Brigham and Women's Hospital
Founding Member, Mass General Brigham

A Trauma-Informed Approach to Intimate Partner Violence

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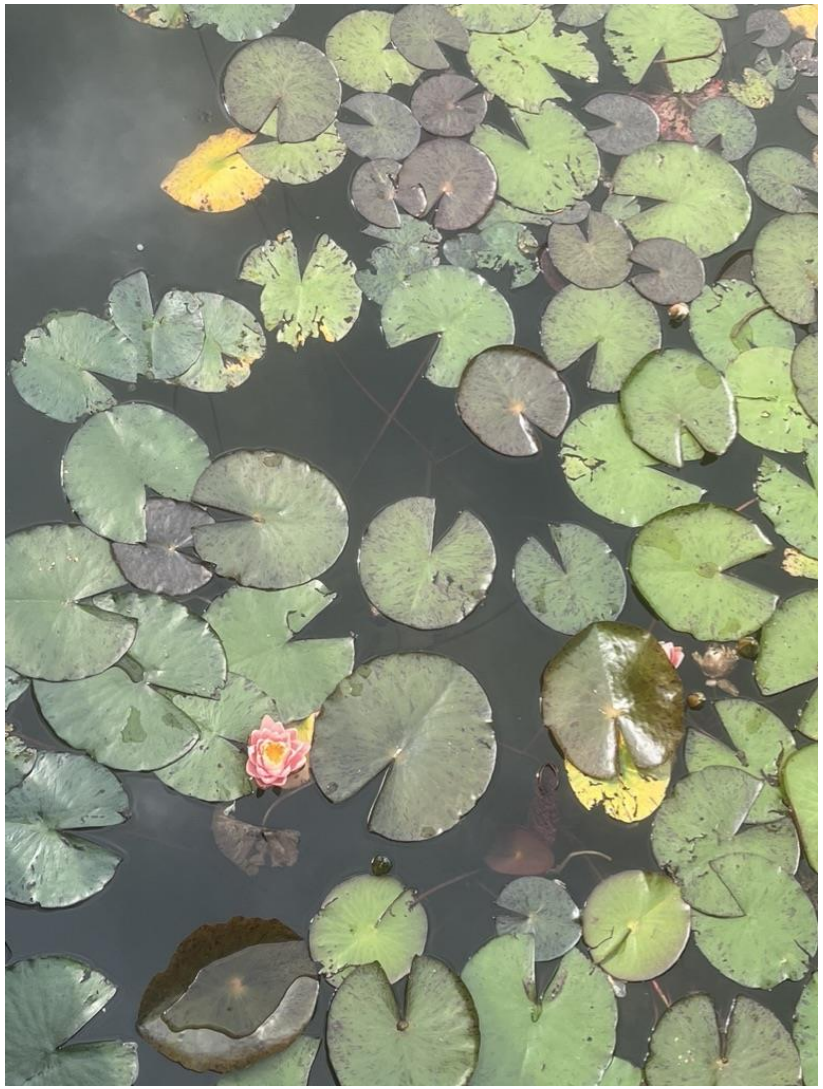
Disclosures

No disclosures

This presentation discusses violence and abuse, and contains material that may be distressing.

Please take care of yourself as you think best.



Learning Objectives

Upon completion of this activity, participants will be able to:

1. Define trauma and intimate partner violence (IPV), including their prevalence and impact on health
2. Name strategies to effectively screen for IPV
3. Discuss a trauma-informed response to patient disclosures of IPV, with particular consideration to dynamics of marginalization and lived experiences.

IPV Definitions

WHO: Physical, sexual, or psychological harm by a current or former intimate partner or spouse.

