

Case study: Intimate partner violence [preceptor version]

PHN RESIDENCY FOR NEW GRADUATES

Objectives

1. Describe key assessment data to collect in suspected cases of intimate partner violence.
2. Determine the public health nurse's legal responsibility in reporting intimate partner violence.
3. Discuss the health determinants and factors that increase risk for intimate partner violence.
4. Provide examples of communication techniques to encourage trust and communication between the client and the health care provider.
5. Discuss safety interventions for clients experiencing intimate partner violence.
6. Determine appropriate referral resources for families experiencing intimate partner violence.
7. Describe the potential benefits of evidence-based practice in public health.

Case study

Angela is a 25-year-old woman who lives with her mother in a small home. She currently works in the accounting office at a nearby elementary school.

Angela is seeing Sam, a mechanic from a nearby town. He is attentive and interested in being part of Angela's life. After three months of dating, Sam moved in with Angela and her mother (to the delight of Angela's friends and family). Angela became pregnant and is a bit nervous about how they will afford their growing family, but she is happy to have a baby with Sam. Sam seemed indifferent to the pregnancy at first but now showers Angela with care and presents.

One night Angela arrived home late from work; Sam was angry. As she walked in the house, he yelled "Where the hell have you been?! I come home early one day and you're out with God-knows-who doing whatever you please when you're supposed to be here when I get home. Who were you with?!" Angela tried to explain, but Sam's anger scared her, and she wanted to resolve the conflict as quickly as possible. Sam stormed out the door and drove off. An hour later, he returned and apologized to Angela. He told her, "I don't know why I got so angry—it's just been a bad day at work. And you know I don't really like that friend of yours very much. I'm sorry, honey."

Two months later, when Angela was four months pregnant, another argument occurred. Angela and Sam began yelling at one another and Sam pushed Angela, knocking her backwards into the table and onto the floor. Angela was stunned and hurt. Her hip was bruised, and her finger felt broken. Sam saw Angela may have been hurt and was alarmed. He apologized many times, told Angela he loves her, and suggested they keep this secret. Because Angela is embarrassed, she agrees.

The public health nurse (PHN) who will be following Angela through the pregnancy sees her for the first visit the following day. The PHN notices the bruises and that Angela is favoring her finger. The PHN asks Angela about the injuries, and she states she tripped and fell.

1. What behaviors might Angela display that could indicate she is experiencing intimate partner violence?

Answer: Domestic violence tends to escalate during a pregnancy. She could be anxious, unwilling to make eye contact, making many excuses for injuries, withdrawing. She may tell you different or inconsistent stories each time you see her, and something about the stories doesn't add up.

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Angela's pregnancy is unremarkable for the next couple of months and Sam and Angela decide to move to an apartment, away from her mother. Sam seems happy with the pregnancy; however, Sam hits Angela three different times when they have disagreements. Angela usually becomes quiet and attempts to restore peace. She has become increasingly anxious and is unusually quiet during PHN visits.

The PHN continues to visit the family and observes Angela's behavior change. She has also heard from Angela's mother about Sam's temper. Angela continues to deny she is being hurt or feels unsafe in her home; however, the PHN suspects Angela is experiencing intimate partner violence.

2. Considering the determinants of health for this family (biology, individual behavior, health services, social factors, and policies), what are the risk factors for experiencing intimate partner violence?

Answer: Anyone can experience domestic violence. The PHN needs to find out more about Sam's/Angela's childhood/family life (for example, were either abused or witnesses of abuse as children?). Issues that place increased stress on a family may escalate intimate partner violence. Also, Angela and Sam moved in together after three months of dating and she became pregnant as soon as Sam moved in. This has the potential to dramatically increase the stress on the family.

3. What types of assessment tools does your agency use to assess for physical violence?

Answer: The HARK-C assessment (this example is from Metro Alliance for Healthy Families) is a common tool used to assess for domestic violence.

Over the next couple of months, the PHN continues to see Angela for pregnancy follow-up. She is now eight months pregnant. Angela has had to cancel three appointments because Sam now refuses to let the PHN in the home without him present. At the last visit, the PHN arrived at the door, and Angela told her Sam was out with friends and she was unable to let her in.

4. How might the PHN respond to Angela?

Answer: Assure her the PHN will continue making visits if Angela agrees, ask again if she feels safe, and ask if she has a safety plan. Ask if she would like to meet for a visit somewhere else besides the home. Listen without judgment.

