

Intimate Partner Violence Screening Change Package

Rationale: Intimate partner violence or IPV affects millions of women regardless of age, economic status, race, religion, ethnicity, sexual orientation, or educational background. IPV is described as physical, sexual, or psychological abuse, including threats of physical or sexual abuse, by a current or former partner or spouse.¹ Although women of all ages may experience IPV, it is most prevalent among women of reproductive age, and the severity of violence may escalate during the pregnancy or postpartum periods. IPV has been associated with poor maternal and infant health outcomes, including delayed entry into prenatal care, pregnancy complications, preterm delivery, and low birth weight.^{2,3} The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for IPV, and provide or refer women who screen positive to intervention services.⁴ The American College of Obstetricians & Gynecologists (ACOG) recommends that all health care providers screen all patients for IPV at regular intervals, including during new patient visits, annual examinations, initial prenatal visits, each trimester of pregnancy, and the postpartum checkup.²



More than one in three women in the U.S. have experienced IPV and about 324,000 pregnant women are abused each year.^{2,5} However, the true prevalence of IPV is unknown because many victims are afraid to disclose their personal experiences of violence. Furthermore, despite recommendations by numerous health care organizations to routinely screen for IPV, rates of screening remain low.

Prenatal, postpartum, an interconception care visits provide an important opportunity for Health Start grantees to screen Healthy Start women participants for IPV. In addition to increasing awareness of and screening for IPV, Healthy Start grantees should be prepared to coordinate referrals for intervention, prevention and ongoing support when indicated.

Purpose/Objective: This change package provides recommended strategies and a selection of resources and evidence-based practices to aid Healthy Start grantee organizations, partners and their staff in promoting IPV screening among Healthy Start women participants during the perinatal period. **Healthy Start Screening Tools**, available on the Healthy Start Epic Center website and referenced in the change package strategies, can be used to assist in comprehensive and consistent assessment of Healthy Start participant needs and standardized data collection to support monitoring and reporting on Healthy Start benchmarks.

¹ CDC. Intimate Partner Violence Definitions. Accessed May 12, 2016.

<http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

² ACOG. Intimate Partner Violence. Committee Opinion. Number 518. February 2012.

³ National Association of County & City Health Officials. Intimate Partner Violence among Pregnant and Parenting Women: Local Health Department Strategies for Assessment, Intervention, and Prevention. Issues Brief. June 2008.

⁴ USPS Task Force. Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: Screening. Release Date: January 2013

⁵ Black, M.C., Basile, K.C., Breiding, et. al. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Healthy Start Change Package Strategies for intimate partner violence (IPV) screening

Healthy Start Program Goal: Increase the proportion of Healthy Start women participants who receive intimate partner violence (IPV) screening to 100%.

Level of Strategy	Strategy	Select Resources & Evidence-Based Practices
<p>Program Level</p>	<p>Build Capacity to Screen for IPV</p> <ul style="list-style-type: none"> ➤ Educate Healthy Start program staff on IPV and the importance of screening and counseling for identification, intervention and prevention of IPV. ➤ Provide training, professional development or other education opportunities to increase Healthy Start program staff awareness, knowledge of screening methods, and referral options/available interventions for IPV. ➤ Train Healthy Start program staff to discuss and conduct culturally and linguistically competent IPV screening using standardized tools and strategies and maintaining confidentiality. ➤ Establish a referral network with local health care providers and IPV-focused human service organizations (e.g., domestic violence shelters or programs) for intervention, prevention, and support to Healthy Start women participants experiencing or at risk for IPV. 	<ul style="list-style-type: none"> • ACOG Committee Opinion: Intimate Partner Violence • Final Recommendation Statement Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: Screening • A Comprehensive Approach for Community-Based Programs to Address Intimate Partner Violence and Perinatal Depression • Health Cares About IPV Screening and Counseling Toolkit • Addressing Intimate Partner Violence Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic, Reproductive Health Care Settings
	<ul style="list-style-type: none"> ➤ Establish a process in your program or workflow to provide safe and confidential screening and counseling for IPV (using a standardized validated tool) among Healthy Start women participants at the first prenatal visit, at least once per trimester, at the postpartum checkup, and periodically during preconception/interconception care. <ul style="list-style-type: none"> ▪ KEY MESSAGING: Women don't disclose IPV unless asked (safely). ➤ Integrate IPV screening for Healthy Start women participants with other risk screenings and interventions during the prenatal and/or postpartum periods (e.g., smoking, drug and alcohol use, depression). 	<ul style="list-style-type: none"> • ACOG Committee Opinion: Intimate Partner Violence • A Comprehensive Approach for Community-Based Programs to Address Intimate Partner Violence and Perinatal Depression • Health Cares About IPV Screening and Counseling Toolkit