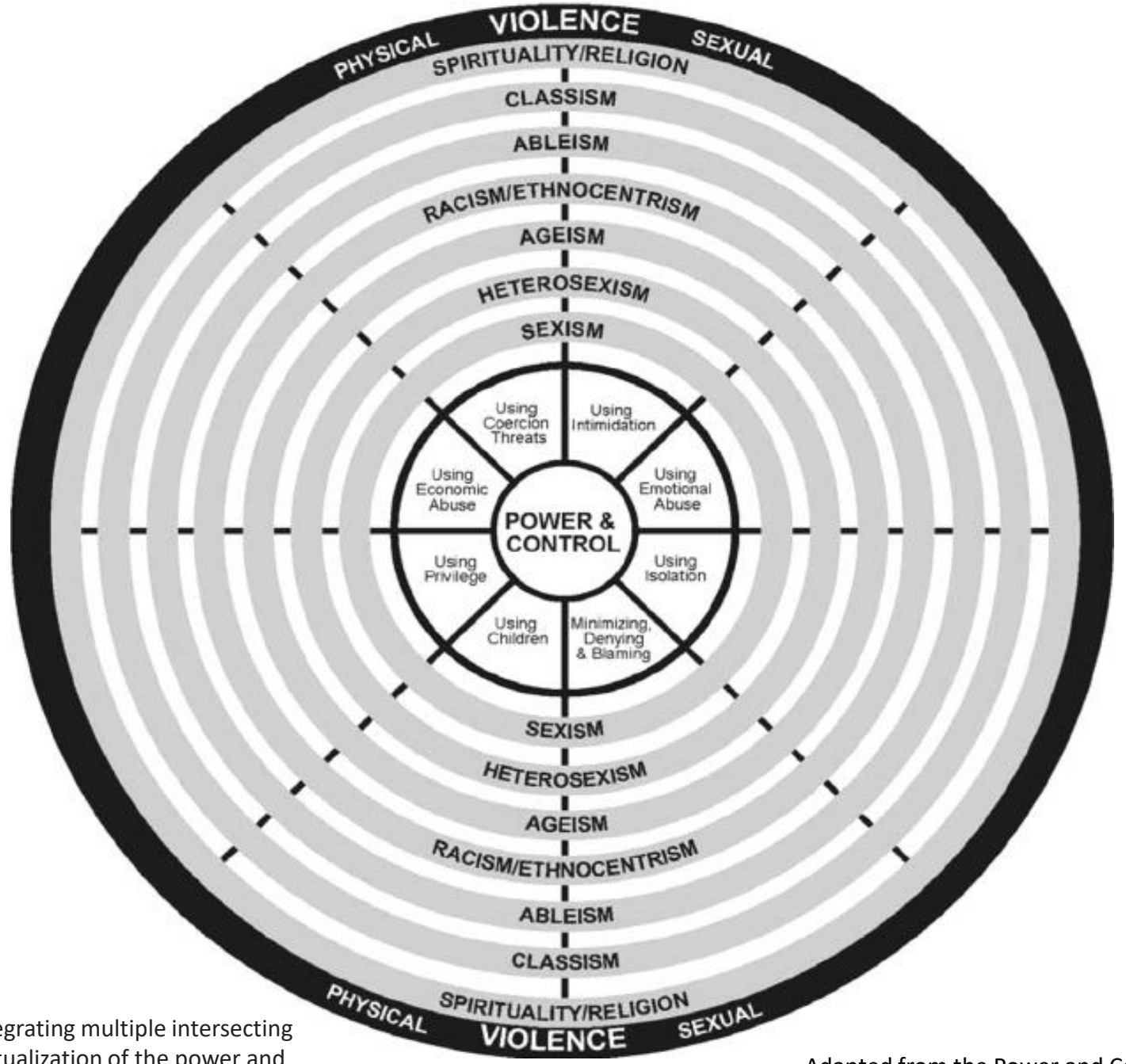
CDC: Physical, Sexual, Psychological, Threat of violence.

+Stalking

A pattern of coercive and abusive behaviors used by an individual against an intimate partner to achieve power and control.

Saltzman, LE; Fanslow, JL; McMahon, PM; Shelley, GA. Intimate partner violence surveillance : uniform definitions and recommended data elements. Version 2.0. National Center for Injury Prevention and Control (U.S.). Div of Violence Prevention. 2002. https://stacks.cdc.gov/view/cdc/7537

Johnson, I. D., & LaPlante, J. E. (2023). Labeling Victimization Experiences and Self as Predictors of Service Need Perceptions and Talking to Police. *J of Interpersonal Violence*, *0*(0)

