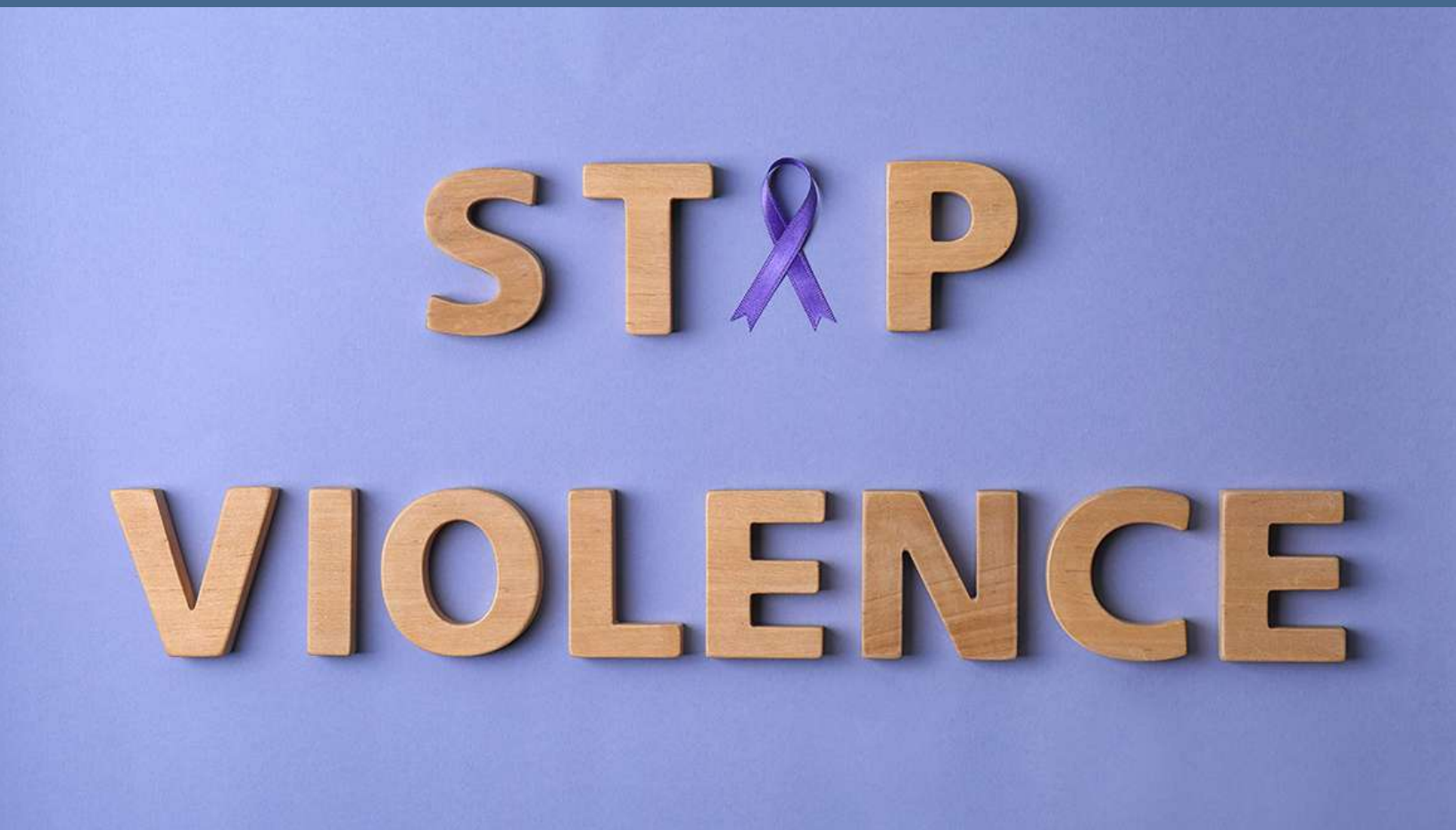
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Preventing Intimate Partner Violence



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Section 1: Introduction

Intimate partner violence (IPV) affects millions of people in the United States each year. Though most victims are women, men also experience intimate partner violence. Approximately 43.5 million women, more than 1 in 3, report experiencing intimate partner violence during their lifetime. Among men, 1 in 6, or approximately 20.7 million, experience some form of intimate partner violence (CDC, 2026). It is estimated that 5% of men are killed by their intimate partners. Exact statistics related to IPV are difficult to determine because of the high rate of underreporting (Huecker et al., 2023).

Intimate partner violence has a significant effect on individual and public health, and affects families, coworkers, and the community. Intimate partner violence negatively impacts physical and mental health. This reduces quality of life and also impacts an individual's productivity (Huecker et al., 2023). The estimated cost of intimate partner violence is approximately $103,767 for women and $23,414 for men. This includes medical care, lost productivity from paid work, and criminal justice costs, which all contribute to the financial burden of intimate partner violence. Health effects of intimate partner violence are varied, and many are chronic (CDC, 2026).

When IPV occurs among adolescents, it is specifically called Teen Dating Violence. It is estimated that 16 million women and 11 million men first began experiencing IPV before age 18 (CDC, 2026). According to a 2021 survey of high school students by the Centers for Disease Control and Prevention, approximately 1 in 12 students experienced physical dating violence and 1 in 10 reported experiencing sexual dating violence. Teen dating violence can significantly impact future relationships; however, many victims are afraid to tell family and friends (CDC, 2025b).

Nurses can impact the lives of those who experience intimate partner violence, as well as those who are at risk. By understanding the different kinds of intimate

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partner violence, nurses are better prepared to recognize when intimate partner violence occurs. Nurses should also be aware of the factors that increase risk for intimate partner violence and best practices for screening and assessment. They should also understand the health impacts and nursing implications associated with intimate partner violence.

Section 2: What is Intimate Partner Violence?

Intimate partner violence is abuse or aggression that occurs within the context of a romantic relationship. IPV does not necessarily need to occur within a current relationship. It also includes violence between former spouses or dating partners. IPV can occur once, or it can be chronic, occurring over months or years (CDC, 2026). Regardless of the type of IPV, all IPV comprises a spectrum of behaviors that inflict harm, seek control, and are contrary to a healthy relationship (Khan & Akram, 2025).

There are different types of IPV, including physical violence, sexual violence, stalking, and psychological aggression. Physical violence occurs when one individual hurts or attempts to hurt another through physical force (CDC, 2026). This can include actions such as hitting, slapping, choking, biting, scratching, pulling hair, or any other physical act that inflicts or attempts to inflict harm as a means of control or power over the other person. Physical IPV also includes throwing objects with the intent of causing harm, fear, or intimidation. Motives for physical IPV include jealousy, possessiveness, anger, or a desire to manipulate or dominate a partner (Khan & Akram, 2025).

Sexual violence is a type of IPV that occurs when someone forces or attempts to force a partner or ex-partner to participate in a sex act, sexual touching, or a non-physical sexual event, such as sexting, when the partner does not or cannot consent (CDC, 2026). This type of abuse typically also involves emotional harm, as

perpetrators exploit the emotional relationship they have with the victim. Perpetrators will use sexual acts to gain power or as a form of punishment (Khan & Akram, 2025). Individuals may be forced to have sex when they do not want to, have sex out of fear of the consequences of not obeying their partner, or be forced to do something sexual that is humiliating or degrading to the individual. It can also be a combination of these things (Sardinha et al., 2022).

Stalking involves a pattern of repeated, unwanted attention and contact by someone that causes the victim to be afraid or have concerns for their own safety or the safety of someone else (CDC, 2026). There are different forms of stalking. Tactics used against victims can include following and watching the victim, coming to places the victim is likely to be, such as their home or workplace, or leaving items that are strange or could be considered potentially threatening for the victim to find. Perpetrators may sneak into the victim's home or car to scare them or let them know they have been there. They may also send repeated, unwanted cards, flowers, letters, or other items, including gifts. Technology can also be used to stalk and harass individuals by spying on the victim from a distance or tracking the individual's location using GPS technology. Stalking can also occur through use of a phone by calling, even if the perpetrator hangs up or leaves a voicemail, texting, email, social media interactions, or photo messages (CDC, 2025a).

Psychological aggression occurs when a perpetrator uses verbal or non-verbal communication with the intent to harm a partner or former partner mentally or emotionally. They may also use this form of IPV to exert dominance or control over the victim (CDC, 2026). This form of IPV often involves tactics that negatively affect the victim's sense of self-worth, such as humiliation, belittling, insulting, threatening, isolating, and gaslighting. Gaslighting is a form of psychological aggression that involves manipulating someone's perception of reality, making them question their own memory, feelings, and sanity to erode the victim's self-confidence. Psychological aggression may involve isolating the victim from their

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support systems, such as friends and family. The perpetrator may also take actions to make the victim dependent on them, such as financial abuse. This type of abuse is often difficult for victims to identify because of the lack of associated physical injury (Khan & Akram, 2025).

Intimate partner violence can involve many tactics that help the abuser to exert control over their partner. Economic abuse is used to create dependency of the victim and limit their financial autonomy. This may include limiting the victim's access to money, employment, or denying them the ability to make financial decisions. Abusers may control the victim by limiting access to funds needed to meet basic needs or forcing the victim to give the perpetrator their income. The perpetrator may intentionally sabotage the victim's attempts to gain employment. Economic abuse is a tactic used to make it more difficult for a victim to escape due to difficulty securing housing or employment (Khan & Akram, 2025). Perpetrators may limit access to household funds or give the victim a strict allowance. Making a partner ask for money for basic needs is also a form of economic abuse (Thomas, 2025).

