

Futures Without Violence: Assessing for Intimate Partner Violence in the Primary Care Setting

Presented By: Johnette Peyton and Surabhi Kukke

North American Management and Futures Without Violence

National Center for Health in Public Housing

- The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported in part by grant number U30CS09734 from the Health Resources and Services Administration. NCHPH provides training and technical assistance to strengthen the capacity of federally-funded health centers to increase access to health care, eliminate health disparities, and enhance health care delivery for the millions of residents of public and assisted housing.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

Intimate Partner Violence Overview

June 24, 2014 at 4:00 – 5:00 p.m. ET

Presenter:

**Johnette Peyton, MS, MPH, CHES
Manager of Policy, Research and Health Promotion
North American Management**



A word cloud of various consequences of intimate partner violence. The words are arranged in a roughly triangular shape, with 'Death' being the largest and most prominent word. Other large words include 'Suicide', 'Depression', 'Panic attacks', and 'Disabilities'. Smaller words include 'Internal bleeding', 'Flashbacks', 'Bruises', 'Cuts', 'Broken bones', 'Welts', 'Head trauma', 'Scratches', and 'Trouble sleeping'.

Scratches
Head trauma
Welts
Broken bones
Trouble sleeping
Cuts
Bruises
Flashbacks
Disabilities
Internal bleeding
Depression
Suicide
Death
Panic attacks

Overview and Risk Factors

Intimate Partner Violence (IPV)

“Violence against women in intimate relationships occurred more often, was more severe and was more likely to be repeated in economically disadvantaged neighborhoods”

*NIJ, 2009



Definition of IPV*

Definitions of “domestic violence” or “intimate partner violence” may vary slightly depending upon setting or survey parameters.

Generally accepted definition:

- Physical, sexual or psychological harm by a current or former intimate partner or spouse.
- Can occur among heterosexual or same-sex couples.

*National Institute of Justice (NIJ, 2007)

Types of Violence

- Physical Violence
 - Shoving, choking, shaking, slapping, punching
- Sexual Violence
 - Unwanted touching, sexual assault or battery
- Threats of Physical or Sexual Violence
 - Words, gestures or weapons
- Emotional/Psychological Violence
 - Threats, intimidation, humiliation, isolation
- Stalking
 - Following, damaging property, sending unwanted gifts

National Institute of Justice Funded Studies (NIJ)

- Intimate partner violence is more likely to occur when couples are under financial strain
- Financial strain may keep women in abusive relationships
- Unstable employment increases the risk of IPV
- African Americans have a higher overall rate of intimate partner violence due in part to higher levels of economic distress and more frequent residence in economically disadvantaged neighborhoods

National Violence against Women Survey (NVAWS)

- Asian/Pacific Islander women and men report significantly lower rates of IPV
- African Americans and American Indian/Alaska Natives report higher rates of IPV
- Hispanic women were significantly more likely to report having been raped by a current or former intimate partner in their lifetime
- Women living with female intimate partners experience less IPV than women living with male intimate partners

Perpetrator Risk Factors

Research suggests:

- Early fatherhood
- Being raped at a young age,
- Having a violent past,
- Experiencing violence at a young age,
- Using drugs or alcohol, and
- Not having a job or other stressful events.

Victim Risk Factors

- Abused as a child
- In an unmarried relationship
- Early parenthood
- Having a verbally abusive partner
- Status disparities with partner
- Alcohol abuse
- Suffering from severe poverty and associated stressors
- Dependency on the perpetrator

Cost of IPV to Society*

- The medical, mental health care and indirect costs of IPV were estimated to be over \$8.1 billion in 2003. This includes:
 - \$460 million for rape
 - \$6.2 billion for physical assault
 - \$461 million for stalking, and
 - \$1.2 billion in the value of lost lives
- Increased annual health care costs for victims of IPV can continue up to 15 years after the abuse ends
- Victims of severe IPV lose nearly 8 million days of paid work:
 - Equivalent of more than 32,000 full-time jobs, and
 - Almost 5.6 million days of household productivity each year
- Women who experience severe aggression by men are more likely to have been unemployed in the past, have health problems and be receiving public assistance.