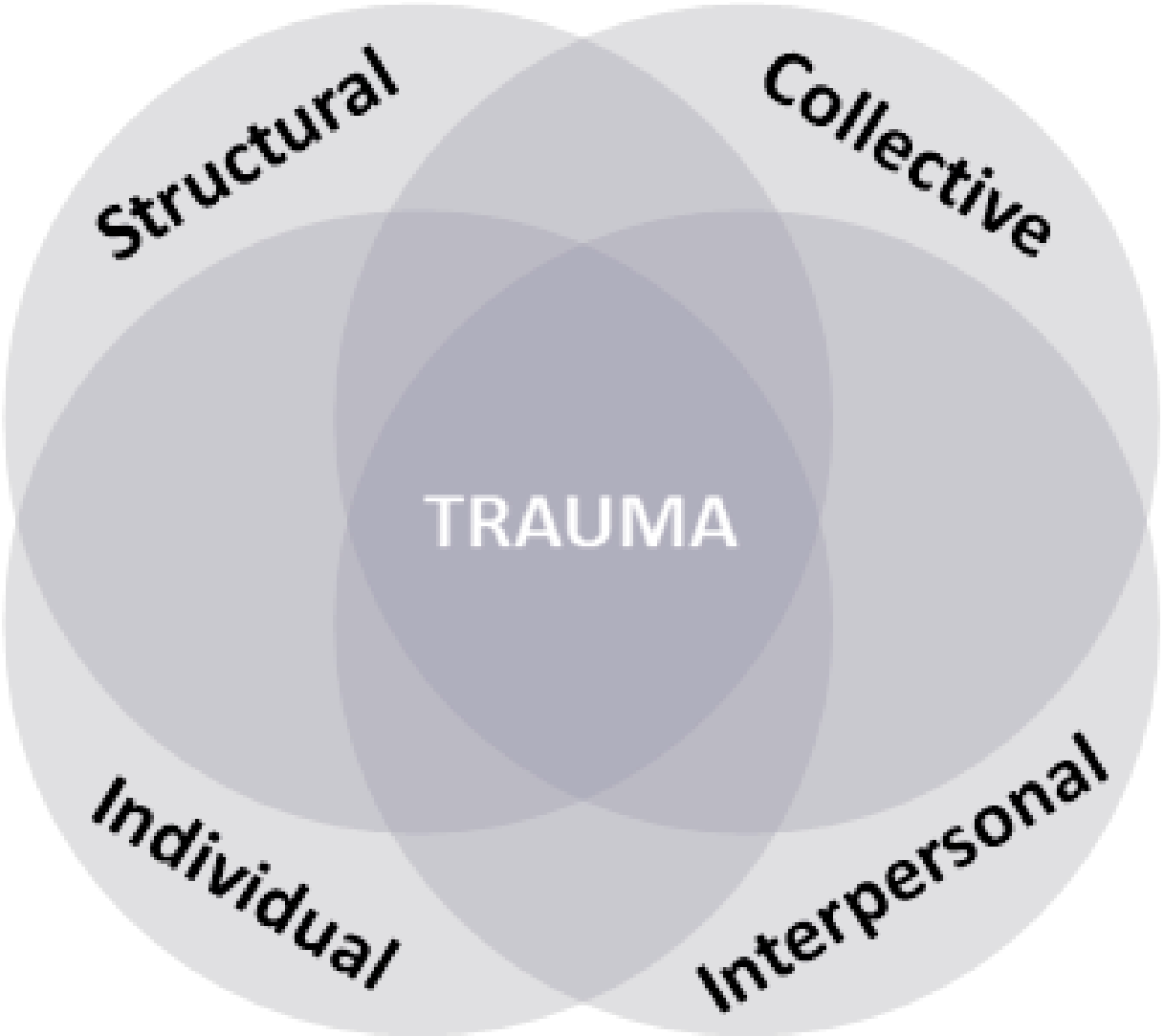


Chavis, AZ and Hill, MS. 2008. Integrating multiple intersecting identities: A multicultural conceptualization of the power and control wheel. *Women & Therapy*, *32*(1):121-149.

Adapted from the Power and Control Wheel, Copyright by the Domestic Abuse Intervention Project

What is Trauma?

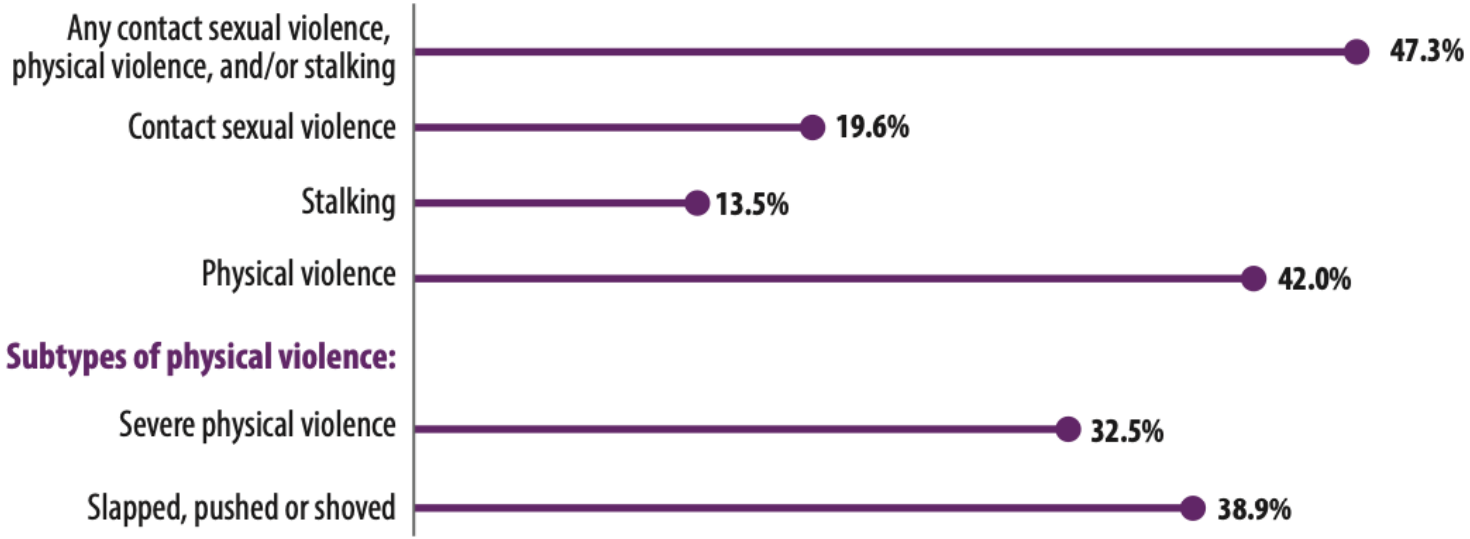
<u>3 Es</u>
Event
Experienced
Effects



Lifetime Prevalence of IPV

Figure 1

Lifetime Prevalence of Contact Sexual Violence,[1] Physical Violence, and Stalking Victimization by an Intimate Partner — U.S. Women, National Intimate Partner and Sexual Violence Survey, 2016/2017 Annualized Estimates[2]



[1] Contact sexual violence includes rape, sexual coercion, and/or unwanted sexual contact.

[2] All percentages are weighted to the U.S. adult population.

