SCREENING FOR INTIMATE PARTNER VIOLENCE IN A COLLEGE HEALTH CLINIC

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LEARNING OBJECTIVES

1. Discuss the topic and scope of intimate partner violence (IPV) experienced by college students.
2. Describe the accuracy and utility of an IPV screening instrument in the college health setting.
3. Describe appropriate responses when patients report IPV, including referral to advocacy services and community resources.
2004 concluded evidence was insufficient to recommend for or against screening women for IPV.

2012 updated recommendation level B advised screening all women of childbearing age for IPV and to provide services (referral or intervention) for those who screen positive.
### Lifetime Incidence

<table>
<thead>
<tr>
<th>Region</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global</td>
<td>30%</td>
</tr>
<tr>
<td>Africa</td>
<td>36.6%</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>37%</td>
</tr>
<tr>
<td>European</td>
<td>25.4%</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>37.7%</td>
</tr>
<tr>
<td>The Americas</td>
<td>29.8%</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>24.6%</td>
</tr>
</tbody>
</table>

Approximately, 29% of women and 10% of men in the U.S. have experienced rape, physical violence, and/or stalking by an intimate partner.

LEgal History

Title IX
State Legislation
Clery Act
VAWA

FIGURE 1
Rate of intimate partner violence, by victim’s sex, 1994–2011

Rate per 1,000 persons age 12 or older

- Female simple assault
- Female serious violence
- Male serious violence
- Male simple assault

Note: Estimates based on 2-year rolling averages beginning in 1993. Serious violent crime includes rape or sexual assault, robbery, and aggravated assault. Intimates include current or former spouses, boyfriends, and girlfriends. See appendix table 1 for populations, counts, and rates, and appendix table 2 for standard errors.

*Due to methodological changes, use caution when comparing 2006 NCVS criminal victimization estimates to other years. See Criminal Victimization, 2007, NCJ 224390, BJS website, December 2008, for more information.

Researchers have been unable to agree on a definition of intimate partner violence. In some studies, IPV includes only acts that may cause pain or injury, while ignoring behaviors designed to control or intimidate, such as stalking, humiliation, verbal abuse, imprisonment, and denial of access to money, shelter, or services.

Intimate Partner Violence is physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

Four types—physical violence, sexual violence, threats of physical or sexual violence, and psychological/emotional violence.
GENDER PREVALENCE

99% of women who experienced intimate partner violence were victimized by men.

83% of males who experienced intimate partner violence were victimized by females.

From 1994 to 2010 four in five victims of intimate partner violence were female.

Young women 16-24 years highest risk for intimate partner violence.

### Violent victimization, by victim’s sex and victim-offender relationship, 2002–2011

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intimate</td>
<td>Nonintimate</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Serious violent crime</strong></td>
<td>34.6%</td>
<td>33.7%</td>
</tr>
<tr>
<td>Rape/sexual assault</td>
<td>9.6</td>
<td>8.3</td>
</tr>
<tr>
<td>Robbery</td>
<td>9.3</td>
<td>8.8</td>
</tr>
<tr>
<td>Aggravated assault</td>
<td>15.7</td>
<td>16.6</td>
</tr>
<tr>
<td><strong>Simple assault</strong></td>
<td>65.4%</td>
<td>66.3%</td>
</tr>
<tr>
<td><strong>Average annual violent victimizations</strong></td>
<td>805,700</td>
<td>2,336,830</td>
</tr>
</tbody>
</table>

Note: See appendix table 5 for standard errors.

*aIncludes former or current spouses, boyfriends, and girlfriends.

*bIncludes relatives, friends, neighbors, acquaintances, and strangers.

LGBT IPV

- Gay male and lesbian victims less likely than victims in opposite-sex couples to call police for help.
- Rates of physical partner violence victimization are higher among gay men than heterosexual men.
- Percentage of women who experience same sex IPV lower for lesbian women than for heterosexual women.