Level of Strategy	Strategy	Select Resources & Evidence-Based Practices
	<ul style="list-style-type: none"> ➤ Implement a follow-up process with Healthy Start women participants who screen positive for IPV to promote uptake of referral and other resources. 	
	<ul style="list-style-type: none"> ➤ Educate Healthy Start grantee staff on ACA requirement for health insurers to offer certain preventive health services free of co-pays or coinsurance, including IPV screening. 	<ul style="list-style-type: none"> • Health Cares About IPV Screening and Counseling Toolkit • Getting the Coverage You Deserve: What to Do If You Are Charged a Co-Payment, Deductible, or Co-Insurance for a Preventive Service
Individual & Family Level	Screen and Refer for IPV During Prenatal, Postpartum and Interconception Care Visits	
	<ul style="list-style-type: none"> ➤ Screen all Healthy Start women participants for IPV at the first prenatal visit, at least once per trimester, at the postpartum checkup, and periodically during preconception/interconception care. Screen for IPV in a private and safe setting with the woman alone and not with her partner, friends, family, or caregiver. <ul style="list-style-type: none"> ▪ KEY QUESTIONS: We are concerned about the safety of all participants. During the past 12 months... <ul style="list-style-type: none"> – Did your husband or partner threaten or make you feel unsafe in some way? – Were you frightened for your safety or your family’s safety because of the anger or threats of your husband or partner? – Refer to the Healthy Start Screening Tools for additional key questions <p>If yes, coordinate referral to a local domestic violence program.</p> 	<ul style="list-style-type: none"> • A Comprehensive Approach for Community-Based Programs to Address Intimate Partner Violence and Perinatal Depression • Health Cares About IPV Screening and Counseling Toolkit • 4Ps Plus© • HITS • SafeCare Augmented • Healthy Start Screening Tools
	<ul style="list-style-type: none"> ➤ Provide education and referral for intervention, prevention, and support to Healthy Start women participants experiencing or at risk for IPV. 	<ul style="list-style-type: none"> • A Comprehensive Approach for Community-Based Programs to Address Intimate Partner Violence and Perinatal Depression • SafeCare Augmented

Level of Strategy	Strategy	Select Resources & Evidence-Based Practices
	<ul style="list-style-type: none"> ➤ Follow-up with all Healthy Start women participants who screen positive for IPV to ensure uptake of referrals and supports. 	
	<ul style="list-style-type: none"> ➤ Educate fathers/male partners on IPV and refer for help as indicated. 	<ul style="list-style-type: none"> • CDC's Information for Men on Preconception Health and Health Care • National Domestic Violence Hotline
	<ul style="list-style-type: none"> ➤ Assist Healthy Start participants in enrolling in and obtaining health insurance to support access to health care and other preventive care services as needed. 	<ul style="list-style-type: none"> • From Coverage to Care • Getting the Coverage You Deserve: What to Do If You Are Charged a Co-Payment, Deductible, or Co-Insurance for a Preventive Service • Health Insurance Marketplace
Community Level	Promote Awareness and Screening for IPV Among Community Providers and Partners	
	<ul style="list-style-type: none"> ➤ Partner with social services and community programs that serve women, children, and families (e.g., WIC, transitional housing, home visiting) to promote (1) awareness on IPV and (2) integration of IPV screening and referral into their programs and services. 	<ul style="list-style-type: none"> ➤ Health Cares About IPV Screening and Counseling Toolkit
<ul style="list-style-type: none"> ➤ Distribute cultural and linguistically competent education materials on IPV to community partners and programs that serve women, children, and families. ➤ Provide information and education materials on IPV, and resources for help to community partners and programs that serve men. ➤ Conduct outreach and education to health care providers in the community (e.g., primary care providers, obstetricians, and pediatric providers) on IPV, and the providers' role in screening, identification, intervention and prevention. 	<ul style="list-style-type: none"> • Health Cares About IPV Screening and Counseling Toolkit • ACOG Committee Opinion: Intimate Partner Violence • A Comprehensive Approach for Community-Based Programs to Address Intimate Partner Violence and Perinatal Depression • CDC's Information for Men on Preconception Health and Health Care • National Domestic Violence Hotline • Addressing Intimate Partner Violence Reproductive and Sexual Coercion: A Guide for 	

Level of Strategy	Strategy	Select Resources & Evidence-Based Practices
		Obstetric, Gynecologic, Reproductive Health Care Settings

*This change package was last updated on July 7, 2016 and is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), under grant number UF5MC268450 for \$2,077,544. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

*This change package can be accessed electronically: <http://healthystartepic.org/healthy-start-approaches/strengthen-family-resilience/>