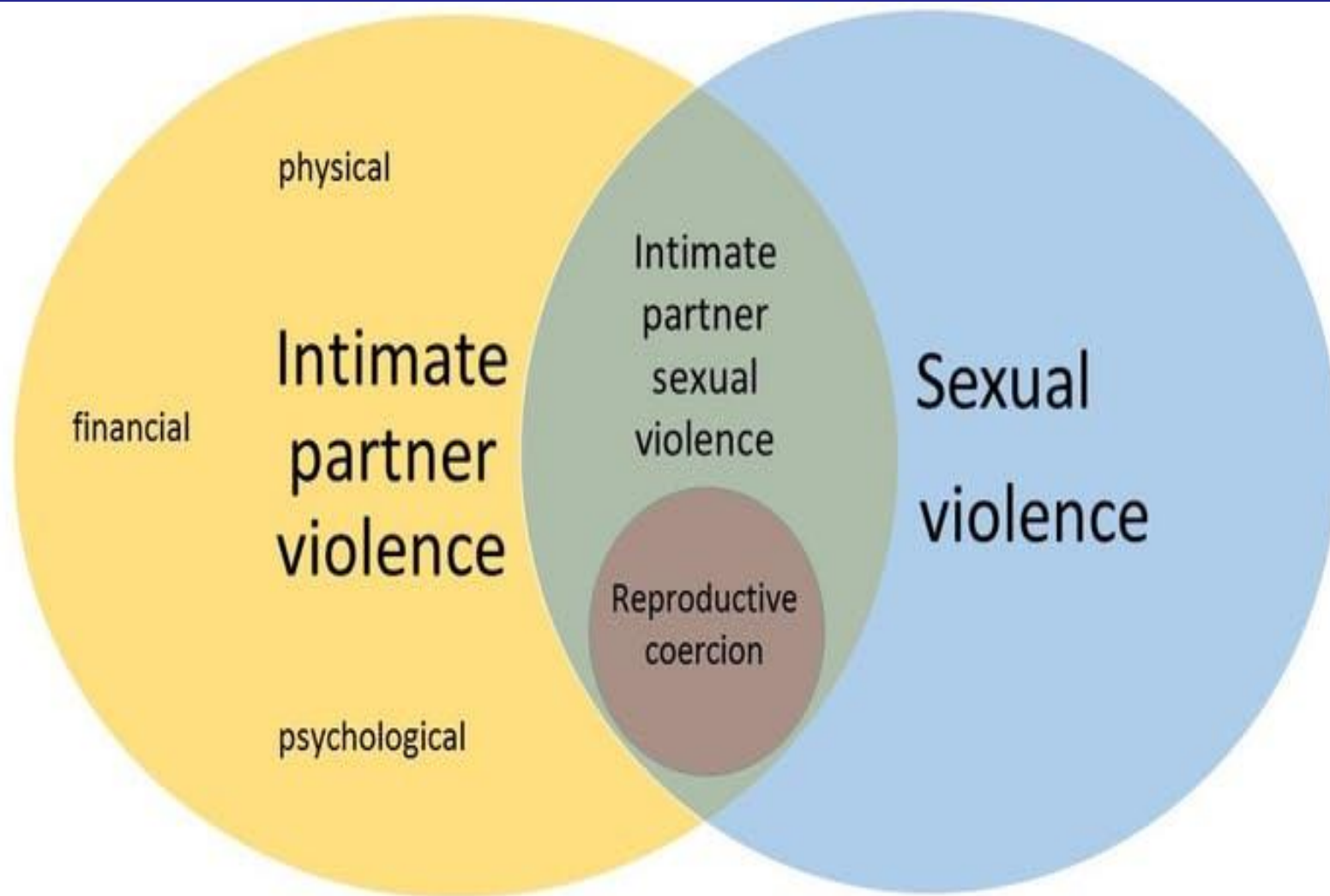


Intimate Partner Violence and Reproductive Coercion: If we don't ask we don't know

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Acknowledgment of Country





WHY?

- 1 in 3 women experienced physical violence since age 15
- 1 in 5 women sexual violence
- ATSI women 32 x more likely
- Victoria: IPV 7.9 % disease burden
- Australia: 2 women murdered per week by an intimate partner

Should we screen?

- Intimate partner violence causes more illness, disability and deaths than any other risk factor for people identifying as female aged 25–44
- Yet we don't routinely screen
- If we don't ask we don't know

Development of screening tool at SHQ

- Clinician review (77)
- Consumer review (51)
- Input into questions
- Input into where they were asked
- Input into whether they should be asked





Study and Revision



**CLIENT INTAKE
AREA**

CLIENTS ONLY

**No partners or
family members
please**

Once you have completed your
forms, please return to the
reception desk.



Study Aim

- To explore whether there is a link between exposure to intimate partner violence and having a negative sexual health outcome among people identifying as female who present to SHQ

Methods

- Cross-Sectional
- Inclusion criteria: SHQ clients who consent to the study who are aged 16 and over who identify as female
- Ethics Approval through UWA HREC

Preliminary results

- 647 clients met inclusion criteria, 68% (440) consented to study
- NO major differences between all participants and those screening positive with respect to age, socioeconomic status or sexuality

Preliminary results



1 in 6

Participants
have been exposed to
IPV and/or RC



1 in 7

Participants have been
exposed to IPV alone



1 in 16

Participants have been
exposed to RC alone

Those having acknowledged they were exposed



? Link to adverse sexual health outcomes



Feedback from Clinicians

- 100% felt they would not be able to do it
- 100% reported increased confidence at 3 months
- Reception staff, 100% anticipated a moderate to severe effect on patient flow
- 100% felt the effect on patient flow was minimal at 3 months

Feedback from Patients

- “ No one has ever asked me if I felt safe before”
- “Thank you just for telling me what happened to me was wrong”
- “ Thank you for supporting me”

Conclusions

- High Prevalence
- Significant demand for emergency counselling
- Preliminary results suggest a link between IPC/RC and negative sexual health outcomes
- Routine screening for intimate partner violence can be considered in other Pcs settings