

Introduction

IPV encompasses violence that occurs within all intimate relationships (CDC, n.d.). Due to underreporting and lack of recognition IPV can go unnoticed. The CDC estimates that roughly 1.5 million women are physically assaulted each year in the United States (CDC, n.d.) Despite governments and professional organizations recommending IPV screening for all women rather than asking only women with symptoms (O'Doherty et al., 2015), screening rates have remained low. This quality improvement project focused on improving IPV screening rates in a primary care setting by introducing a standardized screening tool to be given to all women at initial and routine visits.

Aims

- To improve IPV screening rates in a primary care setting.
- To avert and/or diminish physical and emotional harm caused by IPV.
- To increase awareness about the importance and necessity of appropriate IPV screening among primary care providers and medical staff.

Objectives

- To implement a screening tool for IPV and evaluate its effect on screening rates.
- To establish a protocol and practice change for IPV screening at the practice where the project takes place.
- To inform best practice for IPV screening.

Methods

- The HITS screening tool was used in this project.
- Provider to review the screening tool during encounter and IPV screening noted in the chart as part of the visit.
- Prospective chart reviews performed.
- IPV screening rate obtained by calculating the percentage of women screened from the total population of women eligible to be screened during the project implementation time frame.
- Brief survey among participants and practice staff to assess perception of the screening tool and feasibility of implementation of the screening protocol.



Hurt, insulted, Threatened with Harm and Screamed (HiTS) Domestic Violence Screening Tool

Please read each of the following activities and place a check mark in the box that best indicates the frequency with which your partner acts in the way depicted.