NATIONAL COLLEGE WOMEN SEXUAL VICTIMIZATION STUDY (NCWSVS)

- 4,446 women at 2-4 year colleges or universities
- Occurred between February and May 1997
- Telephone interview

## NATIONAL COLLEGE WOMEN SEXUAL VICTIMIZATION STUDY (NCWSVS)

<table>
<thead>
<tr>
<th>Type of Victimization</th>
<th>Victims</th>
<th>Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Victims</td>
<td>Percentage of Sample</td>
</tr>
<tr>
<td>Completed rape</td>
<td>74</td>
<td>1.7</td>
</tr>
<tr>
<td>Attempted rape</td>
<td>49</td>
<td>1.1</td>
</tr>
<tr>
<td>Total</td>
<td>123</td>
<td>2.8</td>
</tr>
</tbody>
</table>

National College Women Sexual Victimization Study (NCWSVS)

- 48.8% of women who met the legal definition of rape, did not consider the incident a rape.
- 90% of rape victims knew their assailant (classmate, friend, boyfriend, acquaintance).
- Most rapes occur in living quarters (off-campus is more common).
- Fewer than 5% of attempted and completed rapes were reported to law enforcement.

Injury and Violence Prevention

**IVP-33**  Reduce the proportion of students who report being physically assaulted within the last 12 months.

**IVP-39.1**  Reduce the proportion of students who report being in an intimate relationship that was physically abusive within the last 12 months.

**IVP-39.2**  Reduce the proportion of students who report being in an intimate relationship that was sexually abusive within the last 12 months.

**IVP-39.3**  Reduce the proportion of students who report being in an intimate relationship that was emotionally abusive within the last 12 months.
### 2014 NCHA SURVEY

<table>
<thead>
<tr>
<th>Incident</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Fight</td>
<td>9</td>
<td>3</td>
<td>4.8</td>
</tr>
<tr>
<td>Physical Assault</td>
<td>4</td>
<td>3</td>
<td>2.9</td>
</tr>
<tr>
<td>Verbal Threat</td>
<td>23</td>
<td>15</td>
<td>17.8</td>
</tr>
<tr>
<td>Sexual Touching</td>
<td>3</td>
<td>11</td>
<td>8.1</td>
</tr>
<tr>
<td>Sexual Penetration Attempt</td>
<td>1</td>
<td>4</td>
<td>3.3</td>
</tr>
<tr>
<td>Sexual Penetration</td>
<td>1</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>Stalking</td>
<td>3</td>
<td>7</td>
<td>5.2</td>
</tr>
<tr>
<td>Emotionally Abusive Intimate</td>
<td>5</td>
<td>10</td>
<td>8.1</td>
</tr>
<tr>
<td>Physically Abusive Intimate</td>
<td>2</td>
<td>2</td>
<td>1.8</td>
</tr>
<tr>
<td>Sexually Abusive Intimate</td>
<td>1</td>
<td>2</td>
<td>1.9</td>
</tr>
</tbody>
</table>

American College Health Association, Executive Summary 2014. Hanover, MD: American College Health Association
Nigeria's Stolen Girls / Botched Executions

TIME

THE CRISIS IN HIGHER EDUCATION

BY ELIZA GRAY

MAY 20, 2016
HOW TO FILE A COMPLAINT

Learn more about filing a complaint against your school.

SCHOOL-BY-SCHOOL ENFORCEMENT MAP

View resolution agreements and compliance reports by the U.S. Departments of Education and Justice evaluating institutions' compliance with Title IX, Title IV, and the Clery Act.
THE PLEDGE

This pledge is a personal commitment to help keep women and men safe from sexual assault.

It is a promise not to be a bystander to the problem, but to be a part of the solution.

I PLEDGE

To **RECOGNIZE** that non-consensual sex is sexual assault.

To **IDENTIFY** situations in which sexual assault may occur.

To **INTERVENE** in situations where consent has not or cannot be given.

To **CREATE** an environment in which sexual assault is unacceptable and survivors are supported.
It's On Us

It's On Us to...