Leemis RW et al. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Impacts of IPV

Increased healthcare utilization – often without physical exam findings or obvious injuries

- Chronic pain
- Depression, anxiety, insomnia
- Suicidality
- Substance abuse, Smoking
- Recurrent injuries
- Pregnancy
- Unintended pregnancy
- Frequent no-shows
- Medication non-adherence
- Partner always at visits

IPV + IPV-related impact: 2 in 5 women, 1 in 4 men

Miller E, et al. Pregnancy coercion, intimate partner violence and unintended pregnancy. Contraception 2010; 81:316–22

Natl Ctr for Injury Prev and Control, Div Violence Prev CDC 2019; Coker et al. Am J Prev Med. 2002; Smith et al. The Natl Intimate Partner and Sexual Violence Survey. CDC 2018.

Leemis RW et al. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Hathaway JE et al. Health status and health care use of Massachusetts women reporting partner abuse. Am J Prev Med. 2000 Nov;19(4):302-7

Retraumatization in Health Care

- Lifetime experiences
- Structural and historical trauma
- Physical environment
- Questions
- Physical interactions
- Procedures
- Power dynamics

Image by Deborah Huveldt from Pixabay

Adapted from Huang, L.N., Sharp, C.S., Gunther, T. SAMHSA and National Council for Behavioral Health Webinar 8/6/13. "It's Just Good Medicine: Trauma Informed Primary Care."

Resilience and Fireweed

Photo by Hanni Stoklosa, MD

Trauma-Informed Care

Safety: Physical & psychological

Trustworthiness & Transparency

Peer Support

Collaboration & Mutuality

Empowerment, Voice, Choice

Cultural, Historical, & Gender Acknowledgment

Case

Phoebe, a 30-year-old woman, presents for follow-up of depression. Accompanied by her boyfriend, she shares the news that she is 10 weeks pregnant.

Phoebe tells you that she stopped taking citalopram when she realized she was pregnant. Since then, she has felt very sad and anxious.

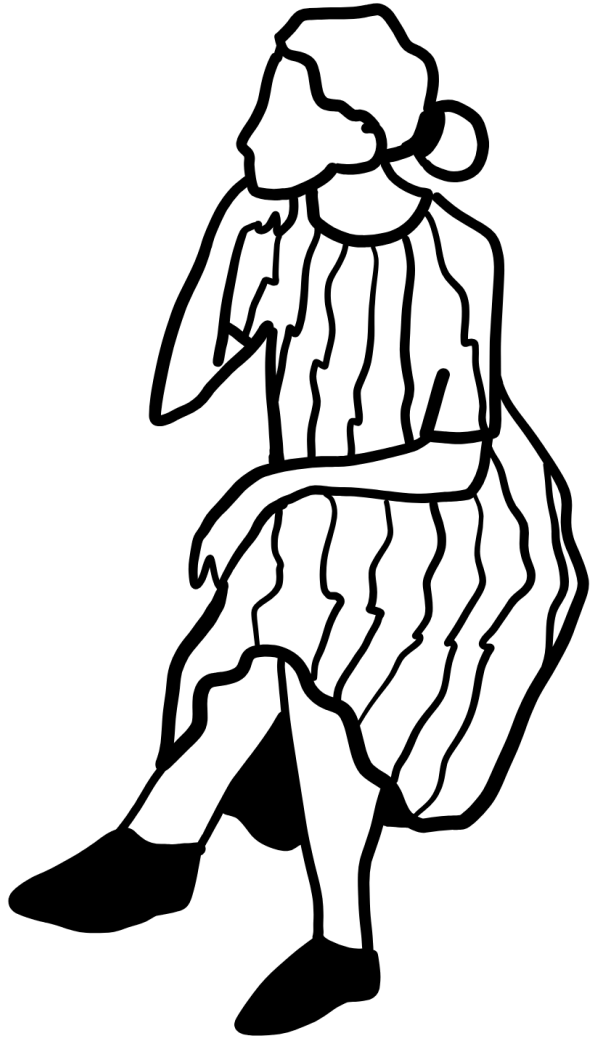


Image created by Softscape from the Noun Project

Screening

Would you screen Phoebe for intimate partner violence (IPV)?

a. Yes
b. No
c. Yes, if you can ask when she is alone
d. Yes, only if she has symptoms or injuries
e. Yes, if you have time

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Most guidelines recommend periodic screening

USTPF 2025	-Women of reproductive age -Pregnant or postpartum persons
ACOG 2022	- All women periodically - If pregnant: at first prenatal visit, each trimester, & post-partum
AMA 2024	“Routinely” inquire
WHO 2013	Against routine screening -Screen if “significantly increased risk”

