

Linda Chamberlain, PhD MPH

#### **ABOUT THIS TOOL**

For more information and program support, contact the National Health Resource Center on Domestic Violence, a project of the Family Violence Prevention Fund:

- Monday-Friday (9-5 PST)
- Toll-free (888) Rx-ABUSE (792-2873)
- •TTY: (800) 595-4889
- Online: <u>www.endabuse.org/health</u>

In addition, this PowerPoint presentation may be downloaded from the Family Violence Prevention Fund's website: <a href="https://www.endabuse.org/health">www.endabuse.org/health</a>

#### THE NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

The National Health Resource Center on Domestic Violence provides specialized materials and tools including:

- Consensus Guidelines on Routine Assessment for D.V.
- Pediatric Guidelines on Routine Assessment for D.V.
- Business Case for Domestic Violence
- Multilingual Public Education Materials
- Training Videos
- Multi-disciplinary policies and procedures
- Cultural competency information and materials specific to many communities
- Online e-Journal: Family Violence Prevention and Health Practice
- Health Cares About Domestic Violence Day (2<sup>nd</sup> Wednesday of October annually)

Visit <u>www.endabuse.org/health</u> for more information



#### **MENU**

#### SELECT FROM THE TOPICS BELOW >>

IPV and Sexually Transmitted Infections/HIV

Overview

IPV and Perinatal Programs

Regional and Local Data

IPV, Breastfeeding, and Nutritional Supplement Programs

Medical Cost Burden and Health Care Utilization for IPV

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The Impact of IPV on Women's Health

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IPV and Home Visitation

Family Violence Prevention Fund



# Overview: Intimate Partner Violence (IPV) as a Public Health Priority

#### **HEALTH RESPONSE TO IPV**



- 1985 Surgeon General declares DV a leading public health issue
- 1989 ACOG Technical Bulletin
- 1991 ANA Position Statement
- 1992 AMA Diagnostic Guidelines
- 1992 APHA Position Paper

#### **HEALTH RESPONSE TO IPV**



- 1994 AAFP Position Paper
- 1998 AAP Policy Statement
- 1999 APA Resolution
- 2000 AANP Statement and Resolutions
- 2002 WHO declares violence a worldwide public health issue



#### **DEFINING IPV**

- Many different definitions
- Most definitions include physical abuse, psychological/emotional abuse, and sexual assault
- Prevalence rates vary significantly between current, recent, and lifetime abuse
- Earlier studies were often limited to physical abuse



#### **WORKING DEFINITION**

Intimate partner violence is a pattern of assaultive and coercive behaviors including:

- Inflicted physical injury
- Psychological abuse
- Sexual assault
- Progressive social isolation

- Stalking
- Deprivation
- Intimidation and threats

Family Violence Prevention Fund, 2002



IPV was a precipitating factor in

52.2% of female homicides

{ IPV was a precipitating factor in nearly one-third of suicides }

CDC, 2009



## Approximately

# three-quarters (73.7%)

of all murder-suicides involved an intimate partner

Violence Policy Center, 2006



### **MAGNITUDE OF THE PROBLEM: GLOBAL**



World Health Organization, 2005



#### MAGNITUDE OF THE PROBLEM: U.S.



Tjaden & Thoennes, 2000



## **24-HOUR NATIONAL CENSUS**

60,799 victims served in one day

National Network to End Domestic Violence, 2008



# of spouse abuse victims are female

Bureau of Justice Statistics, 2005

#### **HEALTH DISPARITIES ISSUE**

African American, Native American, and Hispanic women are at significantly greater risk for IPV

Silverman et al, 2006; Field & Caetano, 2005



#### **IPV AMONG LATINO WOMEN**

Prevalence rates of IPV in the past year among women seen at a community health care system:





72.6% disclosed psychological aggression

Hazen & Soriano, 2007



#### **HEALTH DISPARITIES ISSUE**



Couples with IPV are more likely to be economically vulnerable and live in disadvantaged neighborhoods

Fox & Benson, 2006





of homeless young adults disclosed abuse by a current partner

Boris et al, 2002



## **SPECIAL POPULATIONS**

- Prevalence among same-sex couples varies by gender of the couple and by the perpetrator's gender
- Persons with disabilities are at high risk for IPV

Hathaway et al, 2000; McFarlane et al, 2001; Tjaden & Thoennes, 2000



# 400,000

# adolescents experience serious physical and/or sexual dating violence

Wolitzky-Taylor et al, 2008



# 1 IN 10 to 1 IN 5

high school-aged teens are hit, slapped, or beaten by a dating partner each year

Wolfe et al, 2009



## **DATING VIOLENCE & RISK BEHAVIORS**

Teens experiencing physical dating violence are more likely to engage in:

- -Sexual intercourse
- Suicide attempts
- -Episodic heavy drinking
- Physical fighting

MMWR, 2006



## **15.5 MILLION CHILDREN**

have been exposed to physical IPV in the past year



McDonald et al, 2006

IPV is associated with

8 of the 10

Leading Health Indicators for Healthy People 2010



### **HEALTHY PEOPLE 2010**

INDICATOR	CONNECTION WITH IPV
Tobacco Use	Increased risk of smoking (Hathaway et al, 2000)
Substance Abuse	Increased risk of high risk alcohol use (Lemon et al, 2002)
Injury & Violence	Leading cause of injuries and homicide (Frye et al, 2001)
Mental Health	Increased risk of mental health problems (Coker et al, 2002)



### **HEALTHY PEOPLE 2010**

INDICATOR	CONNECTION WITH IPV
Responsible Sexual Behavior	Increased sexual risk-taking and STIs (Coker, Sexual Behavior, 2000); Less likely to use condoms consistently (Wingood et al, 2001)
Access to Health Care	Increased risk of late entry into prenatal care (McFarlane et al, 1992; Silverman et al, 2006)
Immunizations	Children of battered women less likely to get immunizations (Attala et al, 1997; Bair-Merritt et al, 2008; Webb et al, 2001)
Body Weight	Overweight & Current body mass >25 (Black & Breiding, Obesity, 2008); weight gain (Sato-DiLorenzo & Sharps, 2007)



IPV costs the USA economy

\$12.6 Billion

on an annual basis

Waters et al, 2004



#### **PUBLIC HEALTH: CALL TO ACTION**

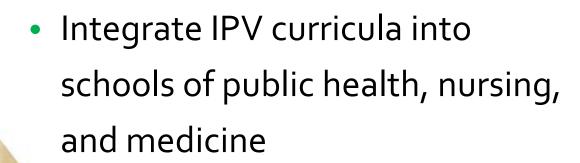
 To integrate culturally relevant prevention, screening, intervention, and referral strategies for IPV into the public health setting

- Develop partnerships with local domestic violence programs
  - Join or create multidisciplinary task forces to promote a coordinated community response to IPV
    - Conduct community needs assessments

 Establish policies to institutionalize routine screening in public health settings

Develop, implement, and monitor

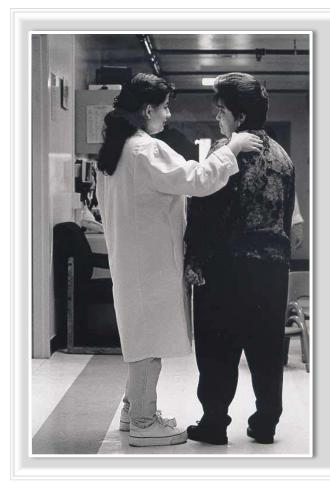
protocols for IPV in public health agencies





- Enhance data collection and dissemination
- Promote social marketing campaigns and community education
- Increase funding for science-based, public health approaches
- Provide technical assistance and evaluation
- Advocate for local, state, and national policy reform





- Ongoing training for public health professionals
- Implement policies to improve the safety of victims and employees in the workplace
- Ensure that employee assistance programs have protocols



#### **VISION FOR SUCCESS**



Public Health brings special skills and a unique perspective to address IPV:

- Prevention focus
- Working collaboratively across disciplines
- Scientific, data-based approach
- Long tradition of promoting social change and prevention

# **ASSESSMENT**IS THE FIRST STEP OF INTERVENTION

Listening and affirmation are invaluable to victims.



#### **ASSESSMENT AS INTERVENTION**



## **Primary Prevention:**

For clients who are not experiencing abuse, screening affirms that IPV is an important health care issue and provides an opportunity to talk about healthy relationships and the warning signs of an abusive relationship.



#### **ASSESSMENT AS INTERVENTION**



SECONDARY PREVENTION

#### **Secondary Prevention:**

In the early stages of an abusive relationship, early identification and intervention can prevent serious injuries and chronic illnesses as the violence escalates and the entrapment increases.



#### **ASSESSMENT AS INTERVENTION**



**SECONDARY PREVENTION** 

TERTIARY PREVENTION

#### **Tertiary Prevention:**

In relationships with escalating violence, screening provides the opportunity for disclosure in a safe and confidential environment. Even if clients do not feel safe disclosing their abuse, giving supportive messages can end their isolation and let them know that they have options.



#### **PROMISING PRACTICES:**

#### STATE OF FLORIDA DEPARTMENT OF PUBLIC HEALTH



- State and local health departments partnered with domestic violence agencies to create screening guidelines
- Regional train-the-trainers sessions with teams of domestic violence advocates and health department staff
- Training teams train staff in their counties

#### **MENU**

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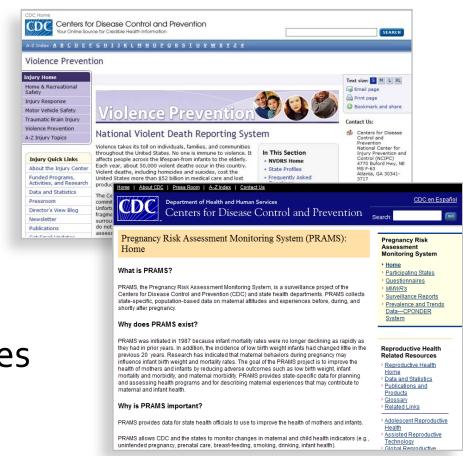


**Regional and Local Data** 



#### **POTENTIAL DATA SOURCES**

- PRAMS
- BRFSS
- YRBSS
- NVDRS
- Client surveys & needs assessments
- Child protective services
- Chart audits
- Fatality review teams





#### **POTENTIAL DATA SOURCES**

- Police data
- Trauma registries
- Domestic violence programs
- 911 Dispatch logs
- Hotline statistics
- Restraining orders



#### PROMISING PRACTICE: MASSACHUSETTS

- Surveillance methods linked multiple data sources
- Homicide was the leading cause of maternal injury-related deaths
- Majority (89%) of homicide deaths occurred in the late post-partum period
- Two-thirds of homicide deaths were known or alleged cases of IPV

MA Maternal Mortality and Morbidity Review, 2002



#### **TOPICS COVERED IN THIS CURRICULUM**

- Overview
- Regional and Local Data
- Medical Cost Burden and Health Care Utilization for IPV
- Impact of IPV on Women's Health
- IPV and Behavioral Health
- IPV and Family Planning, Birth Control
  Sabotage, Pregnancy Pressure, & Unintended Pregnancy
- IPV and Sexually Transmitted Infections & HIV
- IPV and Perinatal Programs
- IPV and Breastfeeding and Nutritional Supplements
- IPV and Child and Adolescent Health
- IPV and Adverse Childhood Experiences
- IPV and Violence and Injury Prevention
- IPV and Home Visitation





#### **TOPIC OUTLINE**

# Each topic is organized as follows:

- Learning Objectives
- Overview and Statistics
- Implications
- Strategies
- Promising Practices
- Defining Success

<sup>\*</sup>Additional information for each slide is provided in the "notes" viewing option





#### **PUBLIC HEALTH RESPONSE TO IPV**

Recognize the problem

Educate the public

Screen routinely

Primary prevention focus RESPONSE Ongoing staff education

New data sources

Strategies for intervention

Engage with community partners

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MEDICAL COST BURDEN AND HEALTH CARE UTILIZATION FOR IPV



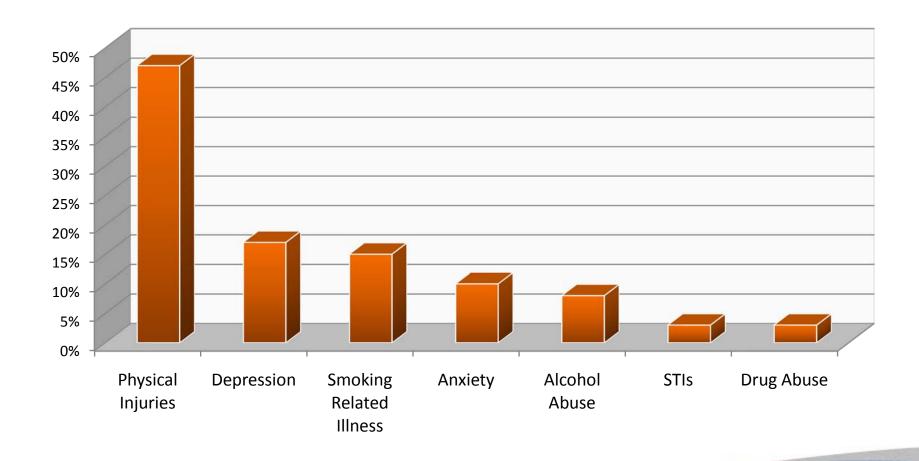
The medical costs for IPV within the first 12 months after victimization:

\$4 to \$7 Billion

Brown et al, 2008



## ATTRIBUTABLE COSTS ASSOCIATED WITH IPV FOR WOMEN:



Brown et al, 2008



## Recently abused women have health care costs that are

## more than twice

those of never abused women.

