Care CEUs

Continuing Education for Nursing Home Administrators

Domestic Violence

Section 1: Introduction

Domestic violence is a pervasive problem affecting millions worldwide, regardless of age, gender, socioeconomic status, or cultural background. As healthcare professionals, nurses are uniquely positioned to recognize the signs of domestic violence and play a vital role in breaking the cycle of abuse. By understanding domestic violence and its far-reaching consequences, nurses will be better prepared to provide compassionate, patient-centered care and contribute to survivors' overall well-being and safety. This course will explore the various aspects of domestic violence, including its definition, types, prevalence, and underlying power and control dynamics. Furthermore, it will address the intricacies of assessing and documenting intimate partner violence incidents, understanding the physical and emotional health consequences experienced by survivors, and providing trauma-informed care that promotes healing and resilience. Please note, for the intention of this course, domestic violence and intimate partner violence may be used interchangeably.

Section 2: Definition and Types of Domestic Violence

1,2,5,7,9,13

Domestic Violence (DV)

Also called intimate partner violence (IPV), family violence, or domestic abuse, is a pattern of behavior in any relationship used to gain or maintain power and control over a partner or person. Domestic violence is a national public health problem severely affecting physical and psychological health. Domestic violence in the United States affects an estimated 10 million people annually 6. At some point, all healthcare professionals will encounter a patient who is a victim of domestic violence. DV does not discriminate and can happen to anyone of any age, race, sexual orientation, religion, or gender identity; it knows no cultural,

socioeconomic, educational, religious, or geographic limitation. Abuse is physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. Abuse includes any behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, or wound another person. The scope of domestic violence extends across the lifespan, including child abuse, IPV, and elder abuse.

Intimate Partner Violence

According to the CDC, Intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship with current or former spouses or dating partners1. The severity of IPV can range from one episode to chronic and severe episodes spanning years. Unfortunately, IPV is very common and can begin as early as adolescence when it is known as teen dating violence (TDV).

Child and Elder Abuse

Although not the focus of this course, it is imperative to acknowledge DV includes child and elder abuse. Child abuse involves the emotional, sexual, physical, or neglect of a child under 18 by a parent, custodian, or caregiver, resulting in potential harm or a threat of harm. Elder abuse is the failure to act or an intentional act by a caregiver causing or creating a risk of harm to an elder.

Forms of Domestic Violence

1,3,4,7

Domestic Violence can manifest in various forms, each involving a pattern of abusive behavior intended to exert power and control over a victim. It is important to understand the forms of domestic violence may coexist, and the

effects can be severe and long-lasting. As a nurse, it is critical to be aware of the various forms, and ways in which they may present.

Here are some common forms of domestic violence, along with examples:

Physical Abuse: This form of violence involves using physical force, causing harm or injury to the victim. Examples of physical abuses include:

- Hitting, slapping, kicking, or punching the victim.
- Choking or strangling the victim.
- Throwing objects at the victim.
- Restraining or tying up the victim against their will.

Emotional or Psychological: Psychological abuse is the most common subtype of intimate partner violence. This form aims to undermine a person's self-esteem, manipulate their emotions, and control their behavior. Examples include:

- Constant criticism, insults, or derogatory comments
- Intimidation, threats, or creating a climate of fear
- Gaslighting, (distorting the victim's perception of reality)
- Intentional isolation from friends, family, and support networks
- Controlling the victim's activities, or decisions

Stalking: In general, stalking is a perpetrator's pattern of harassing or threatening strategies that are both unwanted and trigger fear or safety concerns in a victim. Examples include:

- Unwanted following and watching of the victim
- Unwanted phone calls, text messages, emails, social media, photo messages
- Cards, letters, gifts

- Approaching or showing up in places, such as the victim's home, workplace, or school
- Using global positioning system (GPS) technology to monitor or track a victim's location.
- Leaving potentially threatening items for the victim to find.

Sexual Abuse: Sexual violence in a domestic relationship involves non-consensual sexual activity. Examples may include:

- Forcing the victim to engage in unwanted sexual acts.
- Sexual assault, including rape or attempted rape.
- Using sex as a form of manipulation or control.