Perpetrators of IPV use power and control dynamics to abuse their partners. Power and control dynamics are systematic patterns of behavior that use different tactics to manipulate the victim's emotions, autonomy, and choices. This requires psychological tactics that make the victim more dependent upon the abuser (Khan & Akram, 2025). Power imbalance is an important aspect of intimate partner violence. Power imbalance occurs anytime one partner has more control or influence in the relationship. Power imbalance can occur in different ways. For teens, it may mean that the perpetrator is more popular among peers than the victim. In adults, this could be a significant age gap or income level that requires the victim to depend on the perpetrator to have their needs met. Some male perpetrators may use male privilege to exert power and control. They may treat their victim like a servant, make all major decisions for the victim, act like they are

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the master, or individually decide the men's and women's roles in the household (Thomas, 2025)

Coercion and threats can be an effective tactic that abusers use to gain and maintain control. They may make or carry out threats to harm the victim. They may threaten to end the relationship, commit suicide, or report the individual to government authorities. They may force the victim to drop charges or do something illegal against their will. They can use intimidation by instilling fear through looks, actions, or gestures. They may break or smash things, destroy the victim's property, abuse their pets, or display weapons. Emotional abuse can include putting the victim down, making them feel insecure about themselves, calling them names, making them think they are crazy, playing mind games, humiliating them, or making them feel guilty. Abusers may use isolation tactics, including controlling what their partner does, whom they see or talk to, what they read, where they go, and limiting their outside involvement (Thomas, 2025). Forced confinement occurs when the victim loses their freedom of movement due to the actions of the perpetrator. The victim may be physically confined, or they may not be able to leave a specific location due to threats or manipulation. Weapons can also be used as tactics of abuse, often resulting in severe or fatal injuries (Khan & Akram, 2025).

Perpetrators may use spiritual or cultural abuse tactics to gain and maintain control of their victim. This can occur when the perpetrator exploits their partner's spiritual beliefs, cultural background, or traditions to control or manipulate the victim. This tactic is particularly distressing for victims because it uses a deeply personal aspect of the victim's identity against them. Strategies may include using religious teaching to justify abusive behavior, forcing someone to participate in harmful cultural norms, or belittling an individual's spiritual beliefs. Perpetrators will often instill guilt in the victim and separate them from their religious community, causing the victim to feel powerless (Khan & Akram, 2025).

Perpetrators may use reproductive coercion as a tactic of abuse by taking control of the victim's reproductive choices. This can be related to contraception, pregnancy, or parenting. Perpetrators may sabotage contraception methods or pressure their partner to become pregnant against their will. It may also include forcing someone to terminate or continue a pregnancy, despite what the victim wants (Khan & Akram, 2025). When children are used as a tactic to exert power and control, the abuser might make their partner feel guilty, blaming them for "breaking up the family". They may use the children to relay messages to the victim. They may use scheduled visitation to harass the victim. Abusers may threaten to take the children away or make false claims to social services so the victim loses custody of their children (Thomas, 2025).

Abusers often try to justify their actions and maintain control through minimizing and blaming. They may use psychological tactics to accomplish this, such as gaslighting (Khan & Akram, 2025). Abusers may blame their behavior on jealousy or try to convince their partner that their actions were not as bad as they remember. They may not take concerns about their actions seriously or may deny the abuse ever happened. They may state or imply that it is the victim's fault the abuse occurred (Thomas, 2025). Perpetrators will use these methods to distort reality and keep their victim trapped in the relationship. Gaslighting, minimizing, and blaming can make a victim feel confused and doubt themselves (Khan & Akram, 2025).

Power and control are the foundation of intimate partner violence, but the first signs can be subtle (Thomas, 2025). At the beginning of a relationship, both partners typically try to show their best attributes; however, as the relationship becomes more comfortable, an individual may notice subtle signs that begin to occur more frequently. Examples of this behavior may be snapping more often, making inappropriate sexual comments, criticizing minor things, jealousy, or engaging in self-destructive behaviors (Cleveland Clinic, 2024b). Often, an early

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sign of power and control dynamics occurs when one partner tries to exert control over the other by isolating the victim from family and friends. Another early sign may be frequently calling or texting when the partner is with family, friends, or at work (Thomas, 2025). Early signs can also include possessiveness, name-calling, and efforts to exert financial control (Mayo Clinic Staff, 2025). Individuals are often more likely to recognize IPV when it includes physical or sexual violence, but more subtle tactics may be less easily recognized (Thomas, 2025). Nurses must be able to identify the early signs of IPV so they can educate patients and contribute to improved outcomes.

The Cycle of Abuse/Violence was developed by Lenore Edna Walker, an American psychologist who saw women in her practice in the 1970s who had been abused in their marriages. Walker observed commonalities among her clients and was able to organize these commonalities into the "Cycle of Violence Theory," which describes three stages of cyclical behavioral patterns that commonly occur within an abusive relationship. The three phases defined by Walker are the Tension Building Phase, Acute Battering Phase, and Honeymoon Phase. Walker states that this cycle is inevitable in an abusive relationship. She also states it can begin at any point in the relationship, though it is most likely to begin when there is an escalation in tension between the couple (Sangeetha et al., 2022). Later research used four stages to describe this cycle: tension-building, the incident of abuse, reconciliation, and calm. The cycle of violence is often described as more of a spiral than a circle, as stages within the cycle tend to become shorter and more intense over time (Cleveland Clinic, 2024b).

The tension-building phase of the Cycle of Abuse is the beginning of the abuse cycle. It occurs when there is a gradual escalation in verbal or minor battering incidents by the perpetrator. Typically, the victim will blame themselves and may alter their own behavior to appease their partner. They may try to calm the abuser or attempt not to anger them further. During this phase, the perpetrator

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expresses dissatisfaction but is not yet explosive in their anger. This phase can last days to months, and behavior escalates over time. When the coping techniques of the victim fail, or the abuser remains unchanged in their behavior despite the attempts of their partner, the cycle of abuse moves to the second phase (Sangeetha et al., 2022).

The second phase of the Cycle of Abuse is the acute battering or incident of abuse phase. This phase is characterized by the uncontrollable release of tension that has been building during the first phase. The abuser may become extremely aggressive, endangering and injuring their partner. This is the shortest and most brutal phase of the cycle and may include forcible restraint and severe physical, sexual, and/or emotional abuse. Violent outbursts are common during this phase, often resulting from sensing a withdrawal of the victim as they find they are not able to appease the abuser. During this phase, the victim often feels helpless and is focused on survival (Sangeetha et al., 2022). Some types of abuse are immediately obvious. Some forms, however, are not as obvious, such as destroying a passport, threatening self-harm, forcing someone out of their sexual comfort zone, stealing a partner's credit card, installing tracking apps on someone's mobile phone without consent, or mocking in front of friends. Though these may not be overtly physical or sexual, they are still considered an act of abuse. The commonality among all these behaviors is the intention to demonstrate dominance, and the goal is to coerce the victim into doing something they did not consent to. This behavior from the perpetrator is followed by a response from the victim. Responses can include walking away, crying, having an argument, calling the police, or kicking the partner out. The goal of the victim's response is to reestablish boundaries that had previously been in place. At this point, the abuser typically begins to apologize and reconcile (Cleveland Clinic, 2024b).

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The honeymoon or reconciliation phase is the third stage of Walker's cycle of abuse. Following acute abuse, the perpetrator will profusely apologize for their mistakes. They may give gifts and make promises that the abusive behavior will never happen again. During this phase, the victim may believe the abuser and become convinced there is hope for their relationship. This form of positive reinforcement usually makes the victim stay in the relationship, though after time, the cycle will repeat (Sangeetha et al., 2022). Reconciliation can look different in different relationships. It may be a simple apology or can be "love bombing", which is a psychological manipulation tactic that uses excessive affection, grand gestures, and attention to break down boundaries. The goal of this phase is for the abuser to relieve tension in the relationship and is often used as a method to regain control (Cleveland Clinic, 2024b).

The final phase in the Cycle of Abuse is calm. While this term suggests there is no abuse occurring during this phase, there are behaviors that occur in an effort to establish dominance. The perpetrator may deny their behavior, minimize it, excuse it, or obscure it. This is when gaslighting occurs. The perpetrator may try to convince their victim that they deserved what happened, that they misremember the events, that their behavior was equally abusive, or that their continued feelings of hurt are invalid. This behavior can cause the victim to doubt themselves and become confused, leading to the tension phase and restarting of the cycle. Oftentimes, each time this cycle occurs, the phases occur more quickly and more intensely (Cleveland Clinic, 2024b).

While Walker's Cycle of Abuse can help healthcare workers understand the cyclical nature of abuse, there are some weaknesses to this model. The original research was completed through analyzing experiences of white, heterosexual women in Colorado who volunteered to be included in the study. Since the original study, research has found that this model is not always representative of the experiences of people from other backgrounds. This model also was not developed

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considering types of IPV other than physical and sexual violence, which may not adhere to these same patterns. The cycle also does not accurately describe the dynamics that occur within a mutually abusive relationship. Behaviors can change over time, meaning that phases of the cycle, such as the reconciliation phase, may disappear completely. For some people, however, this model can aid in understanding how a cycle of behaviors occurs within their relationship (Cleveland Clinic, 2024b).