Jones et al, 2006



#### **HMO COSTS HIGHER FOR IPV**

 Average health care costs for women disclosing IPV were \$1700 higher compared to never abused women over a 3-year period.

• Using this estimate, an insurer with 300,000 female enrollees could expect \$2 million in additional claims over a 3-year period.

Jones et al, 2006



#### Total annual health care costs were:

 42% higher for women experiencing ongoing physical abuse

> 24% higher for women who experienced physical abuse within the past 5 years

> > 19% higher for women who experienced physical abuse more than 5 years ago



Women who reported injuries as a consequence of their most recent IPV victimization utilized the following services due to their injuries (mean number of visits):

- -2 ED visits
- -3.5 physician visits
- -5.2 dental visits
- 19.7 physical therapy visits

Arias & Corso, 2005



#### **MENTAL HEALTH SERVICES**

 Regardless of whether the abuse was physical or non-physical, abused women have higher mental health utilization



Mental health care
 utilization was higher for
 recent (past 5 years) and
 remote (more than 5 years
 ago) IPV



Women with recent *nonphysical* abuse (only) had annual health care costs that were

33% higher

than non-abused women.

recent=in past 5 years Bonomi et al, 2009



#### **MEDICAID UTILIZATION**

#### Women experiencing more severe IPV:

- are 3 times more likely to have a total expenditure of over \$5000
- Have health care expenditures twice that of non-abused women

Coker et al, 2004



# Women reporting any IPV during pregnancy were

## more than TWICE

as likely to experience an antenatal (before birth) hospitalization not associated with delivery

Lipsky et al, 2004



#### Children whose mothers disclosed severe IPV had



# TWICE the number

of ED visits at 18 months follow-up

Bair-Merritt et al, 2008



Children exposed to IPV after they are born are

3 TIMES

more likely to use mental health services.

Rivara et al, 2007

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The Impact of IPV on Women's Health

#### **LEARNING OBJECTIVES**

- Identify three health conditions that are associated with IPV or dating violence
- 2. Describe two ways that IPV may impact women's/teens' health care services
- 3. List two strategies for responding to IPV



#### PREVALENCE IN THE CLINICAL SETTING

IPV among women enrolled in a health maintenance organization:

Lifetime: **44.0%** 

Past 5 years: **14.7%** 

Past year: 7.7%

Thompson et al, 2006

#### **DISEASE BURDEN OF IPV**

 7.9% of the overall disease burden for women, ages 18-44

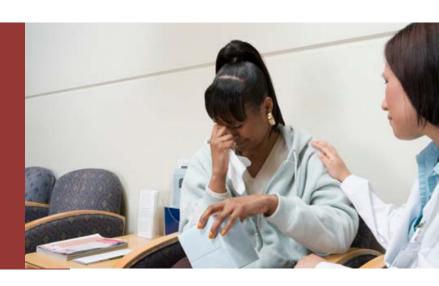
> Larger risk than common risk factors for disease including blood pressure, tobacco use, and obesity

> > Vos et al, 2006



#### Abused women experience a

# 50% to 70% increase



in gynecological, central nervous system, and stress-related problems

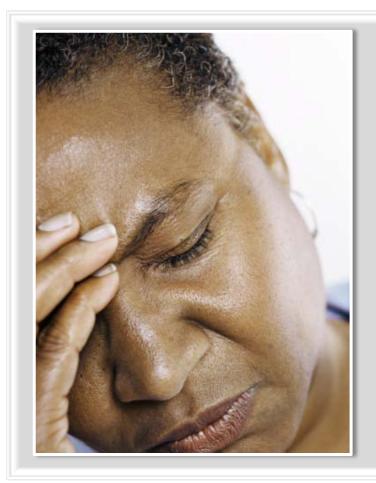
Campbell et al, 2002



# Women exposed to ongoing IPV report increased physical symptoms over time

Gerber et al, 2007





More than one-third of female IPV survivors experience high disability chronic pain

Wuest et al, 2008



#### **IPV AND COMORBID HEALTH CONDITIONS**

- Arthritis
- Asthma
- Headaches and migraines
- Back pain
- Chronic pain syndromes

- High blood cholesterol
- Heart attack and heart disease
- Stroke
- Depressed immune function

Black & Breiding, 2008; Campbell et al, 2002; Coker et al, 2000; Constantino et al, 2000; Follingstad, 1991; Kendall-Tackett et al, 2003; Letourneau et al, 1999; Wagner et al, 1995

## WOMEN WHO HAVE EXPERIENCED IPV ARE MORE LIKELY TO BE DIAGNOSED WITH GI PROBLEMS INCLUDING:

- Stomach ulcers
- Frequent indigestion, diarrhea, or constipation
- Irritable bowel syndrome
- Spastic colon

Coker et al, 2000; Drossman et al, 1995; Lesserman et al, 2007; Kernic et al, 2000; Talley et al, 1994

## WOMEN WITH A HISTORY OF IPV ARE MORE LIKELY TO EXPERIENCE:

- Urinary tract and vaginal infections
- Irregular menstrual cycles
- Pain during sex, dysmenorrhea and vaginitis
- Pelvic inflammatory disease
- Chronic pelvic pain syndrome
- Invasive cervical cancer and preinvasive cervical neoplasia

Campbell et al, 2002; Coker et al, 2000; Letourneau et al, 1999; Mark et al, 2008; Shei, 1991



#### Women who have experienced IPV are



more likely to be diagnosed with invasive cervical cancer

Coker et al, 2009



#### **ABUSED WOMEN ARE MORE LIKELY TO:**

- not have a mammogram
- have more prescriptions
- have more emergency room visits
- have more physician visits



Farley et al, 2002; Kernic et al, 2000; Letourneau et al, 1999; Sansone et al, 1997; Wisner, 1999



# Women with a history of IPV have:

1.6X

higher rates of medical care utilization and higher health care costs

# Health problems associated with a history of forced sex by an intimate partner include:

- Chronic headaches
- Depression
- Pelvic inflammatory disease
- Vaginal and anal tearing
- Bladder infections
- Sexual dysfunction
- Pelvic pain
- Gynecological problems

Bergman & Brismar, 1991; Bonomi et al, 2007; Campbell & Lewandowski, 1997; Campbell & Alford, 1989; Chapman JD, 1989; Dienemann et al, 2000; Domino & Haber, 1987; Plichta, 1996



#### **IMPLICATIONS FOR WOMEN'S HEALTH**

 IPV is a hidden risk factor for many common women's health problems



 Screening provides an opportunity for women to make the connection between victimization, health problems, and risk behaviors



I want to understand how violence affects me mentally and physically... so I can learn to avoid bad situations.

-woman at crisis center

Wilson et al, 2007



#### **IMPLICATIONS FOR WOMEN'S HEALTH**

Cancelled and missed appointments, interrupted care and noncompliance with treatment and follow-up may be related to victimization





17% of abused women reported that a partner prevented them from accessing health care

compared to 2% of non-abused women

McCloskey et al, 2007



#### STRATEGIES FOR WOMEN'S HEALTH

#### Implement an IPV protocol:

- Routine assessment
- Health and danger assessment tools
- Documentation skills and confidentiality
- Safety planning strategies
- Cultural competency
- Resources and referrals

## WOMEN WHO TALKED TO THEIR HEALTH CARE PROVIDER ABOUT THE ABUSE WERE:

### ~4 times more likely

to use an intervention

2.6 times more likely

to exit the abusive relationship

McCloskey et al, 2006

## WOMEN, CO-OCCURRING DISORDERS & VIOLENCE STUDY (WCDVS)

- 9 different sites with over 2000 women
- Integrated services
  - Trauma Recovery & Empowerment (TREM)
  - Seeking Safety
  - Addiction and Trauma Recovery Integration Model (ATRIUM)

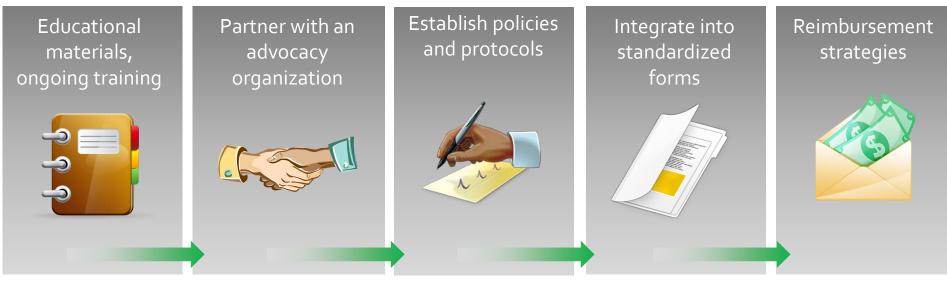
**SAMHSA**, 2003

#### **LESSONS LEARNED FROM WCDVS**

- Trauma- and survivor-informed approaches are essential to effective services
- Gender-specific services are critical to create a healing environment
- Group environments are key to restoring trust & promoting healing
- Integrating trauma, mental health, & substance abuse services increases effectiveness



#### WOMEN'S HEALTH: SYSTEM LEVEL RESPONSE



MORE >>



#### WOMEN'S HEALTH: SYSTEM LEVEL RESPONSE





#### **CHRONIC CARE MODEL (CCM)**

#### CCM Strategies include:

- Using case managers to support clients
- Implementing decision support systems to reduce providers' fear of addressing IPV
- Developing self-support tools to help clients with safety planning and managing comorbid conditions
- Formalizing collaboration with community agencies to improve access to resources

Nicolaidis & Touhouliotis, 2006

### PROMISING PRACTICES: CCHERS' COMMUNITY ADVOCACY PROGRAM

Partnership project based at seven community health centers in Boston, MA:

- Direct services for IPV victims on-site at health centers
- Training for providers and staff
- Linkage between clinics and community-based domestic violence programs

### PROMISING PRACTICE: UNIVERSAL SCREENING COMMUNITY HEALTH CENTER

- Implemented screening protocol to screen all patients
- 39% screening rate
- 93% documentation rate
- 1-hour protocol refresher built into nurses' recertification

Thurston et al, 2007

#### PROMISING PRACTICE:

#### **ACCESS TO HEALTH CARE NORTH CAROLINA**

Agreement between local clinics and the crisis center to waive the clinics' co-payment for women who are referred from

the crisis center

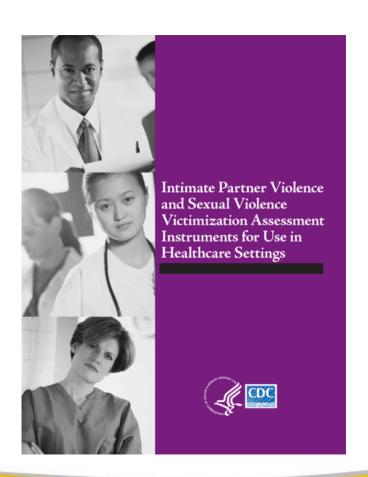
Wilson et al. 2007



#### **RESOURCE**

#### Download at:

http://www.cdc.gov/ncipc/pub-res/images/ipvandsvscreening.pdf



Basile et al, 2007



#### **DEFINING SUCCESS**

- ✓ Safe environment for disclosure
- Supportive messages
- Educate about the health effects of IPV
- Offer strategies to promote safety
- ✓ Inform about community resources
- Create a system-wide response



#### **DEFINING SUCCESS**

Success is measured by our efforts to reduce isolation and to improve options for safety.

