# Addressing Intimate Partner Violence in Primary Care

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## Abstract

Intimate Partner Violence (IPV) is a prevalent issue with women being at the highest risk for victimization. Healthcare providers are in a position to identify and treat the victims of IPV. A systematic review of the literature was conducted with the purpose of identifying effective ways to provide care to victims of IPV. The research question guiding this project is: Can patients experiencing IPV benefit from interventions that address IPV in a primary care setting? A total of fourteen studies were identified that met the inclusion criteria. An examination of the literature revealed several themes for effective interventions including; the importance of universal screening, the use of mindfulness-based therapies, implementing educational programs, and the importance of providing trauma-informed care. There is a limited amount of quality research surrounding this topic, however, the literature suggests that interventions are underutilized in healthcare settings. This study is important for increasing provider awareness of the effective interventions for the treatment of IPV victims.

*Keywords:* Intimate Partner Violence, Trauma-Informed Care, Screening, Interventions

Addressing Intimate Partner Violence in Primary Care

Intimate partner violence (IPV) is a pervasive issue that affects every socioeconomic class, ethnicity, and age group. Women are at the highest risk for experiencing IPV. One in three women will experience some form of IPV in her lifetime (Williams, Halstead, Salani, & Koermer, 2016). IPV is a broad term that encompasses different forms of abuse within an intimate relationship. Forms of abuse can include controlling or manipulative behavior, and physical, emotional or sexual violence. IPV has many long and short-term health consequences for individual patients, families and communities. Consequences of IPV for victims can include: symptoms of post-traumatic stress disorder, depression, anxiety, physical injuries, chronic pain, housing, legal, and child custody issues (Kelly & Garland, 2016). Providers in primary care are in a position to prevent, identify and treat victims of IPV. Primary Care Providers (PCPs) have the opportunity to speak privately with victims, develop a therapeutic relationship, and implement interventions that could be beneficial. This study will examine the research problem of addressing IPV in primary care. The purpose of this scholarly project is to perform a systematic review of the literature regarding effective ways to provide care to female victims of IPV in primary care. Providing care to victims of IPV may include interventions for prevention, early detection, and rehabilitation. PCPs provide care to women in many clinical settings. It is likely that NPs will encounter victims of IPV and should be prepared to address their needs. This study has the potential to be valuable in any setting where care is provided to women including primary care, women's health and community health settings. Identifying effective, evidence-based primary, secondary and tertiary intervention strategies will allow NPs to enhance their professional development and improve the care provided to victims of IPV. The research

question guiding this study is: Can patients experiencing IPV benefit from interventions that address IPV in a primary care setting?

## Methodology

A systematic review of the literature was conducted using the Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Medline databases. Search terms included intimate partner violence, domestic violence, screening, and interventions. Studies were included that examined either primary, secondary or tertiary interventions for identification or treatment of female victims of IPV. Both qualitative and quantitative studies were included. Fourteen studies were identified that met the inclusion criteria. Abstracts were reviewed to determine the relevance of the study to this project. Relevant studies were evaluated for quality and rigor. The quality of quantitative research was determined by the reliability of the data and methods as well as the production of statistically significant results. The quality of qualitative research was determined using the concepts of credibility, transferability, confirmability and dependability. The research articles included in this systematic review are primarily randomized-controlled trials. A case series was also included due to the relevance of the content and findings. The recommendations made by the United States Preventative Services Task Force (USPSTF) for screening patients for IPV were also included in the systematic review. A technical package for addressing IPV compiled by the Centers for Disease Control was reviewed and included due to the relevance of content.

A theoretical framework that aligns with the context of this study is the theory of Trauma-Informed Primary Care. The theory of Trauma Informed Primary Care was developed as a means to link trauma to health and provide clinicians and researchers with a framework for effective treatment of recent and past trauma in the primary care setting (Machtinger, Cuca,

Khanna, Rose & Kimberg, 2015). The theory has four core components: environment, screening, response, and foundation. The theorists emphasize the importance of a calm, empowering environment for both staff and patients. The use of universal screening for recent and past trauma is described as a routine practice in Trauma-Informed Primary Care clinics. The staff should be empathetic and validating when responding to a patient's disclosure of trauma. Responses should also include specific interventions, such as safety planning, or referrals to onsite community-partners for assistance. The theorists discuss the importance of a core set of trauma-informed values as the basis for the foundation component of the theory. The theory of Trauma-Informed Primary Care serves as an excellent conceptual framework for the study of addressing IPV in primary care. (Herman, 1992)

