

If we don't ask, we don't know

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Sexual Health Quarters





Old news



- **1 in 3** with a disability experienced **emotional abuse** from a partner
- **1 in 4** experienced **emotional abuse** by a current or former partner
- **1 in 6** experienced **physical or sexual violence** by a current or former partner
- **1** was **killed** by a partner every **9 days**

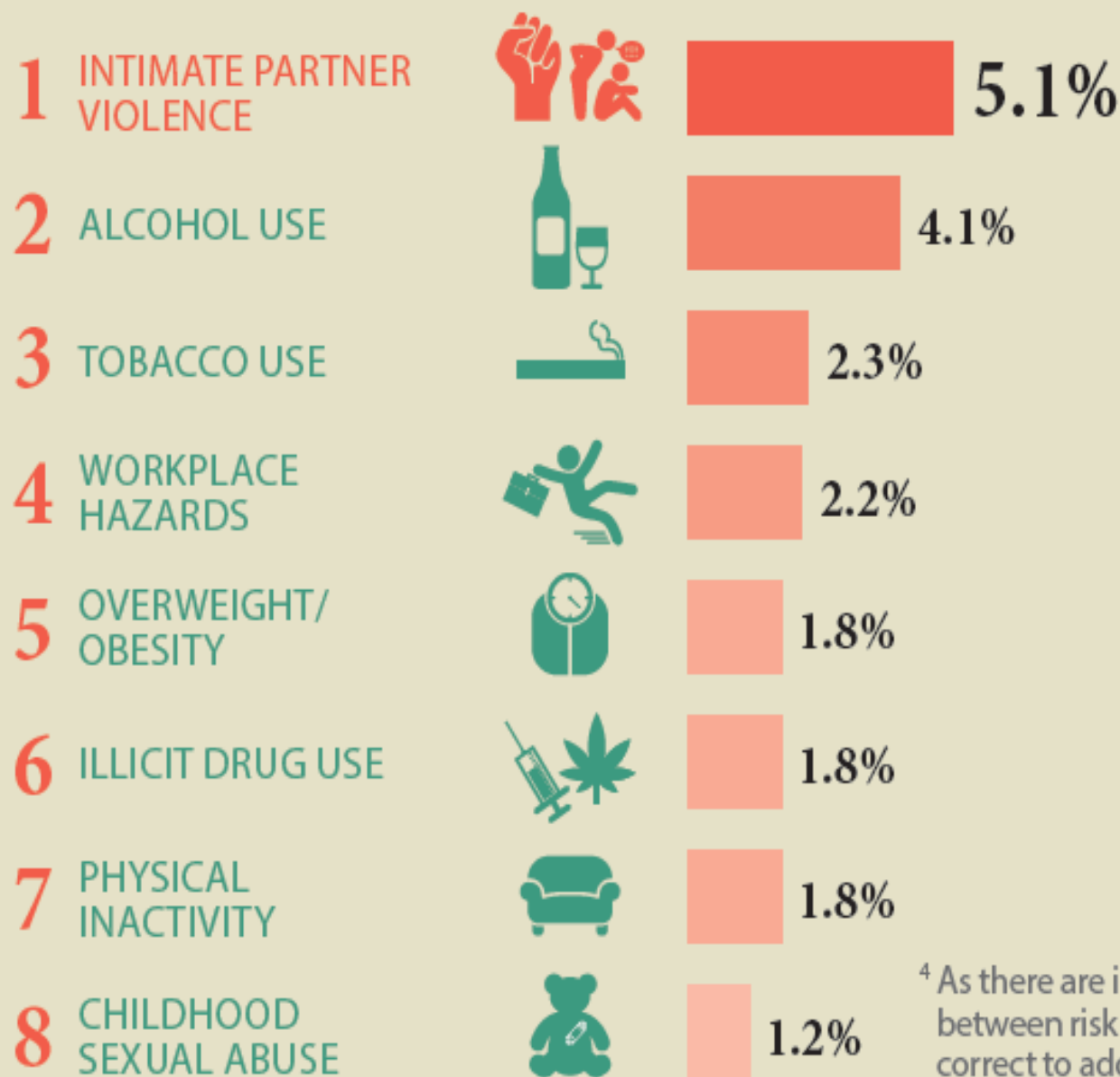
- **1 in 5** with a disability experienced **emotional abuse** from a partner
- **1 in 7** experienced **emotional abuse** by a current or former partner
- **1 in 16** experienced **physical or sexual violence** by a current or former partner
- **1** was **killed** by a partner every **29 days**

Health impacts on women

- Depressive disorders
- Anxiety disorders
- Self-inflicted injuries
- Alcohol use disorders
- Early pregnancy loss

- Death

Top 8 risk factors contributing to disease burden in Australian women aged 18-44 years⁴ (% estimate)



⁴ As there are interactions between risk factors, it is not correct to add them together.