Family Violence Prevention Fund



#### PROMISING PRACTICE: 54-MINUTE INTERVENTION

- Women with restraining orders received 6 telephone calls from a nurse to promote safety behaviors over 8 weeks
- Women who received the intervention had more safety behaviors

McFarlane et al, 2004

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Intimate Partner Violence (IPV) and Behavioral Health

#### **LEARNING OBJECTIVES**

- 1. Identify two mental health conditions associated with IPV victimization.
- 2. Describe the link between substance abuse and IPV victimization and perpetration.
- 3. Describe two promising practice strategies for addressing IPV within the behavioral health setting.



#### **DISEASE BURDEN OF IPV**

Depression, anxiety, and suicide together contributed to

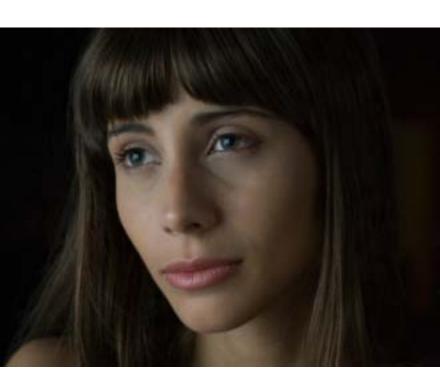
73%

of the total disease burden associated with IPV

Vos et al, 2006



Abused pregnant Latina women have more than **TWICE** the odds of experiencing depression or PTSD



Rodriguez et al, 2008



# HALF of the abused women referred from an emergency room had symptoms of PTSD

Lipsky et al, 2005



# Among women who experienced IPV in the past year:

20% - 38%

have symptoms of depression

Caetano & Cunradi, 2003





# Past or current abuse is a risk factor for postpartum depression

Kendall-Tackett, 2007



Black women with a history of lifetime abuse were

9.3 times

more likely to report depression than non-abused Black women

Ramos et al, 2004



#### **IMPACT OF PSYCHOLOGICAL ABUSE**

Psychological abuse by an intimate partner was a stronger predictor than physical abuse for the following health outcomes for female and male victims:

- Depressive symptoms
- Substance use
- Developing a chronic mental illness

Coker et al, 2002



#### **IPV AND MENTAL HEALTH COMORBIDITIES:**

- Anxiety
- Sleep problems
- Memory loss
- Post-traumatic stress disorder
- Depression
- Panic attacks, insomnia
- Suicide ideation/actions

Bergman & Brismar, 1991; Coker et al, 2002; Dienemann et al, 2000; Elsberg et al, 2008; Kernic et al, 2000; Stark & Flitcraft, 1995; Sato-DiLorenzo & Sharps, 2007

#### **SEXUAL ASSAULT AND SUICIDE**

The suicide risk is

5x higher

among abused women who are sexually assaulted by their partners

McFarlane et al, 2005



#### **IPV: RISK FACTOR FOR SUBSTANCE ABUSE**

- Abused women are at increased risk for substance abuse
- Spousal abuse scores are the strongest predictor of alcoholism in women
- IPV during the first year of marriage is highly predictive of heavy, episodic drinking one year later

Kaysen et al, 2007; Miller et al, 1989; Plichta, 1992



#### **IPV AND DRUG USE**

#### Women experiencing abuse are:

- 2.6X more likely to use tranquilizers, sleeping pills, or sedatives
- 3.2X more likely to use anti-depressants
- 2.2X more likely to use prescription pain pills

Carbone-Lopez et al, 2006



## **59.1%**

of women who screened positive for drinking problems experienced IPV in the past year



Weinsheimer et al, 2005



Women who are physically abused during pregnancy are

7.8 times

more likely to drink while pregnant

Martin et al, 2003



#### **IPV AND SUBSTANCE ABUSE**

Male perpetration of IPV and alcohol abuse are linked





#### IPV perpetrators are:

- 2.5 times more likely to report heavy drinking
- 4 times more likely to report illicit drug use

Lipsky et al, 2005

#### **DATING VIOLENCE**

# Adolescents reporting dating violence are more likely to:

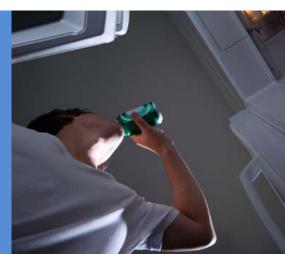
- Consume alcohol
- Smoke tobacco
- Use drugs
- Have suicidal thoughts

Ackard et al, 2003



# Dating violence perpetrators (male and female) are more likely to:

- have their first drink before 15 y.o.
- have been drunk in the past 30 days
- used marijuana in the past 30 days



Champion et al, 2008

#### **IMPLICATIONS FOR BEHAVIORAL HEALTH**

- The long-term consequences of psychological abuse are often minimized or overlooked
- IPV can impact access to behavioral health services and the process of recovery

#### **IMPLICATIONS FOR BEHAVIORAL HEALTH**



A partner's alcohol abuse is a risk factor for more severe and chronic IPV and the risk of mental health sequelae for the victim

Substance abuse may be a coping behavior for IPV victims with trauma symptoms



## STRATEGIES FOR BEHAVIORAL HEALTH PROGRAMS

- Integrate assessment for lifetime exposure to violence and perpetration of relationship violence into behavioral health
- Assess for trauma symptoms and underlying causes for substance abuse/self-medicating
- Fully protect the confidentiality of victims' health records

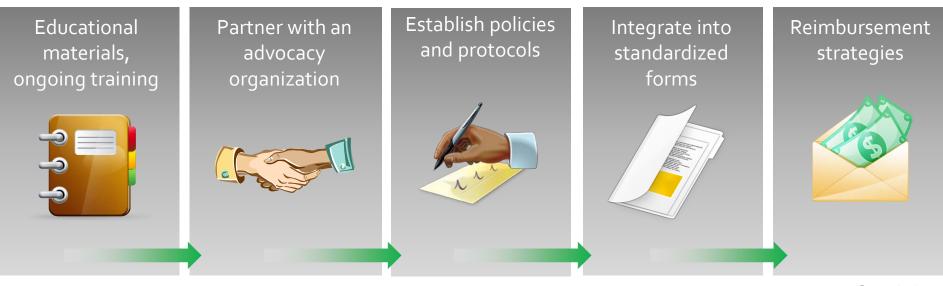


## STRATEGIES FOR BEHAVIORAL HEALTH PROGRAMS

- Ensure that behavioral health services are trauma-informed
- Prioritize the creation of integrated services for on-site services and advocacy for IPV in the behavioral health setting
- Promote cross-training and collaboration between behavioral health and domestic violence programs



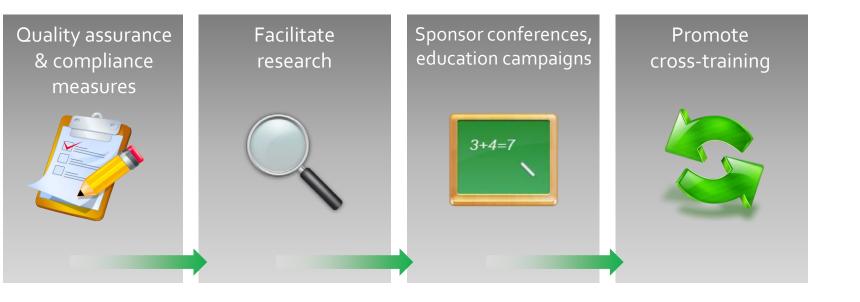
## BEHAVIORAL HEALTH: SYSTEM LEVEL RESPONSE







## BEHAVIORAL HEALTH: SYSTEM LEVEL RESPONSE





## PROMISING PRACTICE: BRIEF MENTAL HEALTH SCREEN FOR IPV

- 4-question screen was tested with IPV victims in an emergency department
- Tool is highly predictive for depression & PTSD symptoms and moderately predictive for suicide ideation

Houry et al, 2007



## PROMISING PRACTICE: INTEGRATED SCREENING

- "Point of Care Guide" screening tool
- 6 validated questions to screen for alcohol, depression, & IPV and interpretation instructions

Bell, 2004



#### PROMISING PRACTICES: INTEGRATED SERVICES BALTIMORE (MD)

This substance abuse treatment and prenatal care program implemented the following strategies:

- Ongoing IPV training
- Patient case review sessions
- Domestic violence staff integrated into interdisciplinary care team





#### **DEFINING SUCCESS**

- Safe environment for disclosure
- Supportive messages
- Educate about the mental health effects of IPV
- Offer strategies to promote safety
- Inform about community resources
- Create a system-wide response



#### **DEFINING SUCCESS**

Success is measured by our efforts to reduce isolation and to improve options for safety.

Family Violence Prevention Fund

#### **MENU**

#### SELECT FROM THE TOPICS BELOW >>

IPV and Sexually Transmitted Infections/HIV

Overview

IPV and Perinatal Programs

Regional and Local Data

IPV, Breastfeeding, and Nutritional Supplement Programs

Medical Cost Burden and Health Care Utilization for IPV

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The Impact of IPV on Women's Health

ACE Study: Leading Determinants of Health

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IPV and Family Planning, Birth Control Sabotage Pregnancy Pressure, and Unintended Pregnancy

IPV and Home Visitation

Family Violence Prevention Fund



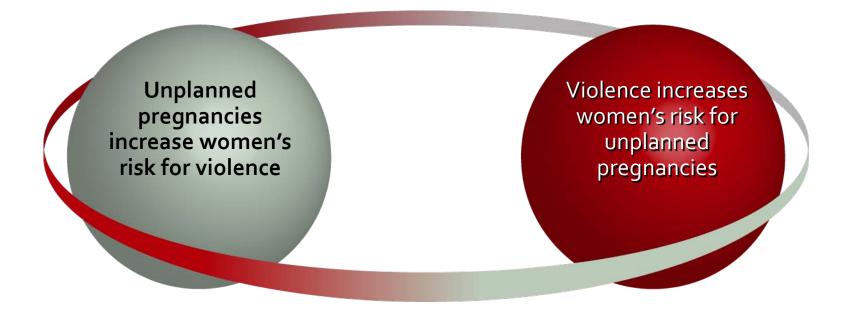
Intimate Partner Violence (IPV) and Family Planning, Birth Control Sabotage, Pregnancy Pressure, and Unintended Pregnancy

#### **LEARNING OBJECTIVES**

- Describe the link between IPV and two sexual risk behaviors
- 2. Identify two ways that IPV can impact family planning services
- 3. Describe two strategies for responding to IPV in the family planning setting



## VIOLENCE AND REPRODUCTIVE HEALTH ARE STRONGLY LINKED



#### WHAT WE KNOW



1 in 4 (25%) U.S. women and

1 in 5 (20%) U.S. teen girls report ever experiencing physical and/or sexual IPV.

CDC Morbidity and Mortality Weekly Report, February 2008; Silverman et al, 2001

### LACK OF CONTROL AROUND SEX WITH ABUSIVE MALE PARTNER

66

I'm not gonna say he raped me... he didn't use force, but I would be like, "No," and then, next thing, he pushes me to the bedroom, and I'm like, "I don't want to do anything," and then, we ended up doin' it, and I was cryin' like a baby, and he still did it. And then, after that... he got up, took his shower, and I just stayed the ke shock...

Miller et al, 2007

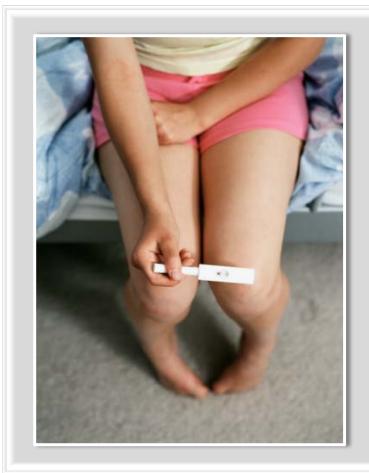


Women experiencing physical and emotional IPV are more likely to report not using their preferred method of contraception in the past 12 months (OR=1.9).



