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Title

Family medicine provider and staff identification and response to male patient intimate partner violence perpetration

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: One in five men report lifetime intimate partner violence (IPV) perpetration defined as using physical force against an intimate partner. Two in three male IPV perpetrators seek routine health services. Family medicine physicians can use IPV perpetration screening tools validated in healthcare, and potentially refer men to local battering intervention programs. However, family medicine physicians feel unprepared to screen male patients for IPV due to lack of knowledge and training. Objective: understand family medicine provider and staff feasibility and acceptability of identification and response to male patient IPV perpetration. Study Design and Analysis: individual online, audio-recorded interviews transcribed verbatim. Three research team members (family medicine physician, qualitative analyst, data scientist) used qualitative content analysis to develop codes and themes. Setting: two Midwestern academic family medicine outpatient centers. Population studied: family medicine clinic providers and staff. Outcome measures: interview guide reviewed experiences talking to male patients about and identification of IPV perpetration, reviewing screening results, referral, intervention, and organizational challenges. Results: 10 family medicine providers (medical director, physicians, psychologist, nurses, social workers) and staff (medical assistants) were interviewed 2020-2021. Providers and staff described few experiences speaking with male patients about IPV but reported knowledge of male IPV through discussion with patients' partners. IPV identification can occur through patient self-read questionnaire or by providers asking questions of patients with at-risk behaviors. Subjects recognized IPV perpetration screening barriers such as trust and patient comfort, and facilitators to screening including electronic medical record prompts and patient portal use. Providers described ways to increase patient use of interventions such as warm referral and virtual visits. Subjects described organizational challenges to IPV perpetration identification and response including limited time and resources, but hypothesized that training could improve implementation. Conclusions: family medicine providers and staff describe various methods to identify and respond to male patient IPV perpetration, including use of a team approach, warm referrals, recognizing patient and provider barriers, and building on continuity relationships already established in primary care.