

Reproductive Health Update
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Intimate Partner Violence (IPV) and Reproductive/Sexual Coercion



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Objectives

- Realize the importance of assessing all women of childbearing age for IPV
- Learn how to assess for IPV
- Identify local and national referral resources

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

**Intimate
Partner
Violence**

RAPE

IPV

hit strangle choke push slap shove weapon kick burn bite

physical abuse

threats **EMOTIONAL**

stalking **ABUSE** financial

isolation social media attacks abuse

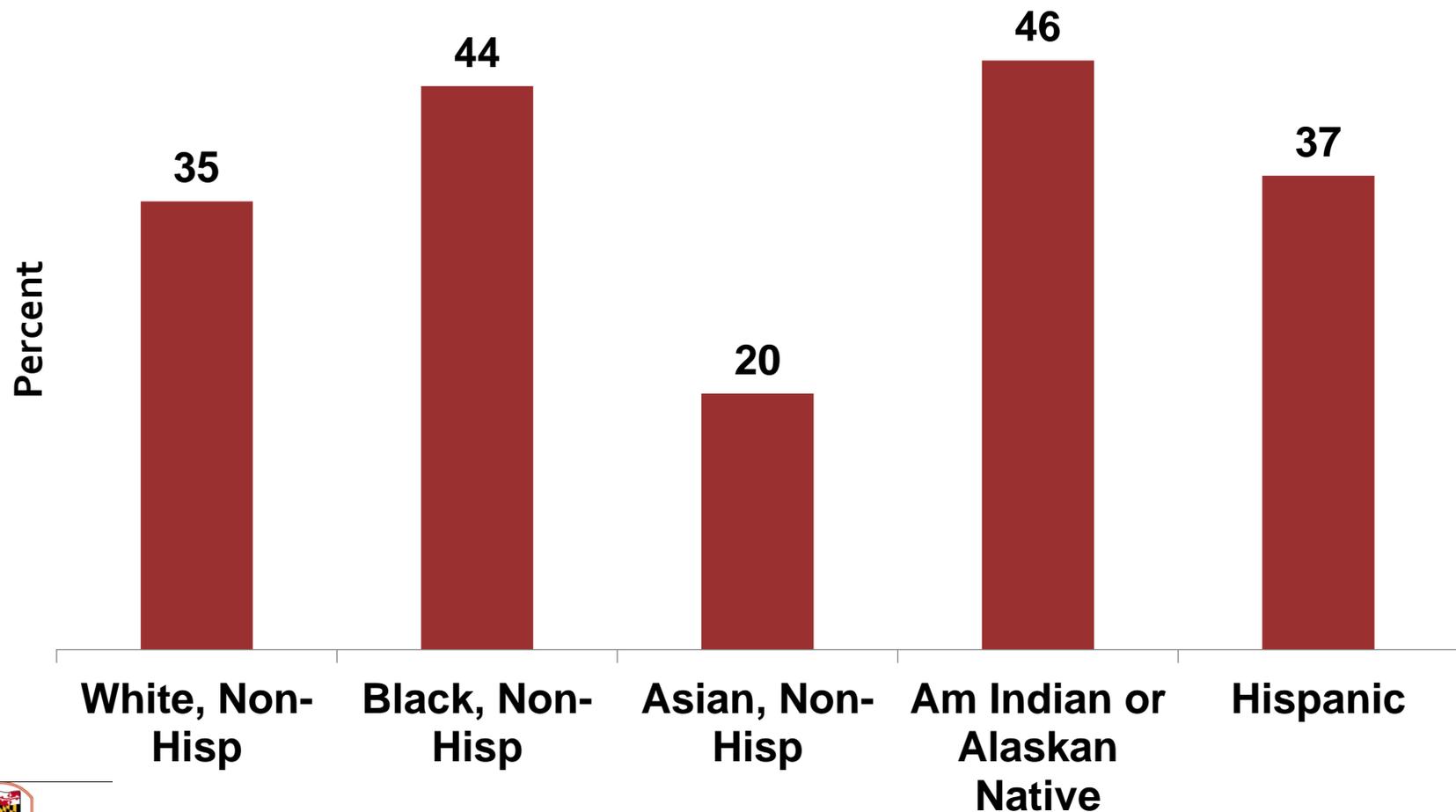
reproductive and sexual coercion

assault sexual

IPV Prevalence, U.S., 2010

IPV	Past year	Lifetime
Rape	0.6	9.4
Physical violence	4.0	32.9
Stalking	2.8	10.7
Rape, physical violence and/or stalking	5.9	35.6

