Intimate Partner Violence and Sexual and Reproductive Health

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# Intimate Partner Violence (IPV) among US Women

<table>
<thead>
<tr>
<th></th>
<th>Lifetime prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape</td>
<td>9.4</td>
</tr>
<tr>
<td>Physical violence</td>
<td>32.9</td>
</tr>
<tr>
<td>Rape, physical violence and/or stalking</td>
<td>35.6</td>
</tr>
<tr>
<td>With IPV-related impact*</td>
<td>28.8</td>
</tr>
</tbody>
</table>

Source: NISVS, CDC 2011

*Includes being fearful, concerned for safety, any PTSD symptoms, need for health care, injury, contacted a crisis hotline, need for housing service, need for victim’s advocate service, need for legal services, missed at least one day of work or school
Intimate Partner Violence in the Lifecourse

Figure 4.5
Age at Time of First IPV$^1$ Experience Among Women Who Experienced Rape, Physical Violence, and/or Stalking by an Intimate Partner — NISVS 2010

- 45+ years: 2.5%
- 35-44 years: 6.8%
- 25-34 years: 21.1%
- 18-24 years: 47.1%
- 11-17 years: 22.4%

$^1$IPV includes physical violence, all forms of sexual violence, stalking, psychological aggression, and control of reproductive or sexual health.
Leading causes of pregnancy-associated death among women in Maryland (1993 to 2008)

- Homicide (17%)
- Cardiac disorders (16%)
- Accidents (11%)

- Intimate partners responsible for 54.5% of homicides
  - perpetrator who is married to, living with, or estranged from spouse, or a current/former cohabiting intimate partner

Intimate-Partner Homicide Among Pregnant and Postpartum Women

Diana Cheng, MD, and Isabelle L. Horon, DrPH
### Homicide Trends in the United States, 1980-2008

Annual Rates for 2009 and 2010

Alexia Cooper and Erica L. Smith, BJS Statisticians

#### TABLE 5

Homicide type, by sex, 1980–2008

<table>
<thead>
<tr>
<th>Types of homicide</th>
<th>Victims</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>All homicides</td>
<td>100%</td>
</tr>
<tr>
<td>Victim/offender relationship</td>
<td></td>
</tr>
<tr>
<td>Intimate</td>
<td>100%</td>
</tr>
<tr>
<td>Family</td>
<td>100%</td>
</tr>
<tr>
<td>Infants</td>
<td>100%</td>
</tr>
<tr>
<td>Elders</td>
<td>100%</td>
</tr>
</tbody>
</table>
Teen Dating Violence & Pregnancy: YRBS

Ever Pregnant

No violence: 13%
TDV: 31%

OR_{Adj.} 1.8 (1.3, 2.4)

(Silverman et al., 2004: Pediatrics.)
Dating Violence & STI/HIV: MA YRBS

STI/HIV Diagnosis

OR$_{\text{Adj.}}$ 2.59 (1.05, 6.35)

(Decker et al., 2005: Pediatrics.)
Reproductive Coercion

• **BIRTH CONTROL SABOTAGE**
  – Active interference with contraceptive methods
    • flushing pills; poking holes in condoms; refusing to wear condom

• **PREGNANCY PRESSURE:**
  – threats or pressure to promote pregnancy

• **PREGNANCY COERCION:**
  – attempts to control the outcome of a pregnancy
IPV Screening

• Clinical care settings are a means of identifying and referring IPV victims
• Recommended by major professional organizations
• US Preventive Services Task Force
  – 2004: review found insufficient evidence for screening
  – 2013: review supports screening
• Recommended in IOM Consensus Report 2011
  – Clinical Preventive Services for Women: Closing the Gaps
• Incorporated into ACA
IPV Screening: A paradigm shift

• Traditional screening goals
  – Identify & treat

• IPV screening goals
  – Provision of information and support
  – Validate experiences
  – Provide support without disclosure
    • Make resources available to everyone
    • Understand women’s decisions not to disclose
Understand a Decision not to Disclose

Sometimes you see a poster up and you might not say anything that time. But then you remember you saw something… And then you might go back.

You want [providers] to know the truth but you’re too scared to tell them. So you want them to read your mind, but they can’t.

(Chang et al., 2003; 2005)
Enhanced IPV Screening in Family Planning Clinics (Project Connect model)

• Normalized, conversational screening approach
  – Integrates discussion of violence within the clinical visit

• Goals
  – raise awareness about abuse including reproductive coercion
  – connect women with IPV services
  – “plant the seed”
  – reproductive health harm reduction

• Systems change
  – Ensure providers know what to do with a positive IPV screen
“Project Connect has changed me, changed my approach to public health. I see the connections and how violence left unaddressed undermines each new effort to promote health. Violence isn’t a safety checkbox on an intake form. No longer do I wonder, ‘Why isn’t this working’ when I’m considering program outcomes but, ‘how can violence be effectively addressed.’ Thank you for this mindset.”

- Project Connect provider in Iowa
Are you in an UNHEALTHY relationship?

**Ask yourself:**

- Does my partner mess with my birth control?
- Does my partner refuse to use condoms when I ask?
- Does my partner make me have sex when I don’t want to?
- Does my partner tell me who I can talk to or where I can go?

If you answered *YES* to ANY of these questions, your health and safety may be in danger.
Did you know...

Controlling and violent relationships come in many forms including unwanted or mistimed pregnancies?

Ask all pregnant women:

“Was your partner trying to get you pregnant when you didn’t want to be?”

“Does your partner hurt you or make you afraid?”

Family Violence Prevention Fund
● Talk to your patients about:
  Pregnancy options—“Are you worried he will hurt you if you don’t do what he wants with the pregnancy?”

● Hidden or invisible birth control options like Depo-Provera, IUD, Implanon and emergency contraception to prevent future unwanted pregnancies

Provide Referrals:
All national hotline numbers for violence will connect patients to local resources and provide safety planning.

Encourage your patients to call:
National Domestic Violence Hotline
1-800 799-7233  TTY 1-800 787-3224
Teen Domestic Violence Hotline
1-866 331-8474
Sexual Assault Hotline
1-800 656-6463

Family Violence Prevention Fund
www.endabuse.org
Intervention Results

Among women who had experienced partner violence:
– reduction in pregnancy coercion relative to control group
– women receiving the intervention were more likely to end a relationship because it felt unhealthy or unsafe
Women involved in sex trade, trafficking and sexual exploitation

- High risk population often considered from an infectious disease perspective

- Significant violence in this population from partners, clients, pimps and others

- Community-based participatory research and intervention development underway
  - Goal of providing violence support and connection to resources
Resources

• National Domestic Violence Hotline
  1 800 799 7233 or TTY 1 800 787 3224

• Order safety cards and support resources at Futures without Violence
  – www.futureswithoutviolence.org