Thank you for joining us!

The webinar will begin momentarily…

Please provide your name and organization/location in the Chat Box.
How to Ask a Question During the Webinar

In order to ask the presenter(s) a question during the webinar, simply enter your question into the Q & A box at the bottom of the pod and click the button to the right.
Our Mission

NCUIIH is a national membership non-profit organization devoted to the support and development of quality, accessible, and culturally-competent healthcare services for American Indians and Alaska Natives living in urban settings.
Behavioral Health GPRA Community of Learning Series

Session II: Evidenced-Based Intimate Partner Violence Screening and Interventions

November 13, 2019
Welcome to our Community of Learning

Thank you for joining us!

Today’s Community of Learning will be led by…

Erica Gourneau RN BSN SANE- is an enrolled member of the Turtle Mountain Band of Chippewa Indians (Belcourt, ND). She graduated in 2007 from the University of North Dakota with a Bachelor of Science in Nursing and since then has worked in several communities within the Great Plains Area as an emergency room nurse, sexual assault nurse examiner, and nurse administrator. Erica took on a new role with IHS headquarters in May of 2017 as the National Forensic Nurse Coordinator. She now works to expand access to forensic health care for all AI/AN people through assistance with forensic health care training to healthcare providers and providing technical assistance to forensic health care programs.
Evidenced-Based Intimate Partner Violence Screening and Interventions

November 13th, 2019: 2 EST
Objectives

Upon completion of this learning activity, participants should be able to:

• Discuss current recommendations regarding IPV screening

• Identify pertinent groups of patients that may be at higher risk for experiencing IPV

• Recognize at least four Intimate Partner Violence screening tools

• Compare available IPV screening tool features and pertinent considerations for clinical use
IPV Screening Recommendations

• Update in Progress: May 2018
  o No change in general recommendation
  o Instruments found to be reasonably accurate: HARK, HITS, E-HITS, PVS, WAST
  o Interventions: Ongoing support services that focused on counseling and home visits, addressed multiple risk factors (not just IPV), or included parenting support for new mothers.
  o Potential Harms of Screening/Intervention Research: Total of 7 research studies, rated as good or fair quality, found no harm for either screening or intervention services.

Who do we target and why?

Universal Education:

- Acknowledges that violence is common across all age groups and genders
- Although most data relates to female victimization, AI/AN men as well as patients in bisexual or same-sex relationships experience IPV and other forms of violence at higher rates than National averages.
- It is effective
- Promotes peer-to-peer intervention, extends reach of supportive resources beyond nurse-patient interactions


Who do we target and why?

- Pregnancy: Especially for adolescent patients, unplanned pregnancy, financial hardship, enter healthcare system in 2\textsuperscript{nd} or 3\textsuperscript{rd} trimester
- STD/HIV: Any incidence, as well as repeat treatment of
- Alcohol and Substance Abuse Positive
- Suicide Attempts
- Parents of Under-Immunized Children


