Intimate Partner Violence (IPV) and Reproductive/Sexual Coercion
Objectives

- Realize 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 (IPV) includes sexual assault, physical abuse, stalking, reproductive and sexual coercion, as well as emotional abuse. RAPE threats, isolation, social media attacks, and financial abuse are also part of IPV. Physical abuse includes hitting, strangling, choking, pushing, slapping, shoving, using a weapon, kicking, and burning. Emotional abuse refers to isolation, emotional manipulation, and threats.

The Maryland Department of Health and Mental Hygiene offers resources and support for victims of IPV.
# IPV Prevalence, U.S., 2010

<table>
<thead>
<tr>
<th>IPV</th>
<th>Past year</th>
<th>Lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape</td>
<td>0.6</td>
<td>9.4</td>
</tr>
<tr>
<td>Physical violence</td>
<td>4.0</td>
<td>32.9</td>
</tr>
<tr>
<td>Stalking</td>
<td>2.8</td>
<td>10.7</td>
</tr>
<tr>
<td>Rape, physical violence and/or stalking</td>
<td>5.9</td>
<td>35.6</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hisp</td>
<td>35</td>
</tr>
<tr>
<td>Black, Non-Hisp</td>
<td>44</td>
</tr>
<tr>
<td>Asian, Non-Hisp</td>
<td>20</td>
</tr>
<tr>
<td>Am Indian or Alaskan Native</td>
<td>46</td>
</tr>
<tr>
<td>Hispanic</td>
<td>37</td>
</tr>
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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
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

*Wu et al. Trauma, Violence & Abuse 2010
# Health Impact – Indirect clues

## Medical Disorders Associated with IPV among Women

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

- No physical abuse: 92.8%
- Physical abuse: 7.2%

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074
Cigarette Smoking and Physical Abuse, Maryland, 2004-2008

Before pregnancy
- No abuse: 16
- Abuse: 37

During pregnancy
- No abuse: 9
- Abuse: 23

After pregnancy
- No abuse: 12
- Abuse: 30

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

- Associated with preterm birth (PTB) and low birth weight (LBW) infant
  - Found in most but not all studies
  - Inconsistent definitions and populations
- Most recent 2010 meta-analysis*
  - 1.5 adjusted OR of PTB
  - 1.5 adjusted OR of LBW

*Shah et al. 2010

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074
Impact of IPV on Children

- Poor attachment
- Developmental delays
- Mental health disorders
- Risk of abuse
  - Addressing IPV may be one of the most effective ways to prevent child abuse.
    - IPV and child abuse co-occur in 50% of cases
    - Recommended by the American Academy of Pediatrics
Pregnancy-Associated Mortality

Deaths during Pregnancy...........................................one year later
Leading Causes of Pregnancy-Associated Deaths, Maryland, 1993-1998

- 1) Homicide
- 2) Cardiovascular disorders
- 3) Automobile accidents

Source: Horon and Cheng, JAMA 2001
Pregnancy Associated Mortality, Maryland, 1993-2008

- Homicide was the leading cause of pregnancy-associated death in Maryland.
  - Most prevalent: African American, age <25
  - Firearms: most common method of injury (60%)

- 56% of pregnancy-associated homicides were intimate partner homicides (IPH)
  - Not considering open cases, 65% were IPH
  - Nearly half of IPH occurred during pregnancy

Source: Cheng and Horon, Obstetrics & Gynecology 2010
Pregnancy Coercion

**NOT WANTING PREGNANCY**
- Demands abortion
- Threaten to leave if she doesn’t get rid of pregnancy
- Threaten to hurt her or the baby after she delivers
- Threaten to hurt her or physically abuses her during pregnancy

**WANTING PREGNANCY**
- Tell 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 hurt her for not agreeing to get pregnant
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
Unintended Pregnancy Rate, MD 2006-2011

Percent

HP
44.0

40 41 42 43 44 45 46

2006 2007 2008 2009 2010 2011

© Alamy
Unintended Pregnancy, 2010
Reason for not using contraception: husband/partner didn’t want to
Reason for not using contraception: had side effects from birth control
Reason for not using contraception: problems getting birth control
Before you got pregnant with your new baby, did your husband or partner ever try to keep you from using your birth control so that you would get pregnant when you didn’t want to?

