Intimate Partner Violence (IPV)
Objectives

- Understand the importance of assessing all women of childbearing age for IPV
- Learn how to assess for IPV
- Identify local and national referral resources
Definition: Intimate Partner Violence

- Pattern of assaultive or coercive behaviors perpetrated by a current or former intimate partner
- Characterized by control or domination of one person over another
Intimate Partner Violence (IPV)

- Physical abuse: hit, strangle, choke, push, slap, shove, weapon, kick, burn, bite
- Sexual assault
- Sexual abuse
- Emotional abuse
- Stalking
- Threats
- Isolation
- Reproductive and sexual coercion
- Financial abuse
- Cyber attacks

Maryland Department of Health and Mental Hygiene
# IPV Prevalence, U.S., 2010

<table>
<thead>
<tr>
<th>IPV</th>
<th>Past year</th>
<th>Lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape</td>
<td>0.6</td>
<td>9.4</td>
</tr>
<tr>
<td>Physical violence</td>
<td>4.0</td>
<td>32.9</td>
</tr>
<tr>
<td>Stalking</td>
<td>2.8</td>
<td>10.7</td>
</tr>
<tr>
<td>Rape, physical violence and/or stalking</td>
<td>5.9</td>
<td>35.6</td>
</tr>
</tbody>
</table>

IPV, Lifetime Prevalence by Race/Ethnicity, U.S., 2010

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hisp</td>
<td>35</td>
</tr>
<tr>
<td>Black, Non-Hisp</td>
<td>44</td>
</tr>
<tr>
<td>Asian, Non-Hisp</td>
<td>20</td>
</tr>
<tr>
<td>Am Indian or Alaskan Native</td>
<td>46</td>
</tr>
<tr>
<td>Hispanic</td>
<td>37</td>
</tr>
</tbody>
</table>

IPV: Different Populations

- Immigrant
- LGBTQ
- Teen
- Disabled
- Male
- Military
- Pregnant
IPV against Women: Public Health Problem

- Cost of 5.8 billion annually in U.S.*
  - Medical and mental health services (>4 billion/yr), lost productivity, premature death

- Over 5 million cases per year*

- Leading cause of injury, disability and death**

*National Center for Injury Prevention and Control, CDC, 2003
**Spangaro et al. Trauma, Violence, Abuse 2009
Health Impact – Direct Clues

Physical Injuries

- **Head, Neck, Face**
  - “Black eye”, TMJ/tooth disorders, fracture nose/ear, head trauma, strangulation
  - Significant marker for IPV in unwitnessed injuries*

- **Limb, abdomen, breast, pelvic**
  - Fractures, bruises, sprains, lacerations, burns, bites, vaginal/anal tears

*Wu et al. Trauma, Violence & Abuse 2010
## Medical Disorders Associated with IPV among Women

<table>
<thead>
<tr>
<th>Category</th>
<th>Disorders/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health</strong></td>
<td>Depression, anxiety, PTSD, eating disorders, phobia, panic attacks, insomnia, suicide</td>
</tr>
<tr>
<td><strong>Substance abuse</strong></td>
<td>Tobacco, alcohol and drug abuse, tranquilizer, sleeping pills</td>
</tr>
<tr>
<td><strong>Chronic disorders</strong></td>
<td>Chronic pain, anemia, asthma, obesity, diabetes, headaches, hearing loss, TMJ disorders, fibromyalgia, arthritis, GI disorders (IBS, ulcers), cardiovascular disorders, seizures</td>
</tr>
<tr>
<td><strong>Reproductive health</strong></td>
<td>Pelvic pain, dysmenorrhea, dyspareunia, vaginitis, STI, UTI, unintended pregnancy, poor prenatal behaviors, poor pregnancy outcomes</td>
</tr>
</tbody>
</table>
Pregnancy Risk Assessment Monitoring System (PRAMS)
- Postpartum survey administered by state health departments and the CDC

- Asks about physical abuse by a partner or ex, in the year before or during pregnancy
Physical Abuse Before and During Pregnancy

Physical Abuse in Year Before and During Pregnancy, Maryland PRAMS 2004-2008, (n=8,074)

- No physical abuse: 92.8%
- Physical abuse: 7.2%

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074
Physical Abuse Before/During Pregnancy by WIC Status

Perinatal Physical Abuse by WIC Status, Maryland PRAMS 2004-2008

- Not WIC: 3.5%
- WIC: 12.9%
Before pregnancy | During pregnancy | After pregnancy
---|---|---
No abuse | Abuse
16 | 9 | 12
37 | 23 | 30

