

WIC Annual Meeting, Pittsburgh, PA  
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# Intimate Partner Violence (IPV)



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# 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**

**RAPE**

**IPV**

hit strangle choke push slap shove weapon kick burn bite

physical abuse

threats **EMOTIONAL**

stalking **ABUSE** financial

isolation cyber attacks abuse

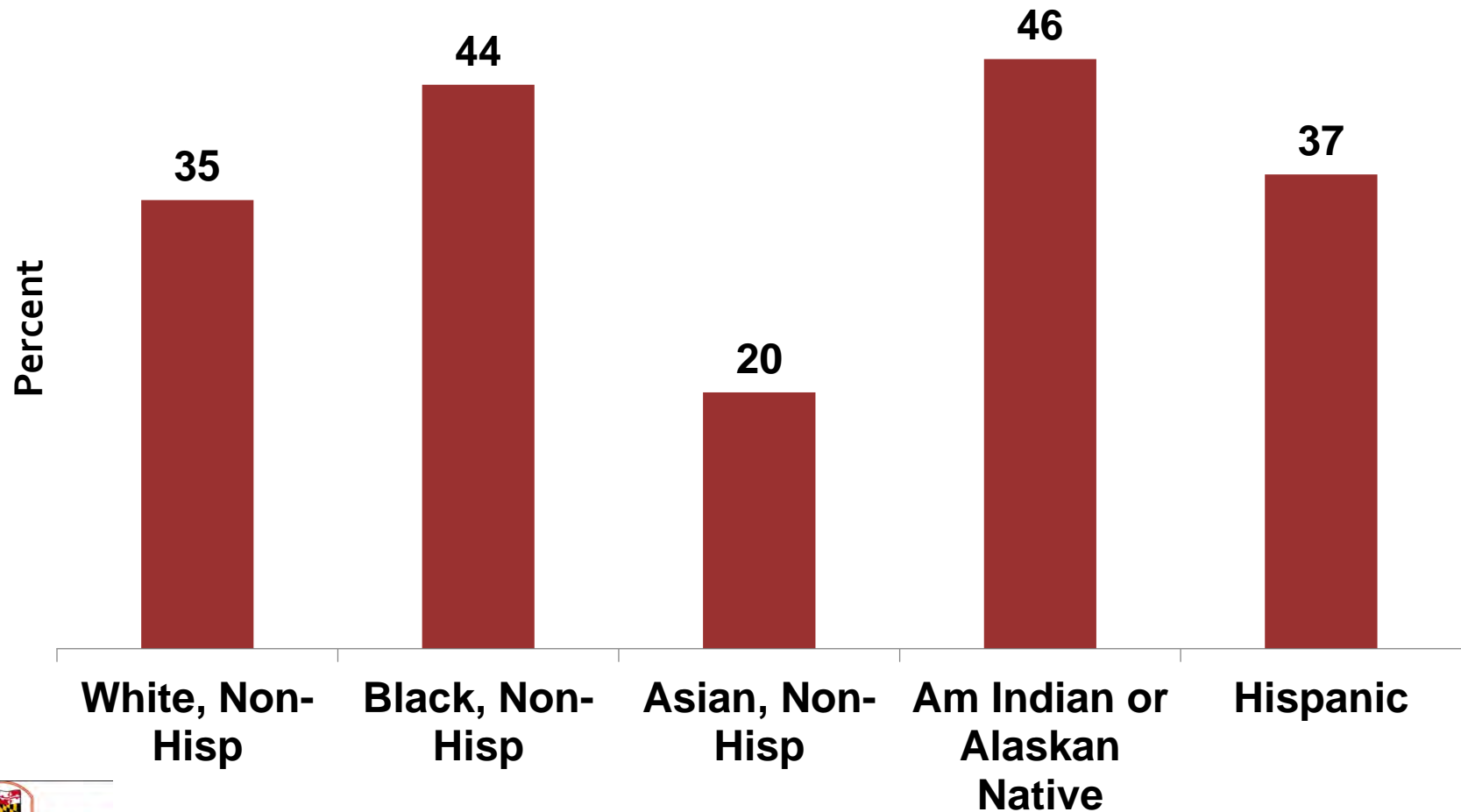
reproductive and sexual coercion

assault sexual

# IPV Prevalence, U.S., 2010

IPV	Past year	Lifetime
Rape	0.6	9.4
Physical violence	4.0	32.9
Stalking	2.8	10.7
Rape, physical violence and/or stalking	<b>5.9</b>	<b>35.6</b>

