

## SCREENING FOR INTIMATE PARTNER VIOLENCE: ATTITUDES OF NURSE PRACTITIONERS

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Practitioners, Screening, Violence

**Purpose:** Nearly one-third of American women report being physically or sexually abused by an intimate partner at some point in their lives. Despite recommendations for routine screening for intimate partner violence (IPV), actual rates of screening remain low. The purpose of this descriptive pilot study was to examine the perceived barriers and facilitators of healthcare providers to screening for IPV.

**Method:** A convenience sample of nurse practitioners (n=25) were surveyed regarding their screening practices, knowledge about screening tools, instruments used to screen for IPV, formal and informal education on IPV. The nurse practitioners were surveyed regarding their perceived attitudes regarding IPV by means of 9 items on a Likert scale. Descriptive statistics were used to describe the sample characteristics as well as screening practices, knowledge about screening tools, and education regarding IPV for this sample of nurse practitioners. Independent *t*-tests were used to test the differences in attitudes regarding IPV between 2 groups of nurse practitioners (routine screeners and non-routine screeners). Levels of significance were established at .05.

**Findings:** Ninety-two percent (n=23) of the nurse practitioners were female. They ranged in age from 29 to 59 years with a mean of 46 years. They had a mean of 21 years in practice (range 7.5 to 39.0). The majority (68.0%, n= 17) of nurse practitioners routinely screened for IPV. The majority of nurse practitioners felt they knew about IPV, that IPV was prevalent in their patients, and that screening did not take too much time. Of those who routinely screened 84.0% (n=21) had IPV education. The routine screeners reported a mean of 83.8 hours of IPV education and 64.7% (n=11) screened because of a clinical protocol mandating screening in their practice settings. There were no statistically significant differences in attitudes toward screening between nurse practitioners who were routine screeners (n= 17) and those who were not routine screeners (n=8). Of interest is the finding that less than half of the nurse practitioners were aware of specific instruments used to screen for IPV.

**Discussion:** Nurse practitioners are in a unique position to screen and intervene in IPV. Findings from this study indicate a continued need for education regarding use of screening tools to eliminate barriers to screening for IPV.