IMPACT OF VIOLENCE AGAINST WOMEN

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I have no financial or other conflicts of interest to disclose.
Violence against women is a worldwide problem that affects physical and mental health of women. Physicians need to understand how violence against women may be affecting their patients’ health and health care access. This presentation will define violence against women, provide evidence of the physical and mental health impact, and discuss the role of physicians in identifying and referring victims of violence.
Define intimate partner violence (IPV)

Measurement in research settings

Overview of health impact of IPV
  - Physical health
  - Reproductive health
  - Mental health
  - Risk behaviors
  - Quality of life/disability

Partner influences on health care

Screening for IPV in clinic settings
Violence as a Public Health Concern
Violence (Position Paper)
Violence, Media (Position Paper)
Hate Crimes
Child Abuse
Family and Intimate Partner Violence and Abuse
Violence, Illegal Acts Against Physicians and Other Health Professionals
Violence, Bullying
Firearms, Handguns and Assault Weapons
Violence in the Media
The American Academy of Family Physicians recognizes violence as a major public health concern. Members should be aware of the risk factors related to violence, the various manifestations of violence, and of available services.

Experts suggest that violence is related to a multiplicity of environmental factors including the pervasive image portrayed in the media that violent responses are acceptable means of addressing problems and the easy availability of handguns. The Academy believes it to be important to address these factors by supporting the efforts of those individuals and groups attempting to prevent and reduce the level of all violence and encouraging members to become involved actively with such activities.
Violence against women will be the form of family violence most frequently seen in family medicine. Physicians need to recognize that women who are victims of domestic violence will be patients in every family medicine practice in this country because one in every four women has been a victim of domestic violence at some point in her life, and one in seven women has been victimized in the past year.
Given the statistics discussed, there is no doubt that all family physicians see victims of violence, abuse and neglect regularly as they care for men, women and children of all ages, races, sexual orientations, socioeconomic, ethnic and cultural backgrounds.

Fewer than 15 percent of female patients report being asked about violence or abuse by health care professionals.
DEFINING AND MEASURING INTIMATE PARTNER VIOLENCE
VIOLENCE CATEGORIES: UNIFORM DEFINITIONS

- Physical violence
- Sexual violence
- Psychological / emotional abuse
  - Coercive tactics
- Threats of physical or sexual violence

The intentional use of physical force with the potential for causing death, disability, injury, or harm.

Includes, but is not limited to: scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, use of a weapon (gun, knife, or other object), and use of restraints or one’s body, size, or strength against another person.
Sexual violence is divided into three categories:

- Use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is completed
- An attempted or completed sex act involving a person who is unable to understand the nature or condition of the act, to decline participation, or to communicate unwillingness to engage in the sexual act (e.g., because of illness, disability, or the influence of alcohol or other drugs, or due to intimidation or pressure)
- Abusive sexual contact
Trauma to the victim caused by acts, threats of acts, or coercive tactics, such as those on the following list.

Other behaviors may be considered emotionally abusive if they are perceived as such by the victim.

Although any psychological/emotional abuse can be measured by the IPV surveillance system, the expert panel recommended that it only be considered a type of violence when there has also been prior physical or sexual violence, or the
PSYCHOLOGICAL/EMOTIONAL ABUSE EXAMPLES

- Humiliating the victim
- Controlling what the victim can and cannot do
- Withholding information from the victim
- Getting annoyed if the victim disagrees
- Deliberately doing something to make the victim feel diminished (less smart, attractive)
- Deliberately doing something that makes the victim feel embarrassed
- Denying the victim access to money/basic resources
- Using money that is the victim’s
PSYCHOLOGICAL/EMOTIONAL ABUSE EXAMPLES

- Taking advantage of the victim
- Disregarding what the victim wants
- Isolating the victim from friends or family
- Prohibiting access to transportation/telephone
- Getting the victim to engage in illegal activities
- Using the victim’s children to control victim’s behavior
- Threatening loss of custody of children
- Smashing objects or destroying property
- Disclosing information that would tarnish the victim’s reputation
THREAT OF PHYSICAL OR SEXUAL VIOLENCE