IPV, Lifetime Prevalence by Race/Ethnicity, U.S., 2010



IPV against Women: Public Health Problem

- 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

**Spangaro et al. Trauma, Violence, Abuse 2009

Health Impact – Direct Clues

Physical Injuries



■ Head, Neck, Face

- “Black eye”, TMJ/tooth disorders, fracture nose/ear, head trauma, strangulation
- Significant marker for IPV in unwitnessed injuries*

■ Limb, abdomen, breast, pelvic

- Fractures, bruises, sprains. lacerations, burns, bites, vaginal/anal tears

Health Impact – Indirect clues

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

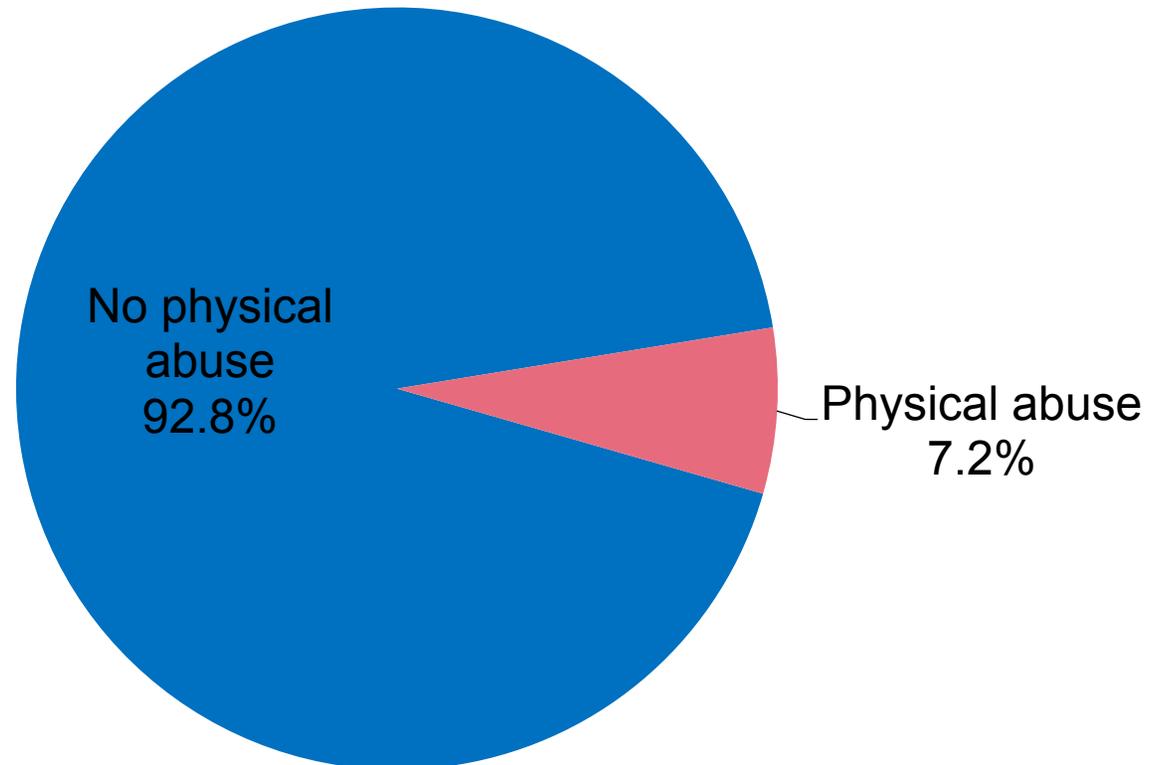
Maryland IPV Data



- Pregnancy Risk Assessment Monitoring System (PRAMS)
 - Postpartum survey administered by state health departments and the CDC
- Asks about **physical** abuse by a partner or ex, in the year before or during pregnancy

