Experience of introducing screening for Intimate Partner Violence and Reproductive Coercion in a community sexual health clinic

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Introduction

The World Health Organisation recommends targeted screening for intimate partner violence for people attending health care settings who have sexual and reproductive health concerns, such as repeated STIs or unintended pregnancies[1].

Sexual Health Quarters (SHQ) provides sexual and reproductive health care in central Perth, and commenced screening of all patients for intimate partner violence (IPV) and reproductive coercion (RC) in 2019, after 9 months of preparatory work.

Findings

Of 2623 consenting female clients at SHQ, 17% had been exposed to IPV and/or RC. A majority (61%) of these patients had been seen previously at SHQ, but their exposure to IPV/RC had not been identified during previous visits.

99% of **clients** supported screening for IPV/RC. Comments included:

> ***I'm so glad you're doing this! I especially approve of it being done on paper when the patient is separated from anyone accompanying them.***

Reception staff had concerns about screening, but these reduced significantly with time. Despite concerns, 100% considered it important to ask patients about IPV and RC. Comments included:

> ***While there was a small amount of clients that seemed disgruntled when presented with the IPV screening tool, overall I believe positive effect far outweighs the negative***.

Clinicians initially had limited confidence asking patients about IPV and RC, but confidence rapidly increased, with 12% very confident prior to implementation, and 94% very confident by 4 months after implementation. Their comments included:

> ***Felt very supported…knowing had back up of organisation and counselling staff. In other settings it is difficult as there is not always a clear pathway of referral or resources available to assist staff in helping patients***

Main steps

Development and testing of screening tool with consumer and clinician engagement

Development of policies and procedures

Modification of the clinic environment to allow private completion of screening tool

Staff training including reception, nursing and medical

Ongoing monitoring and evaluation

Screening tool

Has a partner ever put you down, humiliated you or tried to control what you can or cannot do?

Has a partner every hurt or threatened to hurt you?

Has a partner ever placed pressure on you to become pregnant when you didn't want to?

Has a partner ever pressured you to use contraception (birth control) when you wanted to become pregnant?

Has a partner ever tried to influence your decision to continue with a pregnancy when you wanted an abortion, or to have an abortion against your will?

Optional:

I prefer to answer these questions face to face with a clinician

I do not wish to be asked these questions again on subsequent visits to SHQ

Conclusions

Clients, reception staff and clinicians were strongly supportive of screening for IPV/RC, despite initial concerns expressed by each group. These included the possibility of retraumatising clients, that clients may leave without accessing services, disruptions to clinic flow and lack of confidence with assisting clients experiencing IPV/RC. In practice, negative impacts on clients appeared to be extremely limited, and significantly outweighed by the assistance provided to those who screened positive. Reception staff and clinician concerns had largely disappeared within the first 4 months after introducing screening.

- Similar health services may wish to consider screening their clients for IPV and RC using some or all of the steps undertaken by SHQ

Reference:

1. World Health Organisation. In: Responding to intimate partner violence and sexual violence against women. 2013. Geneva: World Health Organisation.

Acknowledgement: This research was made possible by a grant from the Women's Leadership and Development Program from the Department of the Prime Minister and Cabinet.

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