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074
IPV and Pregnancy Outcomes

- Associated with preterm birth (PTB) and low birth weight (LBW) infant*
  - Found in most studies
  - Inconsistent definitions and populations

*Shah et al. 2010

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074
29 y/o G9P4145 BF
- Prenatal: initiated care @ 32 weeks, smoked ½ ppd, occ. marijuana use, albuterol for asthma, tylenol for migraines, anxiety, +C.T.
- S/P SVD 35 weeks, 2240 gm infant, +THC
- h/o 4 NVDs (36-38 weeks), early prenatal care; 2 TA, 2 SA

Assessment
- Normal PP exam; baby D/W, breastfeeding, smokes 1 PPD; no drugs

Plan
- Condoms, considering TL, urged to stop smoking; return 1 year;

(Note - no IPV assessment documented on medical records)
Tip of the Iceberg

- Intimate Partner Homicides
- Intimate Partner Violence
Reproductive Coercion

MARYLAND

Man gets life term in shooting of girlfriend

Prosecutors said she refused his demand to have abortion

“shows that he will stop at nothing to save himself.”

Prigge and Crighton Chase, another assistant prosecutor, declined to speculate on whether McFadden played a role in the shooting. Chase said the shooting was a senseless act that left three people injured in addition to the victim. Chase also said the motive of the shooter was unclear. He said the shooter was motivated by threats and violence.

By Andrea F. Siegel
THE BALTIMORE SUN

MARYLAND
Department of Health and Mental Hygiene
Pregnancy Coercion

**NOT WANTING PREGNANCY**

- Demands abortion
- Threatens to leave or hurt her if she doesn’t get rid of pregnancy
- Threatens to hurt the baby after she delivers
- Abuses her during pregnancy

**WANTING PREGNANCY**

- Tells her not to use birth control
- Threaten to leave if she doesn’t get pregnant
- Threaten to have baby with someone else if she doesn’t get pregnant
- Physically hurts her for not agreeing to get pregnant
Birth Control Sabotage

- Preventing her from going to clinic to obtain BC
- Removing vaginal ring
- Flushing pills down the toilet or hiding them
- Tearing off birth control patch
- Poking holes in condom
- Removing condom during sex
- Breaking condom on purpose
- Pulling out her IUD

Tampering with these is a form of domestic violence.
Sexual Coercion

- Refusal to use condoms
- Intentional exposure of partner to STIs
- Threats of leaving if no sex
- Threats of violence if no sex
- Retaliation if no sex
Harm Reduction Strategy

Long Acting Reversible Contraception (LARC)

Medroxyprogesterone acetate
Depo Provera Shot
Emergency Contraception
Why bother to assess for IPV?

- Prevalent
- Impact on women and families
- Impact on health
- Interventions beneficial
  - Decrease in VLBW (0.8% vs 4.6%)
  - Decrease VPTB (1.5% vs 6.6%)
  - Increase mean gestational age (38.2 wks vs. 36.9 wks)
- 90% women don’t mind being asked
  - 71% wished that a previous HCP had asked about it
- Assessment not difficult

Kiely et al. 2010; Weinsheimer et al, 2005; McNutt et al 1999;
Domestic Violence Fatality Review Case

- 38 y/o BF who survived GSW to head 4 yrs ago
  - Boyfriend shot her and all 3 children at home
    - 8 y/o daughter died
    - All others severely injured
- Preventable?
  - STI visit
Women who talk to their doctor about abuse are 4x more likely to seek help.

Ask your patients about violence and abuse. It’s good medicine.
Professional Organizations Recommend IPV Screening

- American Academy of Pediatrics (AAP)
- American College of Obstetricians and Gynecologists (ACOG)
- American Medical Association (AMA)
- American Nursing Association (ANA)
- American Psychiatric Association (APA)
- Institute of Medicine (IOM)
- U.S. Public Services Task Force (USPSTF)
IPV Assessment

- **Introduce topic** –
  - “Because violence is so common and help is available, I now ask everyone…”

- **Assure confidentiality** –
  - “I won’t tell anyone what is said unless you give me permission.”