Williams et al, 2008





# IPV increases women's risk for UNINTENDED PREGNANCIES

Sarkar, 2008



#### **UNINTENDED PREGNANCY: TEENS**

In a study of adolescent girls who experienced IPV:

- 32.1% become pregnant while in an abusive relationship
- 58.8% reported those pregnancies were unwanted

Miller et al, 2007



#### **IPV AND ABORTION**

Prevalence of physical and/or sexual IPV among women seeking abortions:

Lifetime: 27.3% - 39.5%

Past year: **14.0% - 21.6%** 

Lifetime: Evins et al, 1996; Glander et al, 1998; Keeling et al, 2004; Leung et al, 2002 Past Year: Evins et al, 1996; Keeling et al, 2004; Woo et al, 2005; Weibe et al, 2001; Whitehead & Fanslow, 2005



The risk of being a victim of IPV in the past year was nearly

## 3X HIGHER

for women seeking an abortion compared to women who were continuing their pregnancies.

Bourassa & Berube, 2007



#### **IPV AND ABORTION**

- 8.8% of abused women seeking an abortion had injuries to their genital areas (Keeling et al, 2004)
- IPV was twice as common among women who chose not to disclose the abortion to their partners

Woo et al, 2005



#### **IPV AND REPEAT ABORTION**

## 1 IN 5 WOMEN

seeking a repeat abortion disclosed a history of physical IPV

Fisher et al, 2005



# Boys and girls who experience sexual dating violence are more likely to:

Initiate sex before age 11

Have sexual intercourse with 4 or more people

Use alcohol or drugs before sex

Kim-Goodwin et al, 2009



#### **DATING VIOLENCE AND TEEN PREGNANCY**



Adolescent girls in physically abusive relationships were 3.5 times more likely to become pregnant than non-abused girls

Roberts et al, 2005



#### **IMPACT OF VIOLENCE ON CONDOM USAGE**



Women who were sexually abused as children are more than twice as likely (58.6% vs. 24.9%) to have unprotected sex compared to women who did not experience CSA

Fergusson et al, 1997

#### **DATING VIOLENCE AND CONDOM USE**

Adolescent boys who perpetrate dating violence are less likely to use condoms, particularly in steady relationships.



Raj et al, 2007



#### **DATING VIOLENCE AND CONDOM USE**



Adolescent girls who experience dating violence are half as likely to use condoms consistently.

Wingood et al, 2001



## MALE PARTNER PREGNANCY INTENTION AND CONDOM MANIPULATION

66

Like the first couple of times, the condom seems to break every time. You know what I mean, and it was just kind of funny, like, the first 6 times the condom broke. Six condoms, that's kind of rare I could understand 1 but 6 times, and then after that when I got on the birth control, he was just like always saying, like you should have my baby, you should have my daughter, you should have my kir.

— 17-yr-old female who started Depo-Provera without partner's knowledge

Miller et al, 2007



# **BIRTH CONTROL SABOTAGE**

# Tactics used by IPV perpetrators include:

- Destroying or disposing of contraceptives
- Impeding condom use (threatening to leave her, poking holes in condoms)
- Not allowing her to obtain or preventing her from using birth control
- Threatening physical harm if she uses contraceptives

Campbell et al, 1995; Coggins et al, 2003; Fanslow et al, 2008; Lang et al, 2007; Miller et al, 2007; Wingood et al, 1997



# TEEN BIRTH CONTROL SABOTAGE

Among teen mothers on public assistance who experienced recent IPV:



Raphael, 2005



# TEEN BIRTH CONTROL SABOTAGE

# Teen girls who experienced physical dating violence were:

- 2.8 times more likely to fear consequences of negotiating condom use
- 2.6 times more likely to fear talking with their partner about pregnancy prevention

Wingood et al, 2001



### PREGNANCY-PROMOTING BEHAVIORS

One-quarter (26.4%) of adolescent females reported that their abusive male partners were



# TRYING TO GET THEM PREGNANT

Miller et al, 2007



## **ADOLESCENT RAPID REPEAT PREGNANCY**



Adolescent mothers who experienced physical abuse within three months after delivery were nearly twice as likely to have a repeat pregnancy within 24 months

Raneri & Wiemann, 2007



### **IPV AND SEXUAL RISK BEHAVIORS**

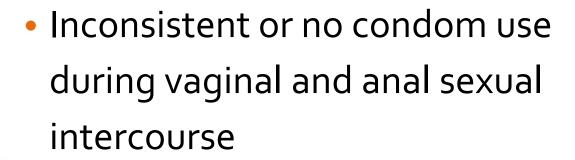
# Women who experienced recent physical abuse were more likely to report:

- Male partner control of the relationship
- Fear of partner response to condom negotiation
- No history of male partner testing for HIV

Raj et al, 2004

#### **IPV PERPETRATORS AND SEXUAL RISK BEHAVIORS**

# Men who perpetrated IPV in the past year were more likely to report:



 Forcing sexual intercourse without a condom

Raj et al, 2006



# **IMPLICATIONS FOR FAMILY PLANNING**

- Sexual assault by an intimate partner is rarely detected or disclosed without screening.
- Many victims do not have control over their sexual decision-making.
- Teens should be assessed for dating violence and its impact on reproductive health choices.



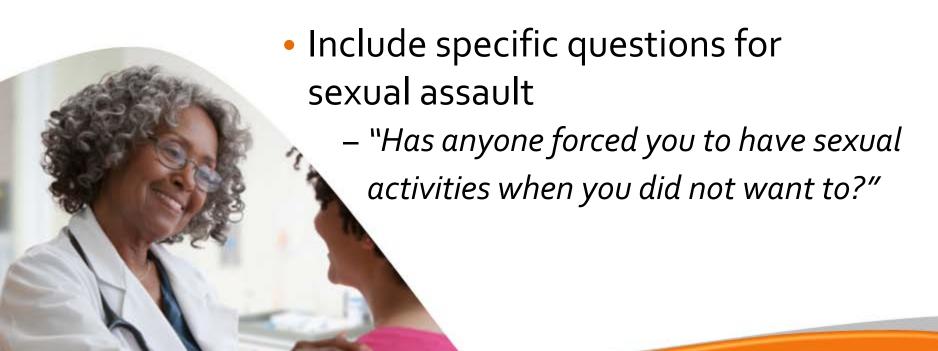
# **IMPLICATIONS FOR FAMILY PLANNING**

- Family planning and birth control options may be limited or sabotaged by an abuser.
- The violence may escalate if victims use or try to negotiate birth control/family planning options.
- Help clients negotiate self-care in the context of an abusive relationship.

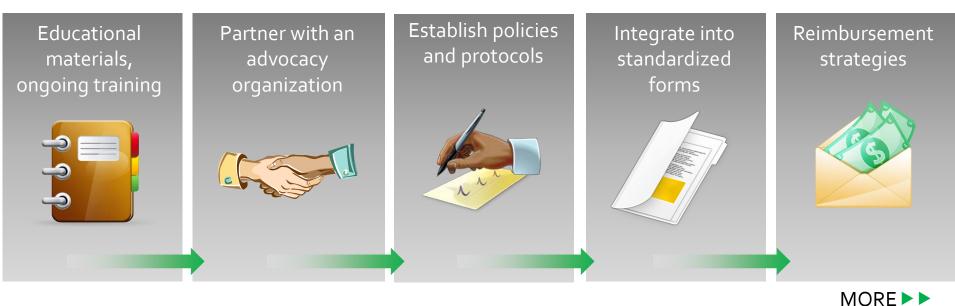


# STRATEGIES FOR FAMILY PLANNING

- Implement routine screening
  - include clients seeking emergency contraceptives and abortions



# FAMILY PLANNING: SYSTEM LEVEL RESPONSE



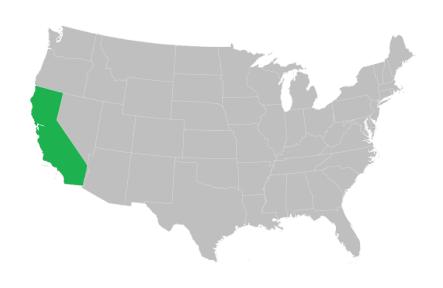
MORE

# FAMILY PLANNING: SYSTEM LEVEL RESPONSE





# PROMISING PRACTICES: CALIFORNIA



Provides reproductive health care for low income women and men

Screening questions on standardized forms

Routine screening for sexual assault at EC visits

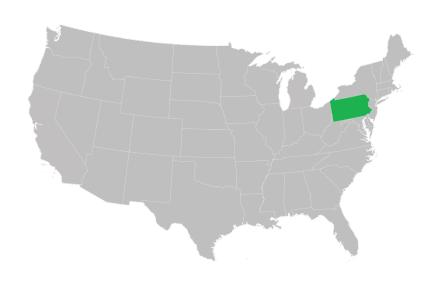
Educational materials for providers and clients

Reimbursement codes for IPV counseling

FamilyPACT Program



# PROMISING PRACTICES: PENNSYLVANIA



Four rural family planning clinics

Partnership with local shelters

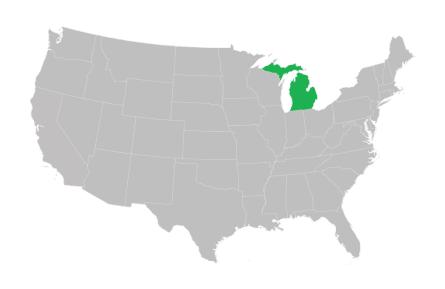
Ongoing training and technical support

Sustained an increase in screening and referrals six months after training implemented

Ulbrich and Stockdale, 2002



# PROMISING PRACTICES: MICHIGAN



Collaboration between clinic and local shelters

Two hour in-training

Instituted an assessment protocol

Increased assessment from 0 to 61%

Increased disclosure of abuse from o to 11.5%

Shattuck, 2002



## **RESOURCES**

- Annotated Bibliography on the Impact of Childhood Sexual Abuse, Dating Violence, and Intimate Partner Violence on Reproductive Health
- Family Violence Reproductive Health Program Assessment Tool



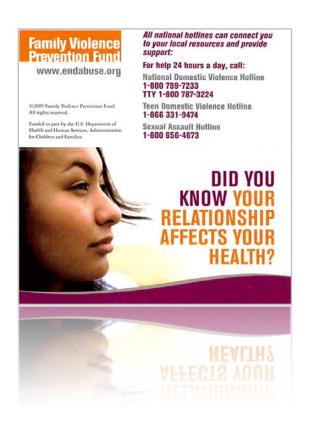
## **RESOURCES**

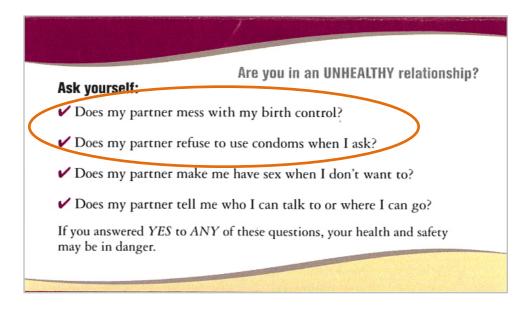
- Strategies on how to integrate assessment for violence and reproductive coercion into clinical practice
- Scripts for assessment



# **RESOURCES**

# Reproductive Health Safety Card





- Asks key questions
- Used as a prompt for staff and a safety card for patients
- Order at endabuse.org/health

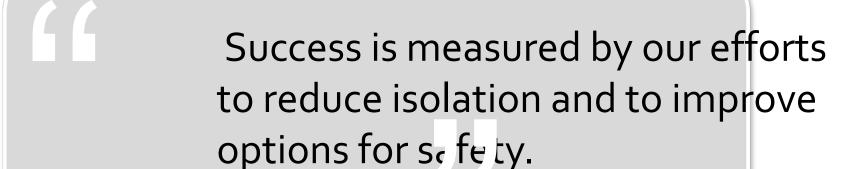
# **DEFINING SUCCESS**



- ✓ Safe environment for disclosure
- ✓ Supportive messages
- Educate about the health effects of IPV
- ✓ Offer strategies to promote safety
- ✓ Inform about community resources
- ✓ Create a system-wide response



# **DEFINING SUCCESS**



Family Violence Prevention Fund

# **MENU**

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IPV and Home Visitation

Family Violence Prevention Fund



Intimate Partner Violence (IPV) and Sexually Transmitted Infections/HIV

# **LEARNING OBJECTIVES**

- Describe two ways that IPV can increase the risk of STIs/HIV
- 2. Give two examples of how IPV can impact treatment outcomes for STIs/HIV
- 3. Identify two strategies to improve STIs/HIV programs' response to IPV



# **IPV AND SEXUAL RISK BEHAVIORS**

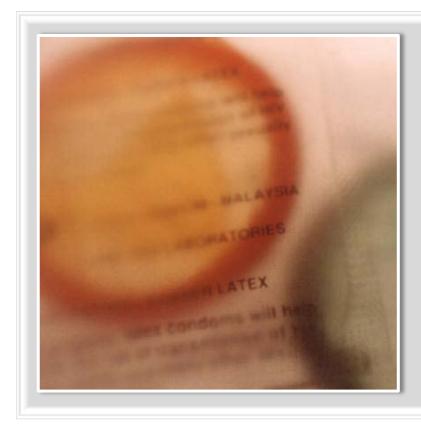
# Women who experienced past or current IPV are more likely to:

- Have multiple sexual partners
- Have a past or current sexually transmitted infection
- Report inconsistent use or nonuse of condoms
- Have a partner with known HIV risk factors

Wu et al, 2003



# **KNOWLEDGE ISN'T ENOUGH**



Under high levels of fear for abuse, women with high STI knowledge were more likely to use condoms inconsistently than nonfearful women with low STI knowledge.

