

Intimate Partner Violence: Turning a Public Problem into a Public Health Priority

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Objectives

- Describe the dynamics of intimate partner violence (IPV).
- Identify potential health impacts of IPV.
- Identify public health strategies that can be used for IPV prevention and intervention.

About KCSDV

- Statewide, private non-profit
- Advocacy organization
- DV/SA member programs
- Technical assistance
- Training
- Resource development
- Public policy advocacy
- Accreditation

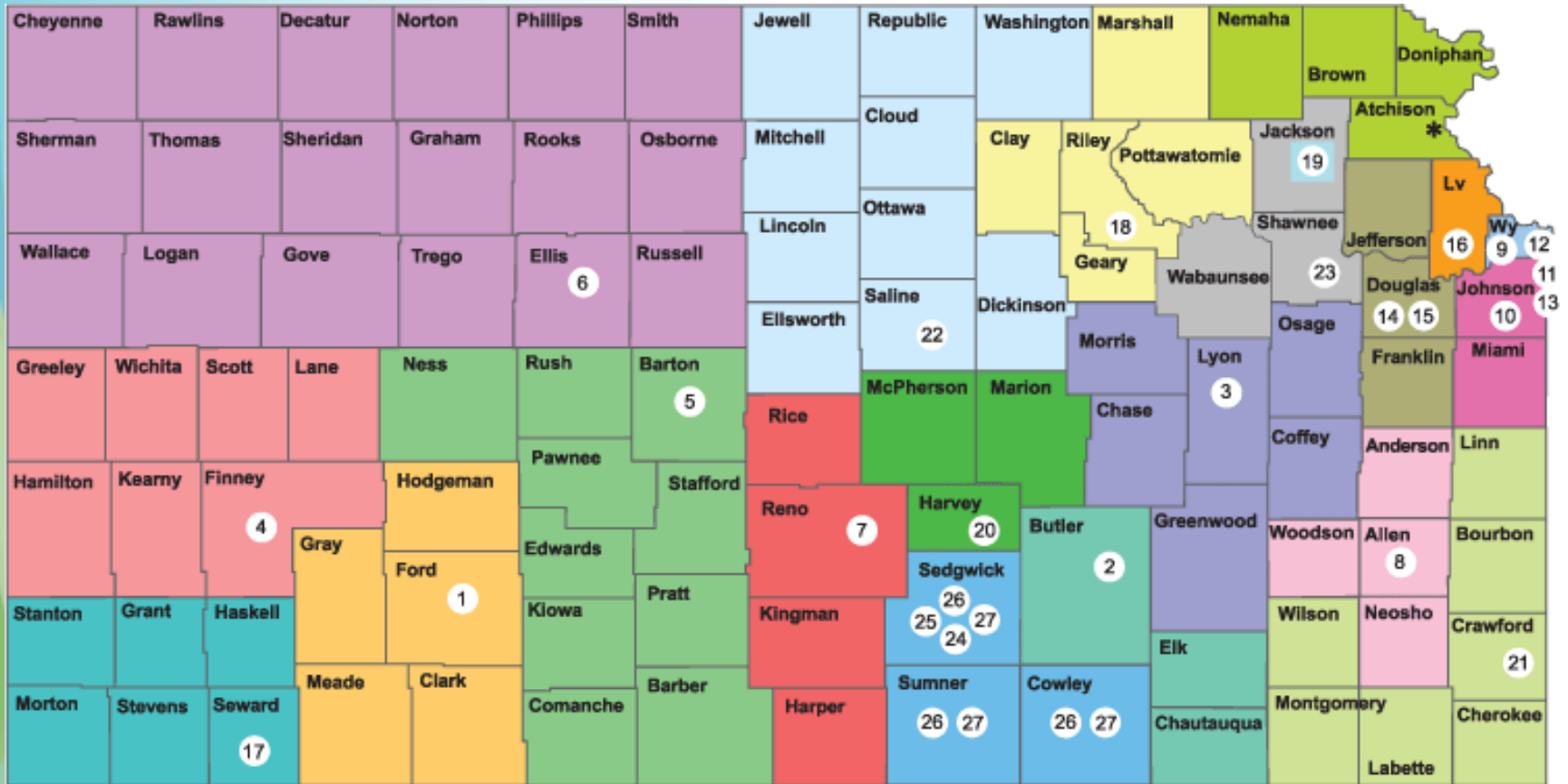


www.kcsdv.org

KCSDV Projects

- Advocacy
- Children & Youth
- Criminal Justice
- Education and Training
- Immigration
- Legal Advocacy
- Economic Justice
- Rural
- Protection Orders
- Sexual Assault Nurse Examiner & Sexual Assault Response Team
- Underserved Communities

KCSDV Member Programs



KCSDV Member Program Services

- Crisis intervention
- Support groups
- Hotline services
- Personal advocacy
- Shelter
- Resource and referral
- Community awareness and education

All services are free and confidential.

