Understanding the Effects of Intimate Partner Violence:

Considerations for the Nurse Practitioner

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Abstract

Intimate partner abuse (IPA) impacts the health of many women. It has been estimated that one in ten women will experience IPA within their lifetime. Living with chronic stress from IPA is detrimental to women’s health. Women living with IPA utilize the health care system more often than non-abused women for treatment of acute physical injury, chronic health illness, and mental health illness. Nurse practitioners will encounter many women affected by IPA in practice and thus need to understand the effects of IPA on women’s health. The NP should be aware of when to screen for IPA and how to help women once abuse is disclosed. However, it is important to understand that many women will not disclose abuse for reasons such as lack of trust and fear. Living with IPA, whether disclosed or not, is detrimental to the health of women. It is important for the NP to understand the effects of IPA on women’s health and to develop strategies to developing a trusting, therapeutic relationship in order provide best care for women living with IPA.

*Keywords:* intimate partner abuse, disclosure, screening, women’s health, nurse practitioner.
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Intimate partner abuse (IPA) has been problematic for women in “all cultures, age groups and socioeconomic classes” (Daniel & Milligan, 2013, p. 20). IPA impacts the lives of many women; Kelly, Gonzalez-Guarda, and Taylor (2011) estimate that one in 10 women are victims of IPA. Research has shown that living with IPA can result in a variety of health issues such as acute injuries, chronic illness, psychological and mental health illnesses. Women who are victims of IPA utilize the health care system more often than those who are not exposed to abuse (Cerulli, Poleshuck, Raimondi, & Veale, 2012; Ford-Gilboe, Varcoe, Wuest, & Merritt-Grey, 2011). Nurse practitioners (NP) can expect to care for women on a daily basis who experience IPA. The NP needs to be competently treat women experiencing IPA, and provide appropriate interventions and referrals to other health care providers. Therefore, the NP needs to have an awareness of the prevalence of IPA, the impact on health and the role of the NP in a clinical setting.

Prevalence of Intimate Partner Abuse

NPs can expect to provide care for many women in clinical practice as these women may have health issues due to IPA. Kelly et al. (2011) defined IPA as abuse or violence that occurs in an “intimate relationship” (p. 51) and includes physical, sexual, financial, psychological abuse and violence. IPA is a major health and social issue that affects women of all ages, cultures and socioeconomic status (Alhabib, Nur & Jones, 2010; Bradbury-Jones, Kroll & Duncan, 2011; Daniel & Milligan, 2013). Women in Canada are not exempt to the impact of IPA. In fact, Sinha (2010) stated, in a Canadian statistical report, that 25% of violent crimes reported to police were a result of IPA. Women who are victims of IPA utilize clinics and hospitals for treatment of acute injury, chronic illness and mental health illness more often non-abused women (Alhabib et al.,
Therefore, a nurse practitioner can expect to encounter women whose health is affected by IPA.

**Intimate Partner Abuse and Women’s Health**

NPs need to understand the relationship between women’s health and IPA. Research has shown that women’s health is negatively affected long after the leaving the relationship (Annan, 2013; Daniel & Milligan, 2013; Ford-Gilboe et al., 2011). Unfortunately, women who are injured by their partner may not seek treatment for acute physical injury; this can impede healing and result in long-term complications (Ford-Gilboe et al, 2011). The NP may have to treat injuries such as soft-tissue lacerations, vaginal or rectal tears, as well as chronic illness and mental health illness (Ford-Gilboe et al, 2011). NPs need to begin screening all women for IPA.

Identifying IPA may be a challenge for NPs as women may present with vague health complaints making it difficult to connect the illness or presenting symptoms to abuse. Daniel and Milligan (2013) stated that many women are hesitant to disclose IPA and NPs need to be aware of typical clinical presentations. Prolonged stress causes chemical alterations in the body, which results in chronic illness and inflammatory disorders (Lokhmatkina et al., 2013). Ford-Gilboe, et al. (2011) explained that the biopsychosocial response to IPA leads to many chronic health illnesses. Women often present with chronic pain, arthritis, gynecological problems, gastric problems, seizure disorders, hypertension, obesity, stroke, asthma, and inflammatory disorders (Ford-Gilboe, et al., 2011; Daniel & Milligan).

NPs must understand the impact of IPA on the mental health of women. Depression and anxiety disorders are found to be a long-term consequence of living with IPA (Lokhmatkina et al., 2013). Living with prolonged stress leads to depression, anxiety, sleep disturbances, and social insecurities that affect the woman’s ability to seek help (Hearns, 2009; Daniel & Milligan, 2013). Abused women have low self-esteem and diminished self-worth from the living with
chronic stress, which has been found to contribute to poor health choices (Cerulli et al., 2012). To cope with the stress of IPA, many women participate in high-risk behaviors such as drug abuse, high-risk sexual activity, alcohol and tobacco use, which further increase the risk for physical and mental illness (Bradbury-Jones et al., 2011; Ford-Gilboe et al, 2011). Unfortunately, leaving the relationship does not cure the health issues. The impact on the mental and physical health can affect a woman even after she leaves the relationship (Brykczynski, Medina & Pedraza, 2011).

