Intimate partner violence screening in primary care

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Introduction

Terms frequently used:

IPV = intimate partner violence
FV = family violence
DV = domestic violence

“Family violence is physical, sexual or psychological abuse against any person by someone with whom they have a close and personal relationship. Psychological abuse includes economic and financial abuse, threats of violence, property damage and causing children to witness violence.

Family violence includes intimate partner violence; elder abuse and neglect; abuse of a family member with disabilities; and child abuse and neglect.”

29/7/15

What is all the fuss about?
Ministerial Group on Family Violence and Sexual Violence (Ministerial Group)

“We learned that Government’s annual expenditure is approximately $1.4 billion. A wide range of agencies spend on family violence and sexual violence activity. Most of this spend is on core services, delivered to address the immediate impacts of a violent incident having occurred (for example Police call-outs, hospital admissions and GP services) and prison costs. Only a small proportion of total spending is directed to specialist family violence and sexual violence services, with the largest proportion of the specialist spend being on child abuse and neglect. In addition, we learned that, while prevalence rates are high and reporting rates are low, only a small proportion is spent on primary prevention and screening”.

https://beehive.govt.nz
NZ statistics

About half of all homicides in NZ are FV related

More than half of all reported violent crime in New Zealand is FV. In 2010/11 this was:

- 45% of abductions, kidnapings and threatening behaviour
- 75% of serious assaults
- 64% of all assaults
- 33% of sexual assaults.

An average 14 women, 7 men and 8 children are killed as a result of FV every year

Between 2009 and 2012 there were 126 family violence homicides in New Zealand

IPV

- 1 in 3 women experience physical or sexual violence from a partner in their lifetime.
- 78% of partner homicides in NZ are men killing their current or ex female partner.
- 9% are men killing their ex-partner’s new boyfriend.
- 2% are women killing their male partner.
- 29% of women and 9% of men experience unwanted and distressing sexual contact over their lifetime.
- 85% of sexual violence is committed by someone known to the victim.

Using Coercion and Threats
- Making and/or threats
to do something to hurt her
- Threatening to leave her, to
commit suicide, to report
her to welfare, to make
her drop charges, to make
her do illegal things.

Using Economy Abuse
- Preventing her from getting
or keeping a job
- Making her ask for money
- Giving her an
allowance
- Taking her money
- Not letting her know about or have
access to family income.

Using Male Privilege
- Treating her like a servant
- Making all the big
decisions
- Acting like the “master of
the castle”
- Being the one to
define men’s and women’s roles

Using Children
- Making her feel guilty
about the children
- Using the children to relay messages

Using Isolation
- Controlling what she does, who she sees
- Controlling what she eats
- Limiting her outside
involvement
- Making her feel guilty

Using Intimidation
- Making her afraid by using
looks, actions, gestures
- Smashing things
- Destroying her property
- Abusing pets
- Displaying weapons

Using Emotional Abuse
- Putting her down
- Making her feel bad about herself
- Calling her names
- Making her think she’s crazy
- Play mind games
- Humiliating her
- Making her feel guilty

Minimizing, Denying, and Blaming
- Making light of the abuse
- Not taking her concerns
about it seriously
- Saying the abuse didn’t happen
- Shifting responsibility
for abusive behavior
- Saying she caused it
<table>
<thead>
<tr>
<th>Types of abuse experienced</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological abuse</td>
<td>64%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>49%</td>
</tr>
<tr>
<td>Financial abuse</td>
<td>23%</td>
</tr>
<tr>
<td>Harassment and stalking</td>
<td>21%</td>
</tr>
<tr>
<td>Spiritual abuse</td>
<td>12%</td>
</tr>
<tr>
<td>Weapons used</td>
<td>11%</td>
</tr>
<tr>
<td>Children witnessing or hearing abuse</td>
<td>24%</td>
</tr>
</tbody>
</table>

**NB:** Most women experience multiple forms of abuse
Cycle of violence
Effects of violence

Physical effects include
- Death
- Serious injuries
- Other physical injuries
- Injuries during pregnancy
- Unwanted pregnancies
- Injuries to children
- Other internal health issues e.g. brain injuries, IBS, UTIs, STDs, chronic fatigue, insomnia

Psychological effects include
- PTSD
- Depression
- Anxiety
- Eating disorders
- Addictions
- Suicide (5x more likely)
- Fear of intimacy
- Anti-social behaviours
Social effects

- Inability to maintain family or whānau contacts
- Loss of work
- Restricted access to services
- Restricted relationships with health providers and employers
- Isolation from social networks
- Melessness
- High risk sexual behaviours

Spiritual effects

- Isolation
- Inability to maintain spiritual beliefs
- Forced into some religious traditions e.g. clothing
- Loss of faith
Children’s Domestic Abuse Wheel

How Violence Affects Children

Isolation
- Inability to develop social skills
- Feeling alone and different
- Can’t have friends over because of the need to hide the violence
- Keeping harmful “secrets”
- Not trusting of adults

Emotional Abuse
- Doubting reality
- Fear of doing wrong
- Inconsistent limits and expectations by caregiver
- Fear of expressing feelings
- Inability to learn at school
- Low self-esteem

