

INJURIES OF WOMEN SURVIVING INTIMATE PARTNER STRANGULATION AND SUBSEQUENT EMERGENCY HEALTH CARE SEEKING: AN INTEGRATIVE EVIDENCE REVIEW

Authors: Michelle Patch, MSN, APRN-CNS, ACNS-BC, Jocelyn C. Anderson, PhD, RN, FNE-A, and Jacquelyn C. Campbell, PhD, RN, FAAN, Baltimore, MD, and Pittsburgh, PA

Contribution to Emergency Nursing Practice

- Prevalence estimates suggest nonfatal intimate partner strangulation (NF-IPS) is higher in women than in men.
- Injuries after NF-IPS may be subtle, covert, or minimized yet can result in serious health outcomes.
- Screening, assessment, and objective documentation of findings by emergency nurses can improve recognition of NF-IPS, support appropriate care plans and referrals, and help future legal recourse.
- Additional research is needed to test screening, imaging and treatment protocols, use of emerging technology to enhance assessments, and long-term health outcomes associated with NF-IPS.

Abstract

Introduction: Nonfatal strangulation by a current or former intimate partner is a distinct mechanism of violence with the potential for severe injury or death. As nonfatal strangulation has gained recognition for its significant medical and legal implications, there have been multiple calls for nursing and other health care providers to improve practices related to strangulation screening, assessment, and treatment. Given that

US estimates suggest higher prevalence of strangulation of women than of men, this integrative evidence review examines existing literature related to women's injuries and their subsequent experiences in seeking health care after surviving intimate partner strangulation.

Methods: Following PRISMA guidelines, 5 electronic databases were searched, ultimately resulting in 13 articles for inclusion.

Results: Overall, nonfatal intimate partner strangulation was associated with multiple negative physical and psychological outcomes for women, although only 5% to 69% of strangled women sought health care in studies reporting this finding.

Discussion: Nonprobability sampling, participant self-reports, and relatively small sample sizes were frequently encountered limitations across studies. Heterogeneity of women's ages and race/ethnicities also limited comparisons. However, existing research provides a beginning framework to support practice and future inquiry.

Key words: Strangulation; Intimate partner; Violence
Women's health

Michelle Patch, *Member, Metropolitan Baltimore Chapter*, is a PhD Candidate, Johns Hopkins University School of Nursing, Baltimore, MD.

Jocelyn C. Anderson is a Postdoctoral Scholar at University of Pittsburgh School of Medicine, Pittsburgh, PA.

Jacquelyn C. Campbell is Professor and Anna D. Wolf Chair, Johns Hopkins University School of Nursing, Baltimore, MD.

This work was supported in part by the National Institutes of Health (grant numbers F31MH100995 and T32HD087162) and the Jonas Nurse Leaders Scholar Program.

For correspondence, write: Michelle Patch, 1800 Orleans St, Zayed G-1090, Baltimore, MD 21287; E-mail: mpatch1@jhmi.edu.

J Emerg Nurs ■
0099-1767

Copyright © 2017 Emergency Nurses Association. Published by Elsevier Inc. All rights reserved.

<https://doi.org/10.1016/j.jen.2017.12.001>

Being strangled by a current or former intimate partner is a very real threat to health and life for significant numbers of women. Strangulation—defined as external pressure to the neck, closing blood vessels and/or air passages, and deprivation of oxygen¹—has been equated to the torture of drowning and water boarding.² Nonfatal intimate partner strangulation (NF-IPS) is increasingly being acknowledged as a serious risk factor for negative health outcomes including carotid artery dissection,^{3–6} stroke,^{4,5,7} seizures,⁴ post-traumatic stress disorder,^{6,8} anxiety and depression,^{6–9} as well as future lethal violence, heightening women's risk by 7-fold for being murdered by a partner.¹⁰ In the most recent National Intimate Partner and Sexual Violence Survey (NISVS),¹¹ approximately 10% of female respondents