- The use of words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm.
- Also the use of words, gestures, or weapons to communicate the intent to compel a person to engage in sex acts or abusive sexual contact when the person is either unwilling or unable to consent.
THREAT OF PHYSICAL OR SEXUAL VIOLENCE

Examples:
- "I’ll kill you";
- "I’ll beat you up if you don’t have sex with me";
- Brandishing a weapon;
- Firing a gun into the air;
- Making hand gestures;
REVISED CONFLICT TACTICS SCALE (CTS2)

- One of the most widely used scales in RESEARCH

- Response Options
  - 0 = *This has never happened*
  - 1 = Once in the past year
  - 2 = Twice in the past year
  - 3 = 3-5 times in the past year
  - 4 = 6-10 times in the past year
  - 5 = 11-20 *times in the past year*
  - 6 = *More than 20 times in the past year*
  - 7 = Not in the past year, but it did happen before
CTS2 Psychological Aggression Scale

- Insulted or swore at my partner
- Shouted or yelled at my partner
- Stomped out of the room or house or yard during a disagreement
- Said something to spite my partner
- Called my partner fat or ugly*
- Destroyed something belonging to my partner*
- Accused my partner of being a lousy lover*
- Threatened to hit or throw something at my partner*

*Minor Item
CTS2 PHYSICAL ASSAULT SCALE

- Threw something at my partner that could hurt
- Twisted my partner's arm or hair
- Pushed or shoved my partner
- Grabbed my partner
- Slapped my partner
- Punched or hit my partner with something that could hurt*
- Choked my partner*
- Used a knife or gun on my partner*
- Beat up my partner*
- Burned or scalded my partner*
- Kicked my partner*
- Slammed my partner against a wall*

*Minor Item
CTS2 SEXUAL COERCION SCALE

- Made my partner have sex without a condom
- Insisted on sex when my partner did not want to (but did not use physical force)
- Insisted my partner have oral or anal sex (but did not use physical force)
- Used force (hitting, holding down, or using a weapon) to make my partner have oral or anal sex*
- Used force (like hitting, holding down, or using a weapon) to make my partner have sex*
- Used threats to make my partner have oral or anal sex*
- Used threats to make my partner have sex*

*Minor Item
WOMEN’S EXPERIENCES WITH BATTERING (WEB) SCALE

- He makes me feel unsafe even in my own home.
- I feel ashamed of the things he does to me.
- I try not to rock the boat because I am afraid of what he might do.
- I feel like I am programmed to react a certain way to him.
- I feel like he keeps me prisoner.
- He makes me feel like I have no control over my life, no power, no protection.
- I hide the truth from others because I am afraid not to.
- I feel owned and controlled by him.
- He can scare me without laying a hand on me.
- He has a look that goes straight through me and terrifies me.

Responses: Agree strongly (6) to Disagree strongly (1)
Scoring: Sum 10 items; Score >20 battered
PREVALENCE RATES OF IPV

• National Violence Against Women Survey
• Nov. 1995- May 1996
• Interviewed 8,000 men and 8,000 women
• Child Abuse
• Stalking
• Lifetime and current IPV
  • Intimate partner = spouse, live in partner
  • Physical (12 item Conflict Tactics Scale)
  • Forced sex (3 items, completed sexual assault)
    ○ Has a man or boy ever made you have sex by using force or threatening to harm you or someone close to you?
Women Victimized Before Age 18 by Type of Victimization

<table>
<thead>
<tr>
<th>Type of Victimization*</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape</td>
<td>9.0</td>
</tr>
<tr>
<td>Physical assault by a caretaker</td>
<td>40.0</td>
</tr>
<tr>
<td>Stalking</td>
<td>0.9</td>
</tr>
<tr>
<td>Any of the above</td>
<td>43.4</td>
</tr>
</tbody>
</table>

