HIGH-YIELD INFOGRAPHIC · TRAUMA & SAFETY

NCLEX-RN · 2026 PLAN
PSYCHOSOCIAL INTEGRITY
MENTAL HEALTH SERIES

Intimate Partner *Violence*

A pattern of coercive behaviors used by a current or former intimate partner to gain power and control — encompassing physical, sexual, psychological, emotional, financial, and digital abuse.

SAFETY PRIORITY | TRAUMA-INFORMED CARE | MANDATORY REPORTING | LETHALITY RISK

01 Definition & Overview

WHAT IT IS · WHY IT MATTERS

> IPV is **not anger management** — it is a **chosen pattern** of coercive control. Recognizing this distinction shapes every nursing action: we treat the survivor, never excuse the abuse.

- **Six domains of abuse:** physical, sexual, psychological, emotional, financial, and digital/technological — all may exist without visible injury.
- **Affects every demographic** — all genders, ages, orientations, cultures, income levels. Pregnancy *increases* risk and severity.
- **Highly underreported.** Survivors often disclose only when directly, privately, and non-judgmentally asked.

1 in 4	1 in 9	~70%
women experience severe physical IPV in lifetime	men experience severe physical IPV in lifetime	IPV homicide victims had history of strangulation

02 Cycle of Violence & Trauma Response

WALKER'S MODEL · NEUROBIOLOGY OF ABUSE

> Lenore Walker's **Cycle of Violence** describes how abuse repeats and escalates. Over time, the "honeymoon" phase shortens or disappears entirely — violence intensifies.

1. Tension	*2. Battering*	*3. Honeymoon*	*4. Calm*
Walking on eggshells, minor incidents, fear builds	Acute explosive abuse incident	Apologies, gifts, promises, remorse	Temporary peace — then cycle restarts

TRAUMA NEUROBIOLOGY

- Chronic stress → **HPA axis dysregulation** (sustained cortisol)
- Amygdala hyperactivity → **hypervigilance, exaggerated startle**
- Hippocampal changes → fragmented memory, dissociation
- Prefrontal suppression → impaired executive decision-making

PSYCHOLOGICAL MECHANISMS

- **Trauma bonding:** intermittent reinforcement creates attachment to abuser
- **Learned helplessness:** repeated failed escape → passivity
- **Isolation:** abuser severs support networks
- **Cognitive distortion:** self-blame, minimization

03 Signs & Symptoms

EARLY / SUBTLE → LATE / SEVERE

> Many survivors present with **vague somatic complaints** long before any visible injury. The nurse's eye for pattern — and for what the *partner* is doing — is often the first line of recognition.

EARLY / SUBTLE

- Vague somatic complaints: chronic headaches, GI distress, pelvic pain, fatigue
- Anxiety, depression, insomnia, PTSD symptoms
- **Delayed care-seeking** between injury and presentation
- Inconsistent or evolving injury history
- Frequent ED visits, missed appointments
- **Partner answers for patient** or refuses to leave the room
- Survivor appears anxious, withdrawn, hyperalert to partner

LATE / SEVERE

- Injuries at **various stages of healing**
- Defensive wounds on forearms, hands
- Pattern injuries: bite marks, ligature marks, bruises in shape of object
- Central injuries: face, neck, breasts, abdomen, genitals
- Pregnancy complications, miscarriage, abruption
- SUD, suicidal ideation, self-harm
- Untreated chronic conditions (controlled by abuser)

RED-FLAG LETHALITY PREDICTORS — HIGHEST RISK

- **History of strangulation** — single strongest predictor of homicide (≈7× increased risk)
- Threats or attempts with a weapon; abuser has firearm access
- Escalating frequency or severity of violence
- Stalking, monitoring, jealous/possessive behavior
- **Pregnancy** or recent pregnancy (homicide is a leading cause of pregnancy-associated death)
- Recent or attempted separation from abuser
- Threats to kill survivor, children, pets, or self

04 Priority Nursing Interventions

ABCS → SAFETY → PRIVACY → DOCUMENTATION

> NCLEX priority order: **address acute injuries (ABCs) → interview privately, alone → validate & assess safety → document objectively → connect to resources.** Autonomy of a competent adult drives every step.