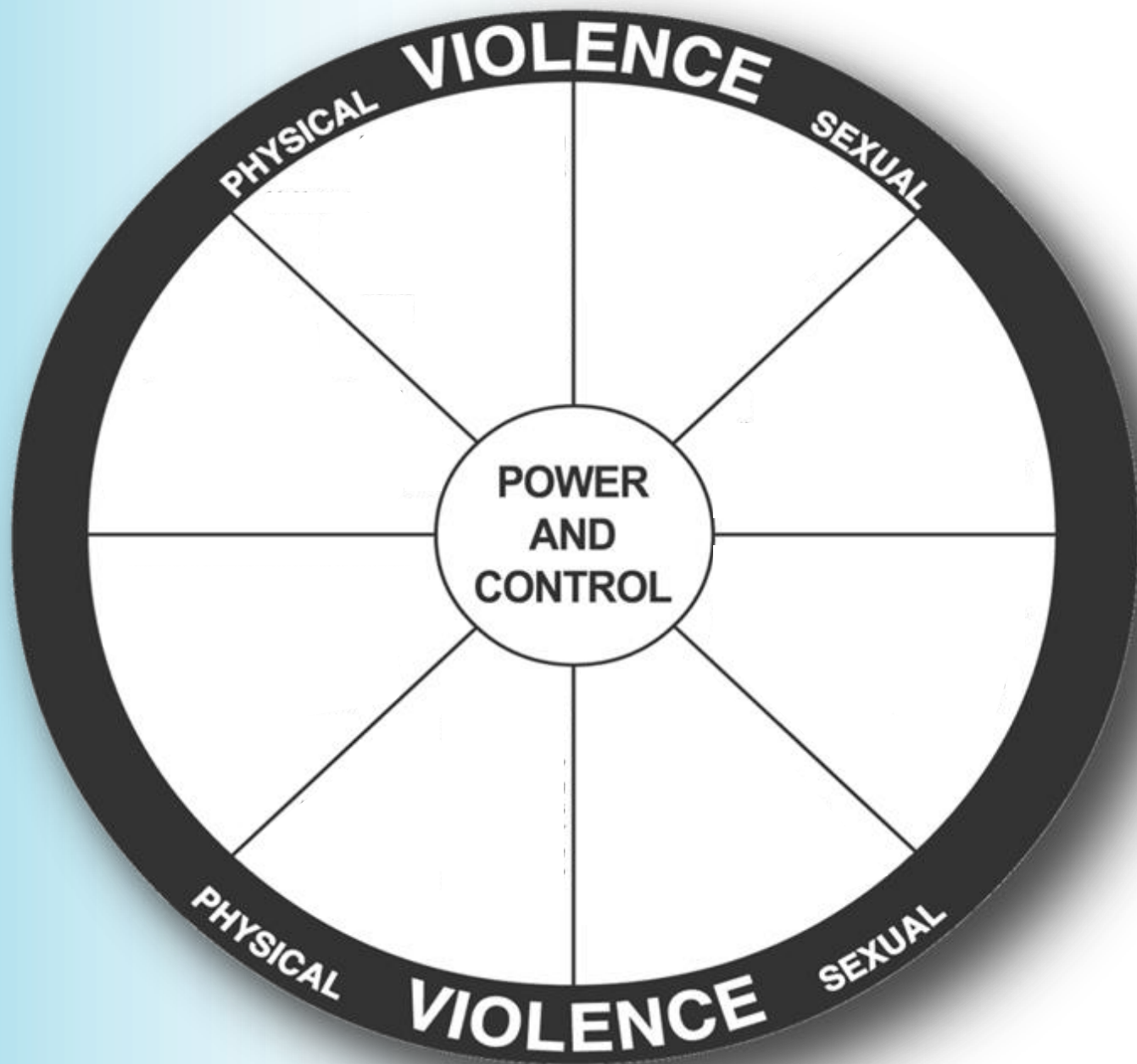
A Note on Terminology

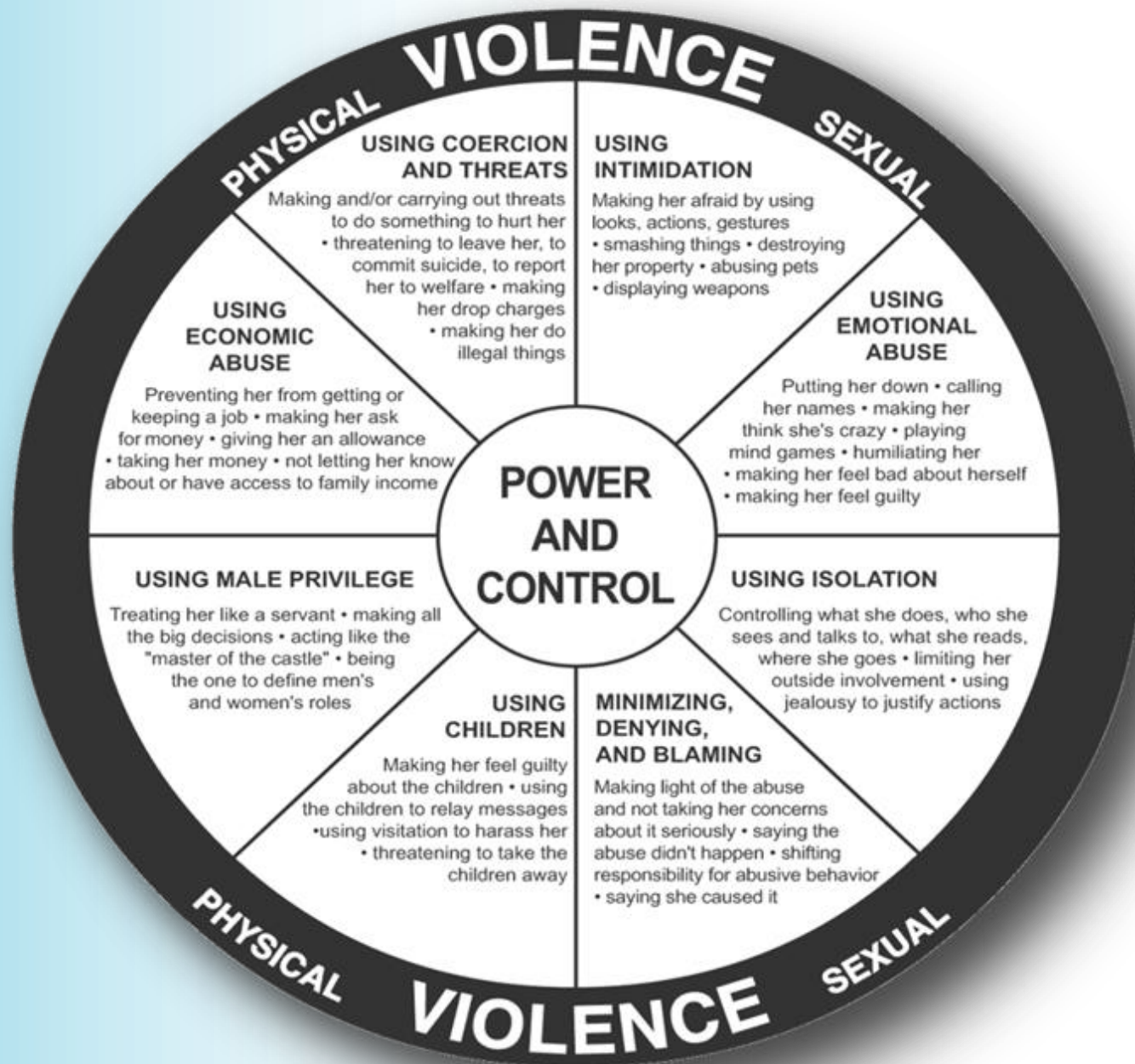
- Domestic violence
- Battering
- Intimate Partner Violence (IPV)