Financial Abuse: Financial abuse refers to controlling or exploiting a victim's financial resources and independence. Examples include:

- Controlling the victim's access to money, bank accounts, or assets.
- Forcing the victim to relinquish control of their income.
- Prohibiting the victim from working
- Sabotaging the victim's employment or career.
- Creating debt in the victim's name

Digital or Technological Abuse: This form of abuse involves the use of technology to harass, intimidate, or stalk the victim. Examples include:

- Monitoring the victim's online activities, emails, or social media accounts without consent.
- Sending threatening or abusive messages through digital platforms.

- Sharing explicit or private images of the victim without their consent (revenge porn).
- Tracking the victim's location through GPS or spyware on their devices.
- Using technology to control or manipulate the victim's behavior or communication.

Section 2 Keywords

Domestic violence - a pattern of behavior in any relationship used to gain or maintain power and control over a partner or person.

Digital or Technological Abuse - the use of technology to harass, intimidate, or stalk the victim.

Emotional or Psychological - undermine a person's self-esteem, manipulate their emotions, and control their behavior. Most common form of domestic violence.

Financial Abuse - controlling or exploiting a victim's financial resources and independence.

Intimate partner violence - abuse or aggression that occurs in a romantic relationship with current or former spouses or dating partners.

Physical Abuse - using physical force, causing harm or injury to the victim.

Sexual Abuse - non-consensual sexual activity in a relationship.

Stalking - pattern of harassing or threatening strategies that are both unwanted and trigger fear or safety concerns in a victim.

Section 3: Prevalence and Impact on Individuals, Families and Communities

7

Domestic violence is a serious and challenging public health problem. Annually, domestic violence is responsible for over 1500 deaths in the United States. Approximately 1 in 3 women and 1 in 10 men 18 or older experience domestic violence. Intimate partner violence during pregnancy may cause as much as 10% of pregnant hospital admissions.

While personal consequences of IPV are devastating, there are also costs to society. The national annual cost of medical and mental health care services related to acute domestic violence is estimated at over $8 billion. The cost is considerably higher if the injury results in a long-term or chronic condition.

The lifetime economic cost associated with medical services for IPV-related injuries, lost productivity from paid work, and other costs, is about $3.6 trillion.

Section 4: Understanding the Dynamics of Domestic Violence

Domestic violence often remains hidden, and survivors may not disclose their experiences readily. By comprehending the dynamics of domestic violence, nurses can recognize subtle signs, physical injuries, emotional distress, and behavioral patterns that may indicate abuse. Understanding the dynamics of domestic violence and intimate partner violence enables nurses to conduct thorough assessments, ask sensitive questions, and create a safe environment where survivors feel comfortable sharing their stories.

The Cycle of Violence and Recognizing Patterns

The cycle of violence describes the typical pattern in IPV or domestic violence cases. It consists of a repetitive cycle of behavior that often perpetuates and escalates the abusive dynamics within the relationship. Although it may not apply to every instance of domestic violence, understanding the cycle can help provide insight into the dynamics and common patterns in these scenarios. The cycle of violence typically follows three distinct phases:

Tension-Building Phase: The tension-building phase is characterized by increasing tension, stress, and/or minor conflicts within the relationship. The abuser may exhibit controlling behaviors like jealousy, possessiveness, or verbal intimidation. The victim often tries to appease the abuser, fearing that any small incident might trigger a violent outburst. The tension steadily escalates, creating a sense of fear within the victim.

Acute or Violent Episode: During this phase the tension peaks, leading to an explosive and abusive incident. The incident may involve physical violence, emotional abuse, sexual assault, or any other form of harm. The abuser feels a loss of control, leading to aggressive action to assert dominance and power over the victim. The victim, caught in the cycle of fear and manipulation, may try to protect themselves or escape the situation.

Honeymoon or Reconciliation Phase: Following the violent episode, the abuser often experiences a sense of remorse, guilt, or shame for their behavior or action. The abuser may even apologize, promise to change or show kindness towards the victim. The reconciliation phase is characterized by an apparent calm and a period of "honeymoon" where the abuser tries to regain control over the victim by promising a better future. The victim may feel hopeful, believing that the abuser will change, and may also fear the consequences of leaving the relationship. Consequently, the victim may forgive the abuser, leading to a temporary period of stability.

After the reconciliation phase, the cycle tends to repeat, and over time, the cycle becomes more frequent, intense, and dangerous. Through the process, the victim's self-esteem and psychological well-being erode, leading to feelings of hopelessness or entrapment, rendering their inability to escape the cycle of abuse.

