

Intimate Partner Violence (IPV) Impacts on the Family

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ADVANCING HEALTH EDUCATION & RESEARCH

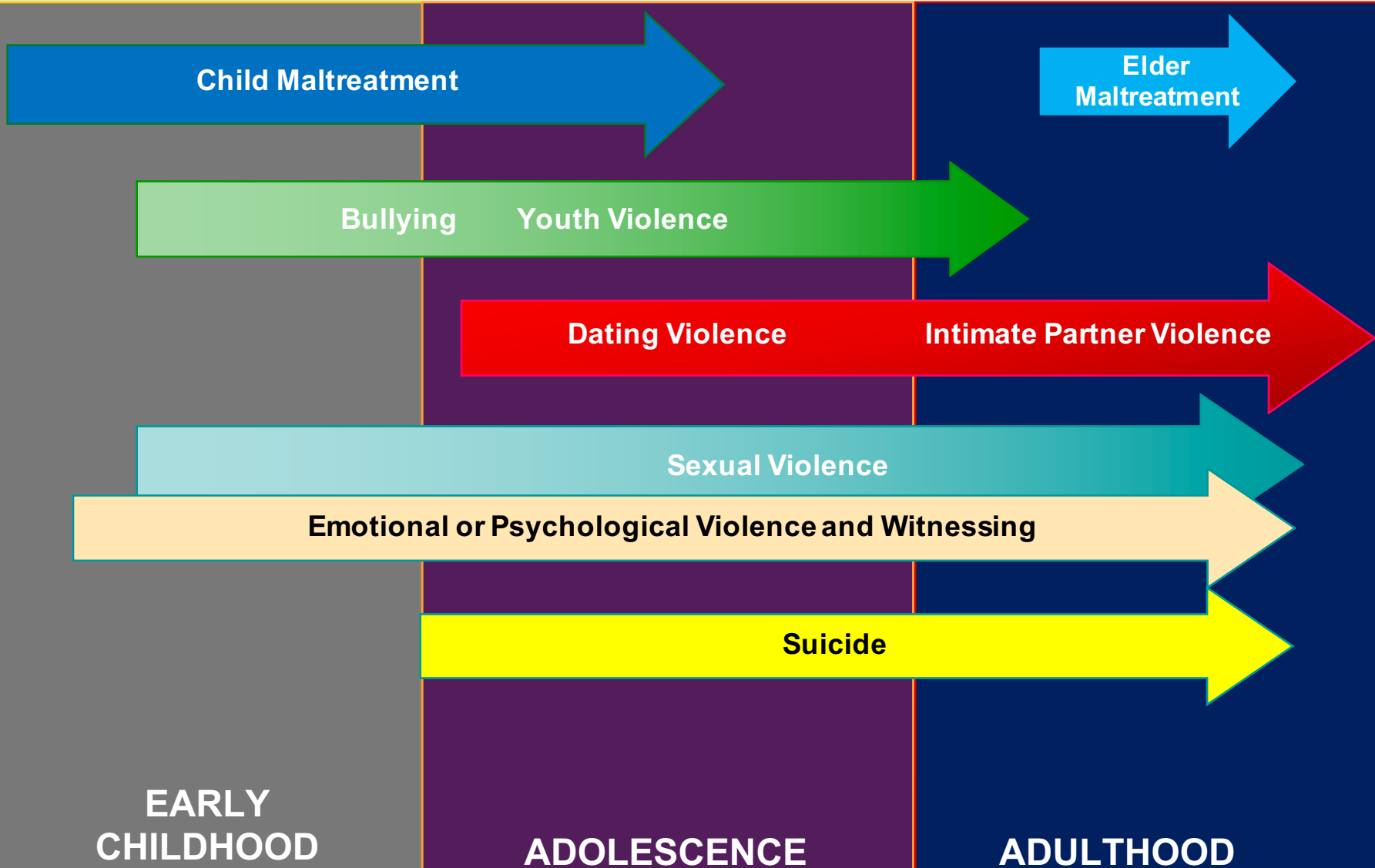


Today's Discussion

Goal: Improve the health and safety of patients/clients through Intimate Partner Violence (IPV) assessment and response

1. Understand the dynamics of Intimate Partner Violence
2. Understand the health impacts and clinical approach
3. Understand the Stages of Change Theory
4. Learn about Danger Assessment and Safety Planning

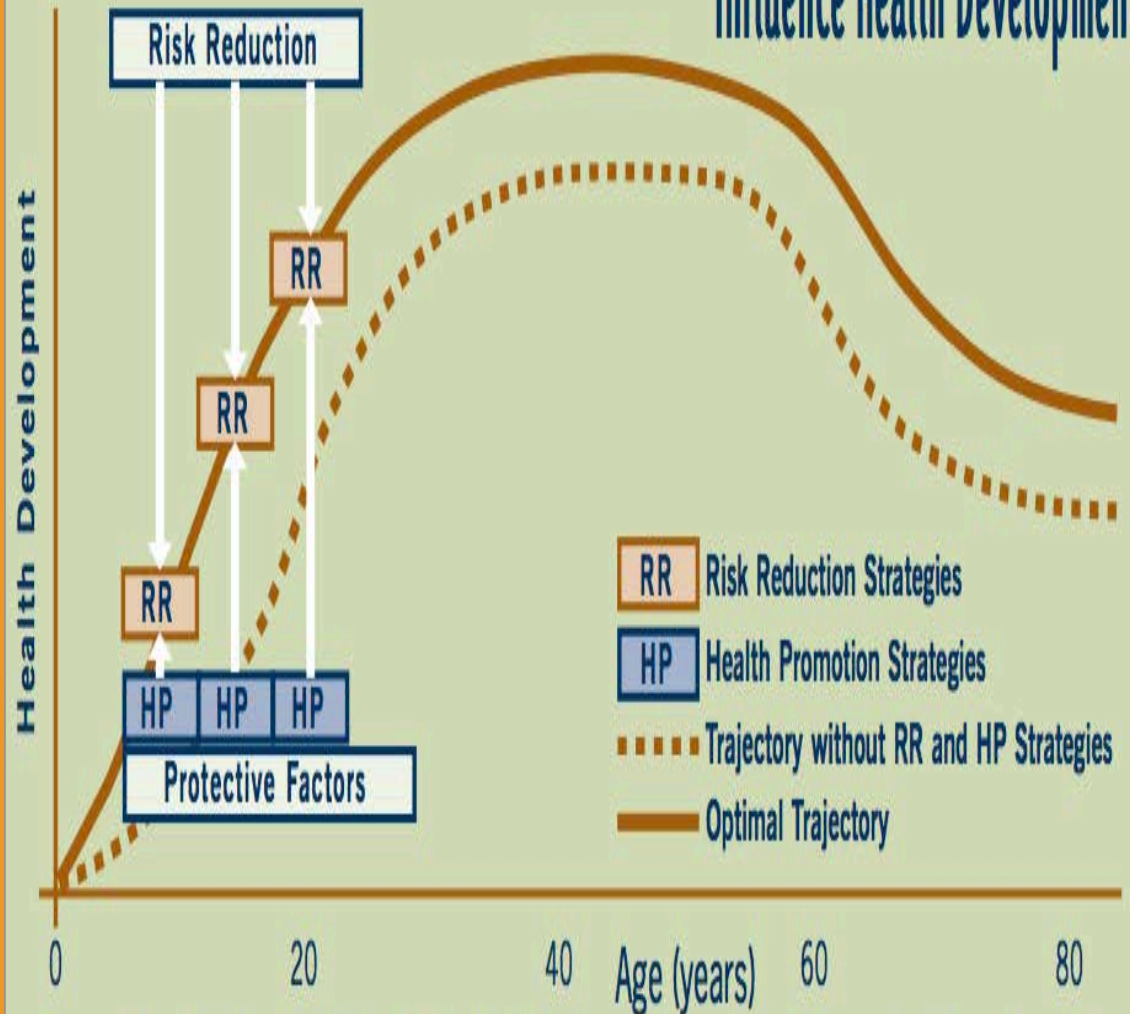
Violence Across the Lifespan



A Life Course Approach to Health



Figure 1: How Risk Reduction and Health Promotion Strategies Influence Health Development



Source: Halfon N, Inkelas M, Hochstein M. "The Health Development Organization: An Organizational Approach to Achieving Child Development." *Milbank Quarterly*. 2000; 78(3):447-97.

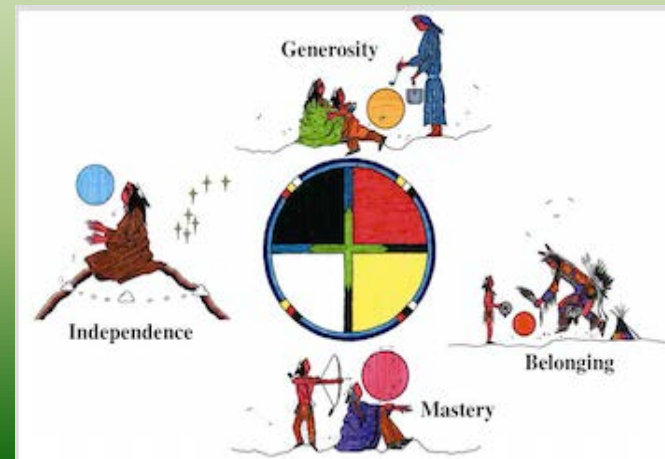
Strength Based Approach

Assets

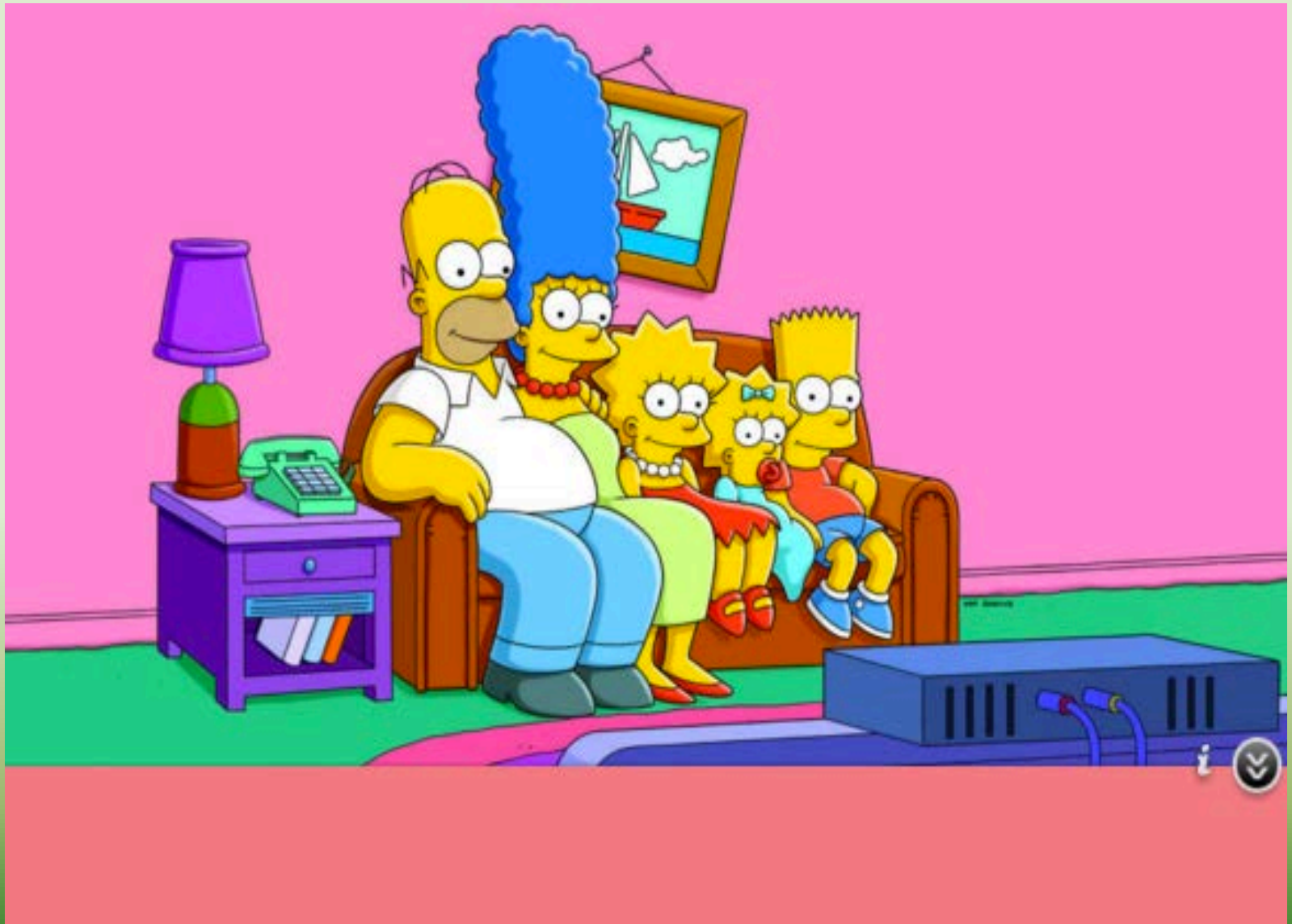
- Positive family environments
- Relationship with caring adults
- Religious and spiritual anchors
- Involvement in school, faith based organizations

Deficits

- Abuse or neglect
- Witness to domestic violence
- Family discord and disruption
- Unsafe schools



A TYPICAL FAMILY



FAMILY VIOLENCE

CHILDREN

SURVIVOR

INTIMATE
PARTNER
VIOLENCE

ABUSER

ANIMALS/PETS

Understand the Dynamics of Intimate Partner Violence (IPV)

Definition

Intimate Partner Violence (IPV)

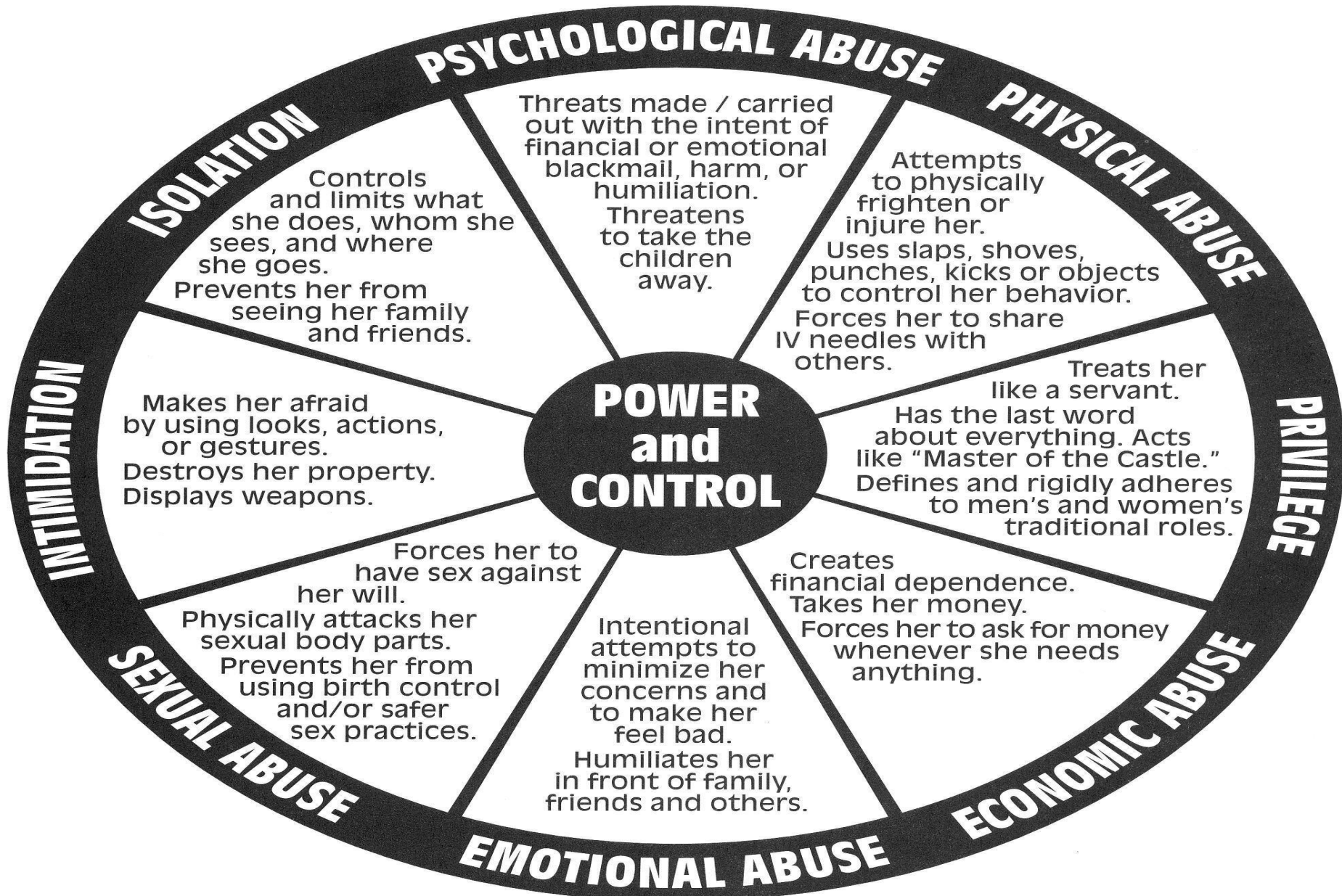
- A pattern of behaviors by which one person in an intimate relationship **coerces and controls** the behavior of the other
- *“Includes physical violence, sexual violence, stalking, psychological aggression, coercion by a current or former intimate partner.”* CDC — NISVS
- Can occur in heterosexual or homosexual couples

