Objectives

- **BASED ON RECENT RESEARCH:**
- To understand associations and risk factors for IPV
- To determine whether screening is effective and safe
- To be aware of current research findings and how these results might apply to our community
In 1868, _State v. A.B. Rhodes_ (61 N.C. 453) the defendant was charged with assaulting his wife. (At 454:)
"Upon the evidence submitted to them, the jury returned the following special verdict: 'We find that the defendant struck Elizabeth Rhodes, his wife, three licks, with a switch about the size of his fingers (but not as large as a man's thumb) without any provocation except some words uttered by her and not recollected by the witness.' His Honor was of the opinion that the defendant had a right to whip his wife with a switch no larger than his thumb and found the defendant not guilty."
Definition- IPV

• A pattern of coercive behavior leading to abuse including:
  o physical
  o sexual
  o psychological
• One partner by the other partner
• Establishment of **power and control**
  o in the context of a current or past intimate relationship
Power and Control Dynamics: Cycle of Violence

- The Tension Building Phase
- The Battering Phase
- The Honeymoon Phase
Magnitude of the Problem

- Battering is the single most common cause of injury to women in the United States
- $5.8 billion dollars for medical expenses and work productivity losses
- 1,247 women and 440 men were killed by an intimate partner
Common conditions affecting women aged 15 to 45

<table>
<thead>
<tr>
<th>Disorder</th>
<th>% of population</th>
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<tbody>
<tr>
<td>AIDS</td>
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<tr>
<td>Cervical cancer</td>
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<tr>
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<td>Hypertension</td>
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<td>Intimate partner violence</td>
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<td>Smoking</td>
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Incidence/ Prevalence of IPV
IPV Prevalence

- 20-50% lifetime prevalence in ED patients—physical and nonphysical

- NVAW survey
  - Lifetime
    - 25% women; 7.6% men
  - One year
    - 1.5% women; 0.9% men
In Michigan

- 1999–2001, 316 violent deaths connected to intimate partner relationships were registered in the Michigan Intimate Partner Homicide Surveillance System.
- 73,927 Domestic Violence Offenses Were Reported in 2007
  - With 101,388 Domestic Violence Victims
  - 27,751 Male, 73,545 Female, 92 Unknown

- Michigan State Police website
In Michigan

- Over one-third of women who had ever had a partner had experienced IPV
- One out of five (21%) women with current partners reported sustaining some type of violence in that relationship.
- 39% of females seen in selected emergency departments (EDs) for injuries related to assault were there because of IPV
## Incidence in the ED

<table>
<thead>
<tr>
<th>Author</th>
<th>Yr</th>
<th>Sex</th>
<th>Type</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Abbott</td>
<td>95</td>
<td>F</td>
<td>NP/P</td>
<td>12%</td>
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<tr>
<td>Ernst</td>
<td>97</td>
<td>M/F</td>
<td>NP</td>
<td>11-15%</td>
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<td></td>
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<td></td>
<td>P</td>
<td>19-20%</td>
</tr>
<tr>
<td>Feldhaus</td>
<td>97</td>
<td>F</td>
<td>NP/P</td>
<td>14%</td>
</tr>
<tr>
<td>Houry</td>
<td>04</td>
<td>F</td>
<td>NP/P</td>
<td>16%</td>
</tr>
<tr>
<td>Houry</td>
<td>06</td>
<td>F</td>
<td>NP/P</td>
<td>36%</td>
</tr>
<tr>
<td>McCloskey</td>
<td>05</td>
<td>F</td>
<td>NP/P</td>
<td>17%</td>
</tr>
<tr>
<td>Mechem</td>
<td>99</td>
<td>M</td>
<td>P</td>
<td>13%</td>
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# Prevalence in the ED

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<thead>
<tr>
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<th>Yr</th>
<th>Sex</th>
<th>Type</th>
<th>Rate</th>
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</thead>
<tbody>
<tr>
<td>Abbott</td>
<td>95</td>
<td>F</td>
<td>NP/P</td>
<td>54%</td>
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<td>Cox</td>
<td>04</td>
<td>F</td>
<td>NP/P</td>
<td>51%</td>
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<td>El-Bassel</td>
<td>03</td>
<td>F</td>
<td>NP/P</td>
<td>50%</td>
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<tr>
<td>Ernst</td>
<td>97</td>
<td>M/F</td>
<td>NP/P</td>
<td>14-22%</td>
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<td></td>
<td></td>
<td></td>
<td>P</td>
<td>28-33%</td>
</tr>
<tr>
<td>Feldhaus</td>
<td>97</td>
<td>F</td>
<td>NP/P</td>
<td>30%</td>
</tr>
<tr>
<td>Sethi</td>
<td>04</td>
<td>F</td>
<td>NP/P</td>
<td>35%</td>
</tr>
</tbody>
</table>
Medical settings

