Implementing In-Clinic Screening and Counseling for Intimate Partner Violence

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PROJECT AIM

To improve consistency and quality of screening and management of IPV at the Children’s Hospital Immunodeficiency Program (CHIP) in order to enhance the quality of our HIV primary care services and improve the health outcomes of the PLWH that we serve.

BACKGROUND AND PROBLEM STATEMENT

Intimate partner violence (IPV) is both a risk factor for HIV infection and a contributor to poor health outcomes among individuals living with HIV. Across several studies, the rate of IPV among HIV-positive women (55%) was double the national rate, and the rates of childhood sexual abuse (39%) and childhood physical abuse (42%) were more than double the national rate. IPV is associated with faster disease progression, as well as increased risk behaviors that lead to perinatal and behavioral/sexual HIV transmission. In order to effectively provide high-quality primary HIV care, it is essential that we mitigate the effects of IPV, which often culminate in sub-optimal engagement and adherence outcomes among our patients.

REFERENCES

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CHALLENGES & BARRIERS

• Finding time to complete during social work visit
• 1st visit not ideal
• Other urgent client priorities
• Partners present during virtual visits

LESSONS LEARNED & FUTURE PLANS

• These activities ensure that our practice is optimally prepared to engage in evidence-based IPV screening and support services using a trauma-informed approach.
• Assess provider readiness to respond to IPV through survey and compare to other clinics.
• Collect feedback and adjust protocol accordingly.
• Consider trial of self-administered IPV screening using electronic format (e.g., iPad).

METHODS

Population: People living with HIV
Setting and Dates: Children’s Hospital Immunodeficiency Program (CHIP), serving children, adolescents, and young adults living with HIV. Analysis included data collected between July 2020 and May 2022.

Intervention: Authors created a comprehensive screening and response protocol employing the CUESS Intervention. The protocol used evidence-based research from IPV Health Partners and Futures without Violence. The entire clinic staff was trained, and social workers conducted screening.

RESULTS

Table 1: Proportion of eligible clients receiving relationship education & IPV Screenings

<table>
<thead>
<tr>
<th>Month</th>
<th>Total number of clients</th>
<th>Screened for IPV</th>
<th>Healthy relationship education</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
</table>
| Nov-21  | 63                      | 54               | 63                             | 84| 133%
| Feb-22  | 54                      | 41               | 54                             | 54| 100%
| May-22  | 54                      | 41               | 54                             | 54| 100% |

Figure 3: Cumulative Number of clients receiving healthy relationship education and IPV Screening

Figure 4: IPV Disclosed through Screening

CHI clinic rates of IPV among HIV-positive clients (47.5%) are higher than the national rate of IPV among the general population of women (35.6%). These rates are similar to national estimates of IPV among HIV-positive women (55%). A potential limitation in these estimates is that 100% of clients were not surveyed and there may be selection bias to screen those assessed to be at a higher risk of IPV. Furthermore, national estimates discriminate based on gender.

Figure 1-2: CHIP-CUESS Intervention Social Work Visit

Futures Without Violence (2017)