Reproductive Coercion

- Interference with reproductive autonomy that denies a woman's decision-making and access to options
- 1 in 7 women
- CaLD and ATSI are over represented
- 3x times more likely to experience suicidality

*“ I don’t see many women in my practice
who live in a violent relationship”*

- **5 women a week:** some form of intimate partner abuse
- **2 out of 5 :** severe intimate partner abuse

Hegarty K, Taft A. Overcoming the barriers to disclosure and inquiry of partner abuse for women attending general practice. Aust NZ J Public Health 2001;25:433–7

Hegarty K. What is intimate partner abuse and how common is it? In: Roberts G, Hegarty K, Feder G, editors. Intimate partner abuse and health professionals: new approaches to domestic violence. London: Elsevier, 2006. p. 19–40



- time constraints
- feel awkward
- don't know how to approach the subject
- don't know what to do with the situation
- don't know how to help
- don't know where to refer people to



- Would disclose if asked
- Want GP to raise issue
- GP just needs to be compassionate
- supportive and respectful
- GP to assure of privacy, safety and confidentiality issues

Hegarty K, Taft A. Overcoming the barriers to disclosure and inquiry of partner abuse for women attending general practice. Aust NZ J Public Health 2001;25:433–7.

Feder GS, Hutson M, Ramsay J, et al. Women exposed to intimate partner violence: expectations and experiences when they encounter health care professionals: a meta-analysis of qualitative studies. Arch Intern Med 2006;166:22–37.

WHO/RHR/14.26

Health care for women subjected to intimate partner violence or sexual violence

A clinical handbook





Aims

- Feasibility of routine screening for IPV and RC
- Prevalence of IPV and RC among SHQ clients
- Link between IPV/RC and sexually transmitted infections
- Link between IPV/RC and unintended Pregnancies

Screening Tool

1. Has a partner ever put you down, humiliated you or tried to control what you can or cannot do?
2. Has a partner ever hurt or threatened to hurt you?
3. Has a partner ever placed pressure on you to become pregnant when you didn't want to?
4. Has a partner ever pressured you to use birth control when you wanted to become pregnant?
5. Has a partner tried to influence your decision to continue with a pregnancy when you wanted an abortion, or to have an abortion against your will?

CLIENT INTAKE AREA

CLIENTS ONLY

**No partners or
family members
please**

Once you have completed your
forms, please return to the
reception desk.





Brief Risk Assessment

1. Are you experiencing this from a current partner?
2. Do you feel safe to go home now?
3. Are you worried for the safety of your children?
4. Would you like help now with your situation?

Preliminary results

- 440 women consented to study (68%)