DO — PRIORITY ACTIONS

- ✓ **Assess ABCs first**; stabilize physical injuries
- ✓ **Interview alone, in a private space** — separate from partner without raising suspicion
- ✓ Use a **trauma-informed** approach: calm, unhurried, choice-driven
- ✓ **Universally screen** all patients (HITS, STaT, SAFE)
- ✓ Ask **direct, non-judgmental** questions ("Has someone hurt you?")
- ✓ **Validate**: "You don't deserve this. It's not your fault."
- ✓ Conduct **lethality / danger assessment**
- ✓ Assist with **safety planning** (do not pressure to leave)
- ✓ **Document objectively**: verbatim quotes, body map, photos (with consent), time/date
- ✓ Offer resources, hotlines, shelter info — let survivor choose
- ✓ **Report** abuse of children, elders, dependent adults (mandatory)

DO NOT — COMMON ERRORS

- ✗ Interview with partner, family, or children present
- ✗ Confront, blame, or contact the abuser
- ✗ Release any information to the partner
- ✗ Pressure the survivor to leave the relationship
- ✗ Ask "Why don't you leave?" — victim-blaming
- ✗ Document subjectively ("patient claims," "alleges")
- ✗ Promise confidentiality you cannot keep
- ✗ Call police without survivor's consent (competent adult)
- ✗ Discharge to home with the abuser present
- ✗ Place referral materials where abuser will find them

05 Pharmacology

TREATING SEQUELAE · ACUTE EXPOSURE CARE

> No medication treats IPV itself — pharmacology addresses **comorbidities** (PTSD, depression, anxiety, sleep) and **acute post-assault care.** Always consider **adherence sabotage** by the abuser.

sertraline / paroxetine

SSRI · FIRST-LINE PTSD & DEPRESSION

SE: GI upset, sexual dysfunction, ↑ SI in first weeks. **Monitor:** suicidality, serotonin syndrome. 2–6 wks to full effect.

prazosin

A_1-BLOCKER · PTSD NIGHTMARES

SE: orthostatic hypotension, first-dose syncope. **Teach:** rise slowly, take at bedtime.

hydroxyzine

ANTIHISTAMINE · ANXIETY (NON-ADDICTIVE)

SE: sedation, dry mouth, QT prolongation. Preferred over benzos to avoid sedation/vulnerability.

trazodone

SEROTONIN MODULATOR · SLEEP

SE: sedation, orthostasis, priapism (rare). Lower-dose use for insomnia.

levonorgestrel

EMERGENCY CONTRACEPTION · POST-SA

Within 72 h of sexual assault. Most effective ASAP. Offer along with STI prophylaxis.

HIV PEP regimen

ANTIRETROVIRALS · POST-EXPOSURE

Start within 72 h, continue 28 days. Combine with STI prophylaxis: ceftriaxone + doxycycline + metronidazole.

⚠ **Key consideration:** Abusers may sabotage medication adherence (withhold pills, destroy birth control, prevent appointments). Discuss covert administration options and discreet storage with the survivor.

06 NCLEX Test Traps

WHAT STUDENTS CONFUSE · PRIORITY PITFALLS

> The NCLEX rewards **safety** + **autonomy**. When in doubt: *private interview, validate, do not pressure, report only what law requires.*

