NATIONAL CURRICULUM IN REPRODUCTIVE PSYCHIATRY

Posttraumatic Stress Disorder and Trauma
Intimate Partner Violence
Clinical Vignette
Facilitator's Guide

Contributors
Jody Glance, MD, University of Pittsburgh School of Medicine
Elizabeth Albertini, MD, Icahn School of Medicine at Mount Sinai Hospital

Pre-Assessment Learning

• Alhusen J, Ray E, Sharps P, Bullock L, Intimate Partner Violence During Pregnancy: Maternal and Neonatal Outcomes, J Womens Health (Larchmt). 2015 Jan 1; 24(1): 100–106. doi:10.1089/jwh.2014.4872

• Bailey Beth A, Partner violence during pregnancy: prevalence, effects, screening, and management, Int J Womens Health. 2010; 2: 183–197.

Session

- **Clinical Vignette (5 min): Read vignette aloud**
- **Case Discussion (10 min): Encourage participants to ask questions – what else would they like to know?**
- **Small Group Activity (35 min): Participants divide into small groups (ideally 3-4 per group, but can adjust based on group size) to discuss the questions below**
- **Large Group Discussion (10 min): Participants re-convene in the large group, with each group sharing a key take-home point from their discussion**

Learning Objectives

1. The learner will be able to describe the prevalence of IPV in the general population and amongst pregnant women.
2. The learner will understand how to interview and screen for IPV
3. The learner will understand the different types and progression of IPV
4. The learner will appreciate the sequelae of IPV as it relates pregnancy
5. The learner will implement effective interventions in management of patients with IPV

Clinical Vignette

Ms. S is a 26 year old Hispanic woman, with one child, age 2, and currently 17 weeks pregnant. She is referred to you by her OB for evaluation of depressive symptoms. On exam, she reports struggling with low mood for almost a year. She reports periods of tearfulness and intense anger, mixed with sadness and feelings of hopelessness and helplessness. She notes that she sometimes tosses and turns for hours at night, and finds herself anxious during the day. She tends to worry about the care of her small child, her finances and her relationship with her boyfriend. When you ask her more details about her boyfriend she becomes quiet. She tells you that initially she found comfort in her relationship, noting that after only one date, he was immediately protective of her and the baby (he was not the FOB of her first child). Given that her previous relationship ended when she disclosed her pregnancy, Ms. S was grateful that she had found someone so supportive. However, after a few months, her partner began to get jealous and possessive, questioning her whereabouts any time she was out of the house. Ms. S believes he may have followed her a few times. Ms. S grows tearful when you ask about any physical abuse in the relationship. She reports a few occasions when she has been unable to reassure her partner about her love for him, causing him to push her or strike

her across the face. She denies ever seeking medical attention and feels that he didn't mean to hurt her, but just didn't know how to express himself another way.

What else would you want to ask Ms. S? What concerns do you have?
Facilitator elicits the following:

- Abuse towards children:
  - When you clarify, Ms. S denies that the physical abuse has occurred since she told him she was pregnant. Ms S denies that her 2-year-old has ever witnessed her boyfriend striking her. She states the child has always been sleeping in the other room when such fights have occurred. To her knowledge, there have never been incidences of abuse towards her child. Ms S does mention that she had a miscarriage over the summer before this pregnancy.
- Thoughts about harm to herself:
  - Ms S denies thoughts of wanting to hurt herself. She does however report that at times she grows very angry with herself, wishing she was stronger and could stand up for herself. She denies ever hitting back.
- Ability to care for her child:
  - Ms S does report that after fights with her partner she gets more withdrawn and typically turns the tv on for her daughter as she can't cope with interacting with her.
- Previous abusive relationships:
  - Ms S reports that her previous partner also was abusive. She notes that she seems to have a pattern of "picking the wrong guys".
- Family history of abuse:
  - Ms S denies that her mother ever hurt her growing up. However, her mother's boyfriend when she was young used to get abusive after he drank.
- History of drugs or alcohol:
  - Ms S denies ever using drugs or alcohol. She drinks occasional at parties but never to the point of blacking out. She tried smoking when she was a teenager but didn't like it.
- Sexual Trauma:
  - Ms S denies that she has ever been attacked or had any sexual trauma as a child. She grows uneasy when you ask her if she has ever been forced to have sex with her current partner when she didn't want to. She responds by saying "it's not like we're not in a relationship"
- Medical Complications:
  - Ms S denies that she is aware of any problems with her pregnancy
- Feelings about her pregnancy:
  - She reports that she is excited about having another child, but also worries about her partner hurting her again, once she is no longer pregnant