Healthy People 2020 Objectives

Objective IVP: -39.1 (Developmental) Reduce physical violence by current or former intimate partners

Objective IVP: -39.2 (Developmental) Reduce sexual violence by current or former intimate partners

Objective IVP: -39.3 (Developmental) Reduce psychological abuse by current or former intimate partners

Objective IVP: -39.4 (Developmental) Reduce stalking by current or former intimate partners

USPTF Recommendations*

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse.

B Recommendation: The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.

*Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults, Topic Page.
U.S. Preventive Services Task Force.

<http://www.uspreventiveservicestaskforce.org/uspstf/uspripv.htm>

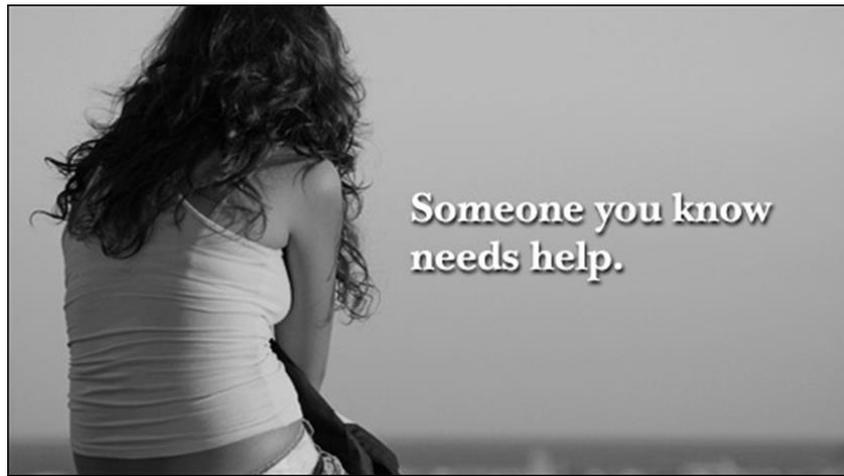
AMA Recommendations on Preventing, Identifying, and Treating Violence and Abuse*

- Support routine assessment
- Assess for relevant physical and psychological indicators
- Receive training on violence prevention
- Work collectively to provide leadership
- Assure patients that the information shared will be held in confidence

Institute of Management (IOM) Recommendations*

Recommendation 5.7:

Screening and counseling for interpersonal and domestic violence. Screening and counseling involve elicitation of information from women and adolescents about current and past violence and abuse in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems.





Project Connect

A Coordinated Public Health
Initiative to Prevent and Respond
to Violence Against Women

Funded by the Office on Women's Health, U.S. Department of Health & Human Services

Making the Connection: Identifying and Responding to Intimate Partner Violence and Reproductive Coercion

Tuesday, June 24, 2014

National Centers for Health in Public Housing Webinar



Formerly Family Violence Prevention Fund

Learning Objectives

As a result of attending this session, participants will be better able to:

- List three health effects of experiencing domestic violence
- Use resources that are tailored for assessment of domestic violence in the primary care setting
- Describe local domestic and sexual violence programs to support patients who disclose abuse



Futures Without Violence

- 30 year old national non-profit working to prevent violence against women and children
- Our work covers a wide range of issues related to violence that crosses disciplines beyond health care
- <http://www.futureswithoutviolence.org>

National Health Resource Center on Domestic Violence

- Technical assistance
- Clinical Guidelines
- Safety cards
- Posters
- Other tools: pregnancy wheels, buttons, provider reference cards, etc.
- Online toolkit



Project Connect Basics

National initiative to create **partnerships between the VAW and public health fields** to change clinical practice and policy in public health programs.

- Clinic-based intervention to address VAW
- Health services in domestic violence programs
- State level policy change
- Planning for sustainability
- Evaluation



New support for addressing IPV in health settings

- ACOG Committee Opinion Paper on IPV
- Planned Parenthood
- Affordable Care Act
- Women's Health Coordinating Council
- Federally-funded home visitation programs

Survivors



Stop and Consider...