**Women Victimized in Lifetime and in Previous 12 Months**

<table>
<thead>
<tr>
<th>Type of Violence</th>
<th>In Lifetime</th>
<th></th>
<th>In Previous 12 Months</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Rape</td>
<td>17.6</td>
<td>17,722,672</td>
<td>0.3</td>
<td>302,091</td>
</tr>
<tr>
<td>Physical assault</td>
<td>51.9</td>
<td>52,261,743</td>
<td>1.9</td>
<td>1,913,243</td>
</tr>
<tr>
<td>Rape and/or physical assault</td>
<td>55.0</td>
<td>55,383,350</td>
<td>2.1</td>
<td>2,114,637</td>
</tr>
<tr>
<td>Stalking</td>
<td>8.1</td>
<td>8,156,457</td>
<td>1.0</td>
<td>1,006,970</td>
</tr>
<tr>
<td>Any of the above</td>
<td>55.9</td>
<td>56,289,623</td>
<td>3.0</td>
<td>3,020,910</td>
</tr>
</tbody>
</table>

### Women Raped or Physically Assaulted by an Intimate Partner in Lifetime and in Previous 12 Months

<table>
<thead>
<tr>
<th>Type of Violence</th>
<th>In Lifetime</th>
<th>In Previous 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Rape</td>
<td>7.7%</td>
<td>7,753,669</td>
</tr>
<tr>
<td>Physical assault</td>
<td>22.1%</td>
<td>22,254,037</td>
</tr>
<tr>
<td>Rape and/or physical assault</td>
<td>24.8%</td>
<td>24,972,856</td>
</tr>
<tr>
<td>Stalking</td>
<td>4.8%</td>
<td>4,833,456</td>
</tr>
<tr>
<td>Any of the above</td>
<td>25.5%</td>
<td>25,677,735</td>
</tr>
</tbody>
</table>
## Repeated Violence

<table>
<thead>
<tr>
<th>Adult Victimization</th>
<th>Child Victimization*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (%)</td>
</tr>
<tr>
<td>Rape</td>
<td>18.3</td>
</tr>
<tr>
<td>Physical Assault</td>
<td>46.7</td>
</tr>
<tr>
<td>Stalked</td>
<td>46.6</td>
</tr>
</tbody>
</table>

* Reporting same type of child victimization as adult victimization
OVERVIEW OF THE HEALTH EFFECTS OF IPV
CARdiovascular Disease

- Hypertension: 1 of 4 studies  
  (Black, 2008; Coker 2000; Loxton, 2006; Lown, 2001)

- Diabetes: 0 of 5 studies  
  (Black, 2008; Coker, 2000; Diaz-Olavarrieta, 2002; Loxton, 2006; Lown, 2001)

- Obesity: 1 of 3 studies  
  (Loxton, 2006; Black, 2008; Coker 2009)  
  - Lifetime sexual IPV and childhood sexual abuse only

- IPV & cardiopulmonary symptoms: 3 of 4 studies.  
  (Loxton, 2006; Lown, 2001; Coker, 2000; Diaz-Olavarrieta, 2002)

- IPV & stroke or symptoms consistent with a stroke: 2 of 3 studies  
  (Black, 2008; Lown, 2001; Loxton, 2006)

- High cholesterol: One study noted high cholesterol assoc w/ IPV in women
OTHER CHRONIC DISEASES

- IPV has consistently been associated with gastrointestinal disorders including irritable bowel syndrome (Drossman, 1990; Coker, 2000; Diaz-Olavarrieta, 2002; Lown, 2001; Loxton, 2006; Talley, 1998; Talley, 1995)

- Chronic fatigue syndrome: 2 of 2 noted a significant increase in risk (Doyle, 1999; Patel 2005)

- Fibromyalgia: One small study (<200 subjects) found a significant (p=0.05) association with IPV (Boisset-Pioro 1995)

- Arthritis: 2 of 3 studies found an association with IPV and arthritis (Black, 2008; Coker, 2000; Lown, 2001).
IPV & MENTAL HEALTH

- IPV & PTSD: Consistent evidence that IPV is associated with PTSD.  
  (Kessler, 1995; Resnick, 1993; Kemp, 1995; Golding, 1999).