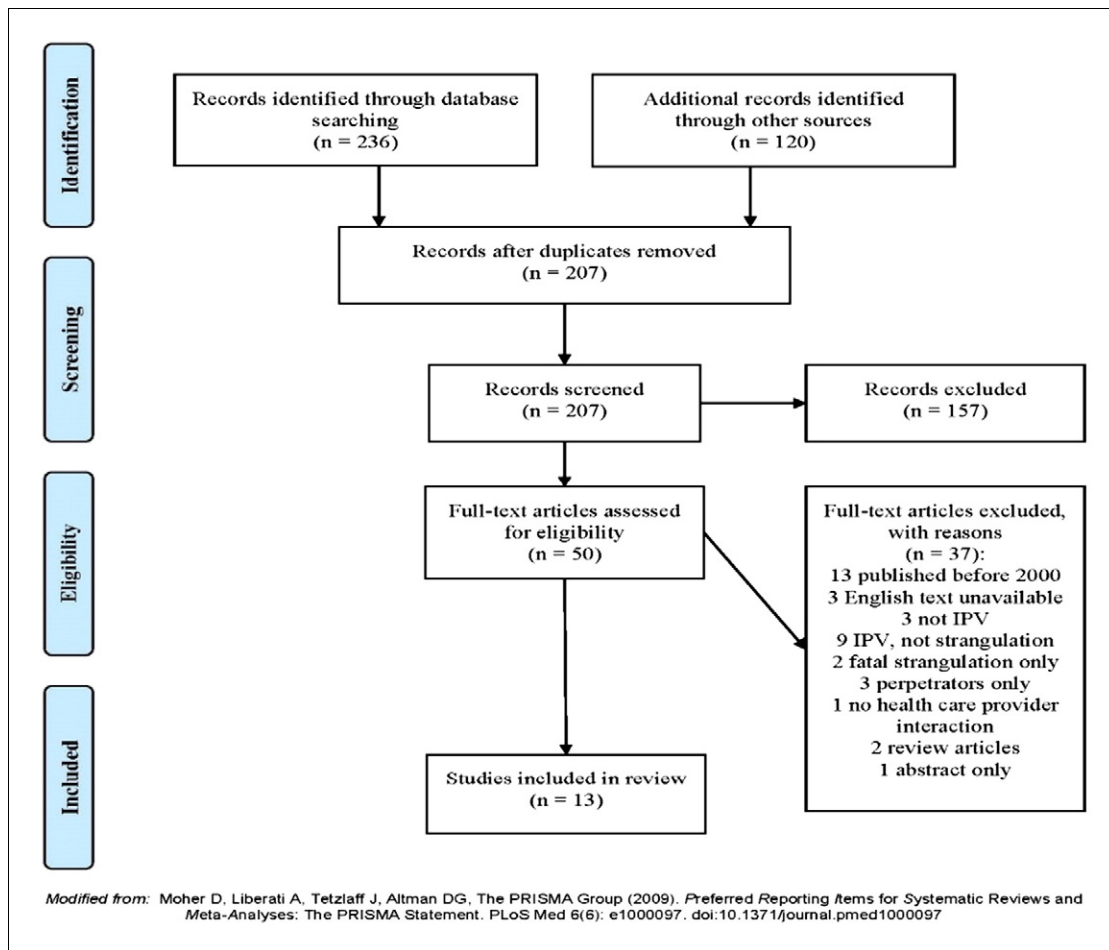


FIGURE
PRISMA diagram.

report surviving IPS at least once in their lifetimes, extrapolating to approximately 11 million adult women in the United States. The estimated prevalence ratio in NISVS shows NF-IPS to be 13 times higher in women than in men, suggesting an extreme gender disparity.

As NF-IPS has gained recognition for its significant medical and legal implications, there have been multiple calls for health care providers to improve practices related to strangulation screening, assessment (including diagnosis), and treatment.¹²⁻¹⁴

At least 1 clinical screening tool exists to aid in identifying victims of intimate partner strangulation;¹⁵ however, clinicians often struggle with these “walking and talking” victims:¹⁶ patients who do not appear to meet criteria for further evaluation of injury and treatment and who are usually unaware of their true risk of either medical complications or of homicide by their partners. To inform emergency nursing practice and future research, a review of existing literature was conducted

focusing on (1) women’s decisions to seek care, (2) their experiences with the health care system following NF-IPS, and (3) injuries and health consequences identified following NF-IPS of women. This review is in contrast to others that either concentrate on prevalence of NF-IPS,² recognition and documentation,¹² or more broadly on “areas of criminology, forensic science, law, and medicine”¹⁷ related to strangulation. Understanding NF-IPS patients’ expectations and experiences, along with identified health consequences, will guide research efforts to help support future patient-centered and clinically effective approaches to diagnosis, treatment, referral, and community partnership decisions.

Methods

In accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement

Download English Version:

<https://daneshyari.com/en/article/8557034>

Download Persian Version:

<https://daneshyari.com/article/8557034>

[Daneshyari.com](https://daneshyari.com)