

INTIMATE PARTNER VIOLENCE

Description

Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of Americans. This preferred term, IPV, describes physical, sexual or psychological harm by a current or former partner or spouse. This type of violence occurs among heterosexual or same-sex couples and does not require sexual intimacy.¹ Seen across all cultures and populations, IPV may include physical or sexual violence, neglect, emotional or psychological abuse, financial abuse or any threat of these.^{1,2} Apart from death and injury, IPV is associated with an elevated risk for a wide range of adverse health outcomes. Some of the most serious consequences of IPV are substance and alcohol abuse, depression, suicide, chronic mental and physical conditions and miscarriage.² Patients experiencing IPV do not always report abuse, but they are often treated in emergency departments where emergency and forensic nurses can initially assess and provide assistance to them. Identification of patients experiencing IPV is the first step toward effective advocacy.³

ENA/Forensic Nurses Position

The Emergency Nurses Association and the International Association of Forensic Nurses jointly endorse the following statements:

1. Nurses routinely screen patients for IPV.
2. Nurses consider safety, confidentiality, privacy and compassion when caring for patients experiencing IPV.^{3,4}
3. Nurses use resources, such as sexual assault nurse examiners (SANE), forensic nurse examiners (FNE), and other specialized care providers, to assist in the identification and care of patients experiencing IPV.^{5,6}
4. Nurses report IPV according to their jurisdictional laws and institutional policies.⁷
5. Nurses collaborate with other professionals and/or disciplines to develop and implement strategies, protocols and education for improved identification, reporting, protection and primary prevention when caring for all individuals at risk for IPV, maltreatment and neglect.
6. Nurses use evidence-based tools and educational resources to facilitate and authenticate the approach to care for the IPV patient.

Background

Research has significantly improved our understanding of the physiological responses associated with IPV. Given the high prevalence of IPV and the underlying adverse health outcomes and costs of IPV, it is critical to address this public health problem. Routine screening for intimate partner violence is the solution suggested by the United States Preventative Services Task Force

(USPSTF).⁸ Women of childbearing age are the target population, and USPSTF further goes on to say that women found to be at-risk require referral to intervention services.

IPV prevention and intervention can substantially decrease the public health burden of IPV and improve the health and well-being of patients in the health care system.² According to one study's recommendation, there is an urgent need to integrate information on IPV into nursing care curricula to foster understanding of its pervasiveness and far-reaching implications for patient health.² Increasing awareness assists emergency and forensic nurses to become more knowledgeable of IPV and committed to assimilating the skills of identification, assessment, intervention, prevention, documentation and reporting into nursing practice.

References

1. Centers for Disease Control and Prevention. (2012, August 16). *Intimate partner violence*. Retrieved from <http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>
2. Black, M. C. (2011). Intimate partner violence and adverse health consequences: Implications for clinicians. *American Journal of Lifestyle Medicine*, 5, 428–439. doi:10.1177/1559827611410265
3. Family Violence Prevention Fund. (2004). Part II: Guidelines for responding to intimate partner violence victimization in health settings. In *National consensus guidelines on identifying and responding to domestic violence victimization in health care settings* (pp. 11–20). San Francisco, CA: Author.
4. International Association of Forensic Nurses. (2012). *Forensic nurse intimate partner violence education guidelines*. Elkton, MD: Author.
5. American Nurses Association; International Association of Forensic Nurses. (2009). *Forensic nursing: Scope and standards of practice*. Silver Spring, MD: Nursebooks.org
6. U.S. Department of Justice Office of Violence Against Women. (2013). *A national protocol for sexual assault medical forensic examinations: Adults/adolescents*. Retrieved from <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>
7. American Nursing Association; American Medical Association. (2012). *Policy H-515.965 on family and intimate partner violence*. Retrieved from <http://www.ama-assn.org/ama1/pub/upload/mm/PolicyFinder/policyfiles/HnE/H-515.965.HTM> Developed: 2012
8. Agency for Healthcare Research and Quality. US Preventative Task Force Position Statement on Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults. Jan 2013. Retrieved from <http://www.uspreventiveservicestaskforce.org/uspstf/uspsipv.htm>

Approved by the ENA Board of Directors: September 17, 2013.

Approved by the International Association of Forensic Nurses Board of Directors: August 15, 2013.