

IPV Resources & Interventions for Healthcare Professionals

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CT Coalition Against Domestic Violence

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Today's Flow

1. Defining intimate partner violence
2. Intimate partner violence & health
3. Connecticut DV Resources
4. Trauma-informed patient care
5. Screening & universal education

What is Intimate Partner Violence?



- A **pattern** of abusive behavior used by one person in a relationship to maintain **power and control** over another person(s) in the relationship.

Is more prevalent for women in the US than breast cancer and diabetes combined.

Is not always visible or audible.

Is not always a crime.

Often occurs on a continuum.

Is a leading cause of death among pregnant and postpartum women in the US.

Impacts victims/Survivors, children, families, communities.

Impact of IPV on Health



- Can impact all aspects of a person's health-physical, mental, sexual/reproductive.
- Direct & indirect.
- Acute & chronic.
- Survivors are more likely to experience asthma, chronic pain, diabetes, and other long-term health impacts.
- Increased Cortisol levels can lead to poor sleep, decreased appetite, increased reactivity to stress, and high blood pressure.
- Depression is the most common mental health consequence of IPV.
- IPV is most prevalent among women of reproductive age and contributes to gynecologic disorders, pregnancy complications, unintended pregnancy, and sexually transmitted infections.
- Certain types of abuse can have lasting neurological impacts.



Impact on Healthcare Access & Quality



- Withholding/controlling transportation
- Manipulating appointments
- Remaining present during appointments
- Dominating conversations
- Controlling medical decision-making
- Stalking
- Monitoring patient portals, discharge paperwork, etc.
- Discrediting survivors
- Using charming or manipulative behavior to align with providers

Indicators that Someone may be Experiencing Abuse

- Documentation of confirmed or suspected past abuse
- Unexplained injuries-contusions, lacerations, bite marks, burns
- Repeat visits for chronic or seemingly minor medical issues
- Unwanted pregnancies
- Avoiding eye contact, irritable, nervous
- Partner insists on being present for visit, attempts to control visit, and/or consistently speaks for the patient
- Difficulty adhering to appointments
- Delays in seeking care
- Difficulty following care plans
- Patient has a restraining order



Connecticut DV Resources



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Relationships can be difficult.

We're here to help.



Whenever you're ready, we're available. 24/7/365.
(888) 774-2900 or click below.

[Text Now](#)

[Call Us](#)

[Email](#)

[Chat Now](#)

