Assessing the Content and Context Used by Health Professionals to Screen for Intimate Partner Violence at the First Obstetric Visit
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Introduction. One in four women in the United States will experience intimate partner violence (IPV) during their lifetime. Although obstetricians report high rates of IPV screening, patient disclosure remains below the estimated prevalence. Prior qualitative studies suggest communication approaches may influence patient disclosure. This project aims to describe the content and style of provider screening for IPV in the initial obstetric visit and describe the relationship between screening and disclosure of IPV.

Hypothesis. We hypothesize that more direct and descriptive IPV screening questions are associated with increased IPV disclosure.

Methods. We recruited pregnant patients and obstetric providers and audio-recorded first obstetric visit interviews at a hospital-based clinic in Pittsburgh, PA. All recordings were transcribed and separately coded in an iterative fashion by two coders. Codes were: 1) direct IPV screening–using words that clearly address IPV such as “abuse” and “violence”; 2) indirect screening–using words without clear association with IPV (e.g. “Are you safe at home?”); 3) detailed screening–at least three separate categories of IPV are stated in the question (e.g. physical, sexual, emotional, financial); 4) repeated screening–provider asks two or more screening questions in multiple contexts within the interview; and 5) no screening.

Results. Recordings from 248 first obstetrics visits were obtained with 50 obstetrics providers. IPV screening occurred in 95% of visits, and the majority (57%) of these visits included only direct screening questions. Solely indirect screening questions were used in 25% of interviews and the remaining 13% included a mixture of both direct and indirect questions. Providers repeated screening in 17% and utilized detailed questions in 10% of visits. Patients disclosed IPV in 70 (28.2%) visits; however, disclosure was not positively associated with any of the screening types. All provider types mostly utilized direct screening, and there was no association between patient race and type of screening question used. Nurse midwives were the clinicians most likely not to screen at visits (6/40, 15%); however, they also had one of the highest patient disclosure rates (14/40, 35%) along with third year obstetrics residents (22/60, 37%). Certified nurse practitioners always screened but had one of the lowest rates of disclosure at visits (5/26, 19%). IPV screening tended to occur following questions regarding past medical history, medications, and exposures that increase risk to the pregnancy such as varicella, chemical, and x-rays.

Conclusions. This project has been able to describe providers’ use of different types of screening questions for IPV in an obstetric setting. That nurse midwives prompted a greater rate of disclosure despite screening less frequently suggests that simply the words used may not elicit disclosure, but that instead another facet of the interaction such as conversation tone or rapport plays a larger role in IPV disclosure.