EMERGENCY NURSES ASSOCIATION

Clinical Practice Guideline:
Synopsis Intimate Partner Violence

CLINICAL QUESTION

For adult (18 and older) emergency department patients, how effective is screening and/or intervention for intimate partner violence?

PROBLEM

Intimate partner violence (IPV) is a serious public health concern that can result in numerous long-term negative physical and psychological effects. The World Health Organization (WHO) recognizes IPV as a global health and societal issue (WHO, 2013) and describes IPV as behaviors that occur within an intimate relationship that cause physical, psychological, or sexual harm to those within the relationship (WHO, 2012). Intimate partner violence includes both men and women and occurs across all socioeconomic, religious, and cultural groups (WHO, 2012). Examples of IPV acts include physical violence (hitting, slapping, kicking, beating), sexual violence (forced/coerced sexual activity), psychological abuse (insults, belittling, intimidation, humiliation, harmful threats, threats to take away children), and controlling behaviors (isolating from friends and family, stalking, restricting access to resources such as finances, employment, education, or medical care) (Nelson, Bougatsos, & Blazina, 2012). Nurses practicing in emergency departments (ED) are expected to recognize, assess, and intervene when patients present with suspected IPV (Nielson, 2018). This Clinical Practice Guideline (CPG) focuses on the effectiveness of screening for IPV in the emergency department and the implementation of appropriate interventions.

	Description of Decision Options/Interventions and the Level of Recommendation	
Screening	The Hurt, Insult, Threaten, and Scream (HITS), Woman Abuse Screening Tool (WAST), Partner Violence Screen (PVS), Abuse Assessment Screen (AAS), and the STaT screening tools can be used in clinical settings (Arkins et al., 2016; Rabin et al., 2009).	A
	IPV screening efforts may increase the identification of IPV survivors but the screening does not reduce the rate of IPV (Nelson et al., 2012; O'Doherty et al., 2015).	A
	Computerized screening is a safe, efficient, and effective way to screen for IPV in the ED (Ahmad et al., 2009; Choo et al., 2015; Choo et al, 2016; Houry et al., 2008; Hussain et al., 2015; Renker 2008; Rickert et al., 2009; Trautman et al., 2007).	B
	IPV screening tools can be used in the ED (Mills et al., 2006; Nelson et al., 2004; Paranjape & Liebschutz, 2003; Svavarsdóttir, 2010).	B
	Education and experience are necessary for healthcare providers to feel comfortable screening for IPV in healthcare settings (Al-Natour et al., 2016; Husso et al., 2012).	C
Interventions	A multifaceted approach to IPV in the ED, including screening, referrals, and interventions are necessary for an effective IPV program (Feder et al., 2011; McFarlane et al., 2006; Power et al., 2011)	A

Level A (High)	Based on consistent and good quality of evidence; has relevance and applicability to emergency nursing practice.
Level B (Moderate)	There are some minor inconsistencies in quality evidence; has relevance and applicability to emergency nursing practice.
Level C (Weak)	There is limited or low-quality patient-oriented evidence; has relevance and applicability to emergency nursing practice.
N/R	Not recommended based upon current evidence.
I/E	Insufficient evidence upon which to make a recommendation.
N/E	No evidence upon which to make a recommendation.

EMERGENCY NURSES ASSOCIATION

Clinical Practice Guideline:
Synopsis Intimate Partner Violence

ENA Clinical Practice Guidelines (CPGs) are evidence-based documents that facilitate the application of current evidence into everyday emergency nursing practice. CPGs contain recommendations based on a systematic review and critical analysis of the literature about a clinical question. CPGs are created following the rigorous process described in ENA's Requirements for the Development of Clinical Practice Guidelines. The purpose of CPGs is to positively impact patient care in emergency nursing by bridging the gap between practice and currently available evidence.

Access the full CPG at: https://bit.ly/2RUlH7A