Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence

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Epidemiologist, Division of Violence Prevention
Centers for Disease Control and Prevention

The findings and conclusions in this presentation do not necessarily represent the official position of the Centers for Disease Control and Prevention
Different Forms of Violence

- Peer Violence
- Suicidal Behavior
- Child Maltreatment: physical, sexual, emotional, neglect
- Intimate Partner Violence
- Dating Violence
- Sexual Violence

Source: Centers for Disease Control and Prevention, Division of Violence Prevention
Survivors of one form of violence are more likely* to be victims of other forms of violence

- **Girls who are sexually abused are more likely to:**
  - suffer physical violence and sexual re-victimization
  - engage in self-harming behavior
  - be a victim of intimate partner violence later in life

- **Youth who have been physically abused by a dating partner are also more likely to have:**
  - suffered abuse as a child
  - been a victim of sexual assault
  - witnessed violence in their family

- **Women and girls involved in gangs:**
  - often experience physical, emotional and sexual abuse by other gang members
  - are more likely to have been physically or sexually abused as children

*Likelihood refers to the probability of re-victimization as compared to non-victims. It never means always.

Although most victims of violence do not behave violently, they are at higher risk for behaving violently

- **Children** who experience physical abuse or neglect early in their lives are at greater risk for committing:
  - violence against peers (particularly for boys)
  - bullying
  - teen dating violence
  - child abuse, elder abuse, intimate partner violence, and sexual violence later in life

- **Youth** who have witnessed parental violence are more likely to:
  - bully others

People who behave violently are more likely to commit other forms of violence

- Adults who are violent toward their partners are at higher risk of also abusing their children.

- Youth who bully are more likely to:
  - carry weapons and be physically violent.
  - sexually harass peers
  - commit violence against partners as teens
  - commit violence against partners as adults

Survivors of Violence are at Risk for Other Negative Health Behaviors/Outcomes

Adverse Childhood Experiences (ACEs)

As ACEs “score” goes up, so does risk for...

- **Risky Behaviors**
  - Physical Inactivity, Smoking, Drug/Alcohol Abuse, Early Sexual Activity

- **Chronic Disease**
  - Obesity, COPD, Asthma, Diabetes, Liver Disease, Heart Disease

- **Other Health Outcomes**
  - Teen Pregnancy, STDs, Miscarriage, Depression, Suicide Attempts, Early Death, Job Problems/Lost Time from Work, Rape victimization, Perpetration of IPV

Source: Centers for Disease Control and Prevention, Adverse Childhood Experiences Study. Available at: [http://www.cdc.gov/violenceprevention/acestudy/](http://www.cdc.gov/violenceprevention/acestudy/)
Why Focus on Shared Risk and Protective Factors?

- Prevent multiple forms of violence, risky behaviors, and chronic disease simultaneously
- Develop new partnerships
- Leverage resources/funding streams
- Consider a larger pool of strategies

Our definition of shared risk and protective factors

- Research on risk and protective factors for violence is continuously evolving
- In the tables on the following slides:
  - Risk and protective factors are collapsed into general categories, but may have been measured differently across different violence areas/different studies*
  - “X’s” indicate the existence of at least one study published in a peer reviewed journal demonstrating an association between the risk or protective factor and that type of violence.

*For more information on how each factor was measured, please refer to the “Connecting the Dots: An Overview of the Links between Multiple Forms of Violence” brief where references for each study can be found.
## Societal Risk Factors

<table>
<thead>
<tr>
<th></th>
<th>CM</th>
<th>TDV</th>
<th>IPV</th>
<th>SV</th>
<th>YV</th>
<th>Bullying</th>
<th>Suicide</th>
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<td>aggression*</td>
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<td>social policies/laws</td>
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<td>Harmful gender norms*</td>
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</tbody>
</table>

*Norms are generally measured at the individual level

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

## Neighborhood Risk Factors

<table>
<thead>
<tr>
<th></th>
<th>CM</th>
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<td>X</td>
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</table>

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

*Neighborhood support/cohesion typically measured at the individual level

### Neighborhood Protective Factors

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<td>Access to mental health and substance abuse services</td>
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<td>X</td>
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*Community support and connectedness typically measured at the individual level

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# Relationship Level Risk Factors

<table>
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<tr>
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<td>X</td>
<td>X</td>
<td>X</td>
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# Relationship/Individual Level Protective Factors

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<td>violently</td>
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</tbody>
</table>

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# Individual Level Risk Factors