Domestic Violence (DV)

- **DEFINITION:** Domestic violence (battering) is a pattern of abusive and coercive behavior used to gain dominance, power, and control over an intimate partner or former intimate partner
- Includes the use of **illegal and legal behaviors** and tactics that undermine the victim's sense of self, free will, and safety.







1 in 4 women have
experienced physical violence
by an intimate partner in their
lifetime.

(CDC, National Intimate Partner and Sexual
Violence Survey, 2014)

2017 Kansas Statistics

- **22,708** DV incidents reported to law enforcement.
- Offender was arrested **50%** of the time
- **38 domestic violence homicides**, making up **21.6%** of homicides in the state.

2017 Kansas DV Crime Clock

1 domestic
violence **murder**
occurred every
**9 days, 14
hours, 24
minutes**

1 domestic violence
incident occurred
every **23 minutes,
9 seconds**

2018 Kansas Advocacy Services

43,330
crisis hotline calls

77,263
total people
served

3,816
people found
refuge in safe
shelters

124,397
shelter bed nights

Why don't victims just leave?

What are the risks?

Risks in Staying

Risks in Leaving

Why don't they just leave?

- Many batterers' motivation to intimidate and control the victim and/or their children *increases* after separation, due to loss of other control tactics.
- Many abusive tactics can be carried out even after a victim has left, e.g. harassing the victim at work, using their identity to take out credit cards, threatening to take away the children, etc.

Leaving is dangerous.

- Victims are most likely to be killed when attempting to report or leave.
- 65% of DV homicide victims had separated from their abusers prior to their deaths. (NCJFCJ, 2005)
 - This is known as **separation violence**.

Instead of asking “Why Don’t
They Leave?”

.....

We should be asking,

“Why Do They Batter?”



Health Impacts of IPV

- **41%** of female IPV survivors experience some form of physical injury.
 - Broken bones and fractures
 - Lacerations
 - Broken teeth
 - Concussions
 - Sprains or strains
 - Etc.
- **1 in 6** murder victims are killed by an intimate partner.

Intimate Partner Violence in the United States (2014), CDC

Homicide Trends in the United States, 1980-2008, Bureau of Justice Statistics



What is Trauma?

Extreme fear

+

Lack of control/perceived lack of control

=

Changes in the brain

(Both immediate and long-term)

Chris Wilson, PsyD

Possible Psychological Impacts of IPV

- Anxiety
- Depression
- Symptoms of post-traumatic stress disorder (PTSD)
- Suicidal behavior
- Low self-esteem
- Fear of intimacy
- Emotional detachment
- Sleep disturbances
- Flashbacks

Health Behaviors Associated with IPV

- Engaging in **high-risk sexual behavior**: unprotected sex, decreased condom use, early sexual initiation, trading sex for food, money or other items
- Using **harmful substances**: cigarettes, alcohol, illicit drugs
- **Unhealthy diet-related behaviors**: fasting, vomiting, overeating

- Abused women experience a **50-70%** increase in gynecological, central nervous system, and stress-related problems.
- More than **1/3** of female IPV survivors experience high disability chronic pain.