**Nurse Practitioner’s Role**

The NP has a responsibility to screen patients that show signs and symptoms of living with IPA. It may be difficult for the practitioner to identify women who are experiencing IPA as often symptoms are vague (Cruz & Bair-Merritt, 2013). Therefore, the practitioner needs to be aware of clinical presentations that indicate that a woman is living with IPA. Daniel & Milligan (2013) state that physical signs such as unexplained injuries and bruising may be an indication of abuse. Other indicators such as low-self esteem, rigid family structuring and generalized physical complaints (with no apparent underlying cause) are indications that a women should be screened for IPA (Cerulli et al, 2012; Cruz & Bair-Merritt, 2013; Brykczynski et al, 2011).

NPs should be aware of and be able to deal with the challenges of screening women for IPA. Many factors prevent women from disclosing abuse to the NP. Women may be fearful of what will happen after disclosure. Fear of being forced to take action before being prepared to leave the relationship can have catastrophic results for the woman (Brykczynski et al., 2011) for example the abusive partner or husband may become violent and harm her or her children. It is not easy for a woman to leave the relationship as her low self-esteem and confidence make it difficult to contemplate surviving without her partner (Bradbury-Jones et al., 2011; Cruz & Bair-Merritt, 2013). NPs may become frustrated when attempts to help women leave a relationship do not result in her leaving the abusive partner. Hearns (2009) explained that women often are
unable to leave an abusive relationship even when they know it is detrimental to their wellbeing. It is not unusual for a woman to leave and return to their partner several times before permanently separating from the relationship (Brykczynski et al., 2011; Cerulli et al., 2012; Hearns, 2009). However, it is important that the NP understands that even being asked about IPA may be a relief for some women, as she develops awareness that there is someone who can help to improve their situation. Safe discussion without judgement will help establish a trusting relationship that may eventually result in the woman leaving the harmful relationship.

The NP has a responsibility to provide a safe, trusting atmosphere that encourages open dialog. NPs need to understand that the immediate goal may not be for the women to leave the abusive partner. Therefore, when a woman discloses abuse, the NP should never insist on separation as this could place the women in an extremely dangerous situation (Ford-Gilboe et al., 2011). It takes time for the women to prepare herself emotionally, financially and physically in order to leave the relationship. The most important thing the NP can do is to give the women a safe place to talk about her experience (Hearns, 2009) and to assist her to develop her safety plan.

The NP should ensure that the woman is referred for care and services not within the scope of the NP. In a survey completed by Burge, Schneider, Ivy and Catala (2005) physicians caring for women in IPA relationships reported that the “most frequent advice was to make referrals” (p. 251). Contact information should be provided for safe housing, referral to social services, and/or counseling as needed (Daniel & Milligan, 2013). Safety is also an important concern for women living with IPA. The NP needs to assess the woman’s safety and develop strategies if she is in immediate danger (Daniel & Milligan, 2013 & Ford-Gilboe, et al, 2011). Ford-Gilboe et al. (2011) stressed the importance of completing a thorough health assessment and ensuring documentation in the patient’s chart; however, Cruz and Bair-Merritt stated that it is important to obtain permission from the client before documentation as the abusive partner may
gain access to this information. The NP is legally responsible to maintain a thorough and detailed patient records. Maintaining patient confidentiality to ensure safety of the women is crucial (2013). The NP must document the women’s story, details of injuries and health issues, interventions, and referrals for treatment and counseling (Ford-Gilobe, et al.).

The NP needs to learn strategies to help women experiencing IPA. Ford-Gilboe et al. (2011) recommended helpful strategies for the NP to utilize when treating a woman affected by IPA; for example, it is important to create a safe and confidential environment to encourage open dialog. A safe environment is one where women feel free to talk without fear of judgment or blame. Developing a trusting therapeutic relationship will enable the NP to understand the needs of the woman whether she chooses to stay in the relationship or leave (Ford-Gulboe et al.). Taylor et al. (2013) stated that understanding the women’s decision to stay is often a challenge for practitioners. However, respect of the woman’s decision to leave or stay is very important. The NP should discuss with the woman what is most helpful at this time and be respectful of her decisions (Taylor et al.). As such, the NP needs to ensure continuity of care by providing opportunity to improve the woman’s health and wellness.

**Conclusion**

NPs may be intimidated to discuss IPA and may be reluctant to screen for IPA due to lack of skills to confidently provide interventions and follow-up care (Bradbury-Jones et al., 2013; Husso et al., 2012). Many women will not disclose IPA and the NP must decide when screening is appropriate. Even if IPA is not disclosed, the NP needs to be aware that IPA can cause physical, chronic and mental illnesses that result in increased clinical visits. The NP can potentially have a profound positive effect on the health of women affected by IPA. However, the role of the NP in clinical practice is not well defined and clinical guidelines are needed to help provide most current and best care for women affected by IPA.
References