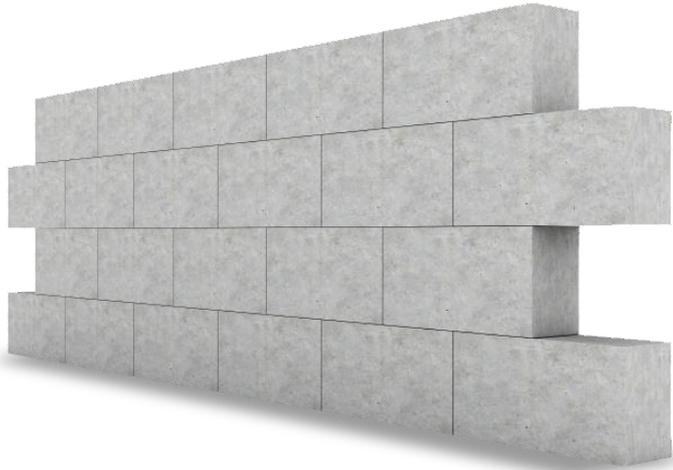


Can you think of a time when a patient's presenting health symptoms made you suspect there was a problem at home but neither you nor the patient said anything?

Barriers to Addressing IPV

Clinicians identified the following barriers to talking to patients about experiences of violence:

- Beyond scope of practice
- Time
- Comfort levels
- Not knowing what to do about positive disclosures
- Feelings of frustration when patient does follow through



Addressing the Barriers

Simplify the process of direct assessment and/or universal education about IPV and RC for providers

- Provider education on the connection between violence and health
- Connect IPV/RC and health risks to visit type
- Safety Card Intervention
- Strategies for referral & support



You can make a difference!

Women

Who Talked

to Their

Health Care

Provider

About

Experiencing

Abuse Were

4 **times more likely** to use
an intervention

2.6 **times more likely** to
exit the abusive relationship

(McClosky et al. 2006)

Animated Video

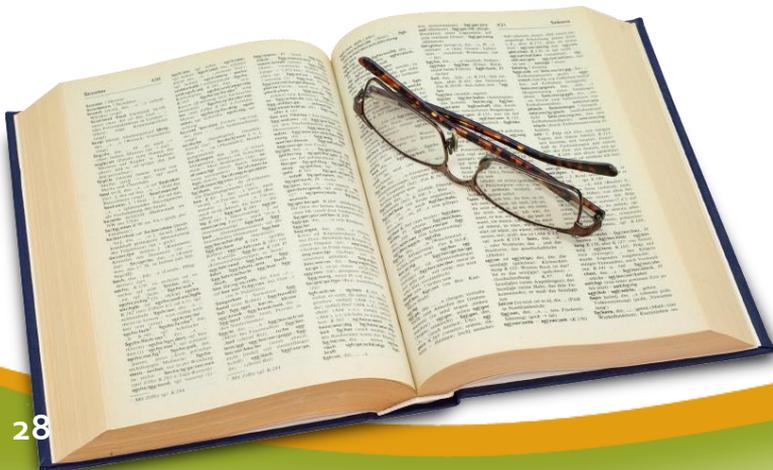


The following animated video clip introduces viewers to the definition and prevalence of reproductive coercion, as well as the role that health care providers can have in identification and response.