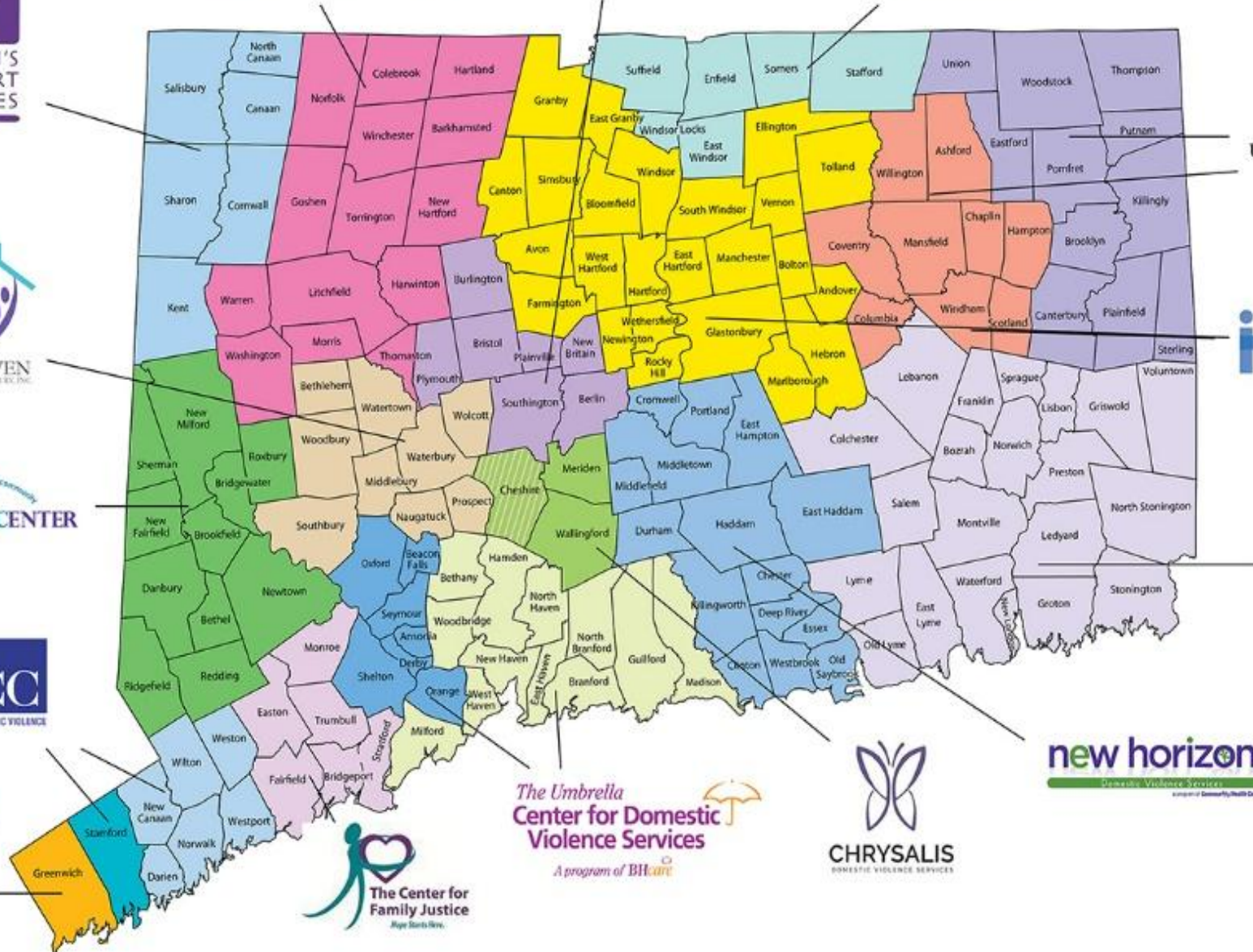




Susan B. Anthony Project
SAFETY • HEALING • GROWTH



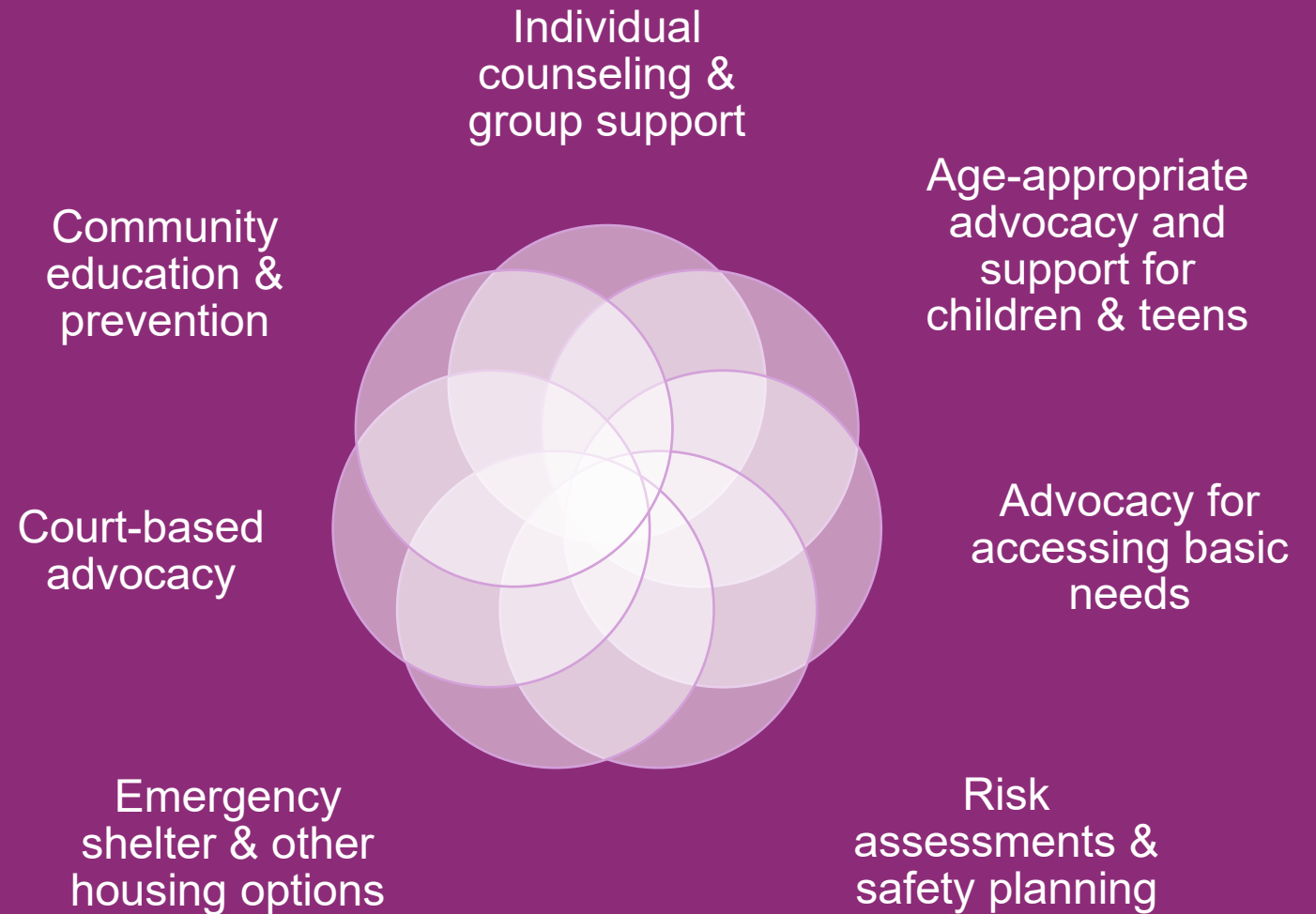
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The Umbrella
Center for Domestic
Violence Services
A program of BHcare



