Intimate Partner Violence (IPV)

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The U.S. Justice Department estimates that EVERY 9 SECONDS someone, somewhere in the U.S. will become a victim of Domestic Violence.
Intimate Partner Violence (IPV)

- Violence exposure has family impacts!
  - Neurological influences
  - Flight or fight response

**Definition of IPV:**
A pattern of coercive behaviors that includes:
- Repeated battering or injury
- Psychological abuse
- Sexual assault
- Progressive social isolation
- Deprivation, such as financial
- Intimidation
Intimate Partner Violence (IPV)

What is IPV?

- Perpetrated by someone who *was or is* in an intimate relationship with the victim
- Victim/family are at highest risk of harm when leaving or exiting the relationship

When an individual discloses IPV:
Assess Safety, Provide Resources/Referral & Implement Exit Action Plan
Prevalence & Significance: Intimate Partner Violence (IPV)

- Global rates of 15-71%
- 3 million U.S. women during their lifetime
- 33% of women and 10% of men have “experienced rape, physical violence and/or stalking by a partner”
- 24% lifetime prevalence = American women experience severe physical violence by a partner
Prevalence & Significance of IPV

- **15.5 million children** in the U.S. are exposed to violence in the home annually.
- Childhood exposure to IPV = 2x the prevalence of childhood asthma.

Intimate Partner Violence  ➔  Family Consequences
Cost of IPV

Financial Healthcare costs
- Direct healthcare costs = $4.1 billion per year
- Cost to employers = $13 billion per year

- Children who witness IPV incur greater healthcare costs when compared to their peers

- Annual cost of lifetime care for child maltreatment in the U.S. is 124 billion dollars

Other associated costs:
- Law Enforcement
- Medical Transportation
- Victim Mental Illness (suicide, homicide, depression, anxiety)
Cost of IPV

MENTAL HEALTH & associated costs are UNDETERMINED

- Countries, such as the Netherlands, classify exposure to IPV as child neglect and offer services to parents/caregivers.
  - Less punitive than child maltreatment cases
  - Focus on parenting skills, coping mechanisms, and social support

- Risk of child maltreatment increases with IPV exposure by 30-60%
  - Parental or caregiver mental health disorders significantly increase CHILD maltreatment risk
  - Addiction (substance/s or ETOH) significantly increases child maltreatment risk
IPV Victim Health Impacts

- Physical injuries
- Gastrointestinal disorders
- Hypertension
- Chest Pain
- Sexually Transmitted Diseases or Infections
- Death

- Chronic Pain
- Depression/Anxiety
- Substance Abuse/Addiction
- Suicide - attempt/complete
- Post Traumatic Stress Disorder (PTSD)
- Emotional Dysregulation

IPV and child maltreatment co-exist 29% - 60%

Children CANNOT wait!
IPV Child Health

- Negative child health impacts are documented with child exposure in the short and long term
- Anxiety, Depression
- Impaired sleep
- Emotional dysregulation
- Appetite dysregulation
- Post Traumatic Stress Disorder (PTSD)
- Decreased school performance

Chronic childhood exposure to violence is associated with long term dysfunction and negative impacts
Childhood Trauma Impacts

Chronic childhood trauma exposure = Long term dysfunction

**Adverse Childhood Experiences Scale (ACES):**

Certain childhood experiences are significant risk factors for:
1. Death
2. Poor quality of life
3. Leading causes of illness
Causes & Manifestations of Stress in Children

**Common Causes of Child Stress:**
- Change in home environment
- School, competitive sports
- Influence of the media
- Fear of violence
- Chaotic living conditions

**Child Manifestations of Stress:**
- Moodiness, irritability, aggressive behavior, self mutilation
- Fatigue, inability to concentrate, hyperactivity
- Change in eating or sleeping habits
- Complaints of nausea, headache, stomach ache
- Bed-wetting
IPV Screening Recommendations

- IPV screening recommended by major medical organizations:
  - American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), American Medical Association (AMA), American Academy of Family Physicians (AAFP), & American College of Physicians (ACP)
  - American Psychological Association (APA)
  - Institutes of Medicine (IOM)

- Optimize Public Health
- Child Abuse Prevention
**IPV Recommendations**

**Why routinely screen vs. screening only when suspected?**

1. Individuals are missed with selective screening
2. Routine screening emphasizes IPV risk to patient
   - Routine screening = more victims and families identified
   - More cases identified → resources to victims/families
   - Treatments for IPV can work!
   - Improved **quality** of life (with certain populations)
   - Women experience significantly **lower rates of violence**
IPV Screening Tools

Most studied IPV screening tools:

- **Hurt, Insult, Threaten, and Scream (HITS)**
  sensitivity 30%–100%, specificity 86%–99%

- **Woman Abuse Screening Tool (WAST)**
  sensitivity 47%, specificity 96%

- **Partner Violence Screen (PVS)**
  sensitivity 35%–71%, specificity 80%–94%

- **Abuse Assessment Screen (AAS)**
  sensitivity 93%–94%, specificity 55%–99%

- No significance differences in IPV prevalence where found to be associated w/ screening instruments
PVS Screening Tool

Partner Violence Screen (PVS)
- A brief screening instrument for use in emergency departments or other urgent care settings
- Assesses IPV in the last year & current safety

1. Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?
2. Do you feel safe in your current relationship?
3. Is there a partner from a previous relationship who is making you feel unsafe now?

A YES response to any of the questions = IPV + screen
Why Screen for IPV?

**IPV Research**

1. Routine violence screening *increases* identification
   - Markers not accurate
   - Selective screening misses many cases
   - Routine screening is superior in case finding!

2. Instruments can accurately **identify** IPV

3. Screening has **minimal adverse effects**
   - Discomfort = most reported
   - No risk to patient safety if performed correctly
Screening increases rates of safety assessment, referrals, and resources provided!

Significant barriers exist for routine screening

Privacy, Time, Comfort, Knowledge

Self-completed approaches are pt. preferred

when compared to face-to-face screening

Women experience lower rates of violence with therapeutic intervention

Improved quality of life among certain populations with intervention
IPV Research

Barriers to IPV routine screening:

- Privacy
  - Lack of privacy in settings
  - Family present (hold screening when children in room)

- Time
  - Increased # of patient visits impacts screening
  - *Self completed approaches can help and are pt. preferred!*

- Comfort

- Knowledge:
  - How to ask
  - Importance of violence screen
How to Screen for IPV

- Patient must be alone when screened
  - No visitors, including children
  - Use translator/ language translation

- Ways to screen patient in private
  - Complete your physical exam with the patient alone
  - Accompany patient to procedures or tests

Can use opener for screening:
- “We routinely screen for harm”
- “Here at ____, we ask about safety. Please complete this questionnaire”
IPV Negative Screen

What to say with a negative IPV screen:

- “It sounds like you are in a safe environment, no one deserves to be hurt”
- *If you or a friend ever find yourself in an unsafe relationship, help is available*

- Routine screening recognizes health risks of IPV
- Screening reinforces partner violence is unhealthy and not normal
IPV Positive Screen

What to say when the IPV screen is positive:

1. Pause and allow the person to talk
   - “Tell me more about your situation”

2. Provide understanding and individualize response
   - “No one deserves to be hurt”
   - “Acknowledging your situation is the first step to safety”

3. Assess patient safety

4. Document IPV + screen and care provided
   - Resources and/ or Referrals
   - Collaboration of disciplines involved in care (social work, hospital case management, DV organizations)
IPV Positive Screen

Guidelines to Care:

1. Provide **Referral Services**
   Person has the right to refuse services

2. Assist with **Safety Plan**
   Ask the person if he or she is safe to go home today

3. Report to authorities per DV policy

4. Provide Resources
   - APIRE app
   - Local DV shelters/organizations
   - Review safety!
IPV Positive Screen

Provide Resources:

National DV Hotline
# 1-800-779-SAFE # 1-800-779-7233
www/thehotline.org 24/7 services

IPV smart-phone resources
Aspire App

https://www.whengeorgiasmiled.org/the-aspire-news-app/

Shoe-cards
IPV Positive Screen

IPV Positive = Assess Safety

- **Exit Action Plan:**
  1. Alert someone you trust
  2. Set up code words for trouble
  3. Have danger signals (leaving an object in window or light on)
  4. Pack a bag and leave with someone you trust
  5. Choose a safe place for you, your children, and family

- **Bag Items include:**
  Extra set of keys, identification cards, car title, birth certificate, social security cards, clothes, shoes, money, jewelry

  *Bring anything important to you!