- **Recognize**: that non-consensual sex is sexual assault.
- **Identify**: situations in which sexual assault may occur.
- **Intervene**: in situations where consent has not or cannot be given.
- **Create**: an environment in which sexual assault is unacceptable and survivors are supported.

What is It's On Us?

*It's On Us* is a cultural movement aimed at fundamentally shifting the way we think about sexual assault.

*It's On Us* is a rallying cry inviting everyone to step up and realize that the solution begins with us. It's a declaration that sexual assault is not only a crime committed by a perpetrator against a victim, but a societal problem in which all of us have a role to play. We are reframing sexual assault in a way that inspires everyone to see it as their responsibility to do something, big or small, to prevent it. We are asking everyone to create an environment, be it a dorm room, a party, a club or a workplace, to actively prevent sexual assault and support survivors.
RISK FACTORS FOR INTIMATE PARTNER VIOLENCE

Individual Risk Factors
• Low self-esteem
• Low income
• Low academic achievement
• Young age
• Aggressive or delinquent behavior as a youth
• Heavy alcohol and drug use
• Depression
• Anger and hostility
• Antisocial personality traits
• Borderline personality traits
• Prior history of being physically abusive
• Having few friends and being isolated from other people
• Unemployment
• Emotional dependence and insecurity
• Belief in strict gender roles (e.g., male dominance and aggression in relationships)
• Desire for power and control in relationships
• Perpetrating psychological aggression
• Being a victim of physical or psychological abuse (consistently one of the strongest predictors of perpetration)
• History of experiencing poor parenting as a child
• History of experiencing physical discipline as a child

Relationship Factors
• Conflict-fights, tension, and other struggles
• Instability-divorces or separations
• Dominance and control of the relationship by one partner over the other
• Economic stress
• Unhealthy family relationships and interactions

Community Factors
• Poverty and associated factors (e.g., overcrowding)
• Low social capital-lack of institutions, relationships, and norms that shape a community’s social interactions
• Weak community sanctions against IPV (e.g., unwillingness of neighbors to intervene in situations where they witness violence)

Societal Factors
• Traditional gender norms (e.g., women should stay at home, not enter workforce, and be submissive; men support the family and make the decisions)
Risk Factors

- Family History
- Peers
- Personal Belief
- Alcohol Use
- Psychological Factors

### Alcohol and drug use among defendants in intimate partner violence cases in 16 large counties, by charge type, May 2002

<table>
<thead>
<tr>
<th>Alcohol or drug use</th>
<th>All cases</th>
<th>Percent of defendants charged with a—</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Felony</td>
<td>Misdemeanor</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Defendant was using alcohol or drugs at the time of the incident</td>
<td>32.8</td>
<td>32.9</td>
<td>32.7</td>
<td></td>
</tr>
<tr>
<td>Alcohol only</td>
<td>28.6</td>
<td>28.0</td>
<td>28.7</td>
<td></td>
</tr>
<tr>
<td>Drugs only</td>
<td>1.8</td>
<td>2.5</td>
<td>1.6</td>
<td></td>
</tr>
<tr>
<td>Alcohol and drugs</td>
<td>1.0</td>
<td>1.7</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Other substance*</td>
<td>1.4</td>
<td>0.7</td>
<td>1.6</td>
<td></td>
</tr>
<tr>
<td>Defendant was not using alcohol or drugs at the time of the incident</td>
<td>67.2</td>
<td>67.1</td>
<td>67.3</td>
<td></td>
</tr>
<tr>
<td>Total cases</td>
<td>3,750</td>
<td>693</td>
<td>3,057</td>
<td></td>
</tr>
</tbody>
</table>

*Includes unknown substances.

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No cases reported.

*a* Includes stalking and harassment.

*b* Includes offenses such as kidnapping and false imprisonment/criminal confinement.
COLLEGE ALCOHOL AND SEXUAL VIOLENCE

- 44% of college students report binge drinking
- 72% of female students who experienced rape were intoxicated


Approximately 1 in 5 women report attempted or completed sexual assault while in college.