- IPV & depression: Consistent evidence that IPV is assoc w/ depression.  (Golding, 1999 meta analysis)
IPV & RISK BEHAVIORS

- IPV & alcohol abuse or dependence: weighted OR = 5.6 (Golding, 1999 meta analysis)
- IPV & drug abuse/dependence: weighted OR = 5.6 (McCauley, 1995; meta analysis)
- IPV & smoking: Women who experienced psychological, physical, or sexual abuse are consistently more likely to smoke than non-abused women. (Jun 2008, Gerger 2005; Stueve 2007, Weinbaum 2001; CDC 2008; Clouthier 2002; Lemon 2002)
- Direction of association unknown (mostly cross-sectional studies)
PREDICTING IPV BASED ON TOBACCO AND ALCOHOL USE

(Gerber 2005)
All 8 studies which explored IPV and either physical or mental disabilities found a significant increase in disabilities among those experiencing IPV. (Black & Breiding, 2008; Carbone-Lopez et al 2006; Casteel, et al. 2008; Coker et al 2005; Hathaway et al., 2000; Martin et al., 2008; Weinbaum et al., 2001; Zlotnick 2006)

All 8 studies that evaluated IPV and some measure of current quality of life found that lifetime IPV was assoc w/ at least one index of poorer quality of life independent of the type of IPV experienced. (Coker, 2000; Bonomi, 2007; Carbone-Lopez, 2006; Hathaway, 2000; Leung, 2005; Martin, 2008; Tiwari, 2008; Zlotnick, 2006)
REPRODUCTIVE HEALTH

- **Perinatal mortality** (death between 28 weeks gestation to 28 days after delivery): Five of 8 studies found a significant increase in perinatal mortality. (Coker, Sanderson, & Dong, 2004; Janssen et al., 2003; Leung et al 2001; Lipsky et al 2004; Pikarinen 2007; Taft & Watson, 2008; Webster et al. 1996; Yost et al. 2005)

- **LBW (<2500 grams)**: Seven of 12 studies to address IPV and LBW found a significant increase in LBW (Campbell et al., 1999; Coker et al., 2004; Cokkinides et al. 1999; Curry, et al. 1998; Janssen et al., 2003; Leung et al., 2001; Lipsky et al., 2004; Parker, et al., 1994; Silverman, et al., 2006; Tiwari et al., 2008; Webster et al., 1996; Yost et al., 2005)

- **Preterm delivery (<37 weeks)**: Two of 8 studies noted a significant increase in preterm delivery. (Campbell et al., 1999; Coker et al., 2004; Cokkinides et al., 1999; Leung et al., 2001; Lipsky et al., 2004; Silverman et al., 2006; Tiwari et al., 2008; Webster et al., 1996)

- **Unintended Pregnancy**: Women with an unwanted pregnancy were four times more likely to have experienced IPV (Pallitto 2005)
12 of 14 studies found a significant increase in maternal / infant complications assoc w/ IPV. (Brett, 2008; Certain, 2008; Cokkinides et al., 1999; Curry et al., 1998; Janssen et al., 2003; Kearney et al., 2003; Leung et al., 2001; Lipsky et al., 2004; Parker et al., 1994; Silverman et al., 2006; Taft & Watson, 2008; Tiwari et al., 2008; Webster et al., 1996; Yost et al., 2005)

Outcomes associated with IPV include:
- Postpartum depressive symptoms
- Hospitalization during pregnancy
- Bleeding during pregnancy
- Antenatal infection
- Pregnancy induced hypertension
- Infant NICU stays
- Lower Apgar scores
17 of 19 studies found that lifetime IPV was associated with ever having an STI

- Association not as strong for current STI
  (Campbell 2002; Champion 2004; Champion 2001; Coker 2004; Coker 2000; Garcia-Moreno 2006; Johnson 2002; King 2000; Loxton 2006; Martin 1999a; Martin 1999b; Muelleman, 1998; Parish 2004; Plichta 1996; Roberts 2005; Tubman 2004; Vos 2006; Weinbaum 2001; Wu 2006)

Three studies reported that sexual IPV was more strongly associated with having a history of an STI than was physical or psychological abuse.