After leaving a violent relationship, do NOT return home.
Domestic Violence (DV) Mandatory Reporting

DV reporting to law enforcement by healthcare providers:

- Most U.S. states have enacted DV reporting laws
  - Require reporting for certain wounds/ injuries
  - Vary from state to state
- AZ Reporting Statute (A.R.S. 13-3806)
  - Requires immediate notification of law enforcement for gunshot wounds, knife wounds or other material injuries
- Medical centers/ organizations have policy for reporting
  - Over-reporting may put a family’s safety at risk

Compendium of State Statutes and Policies on Domestic Violence and Health Care
Arizona DV Statutes

ARIZONA

Statutes Addressing

Fatality Review: A.R.S. § 41-199 allows political subdivisions of the state to establish domestic violence fatality review teams which may be comprised of a representative of the office of the county medical examiner, a representative of a county or state public health agency, a victim of domestic violence and other domestic violence advocates.

Insurance Discrimination: A.R.S. § 20-448G-I applies to health, life, disability and property insurance. It requires that no insurers in Arizona deny a claim incurred or deny, refuse to renew, restrict, cancel, exclude or limit coverage or charge a different rate for the same coverage solely on the basis that the insured or proposed insured is or has been a victim of domestic violence or is an entity or individual that provides counseling, shelter, protection or other services to victims of domestic violence. For additional information on the provisions of the statute go to http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/20/00448.htm&Title=20DocType=ARS.

Mandatory Reporting: A.R.S. § 13-3806 requires physicians, surgeons, nurses or hospital attendants called upon to treat any person for gunshot wounds, knife wounds or other material injuries which may have resulted from a fight, brawl, robbery, or other illegal or unlawful act, to immediately notify local law enforcement.

Protocols: None.

Screening: None.

Training: None.

Public Funding Earmarked for Health Care and Domestic Violence

VAWA: None.

Others: None.
Make IPV Screening a Priority

What you do as a provider makes a difference!

- Victims of violence access healthcare services at higher rates
- **Routine IPV screening can limit a victim’s & child’s exposure to violence**

**Exposure to Trauma:**

- Children often present with disruptive behavior complaints from caregivers or teachers
- Sleep or appetite dysregulation may be present
- Adults who endured chronic childhood trauma may present with somatic complaints
Trauma Informed Care

Principles include:

- Assessment of history of trauma
- Trauma specific interventions

Approach and Interventions assist the victim:

- Address consequences of trauma
- Facilitate healing

National Council of Behavioral Health- Trauma Informed Care
http://www.thenationalcouncil.org/topics/trauma-informed-care/

Trauma Across The Lifespan (Part 2)- Tonier Cain
https://www.youtube.com/watch?v=SXCtoqO6LDY
Trauma Informed Care

* Facilitate healing

Patient Education/ Handout

*How to Manage Trauma*

- The National Council for Community Behavioral Healthcare @ [www.thenationalcouncil.org](http://www.thenationalcouncil.org)
  - Symptoms of trauma checklist
  - Coping Strategies
  - Trauma treatments
IPV Screening: Case Study

- 17 yo female with chief complaint of bruising on L labia. History of bicycle fall 4 days ago. No ED visit or other services obtained. Pain increased x 4 days.

- Objective data: Unilateral 5cm hematoma with surrounding ecchymosis. Multiple vaginal and anal tears visualized. Patient noted to be anxious and tearful with assessment.

- No sexual history or trauma assessment was completed by primary care provider

* Routine IPV screening @ women’s health check 3 months later reveals current IPV and history of sexual assault
Case Study

- 51 yo female is preparing for discharge from a psychiatric acute care unit (PACU) and becomes acutely anxious. Reports need to call bank prior to spouse’s arrival x4.

- Patient admitted x 5 days due to suicidal ideation and contracting for safety.

- Patient reports history of fall during a seizure that resulted in broken L humerus and multiple areas of ecchymosis. No head trauma or other lesions reported.

- No trauma screening was completed

- No nursing or provider physical assessment findings were reported as suspecting trauma
Make IPV Screening a Priority

- When assisting person with bank call, nurse notices person has 2 cell phones and 2 wallets with duplicates of bank cards.
- Physical assessment exposes areas of ecchymosis on upper extremities bilaterally and on trunk area. Findings are reported to provider.

IPV screening completed by provider @ discharge reveals current IPV exposure and recent physical assault

*Discharge plan adapted and Safety plan enacted!*
Make IPV Screening a Priority in Patient & Family Care

- Children and Families Cannot Wait!
- Patients & families count on nurse practitioners/nurses to promote optimal health
- IPV screening in healthcare is imperative to optimize health outcomes for patients & families
References

Questions?

Thank You!

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