Terminology

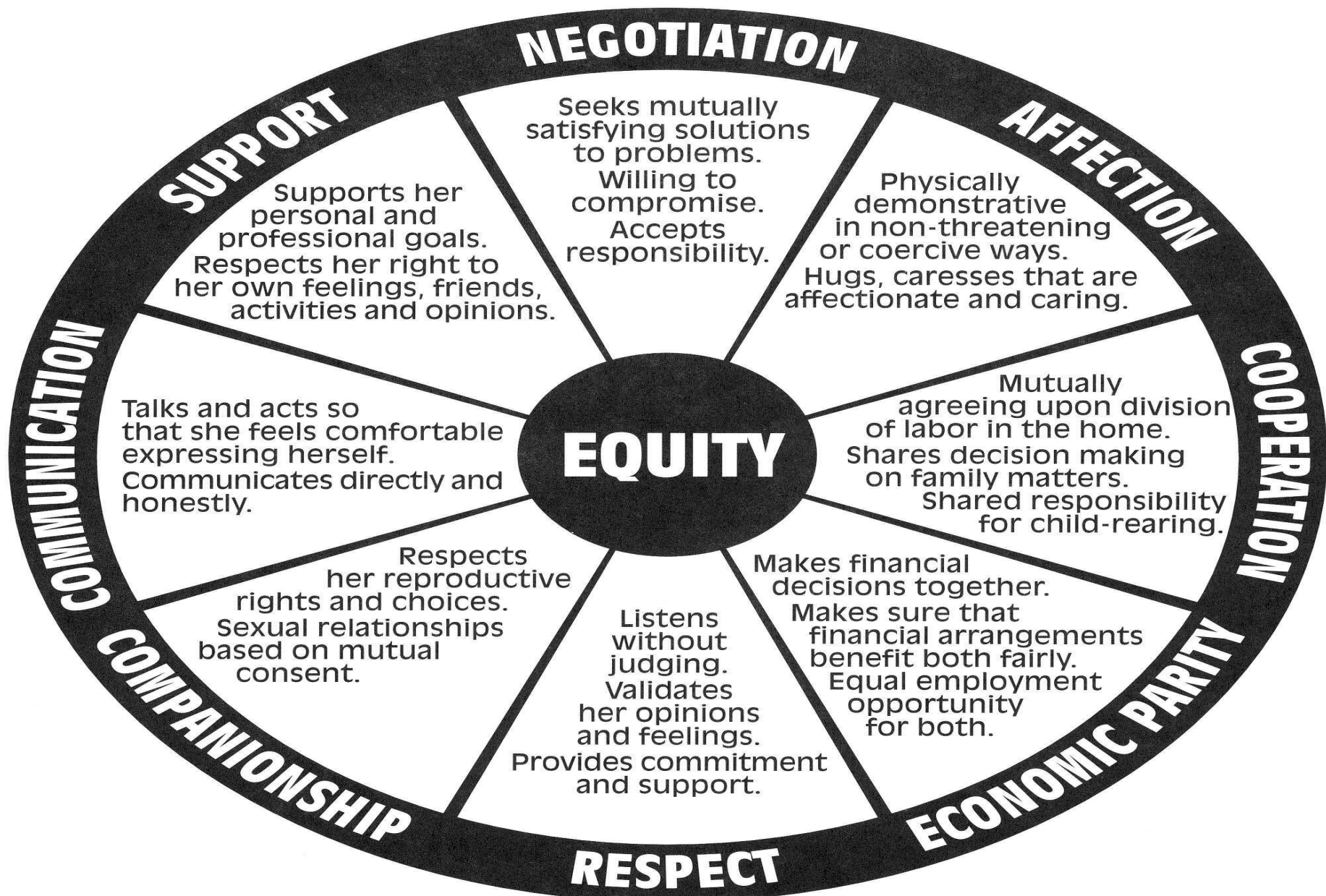
- CDC- Intimate Partner Violence (IPV) ...
- or Intimate Partner Abuse
- or Domestic Abuse
- or Domestic Violence
- or Domestic and Sexual Violence



Power and Control Wheel



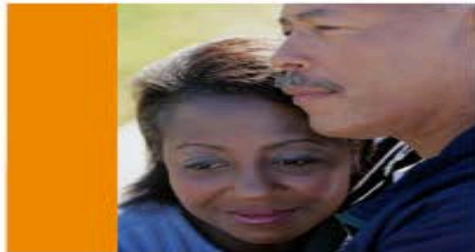
Equity Wheel



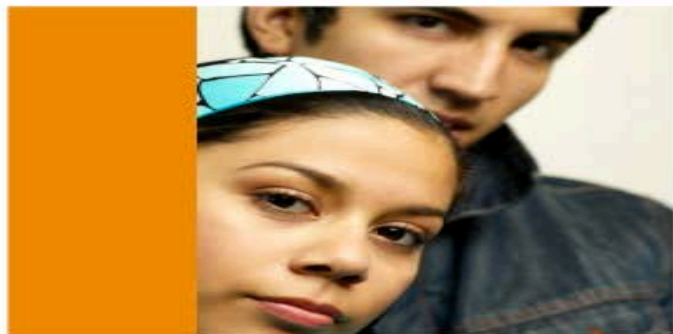
Why Is It so Hard to Leave?

- Fear
- Shame
- Denial
- Promises that it will stop
- Family
- School
- Community
- Neighborhood





National Intimate Partner and Sexual Violence Survey



2010 Summary Report

EXECUTIVE SUMMARY

Intimate partner violence (IPV), sexual violence, and stalking are widespread

...impacting millions of Americans each year

20

people per minute

are victims of physical violence by an intimate partner in the United States.▪



Nearly **1 in 2** women and **1 in 5** men

experienced sexual violence victimization other than rape at some point in their lives. ¹



Figure 2.8

Overlap of Lifetime Intimate Partner Rape, Physical Violence, and Stalking among Women — NISVS 2010

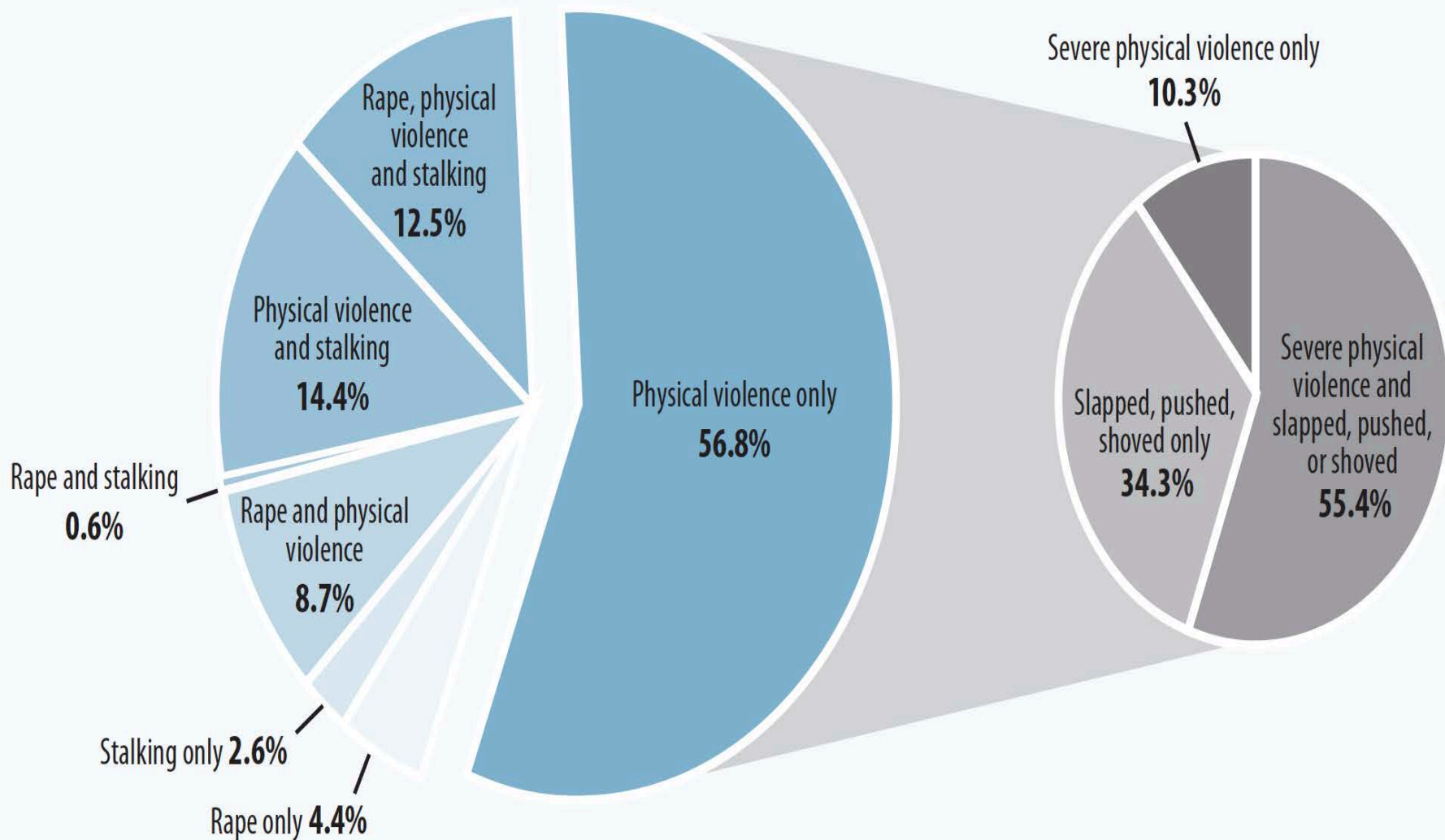
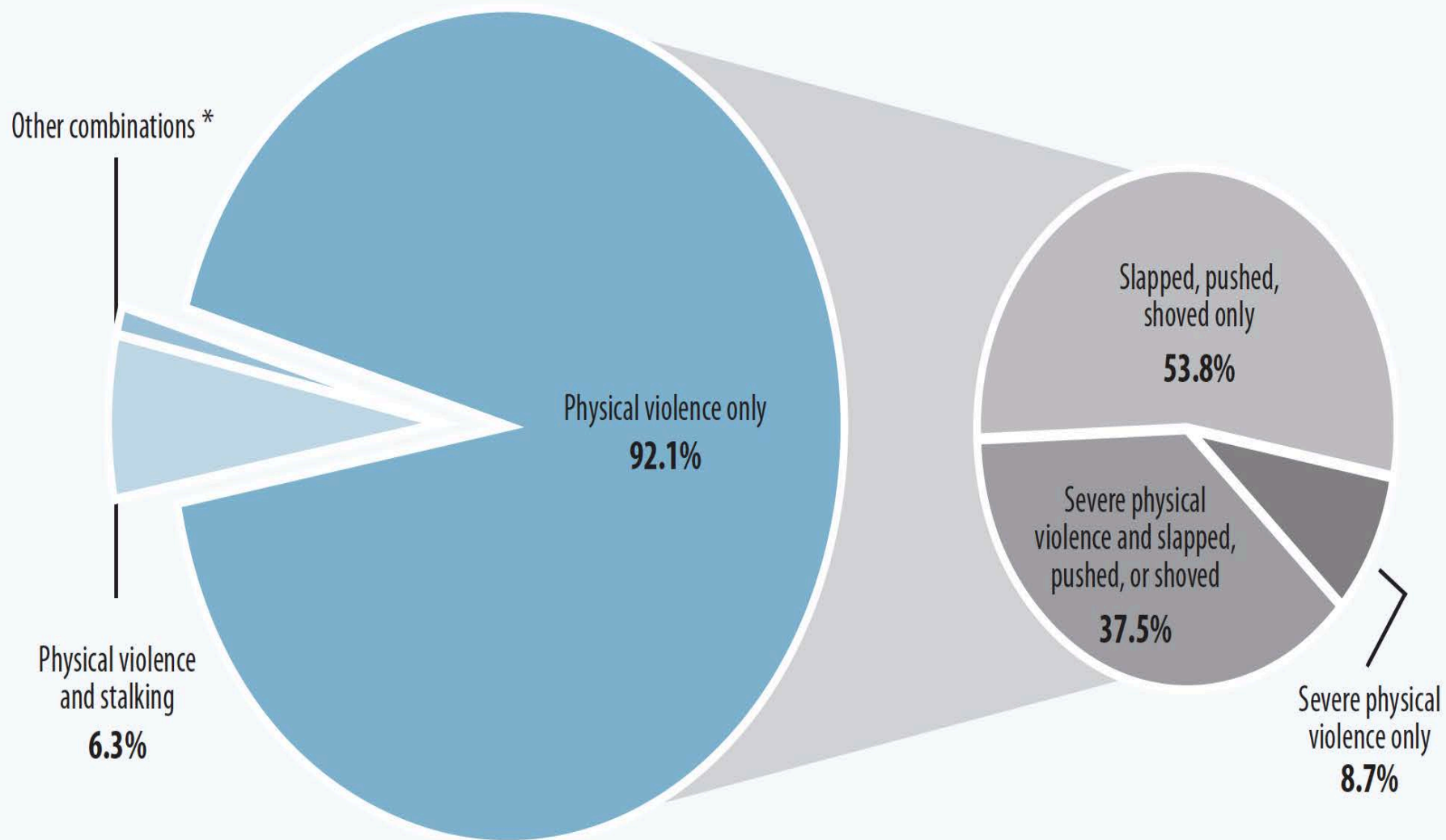


Figure 2.9

Overlap of Lifetime Intimate Partner Rape, Physical Violence, and Stalking among Men — NISVS 2010

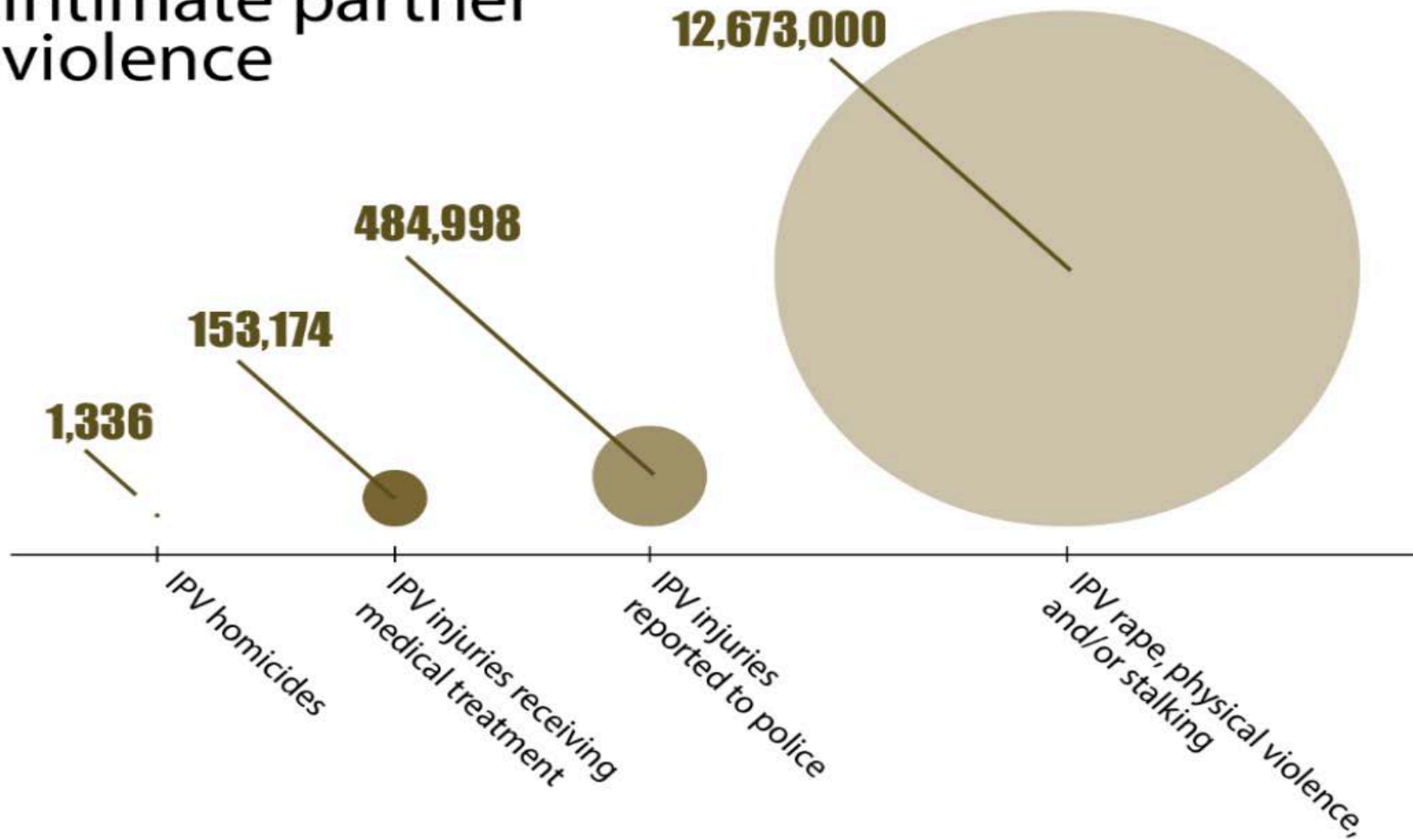


NISVS

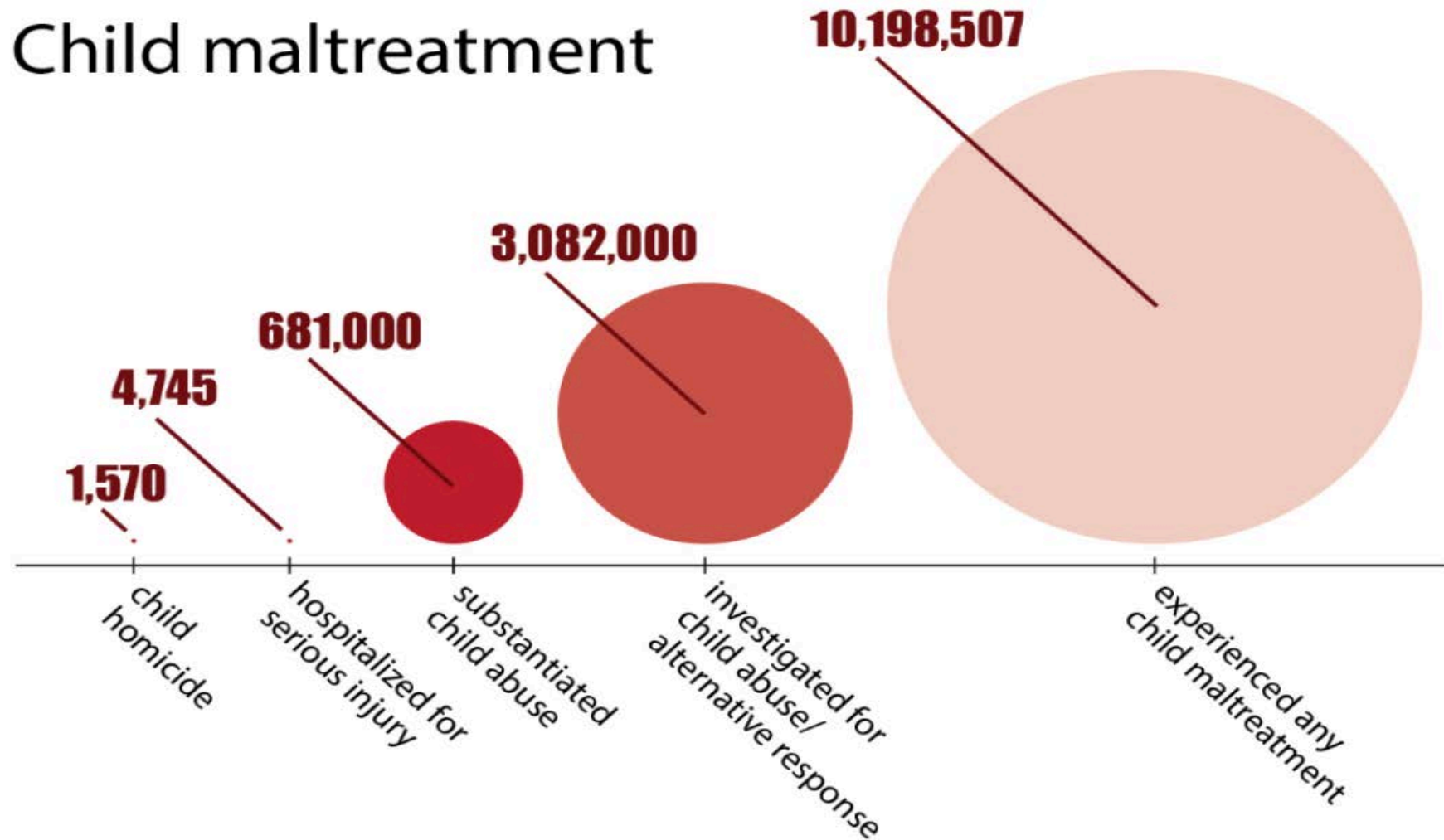
NISVS	National (est.)	Oklahoma (est.)
US WOMEN Lifetime — rape, physical violence, and/or stalking.	42,420,000	697,000
US MEN Lifetime — rape, physical violence, and/or stalking.	32,28,000	550,000