Many myths persist about women and men who are abused in relationships—that they provoke the abuse, that there is something wrong with them for being in a violent relationship, or that they must be crazy or neurotic. Understanding these myths and learning the facts will help the PHN be informed and supportive.

During the last trimester of her pregnancy, Sam's abuse escalates in frequency and severity. On several occasions, Angela threatens to leave Sam. He responds at first by laughing and telling Angela she could never make it on her own, but then he begins to threaten to kill Angela if she tries to leave.

The PHN notices Angela's change in behavior. Sam continues to be present at all the visits. The PHN's suspicion of intimate partner violence are growing stronger. The PHN reports this situation to their supervisor.

5. Which statement below best describes the PHN's legal reporting obligation in the state of Minnesota?¹ Choose the best answer:

A. The PHN has no legal obligation to report if they suspect Angela's behavior is related to the

¹ If you are ever unsure about whether you should report a situation, call your local social service agency and a social worker will help you decide if you should make a report. For more information on mandated reporting for health care professionals, review [Domestic Abuse Laws in Minnesota](#) from the Minnesota House Research Department.

physical abuse, but may choose to do so to protect her welfare.

B. The PHN is legally obligated to report if they suspect Angela's behavior is related to physical abuse.

C. The PHN has no legal obligation to report.

D. The PHN has a legal obligation to report if Angela tells them she is being physically abused by Sam.

Answer: A is correct. The PHN is not mandated to report suspected abuse unless they suspect there was a weapon involved.

Minn. Stat. § 626.52 requires health professionals to immediately report all bullet wounds, gunshot wounds, powder burns, or any other injury arising from or caused by the discharge of a firearm, or any wound that the reporter has reason to believe has been inflicted on a perpetrator of a crime by a dangerous weapon other than a firearm (defined in Minn. Stat. § 609.02) to local law enforcement authorities. Health professionals must also report second or third degree burns of more than 5 percent of the body, burns to the upper respiratory tract, or those that are life threatening to the state fire marshal. As used in this section, "health professional" means a physician, surgeon, person authorized to engage in the practice of healing, superintendent or manager of a hospital, nurse, or pharmacist. (Source: Compendium of State Statutes and Policies on Domestic Violence and Health Care from the Family Violence Prevention Fund.)

If you are ever unsure about whether you should report, call your local social service agency and a social worker will help you decide.

For more information on mandated reporting for health care professionals, review Domestic Abuse Laws in Minnesota from the Minnesota House Research Department.

During the time the PHN has seen Angela, she has presented with a broken finger, a displaced shoulder, an injured foot, and a laceration on her arm. Because Sam has always been present for the visits, the PHN is unsure of the true nature of the injuries. Today, Angela calls the PHN to come for a prenatal visit, as soon as possible. The PHN arrives and Sam is not present.

6. Which of the following assessment questions is most important for the PHN to ask Angela?

A. "Angela, you have had several injuries these last few months. When I see injuries like these, I become concerned that someone is hurting you. Are you in a relationship with someone who is hurting you?"

B. "Angela, you have had several injuries these last few months. When I see injuries like these, it becomes clear to me that Sam is abusing you. What keeps you in your relationship with Sam during all these years of abuse?"

C. "Angela, you have had several injuries these last few months. When I see injuries like these, I know that it's the best thing for you to leave Sam. How can I convince you that this is what you need to do?"

D. "Angela, you have had several injuries these last few months. When I see injuries like these, it makes me concerned that you are doing things to provoke this abuse. What do you do to make Sam angry?"

Answer: A is the most appropriate question to ask. The PHN may be the only person aware of Angela's abuse. If Angela is not ready to acknowledge the abuse or leave Sam, it is crucial to let Angela know someone is concerned for her welfare. It is also helpful to ensure that Angela will have contact with someone besides her abuser after she walks out the door; schedule a follow-up appointment to make sure this happens.

The goal is not to convince Angela to leave Sam or "fix" the problem. However, there is a responsibility to inquire about suspected abuse, document what's learned, and provide the client with information and support. This support begins with ensuring that Angela knows someone is concerned and will support her.

7. **Angela reports Sam has been physically abusing her, but she is not yet willing to leave. What might the PHN discuss with her at this point?**
- A. Convince Angela to leave Sam immediately.
 - B. Help Angela develop a personal safety plan.
 - C. Determine why no one intervened with this family earlier.
 - D. Meet with Angela and Sam together to try to resolve the conflict in their relationship.

Answer: B is the most correct response. Developing a personal safety plan will help Angela be safe while living with Sam, and help her identify the safest time to leave should she decide to do so.