TRAP	CORRECT
"Why didn't you leave him?" — implies the survivor is responsible. Leaving is the **most dangerous** time (~75% of IPV homicides occur during/after separation).	"You're not alone. What happened is not your fault. I'm here to listen when you're ready."
Interviewing the patient with the partner present, or asking the partner to translate.	Separate the patient from the partner using a neutral pretext (urine sample, imaging) and use a **hospital interpreter**.
Calling police or filing a report on a competent adult survivor without consent.	Respect autonomy. Provide resources. **Mandatory reporting** applies to children, elders, and dependent adults — not competent adult IPV in most states.
"Patient claims her husband hit her" — subjective, weakens documentation.	"Patient states, 'My husband punched me in the face.' Two ecchymoses noted to left periorbital region, 3 cm and 2 cm."
Treating injury and discharging without screening, safety planning, or resources.	**Always** screen, validate, assess lethality, offer safety planning and hotline, document — even if patient declines services.
Assuming the cycle of violence is linear and predictable.	The honeymoon phase often **disappears** as violence escalates; cycle length shortens. Severity tends to increase over time.

07 Patient Education & Safety Planning

PRACTICAL, DISCREET, SURVIVOR-LED

> Education is **survivor-led**: provide options, never directives. Materials should be small, discreet, and easily hidden — abusers often check belongings.

🎒 Escape Bag Essentials

- Cash, prepaid debit card
- Copies of ID, SS card, birth certificates, immigration docs
- House & car keys (duplicates)
- Medications, eyeglasses
- Phone & charger; list of memorized numbers
- Kids' comfort items, important records
- Store with a **trusted friend, neighbor, or at work**

🗝️ Safety Plan Steps

- Identify safest rooms (avoid kitchen, bathroom, garage)
- Plan multiple escape routes from home
- Establish a **code word** with trusted contacts
- Memorize hotline numbers; rehearse 911 with children
- Identify **safe destinations** (shelter, family, friend)
- Consider protective/restraining order options

📱 Tech & Digital Safety

- Use **incognito/private browsing**; clear history
- Check phone for tracking apps, stalkerware, shared accounts
- Create a new email account on a safe device
- Lock down social media; disable location sharing
- Change passwords on a non-shared network

👶 Talking with Children

- Teach: "It's not your fault. It's not your job to stop it."
- Identify a **safe adult** they can go to
- Practice calling 911 — know address & phone number
- Establish a quiet hiding place and code word
- Don't intervene physically during an incident

NATIONAL DOMESTIC VIOLENCE HOTLINE · 24/7 · FREE · CONFIDENTIAL

1-800-799-SAFE (7233)

Text "START" to 88788 · Chat at thehotline.org · StrongHearts Native Helpline 1-844-762-8483

08 Memory Boosters & Mnemonics

HIGH-YIELD RETRIEVAL CUES FOR TEST DAY

HITS

4-ITEM SCREENING TOOL

- ***H*** **Hurt** — Has your partner physically hurt you?
- ***I*** **Insult** — Insulted or talked down to you?
- ***T*** **Threaten** — Threatened you with harm?
- ***S*** **Scream** — Screamed or cursed at you?

SAFE

DISCLOSURE-FRIENDLY SCREEN

- ***S*** **Stress & Safety** in the relationship
- ***A*** **Afraid or Abused** by partner
- ***F*** **Friends & Family** aware/supportive
- ***E*** **Emergency** plan / escape plan

RADAR

PROVIDER RESPONSE FRAMEWORK

- ***R*** **Routinely** screen every patient
- ***A*** **Ask** direct, non-judgmental questions
- ***D*** **Document** findings objectively
- ***A*** **Assess** safety & lethality risk
- ***R*** **Review** options & resources

ABCDE

SAFETY PLANNING CHECKLIST

- ***A*** **Assess** danger / lethality
- ***B*** **Bag** packed & hidden
- ***C*** **Code** word established
- ***D*** **Documents** copied (ID, records)
- ***E*** **Exit** plan + safe destination

PATTERN RECOGNITION · QUICK HITS

Cycle order: *Tension → Battering → Honeymoon → Calm* (repeat)

#1 homicide predictor: *history of strangulation*

Most dangerous time: *leaving / after separation*

Universal rule: *interview alone, document objectively*

Mandatory report: *children, elders, dependent adults*

NCLEX trigger phrases: *"private," "safety," "validate"*