Intimate Partner Violence: Screening, Assessment & Intervention in In-Home Support Situations

Debbie Aylward, RN, MScN, Perinatal Consultant, Champlain Maternal Newborn Regional Program
Susan Jack, RN PhD, Associate Professor, School of Nursing, McMaster
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Objectives

- Define intimate partner violence (IPV)
- Describe prevalence & health effects of IPV
- Review importance of & strategies for asking about IPV
- Discuss principles for responding to a IPV disclosure
- Identify interventions for supporting women exposed to abuse
- Identify supervision & education needs
- Create a ‘toolkit’ for practitioners to address the issue of IPV

Before we start...

Dr. Susan Jack jacksm@mcmaster.ca
Debbie Aylward daylward@cmnrp.ca
What is Intimate Partner Violence?

Physical violence, sexual violence, threats (intimidation) of physical/sexual violence, psychological or emotional violence

IPV can vary in frequency and severity; perpetrated by a current or former partner or spouse

It can occur on a continuum, ranging from one hit to chronic severe battering or psychological abuse

Theories of Power & Control

Power & Control Wheel

Equality Wheel

Types of Intimate Partner Violence

<table>
<thead>
<tr>
<th>Type of IPV</th>
<th>Client</th>
<th>Partner of Client</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Violent</td>
<td>Controlling</td>
</tr>
<tr>
<td>Intimate Terrorism</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Violent Resistance</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Situational Couple Violence</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

(Johnson, 2008)

Dr. Susan Jack jacksm@mcmaster.ca

Debbie Aylward daylward@cmnrp.ca
Dr. Susan Jack jacksm@mcmaster.ca

Debbie Aylward daylward@cmnrp.ca
Intimate Partner Violence: Screening, Assessment & Interventions

General Social Survey on Victimization (2004, 2009)
- 6-7% of women (married/CL) experienced some sort IPV in previous 5 years
- ~24% in Aboriginal women

Family Violence in Canada: A Statistical Profile (2009, 2013)
- 83% of ‘victims’ of spousal violence were women
- Women are 4x more likely than men to be victims of spousal homicide
- ~37,500 ‘victims’ in 2014; 80% women
- Violence among dating partners more prevalent than spousal violence
- Violence more common in younger Canadians (see 2011-early 20s) 15-25 yrs

Every 6 days a woman is killed by an intimate partner (StatCan, 2011)
Intimate partner violence accounts for ~1/5 homicides (StatCan, 2006)

In 2005, 4 pregnant women were killed by an intimate partner (Dauvergne & Li, 2006)

Abuse during Pregnancy
- 21% of women were abused during pregnancy (VAWS, 1993)
- ~40% of cases, abuse began during pregnancy (VAWS, 1993)
- 95% of women who were abused in the first trimester were also abused in the 3-month period after delivery (Stewart, 1994)

Maternity Experiences Survey (MES) (2009)
- ~6% of women who had recently given birth had experienced IPV

What the women said...
- 77% reported being pushed, grabbed or shoved
- 47% had something thrown at them
- 32% said they were abused during their pregnancy
- 28% said abuse started after pregnancy
- 14% were choked
- 10% were beaten
- 8% were threatened with a gun or knife

Dr. Susan Jack jacksm@mcmaster.ca
Debbie Aylward daylward@cmnrp.ca
Let’s talk about Ontario

**born**
Ontario

Early health. Lifelong health.
Début en santé. Longue vie en santé.

Woman Abuse (2012)
The self-disclosed threat of or actual physical, sexual, psychological, emotional or financial abuse.

Responses (pick list)
- No disclosure
- Disclosure
- Unable to Ask

The Results …

<table>
<thead>
<tr>
<th>‘Woman Abuse’</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
</tr>
<tr>
<td>No disclosure</td>
<td>100,764</td>
</tr>
<tr>
<td>Disclosure</td>
<td>2,559</td>
</tr>
<tr>
<td>Unable to Ask</td>
<td>38,052</td>
</tr>
<tr>
<td>Missing Data</td>
<td>111</td>
</tr>
<tr>
<td>Total Pregnancies</td>
<td>141,486</td>
</tr>
</tbody>
</table>

February 2015
S. Jack/D. Aylward

So, that means …

Disclosure rate of women who were asked and answered the question was 2.5% *

*‘Unable to Ask’ and ‘Missing’ were excluded

What if the 38,052 women who were not asked disclosed?