Small Group Discussion Questions

1. What are the major domains of IPV?
Facilitator elicits the following:

a. Physical: Hitting, slapping, punching, shoving, biting, use of weapons, choking

b. Psychological/emotional: threats of violence, intimidation, humiliation, controlling behaviors, social isolation, stalking, forcing person to engage in illegal activities, forcing person to engage in substance use

c. Sexual: forcing or coercing into any sex act the person does not want to participate in, sabotaging use of contraception, coercing pregnancy, intentionally infecting with STD

d. Review the "Power and Control Wheel"
(This material is copyrighted. Go to https://www.theduluthmodel.org/wp-content/uploads/2017/03/PowerandControl.pdf to download and use with the discussion.)

2. What are some of the common sequelae of IPV are you concerned about?
Facilitator elicits the following:

a. Physical injury, homicide, suicide

b. Mental health problems

i. Post-traumatic Stress Disorder

ii. Major Depressive Disorder

iii. Substance Use Disorders

iv. Eating Disorders

v. Post-partum depression

vi. Insomnia

vii. Low self-esteem

viii. Suicide

c. Physical health problems

i. Neurological: Migraines, fibromyalgia/pain symptoms, cognitive impairment from brain injury or chronic stress

ii. Gastrointestinal: Irritable bowel, GERD, peptic ulcers, chronic abdominal pain

iii. Reproductive: decreased or absent libido, chronic pelvic pain, unintended pregnancy, STDs, PID

iv. Other: asthma, bladder/kidney infections, autoimmune flare-ups, weight changes

d. Effects on offspring i. Pregnancy and neonatal: poor prenatal care, low birth weight, infections, substance exposure in utero, miscarriage, stillbirth

ii. Children and adolescents: problems with bonding and attachment, somatic complaints, bedwetting, aggressive behaviors, school problems, social interaction problems, early sexual activity, high risk sexual behaviors, psychiatric disorders (as named above)

3. What population(s) of people are important to screen for IPV?

Facilitator elicits the following:

a. American College of Obstetricians and Gynecologists – Universal Screening

i. Screen all pregnant patients at 1st prenatal visit, once per trimester, and postpartum visits

ii. Screen all non-pregnant patients at every routine gynecological visit, as well as family planning and pre-conception visits

b. US Preventive Services Task Force - Universal screening of all women of childbearing age

c. Same-sex partners/LGBT population (Bisexual women appear to be at highest risk, but all LGBT groups are at higher than average risk)

d. Populations at higher risk:

i. Pregnant women

ii. Partner with a substance use disorder

iii. History of childhood physical, sexual or psychological abuse

iv. Controlling, angry or hostile partner

v. Social isolation

4. How would you approach asking the patient about IPV?

Facilitator elicits the following:

a. Normalization

i. “We are talking to all of our patients about how safe they are feeling at home and in their relationships, because intimate partner violence is so common.”

ii. “How are you feeling about things in your relationship? Would you say it’s a healthy relationship?”

b. Assure confidentiality

i. “Anything we discuss is confidential. I will not tell your partner, child services, or any agencies about what we discuss. The only things I would have to report are if your life (or someone else’s

life) is in danger or if your children are being harmed." ii. Know your state's laws about reporting. Some states require reporting certain acts of violence such as being hurt with a weapon or firearm or children witnessing IPV. Resources that can help: (https://www.acf.hhs.gov/sites/default/files/fysb/state_compendium.pdf; https://www.annemergmed.com/article/S0196-0644(02)75698-9/pdf)

c. Ask directly without interrogating

i. Pattern: How long? How frequent? When was the most recent event?