Date: _____

Age: _____

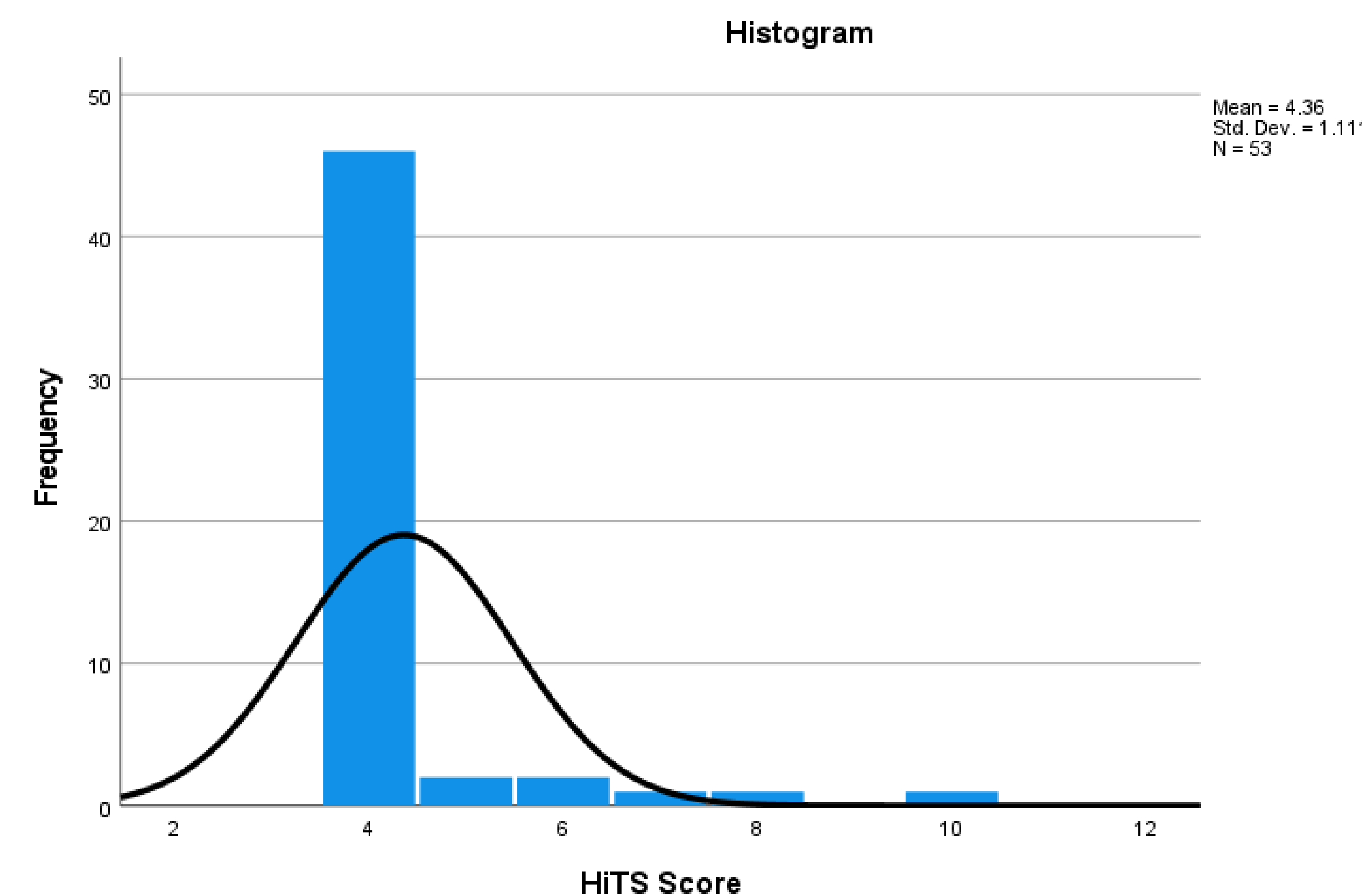
Sex: ___M, ___F

Ethnicity: Caucasian___, Hispanic___, African American___, Asian___, Indian___

How often does your partner?	Never	Rarely	Sometimes	Fairly Often	Frequently
1. Physically hurt you					
2. Insult or talk down to you					
3. Threaten you with harm					
4. Scream or curse at you					
Total Score	1	2	3	4	5

Each item is scored from 1-5. Range between 4-20. A score greater than 10 signify that you are at risk of domestic violence abuse, and should seek counseling or help from a domestic violence resource center such as the following:

National Domestic Violence Hotline- 1.800.799.SAFE (7233)



Resources

- Statewide (NJ) Domestic Violence Hotline: 1-800-572-7233
- Women's Referral Central Hotline: 1-800-322-8092
- Passaic County Women's Center Hotline: 973-881-1450
- Legal Services of NJ Domestic Violence Project: 1-888-576-5529
- Passaic County Courthouse: 77 Hamilton St, Paterson, NJ 973-247-8487 (Domestic Violence Unit)
- Passaic County Sheriff's Office: 435 Hamburg Turnpike, Wayne, NJ 07470, 973-389-5900

Results

- Project consisted of 53 participants, all women, ranging from 23 to 90 years of age.
- The sample population was 92.5% Hispanic.
- 39.6% of participants attended High School, same percentage attended Collage.
- For the HITS score variable, the mean was 4, the mode was 4, and the variance was 1.23 with a standard deviation of 1.11.
- IPV screening rates ranged from 30% to 60%, with an average of 41%.

Implications and Dissemination

- IPV screening rates at this practice did not reach the average expected goal of 50% after implementation.
- A 41% average IPV screening rate is a significant improvement from no accountable screening rate prior to execution of the project.
- Increased awareness about importance of accurate IPV screening.
- Offer resources to all participants, especially for those who chose to disclose IPV.
- Actively screening for IPV conveys to patients that the practice cares about IPV and it is a confidential resource for those experiencing IPV.
- Practice change seems likely given the positive feedback from provider and staff.
- Dissemination of findings at pertinent conferences.

References

- Centers for Disease Control and Prevention (CDC). (n.d.). Intimate partner violence. <https://www.cdc.gov/media/presskits/aaahd/violence.pdf>
- O'Doherty, L., Hegarty, K., Ramsay, J., Davidson, L.L., Feder, G., & Taft, A. (2015). Screening women for intimate partner violence in healthcare settings. Cochrane Database of Systematic Reviews, 7. <https://doi.org/10.1002/14651858.CD007007.pub3>.

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