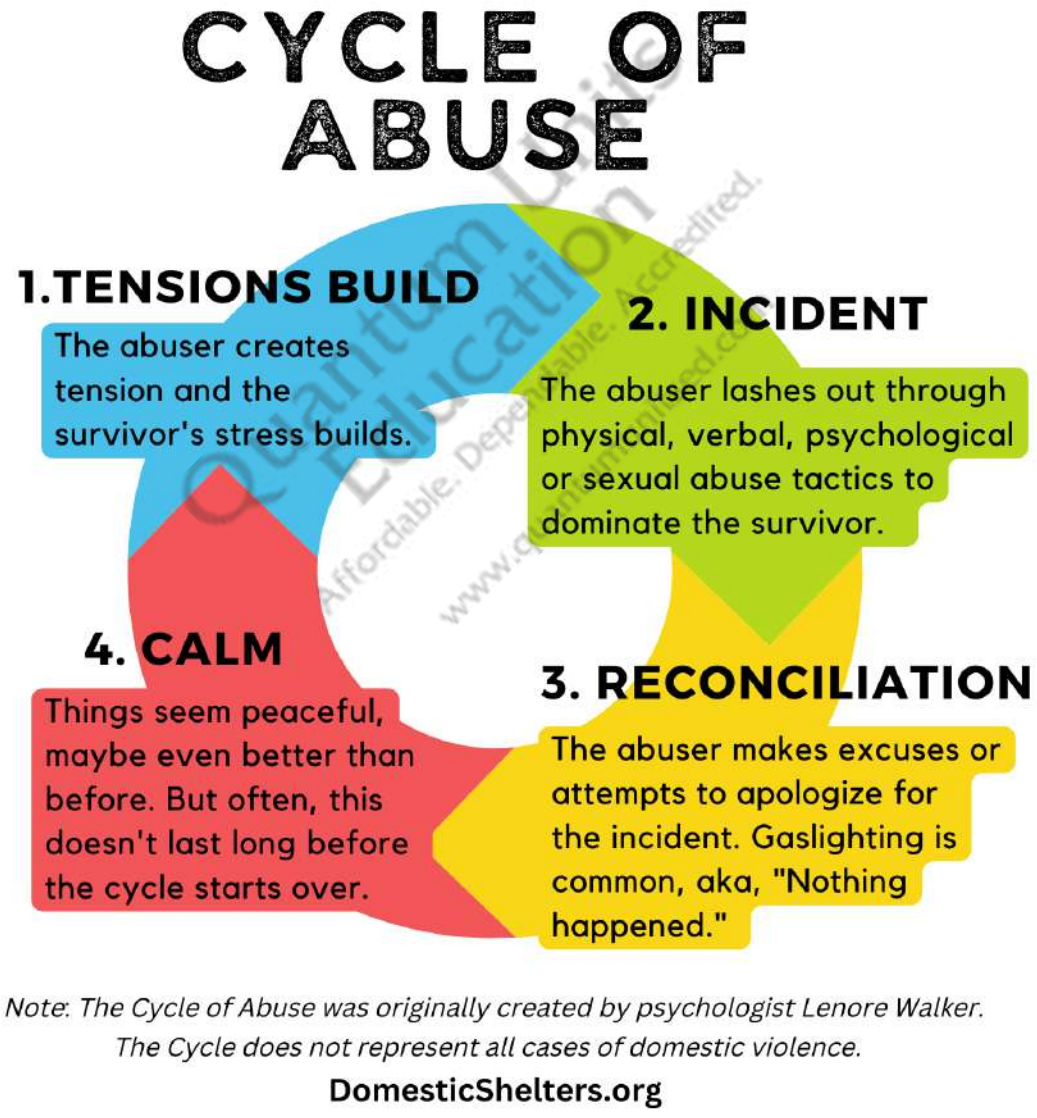


Figure 1. Cycle of Abuse (Domesticshelters.org, 2022)

Another model used to help individuals understand the dynamics of abuse is the Power and Control Wheel. The Power and Control Wheel is a visual representation to help people understand how behaviors and tactics are used in an abusive relationship. The wheel consists of two rings. The inner ring consists of the types of consistent, and sometimes subtle, behaviors that are used in the relationship that are considered unhealthy. The outer ring of the wheel represents physical and sexual violence. This ring is made of a thick dark line as it reinforces the behaviors within the circle and keeps them in place. The acts of physical and sexual violence reinforce the behaviors found in the inner ring (Cleveland Clinic, 2024a).

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Figure 2. Power and Control Wheel (Domestic Abuse Intervention Project, N.D.)

The coercive control model helps people to understand more subtle tactics that abusers may use to degrade, isolate, and deprive their partner of rights to physical security, dignity, and respect. Behaviors that are considered coercive control can occur within the context of any type of IPV; however, as a model, this type of abuse is differentiated by a broader and consistent pattern of behaviors meant to

control, isolate, and degrade. It is estimated that coercive control occurs in 58% of relationships that involve IPV and is particularly impactful upon mental health (Lohmann et al., 2024). Coercive control can make victims feel shame, confusion, anxiety, terror, and helplessness. Examples of acts of coercive control may be someone deliberately and regularly taking their partner's vehicle to work so the other partner cannot go to work or making rules the victim is expected to follow. While this act alone may not be seen as abuse, it is important for healthcare workers to recognize that consistent behaviors like this that are non-physical are also considered abuse (Kassing & Collins, 2026).

Oppression theory is another model that seeks to describe the dynamics of abuse. In this theory, patriarchal norms and societal structures contribute to the proliferation of IPV. This theory states that coercive control and abuse are possible because society is not set up to protect the victims. This theory describes how sociocultural norms may make people minimize IPV and influence how they respond to it. Societal structures that can facilitate abuse include societies that have economic inequality that favors men, barriers to divorce for women, male dominance in decision-making, and violent conflict resolution on a societal level. Women who live in countries with stronger beliefs supporting traditional gender roles are more likely to experience IPV. In cultures where women are inherently disadvantaged, there are fewer avenues for prevention and support for women who experience IPV (Saunders et al., 2023).

Intimate partner violence encompasses many behaviors and tactics and is defined by various models. Nurses can improve healthcare outcomes and advocate more effectively for their patients when they understand the different types of IPV, various tactics abusers use, the early warning signs of IPV, and the various models used to help people understand the dynamics of IPV.

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Section 2 Personal Reflection

What are the different types of intimate partner violence? Why do you think some types of violence are more easily recognized than others? What are different tactics abusers use to exert control over their partner? How do the various models used to explain the dynamics of IPV affect your understanding of power and control dynamics?

Section 3: Risk Factors

IPV can affect any person of any age, gender, race, culture, or socioeconomic status (Khan & Akram, 2025). Many individual, relationship, community, and societal factors can increase or decrease the risk of an individual experiencing IPV. Typically, when IPV occurs, a combination of risk factors has contributed. Factors that decrease the risk of experiencing or perpetrating IPV are called protective factors (CDC, 2024).

Individual and relationship factors that increase risk for IPV include lower levels of education, experiencing child abuse, witnessing violence in the family, mental health conditions, alcohol use disorder, attitudes that justify violence and male entitlement, male controlling behaviors within an intimate relationship, and the male partner having multiple sexual relationships. Community and societal risk factors include harmful gender norms that promote masculine dominance over women and limit women's autonomy, high levels of poverty and unemployment in the community, high prevalence of child marriage, high rates of violence and crime in the community, availability of drugs, alcohol, and weapons, laws related to property ownership, inheritance, marriage, divorce, and child custody that are discriminatory, absence or lack of enforcement of laws related to violence against women, and gender discrimination in public or private institutions, such as health, justice, police, education, and religious systems (WHO, 2026).

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Certain specific populations are at increased risk for IPV. Women are disproportionately affected by IPV (Stewart et al., 2021). Not only do they experience a higher prevalence of IPV, but they also have more severe health consequences as a result. Individuals who are American Indian or Alaska Native, Non-Hispanic Black, or multiracial are also affected by IPV more than other racial groups (Women's Health Research, 2026). Immigrant women are also at increased risk for IPV. They may experience barriers in seeking help when abuse occurs due to institutional racism, cultural norms, and immigration factors. Immigrants may experience a language barrier that prevents them from expressing their needs or may be unfamiliar with the laws that pertain to intimate partner violence (Feltner et al., 2025). Women with disabilities are at increased risk for IPV due to discrimination and dependence upon caregivers (WHO, 2026).

Pregnant women are at increased risk for experiencing IPV. It is estimated that IPV affects 325,000 pregnant women each year. Different types of IPV can occur during pregnancy. It is estimated that 30% experience emotional abuse, 15% experience physical abuse, and 8% experience sexual abuse. IPV is more common among pregnant women than preeclampsia and gestational diabetes (Huecker et al., 2023). IPV may begin, escalate, or decrease during pregnancy or in the year following delivery. Risk factors for IPV during pregnancy include prior abuse, age less than 20 years, low income, single status, stressful life events, depression, substance and alcohol use (Stewart et al., 2021). Women who lack social support, have low self-esteem, or live in communities with high rates of poverty, unemployment, and social inequality are also at increased risk. The pregnancy itself may trigger problems within the relationship (Agarwal et al., 2023). Women experiencing a pregnancy that was either unplanned or unwanted are at four times greater risk for IPV. Research has found that IPV exposure tends to increase after the birth of a baby (Stewart et al., 2021).

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Intimate partner violence can occur within the context of gay, lesbian, bisexual, and transgender couples, with rates similar to those of heterosexual women (Huecker et al., 2023). One study found that individuals in a same-sex dating relationship are twice as likely to experience IPV compared to those with heterosexual partners (Stewart et al., 2021). Adolescents who identify as LGBTQ+ are at increased risk for experiencing IPV. It is estimated that 43% of these individuals experience IPV, compared to only 10% of heterosexual peers (Women's Health Research, 2026). Violence among males with male partners is more common than violence among males who live with female partners. Females living with females experience less IPV than females living with males. Transgender individuals are at the highest risk of IPV and are twice as likely as others to experience physical forms of abuse (Huecker et al., 2023). LGBTQ+ relationships are uniquely affected due to specific factors, including the risk of exposing someone's gender/sexuality, disclosing HIV status, social stigma, and a lack of emergency shelters for sexual minority victims (Stewart et al., 2021).

More information is becoming available regarding IPV among adults aged 65 and older. IPV among this population can include neglect, physical, sexual, emotional, and financial abuse. Research estimates that only 20% of instances of IPV among this population are reported to police. Factors that contribute to underreporting may include language, culture, health, transportation, and technology barriers. Among this population, perpetrators of IPV may be socially isolated or stressed. They may also be experiencing a mental health disorder or substance abuse. Cognitive dysfunction, such as dementia and sensory impairment, can contribute to paranoid behavior as older individuals become less able to test reality. Changes in the frontal lobe can alter normal inhibition and cause perpetrators to have little remorse or insight after an IPV event. Although older adults can become aggressive, violent, or dangerous, IPV among this population is often not taken seriously. Individuals close to the relationship, such as family members and adult

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children, are more likely to have sympathy for the perpetrator due to perceived physical frailty. This results in decreased reporting of IPV, as well as decreased consequences for those who perpetrate IPV in this population (Stewart et al., 2021).

Individuals with mental health conditions are at increased risk for experiencing IPV. Women who have experienced depressive disorders, anxiety disorders, and PTSD are at increased risk for experiencing IPV within their lifetime (Stewart et al., 2021). Specifically, victimization is associated with anxious attachment disorder (Clare et al., 2021). It can be difficult to assess mental illness as a risk factor for IPV because IPV is also a risk factor for experiencing a mental health disorder (Mazza et al., 2021). Substance use disorders increase an individual's risk for IPV; however, like mental illness, this relationship is cyclical. An individual is at increased risk for IPV because they abuse substances, but IPV also increases the risk for substance abuse. Individuals experiencing addiction may be more easily controlled if they rely on their partner for access to substances (Khan & Akram, 2025).

