

Survivors of Intimate Partner Violence Speak Out. Trust in the Patient-Provider Relationship

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Abstract and Introduction

Abstract

Objective:To identify characteristics that facilitate trust in the patient-provider relationship among survivors of intimate partner violence (IPV).

Design:Semistructured, open-ended interviews were conducted to elicit participants' beliefs and attitudes about trust in interactions with health care providers. Using grounded theory methods, the transcripts were analyzed for common themes. A community advisory group, composed of advocates, counselors and IPV survivors, helped interpret themes and interview excerpts. Together, key components of trust were identified.

Setting:Eastern Massachusetts.

Participants:Twenty-seven female survivors of IPV recruited from community-based IPV organizations.

Main results:Participants' ages ranged from 18 to 56 years, 36% were African American, 32% Hispanic, and 18% white. We identified 5 dimensions of provider behavior that were uniquely important to the development of trust for these IPV survivors: 1) communication about abuse: provider was willing to openly discuss abuse; 2) professional competency: provider asked about abuse when appropriate and was familiar with medical and social histories; 3) practice style: provider was consistently accessible, respected confidentiality, and shared decision making; 4) caring: provider demonstrated personal concern beyond biomedical role through nonjudgmental and compassionate gestures, empowering statements, and persistent, committed behaviors; 5) emotional equality: provider shared personal information and feelings and was perceived by the participant as a friend.

Conclusions:These IPV survivors identified dimensions of provider behavior that facilitate trust in their clinical relationship. Strengthening these provider behaviors may increase trust with patients and thus improve disclosure of and referral for IPV.

Introduction

Patient trust in the health care provider is a vital component of the patient-provider relationship.^{1,2} Thom identified several physician behaviors that predict trust, including being caring, exhibiting technical competence, and communicating clearly.³⁻⁶ Similarly, Mechanic defined key elements of patient-physician trust in the context of managed care. His findings suggest that trust in one's physician derives from direct experience and strengthens when patients can make their own choices regarding medical care.⁷ However, little is known about patient trust among survivors of intimate partner violence (IPV).

Trust issues may differ among survivors of IPV because of the IPV dynamics, that is, progressive exertion of power and control, with loss of autonomy and social isolation.⁸ Indeed, the available evidence suggests that providers are concerned that their IPV survivor patients may not trust them,^{9,10} and IPV survivors report that trust is important to disclosure of abuse.¹¹ Because a health care provider's main intervention with survivors of IPV is identification and referral, a lack of trust in the patient-provider relationship can impede interventions for IPV in the health care setting.

Although trust has been identified as important, it is not known what provider attributes or behaviors influence trust. We studied characteristics of trust in the patient-provider relationship from the perspective of IPV survivors. In particular, we sought to understand what elements of trust in the patient-provider relationship were unique to this population. For purposes of this study, we defined trust in the health care provider as characteristics of the provider that "foster confidence in the health care relationship."

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