Objectives

- Describe the many characteristics that make up IPV
- Realize the prevalence of IPV and its impact on pregnancy (and the impact of pregnancy on IPV)
- Learn the important role of health care workers and advocates in helping women
- Identify potential local and national partnerships

Definition: Intimate Partner Violence

- Pattern of assaultive or coercive behaviors perpetrated by a current or former intimate partner
- Characterized by control or domination of one person over another

IPV Prevalence, U.S., 2010

<table>
<thead>
<tr>
<th>IPV</th>
<th>Past year</th>
<th>Lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape</td>
<td>0.6</td>
<td>9.4</td>
</tr>
<tr>
<td>Physical violence</td>
<td>4.0</td>
<td>32.9</td>
</tr>
<tr>
<td>Stalking</td>
<td>2.8</td>
<td>10.7</td>
</tr>
<tr>
<td>Rape, physical violence and/or stalking</td>
<td>5.9</td>
<td>35.6</td>
</tr>
</tbody>
</table>

Seventy-one percent experienced IPV before age 25 years.

More than 1 in 5 women (22%) experienced some form of IPV for the first time between the ages of 11 and 17 years.

Nearly half (48%) were between 18 and 24 years of age.

IPV occurs among individuals of every race, religion, ethnicity, age, culture, socioeconomic class, education level, gender and sexuality.

- Immigrant and refugees
- Disabled
- Lesbian, gay, bisexual, transgender (LGBT)
- Teen
- Male
- Pregnant

IPV Prevalence by Sexual Orientation

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>IPV Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>44</td>
</tr>
<tr>
<td>Bisexual</td>
<td>61</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>35</td>
</tr>
</tbody>
</table>

Physical Injuries

- "Black eye", TMJ/tooth disorders, fracture nose/ear, head trauma, strangulation
- Significant marker for IPV in unwitnessed injuries*
- Traumatic brain injury

- Limb, abdomen, breast, pelvic
- Fractures, bruises, sprains, lacerations, burns, bites, vaginal/anal tears

*Wu et al. Trauma, Violence & Abuse 2010

Medical Disorders Associated with IPV among Women

- Mental Health: Depression, anxiety, PTSD, eating disorders, phobia, panic attacks, insomnia, suicide
- Substance abuse: Tobacco, alcohol and drug abuse, tranquilizer, sleeping pills
- Chronic disorders: Chronic pain, anemia, asthma, obesity, diabetes, headaches, hearing loss, TMJ disorders, fibromyalgia, arthritis, GI disorders (IBS, ulcers), cardiovascular disorders, seizures
- Reproductive health: Pelvic pain, dysmenorrhea, dyspareunia, vaginitis, STI, UTI, unintended pregnancy, poor prenatal behaviors, poor pregnancy outcomes
### Prevalence of Health Outcomes by History of Rape or Stalking (any partner) or Physical Violence by Intimate Partner, U.S. Women

<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>Yes violence</th>
<th>No violence</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>23.7</td>
<td>14.3</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Irritable Bowel Syndrome</td>
<td>12.4</td>
<td>6.9</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Diabetes</td>
<td>12.6</td>
<td>10.2</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Hypertension</td>
<td>27.3</td>
<td>27.5</td>
<td>not sig</td>
</tr>
<tr>
<td>Frequent headaches</td>
<td>28.7</td>
<td>16.5</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>28.8</td>
<td>16.5</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Difficulty sleeping</td>
<td>37.7</td>
<td>21.0</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Activity Limitations</td>
<td>35.0</td>
<td>19.7</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Poor Physical Health</td>
<td>6.4</td>
<td>2.4</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Poor Mental Health</td>
<td>3.4</td>
<td>1.1</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

### IPV and Mental Health

- Meta-analysis 1980-2010, 37 U.S. studies
  - 2-3 fold increased risk of major depressive disorder (MDD) among women exposed to IPV vs. non-exposed women
  - 1.5-2 fold increased risk of elevated depressive symptoms (EDS) and postpartum depression (PPD)
    - 9-28% of MDD/EDS/PPD may be attributed to lifetime exposure of IPV
  - Nearly 2 fold increase of IPV among depressed women


- Telephone survey, Memphis, Tennessee n=637 women
- 23% of those reporting physical abuse in the past by a partner also reported suicide attempt

Seedat et al, 2005

### IPV and Substance Use

- Women who have experienced IPV are more likely to abuse tobacco, alcohol and drugs than women who have not been abused.

- Two out of every three women in substance abuse treatment reported IPV victimization in the pretreatment year.

Lipsky et al, 2010
Perinatal Data - PRAMS

- Pregnancy Risk Assessment Monitoring System (PRAMS)
  - Postpartum survey of new mothers 2-9 months after delivery
  - Research project between CDC and state health departments
    - Currently 47 states, NYC, DC, PR
    - Accounts for 83% of US births
  - Goal is to find out why some babies are born healthy and others not

Source: CDC PRAMS

PRAMS

- Survey sample
  - Random
  - Option to stratify
  - Survey available in English and Spanish
- Questions about pregnancy and baby
  - Core questions every state uses
  - Choice of state questions
  - Questions range from preconception to postpartum
  - Quality of care, pregnancy intention, employment, breastfeeding, medical disorders, entry into prenatal care, mental health, smoking, alcohol use, abuse

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PRAMS Survey Questions, Physical Abuse

During pregnancy
"During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?"

"During your most recent pregnancy, were you physically hurt in any way by your husband or partner?"

12 months before pregnancy
"During the 12 months before you got pregnant, did …

Physical Abuse Before and During Pregnancy

- Physical Abuse in Year Before and During Pregnancy, Maryland PRAMS 2004-2008, (n=8,074)
  - No physical abuse 92.8%
  - Physical abuse 7.2%

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074

Physical Abuse Before and During Pregnancy

- Physical Abuse in Year Before and During Pregnancy, Maryland PRAMS 2004-2008
  - During pregnancy only 20%
  - Before and during pregnancy 40%
  - Before pregnancy only 40%

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074
White Black Asian Hispanic

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074

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<20 20-24 25-29 30+

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074

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Married Unmarried

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074

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No MA MA

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074

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Unwanted pregnancy Unwanted preg (partner)

Percent

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074

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Unwanted Pregnancy by Abuse Status

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074

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UTI/Kidney Infection by Abuse Status

No Abuse: 16%
Abuse: 33%

Anemia by Abuse Status

No Abuse: 12%
Abuse: 28%

Preterm Labor by Abuse Status

No Abuse: 19%
Abuse: 33%

Previous LBW Infant by Abuse Status

No Abuse: 11%
Abuse: 20%

No Prenatal Care by Abuse Status

No Abuse: 1%
Abuse: 3%

Placental Abruption
"Problems with the placenta" were reported at 35% higher rates among women who were physically abused than those who were not abused.

Placental Problems by Physical Abuse, Maryland 2004-8

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074

Cigarette Smoking and Physical Abuse, Maryland, 2004-2008

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074


Source: Cheng et al. Obstetrics & Gynecology 2015

Smoking and Physical Abuse “During” Pregnancy

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074
Smoking rates during pregnancy were 2.6 times higher among abused women than non-abused women (p<.001).

After controlling for age, race-ethnicity, education, marital status, pregnancy intention, and income, adjusted odds ratio was 1.95.

During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos.

- How smoking during pregnancy could affect my baby
- Breastfeeding my baby
- How drinking alcohol could affect my baby
- Using a seat belt during my pregnancy
- Birth control methods to use after my pregnancy
- Medicines that are safe to take during my pregnancy
- How using illegal drugs could affect my baby
- Tests to screen for birth defects that run in my family
- What to do if my labor starts early
- Getting tested for HIV
- Physical abuse to women by their husbands or partners

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Comments from PRAMS Mothers: Last Page of Survey:

- "I was beaten in the head, face and stomach when I was 16 weeks pregnant."
- "I was 6 months pregnant and lost my baby due to abuse."
- "No one spoke to me about abuse. I wish someone had."

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**PRAMS: Summary**

- IPV (physical abuse) is prevalent before and during pregnancy
- IPV is associated with poor pregnancy behaviors and factors
- IPV impacts reproductive and perinatal health
- Most women do not report receipt of IPV assessment during prenatal care

**Maternal Deaths**

Maternal Mortality Ratio = \#maternal deaths/100,000 live births

**Beyond Maternal Deaths: Pregnancy Associated Mortality**

- Time: pregnancy 1 year later
- Cause of death: any cause

**Beyond the Death Certificate**

- Death Certificate
- Linked to live birth certificate and fetal death records
- Medical examiner records of women ages 10-50 who died
- Other sources

**Pregnancy-Associated Deaths, Enhanced Surveillance, 1993-1998**

<table>
<thead>
<tr>
<th></th>
<th>Before (death certificate only)</th>
<th>After (enhanced surveillance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of cases</td>
<td>67</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of cases</td>
<td>67</td>
<td>247</td>
</tr>
</tbody>
</table>

Source: Horon and Cheng, JAMA 2001


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<thead>
<tr>
<th></th>
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<th>After</th>
</tr>
</thead>
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<td>247</td>
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<tr>
<td>Leading cause of death</td>
<td>Hemorrhage</td>
<td>Homicide</td>
</tr>
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Source: Horon and Cheng, JAMA 2001


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</tr>
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</table>

Source: Horon and Cheng, JAMA 2001

Maryland Maternal Mortality Review

Review of deaths during pregnancy and up to ......one year later

Homicide is the leading cause of death

Horon and Cheng 2001 JAMA

Homicide tops list of pregnancy risks

The Baltimore Sun

Where Maryland Comes Alive™

Homicide tops list of pregnancy risks

npr

Md. study shows higher rate for new, expectant mothers

American Royal Association

npr
Homicide was the leading cause of pregnancy-associated death in Maryland.
- Most prevalent: African American, age <25
- Firearms: most common method of injury (60%)
- Nearly half (48%) occurred during pregnancy
- Two out of every three cases was perpetrated by an intimate partner
- Pregnancy-related?

Review of all Maryland cases that resulted from homicide:
- Nearly all cases were pregnancy-related
- Nearly all cases were determined to be preventable
- Nearly all cases did not have any documentation of IPV assessment prenatally nor at delivery

Poor attachment, developmental delays
- Mental health disorders: depression, anxiety
- Poor self esteem, discipline problems, poor academic performance, risky / aggressive behaviors,
- Risk of abuse
  - Addressing IPV may be one of the most effective ways to prevent child abuse.
  - IPV and child abuse co-occur in ~50% of cases
  - Recommended by the American Academy of Pediatrics

Intimate Partner Homicides
Intimate Partner Violence

Cost of 5.8 billion annually in U.S.*
- Medical and mental health services (>4 billion/yr), lost productivity, premature death

Over 5 million cases per year*
Leading cause of injury, disability and death**

*National Center for Injury Prevention and Control, CDC, 2003
**Spergano et al. Trauma, Violence, Abuse 2009
IPV Assessment: Improve Perinatal Health

- Large impact on perinatal health
  - More abused women smoke before pregnancy than non-abused women and are less able to quit
  - Smoking is routinely assessed but not IPV
  - Can we improve smoking cessation rates??
- Interventions for IPV are beneficial
  - Decrease in VLBW (0.8% vs 4.6%)
  - Decrease VPTB (1.5% vs 6.6%)
  - Increase mean gestational age (38.2 wks vs. 36.9 wks)

Kiely et al. 2010; Weinsheimer et al. 2005; McNutt et al 1999; Cheng et al 2015

Affordable Care Act

- Institute of Medicine Clinical Preventive Services for Women, 7/2011, recommended
  - Screening/counseling for women and adolescent girls for interpersonal/domestic violence in a culturally sensitive and supportive manner.
- Well woman visit, annual
  - Insurance coverage without copays for IPV/DV screening

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MMR Committee Recommendation, 2012

- Assess all women for IPV before, during and after pregnancy
  - Increase awareness among providers and women of the potential severity of intimate partner violence and its impact on health during pregnancy and postpartum
- Increase awareness among providers and women of services offered at local domestic violence programs.

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Professional Organizations Recommend IPV Screening

- American Academy of Pediatrics (AAP)
- American College of Obstetricians and Gynecologists (ACOG)
- American Medical Association (AMA)
- American Nursing Association (ANA)
- American Psychiatric Association (APA)
- Institute of Medicine (IOM)
- U.S. Public Services Task Force (USPSTF)

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ACOG Committee Opinion

Committee on Health Care for Underserved Women

Assess for IPV: new and annual visits
- OB - 1st prenatal visit, each trimester and postpartum visit.
- Other – depression/substance abuse/mental health/Injuries (STI)

Committee on Health Care for Underserved Women

Reproductive and Sexual Coercion

Harm reduction strategies:
- Reproductive coercion: Use less detectable contraception, safety planning, referrals
- STI notification: use anonymous partner notification (Disease Information Specialist) from local health dept.

Committee on Health Care for Underserved Women

Number 554, February 2013

Number 556, February 2013
ACOG Committee Opinion

The American College of Obstetricians and Gynecologists

COMMITTEE OPINION
Number 592, April 2014
Committee on Health Care for Underserved Women: This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Sexual Assault

Health Care Reluctance to Assess for IPV

- Time
  - I need to focus on her “real” medical problems

- Isn’t this a law enforcement issue?

- What difference will it make?

- Why doesn’t she just leave?

- My patients aren’t abused

- Don’t know how to assess

- Don’t know how to handle positives

- Lack of resources for referral

- Lack of reimbursement

State Core Partnership: Ob/Gyns and DV

Champion

Public Health

MCH, PRAMS, Title V, Title X, MMWR, Vital Statistics

Local advocacy programs

Ob/Gyns

Clinics, hospitals, private offices

Partnerships: Health Care - DV

- Maryland Department of Health and Mental Hygiene
  - Data
    - PRAMS
    - Maternal Mortality Review
    - Vital Statistics Administration
  - MCH, Title V, Title X
  - Grants
  - National, state and local DV programs
  - Futures Without Violence
  - Health Care Providers
    - Hospitals and clinics sites
    - ACOG, state and local

Project Connect Maryland

- Project Connect Maryland
  - Partnership between Futures Without Violence and Maryland Department of Health and Mental Hygiene
  - Funded by U.S. Department of Health and Human Services (DHHS) Office on Women’s Health
  - Develop public health policy and response to IPV/SA
  - Three year project 2013-2015
  - IPV assessment in Maryland Title X Family Planning Program
  - Add women’s and reproductive health services to DV program
  - IPV Steering Committee

Maryland Project Connect IPV Leadership Team 2013-2015

- Representatives from
  - Maryland Department of Health and Mental Hygiene
    - Women’s Health/MCH/Injury Prevention/Minority Health/Home Visiting
    - Title X Family Planning Program
    - Planned Parenthood of Maryland
    - House of Ruth
    - Maryland Network Against Domestic Violence
    - Maryland Coalition Against Sexual Assault
    - Maryland State Medical Society
    - Johns Hopkins Bloomberg School of Public Health
    - Johns Hopkins School of Nursing
    - University of Maryland School of Social Work
    - Local family planning sites
IPV Project 2014

Educating Ob/Gyns

- American Congress of Obstetricians and Gynecologists (ACOG)
  - Committee on Health Care for Underserved Women
    - funding from Merck Pharmaceuticals

Pilot Project 2014: Johns Hopkins School of Medicine

- IPV Assessment Training for Ob/Gyns
  - Medical students
  - Ob/Gyn Residents
  - Ob/Gyn Faculty
  - Office staff at hospital and community clinic sites
  - Partner with DV program

Programs Providing Comprehensive Domestic Violence Services in Each County

DV-Health Care Relationship

- DV program representative was present at all health care provider trainings
- Encourage DV participation in clinic meetings at regular intervals
- Use health care site as referral source for DV clients
- Encourage women’s health education at DV programs

Core Features of Provider Training

- IPV assessment is not difficult.
  - You don’t need to be DV expert.
- Educate everyone, not just those who screen positive
  - Disclosure is not the goal
- Partnership with local DV program is necessary for optimal results.
  - Present at every training
- Many resources are available for providers and women.
- IPV impacts health and may be source of medical problem. Be a better clinician

Partnerships: Not Just Clinicians

- Social workers
- Psychologists
- Medical assistants
- Clerks
- Phlebotomists
- Front desk personnel at clinic sites
Connect with other programs

- Substance use
- Mental Health
- Home visiting
- Family Planning
- STI/HIV
- Adolescent health
- WIC
- Oral Health
- Policy makers
- Academic centers
- Police
- Law professionals
- State’s attorney office
- Social services
- Schools
- Media
- Governor/mayor’s office

Oral Health DV-Related Programs

- P.A.N.D.A.
  - Prevent Abuse and neglect through Dental Awareness
- Maryland continuing education requirement about abuse/neglect for dental and dental hygienist license renewal q 4 years
- Give Back a Smile Program
  - American Academy of Cosmetic Dentistry
  - Dental work for adult men and women with dental injuries from a former intimate partner
  - Injuries in smile zone

Maryland Partnerships

IPV Assessment Training

- Ask everyone [females 15-50]
  - Don’t just ask those whom you think are high risk
- Assure confidentiality
- Ask in a private place
- Assess
  - End point = SAFETY
  - End point = EDUCATE

Don’t Ask

- Do you feel safe in your home?
- Are you an abuse victim?
- You aren’t experiencing IPV, are you?

Beyond Screening: Universal Assessment Healthy Relationships

- Old: Screen/intervention for +screens
  - Y N
- New: Educate / inform all
Having a Conversation

Are you in a HEALTHY relationship?

Ask yourself:

1. Is my partner kind to me and respectful of my choices?
2. Does my partner support my using birth control?
3. Does my partner support my decision about if or when to have kids?
4. Does my partner respect my boundaries?

If you answered YES to these questions, it is likely that you are in a healthy relationship. If you answered NO to any of the above, you might want to talk to your partner about making changes.

Sample script:

“Have you started talking to all of our patients about how you deserve to be treated? Do you go out with and give them the care and love that you deserve?”

Safe and healthy babies....

start with safe & healthy moms!

Maryland Health Care Coalition Against Domestic Violence

Educate

Safety Cards

- Futures Without Violence
  www.FuturesWithoutViolence.org

- Maryland Network Against Domestic Violence
  www.mnadv.org

Brochures – office use

Posters

Hotlines

- NATIONAL DOMESTIC VIOLENCE HOTLINE:
  1-800-799-SAFE (7233)
  www.thelotline.org

- DATING VIOLENCE HOTLINE
  1-866-331-9474
  www.loveisrespect.org

- SEXUAL ASSAULT HOTLINE
  1-800-656-4673
  www.rainn.org
Domestic Violence Fatality Review Case
- 38 y/o BF who survived GSW to head 4 yrs ago
  - Boyfriend shot her and all 3 children at home
  - 8 y/o daughter died
  - All others severely injured
- Preventable?
  - STI visit

IPV and Telomere Length
- Telomere length related to aging
- IPV shortened telomeres

IPV and Pregnancy Outcomes
- Associated with preterm birth (PTB) and low birth weight (LBW) infant*
  - Found in most studies
  - Inconsistent definitions and populations

*Shah et al. 2010
Cortisol
Placental Corticotropin Releasing Hormone
Progesterone
Bacteria (biome)
epigenetics

Summary

LOCAL DATA
- MMR: Homicide is a leading cause of pregnancy-associated death
- PRAMS: 7% reported physical abuse before/during pregnancy; associated with unhealthy behaviors, medical problems and poor pregnancy outcomes
- MMR/PRAMS: Health care providers missed opportunities to assess for IPV and intervene

STATE ACTION
- Improve IPV assessment among ob and other providers
- Educating all women, not just those with + screens
- Build partnerships
- DV-provider-public health
- Others
- Potential for improving health with IPV assessment
- Co-morbidity of medical and behavioral health disorders
- Support for coping with stress