Campbell et al. (2002)
Wuest et al. (2008)

Health Conditions Associated with IPV

- Asthma
- Bladder and kidney infections
- Circulatory conditions
- Cardiovascular disease
- Fibromyalgia
- Irritable bowel syndrome
- Chronic pain syndromes
- Central nervous system disorders
- Gastrointestinal disorders
- Joint disease
- Migraines and headaches

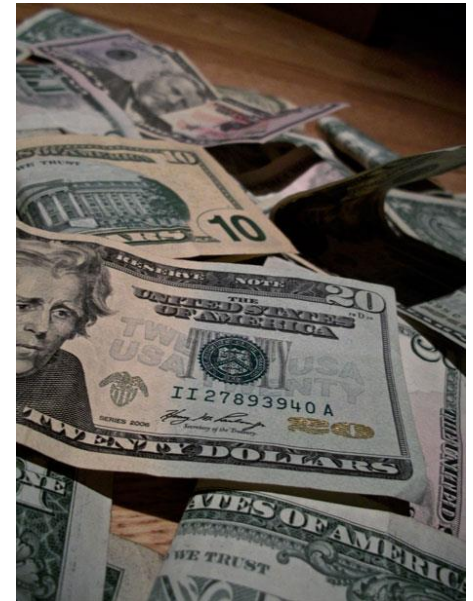
Possible Reproductive Health Impacts

- Gynecological disorders
- Pelvic inflammatory disease
- Sexual dysfunction
- Sexually transmitted infections, including HIV/AIDS
- Delayed prenatal care
- Preterm delivery
- Pregnancy difficulties like low birth weight babies and perinatal deaths
- Unintended pregnancy

Reproductive Coercion

Cost to Society

- Lifetime per-victim cost is **\$103,767** for women
- Lifetime economic cost to the U.S. population is **\$3.6 trillion**
 - \$2.1 trillion in medical costs
 - \$1.3 trillion in lost productivity
 - \$73 billion in criminal justice costs
 - \$62 billion in other costs, such as property loss and damage



IPV is a public problem.

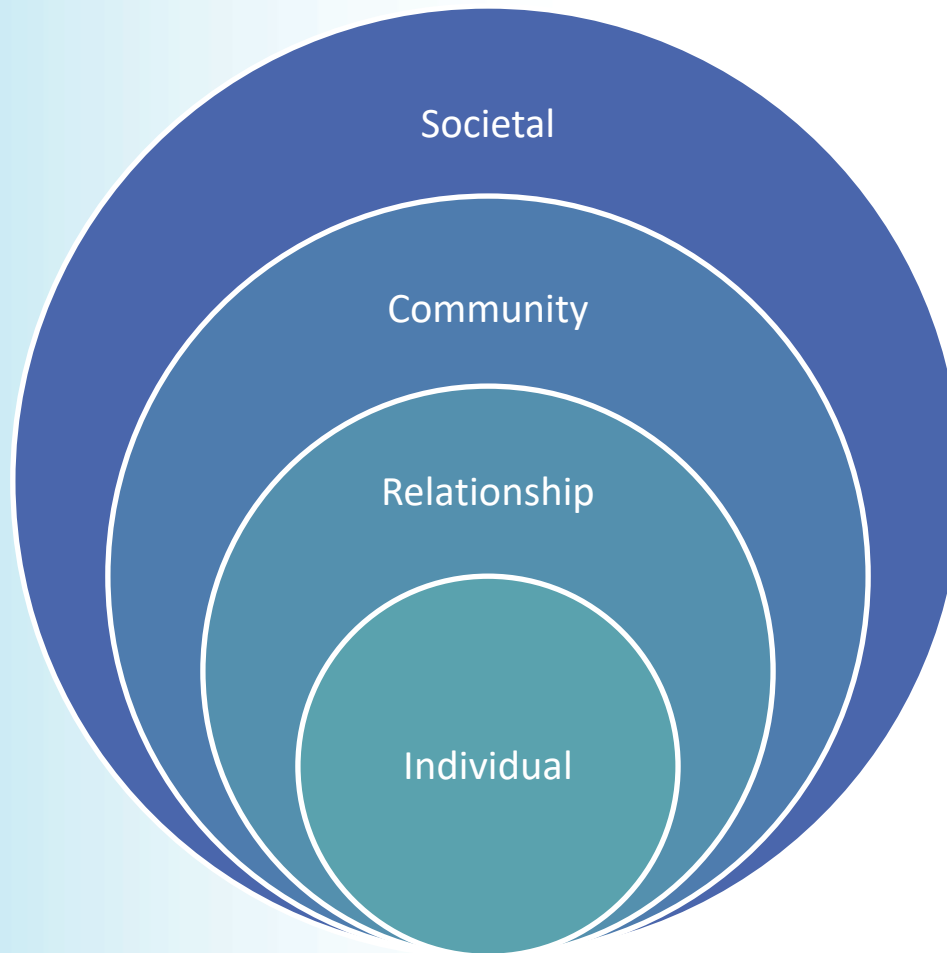
- IPV is connected to other forms of violence
- IPV causes serious health consequences
- IPV has devastating economic consequences

