Intimate Partner Violence & the APN: Does Vicarious Trauma Matter?

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Background

• Intimate partner violence (IPV) is any form of abuse by a current or former partner
• 1 in 3 adults have a lifetime experience of IPV
• Worldwide rate is as high as 60-70%
• Nurses are at risk of secondary traumatic stress symptoms (STS) due to exposure to traumatized patients
Objectives

- Describe factors that assist APNs in the appropriate management of intimate partner violence in the clinical setting
- Identify factors that may negatively impact APNs ability to effectively manage IPV
- Identify warning signs of Secondary Traumatic Stress in themselves

Why IPV?

- IPV affects roughly one in three people
- Many advanced practice nurses (APN) are the first health care provider victims will encounter when they might need help
- Nurses may experience secondary traumatic stress (STS) or vicarious trauma (VT) as a result of work with victims

Study Design

- National quantitative survey of APNs conducted in summer of 2014, n = 494
- Survey tools used
  - Modification of PREMIS
  - Secondary Traumatic Stress Scale
  - New General Self Efficacy Scale
  - Brief Resilience Scale
Results

- Instruments had psychometric reliability
- APNs averaged 5-10 hours of IPV education; up from 1-4 hours in only other national study in 1999
- APNs knowledge on IPV topics high—86% knowledge questions correct compared with 66% correct answers by physicians

Performance of APNs on IPV

- 20% do not screen for IPV
- 37% screen all new patients; unchanged
- 90% of APNs did safety assessments
- 94% helped develop safety plans
- IPV disclosures reported in past 6 months—mean = 2.86

What Most Influenced Self-Efficacy to Treat IPV?

- Estimated hours of IPV education
- Years in full-time practice
- APN role belief
- Difficulties encountered by APNs include lack of privacy to screen, unclear work protocols, no place to chart, lack of resources; only half felt they had good overall support to treat IPV
Characteristics of Participants

- Overall sample had above average resilience and self-efficacy
- Close to 13% of APNs surveyed met clinical definition for STS or vicarious trauma (VT)
  - Mean years in practice 10, compared with 13 years without STS or VT (p = .047)
  - Age 27 - 71 years (Mean 49, SD 11 years)

Differences Between Groups with and without VT

- Those with VT had lower scores (t-test)
  - Brief Resilience Test, p = .001
  - New General Self-Efficacy test, p < .001
  - Fewer years in FT practice, p = .047
- No differences between the groups on practice community type, location, past personal trauma, IPV education, educational degree, or age

Results

Top variables in final model in order of weight
1. Current practices (resources included in this scale)
2. IPV education
3. Age in Years
4. Role Belief
5. Resilience
6. Vicarious Trauma-negative correlation with self-efficacy to treat
7. General Self-Efficacy
8. Workplace screening tools & protocols
9. IPV knowledge
Conclusions & Future Directions

- Those with VT had
  - Less resilience and general self-efficacy
  - Less work experience as an APN (3 years)
- Must work on interventions to support APNs to reduce the incidence of VT
- Increase interventions to boost resilience

References

- Available after Dec. 8, 2015