Previous experiences with violence can increase risk of experiencing IPV. Individuals who have a history of experiencing abuse during childhood are at increased risk for IPV. Witnessing violence in the home as a child can normalize these behaviors, which may be expressed later in life as either a perpetrator or a victim. Individuals who have experienced trauma or assault are also at increased risk. Traumatic experiences can influence an individual's self-esteem, sense of safety, and their ability to establish and maintain healthy boundaries. Abuse can also be triggering for those who have experienced trauma, increasing the risk for or worsening preexisting mental health challenges such as depression, anxiety, and post-traumatic stress disorder (Khan & Akram, 2025).

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Sociocultural norms and gender roles can affect risk of IPV. Traditional gender roles in some societies can contribute to power imbalances within intimate relationships. In these relationships, one partner is considered dominant while the other is expected to be submissive. Though traditional gender roles do not always involve abuse, they can create a dynamic where it is easier for one person to hold dominance or authority over the other. Traditional gender roles can sometimes create financial dependency, which can be a factor in IPV. Societies that value male dominance and toughness increase the likelihood of men to assert control over their partners. Women who are expected to be passive and nurturing are more likely to tolerate or excuse abusive behavior. Victims may romanticize abuse and consider enduring abuse as a sign of commitment or jealousy as a form of affection (Khan & Akram, 2025). In patriarchal cultures, the use of violence may be condoned as a method to resolve conflict within an intimate relationship (Stewart et al., 2021). This societal view of abuse can prevent individuals from recognizing the abuse dynamic. Cultural stigma can also affect a victim's perception of leaving the relationship (Khan & Akram, 2025). In some cultures, women may be encouraged to endure IPV rather than reject it. This may be in an effort to preserve cultural values, the family, and honor (Stewart et al., 2021).

Intimate partner violence most often affects those who are living in poverty, though it can affect individuals of any socioeconomic status. This may be due to individuals with increased income likely having more education, power, and options to leave a violent relationship. This also likely occurs due to the stress caused by insufficient financial resources (Stewart et al., 2021). When a victim is financially dependent on their partner, they can become trapped in the relationship. Fear of financial instability and lack of resources may keep them in the relationship, especially if they have children (Khan & Akram, 2025).

Family structure can affect the risk for IPV. Larger families with many children are at increased risk for IPV. Greater numbers of children can increase parental stress,

which can strain the relationship, and financial stress due to meeting the needs of a large family also increases risk. If the leader of the household feels their position is threatened, they may seek to reestablish their authority through violent behavior. Larger age differences between partners also increase the risk of IPV. Research has found that when the male partner is greater than 16 years older than their female partner, the risk of intimate partner homicide is increased (Clare et al., 2021).

The availability of firearms increases the risk of IPV. This includes having firearms in the home, as well as the means to access firearms if they are not in the home. Risk for IPV is increased because the presence of firearms gives more weight to threats of violence than if they were not present. In fact, in the United States, gun violence is the cause of death for more women killed by their partner than through all other methods combined. Research has also found that men who own guns are eight times as likely to threaten their partner with a gun as those who did not own a gun (Clare et al., 2021).

There are a few identified risk factors for experiencing IPV that specifically pertain to male victims. One study found that approximately 32.8% of male victims of IPV experienced a mood disorder. Anxiety, depression, and bipolar disorder were reported in this population. Alcohol abuse by the male victim was also found to increase risk. More research is needed to identify specific risk factors for male victims of IPV. Underreporting is common in this population due to social stigma, nonphysical violence, feeling like law enforcement will not believe them, and the victim may not always recognize the perpetrator's actions as abuse (Karystianis et al., 2024).

There are also specific risk factors and protective factors for those who become IPV perpetrators. Individual risk factors include low self-esteem, low education or income, young age, aggressive or delinquent behavior in adolescence, heavy

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alcohol or drug use, depression, a history of suicide attempts, anger, hostility, lack of nonviolence social problem-solving skills, antisocial personality traits and conduct problems, poor behavioral control, impulsiveness, traits associated with borderline personality disorder, history of being physically abusive, having few friends and isolation from others, economic stress, emotional dependence and insecurity, hostility towards women, attitudes accepting or justifying violence and aggression, and a history of physical or emotional abuse in childhood (CDC, 2024). Younger men are 4-5 times more likely to perpetrate IPV compared to men over age 45 (Stewart et al., 2021).

Relationship risk factors that increase the risk of becoming an IPV perpetrator include relationship conflicts such as jealousy, possessiveness, tension, divorce, or separations, dominance and control of the relationship by one of the partners over the other, families experiencing financial stress, unhealthy family relationships and interactions, association with antisocial and aggressive peers, having parents with less than a high school education, witnessing violence between parents as a child, experiencing poor parenting as a child, and experiencing physical discipline as a child. Communities that increase risk of someone becoming an IPV perpetrator are those with high rates of poverty and limited educational and economic opportunities. These communities often have high unemployment rates, as well as high rates of violence and crime. Low community involvement can contribute to increased risk, as neighbors do not know each other or look out for each other. In communities where neighbors are unwilling to intervene in situations of IPV, there is increased risk of perpetrators. Communities with easy access to drugs and alcohol increase risk. Societal risk factors include cultural norms that support aggression toward others, income inequality, and weak health, educational, economic, and social policies or laws (CDC, 2024).

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Individuals who are exposed to family violence as children are at increased risk for becoming IPV perpetrators as adults. This includes experiencing or witnessing child abuse or neglect and witnessing parental IPV (Clare et al., 2021). A son who has witnessed his father abusing his mother is 700 times more likely to abuse his own partner (Sangeetha et al., 2022). It is believed that risk for perpetrating IPV is increased due to the individual building a coping mechanism centered around hostility. Research has found that emotional abuse during childhood increases the risk for verbal abuse in an adolescent dating relationship (Clare et al., 2021). Unresolved trauma can increase an individual's need for control, leading them to use abusive tactics to maintain dominance (Khan & Akram, 2025).

The role of masculinity in relationships increases risk for IPV in heterosexual relationships. When social and cultural norms determine that male gendered behavior is expected, the risk for IPV increases. This is especially true when the male partner experiences economic instability. Being able to provide financially in the relationship is an expected masculine role, so when it cannot be met, the male partner may attempt to compensate through control, which may include violence. Some men may view their higher income, education, and more prestigious occupation as a form of dominance over their partner (Clare et al., 2021).

Individuals who experience substance abuse are more likely to have aggressive or violent behavior (Khan & Akram, 2025). Research has found that individuals who have been given alcohol demonstrate higher levels of aggression than those who have not had alcohol (Clare et al., 2021). While under the influence, individuals may act in a way that they would not if they were sober (Khan & Akram, 2025). This is especially significant for male perpetrators, as alcohol use by a male perpetrator has been identified as the strongest predictor of acute injury in female victims of IPV in the emergency department (Clare et al., 2021).

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There are specific factors that increase the risk of an individual perpetrating teen dating violence. Adolescents who have a history of experiencing, witnessing, or initiating abuse at home, school, or within the community are at increased risk for committing teen dating violence. Childhood trauma due to abuse or neglect also increases risk. Risk for teens can be influenced by societal views of gender roles, bullying, the development of ineffective interpersonal skills during adolescence, and alcohol or substance use. Attachment insecurity can manifest as anger, hostility, aggression, and emotional dysregulation, which can lead to committing teen dating violence. It is important to note that abusive behavior during adolescence increases the risk of abusive behavior as an adult (Mazza et al., 2021).

Factors that reduce the risk of someone becoming an IPV perpetrator are also multifaceted. Individuals who have strong social support networks and strong, positive relationships are less likely to become IPV perpetrators. Community protective factors include neighborhoods where people feel connected to each other, where there is coordination of resources and services among community agencies, where there is access to safe, stable housing, as well as medical care and mental health services. Communities with access to economic and financial help are also less likely to produce IPV perpetrators (CDC, 2024).

A study of both male and female perpetrators of IPV found that most risk factors for committing IPV were related to committing previous violent behavior towards partners. This meta-analysis also concluded that the most important protective factor against perpetrating IPV is a mindset that one is responsible for their own actions. This factor has been incorporated into IPV prevention programs for men. Other protective factors identified in this meta-analysis include relationship satisfaction, communication skills, coping skills, and conflict resolution skills. The second most significant risk factors for both male and female perpetrators of IPV included issues related to the relationship itself and mental health issues.

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Relationship risk factors included verbal arguments and a pattern of withdrawal and demand in the relationship. Mental health risk factors included borderline personality disorder, anger, and controlling behaviors (Spencer et al., 2022).

Some factors that increase risk or lower risk for perpetrating IPV are more specific to one gender over another. Among men, alcohol use, demand and withdrawal relationship patterns, a history of being abused as a child, witnessing IPV as a child, physically abusing one's own children, and substance use were stronger risk factors for perpetrating IPV compared to risk factors for women. Religiosity and higher education had a stronger association with a lower risk of perpetrating IPV for men compared to women; however, communication skills were a stronger protective marker for women compared to men (Spencer et al., 2022).

Section 3 Personal Reflection

What factors increase risk for experiencing IPV? Why do you think pregnancy increases risk? How does society's view of IPV affect risk? What factors increase risk of perpetrating IPV? Why do you think it is important to understand risks of perpetrating IPV in addition to risks of experiencing IPV? How can protective factors be incorporated into prevention programs?

Section 4: Effects of IPV on Health

Intimate partner violence has a serious effect on both physical and mental health. Violence against women can also have a fatal outcome. In 2023, it is estimated that 140 women and girls were killed by their partner every day worldwide (WHO, 2026). IPV can lead to physical injuries, limited mobility, and poor overall health. IPV can lead to unintended pregnancies, gynecological problems, and sexually transmitted infections. Mental health consequences of IPV can include

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depression, post-traumatic stress disorder, anxiety disorders, sleep difficulties, alcohol use disorders, and suicidal ideation. IPV also increases the likelihood of smoking, substance use disorders, and risky sexual behavior (WHO, 2026).

