

# Acknowledgements

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# Background

- Approximately 1/3 of women injured during their most recent physical assault received medical treatment
- Healthcare providers (HCP's) often communicate unhelpfully with IPV victims, despite our best efforts
- Femicide risks are significantly increased when the worst abuse incident is precipitated by the abused leaving the abuser
  - Tiaden 2000, Rhodes 2007, Campbell 2003

## Research Questions re HCP IPV supportive communication

- ◆ Do IPV victims trust their HCPs?
- ◆ Do HCP's have adequate support skills?
  - ◆ Interested and non-judgmental
  - ◆ Support autonomy and strength regarding choices
  - ◆ Explicitly contradict self/abuser blame

## Research Questions re HCP IPV content driven communication

- ◆ Do HCP's have adequate complex knowledge to advise and treat?
  - ◆ How to refer for help
  - ◆ Safety planning
  - ◆ Why victims don't leave
  - ◆ How to leave safely
- ◆ Do they know what they don't know?
- ◆ Can a patient judge adequately?

## Methods

- ◆ Identified abused participants via questionnaires in 3 Rochester sites:
  - ◆ Brown Square Medical - 42% (76)
  - ◆ Family Court - 30% (54)
  - ◆ Strong Behavioral Health - 28% (51)
- ◆ Characteristics
  - ◆ Urban, low income, low educational attainment
  - ◆ Vulnerable



## Demographics of 181 participants

- ◆ Gender
  - ◆ Female 84%(152)
  - ◆ Male 16% (29)
- ◆ Race
  - ◆ African American 45.3% (82)
  - ◆ Caucasian 38.1% (69)
  - ◆ Hispanic 6.5% (12)
  - ◆ Other 10.1% (18)

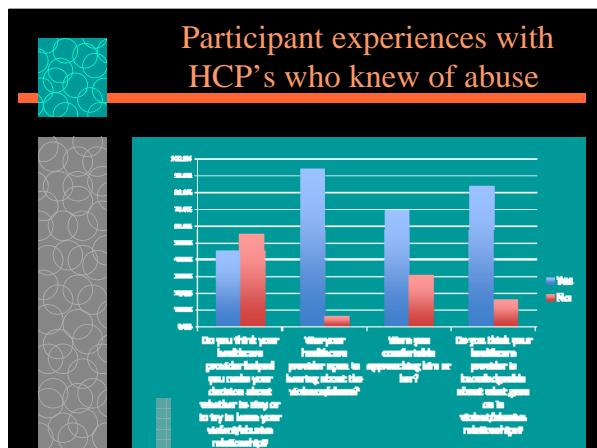
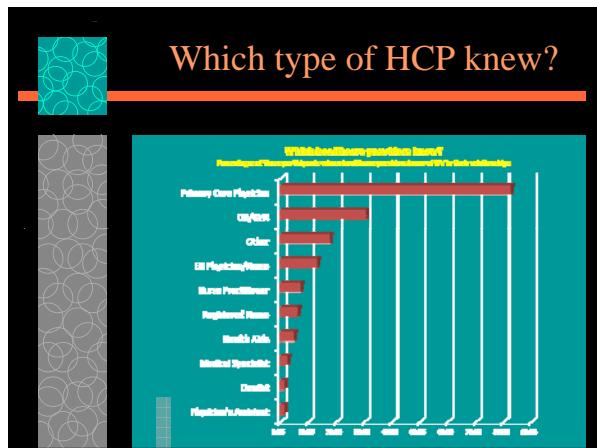
## Demographics of 181 participants