ANNUAL IPV SNAPSHOT-2010

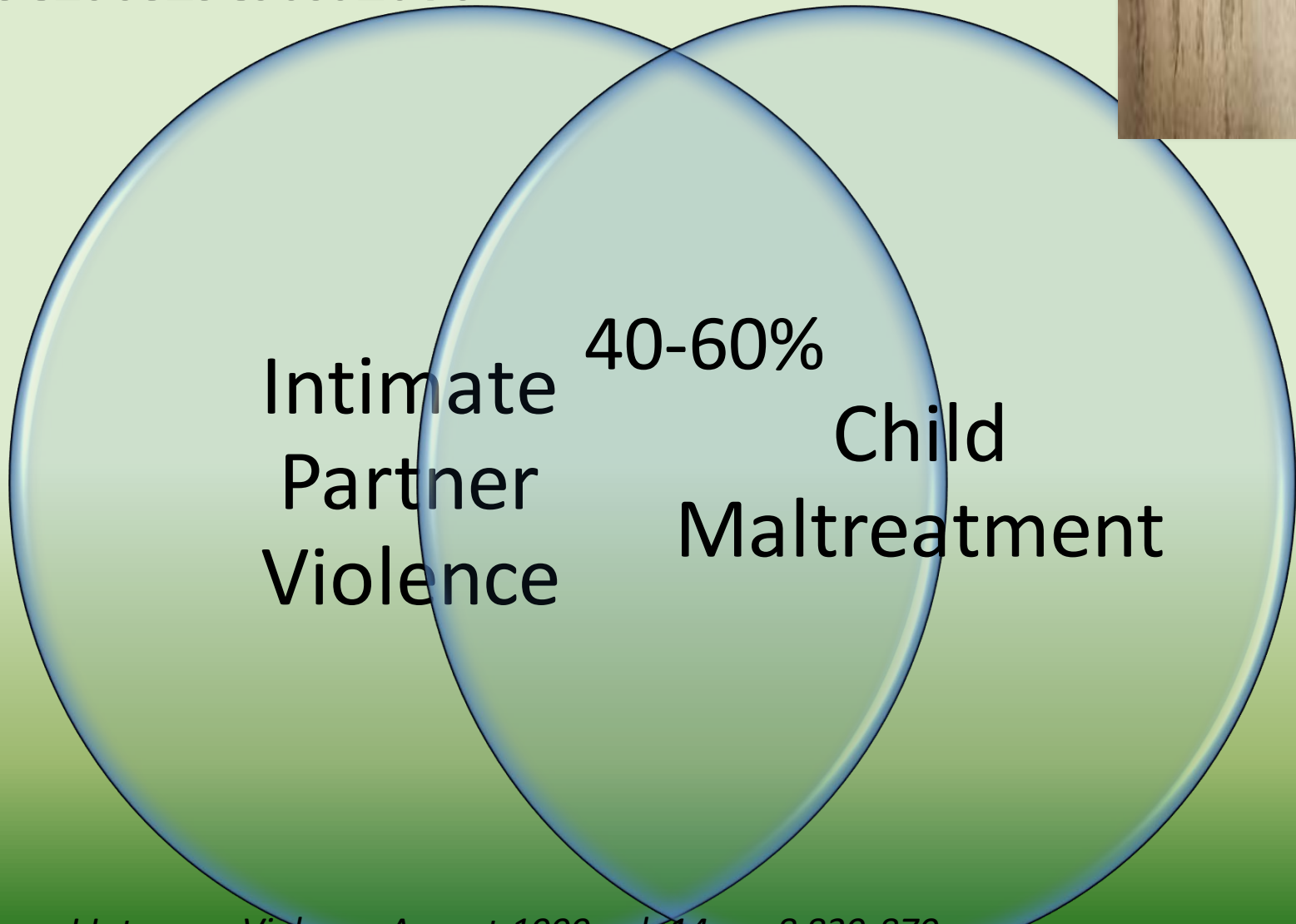
Intimate partner violence



CHILD MALTREATMENT 2011



OVERLAP BETWEEN IPV AND CHILD MALTREATMENT



NISVS

- IPV begins early in life
- First time —
females (22%), males(15%)
between **ages of 11 to 17 years**
- First time — females (47%), males (39%)
between **ages 18 to 24 years**

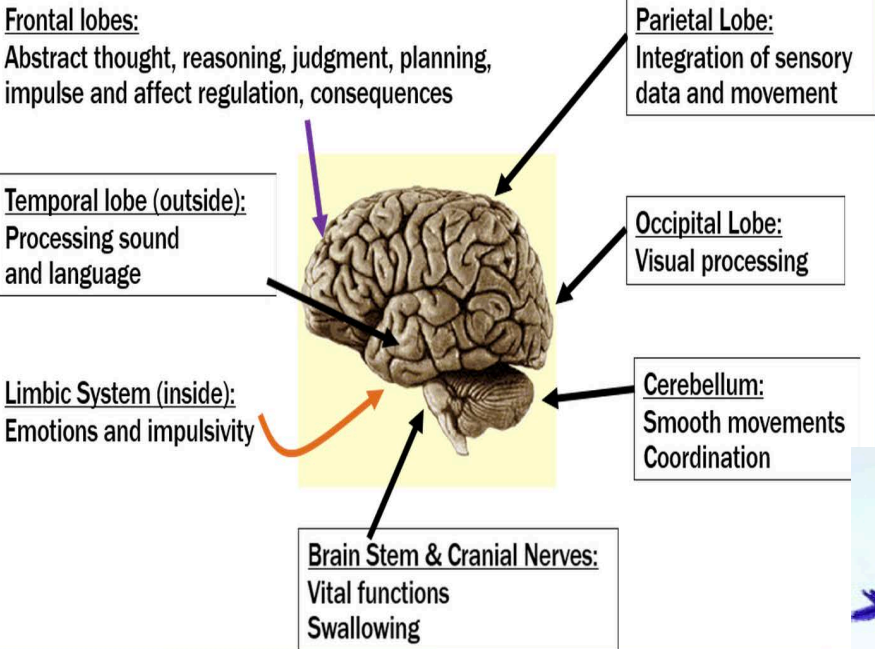


High-Risk Health Behaviors

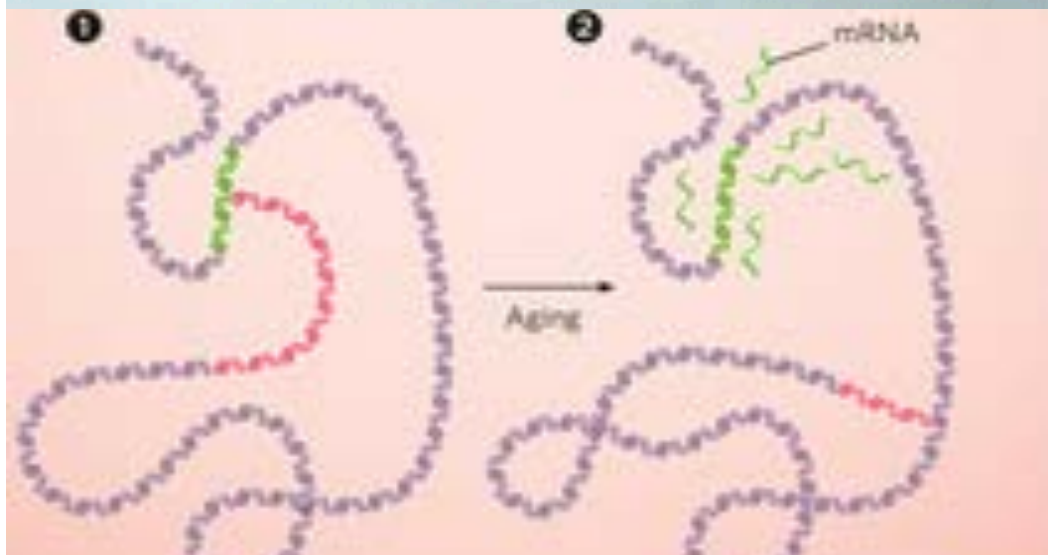
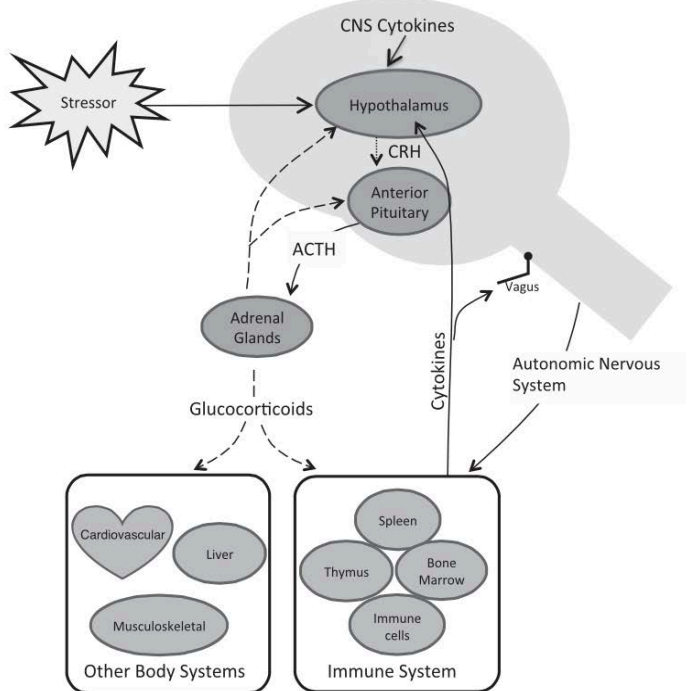
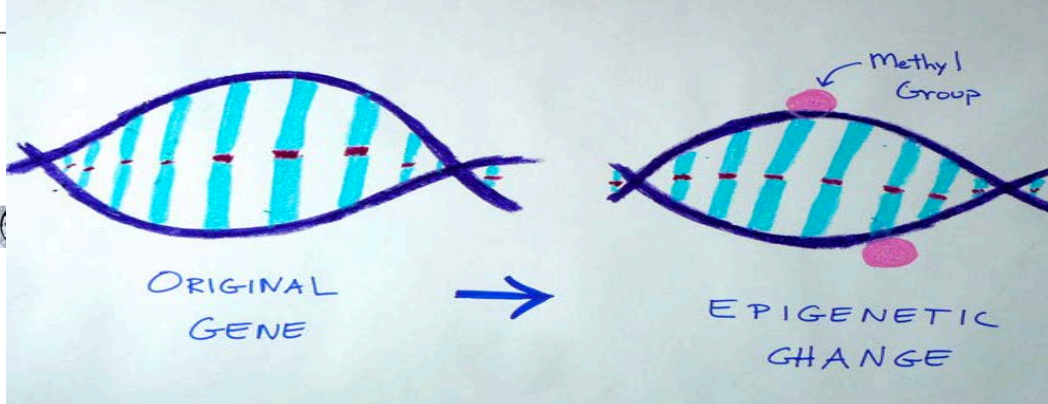
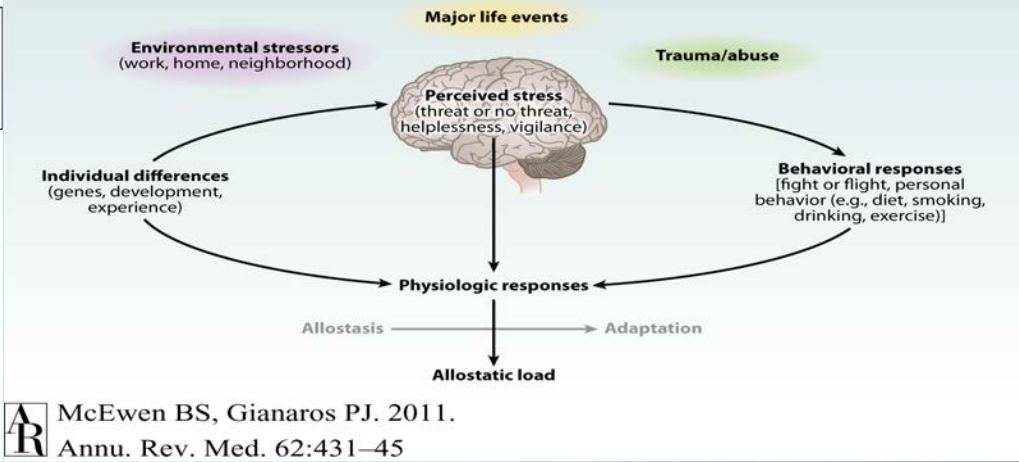
- Smoking
- Drinking alcohol
- Drinking and driving
- Illicit drug use
- Unprotected sex
- Decreased condom use
- Early sexual initiation
- Choosing unhealthy sexual partner
- Trading sex for food, money



