

Rosa Iminez - IPV

You are a nursing case manager on the county mental health outreach team. The local Mental Health Center has a treatment and referral contract for behavioral services with local healthcare practitioners.

A Health Insurance Portability and Accountability Act (HIPAA) business agreement has been signed between the parties, which allows for exchange of need-to-know information and appropriate planning and treatment of patients to occur.

A nurse midwife affiliated with a local obstetrician's office calls and reports that Mrs. Iminez (Rosa) has been in for prenatal care over the last several months. At Rosa's prenatal visit two weeks ago, the midwife noted multiple bruises, and belt marks on her chest, back, and abdomen.

Rosa said that she 'bumped into a door,' and would not comment any further. At today's prenatal visit, new bruises and what appear to be cigarette burns were noted.

Rosa is to return the following day with her husband for a prescheduled class.

Fearing intimate partner violence (IPV), you arrange to be present when Rosa and her husband attend the class, and plan to speak with them.

1. It is important for you to be aware of issues and facts concerning intimate partner violence. Which of the following statements accurately reflects current understanding of intimate partner violence?

Select all that apply (4 correct answers)

- Intimate partner violence is usually limited to physical assault, and rarely encompasses emotional or sexual abuse
- Pregnant women are especially vulnerable to intimate partner violence
- Victims of intimate partner violence may feel guilty and deny fear related to the situation
- Victims of intimate partner violence are at high risk for suicide
- Personal discomfort of health care providers with intimate partner violence can interfere with accurate assessment and intervention

Research has demonstrated that intimate partner violence occurs in both genders, and across all ethnic/racial groups, age groups, sexual preference groups, and economic, cultural, intellectual groups.

It is important that nurses avoid stereotypes and remain open to warning signs and clues to intimate partner violence in all clients.

Intimate partner violence typically evolves inter-generationally over time. Both partners in an abusive relationship often have experienced or witnessed physical and emotional violence by people close to them.

Frequently there are warning signs before violence occurs: increased possessiveness and jealousy on the part of the abuser, demeaning comments toward the victim, and efforts to isolate the victim from friends and family.

Abused persons often develop somatic complaints that, helpfully, keep them in contact with health care providers.

Frequently, they seek care from a variety of providers, in an effort to prevent the abusive situation from being identified.

Abused persons may also have symptoms of stress. These can include difficulty sleeping, recurring nightmares, diminished appetite and poor eating, memory deficits, and even out-of-body experiences.

Intimate partner violence often involves a repeated pattern of tension-building, acute battering, and loving reconciliation. This is known as the cycle of violence.

The tension-building phase includes verbal abuse and minor incidents. The acute battering phase includes the outbreak of serious violence. The loving reconciliation (honeymoon) phase is marked by remorse and promises to reform. As the cycle progresses, the first two phases predominate.

The following day, prior to your meeting Rosa and her husband, you review Rosa's medical record, including the family and social history originally provided.

Both Rosa and her husband are United States citizens whose great-grandparents came to North America from Cuba to establish a better life. Rosa is an elementary school teacher. Miguel owns a department store chain.

Family/Social History
23-year -old patient has mother and sister living nearby. College educated, works as a teacher
45-year-old spouse (Miguel) emigrated from Cuba, College -educated, owns import/export business. Mother, father brother lives nearby.
Couple states pregnancy was planned. This will be their first child.

You are introduced to Rosa and Miguel when they arrive.

You notice that Miguel is very protective of Rosa, insists on staying with her, and often answers for her. Rosa looks to Miguel before she speaks and keeps her eyes on him or looks at the floor when she speaks.

After Rosa and Miguel share information about their health and family, you mention concern about Rosa's bruises.

Miguel states "Rosa is very clumsy, especially since she became pregnant."

You ask Miguel to stay and speak with you while Rosa is examined by the midwife.

Miguel becomes angry and initially refuses to speak with you alone, or have Rosa be seen alone without him present.

