Family Violence: Impacts, Screening, and Outcomes

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Family Violence

- Intimate Partner Violence (IPV) = Family Impacts

- Learning Outcomes:
  - Understand the family impacts of IPV
  - Recognize the importance of routine IPV screenings
  - Know how to effectively screen for violence
Intimate Partner Violence (IPV)

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TAKE:  IPV

BREAK THE SILENCE

STOP THE VIOLENCE!
Intimate Partner Violence (IPV)

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)

- IPV is perpetrated by someone who was or is in an intimate relationship with the victim
  - Individual/family are at highest risk of harm when leaving or exiting the relationship
  - All members of the family are at risk (children, aunts, etc.)
IPV Types (CDC)

1. Physical violence
2. Sexual violence
3. Emotional and psychological violence
   - pet violence
4. Psychological and emotional abuse
   - humiliation, financial deprivation
5. Stalking

- 65–80% of reported IPV victims are female
- Ages 16–24 are at greatest risk for IPV
IPV Prevalence & Significance

- Under-reported crime
- 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
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.

IPV increases the risk of child physical violence.

IPV and child maltreatment co-exist 29% – 60%.
Children who witness IPV have greater healthcare costs when compared to their peers.

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

Financial Healthcare $
- IPV direct healthcare costs = $4.1 billion/year
- IPV cost to employers = $13 billion/year

Other associated costs:
- Law Enforcement
- Emergency Medical Transportation
MENTAL HEALTH & associated costs are UNDETERMINED

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

- Child maltreatment and IPV co-exist 30–60%.

- Parental or caregiver mental health disorders significantly increase CHILD maltreatment risk.

- Addiction (substance/s or ETOH) significantly increases child maltreatment risk.
IPV Health Impacts

- Physical injuries
  - Head and neck injuries commonly associated with IPV
- Traumatic Brain Injury (TBI)
- Gastrointestinal disorders
- Hypertension
- Chest Pain
- Arthritis
- Impaired Immune Function
- Sexually Transmitted Infections
- Death
IPV Health Impacts

- Chronic Pain
- Cognitive Impairment
- Depression
- Anxiety
- Substance Abuse
- Suicide
- Post Traumatic Stress Disorder (PTSD)
- Emotional Dysregulation/Altered Coping

* Social Relationships – parenting and employment negatively influenced
IPV links to conditions

IPV co-occurrences can include:

- Anxiety
- Depression
- Substance Abuse or Addiction
  - 50–90% assoc w/ IPV
- Suicidality
- Homicidal ideation

- Behavioral Health Referral may be needed
  - co-existing conditions need to be treated
Prenatal exposure increases circulating stress hormone and alters immunologic development.

Developmental impacts of IPV can be seen as early as infancy with abnormal attachment relationships.

Boys raised in homes with IPV are more likely to become IPV perpetrators as adults.
IPV Child Health

- Neuro–developmental and Cognitive development disruptions
- Anxiety
- Depression
- Impaired sleep
- Emotional dysregulation
- Appetite dysregulation
- Post Traumatic Stress Disorder (PTSD)
  - Syndrome involving reduced emotional control, impaired memory and cognitive speed and function
- Decreased school performance
Negative child health impacts are documented with child exposure in the short and long term.

Chronic childhood exposure to violence is associated with long term dysfunction.
Childhood Trauma Impacts

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
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 (cutting)
- Fatigue, inability to concentrate, hyperactivity
- Change in eating or sleeping habits
- Complaints of nausea, headache, stomach ache
- Bed-wetting
“Intimate partner violence is common and universal. It happens within every community. It impacts all cultures, all socioeconomic statuses, all ages.”

IPV Screening

- Screen Everyone
- Don’t victim profile!
- *Routine IPV screening is recommended by:*
  - 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 Screening

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 individuals identified
   ◦ Resources/ referrals to families
IPV Screening Tools

- IPV screening tools are designed to capture information only about the person’s experiences over the previous 12 months.
- Looking for more “imminent” safety risk.
- Recall bias is present for all IPV screening tools.
- No significance differences in IPV prevalence where found between screening instruments.
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%
Partner Violence Screen (PVS)

- A 20 second screening instrument for use in emergency departments or other healthcare settings
- Assesses IPV in the last year and 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 = + screen
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
Routine IPV Screening increases:
- Rates of Safety Assessment
- Referrals
- Resources provided

Self–completed approaches are preferred when compared to face–to–face screening.