Physical & Mental Effects
- Children may feel guilt & shame, think it’s their fault
- May regress to early stages of development
- Demanding & withdrawn
- Crave/need, cranky, crabby kids

Intimidation
- Putting children in fear by: using looks, loud actions, loud gestures, loud voice, smashing things, destroying property
- Fear of physical safety

Sexual Stereotyping
- Copy abuser’s dominant and abusive behavior
- Copying victimized passive and submissive behavior
- Unable to express feelings or who they are

Sexual Abuse
- Shame about body
- Feeling threatened & fearful of their sexuality
- Learning inappropriate sexual talk
- Children having access to pornography
- Children having

Threats
- Learn to manipulate because of their own safety issues due to effects of violence in family
- Expressing anger in a way that is violent, abusive, or not expressing anger at all because of their own fear

Using Children
- Being put in the middle of fights
- Children may take on roles, responsibilities of parents and give up being children
- Children seen and not heard
- Children being used to solve conflicts, asking them to take sides

Adapted from:
Domestic Abuse Intervention Project
Duluth, MN 218/722-4134
When should patients be screened?

- On the first visit, and then annually,
- After the patient forms a new intimate relationship
- Male patients should be questioned about partner abuse when they present with signs or symptoms indicative of abuse.
- Female patients up to 16 years should be questioned about partner abuse when they present with signs or symptoms indicative of abuse.
- During any preventive care consultation (e.g. cervical screening, mammography).
Maternity & sexual health consults

- At every pre-natal and post-partum visits
- After patient forms new relationship
- Routine gynaecological visits
- At all sexual health visits including
  - contraceptive,
  - STI checks
  - confirmation of pregnancy visits
Routine screening tools in primary care settings

There are a number of screening tools available from computer based self-reporting, questionnaires, and nurse asking clients directly.

Key things are:

Asking if client has been fearful of a partner in the past year or present

Identify if the fear is current or past – this will lead on to a risk assessment
Example of self administered questionnaire.

How often does your partner?

1. Physically hurt you?
2. Insult or talk down to you?
3. Threaten you with harm?
4. Have sex with you unwillingly?

Never, Rarely, Sometimes, Fairly often, Frequently

Each item is scored from 1-5. Thus, scores for this inventory range from 4-20. A score of greater than 10 is considered positive.
“Because violence is so common in many women's lives and because there is help available for women being abused, I now ask every patient about domestic violence:

- Within the past year -- or since you have been pregnant -- have you been hit, slapped, kicked or otherwise physically hurt by someone?
- Are you in a relationship with a person who threatens or physically hurts you?
- Has anyone forced you to have sexual activities that made you feel uncomfortable?"

“Have you ever been scarred or fearful in your relationship?”
Barriers to screening

Personal barriers
Resource barriers
Fears
Patient-related barriers
Personal discomfort
Lack of knowledge
Time constraints
Perceptions and attitudes
How do women feel being asked about IPV

Most women felt they learnt a lot about themselves and IPV.
Gave permission to talk
Felt safe being asked
Needed privacy
Might be offensive to women who are victims
Thought the nurse felt awkward
Some felt surprised, embarrassed and ashamed

It was the first safe place
Long overdue
Bought back painful memories
Felt it was important

Koziol-McLain, Giddings, Rameka & Fyfe. (2008)
Risk assessment

- Speak to the woman alone – NEVER ask while the partner is present.
- Ask her if she feels safe going home today.
- Ask her if she feels her children are safe at home.
- Does she need to go to a safe place today?
- Ask her if her partner has weapons at home or has access to them
- If she is not in immediate risk of harm, ask her about her future safety. Does she have a plan of action if she or the children are at risk?
Risk assessment cont.

- Does she need to seek a Protection Order? Does she know how to get one?
- Ask if she has emergency numbers (Police, Women’s refuge or other agency).
- Discuss potential exit or safety plan: where she would go if she needs to leave, what she needs to take, the people that can support her.
- Ask her consent to ‘flag’ her file – in case she presents at ED or another GP with unexplained injuries and her partner is there.
- Document in her notes. Discuss with a senior nurse, or manager.
- Contact the Violence Intervention Co-ordinator for the District Health Board for advice. Ask the Co-ordinator to ‘flag’ her file.
Recommendations

- All nurses in primary health settings should routinely screen their clients for IPV.
- All nurses should be trained to screen appropriately, assessing the risk factors and how to make safety plans with clients.
- Nurses should ensure adequate privacy for the client before screening.
- All nurses in primary health care should participate in professional development on family violence on an annual basis.
- All General Practices, Iwi and private health providers should have policies and procedures for nurses and other health care providers to refer to on family violence issues (all DHBs are required to have these).
Where to from here

IPV screening programmes and training are accessible from:

- DHB VIP coordinators
- DSAC for PHO employees  http://www.dsac.org.nz/
- Ednurse.org  http://www.ednurse.org/
- www.sophieelliottfoundation.co.nz/
- Launch of new FV Work Programme 29 July 2015 by Ministers of Justice Amy Adams & Social Development Anne Tolley

References


https://www.youtube.com/watch?v=Ertu9_MhFiM