Abuse, Violence and/or Intimate Partner Violence – HM 11

DEFINITION

Intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship, "Intimate partner" refers to both current, former, and dating partner. CDC identifies 4 types of IPV – physical violence, sexual violence, stalking and psychological aggression. Psychological aggression is estimated to be the most common form of IPV. A pattern of coercive behavior used to gain power and control over another person through fear and intimidation. All individuals are at risk for abuse and/or violence regardless of age, race or socioeconomic status.

SUBJECTIVE

May include:

1. Client may describe episodes of physical, sexual, psychological or verbal abuse directed at themselves or others
2. Client may present with injuries inconsistent with the history described
3. Client may have a history of frequent visits to health care providers where they present with multiple injuries or vague somatic complaints (i.e., headaches, GI complaints, fatigue, sleeplessness, sexual dysfunction, chest pain, palpitations, allergic skin reactions, musculoskeletal aches, anxiety)
4. Client may be accompanied by an over-protective partner who does not want the client to be left alone with the health care provider
5. Client may report history of:
   a. Missed appointments or presenting for treatment days after an injury.
   b. Alcohol or substance use in self or partner.
   c. Eating disorders, depression, panic attacks, suicidal ideation or suicide attempt(s).
   d. Pre-term labor, low birth weight infant, or miscarriage in previous pregnancies.
6. Strangulation risks may be present in suicide attempts, domestic violence, sports injuries, consensual and non-consensual sexual activity, martial arts and law enforcement activities

OBJECTIVE

May include:

1. Client may appear restless, angry, defensive, tearful, evasive, or anxious. May also exhibit an inappropriate affect or avoid eye contact
2. Client may present with:
   a. Patchy alopecia
   b. Cigarette burns, human bites, multiple injuries and/or bruises in various stages of healing, wounds to the face, head, neck, breasts, or abdomen, wounds from a knife or firearm. (See Century Code 43-17-41, Duty of Physicians and Others to Report Injury
   c. Foreign objects in ear, nose, vagina or rectum
   d. Conditions associated with stress (i.e., hypertension, obesity, weight loss, GI ulcer)
   e. Evidence of sexual abuse (i.e., lacerations on breast, labia, urethra, perineum/anal area)
   f. Gynecological problems (i.e., frequent vaginal and UTI's, pelvic pain, STI's)
   g. Signs of possible strangulation (I.e., conjunctival or facial petechia, neck abrasions, edema, ligature marks, hoarseness or stridor)

LABORATORY

As indicated by physical findings

ASSESSMENT

Abuse and/or violence

PLAN

May include:

1. If in immediate danger, call 911
2. Screen clients regardless of age, race, socioeconomic or marital status, as indicated. Discuss reporting requirements prior to screening.
3. Speak to the client alone.
4. Assure the client of confidentiality.
5. Make a warm referral to a local crisis program and document the disclosure, as indicated.
6. Provide client referral information to community resources such as legal, law enforcement, shelter, financial and counseling services, as indicated.
7. If there is a reasonable concern for patient self-harm or suicidal ideation, use caution if prescribing sedatives, tranquilizers or antidepressants.
8. Document findings in a clear, precise and comprehensive fashion using diagrams, measurements and photographs (if available and if client consents).
9. Consult and follow mandatory child abuse reporting policy

CLIENT EDUCATION

1. Inform all clients that abuse, and violence is not a normal part of relationships
2. Educate client about the cycle of violence and explain that abuse/violent episodes will likely increase in frequency and severity without intervention
3. Universal education and empowerment; consider use of safety cards to talk with all clients without focusing on disclosure

CONSULT / REFER TO PHYSICIAN

1. Medical consultation/referral as appropriate for treatment of injuries
2. Mental health or substance abuse consultation/referral as appropriate
3. Urgent referral for report of strangulation assault for evaluation of unknown acute injury and uncertain prognosis

REFERENCES

1. North Dakota Domestic & Sexual Violence Coalition. (n.d.) *Find help*. Retrieved from https://nddsvc.org/find-help
2. National Domestic Violence Hotline. (n.d.) *Get help*. Retrieved from https://www.thehotline.org/get-help/
3. Dunn, R., Sukhija, K., Lopez, R. (2023). Strangulation injuries. *National Library of Medicine, StatPearls Publishing*. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK459192/
4. Reproductive Health National Training Center. (2024). *Adressing intimate partner violence through confidentiality, universal education + empowerment, and support (CUES) job aid*. Retrieved from https://rhntc.org/resources/addressing-intimate-partner-violence-through-confidentiality-universal-education
5. U.S. Preventative Task Force. (2018). *Intimate partner violence, elder abuse, and abuse of vulnerable adults: Screening*. Retrieved from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening