

The Health Impact of Intimate Partner Violence Across the Lifespan

Understanding the Issues & Resources for Assisting Victims in the Health Care Setting





What is IPV?



Intimate Partner Violence (IPV) is a pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimidation, and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over another.

Who Are Victims and Batterers?

VICTIMS:

- Women and men
- Adolescents, teens, young, middle-aged and older adults
- People of all cultures and religions
- Blue collar, middle class, and wealthy
- Straight, gay, lesbian, and transgender
- Married and unmarried
- People with and without high school or college degrees

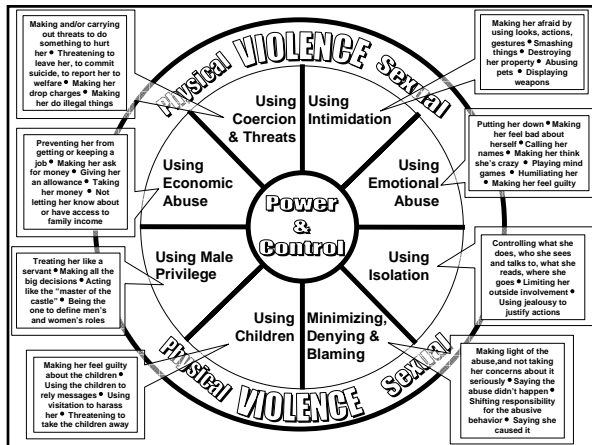
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The Dynamics of Abuse: The Power & Control Wheel



- In the early 80's in Duluth, Minnesota, victims of IPV attending educational groups were interviewed about the behaviors of their abusers and factors that influenced why they stayed in violent relationships/returned to their abusers.
- Based on input from over 200 battered women, they developed a framework for understanding IPV.
- Key finding, as conceptualized in the "power and control wheel" is that abusers use an *array* of tactics--*apart from physical and sexual violence*--to gain and maintain control over their victims.



Factors that Influence Victims

- Loss of status
- \$\$\$
- Good times
- Family
- Religion
- Kids
- Culture
- FEAR



****Intimate partner violence occurs within the context of the victim's life.**

IPV as a Critical Public Health Issue

- More than 1/3 of American women are physically and/or sexually abused by a partner at some point in their lives.
- Those who experience abuse access the health care system 2 to 2.5 times as often as those not exposed to abuse
- Based on data from 1995, the CDC concluded that IPV costs the U.S. \$4.1 billion each year in *direct* medical costs and another \$1.8 billion in *indirect* costs (lost productivity, etc). Extrapolated to 2003, these costs were estimated at \$8.3 billion.
- Mental health care costs are estimated to be 800% higher for abused versus non abused women.



IPV as a Critical Public Health Issue

In addition to injuries sustained by victims during violent episodes, abuse is linked to:

- Chronic neck, back & pelvic pain
- Gastrointestinal problems
- Migraines
- STI's
- Pregnancy complications
- Substance abuse
- Depression
- PTSD
- Suicide



Mental Health Problems Associated with IPV

- Anxiety/Panic Disorders
- Depression
- Sleep Disorders
- Alcohol/Substance Abuse
- Suicidal Ideation/Attempts
- Post-Traumatic Stress Disorder (PTSD)
- Hyper-vigilance
- Paranoia



Dating Violence & Adolescent Health

- 1 in 4 adolescents reports verbal, physical, emotional, or sexual abuse from a dating partner each year.
- 10% of students nationwide report having been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in the past 12 months.
- In addition to injuries sustained by victims during violent episodes, dating violence is linked to higher rates of:
 - Sexually Transmitted Infections
 - Pregnancy
 - Depression
 - Anxiety
 - Alcohol, Substance Abuse, & Smoking
 - Involvement with the Criminal Justice System
 - Attempted and Completed Suicide



Dating Violence & Teen Pregnancy

- Dating violence is associated with higher rates of teen pregnancy.
 - “Birth control sabotage” is often used as a form of abuse.
- The experience of dating violence is associated with a number of sexual risk behaviors
 - Not using a condom
 - Alcohol or drug use before sex
 - First sexual experience before the age of 15
 - Multiple sexual partners
- As with adult women, teen mothers are at an elevated risk for violence from their partners during pregnancy and postpartum.
 - In a study of 724 adolescent mothers between the ages of 12-18, one of every eight pregnant adolescents reported having been physically assaulted by the father of her baby during the preceding 12 months.



Intimate Partner Violence & Reproductive Health

- Approximately 4%-8% of American women experience violence during pregnancy, as often as conditions regularly screened for in prenatal care such as gestational diabetes and pre-eclampsia.
- Affects as many as 324,000 pregnant women each year.
- Homicide is one of the leading causes of injury-related death in pregnancy
- Physical violence is associated with unintended pregnancy and late entry into prenatal care.



Possible Effects on the Fetus

- Direct Effects
 - Spontaneous abortion
 - Fetal injury or death from maternal trauma
- Indirect Effects
 - Maternal stress
 - Maternal smoking
 - Alcohol or drug use or abuse



IPV & Reproductive Control/ Birth Control Sabotage

- Intentionally exposing a partner to HIV and STI's
- Attempting to impregnate a partner against her will
- Methods include:
 - Threatening or perpetrating violence if the partner does not comply with the abuser's wishes regarding whether to terminate or continue a pregnancy
 - Destroying diaphragms
 - Flushing birth control pills down the toilet
 - Saying that sex doesn't "feel right" with condoms





Effects of Reproductive Control

- 40% of pregnant women experiencing abuse reported that the pregnancy was unwanted compared to 8% of nonabused pregnant women (Hathaway et al, 2000)
- Girls who experienced physical dating violence were 2.8 times more likely to fear the perceived consequences of negotiating condom use than nonabused girls (Wingwood et al, 2001)
- Women disclosing physical abuse were three times more likely to experience a STI; those disclosing psychological abuse are two times more likely to experience (Coker et al, 2000)
- 40% of women with a history of physical, emotional, and/or sexual abuse had been diagnosed with one or more sexually transmitted infections (STIs), compared to 18% of women with no history of abuse (Letourneau et al, 1999)

IPV and HIV

Based on a study of 310 HIV-positive women:

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



Gielen et al, 2000

IPV & Abortion

- Approximately 1 out of 5 women seeking abortion had experienced physical abuse by an intimate partner in the past year (Evins et al, 1996; Keeling et al, 2004)
- Women who have been physically or sexually abused by a partner are less likely to feel safe informing their partner of the pregnancy or having partner support/involvement in deciding to have an abortion. (Glander et al, 1998; Woo et al, 2005)
- Women presenting for a third or subsequent abortion were more than 2 ½ times more likely to report a history of physical domestic violence or past sexual abuse compared to women having their first abortion (Wu et al, 2006)

IPV in the Second Half of Life



- Over 30% of *substantiated reports* of abuse directed at elders are alleged to have been perpetrated by a spouse or intimate partner.
- 2:3 elder abuse victims are women
- May be long-term, late onset, or occur in a new relationship
- Often presents as neglect or financial exploitation.



Intimate Partner Homicide: Paying the Ultimate Price



In Virginia:

- Nearly **one in three** homicides is related to family or intimate partner violence.
- Over **half** of all adult female homicide victims are killed by intimate partners.

IPV is an Issue for ALL Health Care Providers.



- Victims report that they are not embarrassed to be asked about abuse and that discussing it would strengthen relationships with health care providers.
- Victims feel that providers can help.
- JCAHO and professional standards
- Providers have a unique opportunity to identify victims and provide critical interventions and referrals.
 - 44-47% of women killed by their intimate partners have been seen by a health care provider in the year prior to their deaths.



**PROJECT
RADAR**

Violence Prevention Steps for Health Care Professionals

www.ProjectRadarVA.com



VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment

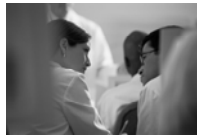
What is Project RADAR?

Project RADAR is an initiative of VDH's Division of Injury & Violence Prevention that was established in 2005 to enable health care providers to effectively recognize and respond to intimate partner violence (IPV) by providing:

- "Best Practice" Policies, Guidelines, and Assessment Tools
- Training Programs and Specialty-Specific Curricula
- Awareness and Educational Materials
- Current Research Findings on Intimate Partner Violence

Routinely inquire about violence
Ask direct questions
Document findings
Assess safety
Review options and referrals
--RADAR action steps developed by the Massachusetts Medical Society, ©1997, 2004. Adapted with permission

Project RADAR Training & Education



- Core/primary care curriculum and additional six specialty-specific curricula.
- Online RADAR course approved for CME's and CEU's through VCU School of Continuing Medical Education.
- Train over 1,500 providers annually in workshops using the RADAR curricula.
- Hold "Train-the Trainer sessions in various regions of the state. Currently 270 providers, advocates, and allied professionals certified as RADAR trainers.

Project RADAR: Training & Education



- Provide mini-grants to local community agencies and nonprofits to promote education and cross-training between advocates and health care providers
- Over 10,000 brochures, resource cards, buttons and other educational materials disseminated annually
- Continually update and promote a Project RADAR website with information and resources on IPV specifically for health care providers.

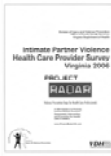
Project RADAR: Public Awareness Campaigns

- Conduct routine mailings to providers which include tri-fold display boards, fact sheets, brochures, and new resources.
- Created and displayed print ads on city buses.
- Conducted outdoor advertising campaigns.
- Wrote, produced, and aired radio and television PSA's



Project RADAR: Policy & Assessment

- Conducted statewide surveys (2006 and 2009) to assess healthcare providers' knowledge, skills, and attitudes about IPV.
- Convened a group of stakeholders to develop a model policy on IPV. In collaboration with ODU, conducted a hospital policy project to implement the model policy. Critically analyzed and provided recommendations and suggested revised policies on IPV to over half of Virginia's hospitals.



How Are We Doing in Virginia? The 2009 Intimate Partner Violence Health Care Provider Survey



- Of 10,325 surveys mailed, a total of 4,481 were returned, for an overall response rate of 43.4%.
- 85.4 % of providers have never attended an IPV training/workshop.
- Even though over 1 in 3 providers indicated that either they or someone close to them had been a victim of IPV, half reported that they **do not use screening questions with any patients.**
- **Even when the patient presented with a bruise or laceration,** only 1 in 4 providers consistently (“always” or “almost always”) asked about the possibility of IPV.
- Over 2/3 (67%) of providers reported that, to their knowledge, their workplace does not have any written guidelines regarding IPV.

The Hospital Policy Analysis Project



- 62 hospitals participated (RR=76.5%)
- Only 24.6% of participating hospitals had a 'stand-alone' policy on IPV.
- 36.1% did not provide any definition of IPV or DV anywhere in the policy.
- Only 2.4% referenced JCAHO standards on abuse.
- Reporting requirements regarding IPV were unclearly or incorrectly stated in 59% of the policies that we reviewed.
- Referral sources with phone numbers were provided in 49.2% of the policies, but only 13.1% included a written safety plan.
- 37.7% made mention of requiring staff training/education on IPV, but only 1.6% discussed how to address employees affected by IPV and only 6.6% discussed related security issues (e.g. what to do if an abuser is on-site)

Looking To the Future...

- Based on high response rates and evaluations, by and large, providers and health institutions have welcomed the information and suggestions they received by attending RADAR trainings, participating in the review process, etc.
- Feedback that hospitals and other health organizations/institutions do want to help and are willing to change/revise their policies and procedures regarding IPV victims.
- Ongoing challenge is linking providers and domestic violence advocates together—cross-training, education and how to most effectively foster collaboration for responding to victims of IPV and getting them to appropriate resources.
- 2010-2012 areas of focus for Project RADAR are family planning clinics and home visiting programs (Project Connect, an initiative of the Family Violence Prevention Program)

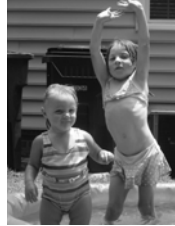
How VDH & Project RADAR Can Help



- Training Programs & Curricula
- Educational Materials
- Public Awareness Campaign Resources
- Access to model programs, policies, and procedures regarding IPV and health
- Technical Assistance to Local Programs, Medical Professionals, and Health Care Institutions
- Consultation with other advocates and medical providers (list-serv, etc)

The Outcomes of Taking a Public Health Approach to IPV

- Enhanced safety for victims
- Improved care and satisfaction of patients
- Attitudinal change
- Decrease in homicides
- Increase in positive health outcomes



State and National Resources

- VDH's Project RADAR
 - www.projectradarva.com/804-864-7705
- Virginia Sexual and Domestic Violence Action Alliance
 - www.vsdvalliance.org/800-838-8238 (24 hr hotline for victims)
 - 800-838-8238 (24-hour hotline for victims)
- Online CME Course
 - www.vcu-cme.org/radar
- Centers for Disease Control, National Center for Injury Prevention & Control
 - www.cdc.gov/ncipc/800-CDC-INFO
- Family Violence Prevention Fund
 - www.endabuse.org/888-Rx-ABUSE
 - 888-Rx-ABUSE
- American Medical Association, Violence Prevention
 - www.ama-assn.org/ama/pub/category/3242.html
- Massachusetts Medical Society Violence Prevention Program
 - www.massmed.org/AM/Template.cfm?Section=Violence/800-322-2303
- Academy on Violence & Abuse
 - www.avahealth.org

For more information about Project RADAR, to request additional training or to order materials, contact:

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