Intimate Partner Violence (IPV) Among Women Seeking Care in an **Auckland New Zealand Emergency** Care Department



te wairere au noa

Interdisciplinary Trauma Research Unit; Middlemore Hospital; Raukura

Funded by Auckland University of Technology & NZ MOH

Intimate Partner Violence (IPV)

Act that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts,' coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

United Nations, 1994

NZ Population Data for Women

- 26% reported physical violence or threat by a partner at some time during their lifetime(NSCV,) 2001)
- 17% reported "serious" physical violence during lifetime by a family member (Kazantizis et al, 2000)
- 11%"deliberately(physically)harmed" by a partner among Dunedin cohort at 21 yrs(Langley et al,)
- Higher among Maori and Pacific culture(NSCV)
- 11 deaths annually
- 400 hospital admissions a year
- Economic cost at least NZ\$1.2bn(Snivley)

Aotearoa/New Zealand Policy

- MOH Core Elements for Health Care Provider Response to Victims of Family Violence (2001)
- MSD Te Rito: NZ Family Violence Prevention Strategy (2002)
- MOH Family Violence Intervention Guidelines: Child and Partner Abuse (2002)

Treaty of Waitngi

<u>E tau hikoi I runga I oku whariki</u> <u>E tau noho I toku whare</u>

E hau kina ai toku tatau toku matapihi

Your steps on my mat, Your respect for my home, Open my doors and windows

Barnes, 2000

Implications of IPV

Effects felt:

- Individually
- Family,including children/relationships
- Economically:work community societal

Current Screening

- Women don't mind being asked
 BUT
- o <5% abused women identified in Healthcare setting(Abbot et lal;Fanslow et al 1998)

Staff Perception

- Through the looking glass.
 (D.wilson.2000)
- -not seeing
- -seeing but not seeing
- -seeing but acting ineffectively
- -seeing for effective action

MIDDLEMORE HOSPITAL



| | Beds | Annual Visits | % Admitted | |
|------------|------|------------------|---------------|--|
| Kidz First | 29 | 20,489 | 14% | |
| Adult | 74 | 51,630 | 22% | |
| TOTAL | 103 | 72,119 | 20% | |

Study Purpose

- To estimate the prevalence of IPV among women seeking healthcare for themselves or a child in an ED or a clinic.
- F/U study of women screening positively to determine the acceptability of screening +reflections on healthcare site based interventions

Methodology

- Quantitive Descriptive sample:Women>16 yrs seeking Healthcare for themselves or their dependents in the ED, during randomly selected 4 hour time blocks Settings:South Auckland.
- MiddlemoreE.C.(Adult + Paeds)
- Raukura Hauora O Tainui

Eligibility Criteria

- Women > 16 yrs
- Triage category > 2
- English speaking
- o Exclusion Criteria:
- Primary psychiatric diagnosis as presenting problem.
- Functional Incapacity

Research Assistants.

- Volunters
- o R.N.s
- 6 hours training
- Sought consent for study on womens issues.
- Privately conducted face-to-face interviews

Data collection Format

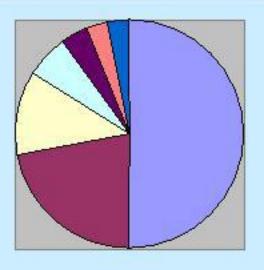
- Prevalence of IPV over past 12 / 12
 physical abuse
 - .sexual abuse
 - .feeling of being unsafe
- Life time prevalence:
 - .3 questions
- High risk assessment:
 - .5 questions
 - .focus on past 3/12
 - .positive>S.W. r/v
- All participants offered information/brochures

Emergency Care Screening

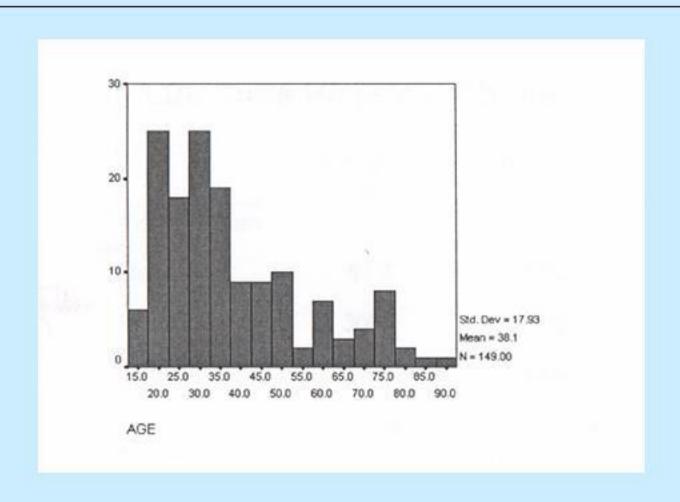
371 women during shifts
ineligible 85
missed 29 (most were admitted, older)
no privacy 5
other 35
N=174 (80% participation; 43 women
refused)