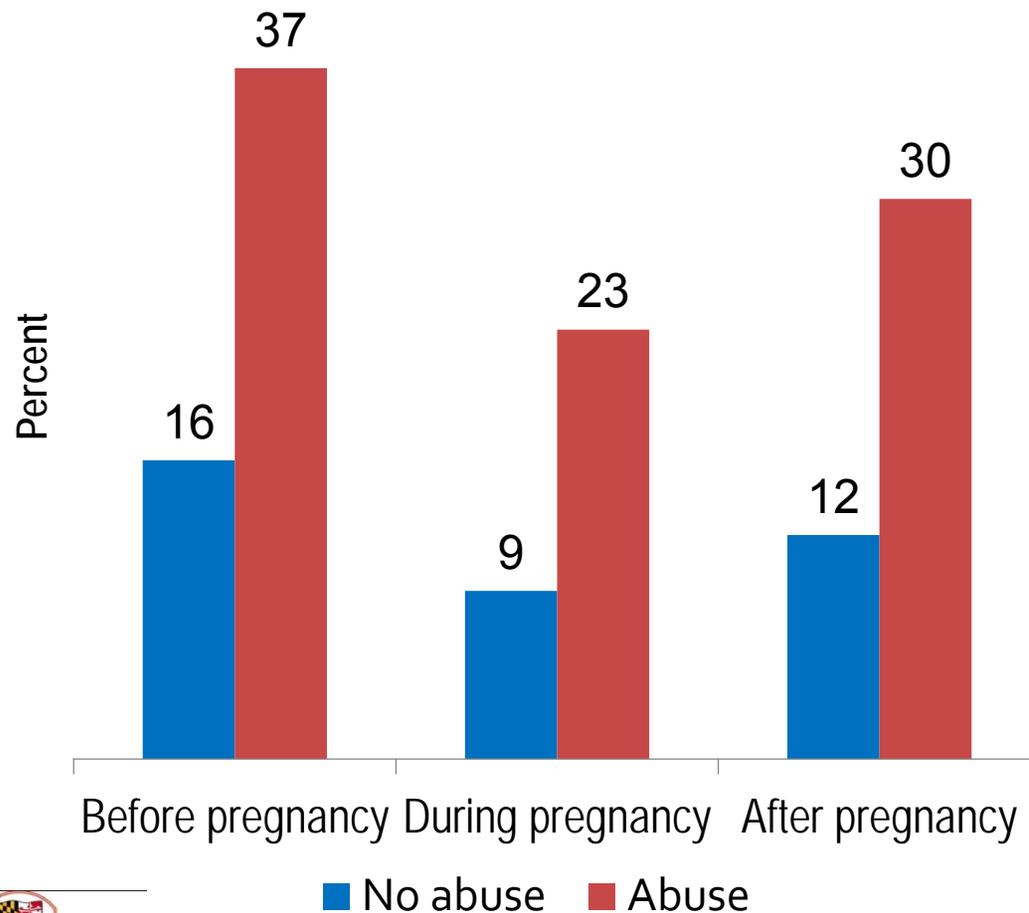
Physical Abuse Before and During Pregnancy

Physical Abuse in Year Before and During Pregnancy,
Maryland PRAMS 2004-2008, (n=8,074)



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

Cigarette Smoking and Physical Abuse, Maryland, 2004-2008

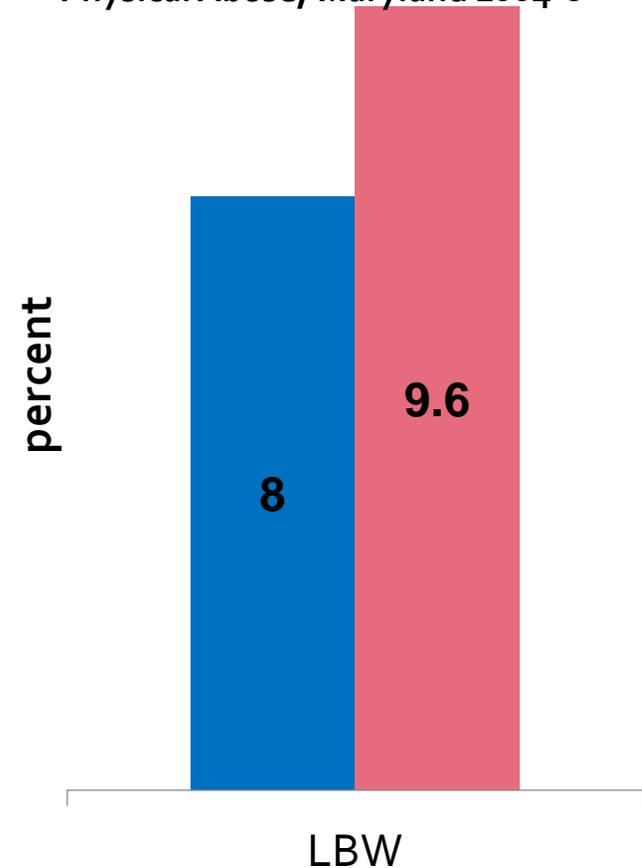


IPV and Pregnancy Outcomes

- Associated with preterm birth (PTB) and low birth weight (LBW) infant
 - Found in most but not all studies
 - Inconsistent definitions and populations
- Most recent 2010 meta-analysis*
 - 1.5 adjusted OR of PTB
 - 1.5 adjusted OR of LBW