Freshmen and Sophomore women are at greater risk than Junior and Seniors.

The large majority of victims of sexual assaults are by men the victims know and trust.


Kreps et al. The Campus Sexual Assault Study 2001.
College Male Sexual Predators

- 6.4% Males Commit Sexual Assaults
- Average Six Sexual Assaults
- College Culture of Targeting Vulnerable Women

*Repeat Rape and Multiple Offending Among Undetected Rapists, Lisak 2002*
Cyberbullying

- Approximately half report during college via text messaging, email and websites

“Facebook Stalking”

- Approximately half report after breakup


Lyndon et al, College Students’ Facebook Stalking of Ex-Partners; CyberPsychology, Behavior and Social Networking, Vol 14, Number 12, 2011.
# IPV ASSOCIATED HEALTH CONDITIONS

## General Health
- Asthma
- Bladder/kidney infections
- Fibromyalgia
- Irritable bowel syndrome
- Chronic pain syndromes
- Central nervous system disorders
- Gastrointestinal disorders
- Joint disease
- Migraines/headaches

## Psychological
- Anxiety
- Depression
- Symptoms of post-traumatic stress disorder (PTSD)
- Antisocial behavior
- Suicidal behavior in females
- Low self-esteem
- Inability to trust others, especially in intimate relationships
- Fear of intimacy
- Emotional detachment
- Sleep disturbances

## Reproductive
- Gynecological disorders
- Pelvic inflammatory disease
- Sexual dysfunction
- Sexually transmitted infections, including HIV/AIDS
- Delayed prenatal care
- Preterm delivery
- Pregnancy difficulties like low birth weight babies and perinatal deaths
- Unintended pregnancy

## Social
- Restricted access to services
- Strained relationships with health providers and employers
- Isolation from social networks
- Homelessness

## Health Behaviors
- Engaging in high-risk sexual behavior
- Using harmful substances
- Unhealthy diet-related behaviors
- Overuse of health services
Shifting the Paradigm:
The Guide to Clinical Preventive Services

- “Gold-standard" recommendations from the U.S. Preventive Services Task Force
- 65 evidenced based recommendations intended to improve health outcomes in the US

Agency for Healthcare Research and Quality

800 358-9295
www.ahrq.gov
USPSTF Updated Recommendation

2004 concluded evidence was insufficient (level I) to recommend for or against screening women for IPV.

2012 updated recommendation level B advised screening all women of childbearing age for IPV and provide referral or intervention services for those who screen positive.

Affordable Care Act

• Preventive Health Services will be covered with no out-of-pocket cost
• HHS adopted IOM recommendation for preventive services for women including screening and counseling for interpersonal and domestic violence
• Required of all health plans starting August, 2012
Healthy Knight’s Checklist

PRINT CLEARLY: (First Name) (Last Name)  PID: 

B/P:  BMI: 

For first-time patients only: Did you complete the health history form online?  □ Yes  □ No

(If yes, skip questions 1 & 2.)

1. Please record if you have been hospitalized or had surgeries in the past (and year occurred):
   □ Appendectomy  □ Orthopedic Surgery  □ Tonsillectomy  □ Other: _____________

2. Please record any personal or family history of illnesses:

<table>
<thead>
<tr>
<th>Illness</th>
<th>Self</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease/Heart Attack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney or Liver Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression or Anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung Condition (i.e. Asthma)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Cholesterol screening is advised for persons 20 years of age and older who are at increased risk for coronary heart disease, including those with a history of diabetes, heart disease, high blood pressure, obesity (BMI>30), tobacco use, or have a family history of cardiovascular disease. If this applies to you, would you like your cholesterol checked?  □ Yes  □ No

4. If your B/P is greater than 135/80 you are at increased risk of Diabetes.
   If this is your blood pressure, would you like to be screened for Diabetes?  □ Yes  □ No

5. Have you smoked at least one cigarette in the past 30 days?
   If yes to above, are you interested in quitting?  □ Yes  □ No

6. Over the past two weeks, have you felt down, depressed or hopeless?
   Over the past two weeks, have you felt little interest or pleasure in doing things?  □ Yes  □ No

7. During the past two weeks have you had five or more (for men) or four drinks or more (for women) containing alcohol (beer, wine or liquor) in a row, on at least one occasion?
   In a typical week, do you drink on 3 or more occasions?  □ Yes  □ No

8. The CDC recommends all persons to be tested for HIV.
   Would you like an HIV test? (charges may apply)  □ Yes  □ No
   *Free HIV testing is available at Wellness & Health Promotion Services.