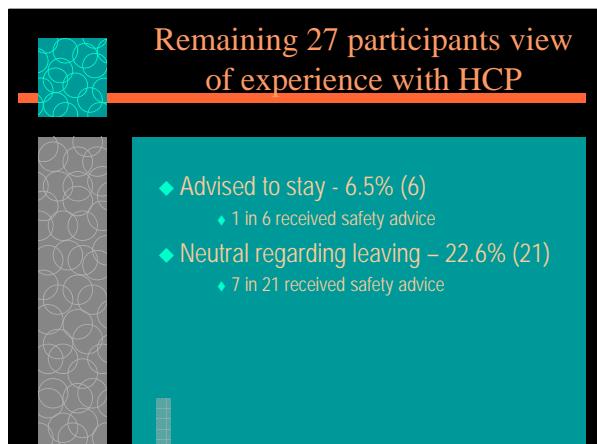
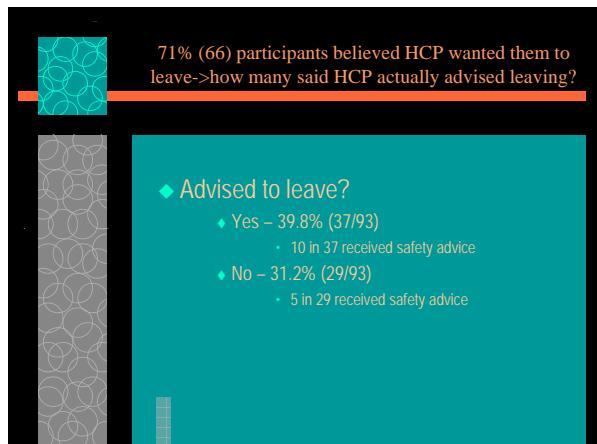
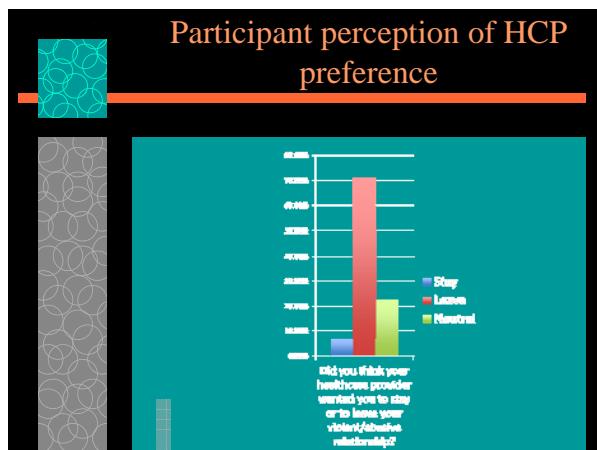


## Data gathering

- ◆ Administered via structured interview
- ◆ Answers transcribed by interviewer
- ◆ 75 questions pertaining to abuse experience
- ◆ We analyze 11 questions re IPV communication with HCP's among the 50% who told them

## RESULTS






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## How many PCP's adhered to recommendations?

- ◆ Autonomy support=neutral
- ◆ Safety planning=safety advice
- ◆ 7.5% (7 of 93 )perceived as following recommendations

### Participant quotes reported helpful

- ◆ “[My dr] was a friend and the only one I could trust...”
- ◆ “[My doctor was] compassionate, supportive. She took her time with me and spent about two hours when I broke down.”
- ◆ “Felt a bit at ease, knowing that someone knew what was going on...”
- ◆ “I felt like it helped me because [Dr] was supporting my decision to get help...”
- ◆ ‘He will kill you - get out...’

### Participant quotes reported unhelpful

- ◆ "I felt scared that [Dr.] would report me to the police, welfare..."
- ◆ "Persons in emergency brought up the situation when my husband was still there... then they asked him to leave and I was scared."
- ◆ "All those times that you kept going back, I told you not to go back, now you are on your own. I changed doctors after that."
- ◆ "[I felt] embarrassed and unprotected. I felt like [my doctor] defended my husband."
- ◆ "I was in such denial that I didn't want to hear any of her advice and opinions: closed ears..."
- ◆ "I want to get pregnant. My OB/GYN [won't prescribe] my meds, so I won't get pregnant. If I leave him she will give them to me again. I have an illness that keeps me from getting pregnant."

## DISCUSSION

### Among the 50% of participants whose HCP knew of IPV

- ◆ Participants disclosed abuse to PCP's almost exclusively suggesting they can play a crucial role in helping IPV patients.
- ◆ Most participants felt comfortable approaching HCP about IPV, and believed HCP was open to/knowledgeable about it.
- ◆ However, most participants (71%) felt HCP wanted them to leave their violent relationship, but (77%) were not provided safety advice, which can be dangerous.
- ◆ Few participants (23%) reported safety assistance such as referral to community agencies to assist with safety planning.
- ◆ Though abused participants believed healthcare providers were knowledgeable, recommended standards were not met.

## IMPLICATIONS

- ◆ PCP's are in the front line of IPV detection and treatment
- ◆ PCP's need further education
  - ◆ To refer for safety planning
  - ◆ To decrease the focus on leaving until resources are present
  - ◆ In the potential dangers of leaving
  - ◆ To reinforce patient autonomy