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



# 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

# Health Impact – Indirect clues

## Medical Disorders Associated with IPV among Women

<b>Mental Health</b>	Depression, anxiety, PTSD, eating disorders, phobia, panic attacks, insomnia, suicide
<b>Substance abuse</b>	Tobacco, alcohol and drug abuse, tranquilizer, sleeping pills
<b>Chronic disorders</b>	Chronic pain, anemia, asthma, obesity, diabetes, headaches, hearing loss, TMJ disorders, fibromyalgia, arthritis, GI disorders (IBS, ulcers), cardiovascular disorders, seizures
<b>Reproductive health</b>	Pelvic pain, dysmenorrhea, dyspareunia, vaginitis, STI, UTI, unintended pregnancy, poor prenatal behaviors, poor pregnancy outcomes

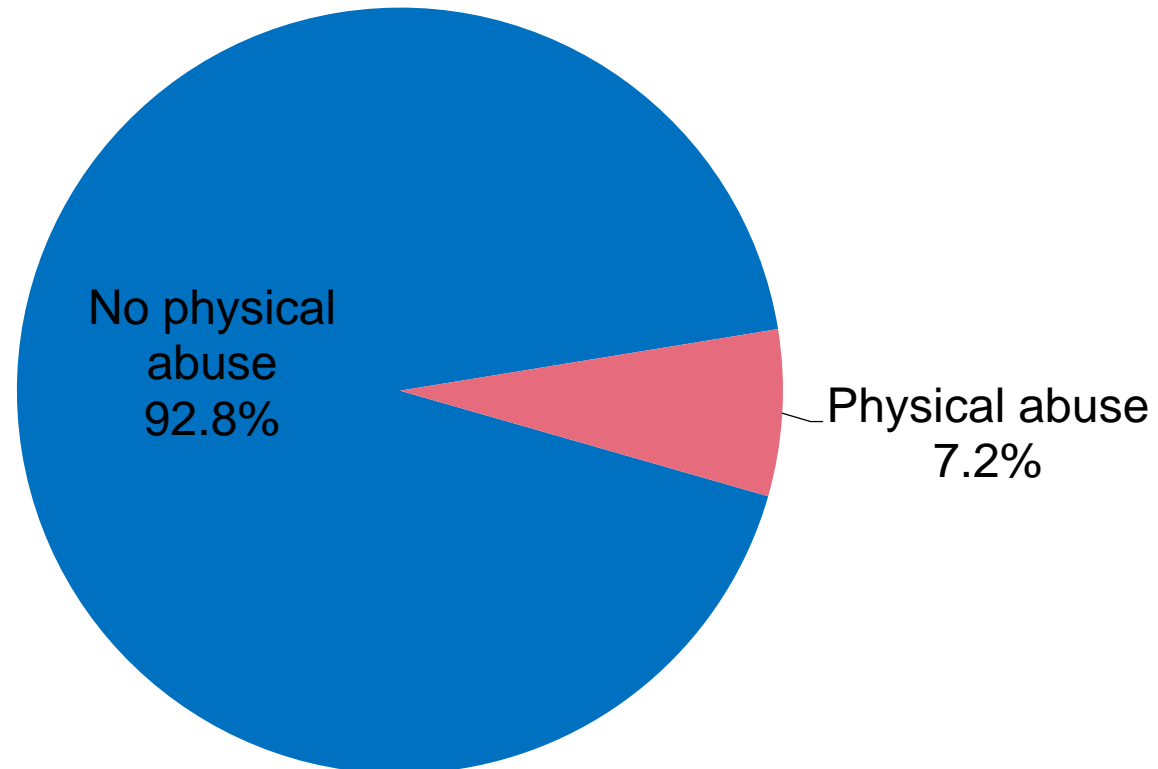
# Maryland IPV Data



- 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

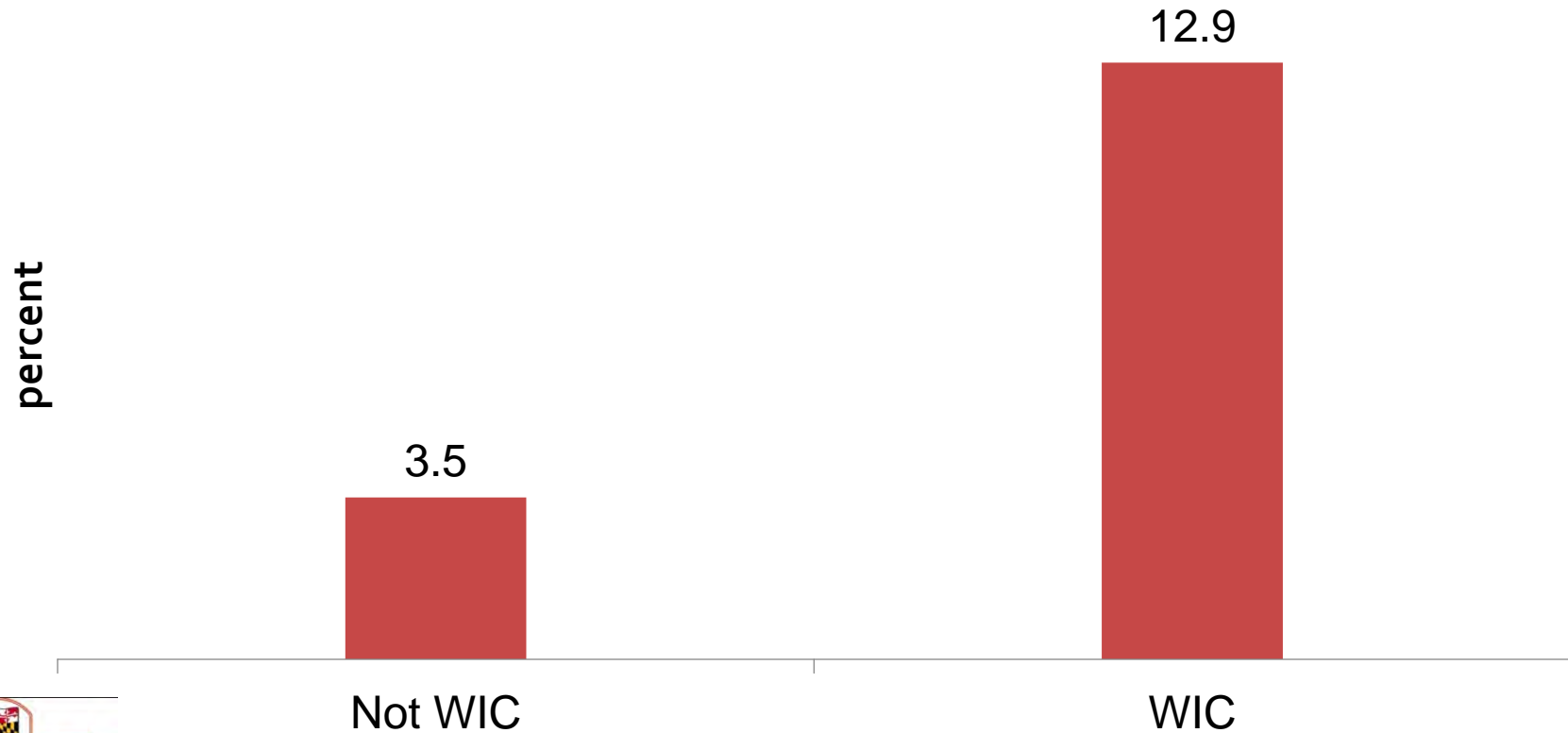
Physical Abuse in Year Before and During Pregnancy,  
Maryland PRAMS 2004-2008, (n=8,074)



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

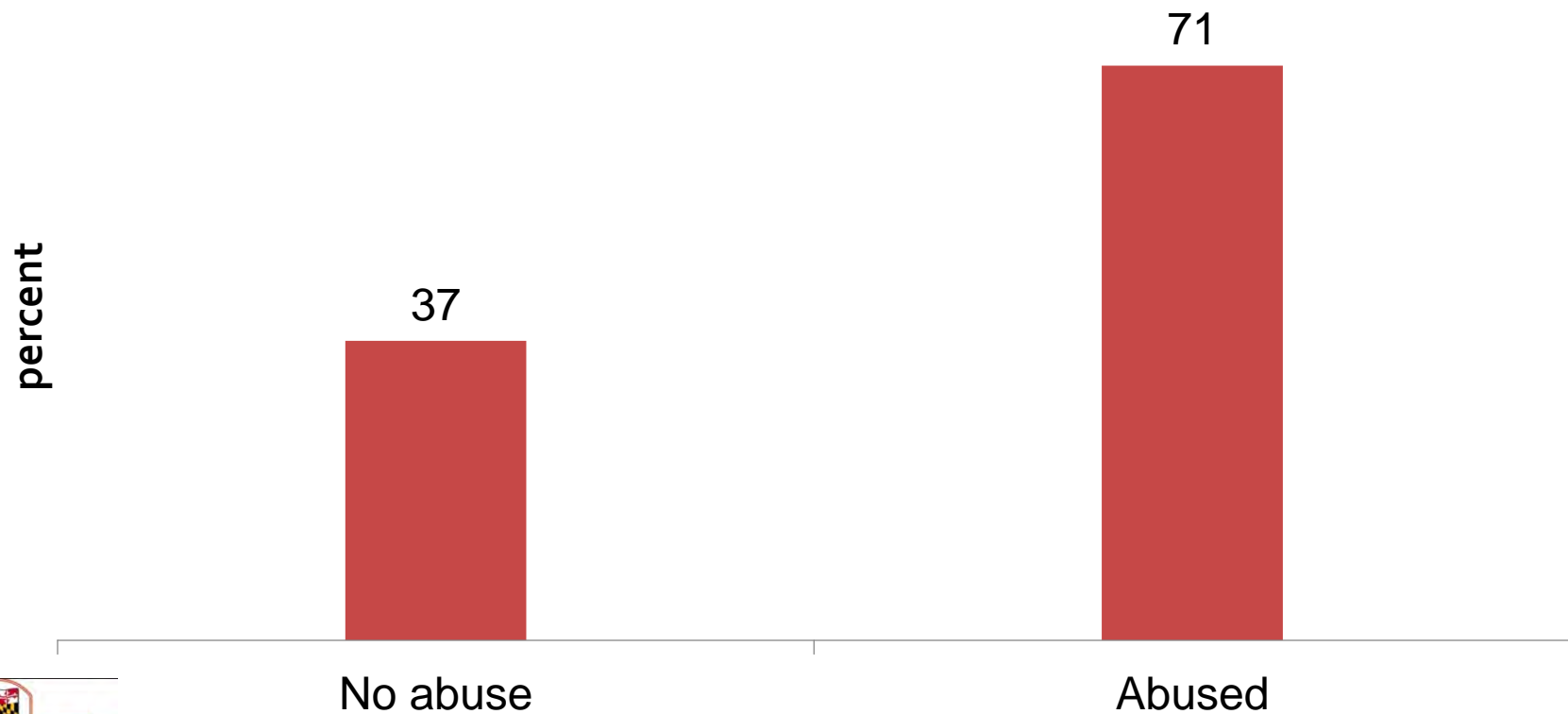
# Physical Abuse Before/During Pregnancy by WIC Status

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

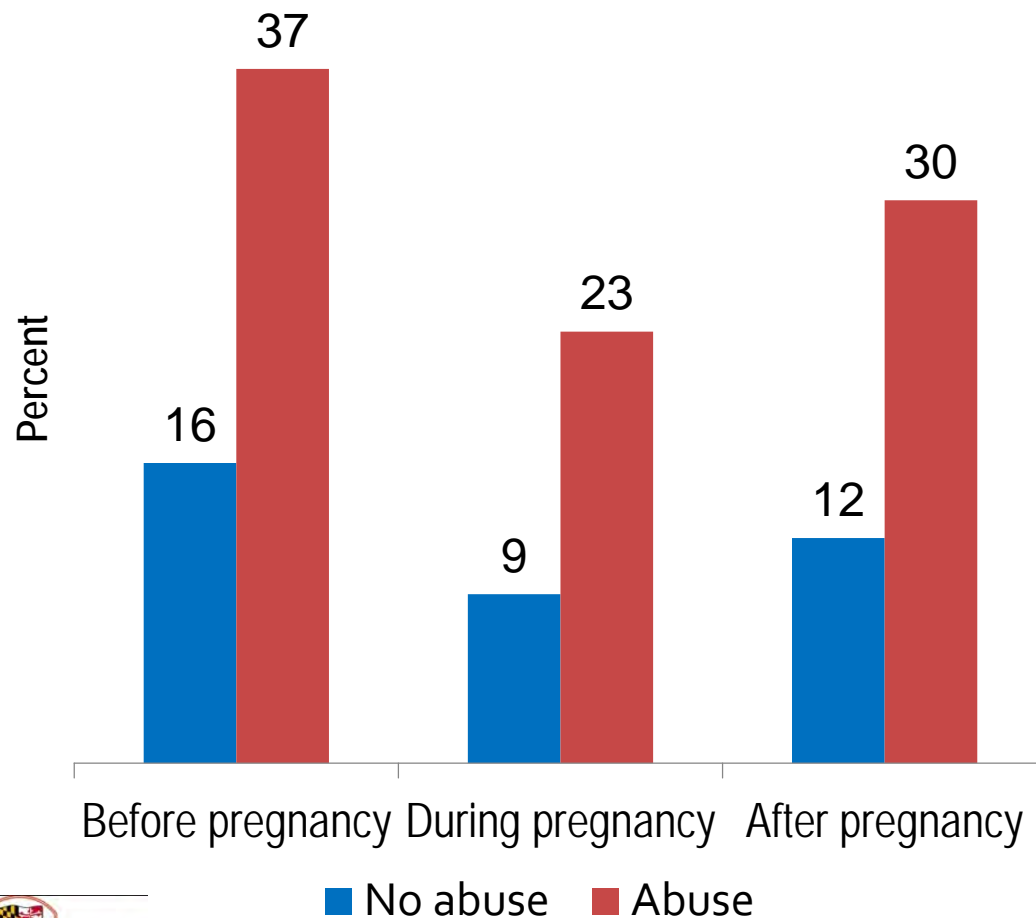


# WIC Status by Perinatal Physical Abuse

WIC Status by Perinatal Abuse, Maryland PRAMS  
2004-2008



# Cigarette Smoking and Physical Abuse, Maryland, 2004-2008



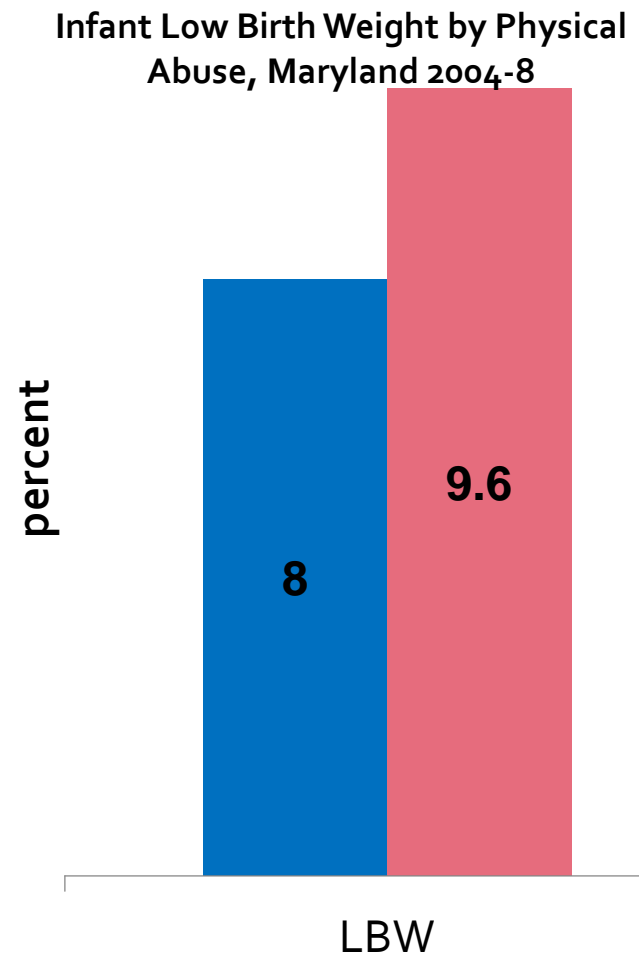


# IPV and Pregnancy Outcomes

- 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



# Case #1 FP and postpartum visit

- 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