9. At age 21, women should start receiving regular cervical cancer screenings.
   Women 25 and younger are recommended to be tested for Gonorrhea and Chlamydia.
   Would you like a Women’s Health referral?  □ Yes  □ No

10. Does your current intimate relationship (dating/partner/spouse) involve emotional, physical, or sexual abuse (circle all that apply)?  □ Yes  □ No
    Are you currently a victim of stalking?  □ Yes  □ No

I authorize potential use of my de-identified information given in this prevention checklist for clinical research or studies. My name and other identifying information will not be used.

_____________________________  _________________________
Patient Signature  Date

_____________________________  _________________________
Provider/Nurse  Date
PREVENTION

Disease Onset

No Disease

Asymptomatic Disease

Secondary

Early Detection and Treatment

Symptoms - Illness

Tertiary

Reduce Complications

Critical screening point

Primary (DELTA)

Remove Risk Factors
Routine Healthcare Screening

• Condition that is
  – Prevalent
  – Harmful
  – Evidence-based screening tool
  – Detected at an early enough stage to prompt treatment to significantly improve health outcomes

• Screening tool should be
  – Brief
  – Easily understood and easy to administer
  – Inexpensive
  – High specificity and sensitivity
  – Routine administration, attempt to reach all patients

• Systems in place to respond to positive screens

IPV Case Finding

• “Red flags”
  – Physical findings (bruises, fractures, etc.)
  – Apparent mental health consequences (depression, anxiety, PTSD, substance abuse)
• Most women want their providers to ask about victimization.
• Asking questions raises awareness and empowers

Case Finding – “Red Flags”

• Ask questions as a caring and trusting ally
  – “Do you feel threatened by...”
  – “Are you afraid of your partner or anyone else?”
  – “Has your partner hurt or threatened you?”

• Responses:
  – “I am so sorry this is happening in your life, you don’t deserve this”
  – “It’s not your fault”
  – “I’m worried about your safety”
Routine IPV Screening Options

Consider USPSTF, psychometrics, written format, suitable P.C.

- **OAS**: Ongoing Abuse Screen
- **PVS**: Partner Violence Screen
- **STAT**: (face to face) Slapped, Threatened, and Throw
- **OVAT**: Ongoing Violence Assessment Tool
- **HARK**: Humiliation, Afraid, Rape, Kick
- **WAST**: Woman Abuse Screening Tool
  - **WAST Short Form**: 2 question
  - **WAST**: 8 question
- **HITS**: Hurt, Insult, Threaten, Scream (written or verbal)
Within the last year, have you been humiliated or emotionally abused in other ways by your partner or your ex-partner?

Within the last year, have you been afraid of your partner or ex-partner?

Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?

Within the last year, have you been kicked, hit, slapped or otherwise physically hurt by your partner or ex-partner?

*One point for every yes answer
Cut-off score 1 or more has 81% sensitivity and 91% specificity
McMaster Violence Against Women Research Group

- Optimal Screening method
  - Self-completed (computer and written)
  - Verbal (face to face interview)
- 2 instruments: PVS (3 question) v. WAST (2 question)
- Women ages 18 – 64, n= 2,602
- 3 health care settings: ED, FP, Women’s Health
- Written/computer patient preferred over face-to-face
  - 12 month prevalence 4% (FP & WH), 17% (ED)
  - PVS and WAST similar validation with CAS (30)
    - Sensitivities (49.2% and 47.0%)
    - Specificities (93.7% and 95.6%)