Ralford et al, 2009



### **IPV & SEXUALLY TRANSMITTED INFECTIONS (STIS)**

Women disclosing **physical abuse** were

3 TIMES more likely to experience a STI. Women disclosing **psychological abuse** were

2 TIMES

more likely to experience a STI.

Coker et al, 2000

### **SEXUALLY TRANSMITTED INFECTIONS**

#### AND INTIMATE PARTNER VIOLENCE



More than one-third (38.8%) of adolescent girls tested for STI/HIV have experienced dating violence.

DECKER ET AL, 2005



# **DEPRESSION, IPV, AND STIS**

IN A SAMPLE OF PREDOMINANTLY AFRICAN AMERICAN WOMEN

Women with symptoms of depression and a history of IPV were

19 TIMES

more likely to have been treated for a STI in the past year.

Laughon et al, 2007

Research shows us that violence is both a significant cause and a significant consequence of HIV infection among women.

> Judy Auerbach American Foundation for AIDS Research (AmfAR)



## **HIV AND IPV**



Women who are HIVpositive experience more severe IPV and more frequent abuse compared to HIVnegative women who are experiencing IPV.

Review study by Gielen et al, 2007





- 68% experienced physical abuse as adults
- 32% experienced sexual abuse as adults
- 45% experienced abuse after being diagnosed with HIV

Gielen et al, 2000



## **HIV AND IPV**

# Among a small sample of HIV-positive men:

 39% reported physical IPV by a primary sexual partner



Shelton et al, 2005



# **IPV AS A RISK FACTOR FOR HIV**

Women who engaged in sex with an HIV-infected partner or an injecting drug user were more likely to have experienced recent physical or sexual IPV.

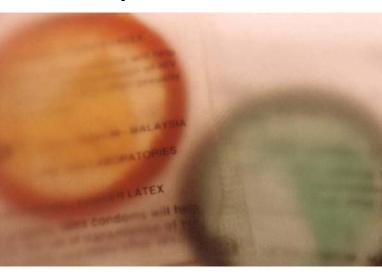


El-Bassel et al, 2008



# **IPV AS A RISK FACTOR FOR HIV**

HIV-positive men and women who experienced IPV were more likely to engage in



# UNPROTECTED SEX.

Bogart et al, 2005



# HIV-positive women who experienced recent IPV were more likely to report:

- inconsistent condom use
- pregnancy
- abuse stemming from requests for condom use

Lang et al, 2007



# IPV is an UNDER-RECOGNIZED BARRIER

to women's ability to obtain regular medical care for HIV/AIDS.

Lichtenstein, 2006



### HIV-positive women who have experienced IPV in the last year reported

## THE LOWEST HEALTH-RELATED QUALITY OF LIFE.

McDonnell et al, 2005

### **IMPLICATIONS**

#### FOR SEXUALLY TRANSMITTED INFECTIONS/HIV PROGRAMS

- Partner notification may be dangerous for clients experiencing abuse.
- Clients may not be able to negotiate safe sex with an abusive partner.
- IPV may be a more immediate threat to a client than a sexually transmitted infection or HIV status.

#### STRATEGIES FOR HIV PROGRAMS

HIV counseling and testing programs offer a unique opportunity to identify and assist women at risk for violence and to identify women who may be at high risk for HIV as a result of their history of assault.

Maman et al, 2000



### RECOMMENDATIONS

#### FOR HIV PREVENTION PROGRAMS

- Integrate violence & IPV screening.
- Educate clients about how violence can influence risk behaviors.
- Teach safety planning skills.
- Ensure that staff are trained to address violence/IPV.
- Design program evaluation to include sexual risk reduction <u>and</u> safety from violence.

Teti et al, 2006

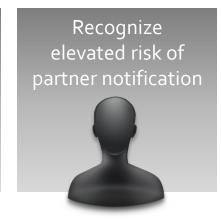


### **STRATEGIES**

#### FOR SEXUALLY TRANSMITTED INFECTIONS/HIV PROGRAMS



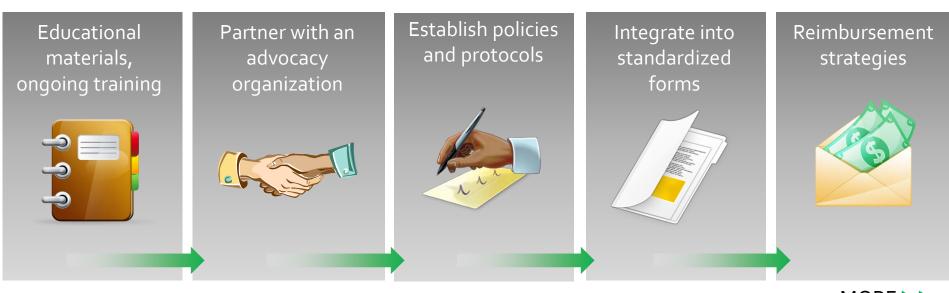








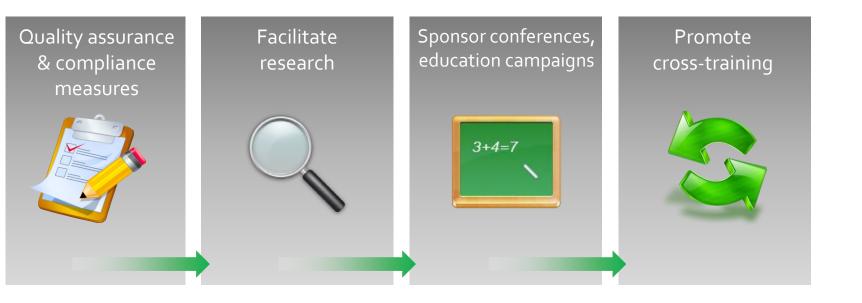
### SEXUALLY TRANSMITTED INFECTIONS/HIV: SYSTEM LEVEL RESPONSE



MORE >>



### SEXUALLY TRANSMITTED INFECTIONS/HIV: SYSTEM LEVEL RESPONSE





### **DEFINING SUCCESS**

- Safe environment for disclosure
- Supportive messages
- Educate about the health effects of IPV
- Offer strategies to promote safety
- ✓ Inform about community resources
- Create a system-wide response



### **DEFINING SUCCESS**

Success is measured by our efforts to reduce isolation and to improve options for safety.

Family Violence Prevention Fund



### PROMISING PRACTICE: URBAN HIV PRIMARY CARE CLINIC

- Medical chart review with a random sample of 25% of initial visits
- 3% of cases had documented queries for IPV



- routinize documentation
- offer follow-up psychosocial evaluations
- increase access to community services

Wolfe et al, 2003



### PROMISING PRACTICE: HIV/STD INTERVENTION FOR ABUSED WOMEN

- Randomized controlled trial
- Women recruited from family planning clinic
- Abused women who received 8-session intervention were more likely to:
  - decrease unprotected sex occasions or maintain safer sex
  - have a safer sex discussion with their main partner



### **PROMISING PRACTICES:**

CALIFORNIA DEPARTMENT OF HEALTH
HIV/SEXUALLY TRANSMITTED DISEASE PREVENTION TRAINING CENTER

- IPV screening and intervention is part of the core training for new HIV testing counselors and STD service providers
- Provides cross-training between STD/HIV programs and domestic violence programs
- Developed a policy on partner notification for clients disclosing abuse

### PROMISING PRACTICES: COMPREHENSIVE LEGISLATION

The State of Florida Department of Health is required to include information about "domestic violence and the risk factors associated with domestic violence and AIDS" as part of their program to educate the public about AIDS.

Title XXIX.. 381.0038 Education, 2002 Florida Statutes

### **MENU**

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IPV and Home Visitation

Family Violence Prevention Fund



Intimate Partner Violence (IPV) and Perinatal Programs

#### **LEARNING OBJECTIVES**

- Identify three pregnancy complications associated with IPV
- Describe two risk behaviors during pregnancy that are associated with IPV
- Discuss two strategies to address IPV in the perinatal setting



Homicide is the **second** leading cause of injury-related deaths among pregnant women.



Chang et al, 2005

### A significant proportion of all female homicide victims are killed by their intimate partners.

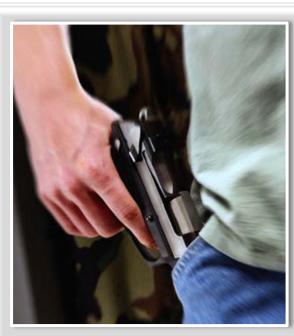


Frye et al, 2000; Massachusetts, 2002



### RISK FACTORS FOR FEMICIDE

Pre-incident factors associated with a woman being killed by her abusive partner include:



- threatening with a weapon
- estrangement from a controlling partner
- stalking
- forced sex
- abuse during pregnancy

Campbell et al, 2003



### **IPV BEFORE AND DURING PREGNANCY**

### Based on data from populationbased, statewide surveys of new mothers:

- 5.3% experienced physical abuse during pregnancy
- 7.2% experienced physical abuse during the
   12 months preceding pregnancy

Saltzman et al, 2003



### **IPV DURING AND AFTER PREGNANCY**

In a multistate study of pregnant women with or at risk for HIV:

- 8.9% experienced physical and/or sexual
   IPV during pregnancy
- 4.9% experienced IPV within six months after delivery

Koenig et al, 2006



### POSTPARTUM ESCALATION OF ABUSE

Among women who experienced abuse before and during pregnancy, the frequency of physical abuse increased during the postpartum period.

Stewart et al, 1994





### **ADOLESCENT PREGNANCY**

20%-25%

of pregnant teens reported physical or sexual abuse during pregnancy.

Berenson et al, 1992; Parker et al, 1993 & 1994



### **ADOLESCENT PREGNANCY**

Boyhood exposure to IPV is associated with an increased risk of male involvement in a teen pregnancy.

Anda et al, 2001





### **IPV AND NEONATAL DEATH**

Infants born to women who are physically abused during pregnancy are at greater risk of death.



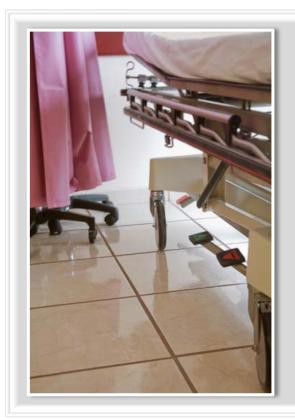


### PHYSICAL IPV IN THE 12 MONTHS PRIOR TO PREGNANCY INCREASES THE RISK OF:

- High blood pressure or edema
- Vaginal bleeding
- Severe nausea, vomiting or dehydration
- Kidney infection or urinary tract infection
- Hospital visits
- An infant requiring intensive care unit stay

Silverman et al, 2006





Women experiencing physical IPV during pregnancy are

2.7 times more likely to have a pregnancy-related hospitalization compared to non-abused pregnant women.

Lipsky et al, 2004



### **IPV AND LOW BIRTH WEIGHT**

Women who experience physical abuse are

3 TIMES

more likely to deliver a low birth weight infant.