Defining Reproductive Coercion

Reproductive Coercion involves behaviors that a partner uses to maintain power and control in a relationship that are related to reproductive health:

- Explicit attempts to impregnate a partner against her wishes
- Controlling outcomes of a pregnancy
- Coercing a partner to have unprotected sex
- Interfering with birth control methods



What We Know



- Among a random sample of 1278 women ages 16-29 in 5 family planning clinics **53% experienced domestic/sexual partner violence**
- This data mirrors other findings: family planning clients experience high rates of violence

(Miller, et al 2010)

Sexual violence in long-term relationships

“ 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 there like shock... ”

Miller et al, 2007



IPV increases
women's risk for
**UNINTENDED
PREGNANCIES**

Sarkar, 2008

DATING VIOLENCE AND TEEN PREGNANCY



Adolescent girls in physically abusive relationships are

3.5 times more likely

to become pregnant than non-abused girls

Roberts et al, 2005

PREGNANCY-PROMOTING BEHAVIORS

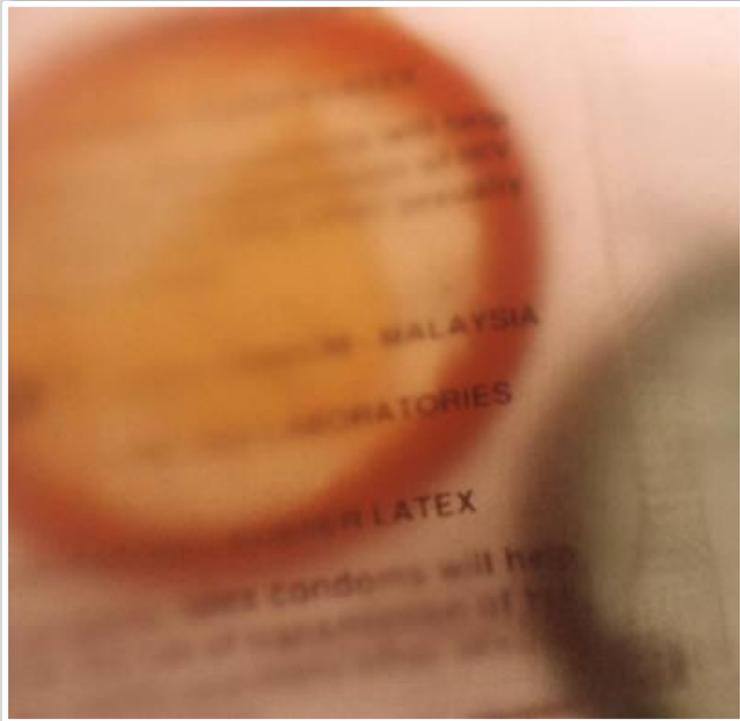
One-quarter (26.4%) of adolescent females reported that their abusive male partners were



TRYING TO
GET THEM
PREGNANT

Miller et al, 2007

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 & 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

MALE PARTNER PREGNANCY INTENTION AND CONDOM MANIPULATION

“

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 kid.

”

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

Miller et al, 2007

Birth control sabotage



The odds of experiencing interference with attempts to avoid pregnancy was

2.4 times higher

among women disclosing a **history of physical violence** by their husbands compared to non-abused women

(Clarke et al, 2008)

Birth Control Sabotage

Tactics include:

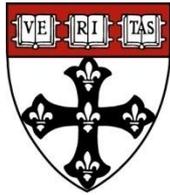
- Destroying or disposing of contraceptives (pills, patch, ring)
- Impeding condom use (threatening to leave her, poking holes in condoms)
- Not allowing her to obtain or preventing her from using birth control
- Threatening physical harm if she uses contraceptives



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

Evidence-Based Intervention

“A Community-Based Family Planning Intervention
to Reduce Partner Violence”



Elizabeth Miller, MD, PhD

Michele R. Decker, ScD

Heather L. McCauley, MS

Rebecca Levenson, MA

Phyllis Schoenwald, PA

Jeffrey Waldman, MD

Jay G. Silverman, PhD



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Intervention Elements: Enhanced IPV/SA Assessment

- Review limits of confidentiality
- Visit-specific assessment, using safety card
- Normalizing domestic violence experiences, and connecting those experiences to reproductive health
- Harm reduction and supported referral



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Study results

Among women in the intervention who experienced recent partner violence:

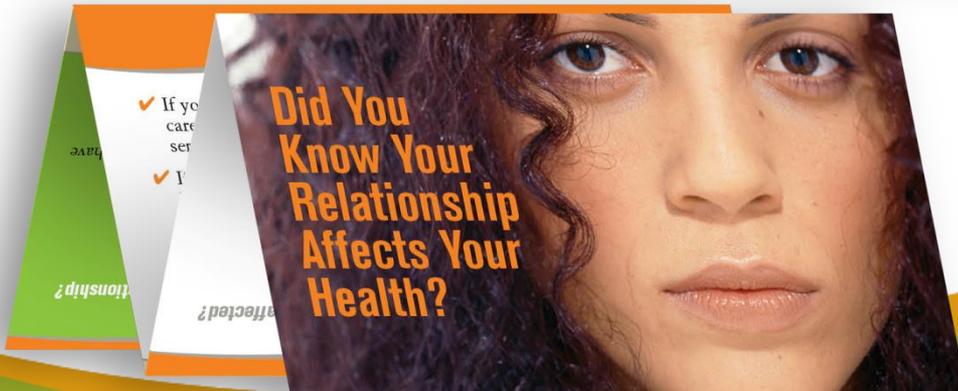
- **71% reduction** in odds for pregnancy coercion compared to control
- **60% more likely** to end a relationship because it felt unhealthy or unsafe

Brochure-based intervention

How might this safety card enhance patient care?



Did You Know Your Relationship Affects Your Health?



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These safety cards are an evidence based simple intervention and can be given to clients within seconds.

- Help victims learn about safety planning, harm reduction strategies and support services.
- Plant seeds for those who are experiencing abuse but not yet ready to disclose.
- Provide primary prevention– help clients identify signs of an unhealthy relationship and ideally avoid them.
- Educate clients about what they can do to help a friend or family member



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How to Introduce the Card:

- "We started giving this card to all our patients so they know how to get help for themselves or so they can help others."
- "We've started talking to all our patients about safe and healthy relationships because it can have such a large impact on your health"



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Universal Education on Healthy Relationships

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.*



**Did You
Know Your
Relationship
Affects Your
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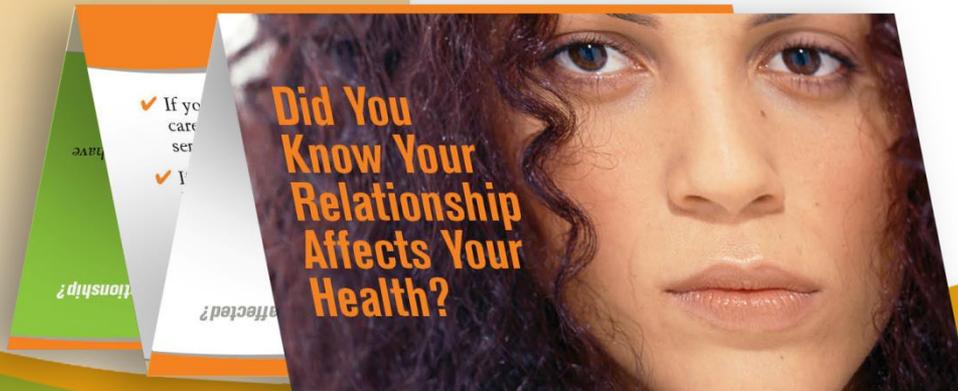
Direct Assessment for Reproductive Coercion

Are you in an UNHEALTHY relationship?

Ask yourself:

- ✓ Does my partner mess with my birth control or try to get me pregnant when I don't want to be?
- ✓ Does my partner refuse to use condoms when I ask?
- ✓ Does my partner make me have sex when I don't want to?
- ✓ Does my partner tell me who I can talk to or where I can go?

If you answered *YES* to any of these questions, your health and safety may be in danger.