(Campbell 2002; Coker 2000; Martin 1999)
SEXUAL FUNCTIONING

- IPV has been associated with an increased risk of chronic pelvic or abdominal pain in all five studies (Campbell 2002; Champion, 2004; Coker 2000; John, 2004; Pikarinen 2007)

- IPV and particularly sexual IPV was assoc w/ painful intercourse or dyspareunia in all of the four studies to address this association. (Campbell et al., 2002; Champion 2004; Champion 2001; Lown & Vega, 2001)

- All three studies to explore assoc w/ IPV and lack of sexual pleasure or sexual dysfunction noted that IPV increased the risk of this outcome. (Kovac, Klapow, Kroenke, Spitzer, & Williams, 2003; Parish et al., 2004; Pikarinen et al., 2007)
All three studies to address IPV and having an abnormal pap test noted a significant association (John 2004; Vos 2006; Coker 2003)

All three studies investigating IPV and invasive cervical cancer found a statistically significant association (Coker 2003; Coker, In press; Loxton 2006)
PARTNER INFLUENCES ON HEALTH CARE
PARTNER INTERFERENCE WITH HEALTH CARE

- Limited evidence on whether abusive partners obstruct women’s health care
  - Few case reports / qualitative studies
- Know they hinder their partners in other domains such as work and education
  - Women experiencing recent IPV work fewer hours, at lower wages, and have unstable work patterns
IPV AND PRENATAL CARE

- Women who reported 12-month IPV were almost twice as likely to enter prenatal care late after the first trimester.
- Women who were abused entered prenatal care 6.5 weeks later than non-abused women.
  - Reasons for delay in prenatal care not fully explored.
- One possibility is that the partners isolated the women from institutional contacts including clinics.
STUDY #1

- 2464 women surveyed across different hospitals and departments in the Boston Metropolitan area
- 8 Hospitals
  - 4 Emergency Departments
  - 4 Ob/gyn Clinics
  - 2 Primary Care Clinics
  - 2 Pediatric Clinics
  - 1 Addiction Recovery Unit
### Partner Interference Prevalence

#### Number of times partner prevented from going to doctor

<table>
<thead>
<tr>
<th>Number of times</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>97.6 (1958)</td>
</tr>
<tr>
<td>1-3</td>
<td>1.5 (30)</td>
</tr>
<tr>
<td>4-6</td>
<td>0.4 (8)</td>
</tr>
<tr>
<td>6 or more</td>
<td>0.6 (11)</td>
</tr>
<tr>
<td>Any</td>
<td>2.4 (49)</td>
</tr>
</tbody>
</table>

#### How often partner interfered with health care

<table>
<thead>
<tr>
<th>Frequency</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>96.1 (1919)</td>
</tr>
<tr>
<td>Once or Twice</td>
<td>2.5 (50)</td>
</tr>
<tr>
<td>A few Times</td>
<td>0.8 (16)</td>
</tr>
<tr>
<td>Very Often</td>
<td>0.6 (11)</td>
</tr>
<tr>
<td>Any</td>
<td>3.9 (77)</td>
</tr>
</tbody>
</table>

#### Partner interference with health care

<table>
<thead>
<tr>
<th>Interference</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>95.4 (1933)</td>
</tr>
<tr>
<td>Any</td>
<td>4.6 (94)</td>
</tr>
</tbody>
</table>
### Predictors of Partner Interference