Every situation is unique, and it is important to know the cycle of violence is not inevitable. Some relationships may exhibit variations or different dynamics; not all cases of domestic violence or intimate partner violence follow the pattern exactly. Recognizing and breaking free from the cycle of violence often requires intervention, support, and resources to empower the victim and hold the abuser accountable for their actions.

Section 4 Keywords

Acute or Violent Episode - Second phase of the cycle of violence where tension peaks, leading to an explosive and abusive incident.

Cycle of violence - pattern or a repetitive three-phase cycle of behavior that often perpetuates and escalates the abusive dynamics within the relationship.

Honeymoon or Reconciliation Phase - Third phase of the cycle of violence where following the violent episode, the abuser often experiences a sense of remorse, guilt, or shame for their behavior or action.

Tension-Building Phase - The first phase in the cycle of violence is characterized by increasing tension, stress, and/or minor conflicts within the relationship.

Section 5: Common Profiles of Perpetrators and Victims

1,3,7,10

As a nurse, it is critical to understand the profiles of both perpetrator and potential abuse victim. It is also important to note, these are general observations and presentations based on studies, and reported cases of abuse. Avoid using the traits to stereotype or label a person.

Perpetrator Profile

While the research is not definitive, several characteristics are thought to be present in perpetrators of domestic violence. Domestic violence perpetrators come from diverse backgrounds, and no single profile applies to all perpetrators; however, certain patterns and characteristics can be observed. Patterns include:

Controlling behavior: Perpetrators of domestic violence often exhibit controlling tendencies, seeking power and dominance over their partners.

Low self-esteem and insecurity: Perpetrators may have underlying feelings of low self-esteem and insecurity despite their controlling behavior.

History of violence or abuse: Many perpetrators of domestic violence have a history of violence or have witnessed abuse in their childhood. Furthermore, perpetrators may have grown up in homes where violence was normalized, leading to the perpetuation of such behavior in their own relationships.

Lack of accountability: Perpetrators often struggle with taking responsibility for their actions. They may blame their partners or external circumstances for their abusive behavior, minimizing or denying their actions.

Jealousy and possessiveness: Perpetrators may exhibit extreme jealousy and possessiveness towards their partners. They may try to isolate them from friends and family, monitor their activities, and constantly question their loyalty.

Substance abuse issues: Substance abuse, such as alcohol or drug addiction, can exacerbate violent behavior in some individuals. While substance abuse does not cause domestic violence directly, it can increase the likelihood of abusive actions.

Unresolved anger: Perpetrators often have difficulty managing their anger and may resort to violence to release or express it. They often lack healthy coping mechanisms.

Social and cultural factors: Socioeconomic factors, cultural norms, and gender roles can perpetuate domestic violence. For instance, societies that tolerate or condone violence, have unequal power dynamics between genders or lack support systems for victims may contribute to higher rates of domestic violence.

It is critical to remember, not all individuals with the characteristics will become domestic violence perpetrators. The traits should not be used to stereotype or label individuals.

Profile of victims

Domestic violence can affect individuals of any age, gender, socioeconomic status, or cultural background; however, common patterns and characteristics are associated with domestic violence victims.

Fear and anxiety: Victims of domestic violence often live in fear of their abuser's reaction and experience high levels of anxiety.

Low self-esteem, and self-blame: Constant belittling, humiliation, and verbal abuse can erode one's confidence and make it difficult for a person to seek help or leave the abusive relationship. They may internalize the abuser's manipulative tactics and believe that they deserve the mistreatment or that they are responsible for their partner's actions.

Financial dependence: Some victims may be financially dependent on their abusers, making it challenging for them to leave. They may lack access to financial resources, employment opportunities, or control over their finances.

History of abuse or trauma: Some victims may have a history of abuse or trauma, either in childhood or previous relationships increasing their vulnerability to enter an abusive dynamic or have a high tolerance for abusive behavior.

Cultural and societal factors: Cultural beliefs, societal norms, and community attitudes can influence a victim's experience and their willingness to disclose abuse. Some cultures may stigmatize victims or discourage them from seeking help, making it harder to escape the cycle of violence.

As with the characteristics of the perpetrator, not every person with the characteristics will become a victim of abuse.

Section 6: Recognizing and Assessing Domestic Violence

Through recognizing risk factors, and signs and symptoms of domestic violence nurses are able to advocate, care for and prevent intimate partner violence.