1. In general how would you describe your relationship?
   □ A lot of tension □ Some tension □ No tension
2. Do you and your partner work out arguments with:
   □ Great difficulty □ Some difficulty □ No difficulty
3. Do arguments ever result in you feeling put down or bad about yourself?
   □ Often □ Sometimes □ Never
4. Do arguments ever result in hitting, kicking, or pushing?
   □ Often □ Sometimes □ Never
5. Do you ever feel frightened by what your partner says or does?
   □ Often □ Sometimes □ Never
6. Has your partner ever abused you physically?
   □ Often □ Sometimes □ Never
7. Has your partner ever abused you emotionally?
   □ Often □ Sometimes □ Never
8. Has your partner ever abused you sexually?
   □ Often □ Sometimes □ Never

Endorsing either question 1 or 2 (“a lot of tension” or “great difficulty”) met the criteria for IPV. Questions 3 to 8 were not used in this determination.
USPSTF - IPV Upgrade 2012

- Update IPV Screening recommendation from **level I to B**
- Screening can accurately identify women experiencing IPV
- Effectiveness trials have important limitations, and the only ones with positive outcomes for reducing IPV and related health problems involved pregnancy-related populations
- Only two effectiveness trials that did not involve pregnancy related patients
  - **MacMillan**, et al. Largest RCT. No difference between screened and unscreened in HC settings
  - **McFarlane**, et al. Randomized trial. Referral card v. 20-minute Nurse Case Manager protocol
- USPSTF conclusion: Additional high-quality studies are needed to definitively reveal the benefit of screening, including optimal screening options in specific populations.

• Primary RCT to upgrade USPSTF grade B
• Aim: Does screening for IPV in healthcare settings reduce violence or improve health outcomes for women?
• Conducted in ED, FP, WH clinics in Ontario Canada
• N=6743 participants age 18-64. 18 month follow-up
• Screen full WAST (never-0, sometimes-1, often-2)
  – Cut-off score 4 or more, out of possible 16
• Randomized to screening before or after the health care visit
  – IPV prevalence screening group 13%
  – IPV prevalence no-screen group 12%

MacMillan Continued

• Major limitation—High sample attrition rate 43% (screened) and 41% (non-screened)
• No significant difference between 2 groups in IPV recurrence or quality of life at 18 mo.
• Hawthorne Effect: Both screened and non-screened had reduction in IPV occurrence, mental health problems, improved quality of life
• Final conclusion: insufficient evidence to support universal IPV screening in health care settings in absence of effective interventions to reduce or prevent IPV
• Need development effective interventions to prevent IPV
Assess comparative IPV incidence, safety outcomes, and resources following 2 levels of intervention

- N=360 women who screened positive for IPV, 2 year follow-up
- Two levels of intervention
  - Abuse assessment and referral card
  - Same and 20-minute Nurse Case Manager protocol
- Both groups reported significant decrease of IPV, but no significant difference between the two groups
- Conclusion: “Assessment and referral information alone is an important intervention as effective as specific secondary intervention”
Adverse Effects of IPV Screening

• Possible adverse effects were reported in 3 trials used for USPSTF 2012 recommendation.
  – Discomfort with screen
  – Loss of privacy
  – Worries about provoking abuse by disclosing IPV
  – Feelings of sadness, depression, distress
  – Feeling judged by the provider
  – Disappointed in provider’s response
  – General concerns with IPV screening

• USPSTF concluded “screening has minimal adverse effects”
What We Know About IPV Screening

• IPV screening recommended by USPSTF, AMA, ACOG, AAFP, ACHA
• IPV is a substantial and prevalent public health problem
• Multiple brief validated screening options
• Self-administered screening method preferred over face to face
• Relatively safe, few adverse effects, no reprisal violence
What We Don’t Know About IPV Screening

• The best screening tool in the college health population?
• Appropriate interval for screening
• Most effective clinician response to positive screen or intervention
• Best method of referral
• Development of effective interventions to reduce or prevent IPV
HITS Screening Tool to Detect IPV in a College Health Clinic