Adjusted logistic regression analysis of potential risk markers of having a partner who interferes with health care (N=1961)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>% with Interfering Partner</th>
<th>Adjusted OR(^a)</th>
<th>95% C.I.(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPV - past year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2.4</td>
<td>REF</td>
<td>--</td>
</tr>
<tr>
<td>Yes</td>
<td>17.0</td>
<td>7.5</td>
<td>4.7-11.9</td>
</tr>
<tr>
<td>With a Man at Survey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>3.8</td>
<td>REF</td>
<td>--</td>
</tr>
<tr>
<td>Yes</td>
<td>7.6</td>
<td>1.9</td>
<td>1.2-3.3</td>
</tr>
</tbody>
</table>

\(^a\)OR=odds ratio, CI=confidence interval.
# Predictors of Poor Health

Adjusted logistic regression analysis of potential risk markers for fair or poor general health rating (N=1837)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>% with Poor Health</th>
<th>Adjusted OR&lt;sup&gt;a&lt;/sup&gt;</th>
<th>95% C.I.&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partner Interference</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>13.9</td>
<td>REF</td>
<td>--</td>
</tr>
<tr>
<td>Yes</td>
<td>30.7</td>
<td>1.8</td>
<td>1.0-3.2</td>
</tr>
<tr>
<td><strong>IPV - past year</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>13.0</td>
<td>REF</td>
<td>--</td>
</tr>
<tr>
<td>Yes</td>
<td>23.1</td>
<td>2.1</td>
<td>1.4-3.1</td>
</tr>
<tr>
<td><strong>With a Man at Survey</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>13.2</td>
<td>REF</td>
<td>--</td>
</tr>
<tr>
<td>Yes</td>
<td>20.3</td>
<td>1.7</td>
<td>1.2-2.5</td>
</tr>
</tbody>
</table>

<sup>a</sup> OR=odds ratio, CI=confidence interval
STUDY #2

- Cross-sectional
- Consisted of one online survey
  - Subjects were recruited using an online survey tool, which allows users to create and send surveys to panelists in the United States who have agreed to be contacted for participation in a variety of studies
  - Survey took approximately 20 minutes to complete
- Data collected in August 2010
STUDY POPULATION

- Female
- 18-44 years of age
- Lived in the United States
- Had sexual intercourse with a man in the past 12 months
MEASURES - CONTRACEPTIVE INTERFERENCE

- Has a partner ever:
  - Hidden your birth control method from you to prevent you from using it?
  - Damaged or thrown away your birth control method to prevent you from using it?
  - Refused to use a condom when you wanted him to?
  - Stopped you from getting/using your birth control method before you had sex?
  - Not given you money when you needed it to buy your birth control method to prevent you from using it?
- Response options: No; Yes, my current partner; Yes, a former partner; Yes, both a former and my current partner
Two open-ended questions:

- Has your current or most recent partner done anything else to make it hard for you to use a birth control method when you wanted to?
- Did a former partner ever do anything else to make it hard for you to use a birth control method when you wanted to?
# Partner Interference with Contraception

<table>
<thead>
<tr>
<th>Has a partner ever:</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hidden your birth control method</td>
<td>97% (1218)</td>
<td>3% (41)</td>
</tr>
<tr>
<td>Damaged or thrown away your birth control method</td>
<td>97% (1213)</td>
<td>3% (43)</td>
</tr>
<tr>
<td>Stopped you from getting/using your birth control method</td>
<td>94% (1181)</td>
<td>6% (76)</td>
</tr>
<tr>
<td>Not given you money when you needed it to buy your birth control method</td>
<td>94% (1180)</td>
<td>6% (77)</td>
</tr>
<tr>
<td>Refused to use a condom when you wanted him to?</td>
<td>77% (965)</td>
<td>23% (292)</td>
</tr>
</tbody>
</table>
CURRENT PARTNER INTERFERENCE WITH CONTRACEPTION

- No IPV
- Past IPV only
- Current IPV only
- Current and Past IPV
**PARTNER INTERFERENCE WITH CONTRACEPTION**

- Controlling for age, race/ethnicity, marital status, and education, women who experienced intimate partner violence in the past 12 months were more than 4 times as likely to report partner interference with contraception
  - OR: 4.3, 95% CI: 2.9-6.3
SCREENING FOR PSYCHOSOCIAL RISK FACTORS
U.S. Preventive Services Task Force


Found “insufficient evidence to RECOMMEND FOR OR AGAINST routine screening of parents or guardians for the physical abuse or neglect of children, of women for intimate partner violence, or of older adults or their caregivers for elder abuse.”