Common Risk Factors

Although domestic violence is found in all walks of life, there are certain common risk factors that increase the risk of intimate partner violence.

Poverty [9]

Poverty and violence often lead to stress, feelings of powerlessness, and social isolation. The sum of these factors produce posttraumatic stress disorder, depression, and other emotional difficulties.

Domestic violence victims experiencing poverty tend to face interrelated risks of poverty and of the abuser. Risks stemming from poverty include food insecurity, lack of healthcare access, and unsafe neighborhoods. Risks stemming from the

abuser include physical threats, loss of housing, income, and potential loss of their children.

Disability/Impairment [9]

Individuals with disabilities tend to experience abuse more than those without disabilities. In one study 27% of the violent crimes experienced by women and 1.1% of men with disabilities were from intimate partners. Barriers to accessing services impact people with disabilities experiencing intimate partner violence.

In addition to physical and psychological abuse, people with disabilities may also experience:

- Withholding of medications
- Physical harming of service animals
- Isolation
- Withholding or destroying of assistive devices (ie wheelchairs)
- Financial exploitation

Recognizing Signs and Symptoms [1,2,7,8,12]

Every healthcare facility should routinely screen patients for potential domestic violence.

Nurses should be alert for signs, symptoms, and situations that may be related to domestic violence. Examples of signs, symptoms, and scenarios to be on alert for include:

- A delay in seeking care or a pattern of missing appointments
- Vague or inconsistent explanations of injuries

- New onset of depression, chronic pain, or social isolation
- Lack of eye contact
- An intimate partner reluctant to leave the patient alone with a healthcare professional
- A patient presenting fearful, anxious, withdrawn, angry, nonresponsive, or afraid to talk openly
- Suicide or self harm attempts

If abuse is suspected patients should be able to discuss concerns with the nurse away from any person accompanying them.

Common Systemic Presentation/Injuries

Typical domestic injury patterns include contusions to the head, face, neck, breast, chest, abdomen, and musculoskeletal injuries. Accidental injuries more commonly involve the extremities of the body. Abuse victims tend to have multiple injuries in various stages of healing, from acute to chronic.

Domestic violence victims may have emotional and psychological issues such as anxiety and depression. Complaints may include backaches, stomachaches, headaches, fatigue, restlessness, decreased appetite, and insomnia. Women are more likely to experience asthma, irritable bowel syndrome (IBS), and diabetes.

Intimate Partner Abuse

IPV victim medical complaints may be specific or vague such as headaches, palpitations, chest pain, painful intercourse, or chronic pain.

The most common sites of injuries are the head, neck, and face. However, clothing or accessories may cover injuries to the body, breasts, genitals, rectum, and

buttocks. One should be suspicious if the injury is not consistent with history. Defensive injuries may be present on the forearms and hands. The patient may have psychological signs and symptoms such as anxiety, depression, and fatigue.

Intimate Partner Abuse: Pregnancy and Female

As mentioned, DV during pregnancy may cause as much as 10% of pregnant hospital admissions. Several historical and physical findings may help the provider identify individuals at risk. If the examiner encounters signs or symptoms, they should make every effort to examine the patient in private, asking caring, empathetic questions and listening politely without interruption to answers.

The psychological effects can also adversely affect the fetus. Prenatal care allows an opportunity for screening and violence prevention.

Intimate Partner Abuse: Same-Sex

Same-sex partner abuse is common and may be difficult to identify. Over 35% of heterosexual women, 40% of lesbians, 60% of bisexual women experience domestic violence. For men, the incidence is slightly lower. In addition to common findings of abuse, perpetrators may try to control their partners by threatening to make their sexual preferences public.

Intimate Partner Abuse: Men

Men represent 15% of all cases of domestic partner violence. Male victims are less likely to seek medical care, so the incidence may be underreported. These victims may have a history of child abuse.

Nonphysical Signs

It is important to remember that domestic violence injuries are not only physical, and victims may not display any physical signs Sexual assault, and emotional and psychological abuse, for example, may not render any visible trauma but exhibit in other ways, such as avoiding eye contact, shame, and low self-esteem.

Strategies for Conducting a Physical Assessment [1,7,8]

Following a systematic procedure to examine patients who may be victims of abuse will ensure no essential information is overlooked. Establishing trust and providing privacy is essential.