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<tr>
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<th>YV</th>
<th>Bullying</th>
<th>Suicide</th>
<th>Elder Abuse</th>
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<tr>
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<td>X</td>
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<tr>
<td>Witnessing violence</td>
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<td>X</td>
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<td>X</td>
<td>X</td>
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<td>X</td>
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<td>X</td>
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<tr>
<td>Substance use</td>
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</tbody>
</table>

Examples of Potential Strategies for Addressing Multiple Forms of Violence

- **Community/Societal level**
  - Norms change strategies
  - Strategies/activities that enhance community support & connectedness
  - Coordinated services

- **Relationship level**
  - Strategies that support families under stress
  - Strategies that connect youth with supportive adults, prosocial peers, and their schools

- **Individual level**
  - Strategies that build youth and families’ skills in solving problems non-violently
  - Substance abuse prevention strategies
Connecting the Dots Resources

• **Brief** summarizes research about the connections between different forms of violence (e.g. shared risk and protective factors) electronic or hard copy & slides

• **Audience:** Public health and violence prevention practitioners and their partners

• **Purpose:** Help violence prevention practitioners and their partners 1) Better understand and make the case for the connections between multiple forms of violence, 2) Think strategically and creatively about ways to prevent all types of violence from occurring in the first place

http://www.cdc.gov/violenceprevention/pub/connecting_dots.html
Intimate Partner Violence (IPV) and Health

Diana Cheng, M.D.
Medical Director, Women’s Health
Maryland Department of Health and Mental Hygiene
Objectives

- Understand the importance of assessing all women of childbearing age for IPV
- Learn associations between IPV and health
- Describe public health role in IPV
- Identify local and national IPV 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:
- physical abuse
  - hit
  - strangle
  - choke
  - push
  - slap
  - shove
  - weapon
  - kick
  - burn
  - bite
- sexual assault
- emotional abuse
- threats
- stalking
- isolation
- reproductive and sexual coercion

Other forms of abuse:
- financial abuse
  - social media attacks
# 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

IPV occurs among individuals of every race, religion, ethnicity, age, culture, socioeconomic class, education level, gender and sexuality.

- Immigrant
- Disabled
- Lesbian, gay, bisexual, transgender (LGBT)
- Teen
- Male
- Pregnant
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
Health Impact – Direct Clues

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
### Medical Disorders Associated with IPV among Women

<table>
<thead>
<tr>
<th>Category</th>
<th>Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health</strong></td>
<td>Depression, anxiety, PTSD, eating disorders, phobia, panic attacks, insomnia, suicide</td>
</tr>
<tr>
<td><strong>Substance abuse</strong></td>
<td>Tobacco, alcohol and drug abuse, tranquilizer, sleeping pills</td>
</tr>
<tr>
<td><strong>Chronic disorders</strong></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><strong>Reproductive health</strong></td>
<td>Pelvic pain, dysmenorrhea, dyspareunia, vaginitis, STI, UTI, unintended pregnancy, poor prenatal behaviors, poor pregnancy outcomes</td>
</tr>
</tbody>
</table>
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 by Current or Ex-Partner Before and During Pregnancy, 2004-2008

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
Factors Associated with Physical Abuse, Maryland, 2004-2008

- Anemia: 12% (No abuse), 28% (Abuse)
- Previous LBW: 11% (No abuse), 20% (Abuse)
- No prenatal care: 1% (No abuse), 3% (Abuse)
- UTI/kidney: 16% (No abuse), 33% (Abuse)
- Preterm labor: 19% (No abuse), 33% (Abuse)
- PP depression: 13% (No abuse), 34% (Abuse)
Cigarette Smoking and Physical Abuse, Maryland, 2004-2008

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074
Associated with preterm birth (PTB) and low birth weight (LBW) infant*
- Found in most studies
- Inconsistent definitions and populations

*Shah et al. 2010

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074
Homicide is the leading cause of death during pregnancy and up to one year later.

Horon and Cheng 2001 JAMA
Homicide was the leading cause of pregnancy-associated death in Maryland.

Two out of every three cases was perpetrated by an intimate partner.