HIV/AIDS
Chronic Pain
Broken Bones Pelvic Pain
Substance Abuse Suicidal Ideation
Bladder Infections
STIs Migraines High Risk Behaviors Knife Wounds
Headaches Diet Nutrition Circulatory Conditions
Joint Disease Unintended Pregnancy Irritable Bowel Syndrome
Depression
Emotional Detachment Central Nervous System Disorders Back Pain
Gastrointestinal Disorders Fibromyalgia Pelvic Inflammatory Disease
Pregnancy Difficulties bruises Gynecological Disorders
Overuse of Health Services Traumatic Brain Injury Sleep Disturbances
Asthma Anxiety Sexual Dysfunction Preterm Delivery
Cardiovascular Disease Flashbacks
PTSD Antisocial Behavior
Delayed Care
Low Self-Esteem



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Health Effects

- From minor injuries, to disfigurement, to permanent disability, to death
- More than one in four women ***require medical care***
- 67% of women treated in Emergency Rooms have experienced head trauma
- 50% of women have been strangled
- Reproductive and sexual coercion
- Birth control sabotage
- Intersection w HIV
- Traumatic brain Injury

Adverse Health Consequences of IPV

- Because the impact is higher in women, most research is focused on women experiencing IPV
- Both women *and* men suffer from the adverse health effects of physical, sexual, and psychological abuse
- There are immediate and/or long-term adverse health consequences

Reproductive & Sexual Coercion

- Behaviors that maintain power and control in a relationship related to reproductive health
- Birth control sabotage
- Pregnancy pressure
- Pregnancy coercion
- Explicit attempts to make partner pregnant
- Controlling the outcome of a pregnancy
- Coercing partner into unwanted sex acts

Birth Control Sabotage

- Hiding or destroying partners birth control
- Breaking a condom
- Not withdrawing if that was agreed upon
- Pulling vaginal rings

Intersection of IPV and HIV for Women

- Forced sex increase women's risk for HIV
- Limited or compromised negotiations for safer sex practices
- Increased sexual risk-taking behaviors
- And less likely to be tested for HIV

http://www.cdc.gov/violenceprevention/pdf/ipv/13_243567_green_aag-a.pdf

Strangulation

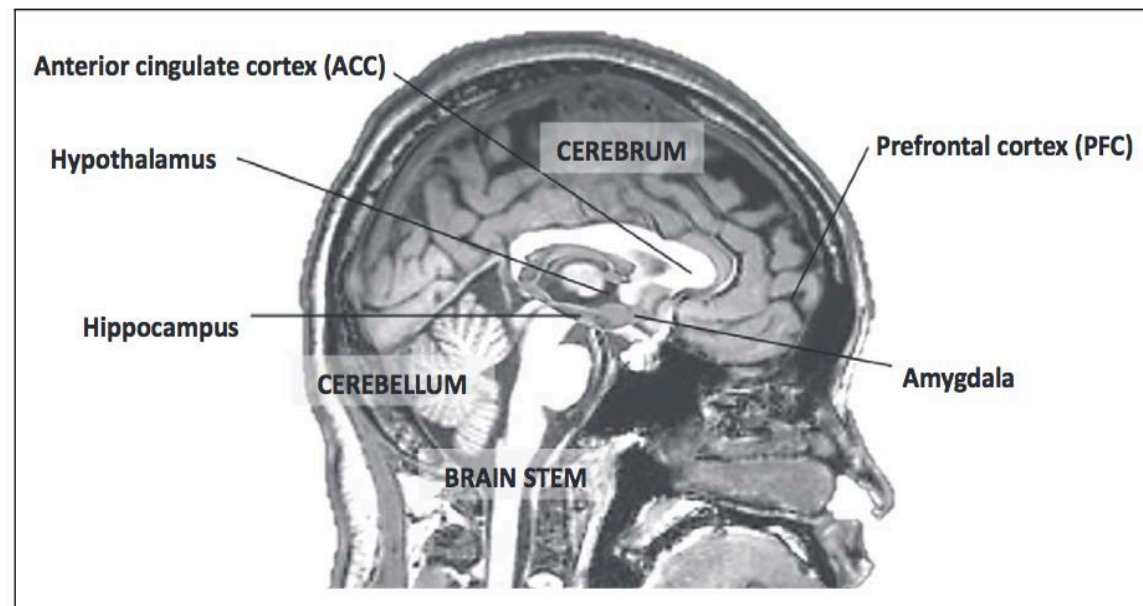
- Women who suffer IPV — 10 to 68% experience strangulation or “choking”
- 50% of women have no visible markings on neck
- Symptoms-hoarse voice, sore throat , neck pain, difficulty breathing, neurological symptoms
- Signs-petechia, erythema, abrasions, contusions

Strangulation

- Mental status changes- restlessness, combativeness , amnesia
- Photo documentation at 24, 48, 72 hrs.
- Need comprehensive evaluation
- Late death due to encephalopathy
- Increased risk of femicide

IPV Related Traumatic Brain Injury (TBI)

