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

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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 (Kazantzis 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)
Treaty of Waitangi

E tau hikoi I runga I oku whariki
E tau noho I toku whare
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**
- <5% abused women identified in Healthcare setting (Abbot et al; 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
MIDDLERMORE HOSPITAL

<table>
<thead>
<tr>
<th></th>
<th>Beds</th>
<th>Annual Visits</th>
<th>% Admitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidz First</td>
<td>29</td>
<td>20,489</td>
<td>14%</td>
</tr>
<tr>
<td>Adult</td>
<td>74</td>
<td>51,630</td>
<td>22%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>103</td>
<td>72,119</td>
<td>20%</td>
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</tbody>
</table>
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

- Quantitative 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.
- Middlemore E.C. (Adult + Paeds)
- Raukura Hauora O Tainui
Eligibility Criteria

- Women > 16 yrs
- Triage category > 2
- English speaking

Exclusion Criteria:
- Primary psychiatric diagnosis as presenting problem.
- Functional Incapacity
Research Assistants.

- Volunters
- R.N.s
- 6 hours training
- Sought consent for study on women's 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 50%
- Maori 22%
- Samoan 12%
- Other 6%
- Tongan 4%
- Fijian Indian 3%
- Cook Island Maori 3%
Screen (n=174)

Physical abuse (past year) 15%
Forced sex (past year) 3%
Unsafe 13%

Screen positive 21.3%

(n=37)
95% CI = 15.2%, 27.4%
Screen Positive (n=37)

- Physical: 38%
- Sexual: 3%
- 8%
- 5%
- 24%
- UNSAFE: 22%
<table>
<thead>
<tr>
<th>Description</th>
<th>n</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Children living in the home</td>
<td>20</td>
<td>57%</td>
</tr>
<tr>
<td>High risk assessment</td>
<td>16</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>74%</td>
</tr>
<tr>
<td>Condition</td>
<td>Prevalence</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Forced sex</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Unsafe</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>Lifetime positive</td>
<td>44.3%</td>
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(n=77)

95% CI = 36.9%, 51.7%
Lifetime Prevalence (n=77)

- Physical: 21%
- Sexual: 1%
- Unsafe: 7%

Intersections:
- Physical and Sexual: 36%
- Physical and Unsafe: 3%
- Sexual and Unsafe: 4%
**Life Time Physical Abuse**

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<thead>
<tr>
<th></th>
<th>Emergency Care</th>
<th>2001 NCS</th>
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<tbody>
<tr>
<td>European</td>
<td>41%</td>
<td>17%</td>
</tr>
<tr>
<td>Maori</td>
<td>51%</td>
<td>32%</td>
</tr>
<tr>
<td>Pacific</td>
<td>30%</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>33%</td>
<td>13%</td>
</tr>
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*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 shifts\times42
  - 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 into their basic assessment as per Standard Family Violence intervention guidelines after appropriate training ......