During the physical examination, the clinician will:

1. Allow the patient to change into an exam gown, allowing all body areas to be assessed.
2. Check for injuries over the entire body. Pay attention to the face, throat, neck, chest, abdomen, and genital regions.
3. Note any patterned injuries such as bruises, bite marks, handprints, belts, or cords; observe for burns consistent with cigarette tips
4. Document physical findings in detail. Include measurements of the injury/ injuries.
5. Photograph each injury, including long-distance, mid-range, and close-up perspectives.
6. Conduct a mental status exam.
7. For patients who report strangulation, consider imaging to rule out life-threatening injuries.
8. Use open, nonjudgmental questions regarding the mechanism of injury.

9. Do not discard or cut any clothing. Collect, preserve, and maintain a chain of custody; store evidence in paper bags. Evidence that may be wet or soiled should be placed inside a waterproof container and given to law enforcement personnel for processing.

Best Practice for Assessing and Interviewing Domestic Violence Victims

Best practices for assessing and interviewing potential domestic violence victims:

Ask direct and specific questions: Ask direct questions to assess the patient's safety and well-being. Examples of questions include:

1. “Are you feeling safe at home?"
2. "Has anyone ever hurt you physically or made you feel afraid?"
3. "Do you feel controlled or intimidated by your partner?"
4. "Has anyone forced you to engage in sexual activity against your will?"

Be attentive to physical and behavioral cues: Signs that may indicate domestic violence include unexplained injuries, frequent visits to the emergency department, anxiety, depression, or a reluctance to discuss certain topics.

Utilize a trauma-informed approach: It is important to recognize that victims of domestic violence may have experienced trauma; therefore, adopting a trauma-informed approach is critical. Methods of a trauma-informed approach include providing information about resources and services, remaining sensitive to the patient’s emotions, and avoiding retraumatization.

Assess additional risk factors: Besides screening for domestic violence, nurses can assess other risk factors associated with abuse, such as substance abuse, mental health issues, isolation, or financial dependence.

Section 6 Case Study

Jamie, a 31-year-old woman, presents to the emergency department with complaints of headache and multiple contusions on her arms. This is her third trip to the ED in 3 months. She avoids making eye contact and guards her midsection with her arms. Sarah's husband, Tim, accompanies her and insists on answering all the questions on her behalf.

As the nurse, you suspect domestic violence based on Jamie's physical injuries and the husband's controlling behavior. You recognize the importance of providing appropriate care and support while ensuring her safety.

Section 6 Reflection Questions

What immediate actions would the nurse take to ensure Jamie's safety and well-being?

How would the nurse gather information from Jamie and assess her needs?

What signs or indicators would the nurse look for during the assessment that may confirm domestic violence?

Section 7: Screening Tools for Identifying Domestic Violence

7,8,12

Nurses can utilize various domestic violence screening tools to assess patients for potential abuse. Screening tools are designed to identify signs of domestic violence and help healthcare providers gather necessary information. Screening tools are meant to prompt discussions and identify potential domestic violence cases. Nurses should follow up with appropriate questioning and assessment based on the patient's responses. It is important to note that no single screening

tool is universally considered the best, and the choice of tool may vary based on the healthcare setting, patient population, and available resources.

Commonly Used Screening Tools

HITS (Hurt, Insult, Threaten, Scream): The HITS screening tool consists of four questions assessing different abuse forms. Each question is scored on a scale of 0 to 5, with higher scores indicating a higher likelihood of domestic violence.

HARK (Humiliation, Afraid, Rape, Kick): The HARK screening tool is a four-question tool designed to identify intimate partner violence and sexual violence. It covers emotional abuse, fear, sexual coercion, and physical violence.

Abuse Assessment Screen (AAS): The AAS is a brief questionnaire that includes a series of direct questions to screen for domestic violence. It covers physical, sexual, and emotional abuse and questions related to the perpetrator's substance abuse.

Partner Violence Screen (PVS): The PVS is a three-question screening tool assessing the patient's domestic violence exposure. It focuses on physical violence, threats of violence, and controlling behaviors.

Women Abuse Screening Tool (WAST): The WAST a screening tool for domestic violence specifically targeted at women. It consists of eight questions that assess various forms of abuse experienced by the patient.

SAFE (Safe, Afraid, Friends, Emergency): The SAFE questionnaire is a four-question tool that assesses the patient's safety, fear, available support systems, and emergency contacts.