ii. Ask about severity: What is the most serious event that has occurred? Any use of weapons, choking/strangling, threats to kill you/loved ones or threats of suicide?

iii. Escalation: Have the events become more severe or more frequent?

iv. Access to weapons: Does your partner own or have access to firearms or other weapons?

v. Substance Use: Does your partner misuse alcohol or other drugs?

vi. Children: Has your partner ever harmed or threatened to harm the children (including biological, step-children, foster children)?

d. Validate her experience

i. Show empathy - BELIEVE WHAT SHE TELLS YOU and don't use words like "alleged," "supposed," etc.

ii. Listen actively and make reflective statements to demonstrate you hear her perspective

e. Provide education and support

i. Assure her she is not alone and this is not a rare event

ii. Inform her that IPV tends to continue and become more severe over time

iii. Inquire about the common sequelae listed above, including physical and health problems and risky behaviors

iv. Discuss a safety plan (see below in *Interventions* section)

f. Offer resources including counseling services, hotline numbers and advocacy resources, and ask her if she'd like to reschedule another appointment to discuss further

g. If she denies IPV

i. Make it clear you are concerned, but don't interrogate. Let her know you are always available to talk and she can call or make another appointment at any time.

ii. Inquire again at the next visit. Get into the habit of asking patients on multiple occasions, as circumstances change and/or they may eventually feel comfortable disclosing.

5. What are some of the barriers to asking about IPV?

Facilitator elicits the following:

a. Lack of knowledge on how to screen

b. Concerns about offending the patient

c. Unsure how to address a positive screen

d. Insufficient time to screen during the appointment

6. What are some ways these barriers can be removed or decreased?

Facilitator elicits the following:

a. Introduce educational and training modules in IPV for medical students, residents, social workers, therapists and other mental health and physical health care providers

b. Develop a strong therapeutic alliance with the patient prior to asking questions about IPV

c. Ensure a safe environment when asking about IPV: Do not allow the partner into the room during the examination, do not ask the patient about IPV when they are undressed, assure the patient that what he/she says is confidential (in accordance with state laws)

d. Consider pairing up with a colleague to help each other free up time whenever IPV needs to be addressed

7. What interventions or other action steps would you consider?
Facilitator elicits the following:

a. Creating a safety plan
    i. Identifying a safe place to go (shelters, family or friends home)
    ii. Buying a spare phone if you share one with your partner
    iii. Memorizing phone numbers of family, friends and helplines
    iv. Organizing important documents and medications in a safe place so they are ready to take if you decide to leave
    v. Hiding extra car keys if you will need to use the car to escape
    vi. Documenting evidence of abuse if you have any medical records, etc in a safe place such as a USB drive
    vii. Items to do after you've left
        • Contact police and get a restraining order
        • Change all your passwords for online accounts

b. Therapy
    i. Supportive therapy, support groups

c. Documentation
    i. Legal reporting varies by state

Large Group Discussion

Ask each group to share the top 2 or 3 take-home points from their discussion

Facilitator's take home messages:

a. IPV can encompass many domains including physical, sexual, psychological

b. Major health care organizations such as ACOG and the USPSTF encourage universal or wide-spread screening of individuals for IPV

c. Interactions with women suspected of being victims of IPV should be approached with empathy, given a forum to discuss with interrogating, and support provided through safety planning or appropriate referrals and documentation

Resources

• National Domestic Violence Hotline: **800-799-SAFE (7233)** *(Ask your patients to memorize this number rather than write it down where an abuser can find it.)*

• National Sexual Assault Hotline: 800-656-HOPE (4673)

• Futures Without Violence: The National Health Resource Center on Domestic Violence 888-792-2873 www.futureswithoutviolence.org

• National Resource Center on Domestic Violence: 800-537-2238 www.nrcdv.org

• Rape, Abuse & Incest National Network secure online chat https://www.rainn.org

• National Dating Abuse Helpline: 866-331-9474 www.loveisrespect.org *(This website is a good resource for teens and young adults.)*

References

Reporting laws
https://www.acf.hhs.gov/sites/default/files/fysb/state_compendium.pdf
https://www.annemergmed.com/article/S0196-0644(02)75698-9/pdf