Yost et al, 2005



#### **IPV DURING PREGNANCY IS ASSOCIATED WITH:**



- Lower gestational weight gain during pregnancy (Moraes et al, 2006)
- Birth weight (Kearney et al, 2004)
  - Pre-term LBW and term LBW (Coker et al, 2004)
  - Low and very low birth weight (Lipsky et al, 2003)
- Pre-term births (Silverman et al, 2006;
   Valladares et al, 2003)



#### **COMPLICATIONS DURING PREGNANCY: TEENS**

- Pregnant teens who experienced abuse were more likely to miscarry than their nonabused peers (Jacoby et al, 1999)
- Prenatal violence was a significant risk factor for pre-term birth among pregnant adolescents (Covington et al, 2001)



# WOMEN WHO EXPERIENCE ABUSE AROUND THE TIME OF PREGNANCY ARE MORE LIKELY TO:

- Smoke tobacco
- Drink during pregnancy
- Use drugs
- Experience depression, higher stress, and lower self-esteem
- Attempt suicide
- Receive less emotional support from partners

Amaro, 1990; Bailey & Daugherty, 2007; Berenson et al, 1994; Campbell et al, 1992; Curry, 1998; Martin et al, 2006; Martin et al, 2003; Martin et al, 1998; McFarlane et al, 1996; Perham-Hester & Gessner, 1997



Women who experience physical abuse during pregnancy are

4.5X

more likely to use illicit drugs while they are pregnant

Martin et al, 2003



### **TOBACCO CESSATION AND IPV**



**42%** of women experiencing some form of IPV could not stop smoking during pregnancy compared to **15%** of non-abused women.

Bullock et al, 2001



### **POSTPARTUM MATERNAL DEPRESSION**

Women with a controlling or threatening partner are **5X** more likely to experience persistent symptoms of postpartum maternal depression.

Blabey et al, 2009





### **IPV AND PRENATAL RISKS**

Women who reported IPV during pregnancy or the year prior to pregnancy were:

- less likely to receive prenatal care in the first trimester
- more likely to report smoking during the third trimester

Silverman et al, 2006



### PRENATAL EXPOSURE TO IPV

24% higher health care costs for children whose mothers' IPV stopped before the child was born.







## **IPV AND PARENTING SKILLS**

- Mothers who experienced IPV were more likely to have maternal depressive symptoms and report harsher parenting.
- Mothers' depression and harsh parenting were directly associated with children's behavioral problems.

Dubowitz et al, 2001



### **IPV: RISK FACTOR FOR CHILD ABUSE**

Families with IPV are

## 2X AS LIKELY

to have a substantiated case of child abuse compared to families without IPV.

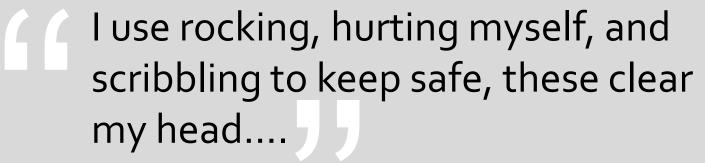
Rumm et al, 2000



### **IMPLICATIONS FOR PERINATAL PROGRAMS**

- Assessment provides a unique opportunity for early intervention
- Pregnant women in abusive relationships are high-risk pregnancies
- Risk behaviors such as smoking and drinking during pregnancy are highly correlated with IPV





abused pregnant teen

Renker, 2002



Health care providers need to ask not only if the teenager is experiencing violence but also how she copes with it.

Renker, 2002

- P.R. Renker



### STRATEGIES FOR PERINATAL PROGRAMS

- Screen routinely.
- Target education and resources to pregnant adolescents.
- Integrate IPV into training for perinatal providers.
- Make the connection between IPV and perinatal health.





### STRATEGIES FOR PERINATAL PROGRAMS

- Include information on IPV as part of client education and parent resource packets.
- Ask mothers about IPV in private during home visits.
- Incorporate IPV into perinatal protocols.

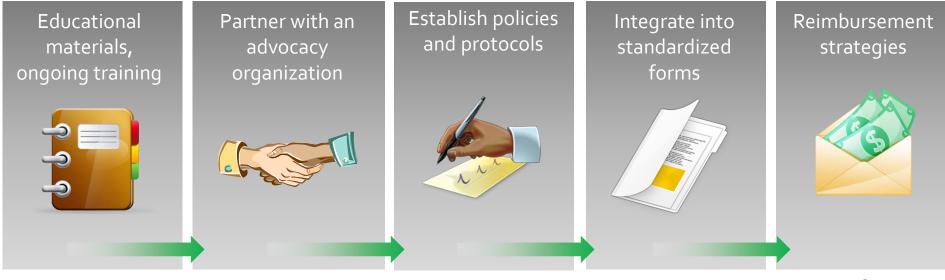


### STRATEGIES FOR PERINATAL PROGRAMS

- Integrate assessment and intervention for IPV into substance abuse and smoking cessation programs for pregnant women
- Include information on IPV and the effects of violence on children and brain development in parenting classes/resources



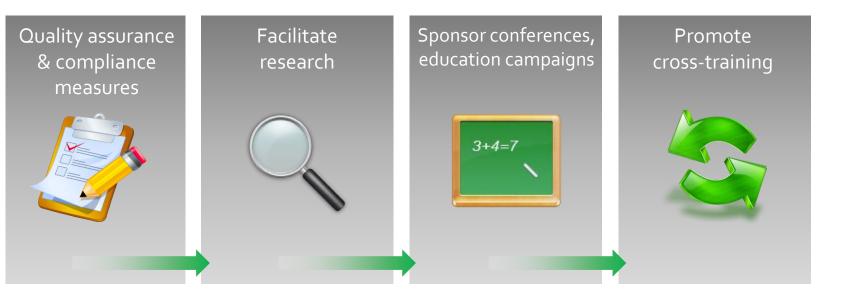
### PERINATAL PROGRAMS: SYSTEM LEVEL RESPONSE



MORE >>



### PERINATAL PROGRAMS: SYSTEM LEVEL RESPONSE





## PROMISING PRACTICE: SCREENING AT A PRENATAL CLINIC

The odds of screening were 7 ½ times greater after the following strategies had been implemented:

- 2-hour training for OB/GYN residents
- Medical record audits to assess screening practices
- Director met with residents
- Residents received individualized screening performance reports at 7-week intervals

Duncan et al, 2006



## PROMISING PRACTICE: EMPOWERMENT TRAINING

In a randomized controlled trial, pregnant women who received 30 minutes of empowerment training by a midwife reported:

- Higher physical functioning and improved role limitation due to physical and emotional problems
- Reduced psychological and minor physical abuse

Tiwari et al, 2005



### PROMISING PRACTICE: Integrated Intervention to Reduce IPV during Pregnancy

- Randomized controlled trial with 1044 African American women
  - Nearly one-third (32%) reported IPV in the past year
- Intervention delivered during prenatal care by social worker or psychologist (average 35 + 15 mins)
  - Counseling also addressed depression and tobacco use
- Women who received intervention were less likely to have recurrent IPV, very preterm neonates, and
  - nean gestational age

Kiely et al, 2010



### **DEFINING SUCCESS**

- Safe environment for disclosure
- Supportive messages
- Educate about the health effects of IPV
- Offer strategies to promote safety
- Inform about community resources
- Create a system-wide response



### **DEFINING SUCCESS**

Success is measured by our efforts to reduce isolation and to improve options for safety.

Family Violence Prevention Fund

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IPV and Family Planning, Birth Control Sabotage Pregnancy Pressure, and Unintended Pregnancy

IPV and Home Visitation

Family Violence Prevention Fund



Intimate Partner Violence (IPV), Breastfeeding, and Nutritional Supplement Programs

### **LEARNING OBJECTIVES**

- Describe the connection between breastfeeding and IPV.
- Identify two strategies for addressing IPV in a nutritional supplement program such as WIC.
- Describe two system level responses for addressing IPV.





Women who experience physical and/or psychological IPV during pregnancy are less likely to initiate breastfeeding.

Lau & Chan, 2007



### **IPV AND BREASTFEEDING**



Women experiencing physical abuse around the time of pregnancy are:

- 35%-52% less likely to breastfeed their infants
- 41%-71% more likely to cease breastfeeding by 4 weeks postpartum

Silverman et al, 2006



### **WIC ELIGIBILITY AS A RISK FACTOR**

Women who were eligible for WIC benefits were

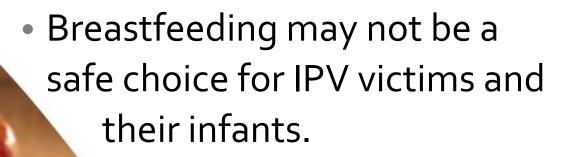
# 3 TIMES

more likely to disclose IPV at well-child visits than women who were not eligible for WIC benefits.

Parkinson et al, 2001



 Opportunity to screen mothers and children that may have limited access to other services due to violence in the household.





 Abusive partners may use tactics such as withholding food to control a victim.

> A woman in an abusive relationship may not have control over what she and her children eat.

> > Poor compliance with dietary recommendations may be related to abuse.



- Integrate IPV screening questions into nutritional assessment forms.
- Counsel clients about the potential of escalating abuse during breastfeeding and discuss strategies to increase personal safety.
- Help clients develop strategies to comply with dietary recommendations.
- Provide ongoing IPV training for staff.

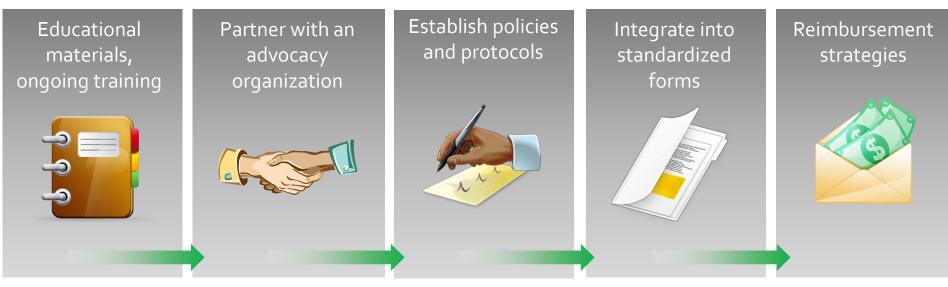


- Integrate information on IPV and the impact on children into pamphlets, videos, and resources.
- Conduct research on the impact of IPV on the nutritional status of women, infants, and children.





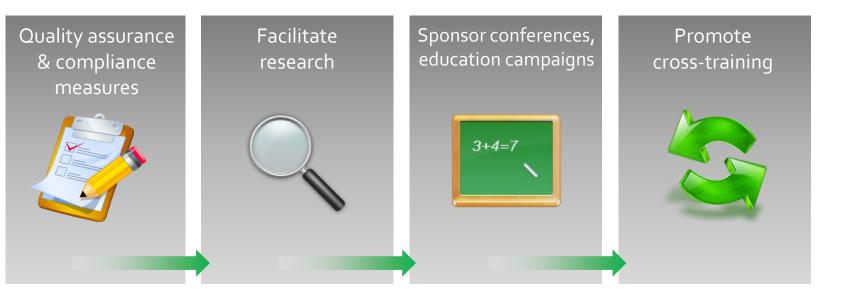
# BREASTFEEDING AND NUTRITIONAL PROGRAMS: SYSTEM LEVEL RESPONSE



MORE >>



## BREASTFEEDING AND NUTRITIONAL PROGRAMS: SYSTEM LEVEL RESPONSE





## PROMISING PRACTICES: RURAL VICTIMIZATION PROJECT

The School of Social Work at Florida State University developed IPV resources for WIC workers, other nutrition staff, and elder care workers:

- Online tutorials
- Competency-based training manuals

Institute for Family Violence Studies





### **DEFINING SUCCESS**

- ✓ Safe environment for disclosure
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IPV and Home Visitation

Family Violence Prevention Fund



Intimate Partner Violence (IPV) and Child and Adolescent Health

### **LEARNING OBJECTIVES**

- List three physical health problems associated with childhood exposure to IPV
- Identify two mental health conditions that are associated with childhood exposure to IPV
- Describe two promising practices for children exposed to IPV



## THE BIG PICTURE OF FAMILY VIOLENCE

**Home** is the site of more violence against women and girls than any other location



Chrisler & Ferguson, 2006



### **MAKING THE CONNECTION**

The risk of child abuse is

3 TIMES

higher in families with IPV

Lee et al, 2004; McGuigan & Pratt, 2001



### **DEFINITION: CHILDHOOD EXPOSURE TO IPV**

A wide range of experiences for children whose caregivers are being physically, sexually, or emotionally abused:



- observing a caregiver being harmed, threatened, or murdered
- overhearing these behaviors
- being exposed to the physical and/or emotional aftermath of a caregiver's abuse