Regardless of the tool used, nurses should approach the patient and screening process with sensitivity, empathy, and respect, ensuring patient safety and confidentiality throughout the assessment. If domestic violence is identified or

suspected, appropriate interventions and referrals to support services should be provided to assist the patient in achieving safety.

Barriers to Treatment [6,7]

As with other patient populations, there are barriers hindering treatment. Fear is one of the greatest barriers to treatment the victims of intimate partner violence face. Victims are afraid for themselves, their family, and their general safety. For example, the fear that their children would be taken away from the victim, or fear of being judged or discriminated against by friends, family or healthcare providers if the abuse is disclosed.

Other potential barriers to treatment and disclosing the abuse include low self-esteem, feelings of shame, embarrassment, guilt and powerlessness.

Section 7 Case Study

Christian is a 32-year-old male who presents to the emergency department with a broken wrist. He tells the nurse that he fell down the stairs at home and intermittently looks at the door. As the nurse assesses Christian, they notice multiple bruises on Christian's arms and face that are inconsistent with a simple fall. The nurse suspects possible domestic violence and decides to explore further.

Section 7 Reflection Questions

What signs or red flags suggest that Christian may be a victim of domestic violence?

How would you approach the situation to ensure Christian's safety and trust?

Which screening tools or questions would you use to assess the possibility of intimate partner violence in a same-sex relationship?

What immediate interventions would you prioritize for Christian's physical and emotional well-being?

Reflect on any personal biases or assumptions that you may have about domestic violence. How would you ensure these biases do not interfere with your care?

Section 8: Health Consequences of Domestic Violence

1,5,6,7,12,13

Injuries sustained during episodes of domestic violence are only a portion of the damage inflicted on the victim's health. Victims of domestic violence commonly experience various physical and mental health problems because of abuse.

Physical health problems include:

- Sexually transmitted infections
- Pelvic inflammatory diseases
- Headaches
- Back pain
- Gastrointestinal disorders
- Gynecological disorders
- Obstetrical problems
- Central nervous system disorders
- Heart or circulatory conditions
- Asthma
- Diabetes

- Fibromyalgia
- Hypertension
- Chronic pain

Psychological health problems include:

- Post-traumatic stress disorder (PTSD)
- Depression,
- Anxiety,
- Low self-esteem,
- Psychosomatic complaints
- Restlessness
- Decreased appetite
- Insomnia
- Suicidal ideation and self-harm

Section 9: Documentation, Reporting, and Legal Considerations

Documentation is a vital and legal obligation of healthcare professionals. All findings and recommendations made during patient care should be documented in the medical record, including statements denying abuse. However, if domestic violence is admitted, documentation should include the history, physical examination findings, laboratory and radiographic findings, interventions, and referrals made. The information must be objective and accurate as the record may become a court document.

Documenting Suspected Domestic Violence

The medical record serves as objective third-party evidence in legal proceedings, therefore, accurate, thorough documentation of the patient's injuries is critical. The documentation, for example, can support a victim's request for a restraining order, or aid in obtaining public housing, welfare, health and life insurance.

Some best practices for documentation of care for a suspected domestic violence victim include:

- Document objectively. Do not use terms such as domestic violence, or intimate partner violence within the document, nor input opinion.
- Describe the patient's demeanor and appearance.
- Use the patient's own words, in quotations or prefacing with "the patient states", to document how the injuries occurred, who the patient reports as the abuser ("My husband kicked me"), and the timeline of the incident if able ("The patient states 'my girlfriend hit me last night'").
- Document the location, number, type, and characteristics of the injuries.
- Be sure to document any reporting process followed per local or state protocol.

If a nurse suspects abuse, following institutional protocol, they should notify a supervisor and report it to a physician, nurse practitioner, or physician assistant. Then, the nurse caring for the patient should notify law enforcement as soon as possible, while the victim is still in the care area. However, adults who are alert and oriented, and capable of their decision-making can choose not to report or choose to leave. Depending on the state, nurses may be required to report suspicious injuries to law enforcement whether the patient consents or wishes to press charges. Depending on the type of abuse, the nurse must call Adult Protective Services or Child Protective Services and follow up with a written

report. Depending on the organization, contacting additional resources, such as social services, may also be a requirement.