2. Which approach is best to use to persuade Miguel to speak with you privately?

- "It is agency policy that each spouse be interviewed separately at periodic intervals throughout a pregnancy."
- "Pregnancy can add stress to any family. I am concerned about you and your needs."
- "We suspect that your wife is being abused and I want to talk with you about it."
- "Your wife canceled her appointment last week. I would like to hear your explanation."

Miguel finally agrees to talk with you and allows Rosa to be seen alone.

3. Which of the following questions/statements could appropriately be used in your interview with Miguel?

Select all that apply (6 correct answers)

- "Tell me what it is like for you with Rosa being pregnant."
- "What do you like about having a child?"
- "Has Rosa's pregnancy caused any problems?"
- "What does it mean for you to be having a child?"
- "How do you usually deal with change?"
- "How do you hit your wife?"
- "Who do you consider to be in charge in your family?"

You know that the abusive person often seeks relief from anxiety and tension by becoming angry, aggressive, and physically harmful to those around him. Not only are anxiety and frustration relieved ...but the abuser may temporarily feel more powerful and in control through his aggressive acts.

The abusive person generally has a deflated self-concept... aggression is a means to dominate the family and help the abuser feel superior, thereby unconsciously overriding his poor self-image. Often, the abusive person was exposed to abuse while growing up.

As you talk with Miguel, he remains superficial and social in his words and affect. Although generally polite and smiling, at times he is condescending, conveying an attitude that he doesn't have to answer your questions.

Miguel assures you that there is no need for concern. He and Rosa are doing fine. Rosa's pregnancy is not causing any unusual tension between them.

Miguel is proud that he will be a father and hopes he will have a son. Furthermore, he is a successful businessman with many friends. He knows how to deal with problems. His reputation depends on it.

And, "NO", he does not drink. He needs a clear head to maintain his business.

And, "NO AGAIN," he does not use any drugs, nor has he had any head injuries, episodes of depression, or other medical problems.

After sarcastically thanking you for the inquiries into his health, Miguel asks, "Who is the patient here anyway? Me or my wife?"

4. Although you suspect that Miguel is abusive to Rosa, you contemplate the pros and cons of confrontation and decide not to confront him at this time. The major reason for not confronting Miguel is that he might:

-
- sue you, the obstetrician, and the community mental health center for libel
 - become aggressive with you
 - decide not to continue a relationship with you or be open to receiving help
 - prevent Rosa from receiving the care she needs

5. You decide to end the interview with Miguel. Which statement to Miguel would most likely allow for a continued relationship with Miguel?

-
- "I see there is no cause for concern. Thank you for your time."
 - "Rosa is definitely the patient here. I am sorry to have bothered you and hope I have not offended you."
 - "There is something highly suspicious here. I am going to have to investigate further."
 - "May I call on you again for further information? And, if you have questions or concerns, please call me. Here is my card."

6. While you were with Miguel, the midwife talked with Rosa. To help Rosa feel safe and comfortable, the midwife:

Select all that apply (3 correct answers)

- accused Rosa of protecting her husband by not telling the truth
- implied that Rosa was weak and liked being abused
- probed with direct questions about how Rosa received her wounds
- conveyed respect and empathy for Rosa's position as an adult woman
- was patient and waited out silences to give Rosa time to collect her courage and thoughts
- acknowledged that women are sometimes injured by people close to them
- reacted with anger and disapproval when Rosa spoke about bumping into a door

In working with a couple like Rosa and Miguel, it is likely that healthcare providers experience strong feelings (emotional/affective reactions). These might include sadness, anger, frustration, disgust, fear, horror, concern, irritation, depression, and/or annoyance.

Although any feelings are acceptable, it is important that they be expressed appropriately. Conveying anger, frustration, or anxiety to a client is not acceptable.

During her time with the midwife, Rosa guardedly admitted to having 'accidents' for the past five years. She '..... has fallen down stairs and bumped into things.'

Rosa also stated that 'accidents' do not occur all the time. They generally happen when Miguel has financial worries, problems with his family, or when Rosa makes decisions without consulting him. Her pregnancy has made her 'accidents' more frequent and intense.