Jaffe et al, 1990; McAlister, 2001



# Childhood exposure to IPV increases the risk of under-immunization

Bair-Merritt et al, 2006





#### **BARRIER TO PREVENTATIVE CARE**

### Children of mothers who disclosed IPV are:

- Less likely to have 5 wellchild visits within the first year of life
- Less likely to be fully immunized at age 2

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Bair-Merritt et al, 2008



## EARLY TRAUMA AFFECTS BRAIN DEVELOPMENT

- The organization of a developing brain is reinforced by experience as it adapts to its environment
- The neurobiology of a developing brain can be altered by chronic stress/trauma

Anda et al, 2006; Teicher, 2002



### NEUROBIOLOGICAL IMPLICATIONS OF CHILDHOOD EXPOSURE TO VIOLENCE

- Persistent physiological hyperarousal & hyperactivity
- Profound sleep disturbances
- Difficulty attaching to others
- Lack of empathy
- Aggressive and impulsive behaviors

Perry, 1997; Kuelbs, 2009



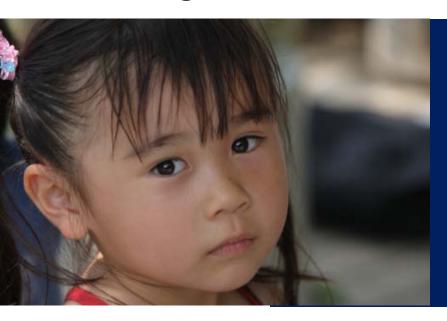
# Mothers who experience IPV around the time of pregnancy have lower maternal attachment with their infants



Quinlivan & Evans, 2005



#### Findings from a meta-analytic review of 118 studies:



63% of children exposed to IPV were faring more poorly than the average child not exposed to IPV

Kitzmann et al, 2003

### EXPOSURE TO VIOLENCE INCREASES THE LIKELIHOOD OF CHILDREN EXPERIENCING:

- Failure to thrive
- Bed wetting
- Speech disorders
- Vomiting and diarrhea

- Asthma
- Allergies
- Gastrointestinal problems
- Headaches

Campbell and Lewandowski, 1997; Graham-Bermann & Seng, 2005

### CHILDREN EXPOSED TO IPV ARE AT SIGNIFICANTLY HIGHER RISK FOR:



- Posttraumatic Stress
   Disorder
- Depression
- Anxiety
- Developmental delays
- Aggressiveness

Edleson J, 1999; Graham-Bermann & Levendosky, 1998; Hurt et al, 2001; Lehmann, 2000; McCloskey & Walker; 2000; Pfouts et al, 1982; Spaccarelli et al, 1994; Wilden et al, 1991; Wolfe et al, 2003





Children exposed to IPV after they are born are

3 TIMES

more likely to use mental health services

English translation: "This is how I see my father because he often gets angry and drunk and his eyes turn red."

Rivara et al, 2007

#### **SCHOOL HEALTH & PERFORMANCE**

### Childhood exposure to IPV increases the likelihood of:

- More school nurse visits
- Referral to a school speech pathologist
- Frequent school absences
- Lower grade point averages
- School suspension

Hurt et al, 2001; Kernic et al, 2002



#### **VIOLENT ADOLESCENT BEHAVIOR**



### Adolescents exposed to IPV are more likely to:

- Attempt suicide
- Fight
- Carry a gun to school

Yexley et al, 2002

### **ADOLESCENT RISK BEHAVIORS**

# Girls who witnessed violence were 2-3 times more likely to:



- Use tobacco and marijuana
- Drink alcohol or use drugs before sex
- Have intercourse with a partner who had multiple partners

Berenson et al, 2001

### IMPLICATIONS FOR CHILD AND ADOLESCENT HEALTH

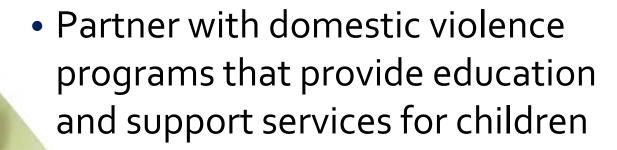
- Childhood exposure to violence has shortterm and long-term consequences
- There is an urgent need for specialized services for children exposed to violence
- Screening and early intervention for childhood exposure to IPV is an opportunity to prevent future violence



### STRATEGIES FOR CHILD AND ADOLESCENT HEALTH

Provide training on the effects of IPV on children

 Implement protocols on screening and intervention for IPV in the pediatric setting





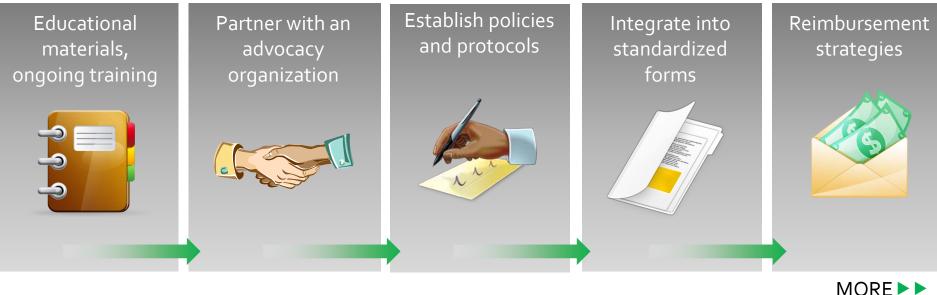
### STRATEGIES FOR CHILD AND ADOLESCENT HEALTH

- Integrate counseling services and education on preventing violence into existing child and adolescent health programs
- Incorporate information on childhood exposure to violence into parent education and resource materials



#### **CHILD AND ADOLESCENT HEALTH:**

#### SYSTEM LEVEL RESPONSE

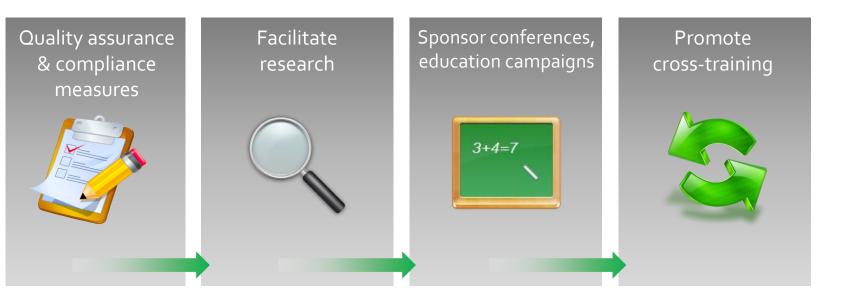






#### **CHILD AND ADOLESCENT HEALTH:**

#### **SYSTEM LEVEL RESPONSE**





### CHILD AND ADOLESCENT HEALTH: SYSTEM LEVEL RESPONSE

- Create a safe environment for parents and children to talk about the violence
- Develop partnerships with other children's programs
- Promote evidence-based curricula on violence prevention
- Support policies to improve safety for victims and their children



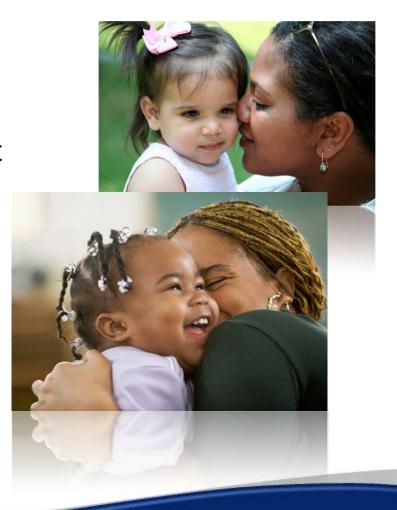
### PROMISING PRACTICES: CHILD WITNESS TO VIOLENCE PROJECT

- Department of Pediatrics at Boston Medical Center, Massachusetts
- Mental health and advocacy services for young children and families affected by violence
- Provides training and technical assistance for service providers



### **PROMISING PRACTICES: DUAL ADVOCACY**

- 10-week intervention for mothers & children
- Mothers received parenting support
- Topics for children included attitudes & beliefs about family violence & building social skills
- 79% fewer children with clinical range externalizing scores & 77% fewer with internalizing scores



Graham-Bermann et al, 2007



### PROMISING PRACTICES: STRENGTHENING MOTHER-CHILD RELATIONSHIPS

- 5 pilot sites worked with mothers and their children after leaving domestic violence shelters
- Counseling services focused on strengthening the mother-child bond and were provided at home
- Utilized strengths-based and transfer of learning approach with mothers
- Published parenting booklets/ curricula





### PROMISING PRACTICES: SCHOOL-BASED INTERVENTION

- 10-session cognitive behavioral group therapy
- Middle school children exposed to violence
- Reduced symptoms of PTSD, depression, and improved psychosocial functioning

Stein et al, 2003



### PROMISING PRACTICES: HOME VISITATION

- Weekly home visits for women and children exposed to IPV
- Promoted social support, child management strategies, & nurturing skills
- · As a result, children had fewer conduct problems and
- Mothers used less aggressive child management strategies

McDonald, Jouriles, & Skopp, 2006

#### **HOME VISITATION SAFETY CARD**



Funded in part by the U.S. Department of

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Health and Human Services, Administration for Children and Families and the U.S.

If you are feeling frustrated or angry with your child and just need to talk ...

#### For confidential help call:

Child Help 1-800-422-4453

If you are being hurt by a partner it is not your fault. For help, call:

National Domestic Violence Hotline 1-800 799-7233 TTY 1-800 787-3224

Sexual Assault Hotline 1-800 656-4673



#### What About Your Childhood?

- ✓ Did you (or your partner) see your mom hurt (beat up) by your dad or her boyfriend?
- ✓ Did you (or your partner) experience unwanted sexual touching by someone in your family?
- ✓ Did you (or your partner) have injuries or live in fear of being hurt by someone in your family?

If you answered YES to ANY of these questions you are not alone. Talking about these experiences with your home visitor or a friend can help.

- Shows the connection between lifetime exposure to violence and parenting outcomes
- Highlights steps for better parenting
- Order at endabuse.org/health

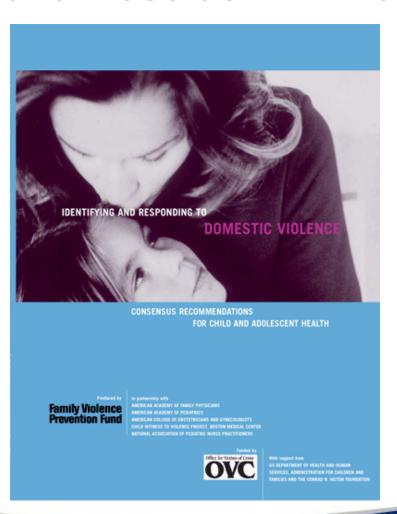


### PROMISING PRACTICES: CARING DADS PROGRAM

- 17-session program for men who have maltreated or exposed their children to IPV
- Therapeutic goals include engaging men and building positive parenting skills
- Includes road map for community planning



### RESOURCE: CONSENSUS GUIDELINES FOR PEDIATRIC PROVIDERS



- Developed by the Family Violence Prevention Fund in partnership with medical associations
- Recommendations for screening and intervention in the pediatric setting
- Available online at <u>www.endabuse.org/health</u>



# RESOURCE: HELPING CHILDREN THRIVE SUPPORTING WOMEN ABUSE SURVIVORS AS MOTHERS

- Section for service providers includes
  - working with mothers in shelters
  - how abusers parent
  - 10 principles for service delivery
- Section for women includes
  - parenting tips
  - how abuse affects parenting
  - strategies to strengthen the mother/child bond

Baker & Cunningham, 2004



### RESOURCE: SOMETHING MY FATHER WOULD DO

- 16-minute documentary on DVD
- Men talk about growing up with abusive fathers and the choices they made about relationships and parenting
- Includes discussion questions for general audiences and for working with men who batter



endabuse.org



### **ON-LINE RESOURCES FOR YOUTH**



#### burstingthebubble.com

Informational website for children exposed to IPV



#### ThatsNotCool.com

Multi-media campaign to educate teens about dating violence



#### **DEFINING SUCCESS**

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Adverse Childhood Experiences (ACE) Study Leading Determinants of Health



