THE EVIDENCE BEHIND CUES

AN INTERVENTION TO ADDRESS INTIMATE PARTNER VIOLENCE IN HEALTH SETTINGS

With the CUES intervention, healthcare professionals talk with all patients about how relationships can affect health and how to get support. Unlike traditional screening methods, CUES does not rely on a disclosure of abuse in order to provide a patient with information and resources they might need. By using CUES, providers can ensure that patients are aware of available survivor support services and have information to pass to friends and family who might need it. In order to adopt a team-based approach to supporting survivors, this approach relies on fostering of strong partnerships between domestic violence agencies and health settings.

CUES stands for Confidentiality, Universal Education + Empowerment, and Support

C: Confidentiality

- Know your state's reporting requirements and share any limits of confidentiality with your patients.
- Ensure that you can bring up relationships and violence safely by seeing patients alone for at least part of the in person or telehealth visit.

UE: Universal Education + Empowerment

- In-Person Visits: Share <u>two</u> safety cards with each patient to start the conversation about relationships and how they affect health. Make sure patients know that you're a safe person for them to talk to. Encourage patients to share a safety card with a friend or family member.



Safety cards are available for different settings, communities, and languages.

- Telehealth visits: Normalize with all patients that stress from relationship struggles or previous trauma can affect health. Ask if you can send them a link to resources should they need them for themselves or a friend or family member.

S: Support

- Though disclosure of violence is not the goal, it will happen – know how to support someone who shares that they have experienced abuse.
- Offer health promotion strategies and a care plan that takes surviving abuse into consideration.
- Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (on the back of all safety cards).

Futures Without Violence National Health Resource Center on Domestic Violence

The building blocks of the CUES intervention have been evaluated in reproductive and adolescent health settings by Elizabeth Miller, MD, PhD. The development of this intervention was based on research done over the last fifteen years about addressing intimate partner violence in healthcare.

What Survivors of IPV Want from Health Professionals

Autonomy Survivors want to be able to make their own decisions when it comes to health care.[1-5] This includes choosing their own providers, disclosing in their own time, and having multiple pathways for potential interventions.[1,4,5] Additionally, health professionals should always explain procedures thoroughly and allow patients to ask questions or signal discomfort.[1] Intimate partner violence can strip people of control—provider awareness can serve as a powerful tool to combat this.[5]

Empathy & Compassion People who have been exposed to intimate partner violence want providers to validate their experiences.[1,2,4] Providers should strive to be nonjudgmental and supportive, regardless of how survivors of intimate partner violence respond to interventions.[4,5] A judgmental, intrusive or controlling provider may recall trauma for survivors.[1]

Informed Providers Providers with knowledge about intimate partner violence make a significant difference in the experiences of patients. Survivors cite the value of having health professionals who understand the depth and complexity of IPV. This includes the impact of trauma on health, the long-term nature of this violence, and its intersection with accessing a variety of other needs (employment, childcare, transportation, etc.)[1,4,5]

Limitations of Screening for IPV without Universal Education

Low Disclosure Rates Disclosure rates among patients screened for intimate partner violence in health care settings are not the same as known prevalence of intimate partner violence from research studies. While 1 in 4 women and 1 in 9 men are estimated to be survivors of intimate partner violence in the general population, disclosure rates in clinical settings range from 1%-14% with screening, typically hovering around 7%.[6-10] Among known survivors, only 21.1% of women and 5.6% of men report disclosing to a healthcare professional.[6]

Non-Differential Outcomes for Screening Alone Outcomes for survivors are comparable between screened and non-screened patients in the absence of universal education or warm referrals.[11] No significant differences emerge in quality of life, number of emergency room visits, or number of hospitalizations.[12] Beyond this, no significant differences have been found in referral behaviors.[9]

Importance of Confidentiality and Patients' Reasons for Non-Disclosure

Patient Concerns Patients who have experienced IPV are concerned about the privacy of their data, particularly with electronic medical records.[13] A perceived lack of privacy is a reason for non-disclosure by survivors.[13–16] Assured confidentiality of providers, as well as a clear explanation of how patient information will be used, is recommended.[13]

Reasons for Non-Disclosure Amongst patients with a history of IPV, reasons for non-disclosure include fear of judgment, emotional distress, fear of not receiving adequate support from healthcare professionals, concern about mandated reporting procedures, religious beliefs, language barriers, and having children in the home.[14–16]

Value of Universal Education & Empowerment

Universal Education and Empowerment The National Sexual Violence Resource Center encourages a trauma-informed framework that focuses on being sensitive to potential trauma in survivors, rather than responding solely to disclosure.[17] Comprehensive approaches including education, assessment, intervention, and prevention are recommended to empower and uplift survivors.[18,19]

Outcomes for Patients In an intervention centered around reducing unintended pregnancies in women who experience intimate partner violence, utilization of a universal education model was associated with a 71% reduction in pregnancy pressure, and women being 60% more likely to end a relationship because it felt unsafe.[18,20] Additional universal education models have demonstrated a threefold increase in disclosure amongst youth who experienced relationship abuse, as well as decreased self-reported isolation and reduced reproductive coercion in women with high baselines of RC.[21,22] Patients exposed to these interventions have positive feedback, and report them to be more helpful than comparable resources.[23]

Outcomes for Providers Providers exposed to a universal education and empowerment curriculum report improved confidence in discussing IPV, as well as increased awareness about the complexity of issues faced by survivors.[23] These outcomes are cited as reasons providers are less likely to screen.[7, 24]

Peer-to-Peer Education Patients who receive universal education do not only directly benefit, but also share the information with their peers. Studies have demonstrated that participants who received UE were almost twice as likely to share the number for the domestic violence hotline with someone.[22] Additionally, patients who receive palm-sized cards have cited the empowerment they feel when sharing concrete resources with their peers.[20]

Cross-Sector Partnerships & Survivor Health and Safety

Coordinating Care Systems approaches, rooted in strong cross-sector networks, show important outcomes for women who have experienced IPV. Community partnerships create an easier "warm referral" process, allowing providers to facilitate the connection between survivors and resources. These warm referrals increase the likelihood of survivors utilizing interventions.[25]

Collaborative Learning Network models and cross-sectoral curricula demonstrate an improved knowledge base for all participants. Collaborative groups successfully challenge misconceptions around intimate partner violence and built meaningful relationships.[26-28] Culturally competent care is also improved through these collaborations.[27] These networks foster easier referral processes and stronger understandings of the field. [26-28]

National Health Resource Center on Domestic Violence
at Futures Without Violence

Learn more: ipvhealth.org
For community health centers: ipvhealthpartners.org
Order safety cards and more: store.futureswithoutviolence.org
Email: health@futureswithoutviolence.org

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