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.
Physical Violence

- Using coercion and threats
  - Making and/or carrying out threats to do something to hurt her
  - Threatening to leave her, to commit suicide, to report her to welfare, to make her drop charges, to make her do illegal things

- Using economic abuse
  - Preventing her from getting or keeping a job
  - Making her ask for money
  - Giving her an allowance
  - Taking her money
  - Not letting her know about or have access to family income

- Using male privilege
  - Treating her like a servant
  - Making all the big decisions
  - Acting like the "master of the castle"
  - Being the one to define men's and women's roles

- Using children
  - Making her feel guilty about the children
  - Using the children to relay messages
  - Using visitation to harass her
  - Threatening to take the children away

Sexual Violence

- Using intimidation
  - Making her afraid by using looks, actions, gestures
  - Smashing things, destroying her property, abusing pets
  - Displaying weapons

- Using emotional abuse
  - Putting her down
  - Calling her names
  - Making her think she's crazy
  - Playing mind games
  - Humiliating her
  - Making her feel bad about herself
  - Making her feel guilty

- Using isolation
  - Controlling what she does, who she sees and talks to, where she goes
  - Limiting her outside involvement
  - Using jealousy to justify actions

- Minimizing, denying, and blaming
  - Making light of the abuse and not taking her concerns about it seriously
  - Saying the abuse didn't happen
  - Shifting responsibility for abusive behavior
  - Saying she caused it

Power and Control
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

(2017, KBI Report)
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

Sexual Assault, Domestic Violence, & Stalking Advocacy Services SFY18
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
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

Centers for Disease Control and Prevention
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

Centers for Disease Control and Prevention
• 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

Centers for Disease Control and Prevention
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

Centers for Disease Control and Prevention
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

- Individual
- Relationship
- Community
- Societal
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

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

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

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

A COMPREHENSIVE PLAN TO PREVENT SEXUAL AND DOMESTIC VIOLENCE IN KANSAS

2011 - 2018
Four Goals of the Plan

1. Decreasing Social Norms Supportive of Male Superiority and Sexual Entitlement
2. Increasing Gender Equity for Women and Girls
3. Reducing Risk Factors
4. Increasing System Capacity

Preventing Sexual and Domestic Violence

Increase the Quantity and Quality of Primary Prevention Programming Intended to Prevent First-Time Perpetration of Sexual and Domestic Violence

Increasing the Capacity to Monitor, Evaluate, and Improve Primary Prevention Programming in a Data-Driven and Evidence-Based Manner
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

Ten Steps to Create a Comprehensive Domestic/Sexual Violence Health Care Response, Futures Without Violence
Resources

Ipvhealth.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

Kansas Coalition Against Sexual & Domestic Violence
www.kcsdsv.org
References


Questions?

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