

Patient & Pharmacist Perspectives on Screening for Intimate Partner Violence in the Pharmacy Environment

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Introduction

Intimate partner violence (IPV) is a serious public health problem. According to the National Intimate Partner & Sexual Violence Survey, 35.6% of women and 28.5% of men are physically/sexually assaulted or stalked by an intimate partner in their lifetime. Intimate partner violence negatively impacts health and well-being by causing injury or worsening health conditions. Physical injuries can range from cuts and bruises to broken bones, brain injuries, and even death. Victims of IPV experience exacerbation of chronic diseases due to stress and poor health behaviors, report pain more frequently, and use prescription pain medications more than those not exposed to IPV. Women exposed to IPV have greater health care utilization and health care costs, incurring costs approximately 60% higher than women not experiencing abuse, including 27% higher pharmacy costs per year.

Beyond medical care for injuries, the only known effective health care intervention is routine screening for IPV exposure. Despite practice guidelines recommending routine screening, this intervention has been poorly adopted. Pharmacists are one of the only health care provider groups that has not been engaged in IPV screening efforts and currently has no professional guidance nor recommendations regarding IPV. This is unfortunate as community pharmacists are one of the most accessible and frequently utilized providers in health care. Expansion of screening efforts to the community pharmacy setting provides an opportunity to have a substantial impact on the health and well-being of pharmacy patients.

Objectives

The purpose of this study was to investigate the potential role of community pharmacies in the public health initiative to reduce the impact of interpersonal violence by significantly increasing screening and referral of victims of interpersonal violence.

Specifically, this study:

1. Investigated community pharmacists' readiness to participate in IPV screening, including examining training, knowledge, attitudes, behaviors, and intentions related to IPV screening
2. Examined female consumer's attitudes and preferences for IPV screening in community pharmacies.

The results of this study can assist in determining whether community pharmacies are an appropriate place to conduct IPV screening, and if so, provides tools and data to inform the development of screening programs that can be effectively and efficiently adopted for dissemination.

Methods

Pharmacist Survey: A cross-sectional online survey of practicing community pharmacists, identified through a national database purchased from Integrated Medical Data, was conducted. An existing measure of physicians' readiness to manage IPV (PREMIS) was adapted for the community pharmacy environment. The study was approved by the University of Mississippi's IRB. Respondents received a \$10 gift certificate for participating.

The PREMIS (Physician Readiness to Manage Intimate Partner Violence Survey) instrument assesses knowledge, attitudes and beliefs regarding IPV using current IPV literature as the standard. The instrument has been found to be valid and reliable in samples of physicians and other health care provider groups. In this study, the instrument was adapted to the pharmacy practice environment and intentions to engage in IPV screening-related behaviors were also assessed.

Consumer Survey: A convenience sample of female pharmacy consumers employed at a southeastern university completed an online survey to examine consumers perspectives on the acceptability of IPV screening in pharmacies.

Results

Pharmacists: (n=144; 52.8% female) Results indicate that community pharmacists have minimal exposure to IPV education/training (67.4% have had no training) and nearly no screening and identification of IPV cases in their clinical practice. When asked "How many new cases would you estimate you have identified in the past six months?", only 3 participants (2.2%) reported identifying a case. Six respondents (4.2%) reported screening patients with abuse indicators. Three respondents (2.1%) reported screening patients periodically and 4 (2.8%) reported screening all female patients periodically.