FIRE Research Project, IRB approval Feb. 8, 2014
Blake Sellers, MS1, UCF College of Medicine
Faculty mentor: James F. Schaus, M.D.
Co-investigators: Michael Deichen, M.D.
Lisa Newberry, ARNP
Ordella Hawkins, ARNP
Christine Mouton, Director UCF Victims Services
HITS (written and scored)

• How often does your partner:
  – **H**urt you
  – **I**nsult you or talk down to you
  – **T**hreaten you with harm
  – **S**cream or curse at you
• Scored 4-20 (1-never; 2-rarely; 3-sometimes; 4-fairly often; 5-frequently)
• Validity tested in FP setting with cut score >10
  had sensitivity 96% and specificity 91%

HITS: A Short Domestic Violence Screening Tool for Use in a Family Practice Setting. *Fam Med* 1998;30(7):508-12
HITS (yes/no format)

• Does your partner:
  – Hurt you physically yes □ no □
  – Insult or talk down to you fairly often yes □ no □
  – Threaten you with harm yes □ no □
  – Scream or curse at you fairly often yes □ no □

• Yes to one or more is a positive screen

• Study compared HITS (Score>10) to HITS yes/no

• Same patients comparing 2 formats

• 83% of patients had same result

• Correlation consistent across all 4 questions

UCF - HITS “yes/no”

- Adopted HITS “yes/no” written format (patients prefer written over verbal)
- Brief, no scoring (providers prefer)
- Fits “yes/no” format of HKC prevention screen
- Screening all patients presenting to single PC pod and WH clinic
UCF - Response to Positive Screen

Providers trained in response to positive IPV screen:
• Acknowledge the patients admission of abuse and thank them for trusting you with this information
• Express concern about their safety
• Link the patient to Victim’s Advocate Services by offering:
  - UCF VA card with 24/7 hotline number 407 823-1200
  - Immediately available VA intervention
• National Domestic Violence Hotline: 1-800-799-SAFE
• Screen patient for coexisting depression, anxiety, substance abuse
• Simply asking about IPV, even if negative response, may prompt reconsideration if relationship is healthy
What Clinician Should **NOT** Do

Do not tell patients what they **must** do
For example “You need to leave”

Potential for injuries and harm, including lethal injury
Only trained VA are qualified to help victims determine their own best course to safety
Secondary Assessment- VA

- UCF VA in WH clinic conducted “Relationship History” Assessment with willing positive participants
  - 33 questions appropriate for college population
- Other options to validate screening instruments
  - CTS-2. Conflict Tactics Scale - Revised (Western Psychological Services)
  - CAS. Composite Abuse Scale. 30 questions (Hegarty 1999)
## UCF IPV Data

### IPV HITS Data Collection

<table>
<thead>
<tr>
<th></th>
<th>Total HITS Distributed</th>
<th>HITS Declined</th>
<th>Total HITS Completed</th>
<th>Negative HITS</th>
<th>Positive HITS</th>
<th>Prevalence Positive HITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care</strong></td>
<td>281</td>
<td>5</td>
<td>276</td>
<td>275</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td><strong>Women's Clinic</strong></td>
<td>1,550</td>
<td>44</td>
<td>1,506</td>
<td>1,486</td>
<td>20</td>
<td>1.3%</td>
</tr>
</tbody>
</table>
UCF IPV Data

Correlation of HITS to “Relationship History” in 3 positives seen by VA

<table>
<thead>
<tr>
<th></th>
<th>Total Positive HITS</th>
<th>Gender</th>
<th>Declined Meeting VS</th>
<th>Met w/ VS</th>
<th>% Met w/ VS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care</strong></td>
<td>1</td>
<td>Male</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Women's Clinic</strong></td>
<td>20</td>
<td>Female</td>
<td>17</td>
<td>3</td>
<td>17.7%</td>
</tr>
</tbody>
</table>
Utilizing the NCHA in a College Health Clinic to Screen for IPV