TBI is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force



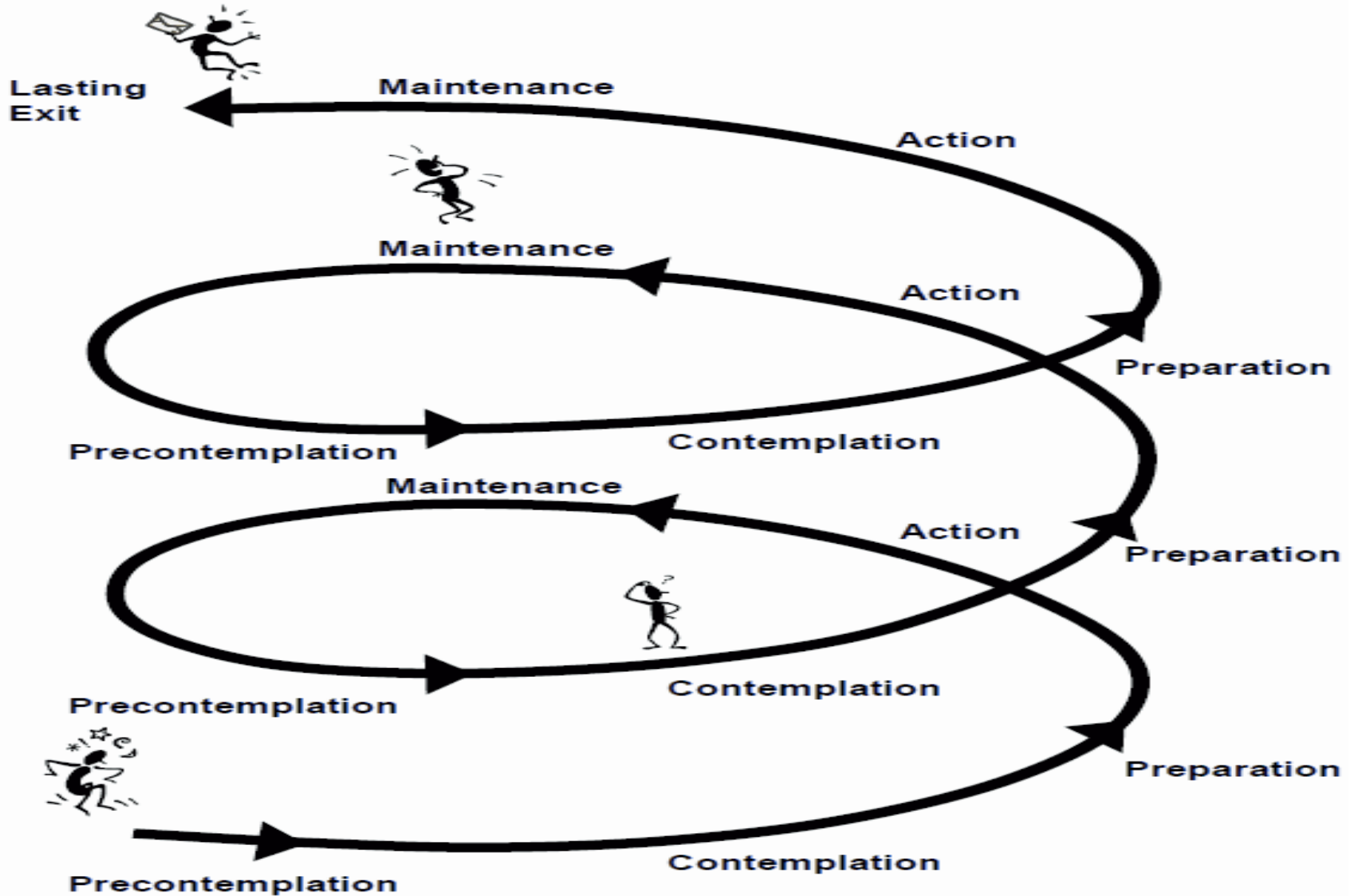
IPV related TBI

- TBI estimates are 30-74% of those with IPV seeking services in shelters or emergency departments
- Ongoing current IPV
 - Primary event
 - Secondary event
- Past IPV
- TBI- mild, moderate, severe

IPV Related TBI

- Understand TBI treatment and rehabilitation
- Encourage survivors to seek treatment from a TBI specialist
- Account for TBI symptoms in safety planning
- Educate other professionals about TBI and IPV
- Avoid revictimizing and adding to stigma
- Information about TBI must be protected from the abuser.

Stages of Change



Challenges for Healthcare Providers?



Challenges for Healthcare Providers addressing Domestic Violence

- Time constraints
- Discomfort with issues of violence and abuse/ not considered a health issue
- Feeling powerless, not knowing what to do
- Personal attitudes and misconceptions
- Lack of education or expertise
- Discomfort with a healthcare team approach
- Personal experiences with domestic violence, child abuse or being an abuser

What We Have Learned from Research

- Patients/clients support assessments
- No harm in assessing for IPV
- Interventions improve health and safety
- Missed opportunities: when patients fall through cracks, when we fail to address IPV universally and routinely in clinical practice

What we have learned from Survivors

- Be non judgmental
- Listen
- Offer information and support
- Don't push for disclosure
- Women who talked to their healthcare providers are 4 X likely to use:
 - Advocacy
 - Counseling
 - Protection orders
 - Shelter
 - Other services

Healthcare Facility

- Environment change- posters, disclaimers, policy, protocols
- Protocol: patient/client seen alone in private
- Professional interpreters
- Facility wide training
- Disclose limits of confidentiality- California Mandatory Reporting Law
- Support for staff/ addressing secondary traumatic stress

Clinical Assessment of IPV or Domestic Violence

- Identification
- Ask directly
- Document
- Assess for danger and safety planning
- Review options
- Follow up

Ask Directly

“We know that difficult relationships affect health.

I ask all my patients/clients if anyone is

Hurting you, physically

Insulting you, putting you down

Threatening you with harm

Screaming or cursing you

Are you afraid of your partner?”

Direct Inquiry about IPV

- If no- families know that you are comfortable about the topic and may inquire at some later time
- If no- there is “dance of disclosure” may reveal a partial answer

Direct Inquiry about IPV

If Yes (now what!)

- Thank patient for sharing
- Convey empathy for patient who has experienced fear, anxiety and shame
- Let them know you unconditionally support them
- Ask patient about immediate safety concerns and discuss options
- Refer to local advocates
- Follow up next visit

Please Do Not Ask



- Are you safe at home?
- Are you safe in your relationship
- Do you feel safe at home?
- Don't say " I am required to ask....."



IPV Toolbox

- Policy and procedures
- Body Map/ permission for photographs
- Danger Assessment
- Safety Plan
- Legal reporting requirements
- Patient handouts in multiple languages
- Local and National Resources
- Support for co-workers

Document

- In patients own words with parenthesis
- Describe any injuries
- Use a body map/ photographs (have a consent form)
- Develop a secure site within the medical record system

Danger Assessment

- In 2011, IPV contributed to 1,509 deaths
- 20-item validated instrument developed by Dr Jackie Campbell
- 5 question model:
 1. Has the physical violence increased over last 6 months?
 2. Has he/she ever used a weapon or threatened you with a weapon?
 3. Do you believe he/she is capable of of killing you?
 4. Have you been beaten while you were pregnant?
 5. Is he/she violently and constantly jealous of you?

Safety Planning

- Important to consider the children and pets
- Think of a safe place to go — avoid bathrooms and kitchens
- Keep change with you at all times
- Establish a code word for family, friends, neighbors
- Keep cell phone charged



http://www.ncadv.org/protectyourself/SafetyPlan_130.html

Healthcare Costs and Utilization

- Survivors of IPV have increased healthcare costs = \$8.5 Billion
- Healthcare costs are 42% higher for women currently experiencing IPV
- IPV survivors have increased utilization — more ambulance calls, physician visits, pharmacy visits, mental health services, surgeries, and hospital stays

National Resources

- The National Domestic Violence Hotline: 1-800-799-SAFE (7233) TTY1-800-787 3224

<http://www.thehotline.org>

- CDC Intimate Partner Violence

<http://www.cdc.gov/violenceprevention/intimatepartnerviolence/>

- Intimate Partner Violence: Dr Elaine Alpert

<http://www.massmed.org/partnerviolence/>

- Academy on Violence and Abuse

www.Avahealth.org

- Futures Without Violence

www.futureswithoutviolence.org/health



Office of Michael Goodfriend, MD
Your Town, USA

- ✓ Frequent headaches
- ✓ Back pain
- ✓ High blood pressure
- ✓ Trouble sleeping

**Have you asked her about
domestic violence?**

A simple question can be the best medicine.