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





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

Cheyenne	Rawl	lins	Decatur	Norton	Phillips	Smith	Jewell	Republic	Washing	ton Marsl	hall Nema	Brow		han
Sherman	Thom	185	Sheridan	Graham	Rooks	Osborne	Mitchell	Cloud	Clay Riley Pottawatomie 19				Atchison *	
Wallace	Logar	1	Gove	Trego	Ellis 6	Russell	Elisworth	Saline	Dickinson	Geary Morris	Wabaunse		Jefferson Douglas 14 15	16 9 12 Johnson 10
Greeley	Wichita	Scott	Lane	Ness	Rush	Barton 5	Rice	McPherson	Marion	Chase	Lyon 3	Coffey	Franklin	Linn
Hamilton	Kearny	Finney 4	Gray	Hodgeman	Edwards	Stafford	Reno	7 Harve Sedgy	20 But	tier 2	Greenwood	Woodson	Allen 8	Bourbon
Stanton	Grant	Haskel	Meade	1 Clark	Kiowa	Barber	Kingman	26	27	wley	Elk	Wilson	Neosho	Crawford 21
Morton	Stevens	Seward			Comanche		Harper			26 27	Chautauqua	Montgon	hery Labette	Cherokee



KCSDV Member Program Services

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

<u>All services are free and</u> <u>confidential.</u>



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 USING COERCION LINE

Making and/or carrying out threats to do something to hurt her threatening to leave her, to commit suicide, to report her to welfare · making her drop charges · making her do illegal things

POWER

AND

CONTROL

USING

CHILDREN

children away

Making her feel guilty

· threatening to take the

SEXUAL 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, what she reads, where she goes . limiting her outside involvement · using MINIMIZING. jealousy to justify actions

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 VIOLENCE SEXUAL

ECONOMIC ABUSE

USING

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

about the children • using the children to relay messages using visitation to harass her PHYSICAL



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 <u>reported</u> 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)

43,330 crisis hotline calls

2018 Kansas Advocacy Services

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)

o 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
- C Kansa Coalition against sexual domestic violent

- Emotional detachment
- Sleep disturbances
- Flashbacks

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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



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- 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

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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

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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





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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



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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



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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



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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





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



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

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.



Ipvhealth.org

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

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 <u>Public Health</u> <u>www.futureswithoutviolence.org/making-the-</u> <u>connection-intimate-partner-violence-and-public-</u> health/

KansasWww.kcsdv.org

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Questions?

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