Leaving Sam is a process for Angela; she cannot acknowledge that Sam abuses her and then immediately be prepared for the upheaval of finding a new place to live.

8. **What are the elements of a safety plan?²**

According to the National Domestic Violence Hotline, a safety plan is a personalized, practical plan that includes ways to remain safe while in a relationship, planning to leave, or after you leave. Safety planning involves how to cope with emotions, tell friends and family about the abuse, take legal action and more.

A good safety plan will have all the vital information you need, be tailored to your unique situation, and will help walk you through different scenarios.

Although some of the things that you outline in your safety plan may seem obvious, it's important to remember that in moments of crisis your brain doesn't function the same way as when you are calm. When the adrenaline is pumping, it can be hard to think clearly or make logical decisions about your safety. Having a safety plan laid out in advance can help you to protect yourself in those stressful moments.

For more information, see [Create a Safety Plan](#) from the National Domestic Violence Hotline.

A week after the PHN's visit, Angela calls and informs the PHN Sam hurt her again and has threatened to kill her if she leaves. When the PHN asks Angela if she's okay, she says she is fine and just needs to get herself together. She says she will be home at noon and asks the PHN to visit.

9. **What precautions can the PHN take to ensure their own safety?**

Answer:

- **Make sure someone else from your agency knows the address and how long you plan to be there.**
- **Make sure you have a cellphone. Take a dispatch radio, if allowed by your organization.**
- **Your own safety comes first. If you feel uncomfortable after considering the items above, you do not have to go. Other options include:**
 - **Have the police meet you at the site.**
 - **Meet in public instead of in the home setting.**

10. **Find your agency policy on safety during home visiting and discuss this policy with your preceptor.**

The PHN determines it will be safe to visit Angela in her home. When the PHN arrives, Angela states she is afraid, and they decide to call the police.

² See [Create a Safety Plan](#) from the National Domestic Violence Hotline for further information.

11. What legal responsibility does the police officer have when responding to this call?

- A. Unless Angela wants to file charges, the officer is not required to write up the case as an intimate partner violence incident.**
- B. The officer cannot arrest Sam unless he observes the violent incident himself.**
- C. The officer’s legal responsibility is to make sure Angela is okay.**

Answer: C. This is true. It may require several actions.

Legally, the officer must write up a domestic violence incident just as they are required to write up any other type of incident. The notes are of crucial importance to document the incident and provide support for later legal action.

The law also states that Sam may be arrested if there is “probable cause to believe that within the preceding 12 hours he has committed domestic abuse” and protects the reporter from civil liability in doing so. In Minnesota, cases of domestic violence are unique in that an officer can make an arrest for a misdemeanor even if they have not directly observed the incident. It is crucial for the police officer to uphold the law if they see evidence that a crime has been committed. If both parties have been violent toward one another, the officer must also determine who is the primary perpetrator. The decision to arrest Sam is not dependent on Angela's interest in filing charges.

12. What resources might the PHN refer Angela to at this time?

Answer: Resources may differ in each geographic area, but some examples of services include:

- **Family members and friends**
- **Homeless shelters**
- **Battered women’s services including women’s shelters**
- **Churches**
- **Legal system**
- **Social services**
- **Support groups**

13. Review the 2016 article *Therapeutic Interventions in Intimate Partner Violence: An Overview* (Condino, V., Tanzilli, A., Speranza, A.M., Lingardi, V.). Is this a valid article to use in your public health practice? Why or why not? How might this article impact your practice as a public health nurse?

Answer: The article is a research review; you need additional high-level research to back up this article. Impact on practice: Domestic violence is a major public health concern. Consider education and interventions for both men and women.

Concepts covered

Mandated reporting, assessment, vulnerable adult, referral resources, non-judgmental care, safety planning, trauma-informed care, evidence-based practice

Additional resources

1. FindLaw. (2018). *Mandatory Reporting of Domestic Violence*. Online: <https://www.findlaw.com/family/domestic-violence/mandatory-reporting-of-domestic-violence.html>.
2. National Domestic Violence Hotline. Victims of Crime Act (VOCA). Online: <https://www.thehotline.org/resources/victims-of-crime-act-voca/>.
3. Minnesota Department of Health. (2016). Sample: Intimate Partner Violence (IPV) Screening Algorithm (Decision Tree) for Family Home Visiting. Online: <https://www.health.state.mn.us/docs/communities/fhv/ipvscreeningalgorithm.pdf>.

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