Programs & Services



Trauma-Informed Patient Care



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How can medical settings be distressing for people with trauma experiences?



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The Four Rs of Trauma-Informed Care

Realize how trauma affects people and understand potential paths for recovery and healing.

Recognize the signs and symptoms of trauma in patients, families, staff, etc.

Respond by fully integrating knowledge about trauma into policies, procedures, and practices.

Resist or avoid retraumatization.

Practical Tips for Trauma-Informed Patient Care

Avoid asking for unnecessary details or re-tellings of their story.

Be transparent about information sharing.

Explain what you are going to do and why.

Provide opportunities for questions/discussion.

Ask before making physical contact.

Check in throughout the exam.

Whenever possible, allow patients to remain clothed.



IPV Screening & Universal Education



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Studies show:

- Patients support assessment.
- No harm in assessing.
- Interventions improve health and safety outcomes.
- Patients fall through the cracks when we don't.



Healthcare Providers Make a Difference



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4X

Survivors are **4x more likely** to use an intervention after talking with a provider about abuse.



What is one challenge, point of discomfort, or worry you have when it comes to screening for domestic violence?



Provider Barriers in Addressing DV



- Discomfort with initiating conversations
- Feelings of frustration when patients don't follow a plan of care
- Don't know what to do after a disclosure
- Lack of time
- Vicarious trauma or personal trauma
- Fear of CPS involvement/deportation reporting

Building a Solid Foundation

- Accept discomfort
- Commit to ongoing learning
- Talk it out / practice
- Acknowledge and address biases
- Know your local resources
- Contact your local DV organization/hotline



Education Every Time: **CUES**

Less structured; allows for input/conversation.

Provides an opportunity for patients to make connections between violence & health issues.

Not reliant on a positive disclosure.

Potential for broader impact.

Not just intervention but prevention, too!



CUES: A 4-Step Process

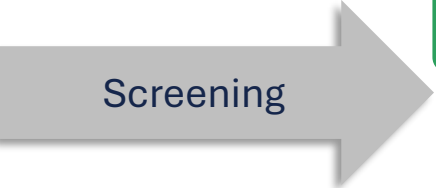
Confidentiality

Universal Education

Empowerment

Support

Screening



CUES Step 1: Confidentiality

- Always see patients alone for at least part of every visit so you can talk safely about relationship violence.
- Use professional interpreters, not the patient's family or friends.
- Know your reporting requirements and explain any limits to confidentiality ahead of time.

“Before we begin, I want to remind you that our conversation is confidential. I won’t talk to anyone else about what is said unless you give me your permission or I hear something that legally requires me to make a report, such as child abuse or neglect or abuse of an elderly person...”



**DV, in and of itself,
is not a mandated
report in CT.**



CUES Steps 3 & 4: Universal Education & Empowerment

- Emphasize that this is something you're talking with all your patients about.
- Use safety cards to start the conversation.
- Open the card and encourage them to take a look.
- Maintain eye contact and don't apologize for talking about this.
- Make sure they know that you're a safe person to talk to.
- Safety cards can help lead you into the screening process.



SAMPLE CUES SCRIPTS:

“I’ve started giving these cards to all my patients. They talk about relationships and how they affect our health. There are resources listed on the back that folks can call or text if they want to talk to someone and you can always talk to me about these things, too.”

“We’ve started talking to all our patients about safe and healthy relationships because it can have such a large impact on your health...”



Responding to Disclosures



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Why might someone
experiencing IPV not
disclose?



"What has made you, or would make you feel more comfortable when reaching out to a healthcare provider?"

60% -
Guarantee of
confidentiality

62% - Trusting
the staff

67% -
Trauma-
informed care

69% - Feeling
like the
provider
would believe
me



CUES Step 4: Support

No disclosure

- Does not mean IPV is not taking place
- Offer safety card(s)
- Let them know that resources are always available
- Document inconsistencies/concerns

Positive disclosure

- Validate
- Ask what they need
- Discuss health concerns
- Safety Plan
- Warm referral
- Treat for specific concerns
- Schedule follow up



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- Remain present.
- Listen to hear, not respond.
- Acknowledge the difficulty of navigating an abusive relationship.
- Validate that IPV is a legitimate health concern.

