INTERNATIONAL ASSOCIATION OF Forensic Nurses

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Reporting Intimate Partner Violence (IPV) in the Healthcare Setting

Problem Statement

Intimate partner violence (IPV) is a global public health crisis. This violent behavior is perpetrated within an intimate partner relationship and can be in the form of physical, verbal, emotional, or sexual violence or abuse (Reif et al., 2020). The World Health Organization (2021) states more than 25% of women aged 15 to 46 years who have been in a relationship have suffered physical or sexual violence by their partner at least once in their lifetime. According to the Centers for Disease Control and Prevention (2021), 1 in 5 women and 1 in 7 men report experiencing severe physical violence by an intimate partner on at least one occasion. Additionally, members of the LGBTQIA2S+ community experience a disproportionately high level of violence when compared with individuals who are heterosexual, and people who are transgender are more than two times more likely than those who are cisgender to experience IPV (Chen et al., 2023). It is estimated 1 in 4 men identifying as gay or bisexual, 4 in 10 women who are lesbian, as well as 5 in 10 women who are bisexual experience severe IPV during their lifetimes (Chen et al., 2023). Overall, women are more likely than men to experience increased victimization, severity of violence, and risk of injury and death at the hands of an intimate partner (Black, 2011; Porter, et al., 2021). Globally, up to 38% of all murders of women are committed by an intimate partner (WHO, 2021).

People experiencing IPV are at risk for social, physical, psychological, and economic consequences, such as family dissolution, loss of housing and income, reproductive coercion resulting in unplanned or undesired pregnancy, adverse pregnancy outcomes including fetal demise, poor physical health, mental health disorders, substance abuse, and death (Phares et al., 2019). IPV can significantly impact not only the direct recipient of the abuse, but also children exposed to the violence (Jaffe et al., 2012; Meiksans et al., 2021; Reif et al., 2020). Exposure to IPV is an adverse childhood experience. Each year approximately 1 in 15 children are exposed to IPV, and 90% of these children witness the violence (National Coalition Against Domestic Violence, n.d.). The Adverse Childhood Experiences Study (Felitti et al., 1998) solidified knowledge that exposure to IPV and other psychosocial and physical traumas in childhood negatively impacts adult mental and physical health in a dose-related gradient.

The majority of jurisdictions in the United States and Canada have state, province, or territory-specific laws for mandatory reporting of IPV by healthcare professionals that are separate and distinct from elder abuse, vulnerable adult abuse, and child abuse reporting laws (Phares et al, 2019). IPV- related injuries involving the use of a gun or other weapon may be a mandatory report to law enforcement (Kimberg, et al., 2021). When considering injuries not inflicted by a gun or other deadly weapon, nearly all states allow the adult who has experienced IPV to

determine whether to report to law enforcement. However, there is a variety of legislative language mandating the circumstances under which healthcare professionals are expected to report IPV to s law enforcement. For instance, Alaska Statute requires health professionals to report gunshot wounds, non-accidental injuries from knives and other sharp instruments, specific burns and any non-accidental injuries likely to cause death (A.S. 08.64.369). Mandatory reporting of all physical injuries resulting from IPV can deter individuals from seeking healthcare and result in increased danger for themselves and others (Hoppe et al., 2020). Mandatory reporting of all IPV related injuries does not decrease the risk of reoffending, it may actually escalate risk (Berk et al., 1992; Rome & Miller, 2020; Sherman et al., 1992). It is critical that healthcare providers have the ability to assess potential risk to both victims and children in the home prior to reporting IPV (Hornor, 2023).

The International Association of Forensic Nurses (IAFN) strongly opposes any legislative action mandating universal reporting by healthcare professionals of adults experiencing IPV.

Position

The International Association of Forensic Nurses (IAFN) asserts that:

1. *IPV is a critical public health concern that negatively impacts not only the direct victims, but also exposed children, family members, and the community at large.*

2. *Universal and confidential assessment for IPV must be completed by healthcare professionals.*

3. *Prior to assessment healthcare professionals, must disclose the limits of their confidentiality.*

4. *Healthcare professionals must be knowledgeable regarding state and local law defining reporting requirements related to IPV.*

5. *Legislation mandating universal reporting of IPV by healthcare professionals can result in significant negative consequences for victims and others.*

6. *Universal mandatory reporting of IPV violates both the nursing code of ethics (Fowler, 2015) and the tenets of trauma-informed care (SAMHSA, 2014) by stripping the patient experiencing IPV of their autonomy and control regarding this crucial decision.*

7. *There are IPV-related circumstances indicating an increased risk of lethality necessitating a healthcare professional report to law enforcement and/or child protective services to ensure the safety of the IPV victim and their children. These can include, but are not limited to:*

   a. *IPV injuries resulting from the use of guns or other deadly weapons*
   b. *IPV injuries resulting in serious bodily harm or grievous bodily injury*

8. *Any child who suffers a physical injury or is threatened physical injury in the course of an IPV incident between adults is a victim of physical abuse and a report to child protective services is indicated. Allowing adults with the capacity to consent to make their own decisions does not limit a healthcare providers responsibility to report child abuse when appropriate and mandated by law.*

9. *All healthcare professionals and facilities must be familiar with local resources on confidential IPV advocacy services and offer those resources to patients disclosing IPV, in-person whenever possible.*

10. *Children exposed to IPV have experienced trauma and benefit from trauma-informed mental health services.*

Rationale

IAFN is dedicated to the health and healthcare of patients affected by trauma and violence and recognizes the crucial aspects of every patient's bio-psycho-social needs (ANA, 2017). IPV is a significant global public health concern and healthcare professionals must be comfortable and competent in assessing for IPV in all patients and implementing evidence-based interventions. Legislation mandating universal reporting of all physical injuries resulting from IPV often results in significant negative consequences for patients, including escalation of the violence and an increased risk of death. Universal mandatory reporting of IPV is in direct conflict with both the nursing ethics of practice and the tenets of trauma-informed care by stripping patients of their personal power and autonomy (Fowler, 2015; SAMHSA, 2014). Universally mandated IPV reporting may discourage patients from seeking healthcare, discourage healthcare providers from addressing IPV with patients, and impair the patient-provider relationship (Futures Without Violence, 2022). There is a presumptive belief by patients that the healthcare provider will act in their best interests and do no harm (Smith, 2017). Mandatory reporting of IPV without patient input can intensify feelings of helplessness and loss of control, be perceived as a violation of trust, and lead to additional negative physical and mental health consequences for which the patient is hesitant to seek help for (Langhinrichsen-Rohling et al., 2020).

For these reasons, IAFN joins the World Health Organization, American Medical Association and the Association of Women's Health and Obstetric and Neonatal Nurses in opposing legislation mandating healthcare professionals to universally report injuries caused or suspected to be caused as a result of IPV.

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