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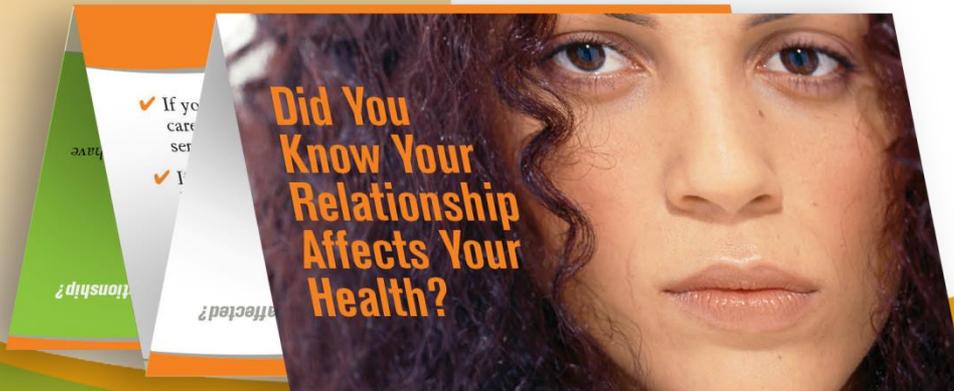
Discreet methods of contraception

Taking Control:

Your partner may see pregnancy as a way to keep you in his life and stay connected to you through a child—even if that isn't what you want.

If your partner makes you have sex, messes or tampers with your birth control or refuses to use condoms:

- ✓ Talk to your health care provider about birth control you can control (like IUD, implant, or shot/injection).
- ✓ The IUD is a safe device that is put into the uterus and prevents pregnancy up to 10 years. The strings can be cut off so your partner can't feel them. The IUD can be removed at anytime when you want to become pregnant.
- ✓ Emergency contraception (some call it the morning after pill) can be taken up to five days after unprotected sex to prevent pregnancy. It can be taken out of its packaging and slipped into an envelope or empty pill bottle so your partner won't know.



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Provider intervention

These methods are *less* vulnerable to tampering by a sexual partner-- but are detectable due to loss of period/irregular bleeding.



If her partner monitors her menstrual cycles, the Copper T IUD may be the safest method to offer her. The strings can be cut so the IUD can't be pulled out or felt by a partner.

Bridging reproductive coercion assessment to questions about IPV

Follow-up to Disclosure of Birth Control Sabotage

“What you’ve told me also makes me worried about your health and safety in other ways. Sometimes when a partner is trying to get you pregnant when you don’t want to be they might also try and control or hurt you in other ways.”

“Is anything like this happening in your relationship?”



REMEMBER:

Disclosure is not the goal

If you have a positive disclosure

- 1 Validate client's experience.
- 2 Offer discreet methods of contraception including EC.
- 3 Review safety card harm reduction strategies.
- 4 Ask client if she has immediate safety concerns and discuss options.
- 5 Refer to a domestic violence advocate
- 6 Follow up at next visit



Validating messages

- “I’m so sorry this is happening, you don’t deserve this”
- “It’s not your fault”
- “I’m worried about your safety”
- “You are not alone. Help is available”



Does this make a difference?

Even if a patient is not ready to leave a relationship, your recognition and validation of her situation is important.

You can help:

- Reduce her sense of isolation and shame
- Encourage her to believe a better future is possible
- Provide her with referrals and resources— something as simple as a private room with phone can help



Harm reduction is empower- ment

Getting Help

- ✓ If your partner checks your cell phone or texts, talk to your health care provider about using their phone to call domestic violence services—so your partner can't see it on your call log.
- ✓ If you have an STD and are afraid your partner will hurt you if you tell him, talk with your health care provider about how to be safer and how they might tell your partner about the infection without using your name.
- ✓ Studies show educating friends and family about abuse can help them take steps to be safer—giving them this card can make a difference in their lives.



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Domestic Violence Advocates



- Safety planning to assist women who have experienced domestic violence to think and act in a way to increase personal safety
- Shelter
- Other non-residential services
 - Legal advocacy
 - Support groups/counseling
 - Housing and welfare advocacy
 - Children's services

Providing a warm referral to the National Domestic Violence Hotline



“There are national confidential hotline numbers and the people who work there really care and have helped thousands of women.

They are there 24/7 and can help you find local referrals too—and often can connect you by phone...”