There are many types of injuries that may occur due to IPV. These include bruises, fractures, lacerations, bites, dental injuries, burns, and other injuries. Research has found that unwitnessed head, neck, dental, or facial injuries are more likely to be attributed to IPV. Multiple injuries are also associated with IPV exposure, though thoracic or abdominal injuries alone do not necessarily indicate IPV. IPV has also been linked to chronic conditions including chronic pain syndromes, fibromyalgia, gastrointestinal disorders, sleep disorders, physical inactivity, disability, and an overall decline in physical functioning or health-related quality of life (Stewart et al., 2021). In some cases, IPV can lead to permanent disability or death (Khan & Akram, 2025).

In addition to physical injuries, pregnant women who experience IPV are at increased risk for pregnancy-related complications. Physical trauma to the abdomen during pregnancy can lead to placental abruption, premature labor, and fetal distress. Pregnant women who experience IPV are at increased risk for miscarriage and stillbirth. Physical injuries that occur during pregnancy or in the postpartum period can affect a woman's ability to care for her baby. Injuries to the head can also affect cognitive abilities and mental health. Psychologically, IPV can also affect bonding of the mother and infant (Agarwal et al., 2023). IPV has also been associated with specific gynecological disorders, including infertility, pelvic inflammatory disease, pregnancy complications, miscarriage, sexual or reproductive dysfunction, unsafe sexual behavior, sexually transmitted diseases, unsafe or forced abortion, and unwanted pregnancy (Stewart et al., 2021).

Victims of IPV can experience severe psychological consequences of abuse. They may report depression, suicidal ideation, stress, fear, anxiety, nervousness, post-

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traumatic stress disorder, nightmares, memory problems, sleeping disorders, guilt, and self-esteem problems (Sangeetha et al., 2022). Depression is characterized by feelings of sadness and hopelessness. Individuals may lose interest in activities they once enjoyed. They may also experience changes in appetite and difficulty concentrating. Anxiety is characterized by excessive worry and fear and can produce symptoms, including panic attacks, irritability, and difficulty sleeping. Individuals can also experience physical symptoms of anxiety, such as sweating, shaking, and shortness of breath. Women who have experienced IPV are at increased risk for PTSD. Symptoms of PTSD may include flashbacks, nightmares, and feelings of intense fear or anxiety, which can interfere with daily life and have a significant impact on health (Agarwal et al., 2023).

When someone has experienced IPV, they may have experienced fear, manipulation, and degradation. They may struggle with self-worth, self-esteem, and confidence. They may also have been isolated from family and friends. This can make them feel helpless and dependent on their abuser. Economic abuse can make it harder for victims to recover financially, secure housing, and obtain a job (Khan & Akram, 2025).

In addition to increased risk of experiencing IPV as an adult, children exposed to IPV are also at increased risk for health consequences. They may experience behavioral and emotional disturbances (WHO, 2026). When a child is exposed to IPV, physiological stress-response systems result in long-term changes in the developing brain. As adults, this decreases their ability to tolerate stress. They also have decreased executive function later in childhood. Attachment to caregivers is affected. Children exposed to IPV both prenatally and postnatally have been found to show varying types of attachment difficulties. They also have fewer emotional regulation skills, which affects peer relationships and general socialization. Research has found that these children often have lower academic performance than those who are not exposed to IPV. These children also experience increased

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rates of PTSD and depression (Bogat et al., 2023). Children who are exposed to IPV experience higher rates of infant and child mortality and morbidity (WHO, 2026).

Section 4 Personal Reflection

How does IPV affect physical health? What are the long-term effects of IPV on mental health? How are children exposed to IPV affected? How do you think this exposure increases the risk of experiencing or perpetrating IPV as adults?

Section 5: Screening and Assessment

Routine screening for intimate partner violence is recommended to identify individuals who may be experiencing abuse (Feltner et al., 2025). Screening helps to detect violence and provides survivors with opportunities to access resources for help. One challenge to screening for IPV is that there are many screening tools and no national consensus on the most appropriate tools for specific medical specialties and settings (Ziola et al., 2024). However, it is important for nurses to be familiar with the various screening tools that may be used in their practice. Nurses must also be aware of the signs and symptoms that indicate someone may be experiencing IPV. Identifying these individuals can improve outcomes by providing referrals to resources.

When someone who is experiencing IPV presents to the clinic or hospital, they may be seeking care for an IPV-related injury or condition, or it may not be related (Ziola et al., 2024). Patients will often present with vague symptoms or chronic complaints, including chronic pain, rather than obvious signs of physical, sexual, or emotional trauma. Delays in seeking care or multiple missed appointments are signs of both experiencing IPV and IPV perpetration (Stewart et al., 2021). Signs that IPV may be occurring include signs of depression, substance abuse, mental

health problems, requests for repeat pregnancy tests when the patient does not wish to be pregnant, new or recurrent sexually transmitted infections (STIs), asking to be tested for STIs, or expressing fear of discussing condom use with their partner (ACOG, 2025).

Patients may exhibit physical signs of IPV. These can be obvious physical injuries, such as bites, cuts, broken bones, concussions, burns, and knife or gunshot wounds. There is typically a pattern to physical injuries in an individual experiencing IPV. These include contusions to the head, face, neck, breast, chest, abdomen, and musculoskeletal injuries. Typically, accidental injuries involve the extremities, as opposed to IPV injuries, which more often focus on the head and trunk. When someone is experiencing physical IPV, they often have bruises in various stages of healing (Huecker et al., 2023).

Patients may also exhibit psychological symptoms of abuse. Anxiety and depression are commonly found in those who are experiencing abuse. Some signs may seem unrelated to violence. Pain, including backaches, stomachaches, and headaches are common. Patients may report fatigue, restlessness, decreased appetite, and insomnia. Women experiencing IPV are more likely to experience asthma, irritable bowel syndrome, and diabetes (Huecker et al., 2023).

The US Department of Health and Human Services recommends regular screening for IPV during women's health visits. This should occur at a minimum at new patient visits and annual well visits. Some women may not disclose abuse when first asked, so it is important to repeat the screening regularly (ACOG, 2025). Pregnant women should be screened at their first prenatal visit, at least once per trimester, and at their postpartum visit. Screening should be completed privately. Research has found that self-administered or electronic screening is just as effective as in-person screening. Nurses should avoid using stigmatizing terminology when screening for IPV, including words such as "abuse", "rape",

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“battered”, or “violence”. Using strategies that do not convey judgment are most effective (ACOG, 2025). When screening for IPV, it may be culturally appropriate to request a same-sex interviewer (Stewart et al., 2021).

Several different evidence-based screening tools may be used to detect instances of abuse. These include the Abuse Assessment Screen, ACTS (Afraid/Controlled/ Threatened/Slapped or Physically Hurt), HARK (Humiliate, Afraid, Rape, Kick), HITS (Hurt, Insult, Threaten Scream), Partner Violence Screen, Parent Screening Questionnaire, Woman Abuse Screening Tool, and variations of these tools (Feltner et al., 2025). The most commonly used tools will be reviewed.

The Woman Abuse Screening Tool (WAST) is an 8-item tool used to assess for physical and emotional IPV. The questions included in the tool are:

1. In general, how would you describe your relationship? A lot of tension, some tension, or no tension
2. Do you and your partner work out arguments with…great difficulty, some difficulty, or no difficulty?
3. Do arguments ever result in you feeling down or bad about yourself?
4. Do arguments ever result in hitting, kicking, or pushing?
5. Do you ever feel frightened by what your partner says or does?
6. Has your partner ever abused you physically?
7. Has your partner ever abused you emotionally?
8. Has your partner ever abused you sexually?

Questions 4-8 are answered with responses of often, sometimes, or never. Responses are recorded so that a higher score indicates a higher frequency of

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experiences. There is not a specific score that indicates a positive screen for IPV according to the WAST (Feltner et al., 2018).

There is a short form of the WAST tool that has been validated and consists of two questions which are in reference to the last 12 months:

1. In general, how would you describe your relationship: a lot of tension/some tension/no tension?
2. Do you and your partner work out arguments with: great difficulty/some difficulty/no difficulty

A positive WAST screening using the shortened tool occurs when a patient identifies there is a lot or some tension in the relationship and great or some difficulty in working out arguments (Pichiule-Castañeda et al., 2025).

The Abuse Assessment Screen (AAS) is a five-item tool that screens for IPV that has occurred in the past year and in the individual's lifetime. A positive result, indicating abuse has occurred, is any score of 1 or greater. This tool is available in English and Spanish (Child and Adolescent Health Measurement Initiative, 2025). If any of the answers to the following questions are yes, the patient is asked to indicate if it is their husband, ex-husband, boyfriend, stranger, other, or multiple persons as the perpetrator. For items 2 and 3, the patient is asked to mark the area of injury on a body map to identify the part of the body affected. Questions included in this tool are:

1. Have you ever been emotionally or physically abused by your partner or someone important to you?
2. Within the last year, have you ever been hit, slapped, kicked, or otherwise physically hurt by someone?

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3. Since you have been pregnant, have you been slapped, kicked, or otherwise physically hurt by someone?
4. Within the last year, has anyone forced you to have sexual activities?
5. Are you afraid of your partner or anyone listed above?

(Feltner et al., 2018)

The Hurt, Insult, Threaten, and Scream (HITS) tool is known to be both sensitive and specific when screening for IPV. This validated tool is available in both English and Spanish (Collins et al., 2023). The HITS tool uses four questions to assess the frequency of IPV:

1. How often does your partner physically hurt you?
2. How often does your partner insult or talk down to you?
3. How often does your partner threaten you with physical harm?
4. How often does your partner scream or curse at you?

Each item is then answered using the following Likert scale:

1=never

2=rarely

3=sometimes

4=fairly often

5=frequently

The score range for the HITS tool is 4-20, with a score of 10 or greater indicating a positive screen. There is also an extended version of this tool that includes an additional item regarding sexual violence (Feltner et al., 2018).

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The HARK (Humiliation, Afraid, Rape, Kick) tool is a four-item validated tool that can be used to assess emotional and physical IPV that has occurred in the past year. Each question is answered with a yes or no, and each yes answer scores 1 point. A positive screen for IPV is any score of 1 or greater. The questions included on this tool are:

1. Within the last year, have you been humiliated or emotionally abused in other ways by your partner or your ex-partner?
2. Within the last year, have you been afraid of your partner or ex-partner?
3. Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?
4. Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?