## Critique of the Literature

Both qualitative and quantitative studies were evaluated during this systematic review of literature. Research was critiqued to establish the quality and trustworthiness. Several aspects of the studies were examined including: research design, statistical analysis and research methodology, sampling technique and size, and ethical considerations. Quantitative studies were critiqued for reliability and validity in order to establish the quality of results. Qualitative studies were critiqued for trustworthiness using the concepts of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

Quantitative studies were evaluated for reliability and validity based on research design. The research design can be considered both a strength and a weakness of the body of research. The highest quality data is yielded from randomized-controlled trials. Four out of the seven quantitative research articles included in this review were experimental designs that used randomized-controlled trials to gather data. The three remaining articles were either cross-

sectional or longitudinal, non-experimental designs. This type of study yields less valid and reliable results, however, the articles were included in the review because of the pertinence of the results to the research question. The non-experimental studies were also useful in identifying gaps in the literature.

Both qualitative and quantitative studies were critiqued based on research methodologies. Research methodologies can be considered a strength in the majority of the studies. All but one study included in this review utilized externally validated questionnaires and interviewing techniques to obtain data. The study that did not utilize a validated tool to obtain data was a series of three case reports that used the techniques, described by Lincoln and Guba (1985), as "thick description" and "persistent observation" to enhance the truthfulness of the data. All but the aforementioned series of case reports utilized externally validated tools for statistical analysis of data. For example, one study used the Clinician-Administered PTSD scale (CAPs), a validated tool for assessing and diagnosing PTSD in patients, to obtain data for research. The same study utilized a repeated analysis of variance test, a validated tool for statistical analysis of data, to measure changes in levels of PTSD based on pre and post intervention scores on the CAPs scale (Allard, Norman, Thorp, Browne, & Stein, 2018).

Sampling size and technique was critiqued in both qualitative and quantitative research. Sampling techniques and size can be considered a strength or a weakness depending on the individual study. In general, a larger, more diverse sample size that is reflective of the general population will produce the highest quality results in research. For example, one study had a sample size of 3,687 participants from randomized family planning clinics (Miller et al., 2016). The large number of participants and the randomization makes the sampling size and technique a strength of that study. The majority of the studies contained in this review were conducted on

relatively small, homogenous samples. This can be considered a strength because it increases the validity of results and a weakness because it decreases the generalizability of the results. One study had a very large sample size but the participants were all from a single hospital system and residency program (Williams et al., 2016). A strength of the research as a whole is the lack of incentivization to obtain data. Only one study utilized incentives in order to enhance participation, if a participant filled out the survey, they were entered in a raffle to win a $25 gift card (Williams et al., 2016).

In both qualitative and quantitative research studies, ethical considerations were critiqued. The ethical considerations of the body of research can be considered a strength. All of the research conducted employed the use of an Independent Review Board (IRB) prior to initiation of research. Consent was obtained from participants in every study prior to participation in the studies. For example, in one study, written informed consent was obtained from every participant after the procedures in the study were verbally explained (Dutton, Bermudez, Matas, Majid & Meyers, 2014).

Qualitative studies were critiqued using Lincoln and Guba's (1985), criteria for credibility, transferability, dependability, and confirmability. The seven qualitative research studies included in this review were evaluated and the most common techniques were identified. The most frequent techniques employed to establish truthfulness were: "thick descriptions", "member checking", "audit trails", and "prolonged engagement". The concept of "thick descriptions" is the use of a sufficient amount of detail to describe a phenomenon. A description is considered a "thick description" if the detail is adequate for the phenomena to be transferred to other settings or people. For example, one study had a sample size of only 10 participants but described the procedures for intervention and the impact that the interventions had on the

participants in such detail that the intervention could be theoretically transferred to other people (Hetling, Dunford, Lin & Michaelis, 2018). When data is continually obtained from an original source it is considered "member checking". Spending a sufficient amount of time in the field to understand the phenomena of interest is employing the concept of "prolonged engagement". One study utilized the same focus group at six, twelve, and eighteen-month time intervals when obtaining data, which is an example of both "member checking" and "prolonged engagement" (Poleschuck et al., 2018). The use of an "audit trail" is a transparent description of the research steps taken from start to finish. One study utilized the "audit trail" technique by delineating each specific step in the research project in the methods section including the setting, subjects, data collection, and statistical analysis (Pagels et al., 2014). The use of these techniques to establish trustworthiness can be considered a strength to of the qualitative research. (Lincoln & Guba, 1985)

