violence?"
  - 2) "Have you ever been forced to have sex when you didn't want to?"

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### Study Methods

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- Approval from university IRB and participating clinics
- For the medical records in which women disclosed violence, trained research assistants transcribed verbatim, the health care providers' written responses to the patients' disclosures of violence that were documented in the medical records
  - History intake form
  - Clinical note that corresponded to the visit

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### Data Analysis

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- Transcribed responses were raw data
  - Text box responses were downloaded from electronic survey into a word document
- Conventional content analysis
- *In vivo* coding
- Initial → final categories

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## Results

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- Of the 2,000 charts reviewed, 570 (28.5%) contained a positive response to one or both of the violence screening questions
- The sample of women reporting violence was primarily Caucasian (72.4%), single (87%), and had a high school diploma (41.2%); approximately 24% identified as Hispanic/Latino
- Three main provider response categories were evident in the data:
  - 1) *No documentation*
  - 2) *Descriptive response of violence*
  - 3) *Action oriented response to violence disclosure*

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## No Documentation

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- Approximately 13% (n = 74) of the medical records with a positive violence screen contained no documented response by the clinician to the patient's disclosure of violence
- Although it is possible that a conversation about the violence disclosure did occur, without documentation there is no way to verify what was said or what actions the clinicians took to assess the patients and their current situations, including safety

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## Descriptive Response

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- The majority of the documented responses to violence were descriptive (81.5%)
- In the majority of these accounts, clinicians provided brief details of the events, often with a few words or short phrases without a definitive plan:
  - *"past relationship"*
  - *"not now"*
  - *"safe now"*
  - *"current boyfriend emotionally abusive"*
  - *"prior partner heroin addict, + ETOH, multiple partners"*

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## Action Oriented Response

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- Less than 6% of the documented responses by providers were characterized as action-oriented
  - Action-oriented responses to positive violence assessment/disclosure included documentation of referrals, safety planning, and lethality assessments
  - Recommendations such as counseling and education made by the clinician

*"has restraining order + safe plan; discussed safety plan"*

*"New BF [boyfriend] very controlling, does not allow her to see friends, she is now living with him; he becomes angry if she does not do what he wants; BF wants her off BCM [birth control method]; assessment = unhealthy, potentially dangerous relationship; spent 20 min counseling re: healthy relationships, # for XXX given"*

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## Limitations

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- Responses from one clinical agency in one geographical area
  - Limited in scope and transferability
- Retrospective design limits analysis to documentation contained in the medical records
  - Deeper probing/follow-up not possible
  - Missing or inaccurate documentation possible

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## Discussion/Implications

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- Screening consistent, but documented response highly variable
  - 13% of the medical records contained no documentation in response to a positive disclosure of violence
- Providers' responses to disclosures of violence were often inconsistent, ranging from a few words to longer multi-sentence narratives
- Consistent screening essential, but not sufficient to address the totality of IPV

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### Discussion/Implications

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- The study sites utilized standardized assessment methods/questionnaires for every patient at each visit
- Clearly effective given the high disclosure rate of IPV
- Lack of comprehensive, action-oriented documentation suggest barriers exist
  - Lack of time to document
  - Multiple competing demands on provider time during clinic sessions
  - Administrative requirements and distractions

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### Discussion/Implications

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- Health care providers often have limited time to spend with patients and are challenged with busy schedules and performing assessments and exams within brief time blocks
- Impossible to predict when patients may feel comfortable enough to disclose violence
- In this study, women often disclosed violence during a routine visit and not at an episodic visit related to an injury or assault
  - Up to date list of referrals and community contacts

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### Discussion/Implications

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- Prompts in health records may be helpful in guiding clinicians toward more comprehensive documentation
- Electronic health records (EHRs) can be tailored to allow prompts and sets of “orders” that could include specific referrals
- In situations where EHRs are not available, information can be added to standardized forms

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### Conclusions

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- As universal violence assessment has increased, providers need to be aware of not only how to ask the questions, but how to respond in ways that are helpful, sincere, non-judgmental, and legally adequate
- Moving beyond brief description toward an action oriented response that includes referrals and safety planning is essential

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