Section 10: Safety Planning and Protective Orders

1,2,11,12

To prevent intimate partner violence, one must understand and address the risk factors and protect them from violence. Promoting healthy, respectful, and nonviolent relationships can help reduce the occurrence of intimate partner violence.

Empowerment is the guiding force for victim advocacy and is something nurses and healthcare professionals promote. Ways to empower domestic violence patients include:

- Respecting confidentiality
- Believing and validating experiences
- Acknowledging injustice
- Respecting autonomy
- Assisting with safety planning

Safety plans are a tool victims can use that empowers and guides victims.

Safety Planning

One of the most critical responsibilities of nurses caring for intimate partner violence patients is conducting safety planning and risk assessments. Clinicians collaborate with patients to develop strategies to enhance their safety, including accessing legal assistance, connecting with community support services, or finding shelter. By evaluating the potential risk factors, nurses can help devise tailored

plans to increase patient safety and minimize the likelihood of further violence. It is important to involve the social worker early. Do not discharge the patient until a safe haven has been established.

Safety Plans

A **safety plan** is a personalized, practical plan the victim develops to ensure their safety while in a relationship, planning to leave a relationship or after they have left the relationship. The abuse victim can begin working on the document at any time. Nurses and healthcare professionals should be aware if a plan is in place or offers to refer patients to a personal or agency that can help them create one. The safety plan includes practical steps, both physical and psychological, the individual should take while in the relationship, planning to leave and after leaving.

Protective Orders

A **protective order**, issued under the civil law system, is a document signed by a judge directing an individual to stay away from the person seeking protection. The protective order aims to prevent any additional acts of domestic violence.

The “petitioner” (victim) files for protection against the “respondent”(abuser); requesting the respondent cease contact with the petitioner, children, or others requiring protection. The respondent may also be mandated to avoid the petitioner’s home, work, school or any other areas specified by the petitioner.

An emergency protective order can be issued until a court hearing, and the respondent may be arrested if the order is violated. The judge will issue a protective order for a specific period in court. The petitioner may request to renew the order.

Providing Crisis Intervention and Support

Nurses can be critical in providing crisis intervention and support to domestic violence victims. In addition to assessing and reporting findings, there are several actions the nurse can take to aid or create an impact for victims or suspected victims of intimate partner violence.

Interventions include:

- Ensure Immediate Safety: If the victim is in immediate danger, prioritize their safety. If necessary, call emergency services to ensure their protection and remove them from immediate harm.
- Establish Trust and Empathy: Create a safe and supportive environment where the victim feels comfortable sharing their experiences. Show empathy, active listening, and non-judgmental attitudes to foster trust and rapport.
- Validate and Normalize Feelings: Domestic violence survivors often experience a range of complex emotions, including fear, shame, guilt, and confusion. Validate their feelings and normalize their emotional responses, emphasizing that the abuse is not their fault.
- Provide Information and Education: If they are open to it, educate the victim about the dynamics of domestic violence, the cycle of abuse, and the impact it can have on their physical and emotional well-being. Help them understand that domestic violence is a pattern of control and manipulation, and they have the right to live a life free from abuse.
- Offer Emotional Support: Domestic violence can have severe psychological effects on victims. Provide emotional support, validate their experiences, and encourage them to express their feelings. Offer information about counseling services and mental health resources to assist them in their healing journey.

- Collaborate with Interdisciplinary Teams: Work with social workers, law enforcement, legal professionals, and other healthcare providers to ensure a comprehensive and coordinated response.

Section 10 Keywords

Protective order - is a document signed by a judge directing an individual to stay away from the person seeking protection.

Safety plan - a personalized, practical plan the victim develops to ensure their safety while in a relationship, planning to leave a relationship or after they have left the relationship.

Section 11: Conclusion

Domestic violence affects millions worldwide, regardless of age, gender, socioeconomic status, or cultural background. Nurses are uniquely positioned to recognize, care for, and prevent domestic violence. Nurses are often the first, and frequent health care providers potential abuse victims may encounter. Nurses must understand the cycle of violence, recognize the signs, symptoms, and scenarios associated with domestic violence, and know how to care for and intervene for intimate partner violence victims.

Resources

The following resources are available 24/7 for victims and advocates of domestic violence survivors.

National Domestic Violence Hotline: https://www.thehotline.org/

- Provides 24/7 support, safety planning, and resources for domestic violence victims. Offers live chat and a helpline.