**By Andrea F. Siegel**

THE BALTIMORE SUN

“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

# 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

# Can we make a difference?

## 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?**

# What if she says "yes"

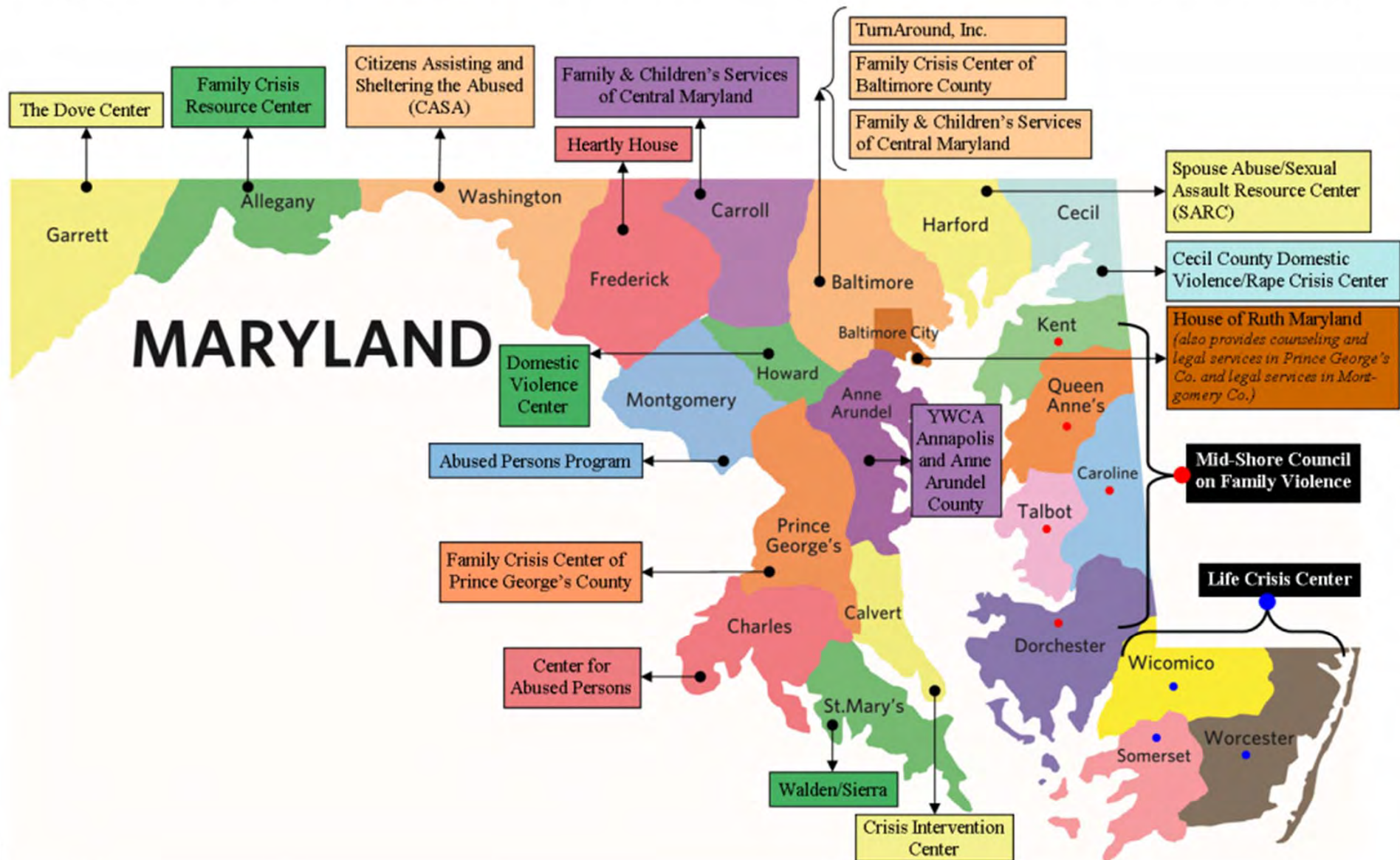
- Goal is helping her to stay safe
  - Not getting her to leave
- Goal is providing
  - Support
  - Information, options
  - resources