♦ Obstetrics/gynecology- 12.7%
♦ Pediatrics- 8.4%
♦ Primary care- 8.6%
♦ Addiction recovery- 36.2%
♦ Emergency department- 16.5%

By ethnicity

- Varies by study/data source
- NVAWS (2000):
  - Blacks: 26%; Hispanics: 21%; Whites: 22%
- NLCS (1995):
  - Blacks: 30.4%; Hispanics: 21.2%; Whites: 15.5%*
- Ethnic difference often disappear when socioeconomic status is controlled for
By gender

- Male and female perpetration of violence is equalizing, but:
  - Women tend to report victimization more
  - Men tend to perpetrate more severe violence in most surveys, incl. homicide
  - Women tend to sustain more injuries and 3x more like to report more fear/battering

(Houry D: Differences in female and male victims and perpetrators of partner violence with respect to WEB scores. J Interpers Violence. 2008; 23(8):1041-55.)
By sexual orientation

- NVAWS one of the few national surveys that examines this
- Lifetime prevalence for same sex couples was higher
  - Perpetrators are more likely to be male
  - Female same sex partners reported more prior abuse by a male partner than a female partner (30.4% vs 11.4%)
  - Male same sex partners reported more abuse by a male partner than a female partner (15.4% vs 10.8%)
Associations with IPV
Abbott (1995)

- Suicide attempts/ depression (81% vs. 19%)
- Excessive Etoh use (71% vs. 52%)
- No association with ethnicity, education, income, pregnancy status, or presence of a gun in the house

Ernst/Houry (1997)

- Suicidal ideations and alcohol use associated with past and present physical and nonphysical violence

- Family history of violence was associated with past physical violence (OR 2.9) and past nonphysical violence (OR 2.6)

Grisso (1999)

- 925 female ED patients
  - Male partners
    - Cocaine use (7.6 RR)
    - Ever arrested (5.2 RR)
    - Abused as a child (4.6 RR)
    - Carries a weapon (2.1 RR)
  - IPV victims
    - Cocaine use (3.1 RR)
    - Problems with EtOH (2.7 RR)
    - Separated/ divorced <1 year (2.2 RR)

Walton-Moss (2005)

- 11 USA metropolitan cities - 3637 women

Risk factors for abuse:
  - young age (AOR 2.05)
  - being in fair or poor mental health (AOR 2.65)
  - former partner (AOR 3.33).

Risk factors for partners perpetrating IPV:
  - not being a high school graduate (AOR 2.06)
  - fair or poor mental health (AOR 6.61)
  - drugs (AOR 1.94) or alcohol abuse (AOR 2.77)
  - pet abuse (AOR 7.59 p = .011).
Walton-Moss (2005)

- College completion was observed to be protective (AOR 0.60)
- Significant risk factors for injury (perp RF):
  - fair or poor mental health (AOR 2.13)
  - suicidality (AOR 2.11, p = .020)
  - controlling behavior (AOR 4.31, p < .001)
  - prior IPV arrest (AOR 2.66, p = .004)
  - relationship with victim more than 1 year (AOR 2.30, p = .026).

Houry (2008)

- Young (mean age 32)
- Female (62%)
- Unemployed (60%)
- Street drug use (29%)
- Cigarette smoking (59%)
- Depression (36%)
- PTSD (21%)
- Suicidal (10%)

<table>
<thead>
<tr>
<th>No. of types</th>
<th>RR (95% CI)—depression</th>
<th>RR (95% CI)—PTSD</th>
<th>RR (95% CI)—suicidality</th>
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</thead>
<tbody>
<tr>
<td>0 Types of IPV</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1 Types of IPV</td>
<td>2.4 (1.6–3.7)</td>
<td>2.4 (1.2–4.5)</td>
<td>2.2 (0.5–9.0)</td>
</tr>
<tr>
<td>2 Types of IPV</td>
<td>3.1 (2.0–4.8)</td>
<td>3.8 (2.1–6.8)</td>
<td>9.4 (3.3–26.3)</td>
</tr>
<tr>
<td>3 Types of IPV</td>
<td>5.9 (4.1–8.5)</td>
<td>9.4 (5.7–15.6)</td>
<td>17.5 (6.2–50.0)</td>
</tr>
</tbody>
</table>