Need more prospective, controlled evaluations of screening effects on health
The AAFP recognizes that all family physicians should be alert to physical and behavioral signs and symptoms associated with abuse or neglect.

The AAFP concludes that the evidence is insufficient to recommend for or against screening of parents or guardians for the physical abuse or neglect of children, of adults or adolescents of either sex for intimate partner violence, or of older adults or their caregivers for elder abuse. (2004)
Timeline

- Implemented screening protocol to begin March 2008.
- Developed training on screening protocol with resource book and protocol for reporting current spouse abuse.
- Developed and continued in service training on community based referrals for patients (e.g. Rape Crisis, DV hotline, police)
NURSES CONDUCT SCREENING

- Received extensive training; meetings with community referrals: Rape Crisis, Domestic Violence, Substance Abuse, and Lexington Police
- At the 1\textsuperscript{st} visit, during the 2\textsuperscript{nd}, 3\textsuperscript{rd} trimesters, and the 6 wk postpartum visit
  - For non-pregnant patients, could be done at annual visit
- In a private setting (alone)
- Inform women of required reporting of child abuse and current spouse abuse
University of Kentucky
Psychosocial Screening Tool
And
Community Resource
SCREENING COMPONENTS

- Housing instability
- Current perceived stress
- Substance use
- Unplanned or mistimed pregnancy
- Depressive symptoms
- Current and lifetime physical, sexual, or psychological abuse
1. Do you have any problems (job, transportation, childcare, or others issues) that prevent you from keeping your health care appointments?
2. Do you feel safe where you live?
3. In the past 2 months, have you used any form of tobacco?
4. Do you live with someone who smokes cigarettes?
5. In the past 3 months, have you used alcohol (including beer, wine, or mixed drinks)?
6. In the past 3 months, have you used drugs that were not prescribed for you to get high or feel good?
7. In the past 12 months, how many times have you moved (change where you live)?
DV SCREENING QUESTIONS

During the last 12 months, has ANYONE threatened you, followed you, stalked, controlled your activities or in any other way made you feel unsafe?
No
Sometimes
Yes
If Yes or sometimes, WHO

During the last 12 months, has ANYONE pushed, shoved, slapped, hit, kicked or otherwise physically hurt you?

During the last 12 months, has ANYONE forced or coerced you into sexual activities?
Please read each of the following activities and fill in circle that best indicates the frequency with which you partner acts in the way depicted.

How often does your partner?
- Physically hurt you
- Insult or talk down to you
- Threaten you with harm
- Scream or curse at you
  - Never (1) Rarely, Sometimes, Fairly often, Frequently (5)

Scores range from 4-20, >10 is considered IPV

(Sherin, et al. Fam Med 1998;30(7):508-12.)
ABUSE ASSESSMENT SCREEN

- In the last year (since I saw you last), have you been hit, slapped, kicked, or otherwise physically hurt by someone?
  - If yes, by whom? Number of times? Nature of injury?

- Since you've been pregnant, have you been hit slapped, kicked, or otherwise physically hurt by someone?
  - If yes, by whom? Number of times? Nature of injury?

- Within the last year has anyone made you do something sexual that you didn't want to do?
  - If yes, who?

- Are you afraid of your partner or anyone else?

