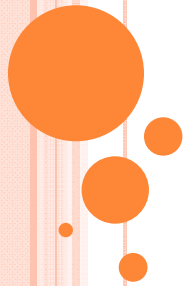


## SCREENING FOR IPV BY HEALTH CARE PROVIDERS: FVPSA RESPONSE



July 24, 2012

Marylouise Kelley, Director  
Division of Family Violence Prevention and Services

### KEY FINDINGS FROM THE IOM

- DV screening could help prevent future abuse, lessen disability, and improve future functioning and success in life.
- Women don't disclose unless asked (safely).
- Victims use health care services more often.
- Physicians are in a unique position to identify abuse, but most rarely screen their patients.
- Physicians say they don't screen because they lack experience, training, time, and confidence.



## IOM RECOMMENDATION 5.7


Screening and counseling for interpersonal and domestic violence.

Screening and counseling involve elicitation of information from women and adolescents about current and past violence and abuse in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems.


## AFFORDABLE CARE ACT

- HHS Secretary Kathleen Sebelius included screening in the Affordable Care Act's recommended preventative services
- Screening and brief counseling are included in HRSA's guidelines on preventative care
- Screening for interpersonal and domestic violence, including brief counseling, must be covered at no cost to the patient
- Screening is not mandated, and no direction is given about when, how, or how often

## U.S. PREVENTIVE SERVICES TASKFORCE

- Recommends that clinicians screen women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive for intervention
  - DRAFT recommendation was circulated for public comment (July 2012)
- 

## WE SHARE YOUR CONCERNS

- Mandatory reporting
  - Child protective services
  - Immigration
  - Training for health care providers
  - Insurance discrimination
  - Distinguishing DV from “interpersonal violence”
  - Increasing/overwhelming demand for DV services
- 

## COALITIONS AND DV SERVICE PROVIDERS ARE THE LYNCHPIN

- Regular screening will lead to an influx of referrals to domestic violence shelters and programs
- Coalitions must also partner with programs and provide training for clinicians and staff
- We know you have extremely strained resources:
  - **67,399 Victims Served in One Day...**
  - **22,508 Hotline Calls Answered...**
  - **...10,581 Unmet Requests for Services**
- **For screening and counseling to work, victim service providers and coalitions will need support**

## SO WHAT ABOUT TIMING...

- No influx of screening on August 1<sup>st</sup>
- Most new plans won't take effect until Jan 1, 2013
- Many plans will be grandfathered – not “new”
- The Affordable Care Act does not *mandate* screening – only that if screening occurs, it must be provided without a co-pay or deductible
- USTPF recommendations are adopted slowly
- Referrals, field engagement, and collaboration will build over time

## COORDINATING COUNCIL ON WOMEN'S HEALTH INITIATIVE

- FVPSA office via the CCWH leading HHS in promoting the IOM recommendation:
  - Coordinating the Department's implementation of the recommendations
  - Researching strategies for including DV in medical records
  - Developing tools, models and resources to support training and technical assistance
  - Discussions include ways to integrate IPV screening across HHS and provide access to recommended screening tools and protocols

## FVPSA OFFICE INITIATIVES

- FAQ for providers – official HHS guidance
- Fact sheet series for providers – unofficial guidance
- Advocacy for coalitions and local programs – importance of inclusion and need for funding
- Connecting stakeholders in health care and the DV movement
- Assessing research on screening
- Developing training and dissemination strategies
- On-line toolkit development through the Health Resource Center on DV

## WHAT'S NEXT FROM TEAM FVPSA?

- Awareness webinars for coalitions & programs
- Learning more about technical assistance and capacity-building needs
- Collecting feedback on the online toolkit
- IPV Healthcare Screening Coalition Workgroup
- Continuing to work with HHS and federal colleagues to learn all we can and promote collaboration

## FOR MORE INFORMATION

### ○ **Contact:**

[Marylouise.kelley@acf.hhs.gov](mailto:Marylouise.kelley@acf.hhs.gov)

202-401-5756

### ○ **Visit:**

[www.futureswithoutviolence.org/health](http://www.futureswithoutviolence.org/health)

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