# Domestic Violence Services

- Available in every state
- Accessible in every jurisdiction
- National Coalition Against Domestic Violence  
[www.ncadv.org](http://www.ncadv.org)



# Programs Providing Comprehensive Domestic Violence Services in Each County





# Having a Conversation

## Are you in a HEALTHY relationship?

### 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](http://www.FuturesWithoutViolence.org)
- Maryland Network Against Domestic Violence



[www.mnadv.org](http://www.mnadv.org)



# What if she says “Yes”

1) Validate her experience:

- “It is not your fault.”
- “You are not alone.”
- “Help is available.”

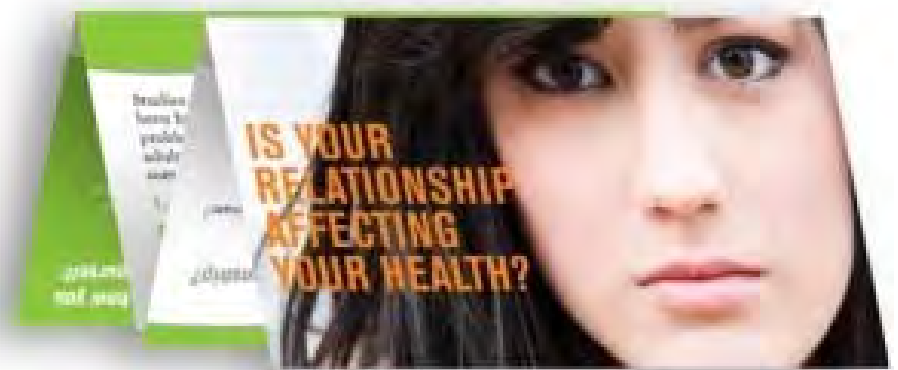
2) Offer information (safety card, educational materials, referral)

# What if she says "Yes"

- 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.

For more information, please call the National Domestic Violence Helpline at 1-800-799-7233 or visit [www.thehotline.org](http://www.thehotline.org).

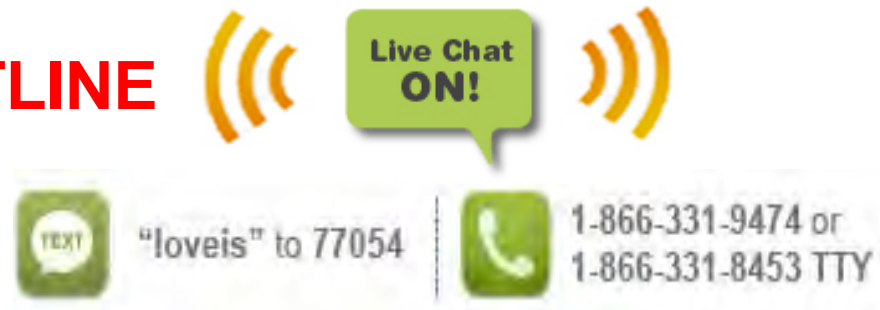
**TOGETHER, WE CAN STOP FAMILY VIOLENCE.**

[www.thehotline.org](http://www.thehotline.org)

# 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)



# ACOG Committee Opinion



The American College of Obstetricians and Gynecologists

Women's Health Care Physicians

## COMMITTEE OPINION

Number 518, February 2012

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.*

### Intimate Partner Violence

**Assess for IPV: new and annual visits**

OB - 1<sup>st</sup> prenatal visit, each trimester and postpartum visit.

Other – depression/substance abuse/mental health/injuries /STI

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### 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](http://www.dhmh.maryland.gov/ipv)
- Maryland Network Against DV
  - [www.mnadv.org](http://www.mnadv.org)
- Hospital-based Programs
- Every jurisdiction in Maryland has DV services
- Futures Without Violence
  - [www.FuturesWithoutViolence.org](http://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

# Summary

## PROBLEM

- One out of every three women have a history of IPV. Maryland – 42% (6<sup>th</sup> 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.dhmf.maryland.gov/ipv](http://www.dhmf.maryland.gov/ipv)