(Feltner et al., 2018)

There are weaknesses when it comes to screening for IPV. Although screening can help to identify those who are experiencing abuse, it does not prevent instances of abuse. Also, most screening tools for abuse are developed for screening for instances of abuse of heterosexual females. Research using some of the typical screening tools to assess men found low sensitivity in detecting both psychological and physical IPV (Feltner et al., 2025).

There are barriers to screening for IPV. Time constraints within the clinical setting, patient acuity, language barriers, staff education, and inability to connect patients to resources are all challenges that are faced by nurses when screening for IPV (Ziola et al., 2024). A lack of privacy is also a barrier to effective screening. Despite efforts to increase professional and public awareness of IPV, many patients and providers may be hesitant to discuss IPV (Huecker et al., 2023).

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Though screening may be recommended and is helpful in identifying cases of IPV, research has found that a case-finding approach may be more effective in connecting patients with resources. This approach involves identifying individuals who are at increased risk for IPV, and then specifically listening to their concerns for factors that may indicate IPV. The foundation for an effective case-finding approach is knowledge of risk factors and clinical indicators of IPV (Wathen & Mantler, 2022). The World Health Organization recommends the LIVES approach. This approach involves Listening with empathy, Inquiring about needs and concerns, Validating their experience, Enhancing their safety, and facilitating social Support through training. This approach has been found to be more effective in providing trauma-informed care (WHO, 2025).

There are barriers to disclosure of IPV. Even when directly asked about abuse in the home, people may not disclose their circumstances due to fear, stigma, or other factors (Feltner et al., 2025). Women with disabilities may be more reliant upon their abuser to have their physical and medical needs met, increasing fear of reporting IPV. There are also fewer resources available for women with disabilities who experience abuse, as many violence shelters do not have accessible facilities, assistive equipment, or training to assist individuals with disabilities to meet their physical and medical needs (ACOG, 2025).

Immigrants who do not have permanent legal status in the United States may not seek help for IPV due to fear that they may be deported. They are also more likely to experience language barriers, financial dependence upon their abuser, and have less social support. Nurses should know that there are laws in the United States that provide protection from IPV regardless of immigration status. Resources can include lawyers, housing, and medical care. Some immigrants who experience IPV may be eligible for protections that allow them to stay in the United States (Mayo Clinic Staff, 2025).

Older women may be reluctant to report IPV. This is often related to their age and the length of their relationships. They may also have been taught as children that IPV is not something to be discussed. These women are also at increased risk for health problems that increase dependency on their partner. Their partner may have health problems that make the individual feel a sense of responsibility to take care of their partner (Mayo Clinic Staff, 2025).

Individuals who identify as LGBTQ+ may be less likely to report instances of abuse. They may not want others to know about their sexual orientation or gender identity. They may also fear discrimination. Research has found that women who are assaulted by other women report fear of not being believed as a barrier to seeking help (Mayo Clinic Staff, 2025).

When IPV is identified, a detailed assessment is necessary. The first element of an IPV assessment is to ensure safety. If it is determined the patient is in immediate danger, they should be referred to an advocate, a shelter, a victim hotline, or legal authorities. If it is determined that there is no immediate danger, the assessment can proceed, focusing on physical and mental health, as well as establishing the history of current or past abuse. This information can help the healthcare team to guide interventions. Nurses and other healthcare workers must be sensitive to the patient's cultural beliefs during the assessment. When cultural sensitivity is included in IPV assessment, treatment can be more specialized and effective (Huecker et al., 2023).

Specific medical testing may be ordered as part of a comprehensive IPV assessment. Laboratory tests may be ordered to evaluate for dehydration, electrolyte abnormalities, infection, substance abuse, improper medication administration, and malnutrition. Imaging studies may be ordered. X-rays of bruised or tender areas can help to identify fractures. A computed tomography

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(CT) scan of the head may be ordered to evaluate for intracranial bleeding, especially if the patient exhibits altered mental status (Huecker et al., 2023).

Evidence collection may be necessary during an IPV assessment. It is preferred that a specially trained team be utilized for evidence collection. Nurses should refer to their institution's guidelines for specific policies and procedures related to who can collect evidence, how it should be collected, how it must be stored, and the chain of custody. Evidence may include tissue specimens, blood, urine, saliva, and vaginal and rectal specimens. Clothes may also be collected as evidence. Nurses must be careful not to destroy or contaminate any samples collected (Huecker et al., 2023).

Nurses should be aware that not all individuals who have experienced IPV will want a referral to resources. This may be due to fear, or they may not see the consequences as worth leaving the abuser, such as loss of financial security or issues related to their children. Regardless of the patient's decision, nurses should ensure that any choice the patient makes is voluntary and that help is offered regardless of their choices. Nurses can make resources accessible and safe to access as a means of support (Huecker et al., 2023).

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Section 5 Personal Reflection

How does identifying patients experiencing IPV improve outcomes? What are the similarities among the various screening tools reviewed? What are the differences? What factors could be barriers to screening? How might a case-finding approach be more effective than screening? What elements are involved in a thorough IPV assessment?

Section 6: Nursing Implications

The healthcare team, especially nurses, are often the first professionals to offer care to women experiencing IPV (ACOG, 2025). Nurses must be aware of signs and symptoms of IPV. When healthcare workers have insufficient understanding of the dynamics and consequences of abuse, they are unable to support those who are affected adequately. Some victims may not recognize they are in an abusive relationship, especially when the abuse is emotional, psychological, or financial. A lack of awareness can also contribute to victim-blaming. A fear of blame and stigmatization is a barrier to disclosing abuse (Khan & Akram, 2025).

Nurses can implement specific strategies to ensure screening is as effective as possible. Screening should be completed alone and not in the presence of a partner, friend, family, or caregiver. When a language barrier is present, professional interpreters should be used rather than someone associated with the patient. At the beginning of the assessment, the nurse should offer a framing statement to let the individual know that all patients are screened for IPV regardless of whether IPV is suspected. They should also be informed that the discussion is confidential. The nurse should review any state mandates that are in place regarding what a provider must disclose to authorities, such as abuse involving children. When IPV is incorporated into routine medical history interviewing, it ensures that all patients are screened and not just those when IPV is suspected (ACOG, 2025).

Even when abuse is not acknowledged through screening, passive patient education techniques, such as keeping printed take-home materials that provide information about hotline numbers and referrals for resources related to IPV in privately accessible areas, such as restrooms and examination rooms, can be helpful. Posters displayed in these locations can also be effective (ACOG, 2025).

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Effective communication is an essential element of IPV patient care. When IPV is disclosed to a nurse, the nurse's first response should be validation of the patient's experience. This can be done by saying phrases such as "Unfortunately, violence is a common problem in many families" or "You are not alone. Many people experience violence." The nurse should then affirm that violence is unacceptable using a phrase such as "Everyone deserves to feel safe at home." The nurse should then seek to provide support, such as "There are things we can discuss that can help." It is important for the nurse to understand that some phrases may be well-meaning but are not helpful. These include phrases such as "Why don't you just leave?" or "Did you do something to make them angry?" These phrases can reinforce feelings of helplessness, inadequacy, and self-blame. Nurses should acknowledge that IPV is a complex issue and respect the patient's concerns and decisions (Stewart et al., 2021).

All conversations with patients regarding IPV should include a safety inquiry. Safety inquiries can include phrases such as "Do you feel safe to return home today?" "Do you have a safety plan?" and "Does your partner have a weapon?" If a patient demonstrates signs and symptoms of IPV, but denies that IPV is occurring, the nurse should repeat the inquiry at later encounters when possible. As a patient begins to trust the healthcare team, they may be more likely to disclose IPV. Decisions to leave an abusive relationship often require time. Women who are planning to leave their relationship should be advised that this is a time of heightened risk in the relationship, as more serious violence or risk of homicide is increased during this period (Stewart et al., 2021).

While healthcare workers are uniquely positioned to identify those who are experiencing IPV, clinicians must connect patients to comprehensive resources for help. A multidisciplinary approach, including mental health specialists, social workers, and legal advocates, is necessary to ensure survivors receive all aspects of needed care, in addition to meeting their physical health needs (Khan & Akram,

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2025). When a patient has disclosed IPV, it is recommended that they receive a referral for a psychiatric assessment to identify any mental health or substance use challenges they may be experiencing due to IPV (Stewart et al., 2021). Nurses who work with populations at increased risk for IPV should establish and maintain relationships with community organizations that offer resources to those affected by IPV (ACOG, 2025). When resources are available that create a safe space for dialogue and support, victims feel less isolated and are more likely to seek help. Programs that promote education, employment, and financial stability also decrease the vulnerability of individuals who may be at increased risk for IPV (Khan & Akram, 2025). Healthcare workers may need to support coordination and referrals between other healthcare providers, justice and social services, and child protection services (WHO, 2026).

Documentation is an important aspect of IPV care. The medical record may be used, sometimes years later, to convict an abuser. Detailed documentation of the assessment, treatment, and referrals is necessary for a complete medical record related to IPV. Nurses should describe the abusive event and current complaints using the patient's own words and quotation marks (Huecker et al., 2023). The chronological events surrounding and including the IPV should be documented (Stewart et al., 2021). The patient's behavior should be included in the record. Health problems related to the abuse should be noted. The alleged perpetrator's name, relationship, and address should be documented. Documentation of the physical exam should include a description of any injuries, including the location, color, size, amount, and age of bruises and contusions. Anatomical diagrams and photographs should be used to document injuries. The patient's name, medical record number, date, and time of each photograph should be documented, along with witnesses. Torn and damaged clothing should be photographed. Injuries that cannot be shown clearly with photographs can be depicted using line drawings. If

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sexual assault has occurred, the nurse should adhere to specific protocols for documentation from their institution (Huecker et al., 2023).