Listen, Believe,
Validate



- Avoid making assumptions.
- Accept that safety looks different for every person.
- Don't push for a specific outcome.
- Respect their decisions, even if you don't agree.
- Make a warm referral-advocates can help with safety planning.

Ask What They
Need & Safety Plan



- Treat for specific health issues/concerns.
- Connect them with resources.
- Help reduce isolation.
- Schedule follow up.
- Make sure they know you're a safe person to talk to.
- Sometimes just being a supportive person is enough.

Think about what
you can do



With the survivor's
consent, facilitate a
warm referral to a DV
agency or hotline.



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Think About What You Need

Guidance from supervisors

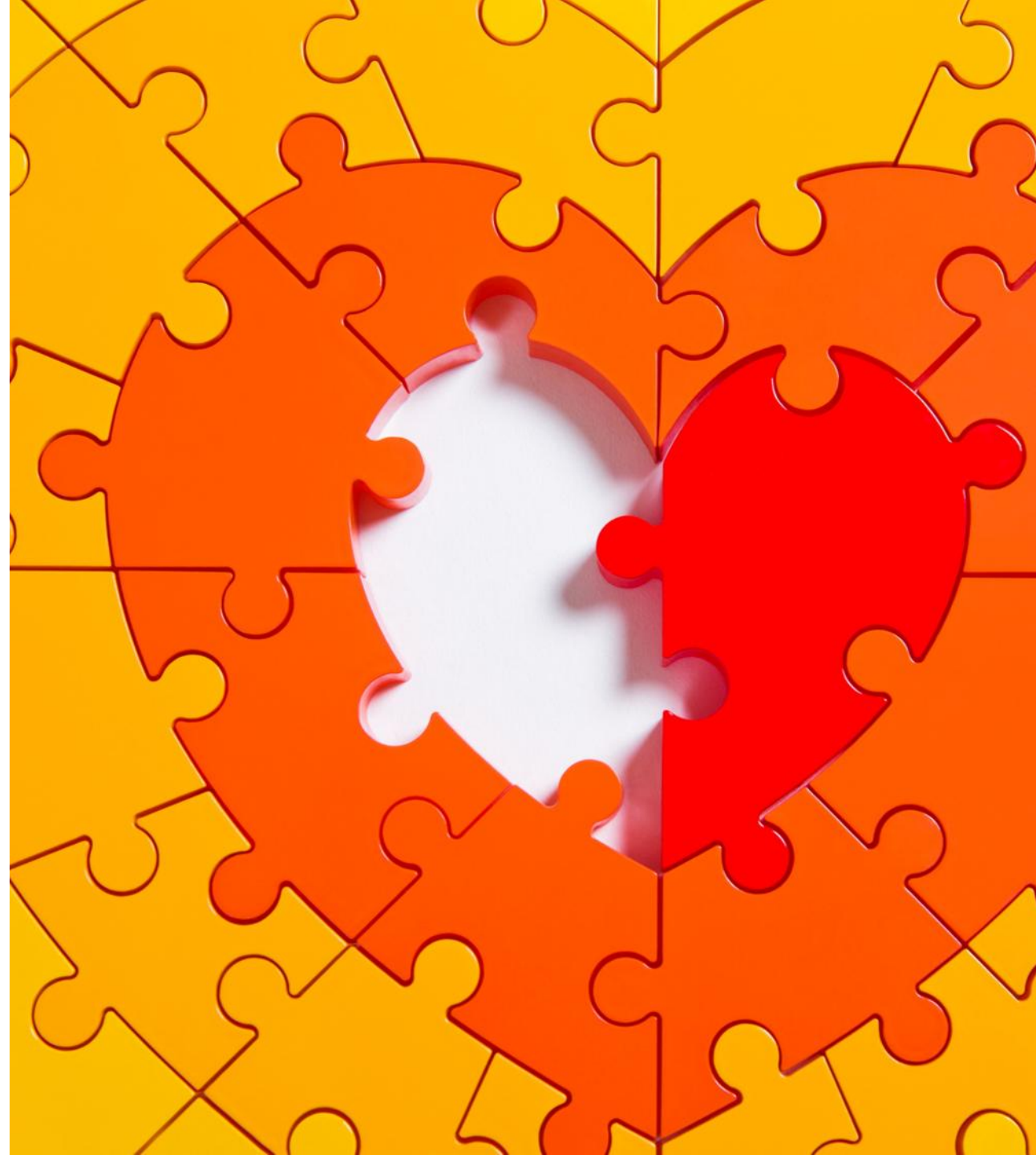
Peer support

Information about resources

Education/training

Clarity about workplace policies or legal requirements

Care, support, flexibility



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