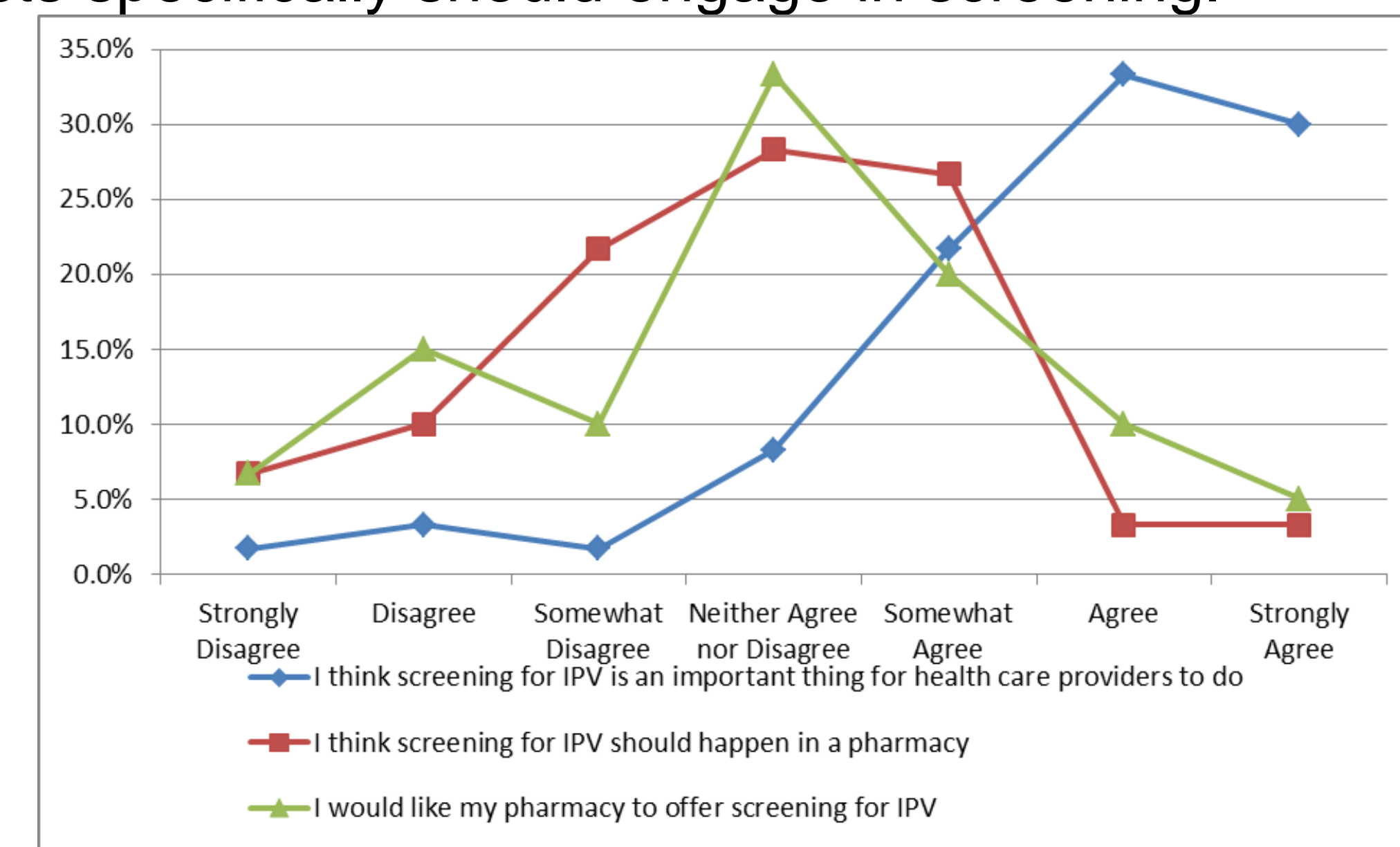
While respondents expressed concern regarding training and time, they indicated that participation in screening may be valuable to patient health. Respondents indicated interest in and support for continuing education on IPV and targeted screening efforts.

Intentions Related to Continuing Education & Screening for Intimate Partner Violence

	Mean (SD)*
<i>I would enroll in continuing education about IPV.</i>	5.15 (1.79)
<i>I would conduct IPV screening with all pharmacy patients.</i>	3.34 (1.83)
<i>I would conduct IPV screening with targeted pharmacy patients.</i>	4.74 (1.75)

*On a scale from 1 (strongly disagree) to 7 (strongly agree)

Female Consumers (n=60): Patients agreed that IPV is a serious health threat and that IPV screening can help people get out of dangerous relationships. Patients responded that it is important for health care providers to do IPV screening, but were uncertain as to whether pharmacists specifically should engage in screening.



Responses to items regarding factors that may facilitate or hinder IPV screening indicate concern regarding appropriate space in the pharmacy and the potential slow down in pharmacy services. Content analysis of qualitative items indicated that consumers are unaware that pharmacists are trained in patient communication/counseling, suggesting a need for recognition of the skills and capabilities of community pharmacists.

Conclusion

This investigation is the first to examine IPV screening related to the pharmacy environment. These results indicate that there is minimal awareness, knowledge, training and skills related to IPV and IPV screening in community pharmacists, despite patients' easy access to these health care providers. Female consumers, although not clearly aware that pharmacists are training in health behavior screening and counseling, are not opposed to IPV screening in the pharmacy environment. Given the significant health impact of IPV and the relevant impact IPV has on medication usage patterns, this is a clinical opportunity to improve patient care. Given the minimal level of awareness of IPV, priority should be placed on developing continuing education programs to inform practicing pharmacists of the prevalence of this health threat and increase awareness of the value of routine screening. A similar initiative in curricula in pharmacy training programs should immediately be considered as well.

The potential for expanding IPV screening to community pharmacies should be prioritized among future studies of methods to address the public health problem of IPV.

References – please see handout