Cheng and Horon, Obstetrics & Gynecology 2010
## Death Certificate

### Part I. Immediate Cause

- **Immediate Cause (Final disease or condition resulting in death):**
  - **Gunshot Wound of the Head**

### Part II. Other Significant Conditions

- Contributing to death but not resulting in the underlying cause given in Part I:

### Additional Information

- **Manner of Death:**
  - **Homicide**

- **Place of Death:**
  - **Subject shot**
Homicide case #1

- 5 year old son witnessed mother’s murder
- His mother’s friend was also in the house
- Reviewed by Maternal Mortality Review Committee and other fatality reviews
Case #1 postpartum visit

29 y/o G9P4145
- Prenatal: initiated care @ 32 weeks [unwanted preg], smoked ½ ppd, occ. marijuana use, albuterol for asthma, tylenol for migraines, anxiety, +C.T.
- Delivery: S/P SVD 35 weeks, 2240 gm infant; + THC tox screen
- S/P 4 NVDs (36-38 wks), early prenatal care (different father); 2 TA, 2 SA, 1st preg age 15
- ER @ 30 weeks for trauma to abdomen
- Partner heavy alcohol user

Assessment
- Normal PP exam; baby D/W, breastfeeding, smokes 1 PPD; no drugs

Plan
- Condoms, considering TL, urged to stop smoking; return 1 year;

(Note - no IPV assessment documented on prenatal/delivery records)
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 Coercion

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

**WANTING PREGNANCY**
- Tells 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 hurts her for not agreeing to get pregnant
Birth Control Sabotage

- Preventing her from going to clinic to obtain BC
- Removing vaginal ring
- Flushing pills 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
Harm Reduction Strategy

Long Acting Reversible Contraception (LARC)

Medroxyprogesterone acetate
Depo Provera Shot
Emergency Contraception
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
  - most 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)
Grade B Recommendation

- Screen women of “childbearing age: for IPV
- Provide or refer women who screen positive to intervention services
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
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.

Reproductive and Sexual Coercion
Maryland IPV Task Force 2012

- Representatives from primary care
  - emergency medicine
  - family practice
  - internal medicine
  - nursing
  - nurse midwives
  - nurse practitioners
  - ob/gyn
  - oral health
  - pediatrics
  - physician assistants
  - psychiatry
  - social work

- IPV assessment protocol
  - when
  - whom
  - how
    - sample tool

- Public comment – Dec 2012-Jan 2013

- Implementation
  - Ob/gyn
1) Has your current or former partner threatened you or made you feel afraid?

2) Has your partner hit, strangled/”choked” or physically hurt you?

3) Has anyone made you have sex when you didn’t want to?

4) Does your partner support your decision to be or not be pregnant? [Prenatal/FP]
Role of HCPs: IPV Assessment

- Ask every woman of reproductive age
  - Don’t just ask those whom you think are high risk

- Discuss confidentiality

- Ask in a private place
  - Interpreter should not be family/friend

- Assess
  - End point = SAFETY
  - End point = EDUCATE
Programs Providing Comprehensive Domestic Violence Services in Each County

- The Dove Center
- Family Crisis Resource Center
- Citizens Assisting and Sheltering the Abused (CASA)
- Family & Children’s Services of Central Maryland
- Heartly House
- TurnAround, Inc.
- Family Crisis Center of Baltimore County
- Family & Children’s Services of Central Maryland
- Spouse Abuse/Sexual Assault Resource Center (SARC)
- Cecil County Domestic Violence/Rape Crisis Center
- House of Ruth Maryland (also provides counseling and legal services in Prince George’s Co. and legal services in Montgomery Co.)
- Mid-Shore Council on Family Violence
- Life Crisis Center

Maryland Department of Health and Mental Hygiene
Educate Safety Cards

- Futures Without Violence
  www.FuturesWithoutViolence.org

- Maryland Network Against Domestic Violence
  www.mnadv.org
Having a Conversation

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.

Sample Script:

“We have started talking to all of our patients about how you deserve to be treated by the people you go out with and giving them this card—it’s kind of like a magazine quiz—Are you in a HEALTHY relationship?”
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?”
Brochures – office use

Stalking: a guide for victims
How to Find Safety When You Are Being Stalked

Safe and healthy babies...
start with safe & healthy moms!

Does This Happen To You?

MARYLAND Department of Health and Mental Hygiene
One Love Foundation

www.joinonelove.org

MAKE A DIFFERENCE

Be a part of the One Love Foundation’s latest initiative to “Be 1 For Change”
Resources

- Maryland IPV web site
  - www.dhmh.maryland.gov/ipv

- Maryland Network Against DV
  - www.mnadv.org

- National Coalition Against DV
  - www.ncadv.org

- Futures Without Violence
  - www.FuturesWithoutViolence.org
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
PROBLEM

- One out of every three women have history of IPV. Maryland – 42%
  - Homicide is a leading cause of pregnancy-associated death
- Health impact is large
- Health care providers miss opportunities to intervene

SOLUTION

- Improve IPV assessment among health care providers
  - Most women wished they were asked about IPV
  - 3 simple questions
- Many resources available to help providers with IPV
  - Hotlines
  - Local DV programs
  - [www.dhmh.maryland.gov/ipv](http://www.dhmh.maryland.gov/ipv)