Intimate Partner Violence (IPV) Impacts on the Family

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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

EARLY CHILDHOOD
- Child Maltreatment
- Bullying
- Emotional or Psychological Violence and Witnessing

ADOLESCENCE
- Youth Violence
- Dating Violence
- Sexual Violence
- Suicide

ADULTHOOD
- Elder Maltreatment
- Intimate Partner Violence
Figure 1: How Risk Reduction and Health Promotion Strategies Influence Health Development

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

[Image of The Simpsons family sitting on a couch, watching TV]
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

PSYCHOLOGICAL ABUSE

Threats made / carried out with the intent of financial or emotional blackmail, harm, or humiliation. Threatens to take the children away.

PHYSICAL ABUSE

Attempts to physically frighten or injure her. Uses slaps, shoves, punches, kicks or objects to control her behavior. Forces her to share IV needles with others.

ISOLATION

Controls and limits what she does, whom she sees, and where she goes. Prevents her from seeing her family and friends.

Intimidation

Makes her afraid by using looks, actions, or gestures. Destroys her property. Displays weapons.

SEXUAL ABUSE

Forces her to have sex against her will. Physically attacks her sexual body parts. Prevents her from using birth control and/or safer sex practices.

EMOTIONAL ABUSE

Intentional attempts to minimize her concerns and to make her feel bad. Humiliates her in front of family, friends and others.

FINANCIAL ABUSE

Creates financial dependence. Takes her money. Forces her to ask for money whenever she needs anything.
Equity Wheel

Support
Supports her personal and professional goals. Respects her right to her own feelings, friends, activities and opinions.

Negotiation
Seeks mutually satisfying solutions to problems. Willing to compromise. Accepts responsibility.

Affection
Physically demonstrative in non-threatening or coercive ways. Hugs, caresses that are affectionate and caring.

Cooperation
Mutually agreeing upon division of labor in the home. Shares decision making on family matters. Shared responsibility for child-rearing.

Communication
Talks and acts so that she feels comfortable expressing herself. Communicates directly and honestly.

Respect
Respects her reproductive rights and choices. Sexual relationships based on mutual consent.

Economic Parity
Makes financial decisions together. Makes sure that financial arrangements benefit both fairly. Equal employment opportunity for both.

Companionship
Listens without judging. Validates her opinions and feelings. Provides commitment and support.
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.
Figure 2.8
Overlap of Lifetime Intimate Partner Rape, Physical Violence, and Stalking among Women — NISVS 2010

- Physical violence only: 56.8%
- Slapped, pushed, or shoved only: 34.3%
- Severe physical violence and slapped, pushed, or shoved: 55.4%
- Severe physical violence only: 10.3%
- Rape only: 4.4%
- Rape and physical violence: 8.7%
- Rape and stalking: 0.6%
- Stalking only: 2.6%
- Rape, physical violence and stalking: 12.5%
Figure 2.9
Overlap of Lifetime Intimate Partner Rape, Physical Violence, and Stalking among Men — NISVS 2010

- Physical violence only: 92.1%
- Other combinations *
  - Severe physical violence and slapped, pushed, or shoved: 37.5%
  - Slapped, pushed, shoved only: 53.8%
  - Severe physical violence only: 8.7%
- Physical violence and stalking: 6.3%
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<thead>
<tr>
<th></th>
<th>National (est.)</th>
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<tr>
<td><strong>US WOMEN</strong></td>
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<tr>
<td>Lifetime — rape, physical violence, and/or stalking.</td>
<td>42,420,000</td>
<td>697,000</td>
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<td><strong>US MEN</strong></td>
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<tr>
<td>Lifetime — rape, physical violence, and/or stalking.</td>
<td>32,28,000</td>
<td>550,000</td>
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ANNUAL IPV SNAPSHOT-2010

Intimate partner violence

- IPV homicides: 1,336
- IPV injuries receiving medical treatment: 484,998
- IPV injuries reported to police: 153,174
- IPV rape, physical violence, and/or stalking: 12,673,000

doi:10.1001/jama.2015.8371
CHILD MALTREATMENT 2011

Child maltreatment

- 10,198,507 experienced any child maltreatment
- 3,082,000 investigated for child abuse/alternative response
- 681,000 hospitalized for non-abuse-related serious injury
- 1,570 child homicide
- 4,745

OVERLAP BETWEEN IPV AND CHILD MALTREATMENT

Intimate Partner Violence

Child Maltreatment

40-60%
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
Frontal lobes: Abstract thought, reasoning, judgment, planning, impulse and affect regulation, consequences

Temporal lobe (outside): Processing sound and language

Limbic System (inside): Emotions and impulsivity

Parietal Lobe: Integration of sensory data and movement

Occipital Lobe: Visual processing

Cerebellum: Smooth movements Coordination

Brain Stem & Cranial Nerves: Vital functions Swallowing

Environmental stressors (work, home, neighborhood)

Perceived stress (threat or no threat, helplessness, vigilance)

Individual differences (genes, development, experience)

Physiologic responses

Behavoiral responses (fight or flight, personal behavior e.g., diet, smoking, drinking, exercise)

Allostasis Adaptation Allostasic load

McEwen BS, Gianaros PJ. 2011.

Stressor

Hypothalamus

CRH

Anterior Pituitary

ACTH

Glands

Glucocorticoids

Cytokines

Autonomic Nervous System

Cardiovascular

Liver

Musculoskeletal

Other Body Systems

Immune System

Spleen

Thymus

Bone Marrow

Immune cells

CNS Cytokines

mRNA

Aging

Original Gene

Epigenetic Change

Methyl Group

1

2

Environmental stressors

Major life events

Trauma/abuse

Allostasis

Adaptation

Allostasic load

Perceived stress

Individual differences

Physiologic responses

Behavioral responses
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

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
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.
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 4X 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
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 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](http://www.thehotline.org)
- CDC Intimate Partner Violence
- Intimate Partner Violence: Dr Elaine Alpert
- Academy on Violence and Abuse
  [www.Avahealth.org](http://www.Avahealth.org)
- Futures Without Violence
  [www.futureswithoutviolence.org/health](http://www.futureswithoutviolence.org/health)
Have you asked her about domestic violence?

A simple question can be the best medicine.