PROGENY

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Intimate Partner Violence

Healthy People 2010: National Health Promotion and Disease Prevention Objectives list prevention of violence against women as one of the top priority health issues for the United States. All nurses who provide care to women will inevitably encounter a patient affected by Intimate Partner Violence (IPV). Nurses and other health care providers, in a clinical setting have a unique opportunity to have discussions about IVP. Most pregnant women are routinely screened for gestational diabetes, placenta previa and pre-eclampsia, but violence during pregnancy may be more common than some conditions pregnant women are routinely screened. Along with screening for smoking and alcohol use, screening for intimate partner violence should be incorporated into routine prenatal care. Routine screening establishes that the problem of intimate partner violence is medically relevant. Screening should be done for all women, especially those of childbearing age. The steps for screening and intervention can be summarized in the acronym **RADAR**: **R**outinely screen, **A**sk directly, **D**ocument your findings, **A**ssess the patient's safety and **R**eview options and provide referrals.

ROUTINELY SCREEN

Routinely screen for violence. Most women will not disclose violence in their relationships without being asked. Screening should occur at various times over the course of the pregnancy, at the first prenatal visit, at least once per trimester and at postpartum checkup, as well as during the intranatal (labor) admission assessment. Also, screen women and adolescents when they present to your unit with injuries that are not consistent with her explanation, especially those to the breast, abdomen and genitals during pregnancy.

ASK DIRECT QUESTIONS

Ask about abuse in a non-judgmental way. It is important to ask about current as well as past relationships, because past events can have an effect on current situation. You may want to frame the questions about abuse by saying, "because violence is so common in many people's lives, I have begun to ask all my patients about it." Ask direct questions:

- "Are you in a relationship with a person who physically hurts or threatens you?"
- "Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?"

- "Since you've been pregnant, have you been hit, slapped, kicked or otherwise physically hurt by someone?"

- "Within the last year, has anyone forced you to do something sexually that you didn't want to do?"

- "Are you afraid of your partner or anyone else?"

DOCUMENT YOUR FINDINGS

It is important to document the woman's response, even when she says "no". When your patient confides that she is being abused, express support for her. Telling her that the abuse is not her fault and that no one deserves to be treated this way is a powerful short intervention. Thorough documentation of your finding is essential. Document findings in the patient's chart, using the patient's own words to describe the abuse. Use a body map to describe the locations of injuries. Ask her permission to take photographs of injuries. Documentation is one of the most important interventions for IPV, medical records can be used by the woman to support criminal charges of abuse is she chooses to do so.

ASSESS THE PATIENT'S SAFETY

Assess the safety of the woman and her children. Questions should focus on whether the violence or threat of violence has escalated recently and whether or not there are weapons in the home. If guns are present, threats to kill have been made, or violence has intensified, this is an emergency that requires the formulation of a safety plan before the patient is discharged.

REVIEW OPTIONS AND PROVIDE REFERRALS

Providing referrals and reviewing options is the last step in the screening/interventions process. A team approach is helpful. Nurses are not, and don't have to be, experts in all fields. Care will be more efficient if referrals were made to experts in the field of IPV. Victim advocates, mental health services, social workers, trained clergy and legal services can help the woman think about her options. She may decide to stay with the abuser and develop a safety plan, remove the abuser through arrest or protective orders, or leave the relationship temporarily or permanently. Remember that a woman experiencing violence may be the best judge of her present situation and that of her own and her children's safety.

RESOURCES

In perinatal clinical settings, the staff should have access to contact information for local domestic violence resources. Health care providers can access many downloadable resources at the Iowa Department of Public Health website, **http://www.idph.state.ia.us/bh/violence_against_women.asp**. These include IPV protocols, chart forms and evaluation tools. Several local and national resources/hotlines are listed below.

- National Domestic Violence Hotline: 1-800-799-SAFE (7233)

- Iowa State Hotline: 1-800-942-0333

- Iowa Coalition Against Domestic Violence (ICSDV) website: www.icadv.org

REFERENCES

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Massachusetts Medical Society-Partner Violence Resources, RADAR

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