Video Transcript: Universal Education and Screening for Intimate Partner Violence in a Reproductive Health Setting: A Demonstration

Speaker 1: This video was produced by the Reproductive Health National Training Center, RHNTC. Universal Education and Screening for Intimate Partner Violence in a Reproductive Health Setting: A Demonstration. Staff and providers often directly ask clients about intimate partner violence or IPV, but data tell us that disclosure rates tend to underrepresent the true number of clients experiencing IPV.

And we know that clients may have a number of different reasons why direct disclosure is hard. Using evidence based IPV screening has been the standard of practice in most reproductive health programs for decades. Before we learn about a different approach to IPV screening, let's take a look at two examples of how evidence based IPV screening can look.

Description Narrator: The scene changes to a nurse speaking with a client. The client appears relaxed.

Speaker 2: So, everything looks great. I was reviewing your medical history and I saw that maybe you didn't have enough time to complete all of the questions that were on the form. So, I wanted to ask you, have any of your current sexual partners made you feel threatened or afraid?

Speaker 3: No, not at all.

Speaker 2: Okay, good. Have any of your current sexual partners hit, choked, or physically hurt you?

Speaker 3: No.

Speaker 2: Have any of your current sexual partners forced you to do something that you didn't want to do sexually, or refused your request to use condoms?

Speaker 3: Not even.

Speaker 2: Okay, good. I'm glad, it sounds like you're in safe relationships. I did notice there were some other questions on the form that were left blank, so I just wanted to check in with you about those as well.

Description Narrator: The scene changes to a different nurse and client conversation. The client stares at the wall and floor, fidgeting with her hands.

Speaker 4: I was reviewing your medical records and I saw that maybe you didn't have enough time to complete all the questions. Is that something you missed, or something you wanted to talk to the clinician about?

Speaker 5: Oh, sorry, I just missed that one. So no, there's nothing going on.

Speaker 4: Okay, great. Then I will just check no for you on the question.

Speaker 5: Thanks.

Speaker 4: Yeah, no problem.

Speaker 1: We just saw two different approaches to screening for IPV, both of which were based on a provider or staff member directly asking the client about IPV. As you saw, neither of these scenarios resulted in disclosure. How often do you get a disclosure of domestic violence or intimate partner violence? Daily, weekly, monthly, quarterly? Likely, based on the research, most of you are seeing very low disclosure rates.

We know young adult women using family planning clinics report higher rates of IPV compared to their same age peers in some settings as high as 53%. So, we know IPV is taking place at much higher rates than clients disclose in our settings. Research shows that about 64% of transgender individuals report sexual assault in some point of their lives.

Speaker 1: Let's consider why disclosures may be difficult for clients. Research tells us it's a myriad of things. Feelings of shame, concerns about child welfare involvement. and concerns about judgment on the part of the provider. In rural settings, clients may have concerns about who will find out or confidentiality. Lastly, long-standing issues for clients of color that have experienced racism within the health system, and have a distrust of medical services generally. Given the realities of low disclosure rates and recognition of the barriers for disclosures, how might we enhance the work we have been doing to address IPV in reproductive health?

Universal education prompts providers to give information about and resources for IPV to all clients without first requiring disclosure. This approach normalizes the prevalence of IPV and how to access help for yourself or others. Let's look at a different approach that can enhance your IPV screening.

Description Narrator: The scene changes to another nurse speaking to a client. The client is relaxed with a neutral expression.

Speaker 6: Before you go, I want to share these cards with you that I give to all my clients. I give everyone two so that you have information for yourself and that you can share one with a friend. We all know someone who has struggled in a relationship, and we weren't sure how to help them. So, it talks about relationships and what we deserve in them. Respect, kindness, no pressure to have sex. And it talks about situations with partners who may try to hurt or control you. Now on the back, there's a number for a free, anonymous, 24/7 text line, where you can text to get information or talk about relationships. Is this something that you'd be interested in taking a look at or taking a photo of?

Speaker 7: Yeah, this is good. Yeah, I actually know someone who might really need this, so, thanks.

Speaker 1: In this session, we saw the provider offer information to a client upfront, without needing the client to disclose first. This is what we call universal education, giving information to all clients upfront without requiring disclosure, since many people who could benefit from the information might not feel safe or be ready to disclose. It took about 45 seconds. Let's consider why this might be empowering for the client.

What happens when we frame the intervention around two cards so we can help others? Research tells us that this approach normalizes the encounter for the client. By not having the focus solely on them, they can feel free to take the information, even if it is for themselves. We also know that treating clients as allies who can help others, is something that can be profoundly beneficial and meaningful for our clients.

The client feels respected by the provider, so this approach has multiple benefits. Every client gets resources they may use for themselves or may use to help others. And providers have a sense they may be increasing their own impact as a result. It ensures everyone leaves with resources, even if they can't or don't feel comfortable sharing their stories with us.

This approach puts power in the hands of the client. Disclosure stops being the trigger for referral and universal education assures that every client has referrals. Learn more at RHNTC.org. Developed by RHNTC, the Reproductive Health National Training Center and Futures Without Violence.