IPV and ACEs Inquiry and Response

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Setting the scene

How can we continue to design our health care systems to address and incorporate social health to improve the health, safety and wellbeing of our community?
How to screen for ACEs

- Identified vs deidentified
- California ACEs Aware questionnaire
- Consider screening for resilience
- Universal resources
How to screen for IPV

Various screening questionnaires
  
  **HITS** *(Hurt, Insult, Threaten, Scream)*
  Woman Abuse Screening Tool
  Abuse Assessment Screen

Universal resources
Electronic screening options
HOW we screen matters

Support
For patients and the medical care team

Response
Workflows
Warm handoffs

Conversation
Scripting for the whole team

Setting
Private rooming

Preparation
Are your teams ready?
The impact of ACEs screening
Response to ACEs

- Incorporating resilience / strengths
- Supportive comments
  - “Thank you for telling me this”
  - Avoid pejoratives, avoid stigmatizing
- Low cost support options can be useful
- Patient centered, patient led
- ACE score should not be a barrier to support
- Universal resources
The impact of IPV screening
Response to IPV

- Assess for immediate safety risks
- Supportive comments
  - “Thank you for telling me this”
  - “There is help”
  - “You don’t deserve this abuse”
- Best practice: warm hand off to community advocacy
- Patient centered, patient led
- Universal resources
- If a mandated report is required, discuss it with the patient
Promoting safety and agency means...

patients *do not* have to disclose trauma in order to receive support
The future
Thank you