- **Ask**
  - Has your current or former partner threatened you or made you feel afraid?
  - Has your partner hit, strangled/”choked” or physically hurt you?
  - Has anyone made you have sex when you didn’t want to?
Goal is helping her to stay safe
- Not getting her to leave

Goal is providing
- Support
- Information, options
- resources
Domestic Violence Services

- Available in every state
- Accessible in every jurisdiction
- National Coalition Against Domestic Violence
  www.ncadv.org
Programs Providing Comprehensive Domestic Violence Services in Each County

- The Dove Center
- Family Crisis Resource Center
- Citizens Assisting and Sheltering the Abused (CASA)
- Family & Children's Services of Central Maryland
- Heartly House
- TurnAround, Inc.
- Family Crisis Center of Baltimore County
- Family & Children's Services of Central Maryland
- Spouse Abuse/Sexual Assault Resource Center (SARC)
- Cecil County Domestic Violence/Rape Crisis Center
- House of Ruth Maryland (also provides counseling and legal services in Prince George's Co. and legal services in Montgomery Co.)
- Mid-Shore Council on Family Violence
- Life Crisis Center
- YWCA Annapolis and Anne Arundel County
- Center for Abused Persons
- Crisis Intervention Center

MARYLAND

Department of Health and Mental Hygiene
Having a Conversation

Ask yourself:

✓ Is my partner kind to me and respectful of my choices?
✓ Does my partner support my using birth control?
✓ Does my partner support my decisions about if or when I want to have more children?

If you answered YES to these questions, it is likely that you are in a healthy relationship. Studies show that this kind of relationship leads to better health, longer life, and helps your children.

Sample Script:

“We have started talking to all of our patients about how you deserve to be treated by the people you go out with and giving them this card—it’s kind of like a magazine quiz—are you in a HEALTHY relationship?”
Educate Safety Cards

- Futures Without Violence
  www.FuturesWithoutViolence.org

- Maryland Network Against Domestic Violence
  www.mnadv.org
What if she says “Yes”

1) Validate her experience:
   - “It is not your fault.”
   - “You are not alone.”
   - “Help is available.”

2) Offer information (safety card, educational materials, referral)
3) Ask if she has immediate safety concerns: “I’m worried about your safety (and safety of your children).”

4) Refer to DV advocate for safety planning/support

5) Offer to call for help from your office

6) Follow-up visit
What if she says “no”

- May or may not mean there is no abuse
  - Offer information
  - Discuss healthy relationships
  - Hotlines, resources

“Does my partner control where I go, who I talk to and how I spend money?”
Brochures – office use
Posters

Feeling alone? Don’t know who to talk to?

Is someone hurting you? Talk to your health care provider. We can help.

Together, we can stop family violence.
Hotlines

- **NATIONAL DOMESTIC VIOLENCE HOTLINE:**
  1-800-799-SAFE (7233)
  [www.thehotline.org](http://www.thehotline.org)

- **DATING VIOLENCE HOTLINE**
  1-866-331-9474
  [www.loveisrespect.org](http://www.loveisrespect.org)

- **SEXUAL ASSAULT HOTLINE**
  1-800-656-4673
  [www.rainn.org](http://www.rainn.org)
Intimate Partner Violence

Assess for IPV: new and annual visits
OB - 1st prenatal visit, each trimester and postpartum visit.
Other – depression/substance abuse/mental health/injuries /STI
Number 554, February 2013

Committee on Health Care for Underserved Women This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Reproductive and Sexual Coercion

Harm reduction strategies:
Reproductive coercion: Use less detectable contraception, referrals for counseling and safety
STI notification: use anonymous partner notification (Disease Information Specialist) from local health dept
Resources

- Maryland IPV web site
  - www.dhmh.maryland.gov/ipv

- Maryland Network Against DV
  - www.mnadv.org

- Hospital-based Programs

- Every jurisdiction in Maryland has DV services

- Futures Without Violence
  - www.FuturesWithoutViolence.org
Role of HCPs: IPV Assessment

- Ask everyone [females 15-50]
  - Don’t just ask those whom you think are high risk

- Assure confidentiality

- Ask in a private place

- Assess
  - End point = SAFETY
  - End point = EDUCATE
**PROBLEM**

- One out of every three women have a history of IPV. Maryland – 42% (6th worst state)
- Health impact is large
- Homicide is the leading cause of pregnancy-associated death
- Health care providers miss opportunities to intervene

**SOLUTION**

- Improve IPV assessment and interventions among primary care providers
- Many resources available to help providers with IPV
  - Educational materials
  - State and local DV programs
  - Hospital based programs
  - Hotlines
  - Web sites [www.dhmh.maryland.gov/ipv](http://www.dhmh.maryland.gov/ipv)