951 additional women would have been identified and could have received help

Dr. Susan Jack jacksm@mcmaster.ca
Debbie Aylward daylward@cmnrp.ca
Building your Toolkit

What about health consequences?

Health Consequences of IPV Exposure

<table>
<thead>
<tr>
<th>General</th>
<th>Reproductive</th>
<th>Fetal &amp; Newborn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical trauma/ injuries</td>
<td>STIs</td>
<td>Placental abruption</td>
</tr>
<tr>
<td>Stress/anxiety disorders</td>
<td>Unprotected intercourse</td>
<td>Poor fetal growth</td>
</tr>
<tr>
<td>Somatic disorders</td>
<td>Unwanted pregnancies</td>
<td>Preterm labour/birth</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Spontaneous abortions</td>
<td>Fetal injury</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>Forced abortions</td>
<td>Fetal death</td>
</tr>
<tr>
<td>Eating/ sleeping disorders</td>
<td>Inadequate prenatal care</td>
<td>Neonatal infection &amp; STIs</td>
</tr>
<tr>
<td>Chronic medical conditions</td>
<td>Complications during labour and birth</td>
<td>Neonatal death</td>
</tr>
<tr>
<td>Depression</td>
<td>Infertility secondary to STIs</td>
<td>Breastfeeding Bonding/attachment issues</td>
</tr>
<tr>
<td>(Suicidal ideation, PTSD)</td>
<td></td>
<td></td>
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Dr. Susan Jack jacksm@mcmaster.ca

Debbie Aylward daylward@cmnrp.ca
Whiteman, Chamberlain & Greenway (2004) asked women who had been abused about the most useful thing that their healthcare provider did to help them deal with the abuse.

The overwhelming response was ....

‘JUST BEING ASKED.’

Did you know...

pregnant women have a higher risk of experiencing violence during pregnancy than they do of experiencing problems such as pre-eclampsia, placenta previa or gestational diabetes ... health concerns for which they are routinely screened?

Your role in asking about abuse...

1. Awareness
   - Of signs of abuse
   - Of significance of asking
2. Identification
   - Through screening
3. Assessment
4. Safety Planning

+Dr. Susan Jack jacksm@mcmaster.ca
+Debbie Aylward daylward@cmnrp.ca
Weighing the options ...

Routine Universal Indicator Based

Asking about abuse is about ...

... and trust is a process

FRAME THE QUESTION

Dr. Susan Jack jacksm@mcmaster.ca
Debbie Aylward daylward@cmnrp.ca
Your Task ...

Find a partner (or group) and

1. Share your strategy for discussing IPV with your clients
2. Create a ‘script’ that may be used when you or your colleagues talk to women about IPV
3. Identify current guidelines or protocols that your agency uses and/or what other supports would be helpful
4. Discuss what additional information about IPV would be valuable to you in your current role

Building your Toolkit

Definition and Prevalence

Responding to Disclosures of Intimate Partner Violence

Dr. Susan Jack jacksm@mcmaster.ca
Debbie Aylward daylward@cmnrp.ca
Intimate Partner Violence: Screening, Assessment & Interventions

Multiple levels of response

Availability, access, use & quality of services

Knowledge & skills to identify, assess, plan, implement & evaluatel

Provide trauma-informed services, develop skilled workforce, support for supervisors, Police, etc.,

Opportunity to safely share IPV history, receive evidence-based interventions tailored to her stage of change and identified needs

Community & System Level Response

Figure 1: Conceptual Model: Systems with Which Abused Women Interact & Central Role of Shelter Services

Emergency Shelter & Outreach Services

1. Legal Aid
2. Lack of Lawyers
3. Mediation, family collaborative Law; Tribunal Act
4. Custody
5. Restraining orders
6. Ex-Partie Motions
7. Exclusive Possession orders
8. Property Orders

Legal: Criminal

1. Police
2. Courts
3. Victims Witness
4. Victim Services
5. Probation & Parole

Financial Supports:

Ontario Works, etc.