## IPV Screening Tools Summary

<table>
<thead>
<tr>
<th>Screener Name and Questions</th>
<th>Scoring</th>
<th>Setting And Population</th>
<th>Sensitivity and Specificity</th>
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<tbody>
<tr>
<td><strong>HITS</strong> How often does your partner: (1) Physically hurt you? (2) Insult you or talk down to you? (3) Threaten you with harm? (4) Scream or curse at you?</td>
<td>5-point Likert scale: never (1 point) rarely (2) sometimes (3) fairly often (4) frequently (5) Scores ≥10.5 are positive For Spanish version, cutoff score=5.5</td>
<td>Tested in women and men Tested in Hispanic and African-American women Spanish version tested</td>
<td>Sensitivity and specificity tested with optimal data analysis and also compared to CTS and ISA Sensitivity: 30%–100% (30% in study with men) Specificity: 86%–99%</td>
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<td><strong>WAST</strong> (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, or no difficulty? (#3–#7 response options: often, sometimes, never) (3) Do arguments ever result in you feeling down or bad about yourself? (4) Do arguments ever result in hitting, kicking, or pushing? (5) Do you ever feel frightened by what your partner says or does? (6) Has your partner ever abused you physically? (7) Has your partner ever abused you emotionally? (8) Has your partner ever abused you sexually?</td>
<td>WAST-SF consists of the first two questions only; positive if “a lot of tension” and/or “great difficulty”</td>
<td>Tested in white, African-American and Latina women Spanish version tested</td>
<td>WAST compared to CAS Sensitivity: 47% Specificity: 96% WAST-SF plus injury location compared to self-report of IPV Sensitivity: 92% Specificity: 56% One study tested sensitivity and specificity of the WAST-SF plus the PVS, plus injury location</td>
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<td><strong>PVS</strong> (1) Have you been hit, kicked, punched, or otherwise hurt by someone in the past year? If so, by whom? (2) Do you feel safe in your current relationship? (3) Is there a partner from a previous relationship who is making you feel unsafe now?</td>
<td>Positive response to any question denotes abuse</td>
<td>Women and men with a range of ethnicities and SES</td>
<td>Sensitivity and compared to the CTS, ISA, and CAS: Sensitivity: 35%–71% Specificity: 80%–94% PVS plus injury location compared to self-report of IPV: Sensitivity: 79% Specificity: 80% One additional study by the same authors tested sensitivity and specificity of the WAST-SF plus the PVS plus injury location</td>
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<td>Danger Assessment 20 items assess a woman’s potential danger of homicide by an intimate male partner. DA-5 Short form DA-R 18 items</td>
<td>Varies by form: Full form requires training-weighted scoring for some items DA-5: Yes answer to three or more is positive result</td>
<td>Abused women in the community, battered women shelters, prenatal clinics, and primary care clinics. African-American, white, and Hispanic women Same-sex female relationships</td>
</tr>
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</table>
Clinical Factors to Consider

- Time to complete the screening
- What type of IPV: Physical, sexual, emotional/psychological, reproductive coercion
- Healthcare provider training


IHS Policy: Danger Assessment

IHM Part 3 Chapter 31

- **Danger and Lethality Risk Assessment.** A danger and lethality risk assessment shall be conducted following the disclosure of IPV to establish a standard and consistent framework for the evaluation of assault risk. When faced with concerns about patient safety and mandated reporting requirements, contact your OGC regional attorney (refer to [Section 3-31.4](#)).

- **Strangulation.** Poses significant morbidity and mortality risk. All facilities shall develop detailed policies and procedures in the clinical care of patients with strangulation histories.
IHS Policy: IHM Part 3 Chapter 31

Be Ready to Intervene:
- Safety Plans
- Victim Advocacy Contact Information
- Shelter Contact Information
- Forensic Examination Referral
Additional Considerations

• Safety of Home Visiting Setting
  - Healthcare Organization Policy
  - Clear guidelines regarding interventions
  - PHN Team Visiting

• Mandatory Reporting
  - There is no federal mandate to report IPV or DV when the victim is an independent adult. However, jurisdictions vary. Know state and tribal laws. Consult OGC for additional guidance.
  - Abuse involving a minor or vulnerable adult is reportable.

• Self-Determination
  - Provider frustration when a patient does not leave a violent relationship: Barriers


Patient Education Resources

• Futures Without Violence: https://secure3.convio.net/fvpf/site/Ecommerce/15587835?FOLDER=0&store_id=1241

• Stronghearts Native Helpline http://www.strongheartshelpline.org/resources/

• Mending the Sacred Hoop http://mshoop.org/resources/brochures/

• Department of Homeland Security-Blue Campaign https://www.dhs.gov/blue-campaign/share-resources
Interventions: Safety Planning

From Look to End Abuse Permanently (LEAP): Safety plan.
Additional Training Resources


**Tribal Forensic Healthcare (www.tribalforensichealthcare.org)**

- **Evolution of the Danger Assessment** on October 18th, from 11:00 am to 12:30 pm ET. Tribal Forensic Health Care will host this educational webinar regarding the effective use of the Danger Assessment in a clinical setting.
- **IPV Screening On-Demand Course**: Covers abbreviated training on Danger Assessment, how to document in EHR, safety planning, and referral
Tribal Forensic Health Care
• IHS funded educational platform accessible through: www.tribalforensichealthcare.org