Adapted from Cristina Alexander, MD. IPV for OPPCM 2019

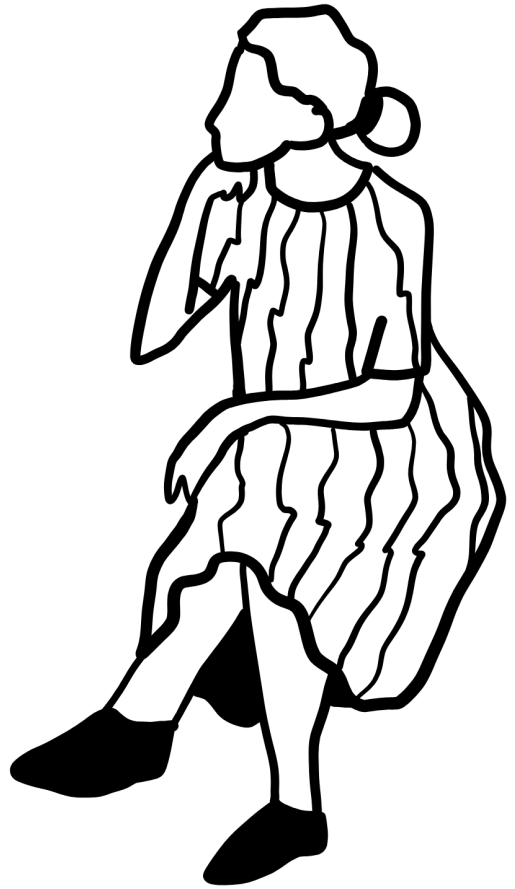
But IPV screening rates are low

Condition	Screening rate (%)
Anxiety	37.3
Depression	71.3
IPV	8.5

Perone HR, Dietz NA, Belkowitz J, Bland S. Intimate partner violence: analysis of current screening practices in the primary care setting. Fam Pract. 2022 Jan 19;39(1):6-11.

Why wouldn’t we screen Phoebe?

Barriers to Screening
Discomfort initiating conversations about IPV and sexual violence
Not knowing how to respond to disclosures
Worry and/or frustration when patients do not follow our recommendations
Concerns about mandatory reporting
Lack of time



Perone HR, et al. Intimate partner violence: analysis of current screening practices in the primary care setting. Fam Pract. 2022 Jan 19;39(1):6-11.

Trauma Inquiry

Disclosure is NOT the goal

Inquiry about trauma, including IPV, can build trust

- Provide a safe environment to share as much or as little as they want
- Minimize need to retell the story
- Include education about trauma
- Balance trauma with resilience

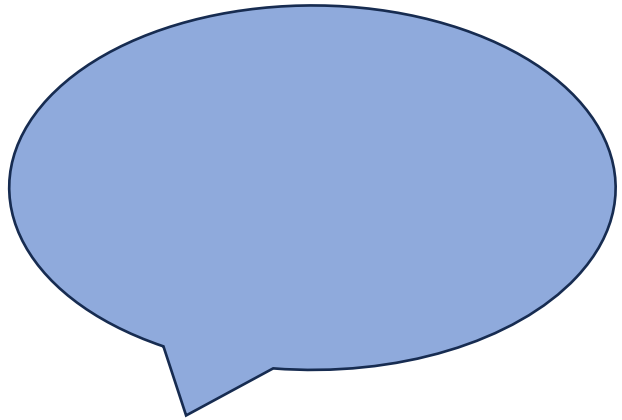
Non-verbal Communication

- Slow your pace
- Minimize disruptions
- Be intentional
- Eye contact
- Eye level with patient
- Hands out of pockets
- Attend to patient cues

Image by cocoparisienne from Pixabay

Elisseou S, Puranam S, Nandi M. A Novel, Trauma-Informed Physical Examination Curriculum for First-Year Medical Students. 2018. MedEDPORTAL.

Set the Stage



Nonbiased, nonjudgmental language*

Framing statement:

- I talk with all of my patients about safety in relationships because it can have such a big effect on your health.
- I'm worried about you. Sometimes those bruises happen when someone hurts another person.

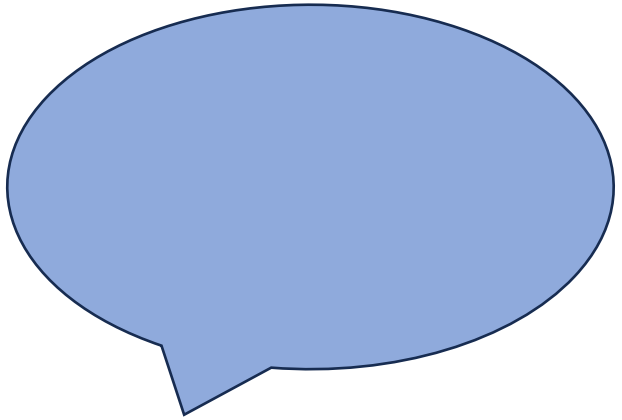
Confidentiality and transparency:

- Before we start, I want you to know that everything here is confidential, unless you tell me that…(insert state laws about what must be disclosed).

Sample questions

Start with an open-ended question:

- What does it look like when you and your partner disagree?
- Tell me about your relationship…



Ask a more specific follow-up question:

- Has your partner ever tried to control, threaten, or hurt you?
- Do you have any concerns in your relationship(s) about safety, or someone making you do things you don’t want to do?

Validated Screening Tools, ex: HARK

Within the past year,

Humiliation
- Have you been humiliated or emotionally abused in other ways by your partner or your ex-partner?

Afraid
- Have you been afraid of your partner or ex-partner?

Rape
- Have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?