Patterns of injury
Injury patterns

♦ Incompatible with history
♦ Multiple injuries in various stages of healing
♦ Defensive injuries
♦ “Central Pattern” of injury
Injury locations

- 9,057 women (280 acute IPV)
  - Neck (OR 15.9)
  - Abdomen (OR 9.8)
  - Face (OR 8.9)
  - Thorax (OR 5.5)
  - Head (OR 4.9)

Muelleman RL: Battered women: injury locations and types
Injury types

– Rectal/perineal injury (OR 18.8)
– Facial abrasion contusion (OR 18.1)
Injury types

Neck abrasion/ contusion (OR 15.9)
Injury types

- Abdomen laceration (OR 14.2)
- Abdomen contusion (OR 9.5)
- Orbit/zyg/nasal fracture (OR 9.6)
Injury types

♦ Tooth loose/fracture (OR 9.2)
♦ Thorax abrasion/contusion (OR 5.7)
Injury types

♦ Upper extremity abrasion/ contusion (OR 3.2)
Injury types

♦ 20% had a different injury pattern
♦ Presence of one of the 12 injury types had a sensitivity of 80.4%
♦ Variable positive predictivity
Meta-Analysis of injury locations

- Head, neck, facial injuries associated with IPV (pooled OR 24; 95%CI 15-38)
- Thoracic, abdominal, pelvic nonspecific for IPV (OR 1.07)
- Upper extremities suggestive of non-IPV etiology (OR 0.15)

Wu V: Pattern of physical injury associated with IPV in women presenting to the ED: a systematic review and meta-analysis. Trauma, Viol, and Abuse. 2010: 11: 71-82
Homicide

Some women will never talk to anyone about being abused.
ED use prior to death

♦ 139 homicide victims (5 years, 12 hospitals)
♦ 34 (25%) were IPV victims
  – 15 (44%) presented to the ED < 2 years
  – 14 had injuries
  – 8 head lacerations; 2 perineal lacerations; 2 rapes; 1 suicide attempt
  – Medical records suggestive of abuse in 8
  – IPV documented in 2; no intervention

So… the big question is what to do with this information?

How effective is screening for and identifying victims?

Does it prevent or predict future violence? Is it safe?
Screening in the Clinical Setting

♦ AMA called for routine screening “at the entry point of contact between women and medical care”

♦ JCAHO mandates hospital protocols and policies to enhance early intervention and referrals
Patients’ attitudes about screening

- 85% of patients feel it’s appropriate for health providers to ask questions about violence (Houry 1999)
Universal screening

- Larkin (1999)
  - Screening protocol for all women
    - Domestic Safety Assessment
    - Included on registration/triage sheet
    - 29.5% screened
    - Factors associated with screening: lower severity of injury, non-psychiatric complaint, day shift
Universal screening

- Larkin (2000)
  - 4-tiered disciplinary action
    - Verbal counseling (52.5% of staff)
    - Written counseling (20%)
    - Written warning of termination (10%)
    - Termination (none)
  - Screening improved to 72.8%
Does screening matter?

- The US Preventive Services Task Force (USPTF) gave a strength of recommendation of C for screening.

- Two recent systematic reviews concluded that the potential harms of identifying and treating abused women are not well evaluated.

- Predictive validity of IPV screens previously unknown.
Does screening matter?

- High prevalence of undetected abuse
- Potential value of this information in helping such patients
- Low cost
- Low risk
Does screening predict future violence?

- Women who screened positive for IPV in the ED
- Were re-interviewed 4 months later about violence in the interim:
  - 11.3 times more likely to experience physical violence
  - 7.3 times more likely to experience verbal aggression
  - All women who sought medical treatment for injuries had screened positive for IPV
Is it effective?

- 95% stated they benefited from the project
- 83% kept the resource information
- By 3 months:
  - 35% contacted a resource
  - 49 used a DV service (hotline, shelter, support groups)
  - 43 moved out
  - 11 entered substance abuse treatment
  - 19 underwent mental health counseling

Is it safe?