FIRE Research Project, 2015
Blake Sellers, MS1, UCF College of Medicine
Faculty mentor: James F. Schaus, M.D.
Co-investigators: Michael Deichen, M.D.
Lisa Newberry, ARNP
Ordella Hawkins, ARNP
Christine Mouton, Director UCF Victims Services
NCHA IPV Screening Questions

- Within the past year, were you a victim of stalking (e.g., waiting for you outside your classroom, residence hall or office, repeated phone calls/texts/emails/social media posts)? Yes No
- Within the past year, have you been in an intimate relationship (dating/partnered) that was emotionally abusive (e.g., called derogatory names, yelled at, or ridiculed)? Yes No
- Within the past year, have you been in an intimate relationship (dating/partnered) that was physically abusive (e.g., kicked, slapped, punched)? Yes No
- Within the past year, have you been in an intimate relationship (dating/partnered) that was sexually abusive (e.g., forced to have sex when you didn’t want it, forced to perform an unwanted sexual act on you)? Yes No

- Declined to meet w/ V. Advocate today, but provided V. Advocate info
- Met with V. Advocate
**IPV Screening**

Total screened

1992

- 1792 (90%) Negative
- 200 (10%) Positive

- *115 (57.5%) Emotionally Abused*
- *99 (49.5%) Victim of Stalking*
- *26 (13%) Sexually Abused*
- *17 (8.5%) Physically Abused*

9 of the 200 (4.5%) Met with the Victim’s Advocate

*Numbers include multiple responses from more than one participant*
Relative Positive Screens Between Clinics

- Women's Clinic: 35.5% (71)
- Primary Care: 64.5% (129)
IPV Prevalence Women's Clinic & Primary Care

- Women's Clinic: 71, 9.7%
- Primary Care: 129, 10.2%
Comparison NCHA and UCF Research

UCF NCHA Total: 15.3%
UCF IPV Research: 13.0%
2014 Campus Safety Survey at UCF

- 18.4% of 104 male students (1 in 5) and 35.7% (1 in 3) of 294 female students in the survey reported experiencing at least one form of physical, sexual, or stalking victimization while enrolled at UCF
- Among the 294 female students surveyed, 20.1% reported sexual victimization, 18.1% reported stalking, and 10.9% reported physical victimization while enrolled at UCF
- Among 104 male students surveyed, 9.6% reported physical victimization, 6.8% reported stalking, and 5.8% reported sexual victimization while enrolled at UCF

-Dr. Adam Pritchard, Assistant Professor, UCF Department of Sociology
Figure 4.1--Do you personally know of someone (other than yourself) who has experienced ____ while that person was attending UCF?

- Sexual Assault
- Physical Assault
- Stalking
- Shot at or Threatened with Gun

0% 5% 10% 15% 20% 25% 30% 35%

**Definitely Yes**  **Probably Yes**
2-part question NCHA IPV screen

Does your current intimate relationship (dating/partner/spouse) involve emotional, physical, or sexual abuse (circle all that apply)?
Yes  No

Are you currently a victim of stalking?
Yes  No
Future IPV Screening and Interventions

• USPSTF: “Additional high-quality studies are needed to define the benefit of screening in specific populations”
• New screening tools tested in college population
• Computerized screening (preferred, higher disclosure)
• Add IPV screen to other assault questions in WH history
  – Have you ever been a victim of physical or sexual assault?
  – Has anyone ever forced you to have sex?
• Interventions tailored to college population
  – Enhancing social support - IPV victims often socially isolated
  – Individualized case management, mentoring
  – On-campus easily accessible Victims Services
  – Imbedding VS in Health or Counseling Center
  – Co-occurring substance abuse treatment
Resources

• National Domestic Violence Hotline
  - www.thehotline.org 1-800 799-SAFE
• Futures without Violence
  - www.futureswithoutviolence.org
• National Resource Center on Domestic Violence
  - 1-800 537-2238
• National Network to End Domestic Violence (state dv coalitions)
  - www.nnedv.org
Questions???

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