Rosa resisted any suggestion that these 'accidents' might be physical abuse.

Rosa went on to say that Miguel always wants her with him. He wants her to resign from teaching, but Rosa has continued to refuse.

7. Which one of the following nursing diagnoses accurately reflects Rosa's situation at this time?

-
- Impaired Skin Integrity related to self-inflicted wounds
 - Situational Low Self-Esteem related to possible abuse by husband
 - Possible Disabled Family Coping related to stresses of marriage and pregnancy
 - Risk for Violence related to presence of wounds

8. Unable to verify that Miguel has abused Rosa, the midwife decided that it was a priority that Rosa know how to get help if she needed it. Which of the following information is most important for Rosa at this time?

-
- The names of several psychiatric clinical nurse specialists who provide in-depth insight-oriented psychotherapy
 - The telephone numbers of a crisis hot line, battered women's shelter, legal protection agency, and the police
 - A brochure about infant and toddler growth and development
 - A brochure about the effects of drug use on a developing fetus

During her time with the midwife, Rosa said she is looking forward to having her baby. However, she also admitted to feeling "blue" sometimes, not feeling hungry ("I force myself to eat because of the baby") and having difficulty sleeping ("..... but nothing's wrong").

Rosa denied suicidal thoughts ("I have my baby to think of"), taking drugs, hurting herself ("Why would I do a thing like that?").

You and the midwife remain frustrated with Rosa's situation. Although you have not been able to confirm that Miguel is abusing Rosa, you are very concerned about her safety.

It is important for nurses to realize that the most dangerous time for a woman in an abusive relationship is when she makes intentions known that she plans on ending the relationship, or actually leaves.

The woman should have a safety plan, which is a plan for quick escape if violence should occur. This includes packing ahead of time.

The next morning, the midwife receives a call from Rosa, who is hysterical on the phone "He forced me! He forced me!"

When asked what she means, Rosa sobs, "..... to have sex! I didn't want to, I wasn't feeling well and said NO! But he pulled my hair and pushed me down. I couldn't stop him! Please help me! I'm worried about my baby!"

Rosa is told to go to the hospital immediately..... she says Miguel is gone, and her friend, who is with her, can drive her.

She is also told to go as she is and not to bathe or change her clothes, but to take some clean clothing and be prepared to stay overnight.

The midwife assures Rosa that she will meet her at the hospital. She calls you to meet them there.

Rosa arrives in the Emergency Department (ED), and is immediately seen.

Shortly after, Miguel arrives, having heard from a neighbor that Rosa was taken to the hospital. He is obviously shaken. The ED staff is firm about Miguel's staying in the waiting room. At first belligerent, he complies.

9. After initial triage, what nursing actions do you expect the Emergency Department (ED) nurse to appropriately take with Rosa?

Select all that apply (4 correct answers)

- Take Rosa to a quiet, private room
- Let Rosa know she is safe
- Follow protocols for collecting evidence of rape
- Make sure a variety of people interview and examine Rosa (laboratory technician, MD, social worker, crisis counselor)
- Use a crisp, distancing, professional style to probe into Rosa's situation
- Help Rosa bathe and change clothes after her examinations

As she cries, Rosa admits that Miguel has been abusing her for many years, "... I feel so ashamed and weak! I've left Miguel several times already but, I always go back! He is so nice, so apologetic afterwards. And, he has threatened to kill me if I leave him. I can't live with him and I can't leave him. I want to die! What am I going to do?"

10. Which response to Rosa is most therapeutic?

- "That's all right. You're not weak or helpless."
- "You had a right not to have sex with him."
- "Right now it feels overwhelming. We can take things one step at a time."
- "Die? You want to die? You have so much to live for with the baby on its way."

Fresh contusions are identified on Rosa's face, chest, arms, and upper abdomen. Her left eye is partially closed and swollen. A patch of hair is missing from the top of her head. Her vaginal area is

edematous with a one-half inch laceration. She has lower abdominal and pelvic pain, and vaginal bleeding.