*Shah et al. 2010

Infant Low Birth Weight by Physical Abuse, Maryland 2004-8



Impact of IPV on Children

- Poor attachment
- Developmental delays
- Mental health disorders
- 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

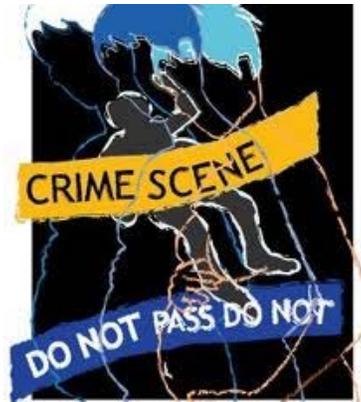
Pregnancy-Associated Mortality



Deaths during Pregnancy.....one year later

Leading Causes of Pregnancy-Associated Deaths, Maryland, 1993-1998

- 1) Homicide
- 2) Cardiovascular disorders
- 3) Automobile accidents



Source: Horon and Cheng, JAMA 2001

Pregnancy Associated Mortality, Maryland, 1993-2008

- Homicide was the leading cause of pregnancy-associated death in Maryland.
 - Most prevalent: African American, age <25
 - Firearms: most common method of injury (60%)
- 56% of pregnancy-associated homicides were intimate partner homicides (IPH)
 - Not considering open cases, 65% were IPH
 - Nearly half of IPH occurred during pregnancy

Pregnancy Coercion

NOT WANTING PREGNANCY

- Demands abortion
- Threaten to leave if she doesn't get rid of pregnancy
- Threaten to hurt her or the baby after she delivers
- Threaten to hurt her or physically abuses her during pregnancy