Nurses and other healthcare professionals can assist in preventing IPV through specific strategies. Increasing public awareness about the signs, consequences, and dynamics of IPV is important to help correct misconceptions, challenge societal norms that perpetuate IPV, and encourage recognition and reporting of abusive behaviors. One strategy to prevent IPV is to integrate healthy relationship education into school curricula and community programs so people can gain the skills necessary to have respectful and non-violent relationships. Empowering men and boys as allies against IPV is an effective prevention strategy. Traditional attitudes and behaviors can be influenced through programs that promote gender equality, empathy, and non-violent communication. Interventions that target individuals with a history of abuse, trauma, or who are otherwise at increased risk can also be helpful. When resources to help individuals leave abusive relationships, such as counseling, therapy, and support groups, are available, individuals are more likely to leave relationships with abusive patterns (Khan & Akram, 2025).

Nurses can improve outcomes for those who are at increased risk or affected by IPV by advocating for legal reform. By strengthening and enforcing laws against IPV, there can be more legal safeguards for victims and increased consequences for perpetrators. Strengthening laws regarding restraining orders is also an important factor in protecting victims (Khan & Akram, 2025). Nurses can also advocate to make IPV unacceptable within communities (WHO, 2026).

Nurses must be prepared to provide trauma-informed care to patients who have experienced IPV. Trauma occurs when an individual has an experience of and response to an overwhelming negative event or series of events. An event becomes traumatic through complex interactions of neurobiology, previous

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experiences, and availability of support. Trauma can cause neurobiological changes in the brain that can have long-term effects. While trauma due to IPV may be acute, meaning it stems from a single event, it is more often chronic and complex. For nurses who encounter individuals who have experienced IPV, it is necessary to be aware of the effects of trauma and to be able to respond appropriately to the patient's needs. When nurses recognize the effects of trauma, they can limit the potential for further harm through care interactions (Wathen & Mantler, 2022).

Trauma-informed practice is typically an individualized approach that addresses the specific needs of the patient. Trauma- and violence-informed care (TVIC) is a broader approach that takes into account all the factors that have contributed to the presence of trauma within society. The four principles of trauma- and-violence informed care are:

1. An understanding and awareness of trauma and violence, especially structural violence, and their impacts on people's lives
2. Prioritizing people's physical, emotional, and cultural safety
3. Promoting person-centered connection, collaboration, and choice
4. Finding and building on people's existing strengths, and supporting their skills and capacity development

TVIC should not only apply to patients but also extends to all members of the healthcare team. This approach recognizes both the personal experience of individuals and the societal issues in which they exist. Strategies to implement TVIC can include minimizing the number of times a victim is required to recount their story to different professionals to meet the needs of the healthcare system or requiring them to formally disclose IPV to access resources (Wathen & Mantler, 2022). At its core, TVIC is a framework that considers that a survivor's experiences

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of trauma are shaped by broader systemic inequities, which could be due to language, racial, cultural, legal, economic, and other structural barriers (Tiyyagura et al., 2026).

Another priority of TVIC is that organizations and members of the healthcare team be supported to shift services at the point of care to meet the immediate needs of the patient. Research regarding TVIC has found that interventions that are individually adapted, tailored to IPV, and trauma-informed are the most effective. These include universal screening for IPV using a case-finding approach that is based on understanding risk factors and clinical indicators of IPV. Though psychological counseling is recommended for victims of IPV, nurses must understand that this type of care is not always accessible to those experiencing IPV, especially for those at highest risk. As part of TVIC, nurses must advocate for more accessible resources and connect their patients to available resources (Wathen & Mantler, 2022).

The healthcare setting can be triggering for those who have experienced IPV. It can feel chaotic due to the bright lights, loud noises, and crowded waiting rooms. Overwhelmed healthcare systems can make privacy during difficult conversations challenging. Discussions of IPV should never occur in front of children, as it may inhibit disclosure, be harmful to the child, and increase risk of violence if the child shares information with the abuser about the disclosure. Place-based trauma-informed care can be provided by identifying separate spaces for children and employing the help of child life services to occupy children so the patient can be connected to resources. One recommended approach is universal IVP education. This allows patients to receive information about resources, even if they do not feel ready to disclose their experiences. Language-concordant care should be provided for individuals who do not speak English, as language barriers are often used as an abuse tactic by perpetrators. Patients must be able to access professional interpreters, qualified bilingual clinicians, and translated education

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materials. Using family members or unqualified staff to interpret should not be done and can lead to more harm. Meeting the communication needs of patients should be the responsibility of the healthcare system, rather than the patient (Ragavan & Randell, 2026).

Part of trauma-informed care includes safety planning for survivors. This includes ensuring survivors have copies of important documents, that their cell phone geolocation tracking is turned off, and that they have a safe place to go if abuse escalates. Protocols should be in place to safeguard information in the electronic health record. Healthcare organizations can collaborate with victim services agencies and advocates to provide system-level support (Ragavan & Randell, 2026).

TVIC-aligned care occurs when the members of the healthcare team and the healthcare organization prioritize safety, collaboration, and capacity building. TVIC-focused care also recognizes that the trauma stems from many complex systems. Without TVIC, some healthcare settings, especially the emergency department, can feel unsafe or may even retraumatize the patient. In addressing the first principle of TVIC care, understanding and awareness, nurses must show empathy and provide validation when a survivor discloses past personal or familial exposure to violence, previous CPS involvement, mental illness, substance use disorder, poverty, or immigration concerns. Care is not TVIC-aligned when there is a lack of consideration about how intersecting marginalized identities or past experiences may impact the patient's current experience. TVIC-aligned care related to the second principle, safety, occurs when the healthcare team and organization can provide a comfortable, private room with minimal background noise, bilingual/bicultural healthcare workers, or effective use of video interpreters. A chaotic healthcare environment, hallway beds, long wait times, no discussion of visitor restrictions, and lack of electronic health record safety systems can inhibit TVIC care. Related person-centered connection, the third

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principle of TVIC, positive body language, validating words, identifying the survivor's priorities, and emphasizing survivor autonomy are necessary. Relying on closed-ended questions, prioritizing the clinician's concerns over the patient's concerns, and repeatedly asking the patient to recount their story are not aligned with TVIC-centered care. Fostering capacity development, the fourth principle of TVIC care, occurs by ensuring survivors are equipped to address their holistic needs, teaching them skills for safety planning, and connecting them with community resources. Failure to provide warm hand-offs to referral services can inhibit TVIC (Tiyyagura et al., 2026).

Section 6 Personal Reflection

Why is it important that screening for IPV be completed without the patient's partner present? How can you implement passive patient education techniques to increase patient's understanding of IPV and resources available? How can the principles and strategies of TVIC improve outcomes?

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Section 7: Case Studies

Case Study #1

Cassandra, a 22-year-old Black female, seeks care at an urgent care clinic. Her chief complaint is abdominal pain. While assessing Cassandra's medical history, the nurse, Nina, learns that Cassandra lives with her boyfriend, is unemployed, has struggled with addiction in the past but is currently sober, and has a history of depression. The physical assessment reveals a large bruise on Cassandra's abdomen and other bruises in various stages of healing.

What factors should Nina recognize that may increase Cassandra's risk of IPV?

Nina uses the Abuse Assessment Screen tool as part of her assessment.

1. Have you ever been emotionally or physically abused by your partner or someone important to you? Cassandra reports that she and her boyfriend have been arguing more lately.
2. Within the last year, have you ever been hit, slapped, kicked, or otherwise physically hurt by someone? Cassandra answers “yes”
3. Nina skips the third question regarding pregnancy, as Cassandra reports her last menstrual period started 10 days ago.
4. Within the last year, has anyone forced you to have sexual activities? Cassandra responds “no”
5. Are you afraid of your partner or anyone listed above? Cassandra responds “yes”

How can Nina implement TVIC principles into her response to Cassandra?

Nina listens to Cassandra, asks open-ended questions, and validates her experiences. Nina asks Cassandra if it would be ok to make some referrals to local resources that can help her. Cassandra says she is not ready to do that yet. She says she had a really good conversation with her boyfriend, and he has promised to work on his anger management.

What is the nurse’s most appropriate response? How can Nina continue to provide TVIC-aligned care when the patient is not interested in seeking help at this time? Thinking of Cassandra’s story, how does this narrative relate to the Cycle of Violence?

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Case Study #2

Emily is a nurse working in the emergency department. A patient, Jasmine, has sought care due to a laceration on her cheek she experienced four days ago that appears to be infected. She is accompanied by her husband, David. Upon initial interaction, Emily learns that Jasmine has only been in the United States for three months and speaks very little English. She and her husband decline to state their immigration status. Emily offers to contact an interpreter, but David insists he can interpret.

What risk factors for IPV should Emily recognize? What barriers to disclosing IPV exist? How should Emily respond to David's insistence on interpreting himself?

Emily states that using the hospital's interpreter service is required by policy and cannot be avoided. Emily communicates her concerns to the provider. The interpreter service is used through the provider assessment. Emily and the provider tell David that the provider must clean and pack the wound in a sterile environment to promote healing. As a result, no visitors are allowed in the procedure room. Emily asks David to wait in the waiting room, and they will call him back when they return from the procedure.

What is likely Emily's reason for separating David from Jasmine? Why is it important that a professional language interpreter be used?

Once David is separated from Jasmine, Emily uses the interpreter service to assist in screening for IPV and inquiring about Jasmine's safety. Jasmine denies that any violence has occurred and states the laceration happened during a fall. She states she only sought medical care because the wound appeared infected.

How can the healthcare organization support Jasmine, even when she is not ready to disclose abuse? What strategies can they implement for passive education?

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Why is it important that displayed education also be available in other languages? What can Emily share with Jasmine regarding IPV and immigration concerns?

Case Study #3: Focus on TVIC

Mark is a 24-year-old male who is seeking care for depression. Upon initial assessment, the nurse, Tyler, learns that Mark lives with his husband. When asked about any current stressors, Mark shares that his husband recently lost his job.

Before Tyler begins a screening assessment for IPV, what should he remember about male disclosure of IPV? How can Tyler implement principles of TVIC to improve the healthcare outcome for Mark?