- 3,083 screened for IPV
- 281 victims followed up at 1 week and 131 at 3 months
- No problems in the ED
- No problems from participating in the study at 1 week
- All were satisfied with the screening
  - 1 said it reminded her of the violence
  - 1 didn’t like the sexual questions
What to ask?

- **UVPSP**
  - Has a partner slapped, kicked, pushed, choked or punched you?
  - Has a partner forced or coerced you to have sex?
  - Has a partner threatened you with a knife or gun to scare or hurt you?
  - Has a partner made you afraid that you would be physically hurt?
  - Has a partner repeatedly used words, yelled, or screamed in a way that frightened you, threatened you, put you down, or made you feel rejected?
What to ask

- **Partner Violence Screen**
  - Have you been hit, kicked, punched, or otherwise hurt by someone in the past year? If so, by whom?
  - Do you feel safe in your current relationship?
  - Is there a partner from a previous relationship who is making you feel unsafe now?
Other ways to screen

- Pre-exam questionnaire
- Screening by triage nurse
- Screening by another designee
- Chart modification
- Review of systems/social history
Why don’t we screen?
Barriers to screening

- Lack of IPV education
- Lack of time
- Lack of effective interventions
- Powerlessness
- Fear of offending the patient
- Privacy concerns
- Personal history of abuse
Other factors in IPV reporting and victim experiences
Mandatory reporting of IPV

- 45 states have laws that require providers to report violence-inflicted injuries
- 42 states require reporting for injuries resulting from firearms, knives, or other weapons
- 23 states require reporting for injuries from “crimes” (IPV is a crime)
- 7 states specifically require reporting for injuries from IPV

750.411 Physicians; duty to report injuries

- A physician or surgeon who has under his or her charge or care a person suffering from a wound or injury inflicted by means of a knife, gun, pistol, or other deadly weapon, or by other means of violence has a duty to report to the police of the city in which the hospital is located
Michigan law

• A person, firm, or corporation that violates this section is guilty of a misdemeanor.

• A person who makes a report in good faith is immune from civil or criminal
How does it effect IPV patients?

• Rodriguez (1998)
  – Focus group, 51 IPV patients
  – Fear of retaliation, preference for confidentiality and autonomy, desire for police protection

• Houry (1999)
  – ED population, 577 M/F patients
  – 55% aware of the law
  – Only 12% would be less likely to seek medical care for IPV injury
Compliance?

• Rodriguez (1999)
  – 61-86% MDs knew about the law
  – 59% may not comply with the law if the patient objected

• Houry (1999)
  • 92% identified correct definition of law
  – EPs more likely than PCPs to report IPV to the police (61 vs. 30%)
911 calls

- Metro Atlanta 2002- all 911 calls for IPV
- 1,677 households, 1,181 (70.4%) placed multiple phone calls for IPV in one year
- 70.3% of callers with severe violence and 69.7% of callers with minor violence had repeat calls (p= .85).
- No difference with respect to offender alcohol involvement or drug involvement; weapon use; presence of children; or age
- (Houry- 2004)
911 calls

- 72% of African-American victims, 55.4% of Caucasian victims, and 38.4% of Hispanic victims were repeat callers
- African-Americans might be more likely than whites or Hispanics to report IPV when it occurs
- Hispanic victims may be less likely to contact 911 for subsequent incidents of IPV
Co-arrests

- Warrantless arrests are permitted in the majority of states
- Police determine primary aggressor
- Situation can be confusing to a third party
  - Police will often arrest both parties in these instances
Co-arrests

- Metro Atlanta; 149 female IPV victims
- Having a weapon, alcohol use, and older age associated with increased arrest
- Presence of a child decreased victim arrest
- Race, prior incidents of IPV, offender restraining order, and incident severity were not significantly associated with co-arrest.
- (Houry 2006)
So why bother?

♦ Failure to diagnose/inquire sends a message
♦ Cycle will not stop
♦ Window of opportunity to intervene
♦ Legal responsibilities
So, what does all of the research mean?
Conclusions:

• IPV is the most common cause of assault-related injuries in women
• Screening appears effective and safe
• Mental health issues and substance abuse problems should be considered
Resources

- National Domestic Violence Hotline
  1-800-799-SAFE (7233)

- Michigan website
  http://www.mcadsv.org/
Thank you-
Questions or comments?