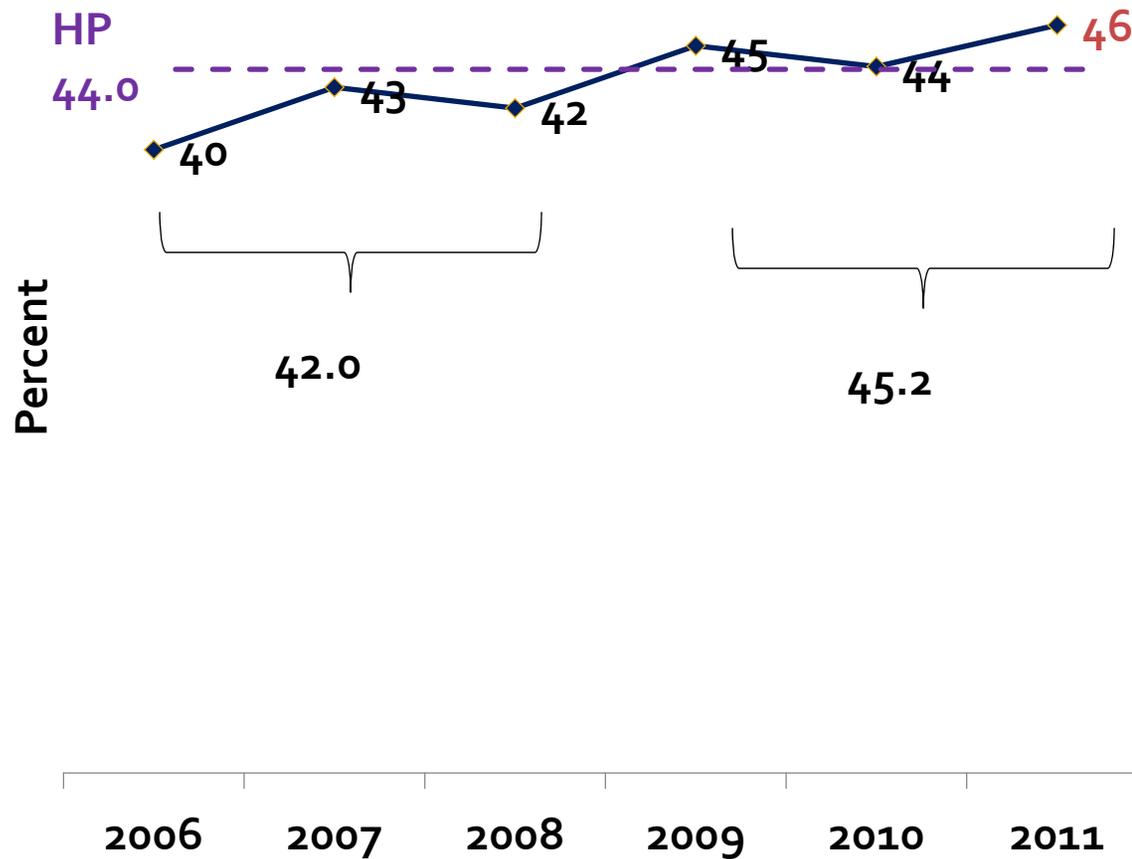
WANTING PREGNANCY

- Tell her not to use birth control
- Threaten to leave if she doesn't get pregnant
- Threaten to have baby with someone else if she doesn't get pregnant
- Physically hurt her for not agreeing to get pregnant