Have YOU called the Hotline???

It's difficult to give a strong referral if you don't know that it will happen when your patient makes the call.

Funded in part by the U.S. Department of Health and Human Services' Office on Women's Health (Grant #1 ASTWH110023-01-00) and Administration on Children, Youth and Families (Grant #90EV0414).



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All these national hotlines can connect you to your local resources and provide support:

For help 24 hours a day, call:

National Domestic Violence Hotline

1-800-799-SAFE (1-800-799-7233)

TTY 1-800-787-3224

www.thehotline.org

National Dating Abuse Helpline

1-866-331-9474

www.loveisrespect.org

National Sexual Assault Hotline

1-800-656-HOPE (1-800-656-4673)

www.rainn.org

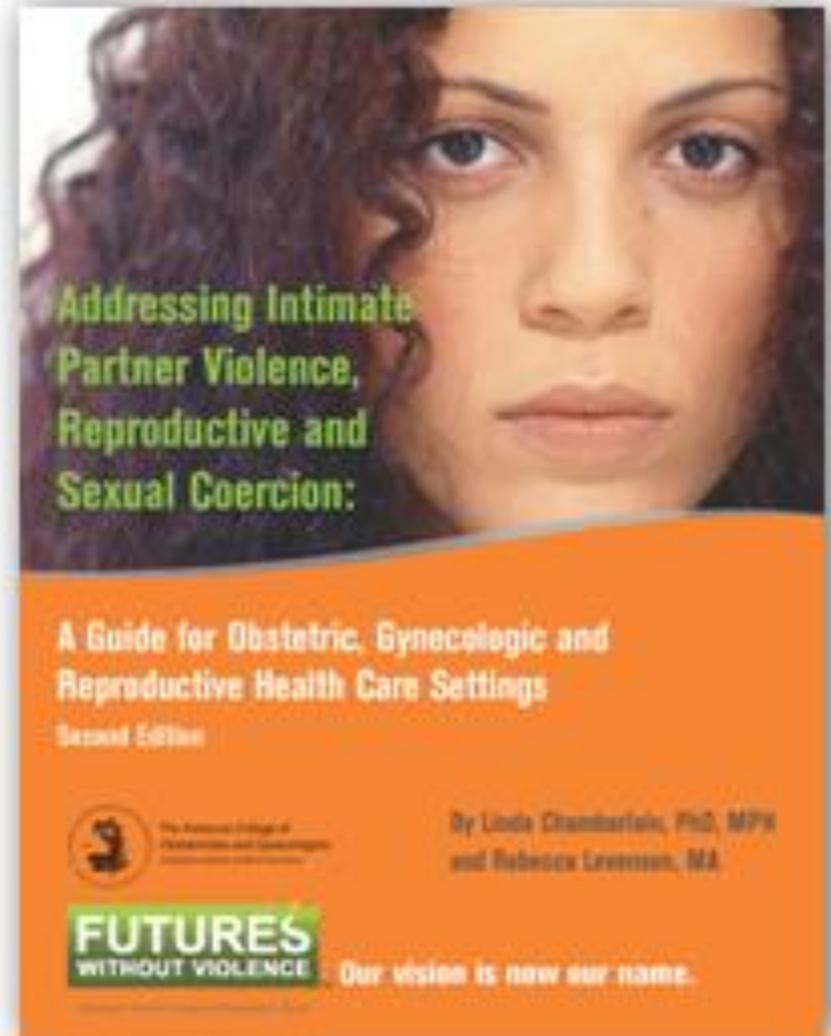
Did You Know Your Relationship Affects Your Health?



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Provider support and reference tools available through Futures Without Violence including:

www.healthcaresaboutipv.org



Defining Success

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

Futures Without Violence



Project Connect

A Coordinated Public Health Initiative
to Prevent Violence Against Women

Funded by the Office on Women's Health, US Dept of Health & Human Services

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Thank you!



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Q&A

- If you would like to ask the presenter a question please submit it through the questions box on your control panel
- If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.