Women that screened positive



42% were aged between
20 and 29 years



84% identified as
heterosexual

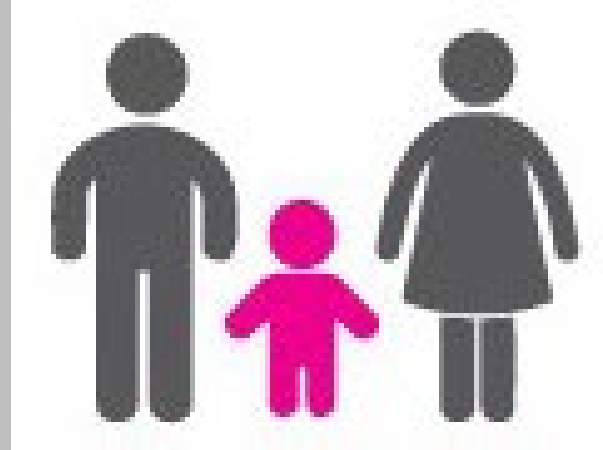


52 % from high
socio-economic background

Risk assessment



16% current relationship



1.3% worried for safety of children

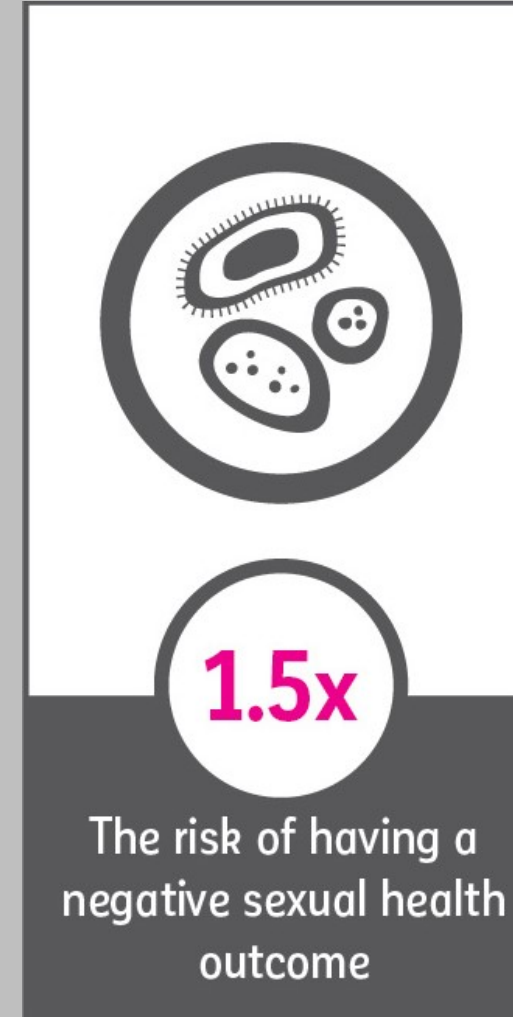


17% emergency appointments



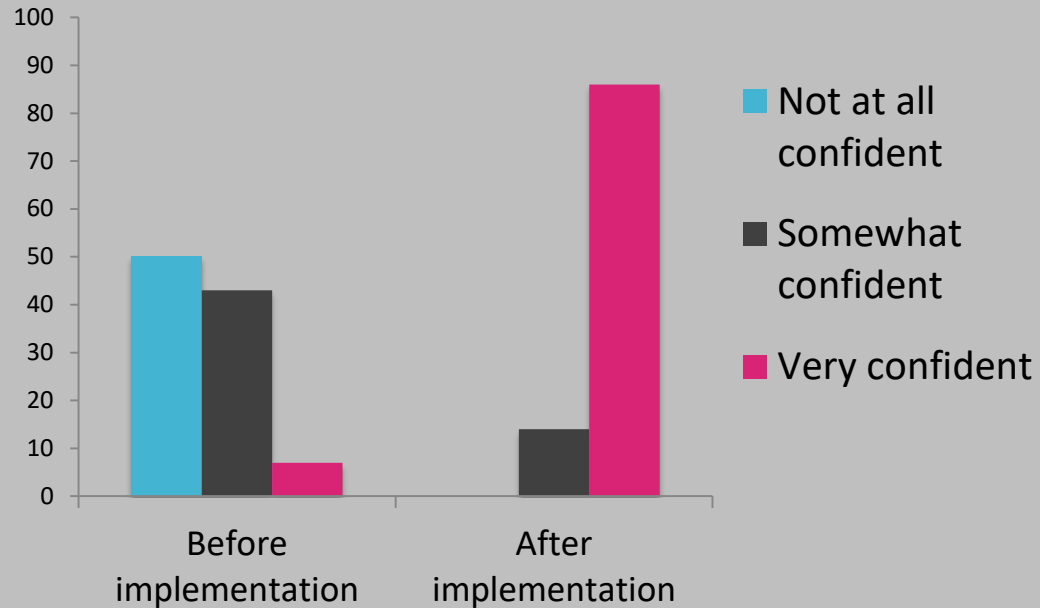
19% counselling on a different day

Negative sexual health outcomes

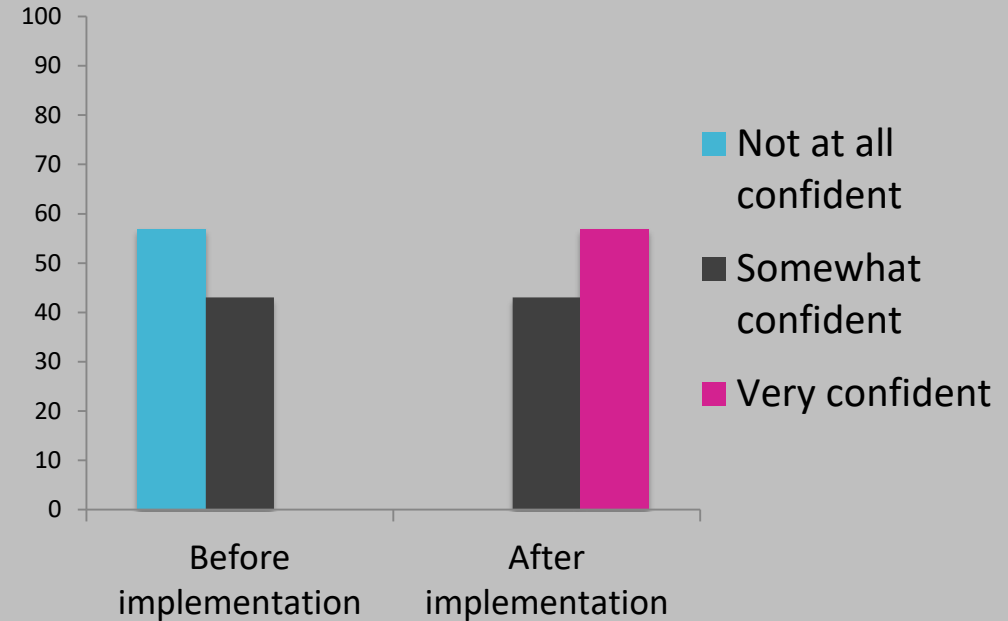


Feedback from clinicians

Asking women about IPV/RC



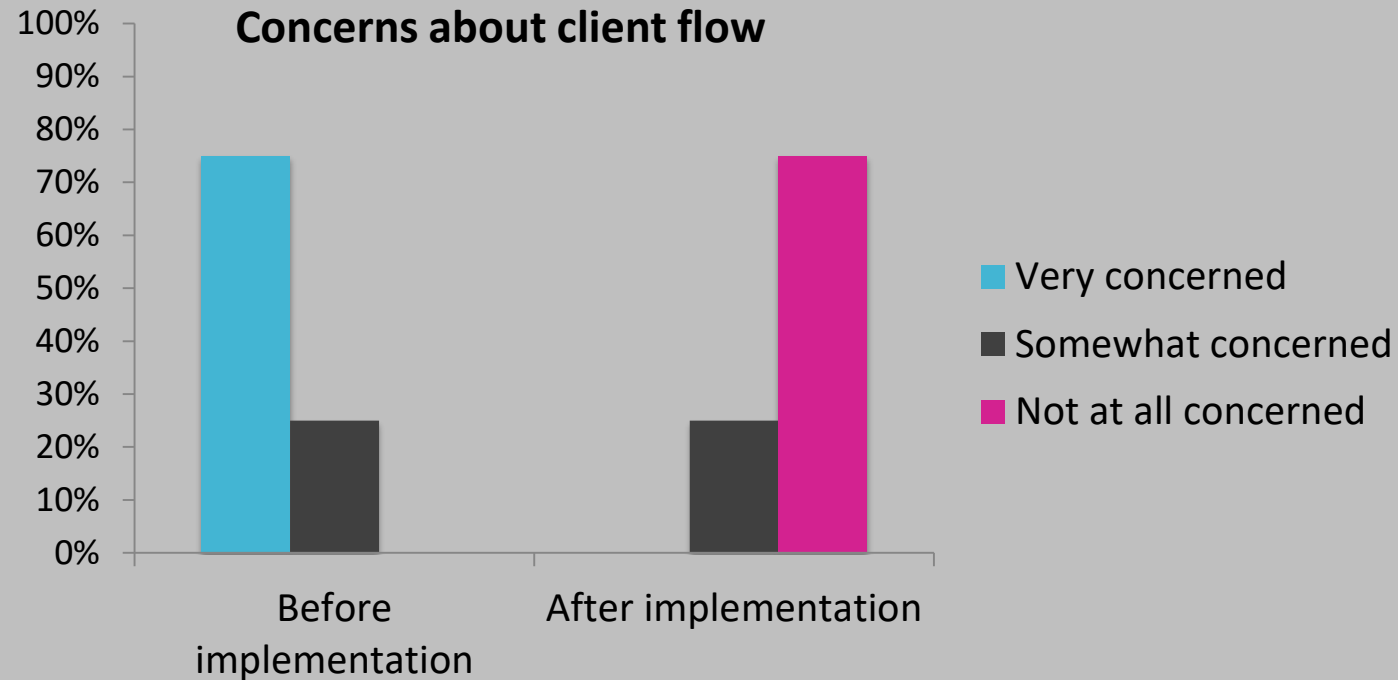
Assisting women who disclose IPV/RC



93% feel that it is very important to screen for IPV/RC

93% recommend that other primary care providers introduce IPV/RC screening

Feedback from reception staff



100% feel that it is important that clients are asked these questions

100% think that implementation of the screening tool was a positive step

Feedback from our clients

- **100%** agree with universal routine screening at SHQ
- **96%** find it acceptable to answer questions on paper

I think it's a wonderful way of supporting women and putting them in touch with resources and counselling. I admire the initiative. Thank you.

Having the paper made it easier for me to open up.

I think it's great that there is still this level of care available.

Im so glad you are doing this!
I especially approve of it being done on paper(...).

It's super important, thanks for doing it.

Limitations

- Preliminary results
- The majority of women that screened positive were no longer with the abusive partner
- Unable to prove causal relationship between intimate partner violence/reproductive coercion and unintended pregnancy and STI

Lessons learned

- Logistically possible to implement routine screening of IPV/RC
- Screening approved by consumers, clinical and admin staff
- High prevalence of IPV/RC among SHQ clients
- High demand for same-day counselling appointments
- ? Link between IPV/RC and negative sexual health outcomes

Recommendations

- More research
- Compulsory modules for GPs in training
- Inclusion of identification and response to FDV in medical school curriculum
- GP practices to modify their lay-outs
- Give it a go!

Thank you