• Offers on-demand on-line courses and past archived webinars for healthcare professionals working with American Indian and Alaska Native populations:
  – Forensic Photography
  – Suspect Exams
  – IPV Screening
  – Creation of SART in Tribal Communities
  – Historical Trauma in Tribal Communities
• Offers on-line certification courses for Registered Nurses, Advanced Practice Registered Nurses, Physician Assistants, and Doctors (MD/OD):
  – Sexual Assault Examiner-Adult/Adolescent
  – Pediatric Sexual Assault Examiner
  – Intimate Partner Violence Examiner

• In-Person Clinical Skills Experiences:
  – Adult/adolescent: Colorado Springs, CO: 2-day experiences
  – Pediatric: Our Kids (Nashville, TN), Driscoll Children’s Hospital (Corpus Christi, TX), and Alaska Child Abuse Response and Evaluation Services (Anchorage, AK)

• Monthly Pediatric Peer Review Virtual Meetings
  – Secure virtual space for staff conducting pediatric forensic exams
  – Review cases and provide professional support/feedback regarding practice
Intimate Partner Violence: GPRAMA

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INTIMATE PARTNER VIOLENCE/DOMESTIC VIOLENCE (IPV/DV) SCREENING
GPRAMA: Intimate Partner Violence/Domestic Violence (IPV/DV) Screening (No Refusals)
Intimate Partner Violence: GPRAMA

NATIONAL (included in National GPRA/GPRAMA Report; reported to OMB and Congress)

IPV/DV Screening-Defined as at least one of the following:

IPV/DV Screening
- Exam code 34
- BHS IPV/DV exam

IPV/DV Related Diagnosis
- POV, Current PCC or BHS Problem List ICD-9: 995.80 through 83, 995.85, V15.41, V15.42, V15.49; ICD-10: T74.11XA, T74.21XA, T74.31XA, T74.91XA, T76.11XA, T76.21XA, T76.31XA, T76.91XA, Z91.410 [BGP DV DXS]
- SNOMED data set PXRM BGP IPV DV DX (Problem List only)
- BHS POV 43.*, 44.*

IPV/DV Patient Education
- Patient Education codes containing “DV-” or “-DV”, 995.80 through 995.83, 995.85, V15.41, V15.42, V15.49 [BGP IPV/DV EDUC DXS], or SNOMED 3027571011, 3027627017, 371772001, 406138006, 412732008, 429746005, 431027007, 432527004

IPV/DV Counseling
- POV ICD-9: V61.11; ICD-10: Z69.11 [BGP IPV/DV COUNSELING ICDS]
Manuals-

- [https://www.ihs.gov/crs/includes/themes/responsive2017/display_objects/documents/crsv19/SelectedMeasuresV190.pdf](https://www.ihs.gov/crs/includes/themes/responsive2017/display_objects/documents/crsv19/SelectedMeasuresV190.pdf)
Possible Actions to Reach Goals

• Universal IPV Education:
  o Influenza Immunizations Clinics
  o Physical Examinations
  o Pediatric Immunization Clinics

• Targeted IPV Screening and Education:
  o STD Testing and Treatment/Repeat
  o Pregnancy Evaluation/Emergency Contraception Repeat Use
  o Drug or Alcohol Abuse-Positive
Actions to Reach Goals: Technical

• Ensure GPRA community accuracy
• Contact technical advisors with NDW to ensure data capture is giving credit for all screening, diagnosis, and education
• Use ICARE or RPMS to identify all missed opportunities and perform outreach to those patients
Actions to Reach Goals: Technical Assistance and Training

Urban facilities needing additional information and/or training may contact Rick Mueller at the Urban Indian Health Program (UIHP) at 301-443-3787. Urban facilities using RPMS who need technical assistance should contact IHS IT Support.

For questions regarding GPRA, contact any member of the National GPRA Support Team.

Carolyn Pumares, 916-930-3981 ext. 308
Christine Brennan, 916-930-3981 ext. 333
Questions? Discussion?

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Sign up for the IHS Forensic Healthcare Listserv:
https://www.ihs.gov/listserv/topics/signup/?list_id=251