Kick
- Have you been kicked, hit, slapped or otherwise physically hurt by your partner or ex-partner?

scoring – 1 point for every yes response

Sohal H, Eldridge S, Feder G. The sensitivity and specificity of four questions (HARK) to identify intimate partner violence: a diagnostic accuracy study in general practice. BMC Family Practice; 2007; 8(49)

TIC in Physical Exam

Ask permission before touching

Provide anticipatory guidance

Explain what will be done

Use nonsexualized language

Pay attention to nonverbal cues of distress

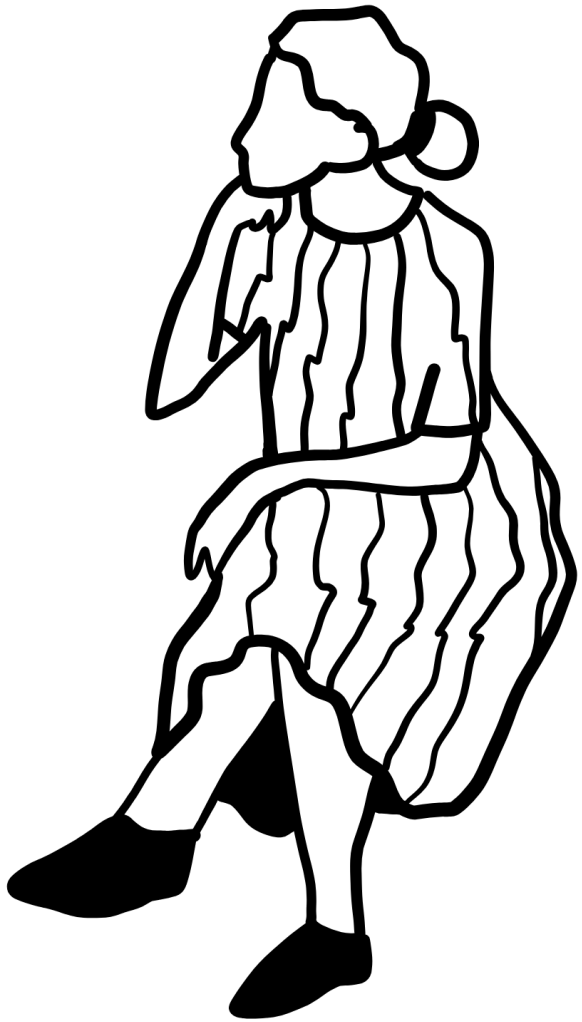
Image by Clker-Free-Vector-Images from Pixabay

Transition Presenters…

Back to the Case

After her boyfriend leaves the exam room, you ask Phoebe how she is feeling about the pregnancy, and how her boyfriend is feeling about it.

Phoebe starts to cry. She tells you that her partner is angry that she is pregnant. He has demanded that she end the pregnancy, threatening her physically if she does not do so.



Step 3: Respond to Disclosure (4 C's)

Calm	Contain	Care	Cope
Pay attention to how you feel Breathe deeply and calm yourself	Allow patient to maintain safety Don't emotionally overwhelm	Self-compassion Cultural humility Destigmatize coping behaviors	Coping skills Positive relationships Interventions to build resilience

Adapted from: Kimberg L and Wheeler M. Trauma and Trauma Informed Care, in Gerber (ed) Trauma-Informed Healthcare Approaches. 2019.

Response to IPV disclosure

Which of the following are helpful phrases when responding to a patient's disclosure of IPV (or trauma more generally)?

a. Thank you for telling me, I am sorry this happened to you.
b. It is not your fault.
c. If it is unsafe, why don't you leave?
d. How long did this go on for?
e. What do you need right now?

Adapted from *Trauma-informed Faculty Development*. Taylor Brown, MS4, Harvard Medical School.

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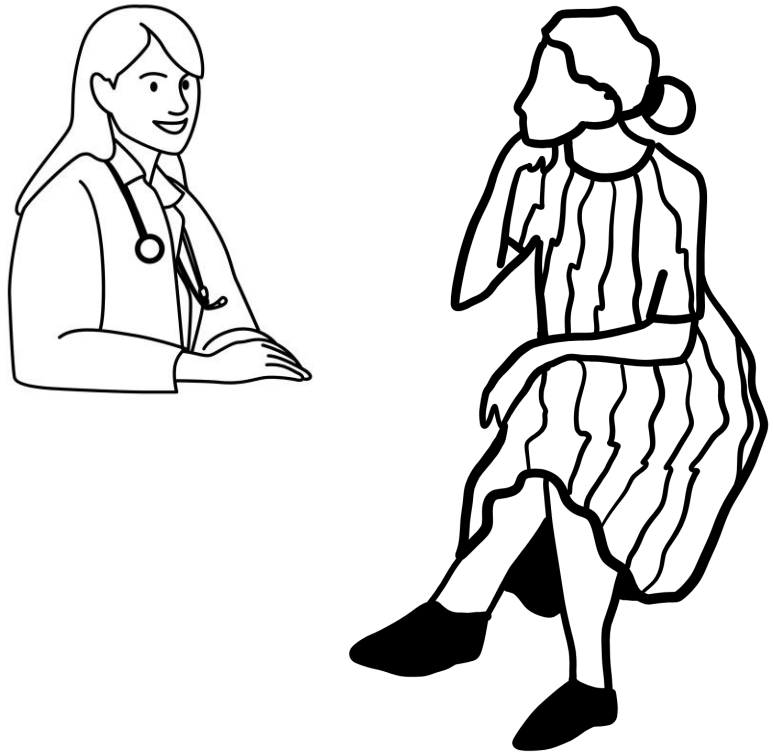
Step 4: Next steps

- Shared decision-making about goals
- Risk Assessment and Safety Planning
- Referral and/or Follow-up