**IPV requires a public
response.**



Prevention

Social Ecological Model



Community Level Risk Factors

- Poverty
- Low social capital
- Poor neighborhood support and cohesion
- Weak community sanctions against IPV (e.g., unwillingness of neighbors to intervene when they witness violence)
- High alcohol outlet density

Community Level Protective Factors

- **Neighborhood collective efficacy** (i.e., community cohesiveness/support/connectedness, mutual trust, and willingness to intervene for the common good)
- **Coordination of resources and services** among community agencies

Society Level Risk Factors

- Traditional gender norms and gender inequality
- Cultural norms that support aggression toward others
- Societal income inequality
- Weak health, educational, economic, and social policies/laws

Preventing Intimate Partner Violence

- Teach safe and healthy relationship skills
- Engage influential adults and peers
- Disrupt the developmental pathways toward partner violence

Preventing Intimate Partner Violence

- Create protective environments
- Strengthen economic supports for families
- Support survivors to increase safety and lessen harms

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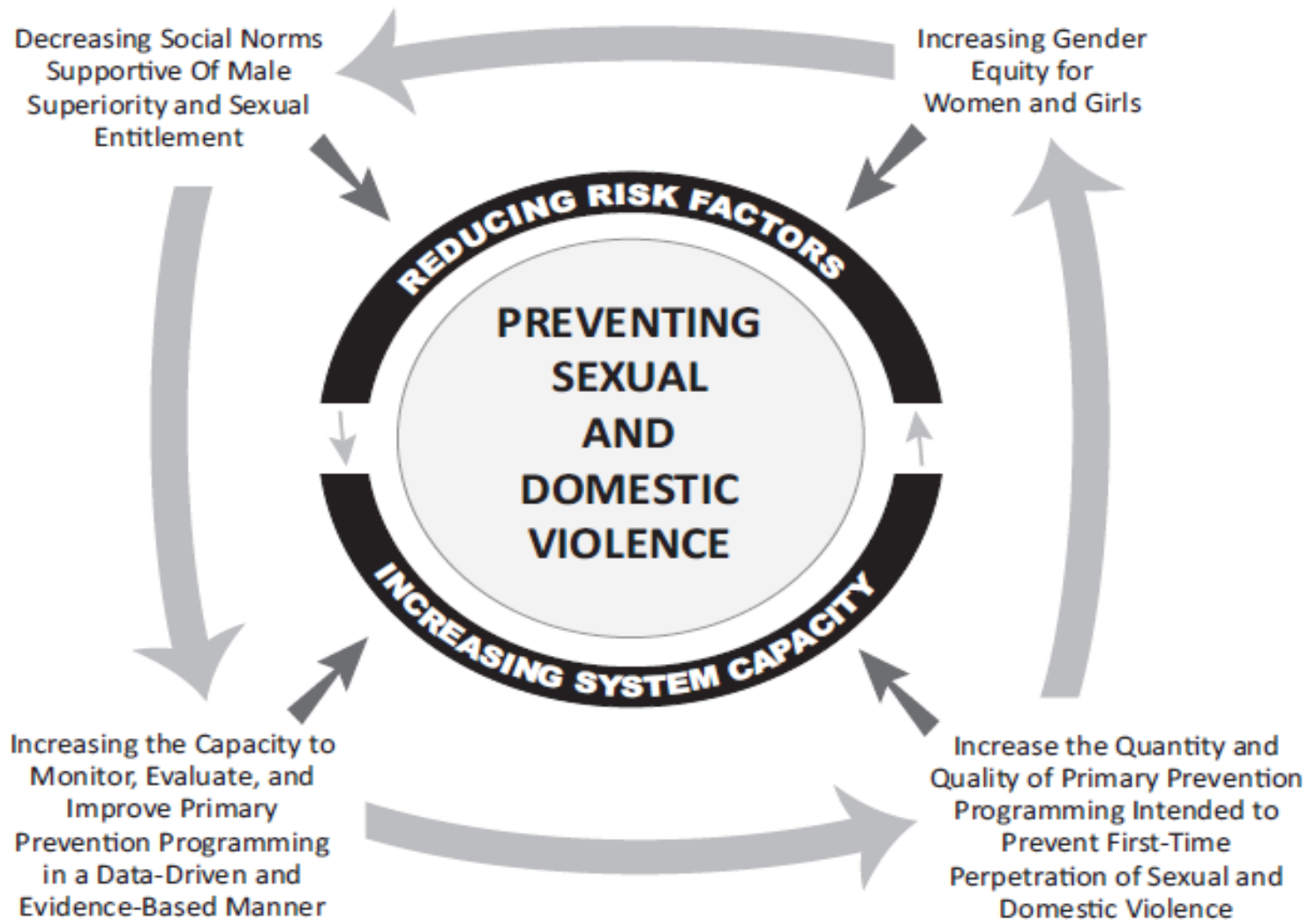
REWEAVING OUR SOCIAL FABRIC



A COMPREHENSIVE PLAN TO PREVENT SEXUAL
AND DOMESTIC VIOLENCE IN KANSAS

2011 - 2018

Four Goals of the Plan



Intervention

The Role of Healthcare providers

Women who talked to their healthcare provider about abuse were:

- **4 times more likely to use an intervention**
- **2.6 times more likely to exit their relationship with the abuser**