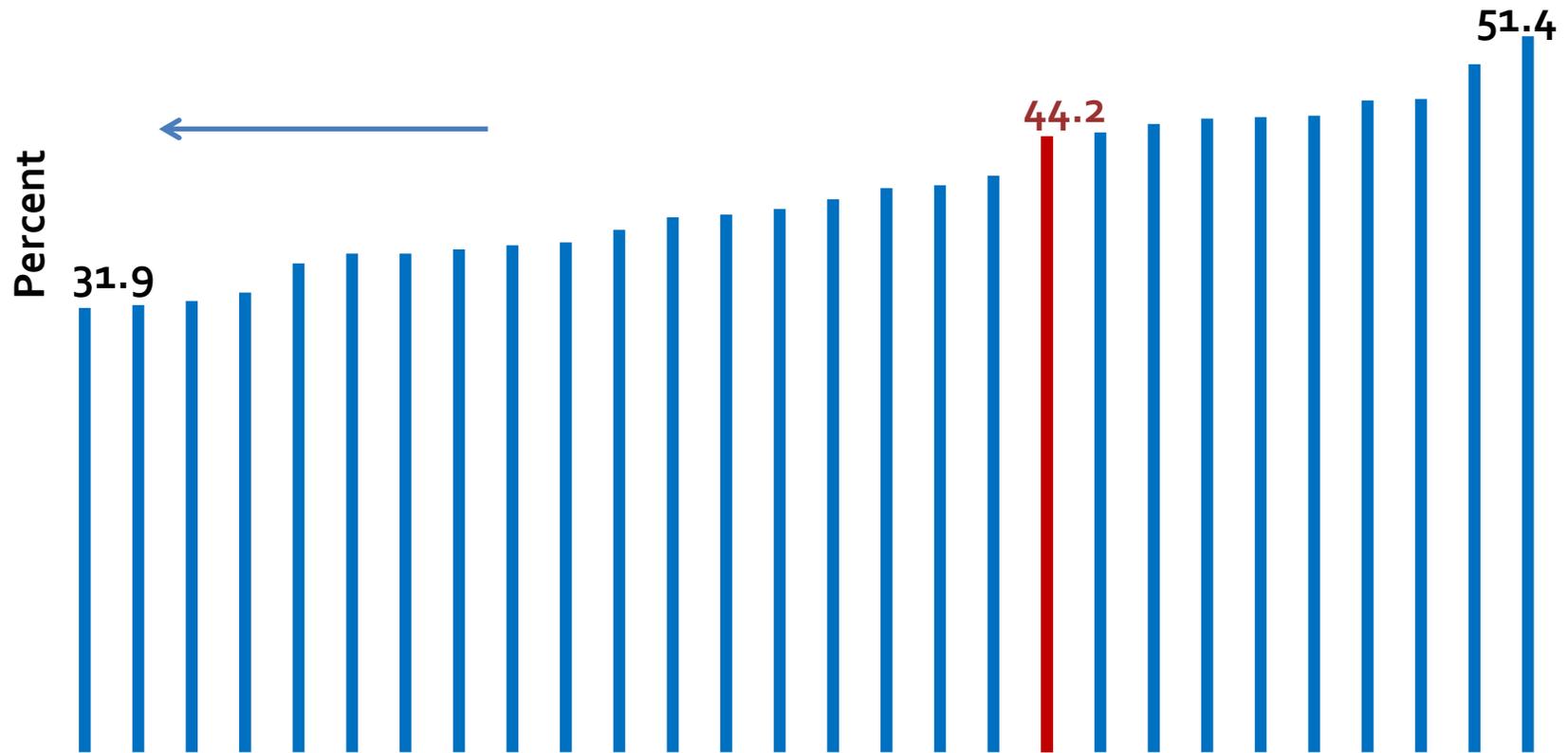
Sexual Coercion

- Refusal to use condoms
- Intentional exposure of partner to STIs
- Threats of leaving if no sex
- Threats of violence if no sex
- Retaliation if no sex

