If We Don't Ask…Who Will? Advocating for IPV Screening

Adolescent Health & Well-Being

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In light of the recent #MeToo movement—as a pediatrician, public health advocate and mother—I find myself overwhelmed by the burden and threat that intimate partner violence (IPV) has on my patients and family. Every day I learn of more and more friends, coworkers and caregivers that have been victims of IPV within their lifetime. #MeToo has allowed these and many other survivors the platform to speak up and get help. Finally, this topic is getting the legal and media attention it needs to incite change.

IPV, a form of domestic violence, is a serious public health problem that impacts 1 in 3 women and 1 in 4 men in their lifetime. This includes physical violence (32 percent of women, 28 percent of men), sexual violence (16 percent of women, 7 percent of men) and stalking by a current or former intimate partner (10 percent of women, 2 percent of men). Even more alarming is that many of these victims are experiencing IPV before the age of 18 (7 percent or an estimated 8.6 million women).

Nationwide, more than 10 percent of students have been forced to do sexual things that they did not want to do and nearly one in 10 have been physically hurt on purpose by someone they were dating. Such exposure to IPV during adolescence has been associated with increased risk of adverse short- and long-term outcomes including substance-use, mental health disorders and re-victimization in the future.

Current Endorsement for IPV Screening

Despite the alarming statistics, as medical professionals we still seem to struggle identifying and supporting these victims and their families. The prevalence of universal and/or routine IPV screening in health care settings remains overall, relatively low and departs from recommended practice.

To inform regulations in the Affordable Care Act (ACA), the U.S. Department of Health and Human Services tasked the National Academies of Science, known then as the Institute of Medicine, in 2010 to review what prevention services were important for women's health and well-being and generate clear guidelines for the health care community; they included screening and counseling women and adolescents about current and past IPV in their top eight recommendations.

More recently, the U.S. Preventive Services Task Force (USPSTF), a group of experts in disease prevention who make evidence-based recommendations about preventive services such as screenings, counseling and medications, reexamined their IPV screening recommendation statement. As of May 2018, the USPSTF continues to strongly recommend (Grade B) screening women of childbearing age for IPV and providing and/or referring women who screen positive to intervention services. In addition, the ACA now covers screening and brief counseling for IPV as part of women's preventive health services; the insurer must include these services without cost-sharing to the consumer should these health services be offered by their provider.

Current Practice at Children's Hospital of Philadelphia

Studies show that women support screening, there is no harm in screening, interventions improve the health and safety of victims and missed opportunities can result in devastating consequences. Therefore, here at Children's Hospital Of Philadelphia (CHOP) we have decided to make every attempt to tackle this problem within our own community.

Approximately five years ago as part of the Violence Prevention Initiative, we developed the STOP IPV program (formerly known as the Children's and Mom's Project). STOP IPV exists because of a strong collaborative community partnership with Lutheran Settlement House (LSH) and their Bilingual Domestic Violence Program (BDVP), which serves children, adults and families living in Philadelphia. LSH and BDVP offer individual counseling, support groups, legal advocacy, education and training and transitional housing, just to list a few of the amazing services they offer our community.

This project continues to evolve, but since this partnership was established CHOP has taken great strides to connect our patients and families with BDVP. We currently have two full-time, on-site IPV specialists from LSH that are available for patients, caregivers and employees. Our multi-disciplinary, hospital-wide task force dedicated to solving this problem consists of over 30 employees from across the institution. Because of their efforts, universal IPV screening has been implemented in CHOP's emergency department, resulting in more than 80,000 caregivers screened and more than 200 referrals to our on-site IPV specialist in the past two years.

Furthermore, plans to expand universal IPV screening to CHOP's outpatient practices, including Karabots Pediatric Care Center and CHOP's Pediatric Transplant Center, will begin this summer. By shifting the culture and creating more screening points within one health care system, our patients and families will now have more opportunities to seek support when they are ready.

Best Practices for Incorporating IPV Screening into Policy and Practice

As health care providers we are in a unique position to identify abuse, however, most of us rarely screen our patients and families for IPV, especially adolescents. Clinicians report lack of experience, training, time and confidence as the most common barriers for not routinely screening.

We know that victims of IPV use health care services more often and are more likely to disclose when asked safely. Therefore, a few best practice recommendations include:

- Screening in an empowering way, allowing the survivor to choose when they are ready to disclose
- When children are present, screening should be non-verbal
- Documentation must be handled in the utmost confidentiality to ensure victim safety

If you were not aware of the prevalence of IPV and gender-based violence prior to the #MeToo movement, chances are you are now! No matter your role, whether it is a policymaker, journalist, hospital administrator, medical provider and/or caregiver, you can speak up and produce change. You can work with your company to create a task force dedicated to IPV intervention and treatment. You can connect with your community to understand local policies and resources that exist.

As a health care community we can no longer ignore the impacts of IPV on our children and teens. We know IPV exposure results in poor short- and long-term outcomes, so let's do something about it! Parents, caregivers and adolescents should be screened for IPV and screened often. Pay attention the next time you seek medical care…were you screened for IPV? Remember….if we don't ask, who will?

For more information on screening for IPV in your practice visit Futures Without Violence or the Centers for Disease Control and Prevention.

Dr. Ashlee Lynn Murray is an Attending Physician in the Emergency Department at the Children's Hospital of Philadelphia (CHOP) and an Assistant Professor of Clinical Pediatrics in the Perelman School of Medicine at the University of Pennsylvania. She co-directs the Intimate Partner Violence (IPV) Task Force at CHOP and is the associate director of Advocacy and Health Policy for the Division of Emergency Medicine.