- 461 Adult (84%) 9 women per shift
- 28 Kidz First 3 women per shift

Ethnicity (n=174)



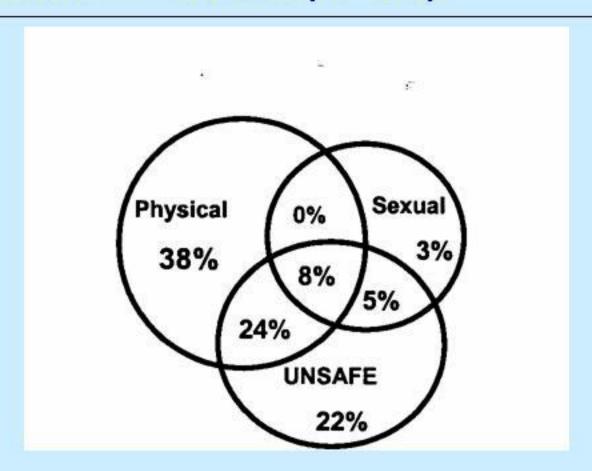
- ■NZ European
- M aori
- Samoan
- □ Other
- Tongan
- Fijian Indian
- Cook Island Maori
 - NZ European 50%
 - o Maori 22%
 - Samoan 12%
 - o Other 6%
 - Tongan 4%
 - Fijian Indian 3%
 - Cook Island Maori 3%



Screen(n=174)

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Physical abuse (past year) 15%
Forced sex (past year) 3%
Unsafe 13%
Screen positive 21.3%
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Screen Positive(n=37)



Among Screen Positive

| C | Children living in the home | n 20 | % 57 % |
|---|-----------------------------|---------|------------------|
| | High risk assessment | 16 | 45% |
| | | 26 | 74% |

Life Time Prevalence (n=174)

Physical abuse 40%

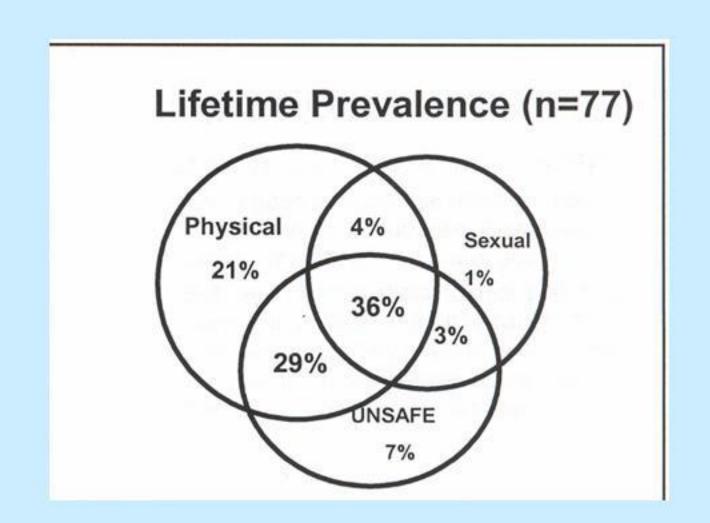
Forced sex 20%

Unsafe 33%

Lifetime positive 44.3%

(n=77)

95%Cl = 36.9%, 51.7%



Life Time Physical Abuse

| Emergency | | 2001 NCS | |
|-----------|------|----------|--|
| | Care | | |
| European | 41% | 17% | |
| Maori | 51% | 32% | |
| Pacific | 30% | 12 | |
| Other | 33% | 13% | |

^{*}Numbers across Pacific groups small, but there was a trend of wide variation (Samoan 20%, Tongan 50%)

Implications: Social Work Referrals

Eligible for referral: 16 shifts/3 weeks (1.625 per shift)

26

 If routine screening policy enacted estimate:

68/wk

10/day

Actual referrals

11/16 shiftsx42

29/wk 4/day

Implications for Research Assistants

- Elevates practice from "not seeing" to"seeing for effective action"
- Ensures that IPV does not stay "hidden"
- Promotes a safer home environment for women and children.

Conclusions

- Many women confirmed that they don't mind being asked as part of their health screening process
- Rates of IPV among women seeking healthcare were significantly high and reflective of International trends

Where to from here?

 Nurses need to recognise the importance of assessing for IPV and incorporate "safety" questions in to their basic assessment as per Standard Family Violence intervention guidelines after Appropriate training