Educating Nurses to Screen and Intervene for Intimate Partner Violence During Pregnancy

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More than one third of women in the United States have experienced physical violence, sexual assault, or stalking by an intimate partner in their lifetimes (Black et al., 2011). Intimate partner violence (IPV) is defined as physical or sexual violence, stalking, and psychological aggression, including coercive tactics, by a current or former intimate partner (Breiding, Basile, Smith, Black, & Mahendra, 2015). Prevalence rates of IPV for pregnant women

Abstract Intimate partner violence (IPV) is a problem affecting women and families across the nation, and it has been associated with adverse pregnancy and birth outcomes. Here we describe how our team implemented an evidence-based protocol for the screening of pregnant women for IPV and case management for those experiencing violence. This protocol was implemented on an antepartum triage unit where nurses were educated on IPV, methods for screening pregnant women, and a brief intervention. Education included an online module and a live session with role-playing exercises. Test scores indicated a significant increase in nurses' knowledge after completion of the module, and the overall educational program was rated as excellent by program participants. As part of the project, the Abuse Assessment Screen and the Danger Assessment–5—two instruments with predictive validity—were incorporated into the electronic health record. https://doi.org/10.1016/j.nwh.2017.12.006

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vary widely. The Pregnancy Risk Assessment Monitoring System (PRAMS) surveys postpartum women regarding numerous health indicators, including IPV. Findings from the most recent survey indicated that 2.6% of women had experienced IPV during the 12 months before becoming pregnant, and 2.2% were abused during the pregnancy (Centers for Disease Control and Prevention, 2017). A meta-analysis of studies that researched the association of IPV with birth outcomes found that the risk for preterm labor or the birth of a newborn with low birth weight or one who was small for gestational age increased significantly in women who had experienced violence (Shah, Shah, & Knowledge Synthesis Group on Determinants of Preterm/LBW Births, 2010). Data from the National Violent Death Reporting System indicated that 54.3% of suicides in pregnant women were preceded by intimate partner conflict, and 45.3% of homicides of pregnant women were associated with IPV (Palladino, Singh, Campbell, Flynn, & Gold, 2011).

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The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for IPV at each visit and provide women who have positive screening results with interventions or referrals to services (Moyer & USPSTF, 2013). According to the Association of Women's Health, Obstetric and Neonatal Nurses (2015), "Women should be universally screened for IPV in private, safe settings where health care is provided" (p. 405). The Joint Commission (2017) standard on assessing abuse and neglect requires a hospital to have written criteria for identifying patients who may be experiencing abuse or neglect and to assist with referral of victims to community agencies for services. The standard also requires that the hospital's staff be educated on the recognition of abuse or neglect and their role in follow-up care. A meta-analysis of studies that researched barriers to screening identified a provider's discomfort with discussing IPV, a lack of knowledge, and time constraints to be the greatest barriers to screening (Sprague et al., 2012). A recent survey of primary care clinicians, including nurses and nurse practitioners, in California found that only 14% always screened women for IPV and that 34% rarely or never performed screenings. Results suggested that providers lacked confidence in their abilities to screen for IPV or assist women experiencing violence (Tavrow, Bloom, & Withers, 2016).

Evidence-Based Intervention

Abuse During Pregnancy: A Protocol for Prevention and Intervention, published by the March of Dimes, is a continuing education program for nurses formatted for independent or facilitated group study. The protocol involves the screening of pregnant women for abuse using the Abuse Assessment Screen (AAS). For women who are experiencing IPV, the Danger Assessment (DA) is administered to determine their risk of homicide. After completion of the assessment tools, a nurse meets with the woman to help develop a safety plan and to offer referrals to community agencies (McFarlane, Parker, & Moran, 2007).

Abuse Assessment Screen

The AAS was developed by the Nursing Research Consortium on Violence and Abuse for use with pregnant women receiving outpatient or inpatient care. The tool is administered by the provider during a face-to-face encounter in a private and confidential setting. The instrument asks women to respond *yes* or *no* to three questions about abuse, including sexual abuse, occurring within the last year and since becoming pregnant. An affirmative response to any of the items is regarded as a positive screening result for abuse. For each item, the woman is questioned about the number of abusive incidents and is asked who committed the abuse. The instrument, available for use at no cost, can be printed in English, Spanish, and Chinese (Soeken, McFarlane, Parker, & Lominack, 1998). A systematic review of studies in which the predictive validity of the AAS was identified noted a sensitivity of 93% to 94% and a specificity ranging from 55% to 99% (Rabin, Jennings, Campbell, & Bair-Merritt, 2009).

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