Created by Jooyun Lee from the Noun Project

FRAMEWORKS TO HOLD WHILE WORKING WITH SURVIVORS

anti-oppressive

- CONSIDERATION OF HOW PEOPLE'S IDENTITIES, EXPERIENCES, AND THE WAY THEY MOVE THROUGH THE WORLD ARE IMPACTED BY SYSTEMS OF OPPRESSION
- ACKNOWLEDGMENT OF HOW OUR OWN PRIVILEGE AND POWER MIGHT IMPACT THE SURVIVOR RELATIONSHIP

harm reduction

- RESPECTING SURVIVOR CHOICES; MEETING PATIENTS WHERE THEY ARE
- SUPPORTING SURVIVORS' AGENCY IN DECISION MAKING WHILE EXPLORING CONSEQUENCES OF BEHAVIOR AND OFFERING STRATEGIES TO INCREASE SAFETY

informed consent

- COMMUNICATION OF THE POTENTIAL RISKS AND BENEFITS OF AN APPOINTMENT, PROCEDURE, ETC.
- CONSENT IS REQUESTED IN EVERY COMPONENT OF TREATMENT - ONGOING, FLUID
- UPLIFT THE POWER OF NO

trauma informed

- UNDERSTANDING WIDESPREAD IMPACT OF TRAUMA (INDIVIDUAL, COMMUNITY, AND SYSTEM LEVEL)
- NO "RIGHT WAY" TO EXPERIENCE TRAUMA
- FOCUS ON SAFETY, TRANSPARENCY, SUPPORT, COLLABORATION, AND EMPOWERMENT

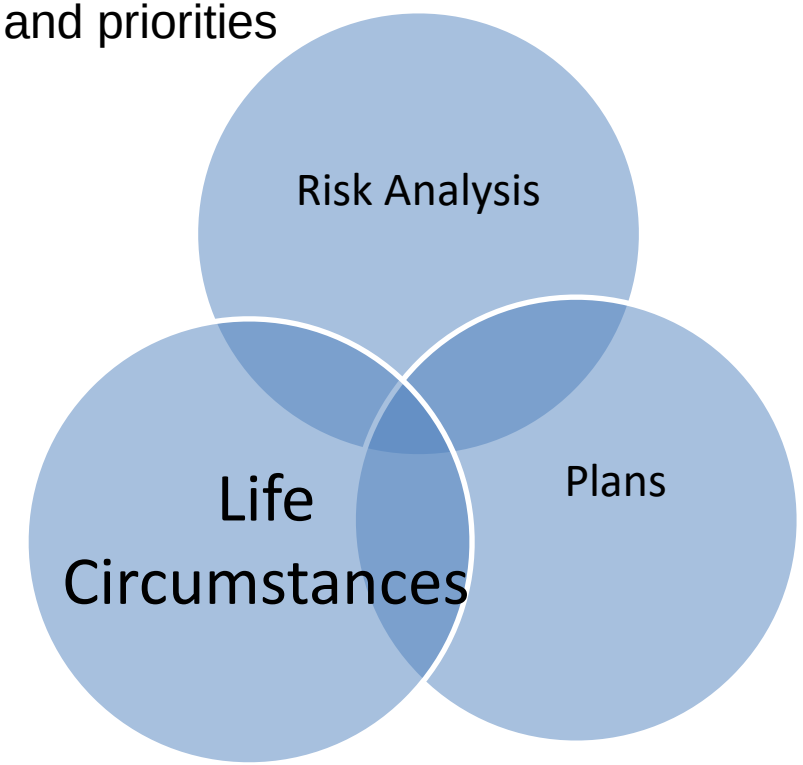
survivor centered

- SURVIVOR'S WISHES, NEEDS, SAFETY, AND WELL-BEING TAKE PRIORITY IN ALL MATTERS AND PROCEDURES
- SURVIVORS ARE THE EXPERTS; FOCUS ON EMPOWERMENT
- SURVIVORS DETERMINE WHAT HEALING LOOKS LIKE

adapted from: http://iofa.org/wp-content/uploads/2019/04/IOFA-Pack-of-Fact-Sheets.pdf

Assessing for Safety: Trauma-Informed Risk Assessment

Understand survivor perspective and priorities



Work with survivor to strengthen comprehensive safety plan

Understanding the survivor's perspective and priorities

RISK ANALYSIS

- What risks exist because of the abusive behavior?
- What "risks" exist due to someone's every life, identities, marginalization…? (and how might they be utilized by the person being abusive?)
- What might the impact of staying or leaving be on those risks (the concept of TRADE-OFFS)
- What are the goals, concerns and hopes of the survivor?

Understanding the survivor's perspective and priorities

LIFE CIRCUMSTANCES

- What are the person's responsibilities to others in their lives?
- What resources does the person have or not have? Financial, social, spiritual, cultural, religious, educational, etc?
- What things feel most important to them?
  - In this moment
  - Longer term
  - Anywhere in between

Understanding the survivor's perspective and priorities

UNDERSTANING THE SURVIVOR'S PLANS

- What have they done in the past – what happened? What was the impact? On them? Others?
- Current decisions and plans
- What is the most important risk/issue/concerns to address….