<table>
<thead>
<tr>
<th>Screens positive for (question #)</th>
<th>Where to refer</th>
<th>What else to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation (#1)</td>
<td>Federated Transportation Service of the Bluegrass Fayette County (859) 233-0066</td>
<td>Give UK OB business card with referral number on the back.</td>
</tr>
<tr>
<td>Additional counties listed in black pg. 46 a. &amp; 46 b.</td>
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</tr>
<tr>
<td>Smoking, active or passive (#3 and #4)</td>
<td>Tobacco-Quit line 1-800-784-8669 (QUIT NOW)</td>
<td>Give UK OB business card with quit number on back.</td>
</tr>
<tr>
<td>Agencies listed in blue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol use (#5)</td>
<td>PRIDE Program (BG MH/MR Board) (859) 253-2737</td>
<td>Give UK OB business card with referral number on back.</td>
</tr>
<tr>
<td>Agencies listed in green</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug use (#6)</td>
<td>PRIDE Program (BG MH/MR Board) (859)253-2737</td>
<td>Give UK OB business card with referral number on back.</td>
</tr>
<tr>
<td>Agencies listed in green</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressive Symptoms (#19)</td>
<td>Psychiatry Service needs to see and evaluate patient to assess risk KY Hotline Number 1-800-SUICIDE 1-800-784-2433</td>
<td>Inform MD and make notation in chart.</td>
</tr>
<tr>
<td>Screens positive for (question #).....</td>
<td>Where to refer</td>
<td>What else to do</td>
</tr>
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<tr>
<td><strong>Current psychological abuse/stalking (#20)</strong>&lt;br&gt;Agencies listed in pink and purple</td>
<td>Blue Grass Domestic Violence Program&lt;br&gt;1-800-544-2022</td>
<td>Inform MD and make notation in chart.</td>
</tr>
<tr>
<td><strong>Current physical abuse (#21)</strong>&lt;br&gt;Agencies listed in pink</td>
<td>Blue Grass Domestic Violence Program&lt;br&gt;1-800-544-2022</td>
<td>Inform MD and make notation in chart.&lt;br&gt;<strong>If spousal abuse, report to DCBS (see instr. pg. 20-22)</strong></td>
</tr>
<tr>
<td><strong>Current sexual abuse (#22)</strong>&lt;br&gt;Agencies listed in pink</td>
<td>Bluegrass Rape Crisis Center&lt;br&gt;1-800-656-4673 or (859) 253-2511</td>
<td>Inform MD and make notation in chart.&lt;br&gt;<strong>If spousal abuse, report to DCBS (see instr. pg 20-22)</strong>&lt;br&gt;Give UK OB business card with number on back</td>
</tr>
<tr>
<td><strong>Past physical abuse (#23)</strong>&lt;br&gt;Agencies listed in pink and orange</td>
<td>Bluegrass Rape Crisis Center&lt;br&gt;1-800-656-4673 or (859) 253-2511, Forensic Services&lt;br&gt;(859) 253-2737, and VINE Program&lt;br&gt;(Offender Release Info.)&lt;br&gt;1-800-511-1670</td>
<td>Give UK OB business card with number on back</td>
</tr>
<tr>
<td><strong>Past sexual abuse (#24)</strong>&lt;br&gt;Agencies listed in pink and orange</td>
<td>Bluegrass Rape Crisis Center&lt;br&gt;1-800-656-4673 or (859) 253-2511</td>
<td>Give UK OB business card with number on back</td>
</tr>
</tbody>
</table>
**INTIMATE PARTNER VIOLENCE DURING PREGNANCY, A GUIDE FOR CLINICIANS**

- Developed by ACOG and CDC

- **Learning Objectives**
  - To encourage and support the physician's routine inquiry about violence of all patients in the office, clinic, and hospital
  - To identify the presenting symptoms and signs of an abused woman through history taking and physical examination
  - To formulate an action plan with immediate support for an abused woman returning to an unsafe environment
  - To identify the components of long-term support and intervention available to abused women in the local community
  - To facilitate an abused woman's consideration of and access to local community services and agencies
  - To create an office environment that helps women learn more about violence