Health

1. Acute & chronic health care
2. Forensic Examinations
3. Health promotion & disease prevention

Counseling

Housing

Type of Housing
1. Own Home
2. Rental: Subsidized or Private Market

Board of Education

Child Protection

1. Change in schools
2. Board of Education Protocols

1. Children's Aid Society
2. Child and Family Services Act
3. Shelter Protocols

1. Status in Jeopardy if Sponsored
2. Language Barriers
3. Cultural differences

Legal: Immigration

Child Health

1. Acute & Chronic Health Care
2. Counseling
3. Parenting support

Shelters provide:

- 24-hour crisis support
- Outreach Transitional Support
- Residential Shelter Services
- Legal Support (Family, Criminal, Immigration)
- Short term Counseling
- Community Referrals
- Case Conferencing
- Cultural Interpretation
- Community and Public Policy Advocacy
- Research/Public Education

© Clare Freeman, 2004

Abused Woman

For Women with Children, Add to the Above:

For Women New to Canada, Add to the Above:

(Freeman, 2004 cited in Ontario Research Shelter Project)

Dr. Susan Jack jacksm@mcmaster.ca

Debbie Aylward daylward@cmnrp.ca
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15-02-25

Dr. Susan Jack jacksm@mcmaster.ca
Debbie Aylward daylward@cmnrp.ca

Agency-Public Health Unit
Level of Response

Organizational Readiness...

- Home visiting safety policy
- Documentation of IPV
- Intersections between child maltreatment & IPV
- Develop evidence-informed policies, guidelines, care pathways
- Provide ongoing education & supervisions
- Culture of trauma-informed care
Principles of Trauma-Informed Services

- Recognize impact of violence on development & coping strategies
- Identify recovery from trauma as a primary goal
- Employ an empowerment model
- Strive to maximize a woman's choices & control over her recovery
- Based in a relational collaboration

Elliott et al. (2005)

Create a context of care that is respectful of survivor's needs for safety, respect, acceptance

Emphasize a woman's strengths, highlighting adaptations over symptoms & resilience over pathology

Prevent the recurrence of traumatization

Strive to be culturally competent & understand each woman in the context of her life experiences & cultural background.

Elliott et al. (2005)

Provider-Client Relationship: Responding to IPV Disclosures

Provider-Client Relationship: Responding to IPV Disclosures

Dr. Susan Jack jacksm@mcmaster.ca

Debbie Aylward daylward@cmnrp.ca
Empathic Response to Disclosure

Do not...

1. Ignore the disclosure
2. Blame or shame the woman
3. Screen women in the presence of others
4. Use family members to interpret
5. Sacrifice safety and confidentiality in the name of family-centred care
6. Assume that you know what is best or what will keep the woman safe
7. Take control or attempt to rescue
8. Judge the woman’s choices

Trauma Responses

+ Triggers: sights, sounds, touch, smells, tastes - linked to abuse, memories of trauma
+ Why might a health care setting or encounter act as a trigger?
+ Symptoms of a trigger response:
  - Anxiety
  - Mild to moderate distress
  - Increased heart rate/respirations
  - Sudden display of fear or anger
  - Restlessness
  - Sweating
  - Startle response
  - Dissociation (rare)

Dr. Susan Jack jacksm@mcmaster.ca
Debbie Aylward daylward@cmnrp.ca
Trauma Informed Care - Universal Precautions

- Ensure privacy
- Explain all procedures; seek consent
- Ask woman about her level of comfort (discomfort) and what might increase her comfort
- Provide options and choices to enhance comfort
- Avoid common triggers (those that nurse can control) - eg ask permission to touch
- Be mindful of woman’s responses
- Support woman to deal with trauma response in a way that helps her regain sense of control, minimizes embarrassment, regain composure

Your task ...

- Continue with your group or partner
- At the organizational level:
  - What supports currently exist to support managers, supervisors, public health nurses and family visitors respond to disclosures of IPV
  - What additional supports, policies or education is required?
- At the individual level, for you as a manager, supervisor, PHN or family home visitor:
  - What is your personal level of skill & confidence in responding empathically to a disclosure?
  - What additional education or support do you require to improve your knowledge/skill in responding to disclosures?

Building your Toolkit

- Definition and Prevalence
Intimate Partner Violence: Screening, Assessment & Interventions

Now what? Planning & Implementation of Care...