Cultural and linguistic resources are needed to optimize victim assistance.
IPV Interventions

Multi-disciplinary and Collaborative Care

- Safety Assessment and Planning
- Victim shelters
- Counseling Services / Therapy
- Court involvement–
  - Prosecution
  - Restraining orders
- Confidential mail-drop services
IPV Research indicates:

- Intervention/ Treatments for IPV can work!
- Women experience lower rates of violence with therapeutic intervention
- Women report improved quality of life among certain populations w/ intervention
Screening Barriers

Barriers to address w/ routine screening

- Privacy
  - Hold screening when others present

- Time

- Discomfort

- Lack of Knowledge
  - How to ask, what to do w/ + screen
How to Screen for IPV

- Person must be **alone** when screened
  - No others, including children
  - Use translator/ language translation as needed

- Find a way to screen the individual in private

Can use opener for screening:

- “**It is important to be safe in relationships**…”
- “**I need to ask you some questions about safety**”
Keys to Screening:

- Provide empathy, respect, and concern
- Provide a gentle and nonjudgmental approach
- Listen and avoid making the person feel interrogated or accused
- Understand that trust and individual readiness are integral to IPV disclosure
What to say with a negative IPV screen:

- “It sounds like you are in a safe environment”
- “If you or a friend are ever in an unsafe relationship, help is available”

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

Guidelines to Care:

1. Provide **Support**
   Listen and develop rapport

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/ state laws

4. Provide Resources/ Referrals
   - Local DV shelters/ organizations
   - Counseling
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
IPV Positive Screen

What to say when the IPV is identified:

1. Pause and allow the person to talk
   - “No one deserves to be hurt”
   - Tell me more about your situation”

2. Provide understanding
   - “Acknowledging your situation is the first step to safety”

3. Be present and individualize response
What to say when the IPV is identified:

4. Assess individual and family safety
   ◦ Screen for Child Abuse

5. Document referral, resources, care provided
   • Social service agencies
   • Shelter
   • Counseling
   * Collaboration w/ disciplines (social work, case management, DV organizations)
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.
Assess for Child Abuse when IPV is identified:

**Injury Evaluation**
- Older children may be asked briefly about injuries
- Child psychiatrist/psychologist or other support should be present if closely questioned

**Common Indicators of Child Maltreatment:**
- Unexplained Injuries, especially head injuries
- Parental delay in seeking child healthcare
- Inconsistent presenting injury w/ history of injury
- Bone Fractures
- Bruising of the face and neck
- Burns
IPV Resources

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

IPV smart-phone resources
Aspire App

IPV resources: cards, shoe-cards
IPV Prevention

- Promote Awareness
- Educate/ Understand Healthy Relationships

The National Domestic Violence HOTLINE
1.800.799.SAFE (7233) • 1.800.787.3224 (TTY)

FREE + CONFIDENTIAL + 24/7/365
Principles:
- Assessment of history of trauma
- Trauma specific interventions

Approach and Interventions assist the victim to address consequences of trauma

Trauma Across The Lifespan (Part 2)– Tonier Cain
https://www.youtube.com/watch?v=s7T1Pycw3BE
Trauma Informed Care

* Facilitates healing
* Pull the roots on trauma!

National Council of Behavioral Health–Trauma Informed Care

http://www.thenationalcouncil.org/topics/trauma-informed-care/

Resources:
  ◦ Symptoms of trauma checklist
  ◦ Coping Strategies
  ◦ Trauma treatments
What you do makes a difference!

- Victims of violence access healthcare and other social 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
Make IPV Screening a Priority

Children and Families Cannot Wait

IPV screening in healthcare is imperative to optimize health outcomes for patients & families.
References


Thank You!

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