Throughout her exams, Rosa cries. She asks "What did I do to deserve this?" And, she chastises herself, "I should have been a better wife. If I had just said 'yes' to Miguel he wouldn't have had to do this to me."

Rosa is willing, although tense, as oral, vaginal, and rectal specimens, pubic hair combings, and fingernail clippings and scrapings are taken.

After signing a written consent, Rosa agrees to have her injuries photographed.

After her exams, Rosa agrees to give up her clothes, and gratefully accepts the opportunity to bathe and change into something clean.

The nursing diagnosis, Rape Trauma Syndrome applies to Rosa. There are at least two main phases of Rape Trauma Syndrome.

Since the rape has just occurred, Rosa is in the acute (disorganized) phase. During this phase, intense feelings predominate. Some women express their emotions openly while other women, despite having intense feelings, control their emotions and appear passive or indifferent.

Later, during the reorganization (outward adjustment) phase, the rape victim examines her feelings and thoughts related to the rape and tries to integrate the event into her life.

Rosa will be admitted to the hospital's Obstetrical Unit because of pain and bleeding, and to permit monitoring of her fetus.

**11. Before Rosa is transferred, which of the following are appropriate?
Select all that apply (3 correct answers)**

-
- Ask Rosa if she wants to see her husband
 - Assess Rosa for any suicidal tendency
 - Document specifically and objectively all of the information you have concerning Rosa's physical and emotional status
 - Assess the severity of Rosa's mistrust of men
 - Advise Rosa to legally prosecute her husband

Rosa does not want to see Miguel. She is transferred to the Obstetrics Unit.

Miguel asks to see you.

Miguel is contrite, yet defensive and angry. Defiantly he says, "Yeah, I had sex with her. What would you expect me to do? I'm a man. I have needs. She made me angry. I had to punish her. She's just like my mother. All women are the same. Not good for anything."

Miguel's statements support the view that rape is a crime of power, aggression, control, violence, and domination. These elements do not preclude the passion and desire that may also be present. Rape takes place when one person forces unwanted sex on another person.

12. After listening to Miguel, you attempt to therapeutically respond in an empathic and caring manner when you say:

-
- "So! Women are all the same, are they? I'm not like other women!"
 - "I imagine you feel powerful and strong when you are able to get what you want that way."
 - "I imagine you want to show other women who's boss, too."

At times Miguel acts powerful and strong, while at other times he seems sorry and apologetic for what he has done. He regrets that Rosa does not want to see him and is afraid she will leave him, stating that he "loves her very much" and "didn't mean to hurt her."

Since Miguel is being unguarded and sincere, you say to him gently, "It's hard when you hurt someone you love How else have you hurt her?"

Hesitantly, Miguel confides that he has beaten, pushed, shoved and hit Rosa, saying, "I don't know what comes over me. I start feeling more and more tense. Then I have to take it out on her. I'm an angry person. My family was angry. My father always took advantage of my mother. He got whatever he wanted from her and from me, too."

Miguel goes on to confide, "I never meant to hurt Rosa, it just happens. It's been that way since we were married. It doesn't happen all of the time, just once in a while."

Miguel is referred for counseling. He attends a weekly group for men who have abused their wives. In this group, he is confronted with the harmful effects of abusive behaviors. He is also exposed to attitudes and beliefs about women that are less controlling.

Miguel is eventually diagnosed with intermittent explosive disorder. The person with this disorder has periods of intense aggression and anger that are difficult to overcome.

In therapy, Miguel learns that anger often erupts when a person feels someone is against him and that angry, negative thoughts maintain intense feelings that generate violent behaviors.

Miguel is taught the behavior-thought-feeling triangle as an approach to dealing with anger. When feeling angry, Miguel is taught to ask himself "How important is this situation to me? Am I reacting to the past or to the present? Is it reasonable that I am so angry?"

Miguel is also taught to yell "Stop!" to himself, either silently or out loud, as a way of interrupting angry, negative thoughts. He learns to use relaxation as a way of displacing a tense, angry response.

It is hoped that persistence, practice, and repetition will enable Miguel to control his anger.