For example, did he hide your birth control, throw it away or do anything else to keep you from using it?
Birth Control Sabotage

- Preventing her from going to clinic to obtain BC
- Removing vaginal ring
- Flushing BCP 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
Long Acting Reversible Contraception (LARC)
Emergency Contraception
Counseling to Prevent Unintended Pregnancy

- Planning pregnancy?
- Birth control use?
- If not using birth control, why not?
- Options
Counseling to Prevent Unintended Pregnancy

- Has your partner ever made you have sex when you didn’t want to?
- Has your partner refused your request to use condoms?
- Has your partner ever tried to get you pregnant when you did not want to be pregnant?
- Are you worried your partner will hurt you if you do not do what he wants with the pregnancy?
- Does your partner support your decision about when or if you want to become pregnant?
Reproductive Coercion

- General ob/gyn clinic*
  - 16% + reproductive coercion
    - 32% also reported IPV
- Family planning clinic**
  - 71% reduction in odds of pregnancy coercion or unsafe relationships with intervention (asking, harm reduction strategies, resources) 1-2 years afterwards
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

Kiely et al. 2010; Weinsheimer et al, 2005; McNutt et al 1999;
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)
Affordable Care Act

- Institute of Medicine Clinical Preventive Services for Women, 7/2011, recommended
  - Screening/counseling for women and adolescent girls for interpersonal/domestic violence in a culturally sensitive and supportive manner.

- U.S. Public Services Task Force 1/2013
  - Grade B recommendation to screen for IPV and intervene

- Well woman visit, annual
  - Insurance coverage without copays for IPV/DV screening
IPV Assessment

- **Who**
  - All women of reproductive age
  - Anyone when signs or symptoms raise concerns
    - Injuries, mental health, substance abuse, STI, associated health disorders
- **When**
  - New/annual exams, hi-risk conditions
  - Obstetric - Each trimester, postpartum
- **Where**
  - Private area
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?

Prenatal/family planning patients:
Does your partner support your decision about when/if you want to become pregnant?”
What if she says “yes”

- Goal is helping her to stay safe
  - Not getting her to leave

- Goal is providing
  - Support
  - Information, options
  - resources
Source: Maryland Network Against Domestic Violence
www.mnadv.org
Educate
Safety Cards

- Futures Without Violence
  www.FuturesWithoutViolence.org

- Maryland Network Against Domestic Violence
  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
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
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?”
Hotlines

- **NATIONAL DOMESTIC VIOLENCE HOTLINE:**
  1-800-799-SAFE (7233)
  www.thehotline.org

- **DATING VIOLENCE HOTLINE**
  1-866-331-9474
  www.loveisrespect.org

- **SEXUAL ASSAULT HOTLINE**
  1-800-656-4673
  www.rainn.org
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 - 1st prenatal visit, each trimester and postpartum visit.
- Other – depression/substance abuse/mental health/injuries /STI
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)

- Maryland Health Care Coalition Against DV

- Hospital-based Programs
  - Anne Arundel, Howard County General, GBMC, Mercy, Meritus, Northwest, Prince George’s Hospital, Sinai

- Every jurisdiction in Maryland has DV services
  - House of Ruth
  - TurnAround
  - Family Crisis Center

- Futures Without Violence
  - [www.FuturesWithout Violence.org](http://www.FuturesWithout Violence.org)
PROBLEM

- One out of every three women have a history of IPV. Maryland – 42% (6th worst state)
  - Reproductive coercion 16%
- Health impact is large
- Homicide is the leading cause of pregnancy-associated death
  - 7% Maryland women, 12% Baltimore City) report perinatal physical abuse
- 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.dhmh.maryland.gov/ipv](http://www.dhmh.maryland.gov/ipv)