ENHANCED VERSUS BASIC REFERRAL FOR INTIMATE PARTNER VIOLENCE IN AN URBAN EMERGENCY DEPARTMENT SETTING

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Abstract—Background: Victims of intimate partner violence (IPV) frequently do not disclose abuse to medical providers. Therefore, research has examined the most effective screening and referral methods to help identify victims of abuse and connect them to needed resources. Objectives: To determine the efficacy of referrals intended to connect IPV victims with behavioral health resources, while taking into consideration demographic and mental health variables. Methods: We examined a convenience sample of medically stable individuals in an emergency department setting. Participants were given the Mini-International Neuropsychiatric Interview and Partner Violence Screen measures to assess mental health and IPV victimization. Individuals that screened positive were randomized to a basic or enhanced referral and given a follow-up interview to determine referral success. Referrals were considered successful if an individual scheduled an appointment with provided behavioral health resources within the follow-up interval. Results: Two-hundred and one individuals were enrolled. Forty-one (20.4%) participants screened positive for IPV victimization. Male and female participants in the enhanced referral group were more likely to have a successful referral than those in the basic referral group, with a large effect size such that 72.7% of participants in the enhanced referral and 15.7% of participants in the basic referral group contacted referral resources. Both referral type and marital status significantly predicted referral success. Conclusion: Comorbidity with mental health concerns measured as high within those that screened positive for IPV victimization. The enhanced referral showed to be an effective way to encourage participants to contact behavioral health resources. © 2017 Elsevier Inc. All rights reserved.

Keywords—domestic violence; emergency department; intimate partner violence; referral; screening

INTRODUCTION

Background

Intimate partner violence (IPV) is a prevalent issue leading to both physical injuries and poor mental health among a variety of victims (1). A recent compilation of research found that 23% of women and 19% of men have experienced physical IPV throughout their lifetime (2). Victims of IPV often experience physical health problems, including an increased risk for chronic pain, chronic disease, cardiovascular problems, nutritional deficits, mild traumatic brain injury, and postconcussive syndrome (3). Many victims of IPV also report high rates of mental health concerns, including an increased risk for anxiety, depression, posttraumatic stress disorder, and alcohol or substance abuse issues (1).

Despite the negative consequences experienced by victims of IPV, research displays high rates of nondisclosure of abuse (4). At least 20% of male and female victims have never told anyone about their abuse, including family
members, friends, and health professionals (4). Barriers to
disclosure often include fear of repercussion, such as
increased abuse or negative response from family and
friends (5). Research shows, however, that most women
report that they would feel comfortable discussing IPV in-
formation with their health care providers and believe that
physicians should routinely screen for this issue (6–8).
These findings, taken together with extensive research
supporting routine screening for IPV, emphasize the
importance of directly screening and identifying these
victims (9).

After identifying victims of IPV, providing referrals to
mental health or domestic violence professionals is shown
to be an effective way to connect victims with supportive re-
sources. Organizations including the American Medical As-
mers-ality and the Utah Department of Health recommend
referral to a minimum of 1 resource, including victim advoca-
cy programs, domestic violence victims’ shelters, or
mental health professionals (10). Research also suggests,
although with a significant paucity, that referrals given in pri-
mary and emergency care settings improve the likeli-
hood that victims will seek help (11,12). Despite
promising findings on the efficacy of referrals in primary
and emergency health care settings, victims often remain
noncompliant with referral recommendations, reporting a
lack of understanding about the seriousness of the issue
and a belief that they must end the relationship as factors
that may decrease likelihood to engage in intervention (13).

Research examining referrals for IPV victims in an
emergency department (ED) setting indicate that as many
as 85% of victims were willing to speak with a domestic
violence advocate. However, only 54% of these individuals
agreed to follow-up with ongoing case management (11).
Therefore, although many victims were willing to discuss
their victimization while in emergency care, only 48% of
victims received follow-up care after discharge. These find-
ings suggest that referrals for victims of IPV can be effec-
tive, but many victims remain noncompliant and do not
connect with needed resources (11). In addition, many bar-
riers to screening and referral in the ED exist, including lack
of training, lack of knowledge about domestic violence,
time constraints, and lack of a system-wide standard inter-
vention for victims of IPV (12,14). Finding an effective
screening and referral method that can be implemented in
primary and emergency health settings may increase the
likelihood of a standardized response to the identification
of IPV victims.

Goal of this Investigation

The primary goal of this investigation was to compare the
efficacy of basic and enhanced referral systems in their abil-
dering demographic and mental health characteristics. Given
the high comorbidity between IPV victimization and psy-
chiatric concerns, participants were referred to on-site hos-
pital behavioral health resources, which also employ
domestic violence advocates.

MATERIALS AND METHODS

Study Design and Setting

This study was a quasi-experimental design, indicating
that participants were randomly assigned to the type of
referral they received; however, whether they received a
referral was determined by their responses to mental
health and IPV screening measures. This study was con-
ducted within an urban ED with an annual census of
54,000 attendances. Enrollments were made between
October 2013 and October 2014. Research assistants
received training on both administration of the screening
measures and on the proper procedure for approaching
potential participants. Research assistants followed a
specified script for discussing screening items and admin-
istering the basic and enhanced referral systems. They
further shadowed the principal investigator for 2 weeks
before enrolling participants in the study. Upon start of
enrolling participants, the primary investigator shadowed
the research assistants to ensure adherence to proper
screening and referral procedures.

Selection of Participants

Researchers used a convenience sample of individuals,
based on the researchers’ availability (9 AM–5 PM Monday
through Friday). This study also used volunteers to partic-
ipate and was dependent on the attending physician’s
approval of whether individuals appeared medically sta-
ble. Researchers identified and approached eligible indi-
viduals to inquire if they would be willing to participate in
the current study. Inclusion criteria included the
following: presenting for emergency care for a medical
complaint, stable medical condition, English speaking,
and ≥16 years of age. Exclusion criteria included the
following: presenting for emergency care for a psychiat-
ric complaint, unstable medical condition (as determined
by the attending physician), non–English speaking, and
≤15 years of age. Verbal and written consent was ob-
tained from each participant, and from each participant’s
parent if under 18 years of age. This study was reviewed
and approved by the hospital’s institutional review board.

Interventions

After enrollment, researchers collected demographic in-
formation and conducted measures to examine both
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