RAINN (Rape, Abuse & Incest National Network): https://www.rainn.org/

- Offers support and resources for survivors of sexual assault, including a 24/7 confidential helpline and an online chat service.

National Coalition Against Domestic Violence (NCADV): https://ncadv.org/

- Provides information, resources, and advocacy for domestic violence victims. Offers a directory of local resources and a helpline.

Futures Without Violence: https://www.futureswithoutviolence.org/

- Focuses on preventing and ending domestic violence, sexual assault, and child abuse. Provides educational resources, toolkits, and training programs.

Women's Law: https://www.womenslaw.org/

- Offers legal information and resources for survivors of domestic violence, including state-specific laws, protection orders, and legal advocacy.

Loveisrespect: https://www.loveisrespect.org/

- Focuses on preventing teen dating violence and offers resources for young people experiencing abuse. Provides a 24/7 helpline, online chat, and text support.

National Network to End Domestic Violence (NNEDV): https://nnedv.org/

- Advocates for policies and programs to end domestic violence. Provides resources, training, and a directory of local service providers.

Childhelp: https://www.childhelp.org/

- Focuses on child abuse prevention and intervention. Provides resources, a helpline, and information on reporting child abuse.

National Resource Center on Domestic Violence (NRCDV): https://www.nrcdv.org/

- Offers resources, training, and technical assistance for domestic violence service providers and advocates.

Break the Cycle: https://www.breakthecycle.org/

- Addresses dating violence and promotes healthy relationships among young people. Provides educational resources and support.

References

Centers for Disease Control and Prevention. (2021, November 2). *Risk and protective factors|intimate partner violence|violence prevention|injury Center|CDC*. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html

Centers for Disease Control and Prevention. (2022, October 11). *Fast facts: Preventing intimate partner violence |violence prevention|injury Center|CDC*. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html

Centers for Disease Control and Prevention. (2023, February 5). *Fast facts: Preventing stalking |violence prevention|injury Center|CDC*. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/stalking/fastfact.html

Flowers, C., Winder, B., & Slade, K. (2022). "You Want to Catch the Biggest Thing Going in the Ocean": A Qualitative Analysis of Intimate Partner Stalking. *Journal of Interpersonal Violence*, *37*(7–8), NP4278–NP4314. https://doi.org/10.1177/0886260520958632

Gartley, C. E. (2019, October 16). *Intimate partner violence in pregnancy*. American Nurse. https://www.myamericannurse.com/intimate-partner-violence-in-pregnancy/

Heron, R. L., & Eisma, M. C. (2021). Barriers and facilitators of disclosing domestic violence to the healthcare service: A systematic review of qualitative research. *Health & social care in the community*, *29*(3), 612–630. https://doi.org/10.1111/hsc.13282

Huecker MR, King KC, Jordan GA, et al. Domestic Violence. (2023) In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK499891/

Miller, C. J., Adjognon, O. L., Brady, J. E., Dichter, M. E., & Iverson, K. M. (2021). Screening for intimate partner violence in healthcare settings: An implementation-oriented systematic review. *Implementation Research and Practice*, *2*, 263348952110398. https://doi.org/10.1177/26334895211039894

NCADV: National Coalition Against Domestic Violence. The Nation's Leading Grassroots Voice on Domestic Violence. (n.d.). https://ncadv.org/STATISTICS

Pereira, M. E., Azeredo, A., Moreira, D., Brandão, I., & Almeida, F. (2020). Personality characteristics of victims of intimate partner violence: A systematic review. *Aggression and Violent Behavior*, *52*, 101423. https://doi.org/10.1016/j.avb.2020.101423

Sabri, B., Tharmarajah, S., Njie-Carr, V. P. S., Messing, J. T., Loerzel, E., Arscott, J., & Campbell, J. C. (2022). Safety Planning With Marginalized Survivors of Intimate Partner Violence: Challenges of Conducting Safety Planning Intervention Research With Marginalized Women. Trauma, Violence, & Abuse, 23(5), 1728–1751. https://doi.org/10.1177/15248380211013136

Screening for intimate partner violence, elder abuse, and abuse of vulnerable adults: Recommendation statement. American Family Physician. (2019, May 15). https://www.aafp.org/pubs/afp/issues/2019/0515/od1.html

United Nations. (n.d.). *What is domestic abuse?*. United Nations. https://www.un.org/en/coronavirus/what-is-domestic-abuse