*(**for our patient-*not* for us**!)*
Paying attention to if (when!) those two things are different…

Studies have identified factors that contribute to risk of grave harm*

Perpetrator

- Violent outside home
- Violent with children
- Threats to kill others
- Substance Use
- Suicidal Ideation and/or Attempts
- Obsessive, stalking behavior
- Strangulation
- Access to weapons

Survivor

- Taking steps to leave/flee
- Seeking help of any kind
- Pregnant
- Prior serious injuries
- Expressing concerns about safety
- Suicidal and/or Homicidal

**not an exhaustive list*

**these do not have to be present to have concerns for patient*

Adapted from Dr. Cristina Alexander

Elements to Safety Planning

What does the client want?

What are things the client can change or control?

What outside supports are available?

What information about resources and rights can be provided?

What plans can be designed to respond to threatening situations?

What is the survivor already doing to survive? *("What do you have to give up to be safe?")*

What can you do to augment support and connections that foster hope and empowerment?

Why do People Stay in Abusive Relationships?

What have you seen in practice or imagine to be the reasons?

a. Economic need

b. Housing/shelter

c. Self-blame/doubt/guilt

d. Kids, pets

e. Fear of escalated violence

Adapted from Dr. Cristina Alexander

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e. Fear of escalated violence

f. Partner's behavior is not one-dimensional

g. Fear of being alone

h. Love

i. The hope their partner will change (and/or they can change partner)

j. Lack of support from friends and family

k. Immigration status

... And many more reasons! Always consider the depth and spectrum of survivor's experiences and don't assume leaving is the goal.

Adapted from Dr. Cristina Alexander

Mandatory Reporting

- **Informed consent**: Always review the limits of confidentiality with your patient.
- Learn your **state's IPV reporting laws*** *www.futureswithoutviolence.org has complete list*
- Typical areas of concern:
  - Abuse of disabled person, elder, or child
  - Injuries from weapon (knife/gun)
  - **Not every incident involving domestic violence in a home where children live automatically necessitates filing*
- Recognize filing, though necessitated, may well escalate the situation. Include this in your safety planning process.
- Utilize consultation- importance of multiple perspectives

Adapted from Dr. Cristina Alexander

Image by Gerd Altmann from Pixabay

Documentation in IPV: Best Practices

DO:

- Discuss your documentation practices with your patient as part of informed consent
- Be objective and concise
- Describe what is *observed and reported by the patient*.
- Chart information relevant to the *current* care of the patient and explain the health effects or injuries related to the abuse
- Set off patient's words in quotation marks- using phrases such as patient "states" or "reports"
- If unsure about how to document, consult with local resource

AVOID:

- Terms like patient "claims" or "alleges"
- Legal jargon: alleged, perpetrator, assault, assailant, etc.
- Summarizing in conclusive terms: "patient is in an IPV situation" or "assault and battery."
- Adding IPV to the problem list
- Forgetting to click "unshare" if Open Notes
- Putting safety-oriented information like shelter name, etc. into the chart.

What Lies Ahead:

Promising Practice Developments in the IPV Field…

- ***Legal Progress*** (new Massachusetts law expanding restraining orders to include coercive control)

- ***Innovative Risk Analysis Predictors*** (AIRS Tool at Brigham and Women's Hospital)

- ***Increased Shelter Inclusivity*** (teenage boys, trans folks)

- ***Enhanced Supports for Culturally Responsive Services*** (national grants, etc)

Resources

- National hotlines:
  - DV: 1-800-799-SAFE
  - Sexual assault: 800-656-4673
- Use clinic phone (partner may monitor mobile)
- Local hospital social work or IPV counselors
- Websites:
  - *www.futures.withoutviolence.org*
  - National Coalition Against Domestic Violence
  - UpToDate

***Do not assume patients are ready to take any action-oriented steps. Offer these resources as options that can be available at any point should someone feel ready, and anything we can do to help to make them more accessible.*

Key Points/Take-Home Notes

1. Many people are affected by trauma, including IPV, *and lived identities and lived experiences can significantly impact both the impact and access to resources for survivors.*
2. Although clinicians often do not screen for IPV, screening and *creating a non-judgmental environment* can build trust and increase the possibility for future disclosure
3. Empowerment-based, trauma-informed approaches to interventions, response, and referrals can support people experiencing IPV

Next Steps

1. Integrate screening/inquiry for IPV into routine care
2. Recognize signs that might indicate higher risk of IPV
3. Develop a trauma-informed, culturally responsive system to respond to those experiencing IPV
4. Know your resources
5. Be confident that you offer a powerful intervention when you give your patients non-judgmental support with domestic violence.

Selected References

1. Substance Abuse and Mental Health Services Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
2. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Preventive Med 1998;14(4):245-258.
3. Smith SG, Zhang X, Basile KC, Merrick MT, Want J, Kresnow M, Chen, J. The National Intimate Partner and Sexual Violence Survey: 2015 Data Brief – Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2018.
4. Gerber MR, ed. Trauma-Informed Healthcare Approaches: A Guide for Primary Care. Switzerland: Springer International Publishing AG, 2019.
5. Lewis-O'Connor A, Warren A, Lee JV, Levy-Carrick N, Grossman S, Chadwick M, Stoklosa H, Rittenberg E. The State of the Science on Trauma Inquiry. Women's Health. 2019; 15: 174550619861234.
6. Leemis R.W., Friar N., Khatiwada S., Chen M.S., Kresnow M., Smith S.G., Caslin, S., & Basile, K.C. (2022). The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.