EXPLORATORY ANALYSIS OF DISCLOSURE TRENDS AMONG VICTIMS OF INTERPERSONAL VIOLENCE

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An Interpersonal Violence (IPV) Program has been progressively developing due to strong support from an accredited Level 1 Trauma Center in a tertiary care public safety net health system. In 2012, the organization implemented innovative policies for universal screening for DV across the health system. Every patient who seeks healthcare across all portals of entry is asked the question: “Does anyone at home hurt, hit, or threaten you?” This single screening question is intended to identify current victims of DV without specifying a relationship or using stigmatizing language (e.g., abuse).

Patients’ responses to the universal screening question are captured in an electronic health record (EHR) across all inpatient and outpatient sites. For those who disclose DV, the Victim Intervention Program (VIP)/Rape Crisis Center provides 24/7 crisis response.

A working group representing the Trauma Department and the VIP/Rape Crisis Center has been developed to improve screening and services for all victims of interpersonal violence.

The purpose of this analysis was to identify patterns of disclosure among patients seeking healthcare using an episodic convenience sample of patients’ responses to a universal DV screening question extracted from an EHR.

Positive patient responses to the DV screening question were extracted from the EHR for all inpatient and outpatient encounters during July 2016. Patients’ responses to previous screenings were also examined, including screens occurring within the same admission and/or recent admissions. Data analysis was conducted using descriptive statistical analysis to identify patterns in disclosure.

In July 2016, 127 patients screened positive for DV in response to the organization’s use of a universal DV screening question across inpatient and outpatient areas. Initial results of this analysis include. 52% of positive DV patient screens occurred in the Emergency Department, 48% of positive DV patient screens occurred in both outpatient and inpatient areas, 77% of positive DV patients had previously negative screens (denial/endorsement screening pairs), 22% of patients with positive DV screens did not have previous negative screens, 80% of patients with denial/endorsement screening pairs had their previous negative screen within the same year (2016) with 34% of those patients having their previous negative screen within the same month and 63% of those patients with denial/endorsement screening pairs were female while 37% were male.

Initial findings from this exploratory study demonstrate that patient responses to a DV screening question may vary on a temporal basis across each episode of care, even within a short timeframe. While the use of this universal screening question improved access to care for more DV victims and the electronic archiving of patients’ responses provided opportunities to explore patterns in victims’ disclosure, it also highlighted some inconsistency in administration of the question.

While these findings may suggest ambivalence experienced by DV victims in deciding upon disclosure, further
examination of this data may also provide insight into victims’ reasons for seeking healthcare as they navigate a personal journey of deciding to disclose and seek care. Reasons for variance in responses may include patient variables (e.g., not viewing relationship as harmful, not comfortable or ready to disclose, changes in relationship status), environmental variables (e.g., family member or visitor being present or lack of privacy during screening), or staff variables (e.g., discomfort asking about DV/SV, lack of rapport, staff training). Additionally, the screening question itself may lack validity and reliability in effectively identifying victims.

Initial results of this study have resulted in further advancement of Parkland’s Assessment for Relational Trauma (PART) initiative, including: understanding of DV victims’ disclosure patterns, inspiring momentum for further investigation to identify patterns of both DV disclosure and occurrence, and aspiring for the ultimate goal of improving care for DV/SA victims in a healthcare setting.