After reviewing the literature several gaps can be identified including a lack of research on the barriers faced by providers in caring for victims of IPV; a lack of research surrounding current clinical practices for the identification and treatment of IPV victims; and a lack of research on educational programs that can be implemented in primary care settings. One study identified provider discomfort as a reason that providers do not routinely screen for or discuss IPV (Pagels et al., 2015). A lack of robust research has been conducted on other barriers to providing care to victims of IPV. Little research is available surrounding the current clinical practices for identifying and treating victims of IPV. One study examined the clinical practices across multiple healthcare facilities for the screening and response policies for IPV. The study revealed wide variations exist in clinical practice with very few facilities implementing comprehensive policies for universal screening and response to IPV (Williams et al., 2016).

Further research surrounding current policies and procedures for addressing IPV is necessary to strengthen the data. Another gap in the research is a lack of information on clinic-based educational programs that can be implemented in the primary care setting. Two studies have demonstrated the effectiveness of community-mobilization educational programs at decreasing the prevalence of IPV (Abramsky et al., 2016; Wagman et al., 2015). The CDC has also released a technical package of policies, programs and practices to prevent IPV (Niolon et al., 2017). In general, further research needs to be conducted on the use of these educational programs in the primary care setting.

## Synthesis of the Literature

The research was examined in the context of the original research problem and question: to determine effective interventions for addressing IPV in primary care. The themes that emerged were the importance of universal screening, the use of mindfulness-based therapies, implementing educational programs, and the importance of providing trauma-informed care. There are inferences that can be drawn from the examination of these common themes and be applied to future research and clinical practice. Every research article that was included in this study can be related to the theoretical framework of Trauma-Informed primary care.

### Universal Screening

The importance of universal screening (US) for IPV was highlighted throughout the literature. Several studies identify US as an effective tool for identifying victims of IPV (Pagels et al., 2015; Sutherland, Fantasia & Hutchinson, 2016; Swailes, Lehman, & Hosenfeld, 2017; Williams et al., 2016). The United States Preventative Services Task Force recommends US for IPV for all women of child-bearing age (Moyer, 2013). Despite the recommendations and the availability of reliable screening tools, multiple studies revealed relatively low-rates of US

(Sutherland et al., 2016; Swailes et al., 2017; Williams et al., 2016). One study suggested the majority of clinicians recognize the importance of US and the provider's responsibility in identifying victims of IPV. Despite recognizing the importance, providers reported being uncomfortable discussing and screening patients for IPV, which suggests a need for further training to promote provider confidence (Pagels et al., 2015).

**Mindfulness-Based Therapies**

Mindfulness-based therapy (MBT) is intended to treat one of the main sequelae of IPV: Post Traumatic Stress Disorder (PTSD). Several types of MBT were identified in the literature as effective interventions for rehabilitation of victims of IPV experiencing PTSD. Effectiveness was determined by patients reporting decreased symptoms of PTSD. Two studies focused specifically on mindfulness-based stress reduction therapy. This type of therapy teaches patients to use meditation and relaxation techniques to decrease anxiety and flashbacks (Dutton et al., 2014; Kelly & Garland, 2016). One study focused on the use of Cognitive Trauma Therapy, a type of MBT, that uses relaxation techniques, stress management techniques and cognitive restructuring techniques to reduce symptoms of anxiety and PTSD (Allard et al., 2018). Another study focused on the use of Testimonial Psychotherapy, a type of therapy in which the survivor tells the story of their trauma to a trusted person or group of people in a safe environment (Lakshmin, Slootsky, Polatin & Griffith, 2018). The MBTs were intended to be used in conjunction with Cognitive Behavioral Therapy (CBT). However, unlike CBT, MBT can be utilized in primary care settings. NPs can educate patients on the use of MBT to reduce symptoms of PTSD.