#### **ADVERSE CHILDHOOD EXPERIENCES STUDY**

- One of the largest investigations ever done to examine the links between adverse childhood experiences and laterlife health
- Collaborative between the CDC and Kaiser Permanente
- Over 17,000 study participants
- Over 50 scientific publications

www.cdc.gov/nccdphp/ACE

#### WHAT ARE ADVERSE CHILDHOOD EXPERIENCES (ACEs)?

Experiences that represent health or social problems of national importance. In this study, adverse childhood experiences included:

- Witnessing a mother being battered

 Having a parent who has a substance abuse problem, a history of mental illness, or criminal behavior

Felitti et al, 1998

#### **PREVALENCE OF ACES**

HOUSEHOLD EXPOSURES	%
Alcohol abuse	23.5%
Mental illness	18.8%
Battered mother	12.5%
Drug abuse	4.9%
Criminal behavior	3.4%
CHILDHOOD ABUSE	%
Psychological	11.0%
Physical	10.8%
Sexual	22.0%

Felitti et al, 1998

### **ACE STUDY RESULTS**

- ACEs are very common and often cluster
- ACEs are strong predictors of health behaviors in adolescence and adult life
- This combination of findings makes ACEs one of the leading, if not the leading determinant of the health and social wellbeing of our nation



## ACEs have a graded relationship with the following diseases:

- Ischemic heart disease
- Cancer
- Chronic lung disease
- Autoimmune diseases

- Skeletal fractures
- Liver diseases
- Premature death

Anda et al, 2009; Dube et al, 2009; Felitti et al, 1998



# ADVERSE CHILDHOOD EXPERIENCES (ACEs) AND AUTOIMMUNE DISEASES

Persons with 2 or more ACEs were at

### 100% INCREASED RISK

for rheumatic diseases

Dube et al, 2009

# IMPLICATIONS OF ADVERSE CHILDHOOD EXPERIENCES (ACEs) FOR COST EFFECTIVENESS

- Adults who experienced ACEs had significant and sustained losses in healthrelated quality of life compared to adults without ACEs
- These findings should be used in assessing cost-effectiveness of interventions to prevent ACEs

Corso et al, 2008

# ADVERSE CHILDHOOD EXPERIENCES AND PRESCRIPTION DRUG USE

- ACEs substantially increase the number of prescriptions and classes of drugs used
- The increases in prescription drug use among adults with ACEs are mediated by ACE-related health and social problems

Anda et al, 2008

### Persons with **four** or more ACEs had:



**4-12 fold increased risk** for alcoholism, drug abuse, depression, and suicide attempts

2-4 fold increased risk for smoking, poor self-rated health, having 50 or more sexual intercourse partners, and sexually transmitted diseases

Felitti et al, 1998

# ADVERSE CHILDHOOD EXPERIENCES AND ADOLESCENT ALCOHOL USE

 There is a persistent grade relationship between ACE scores and initiation of alcohol use by age 14

> ACEs account for a 20% to 70% increased likelihood of alcohol use being initiated during midadolescence (15-17 years)

> > Dube et al, 2006



- The number of ACEs increased dramatically for persons who saw their mothers being battered
- As the frequency of witnessing violence increased, there was a positive, graded risk for:



Dube et al, 2002

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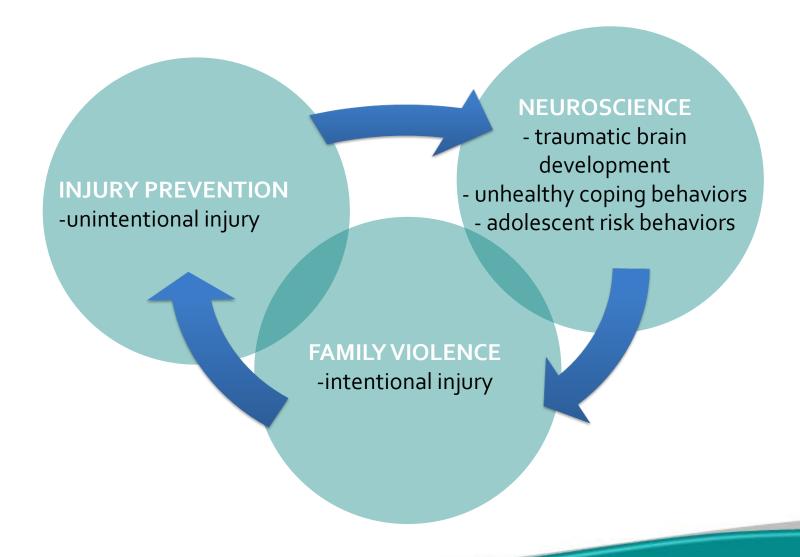
Family Violence Prevention Fund



**Intimate Partner Violence** (IPV) and Injury Prevention



### **DISCOVERING THE CONNECTIONS**





### **IPV & INJURY PREVENTION**



### IPV is a leading cause:

- Injuries to women
- Female homicides
- Female suicide attempts

Abbott et al, 1995; Coker et al, 2002; Frye et al, 2001; Goldberg et al, 1984; Golding et al, 1999; McLeer et al, 1989; Stark et al, 1979; Stark & Flitcraft, 1995



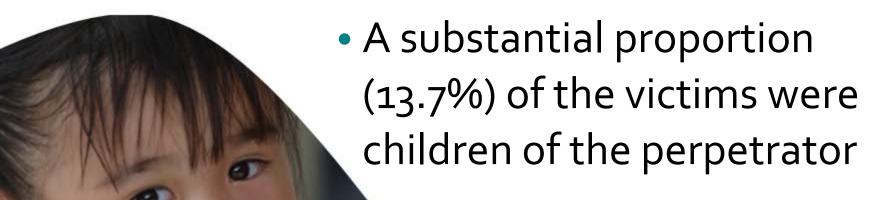
### IPV annual death and injury toll for women:



CDC, 2003

### **CO-OCCURRING HOMICIDE & SUICIDE**

 Over half (58%) of the victims in homicide/suicide incidents are a current or former intimate partner of the perpetrator



Bossarte et al, 2006



#### PATTERNS OF INJURIES ASSOCIATED WITH IPV:

- Injuries to the head, neck, and face
- Strangulation
- Bites
- Burns and scalding
- Knife wounds
- Injuries from physical restraints

Chirsler & Ferguson, 2006; Grisso et al, 1999; Hawley et al, 2001; Lee et al, 2007; Marchbanks et al, 1990; Smith et al, 2001



# Among women reporting injuries resulting from their most recent physical IPV assault:

- 8.5% brain or spinal cord injuries
- 11.2% broken bones, burns, or chipped or knocked out teeth
- 6.7% lacerations, knife wounds, or cuts
- 73.7% scratches, bruises, welts, swelling, sore muscles, or sprains

Arias & Corso, 2005





### More than

### two-thirds

of IPV victims are **strangled** at least once

{ the average is 5.3 times per victim }

Chrisler & Ferguson, 2006



### **IPV & HEAD INJURIES**

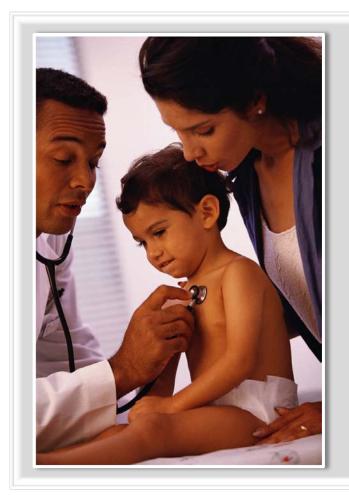
### Among women who visit the ER after IPV:

- 67% have symptoms of a head injury
- 30% have suffered loss of consciousness at least once

Chrisler & Ferguson, 2006



### IPV IN THE PEDIATRIC EMERGENCY CARE SETTING



26% of parents who brought nonemergent children to the pediatric ED disclosed current IPV

Rhodes et al, 2007

#### IPV IS ASSOCIATED WITH UNSAFE HOME ENVIRONMENTS

Children exposed to IPV were more likely to live in a home with:

- Gun ownership
  - No smoke detectors
    - Unsecured poisons
      - Inconsistent seatbelt use

Rhodes et al, 2007



### **DATING VIOLENCE**

High school students disclosing physical and/or sexual violence from dating partners:

17% females 9% males



Ackard et al, 2003



# Male and female victims of physical dating violence are more likely to:

- Have their first drink at less than 15 y.o.
- Ride with a drinking driver
- Threaten or hurt someone with a weapon

Champion et al, 2008



### **IMPLICATIONS FOR INJURY PREVENTION**

- Many injury prevention programs do not address
   IPV as the leading cause of injuries for women
- Data on IPV as a cause or contributing factor may be overlooked
- First responders may be the only service providers to observe the scene and interpersonal dynamics of an IPV incident



### STRATEGIES FOR INJURY PREVENTION

- Work with trauma registries and other injury data sources to capture information on IPV
- Integrate information on IPV and violence prevention into childhood injury prevention initiatives



### INJURY PREVENTION: SYSTEM LEVEL RESPONSE



Partner with an advocacy organization



Establish policies and protocols



Integrate into standardized forms



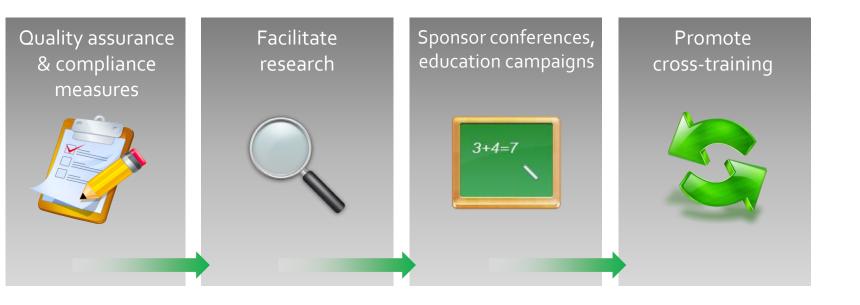
Reimbursement strategies



MORE >>



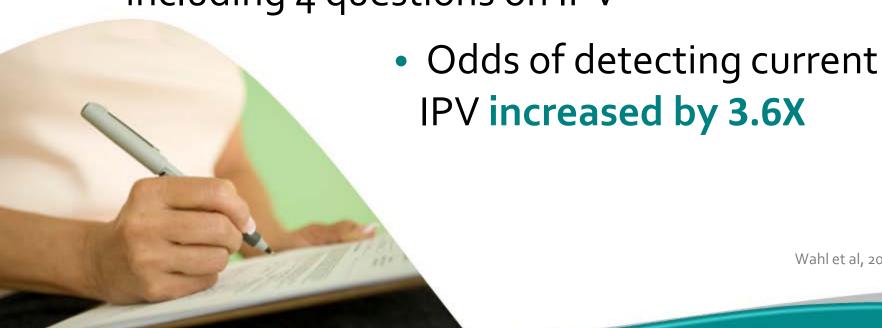
### INJURY PREVENTION: SYSTEM LEVEL RESPONSE





### **PROMISING PRACTICES: ASSESSMENT**

- Questionnaire completed by mothers
- Wide range of questions on child safety including 4 questions on IPV



Wahl et al, 2004



## PROMISING PRACTICES: IOWA DEPARTMENT OF PUBLIC HEALTH

- Staff position to provide training and technical assistance on IPV to public health staff
- Mandates local health boards to include IPV in their needs assessment and planning
- Added questions on abuse to the BRFSS
- Members of the Iowa Domestic Abuse Death Review Team
- Sponsors train-the-trainer initiative with public health clinics



### **DEFINING SUCCESS**

- Safe environment for disclosure
- Supportive messages
- Educate about the health effects of IPV
- Offer strategies to promote safety
- Inform about community resources
- Create a system-wide response



### **DEFINING SUCCESS**

Success is measured by our efforts to reduce isolation and to improve options for safety.

Family Violence Prevention Fund

### **MENU**

#### SELECT FROM THE TOPICS BELOW >>

IPV and Sexually Transmitted Infections/HIV

Overview

IPV and Perinatal Programs

Regional and Local Data

IPV, Breastfeeding, and Nutritional Supplement Programs

Medical Cost Burden and Health Care Utilization for IPV

IPV and Child and Adolescent Health

The Impact of IPV on Women's Health

ACE Study: Leading Determinants of Health

IPV and Behavioral Health

IPV and Injury Prevention

IPV and Family Planning, Birth Control Sabotage Pregnancy Pressure, and Unintended Pregnancy

**IPV** and Home Visitation

Family Violence Prevention Fund



Intimate Partner Violence (IPV) and Home Visitation This section coming soon!