

Intimate partner violence screening in primary care

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CPHCN CONFERENCE AUGUST 2015



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

<http://www.beehive.govt.nz/sites/all/files/Media-Q-As-Family-violence-work-programme.pdf>



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**”.

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, kidnappings and threatening behaviour

75% of serious assaults

64% of all assaults

33% of sexual assaults.

<http://www.areyouok.org.nz/family-violence/statistics/>

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.



Types of abuse experienced

Psychological abuse	64%
Physical abuse	49%
Financial abuse	23%
Harassment and stalking	21%
Spiritual abuse	12%
Weapons used	11%
Children witnessing or hearing abuse	24%
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
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Social effects


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

Spiritual effects

- Isolation
- Inability to maintain spiritual beliefs
- Forced into some religious traditions e.g clothing
- Loss of faith



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).
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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

Nurse based questioning

“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).
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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
- <http://www.beehive.govt.nz/sites/all/files/Media-Q-As-Family-violence-work-programme.pdf>

References

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