Section 8: Conclusion

Intimate partner violence affects millions every year, and nurses are often the first healthcare workers to interact with victims. When nurses understand the types of IPV, risk factors, and dynamics of abuse, they are better prepared to recognize signs and symptoms of IPV. When nurses understand how IPV affects both physical and mental health, they are better prepared to provide holistic care. This allows for effective implementation of TVIC principles in their interactions with patients. A thorough understanding of various screening tools and assessment strategies can increase the identification of individuals experiencing IPV. Nurses can become familiar with local resources available to survivors of IPV, which can be shared with patients. Through nursing interventions, such as effective communication, a safety assessment, appropriate patient education, and TVIC-aligned care, nurses can improve the health outcomes and well-being of their patients and prevent intimate partner violence.

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References

Agarwal, S., Prasad, R., Mantri, S., Chandrakar, R., Gupta, S., Babhulkar, V., Srivastav, S., Jaiswal, A., Wanjari, M. B., & Babhulkar, V. P. (2023). A comprehensive review of intimate partner violence during pregnancy and its adverse effects on maternal and fetal health. *Cureus*, *15*(5).

American College of Obstetricians and Gynecologists (ACOG). (2025). *Intimate Partner Violence*. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence

Bogat, G. A., Levendosky, A. A., & Cochran, K. (2023). Developmental consequences of intimate partner violence on children. *Annual review of clinical psychology*, *19*, 303–329.

Centers for Disease Control and Prevention (CDC). (2024, February 8). *Risk and Protective Factors*. Retrieved 7-24-26 from https://www.cdc.gov/intimate-partner-violence/risk-factors/index.html

Centers for Disease Control and Prevention (CDC). (2025a, September 4). *Stalking*. Retrieved 7-16-26 from https://www.cdc.gov/intimate-partner-violence/about/about-stalking.html

Centers for Disease Control and Prevention (CDC). (2025b, January 14). *Teen Dating Violence*. Retrieved 6-22-26 from https://www.cdc.gov/intimate-partner-violence/about/about-teen-dating-violence.html

Centers for Disease Control and Prevention (CDC). (2026, February 11). *About Intimate Partner Violence*. Retrieved 7-14-26 from https://www.cdc.gov/intimate-partner-violence/about/index.html

Child and Adolescent Health Measurement Initiative. (2025). Screening for Intimate Partner and Domestic Violence in Women: Resource Guide &

Quantum Units Education

Clinical Workflow. https://www.childhealthdata.org/browse/survey/results?q=10178&r=1

Clare, C. A., Velasquez, G., Mujica Martorell, G. M., Fernández, D., Dinh, J., & Montague, A. (2021). Risk factors for male perpetration of intimate partner violence: A review. *Aggression and Violent Behavior*,*56*, 101532. https://doi.org/https://doi.org/10.1016/j.avb.2020.101532

Cleveland Clinic (2024a). The Power and Control Wheel: A Domestic Violence Model. (7-26-26). Retrieved October 11, from https://health.clevelandclinic.org/power-and-control-wheel

Cleveland Clinic. (2024b). What Is the Cycle of Abuse and How Do You Break It? https://health.clevelandclinic.org/cycle-of-abuse

Collins, K., Kochuparambil Sebastian, S., & Franck, G. (2023). Improving domestic violence screening and follow-up in a community health clinic. *Journal of primary care & community health*, *14*, 21501319231189074.

Domestic Abuse Intervention Project. (N.D.). Power and Control Wheel. Published 202 East Superior Street, Duluth, MN, 55802. https://www.thehotline.org/identify-abuse/power-and-control/

Domesticshelters.org. (2022). Cycle of Abuse. https://www.domesticshelters.org/articles/identifying-abuse/what-is-the-cycle-of-abuse

Feltner, C., Peat, C., Asher, G. N., Wright, S., Vaughan, J., Middleton, J. C., & Jonas, D. E. (2025). Screening for Intimate Partner Violence and for Caregiver Abuse of Older or Vulnerable Adults: An Evidence Report and Systematic Review for the US Preventive Services Task Force. *JAMA*, *334*(4), 339-355. https://doi.org/10.1001/jama.2025.2449

Quantum Units Education

Feltner, C., Wallace, I., Berkman, N., Kistler, C. E., Middleton, J. C., Barclay, C., Higginbotham, L., Green, J. T., & Jonas, D. E. (2018). Screening for intimate partner violence, elder abuse, and abuse of vulnerable adults: evidence report and systematic review for the US Preventive Services Task Force. *JAMA*,*320*(16), 1688-1701.

Huecker, M. R., King, K. C., Jordan, G. A., & Smock, W. (2023, April 9). *Domestic Violence*. StatPearls Publishing. Retrieved 6-14-26 from https://www.ncbi.nlm.nih.gov/books/NBK499891/

Karystianis, G., Kita, S., Lerigo, F., Sheridan, L., & Butler, T. (2024). Characteristics of adult male victims in intimate heterosexual relationships from domestic violence police narratives. *Crime Science*, *13*(1), 28. https://doi.org/10.1186/s40163-024-00228-4

Kassing, K., & Collins, A. (2026). "Slowly, over time, you completely lose yourself": Conceptualizing coercive control trauma in intimate partner relationships. *Journal of Interpersonal Violence*, *41*(3-4), 662–684.

Khan, A., & Akram, M. (2025). Understanding and addressing intimate partner violence: a comprehensive review. *Philos Ethics Humanit Med*, *20*(1), 43. https://doi.org/10.1186/s13010-025-00175-1

Lohmann, S., Cowlishaw, S., Ney, L., O'Donnell, M., & Felmingham, K. (2024). The Trauma and Mental Health Impacts of Coercive Control: A Systematic Review and Meta-Analysis. *Trauma Violence Abuse*, *25*(1), 630-647. https://doi.org/10.1177/15248380231162972

Mayo Clinic Staff. (2025, February 4). *Domestic violence against women: Recognize patterns, seek help*. Retrieved 7-27-26 from https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/domestic-violence/art-20048397

Quantum Units Education
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Mazza, M., Marano, G., Del Castillo, A. G., Chieffo, D., Monti, L., Janiri, D., Moccia, L., & Sani, G. (2021). Intimate partner violence: A loop of abuse, depression and victimization. *World J Psychiatry*, *11*(6), 215-221. https://doi.org/10.5498/wjp.v11.i6.215

Pichiule-Castañeda, M., Domínguez-Berjón, M. F., Martínez-Blanco, M. L., Benedicto-Subira, C., & Gandarillas Grande, A. (2025). Intimate partner violence against women through the Woman Abuse Screening Tool (WAST): pre- and post-COVID-19 evolution. *Public Health*, *248*, 105966. https://doi.org/https://doi.org/10.1016/j.puhe.2025.105966

Ragavan, M. I., & Randell, K. A. (2026). Advancing Trauma-Informed Care for Intimate Partner Violence Survivors. *JAMA Network Open*, *9*(3), e260029-e260029. https://doi.org/10.1001/jamanetworkopen.2026.0029

Sangeetha, J., Mohan, S., Hariharasudan, A., & Nawaz, N. (2022). Strategic analysis of intimate partner violence (IPV) and cycle of violence in the autobiographical text -When I Hit You. *Heliyon*, *8*(6), e09734. https://doi.org/10.1016/j.heliyon.2022.e09734

Sardinha, L., Maheu-Giroux, M., Stöckl, H., Meyer, S. R., & García-Moreno, C. (2022). Global, regional, and national prevalence estimates of physical or sexual, or both, intimate partner violence against women in 2018. *The Lancet*, *399*(10327), 803-813. https://doi.org/10.1016/S0140-6736(21)02664-7

Saunders, D. G., Jiwatram-Negrón, T., Nanasi, N., & Cardenas, I. (2023). Patriarchy's Link to Intimate Partner Violence: Applications to Survivors' Asylum Claims. *Violence Against Women*, *29*(11), 1998-2021. https://doi.org/10.1177/10778012221132299

Quantum Units Education

Spencer, C. M., Stith, S. M., & Cafferky, B. (2022). What Puts Individuals at Risk for Physical Intimate Partner Violence Perpetration? A Meta-Analysis Examining Risk Markers for Men and Women. *Trauma, Violence, & Abuse*, *23*(1), 36-51. https://doi.org/10.1177/1524838020925776

Stewart, D. E., MacMillan, H., & Kimber, M. (2021). Recognizing and Responding to Intimate Partner Violence: An Update. *Can J Psychiatry*, *66*(1), 71-106. https://doi.org/10.1177/0706743720939676

Thomas, T. (2025). Power dynamics: The role of isolation, control, and dependency in intimate partner abuse. Retrieved 7-17-26, from https://publichealth.gmu.edu/news/2025-06/power-dynamics-role-isolation-control-and-dependency-intimate-partner-abuse

Tiyyagura, G., Abeyaratne, D., Asnes, A., Schaeffer, P., Gawel, M., Jaferi, N., Oakley, B., Crawley, D., Serrechia, P., Frechette, A., & Balmer, D. F. (2026). Trauma- and Violence-Informed Care Practices in the Emergency Department for Survivors of Intimate Partner Violence. *JAMA Network Open*, *9*(3), e260034-e260034. https://doi.org/10.1001/jamanetworkopen.2026.0034

Wathen, C. N., & Mantler, T. (2022). Trauma- and Violence-Informed Care: Orienting Intimate Partner Violence Interventions to Equity. *Curr Epidemiol Rep*, *9*(4), 233-244. https://doi.org/10.1007/s40471-022-00307-7

Women's Health Research. (2026, May 1). *Intimate Partner Violence (IPV) and Women's Health Research* National Institutes of Health. Retrieved 7-26-26 from https://discoverwhr.nih.gov/research/intimate-partner-violence-ipv/

World Health Organization (WHO). (2025, November 19). *The power of listening, the power of the LIVES approach*. Retrieved 7-26-26 from https://www.who.int/news-room/feature-stories/detail/the-power-of-listening--the-power-of-the-lives-approach

Quantum Units Education Affordable. Dependable. Accredited. www.quantumunitsed.com

World Health Organization (WHO). (2026, June 18). *Violence against women*. Retrieved 7-25-26 from https://www.who.int/news-room/fact-sheets/detail/violence-against-women

Ziola, E. A., Gimenez, M. A., Stevenson, A. P., & Newberry, J. A. (2024). The role ofemergency medicine in intimate partner violence: a scoping review of screening, survivor resources, and barriers. *Trauma*, *Violence*, *& Abuse*, *25*(5), 3923-3937.

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