McCloskey, et al, 2006

The Role of Healthcare providers

- Screening
 - Assess providers' readiness and confidence in screening
 - Provide training on how to safely and effectively screen
- Universal Education, Assessment, and Response
 - Use an evidence-based intervention, such as CUES

CUES Intervention

C: Confidentiality

- Always see the patient alone for at least part of the visit and disclose your limits of confidentiality before discussing IPV.

UE: Universal Education + Empowerment

- Use safety cards to talk with all patients about healthy and unhealthy relationships and the health effects of violence.

S: Support

- If disclosure occurs, discuss a patient-centered care plan to encourage harm reduction. Make a warm referral to the local DV program.

Collaboration

- Collaborative Work Group
 - Including representatives from clinical healthcare, public health, domestic violence advocacy
- Community assessment and plan
- Build awareness, especially around the impact of IPV on health
- Advocate for evidence-based primary prevention programming in schools and communities

Resources

lpvhealth.org

Centers for Disease Control and Prevention: Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices

[Making the Connection: Intimate Partner Violence and Public Health](http://www.futureswithoutviolence.org/making-the-connection-intimate-partner-violence-and-public-health/)

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[Kansas Coalition Against Sexual & Domestic Violence](http://www.kcsdv.org)
www.kcsdv.org

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Questions?

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