VIOLENCE AGAINST WOMEN: HEALTH-CARE WORKER INTERVENTION

Risk Assessment

*Danger Assessment Education & Certification www.dangerassessment.org
*OneLoveMyPlan App
http://www.youtube.com/watch?v=OX3dwb6nhBU

Dr. Susan Jack jacksm@mcmaster.ca
Debbie Aylward daylward@cmnrp.ca
Brief Empowerment Elements

| Support & Referral | Education | Safety Planning |
|--------------------|-----------|-----------------
| Community resources information | Cycle of Abuse | Tailored to DA Score |
| Anticipatory guidance | Identify & review safety options | Tailored to “stage of change” |

Process of Resolving or Leaving Abusive Relationships

A complex trajectory...

Stages of Readiness to Change...

Not ready to make a change; Committed to the relationship
Thinking about making a change; Confused but questioning
Getting ready to make a change; Considering change & options
Making the change: Breaking free of abuse
Keeping it up: Establishing a new life together or apart

Dienemann & Campbell (2002)
Domestic Violence Survivor Assessment Form

Psychosocial Readiness Model for IPV

Tailored Interventions

Dr. Susan Jack jacksm@mcmaster.ca
Debbie Aylward dayward@cmnnp.ca
Your task...

- As a group we will discuss...
  - How service providers are intervening (planning and implementation of care) with women exposed to abuse in a variety of care situations (telephone, home visits, community contexts).
  - Discuss what is an appropriate level of intervention for the work you do?
  - What are the additional tools that individuals or organizations require to better respond to IPV?

Building your Toolkit

- Definition and Prevalence

Impact of working with women exposed to abuse on health care providers...

Dr. Susan Jack jacksm@mcmaster.ca

Debbie Aylward daylward@cmnrp.ca
Practice challenges...

- Fix the problem
  - Need to “solve” the problem
  - Direct & teach instead of listen, support & collaborate
- Feel frustrated
  - Express frustration towards clients
  - Lack of understanding of complexity of abuse
- Bear witness to abuse
  - Experience worry, fear, stress for clients
  - Have I done enough?

Guidelines for Reflective Supervision

Building your Toolkit

Definition and Prevalence

Dr. Susan Jack jacksm@mcmaster.ca
Debbie Aylward daylward@cmnrp.ca
Professional Development

Knowledge...
- Defining intimate partner violence
- Prevalence
- Health effects of exposure to IPV on:
  - Women’s mental and physical health outcomes
  - Pregnancy outcomes
  - Infant/child health and development
  - Mental health effects of IPV exposure
  - Trajectories of abusive relationships

How to Assess/Identify IPV

Skills
- How to ask the questions
- How to conduct a clinical IPV assessment
- How to identify & explore risk indicators
- Risk assessment (Danger Assessment)
  - [http://www.dangerassessment.org](http://www.dangerassessment.org)

Resources
- [http://www.dveducation.ca](http://www.dveducation.ca)

Dr. Susan Jack jacksm@mcmaster.ca
Debbie Aylward daylward@cmnrp.ca
Intimate Partner Violence: Screening, Assessment & Interventions

Planning & Intervention Development
- Motivational interviewing
- Safety Planning
- Active system navigation
- Goal setting (self-efficacy)

Our task...
- How do we prepare managers, public health nurses and family home visitors to:
  - Understand IPV
  - Identify and assess for IPV
  - Respond to IPV disclosures
  - Provide support to families exposed to violence
  - Intervene with families exposed to violence
  - Provide and receive supervision related to working with families exposed to violence and other traumas
  - Prevent compassion fatigue

Building your Toolkit

Dr. Susan Jack jacksm@mcmaster.ca
Debbie Aylward daylward@cmnrp.ca
“There is one universal truth, applicable to all countries, cultures and communities: violence against women is never acceptable, never excusable, never tolerable.”

Ban Ki-Moon, UN Secretary-General, 2008

February 25, 2015

S. Jack/D. Aylward

Questions??

Debbie Aylward
daylward@cmnrp.ca

Susan Jack
jacksm@mcmaster.ca

References


Ontario Shelter Research Project
http://www.ontarioshelterresearchproject.com/overview.html
Intimate Partner Violence: Screening, Assessment & Interventions

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References


References (con’t)