**Educational Programs**

Educational programs were identified as an effective intervention for both primary prevention and prevention of revictimization. Two studies examined the effectiveness of educational programs aimed at reducing the prevalence of IPV in communities. The educational programs examined were the Start Awareness Support Action (SASA!) program, and the Safe Homes and Respect for Everyone (SHARE) program. The educational programs were designed to change attitudes, behaviors and social norms surrounding IPV. Both studies demonstrated statistically significant effectiveness in reducing all types of IPV (Abramsky et al., 2016; Wagman et al., 2015). Both studies were examples of community mobilization efforts that would need to be adapted in order to be implemented in a primary care setting. A third study examined the impact of clinic-based education and counseling on reducing the incidence of reproductive coercion, a type of IPV. The brief, clinic-based education did not reduce the overall incidence of reproductive coercion. The clinic-based education and counseling did improve patient knowledge of IPV resources and self-efficacy to enact harm reduction behaviors (Miller et al., 2016). Educational interventions can be effective for treating and preventing IPV. Effective educational programs, such as the community mobilization efforts, may require modification to be utilized in a primary care setting.

**Trauma-Informed Care**

A concept that occurred repeatedly in the literature is the importance of trauma-informed care. The concept of being "trauma-informed" involves the ability to recognize the impact of trauma on a patient's health needs (Allard et al., 2016). Providing trauma-informed care to patients involves establishing a trusting relationship with the patient, focusing on maintaining patient safety, and understanding the long-term impact of trauma on a patient's overall well-being. Two studies were conducted that examined the holistic needs of victims of IPV. The

interventions specifically focused on establishing safety then addressing holistic need of patients by using a trauma-informed model of care (Hetling et al., 2018; Poleshuck et al., 2018). The aforementioned effective therapies and educational programs are also considered trauma-informed interventions. NPs may improve the care provided to victims of IPV by becoming trauma-informed providers and utilizing trauma-informed interventions.

## Gaps in the Literature

After reviewing the literature several gaps can be identified including a lack of research on the barriers faced by providers in caring for victims of IPV; a lack of research surrounding current clinical practices for the identification and treatment of IPV victims; and a lack of research on educational programs that can be implemented in primary care settings. One study identified provider discomfort as a reason that providers do not routinely screen for or discuss IPV (Pagels et al., 2015). A lack of robust research has been conducted on other barriers to providing care to victims of IPV. Little research is available surrounding the current clinical practices for identifying and treating victims of IPV. One study examined the clinical practices across multiple healthcare facilities for the screening and response policies for IPV. The study revealed wide variations exist in clinical practice with very few facilities implementing comprehensive policies for US and response to IPV (Williams et al., 2016). Further research surrounding current policies and procedures for addressing IPV is necessary to strengthen the data. Another gap in the research is a lack of information on clinic-based educational programs that can be implemented in the primary care setting. Several studies have demonstrated the effectiveness of community-mobilization educational programs at decreasing the prevalence of IPV (Abramsky et al., 2016; Wagman et al., 2015). The CDC has also released a technical package of policies, programs and practices to prevent IPV (Niolon et al., 2017). In general,

further research needs to be conducted on the use of these educational programs in the primary care setting.

## Implications for Nursing Practice

This study has multiple implications for nursing practice. The evidence suggests there are effective interventions for addressing IPV in primary care. Based on the evidence, it is implied that NPs should incorporate US for IPV in order to identify and treat victims of IPV (Pagels et al., 2015; Sutherland et al., 2016; Swailes et al., 2017; Williams et al., 2016). When treating victims of IPV, the literature indicates that it is beneficial to utilize MBTs and provide trauma-informed care (Dutton et al., 2014; Hetling et al., 2018; Kelly & Garland 2016; Poleshuck et al., 2018). The available research suggests that interventions aimed at identifying and treating victims of IPV are underutilized in the primary care setting (Pagels et al., 2015). Providers can use the findings of this study to broaden their awareness of the potentially effective interventions for the identification and treatment of victims of IPV and improve the care provided to patients.

## Conclusion

IPV is a prevalent and pervasive issue with long and short-term health consequences. Providers are in a position to prevent, identify and treat victims of IPV. The purpose of this study was to explore the research regarding effective interventions used in primary care for treating female victims of IPV. A systematic review of the literature revealed several interventions for the identification and treatment of IPV including universal screening, mindfulness-based therapies, educational programs, and trauma-informed care. The evidence suggested the interventions could be beneficial to victims of IPV. Limited data is available regarding current clinical practices for addressing IPV in primary care but available research

indicates that interventions are being under-utilized in clinical practice. The severity of the health consequences in combination with the number of potential victims make the issue of addressing IPV imperative for providers. This study is important for increasing awareness of the interventions for IPV that can be implemented in the primary care setting. NPs may utilize the identified interventions to enhance their professional development and improve the care provided to victims of IPV.

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