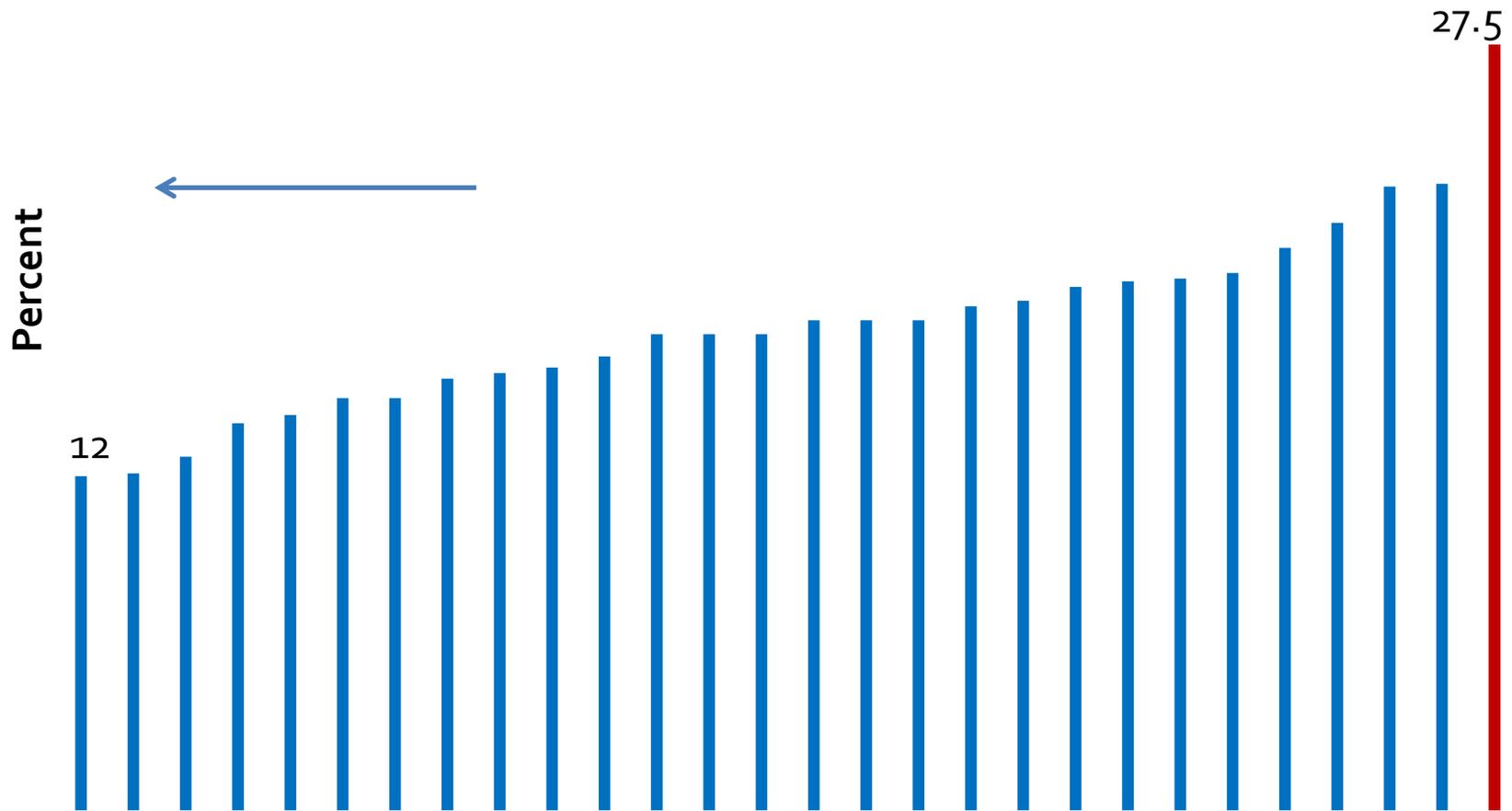
Unintended Pregnancy Rate, MD 2006-2011



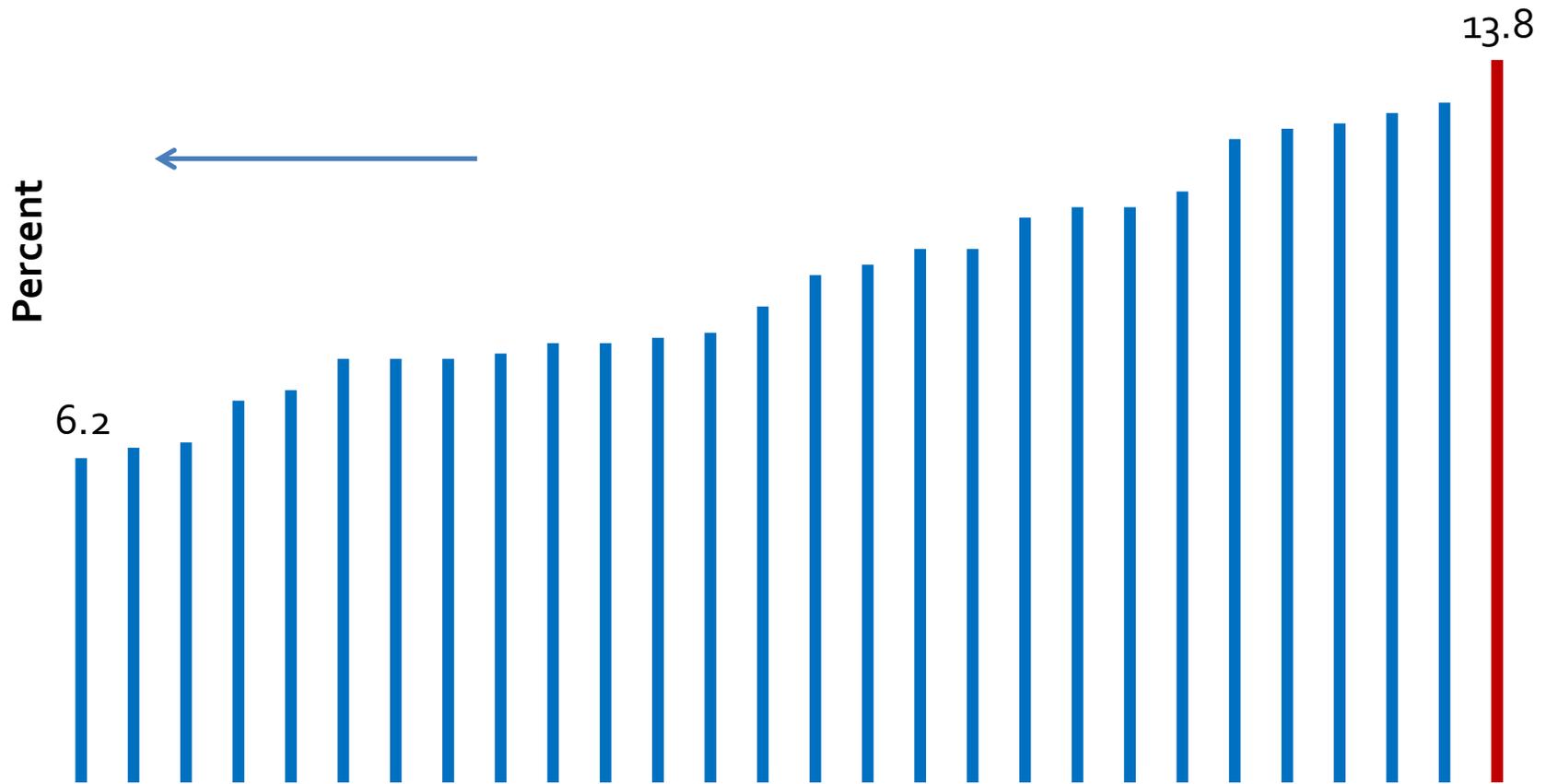
Unintended Pregnancy, 2010



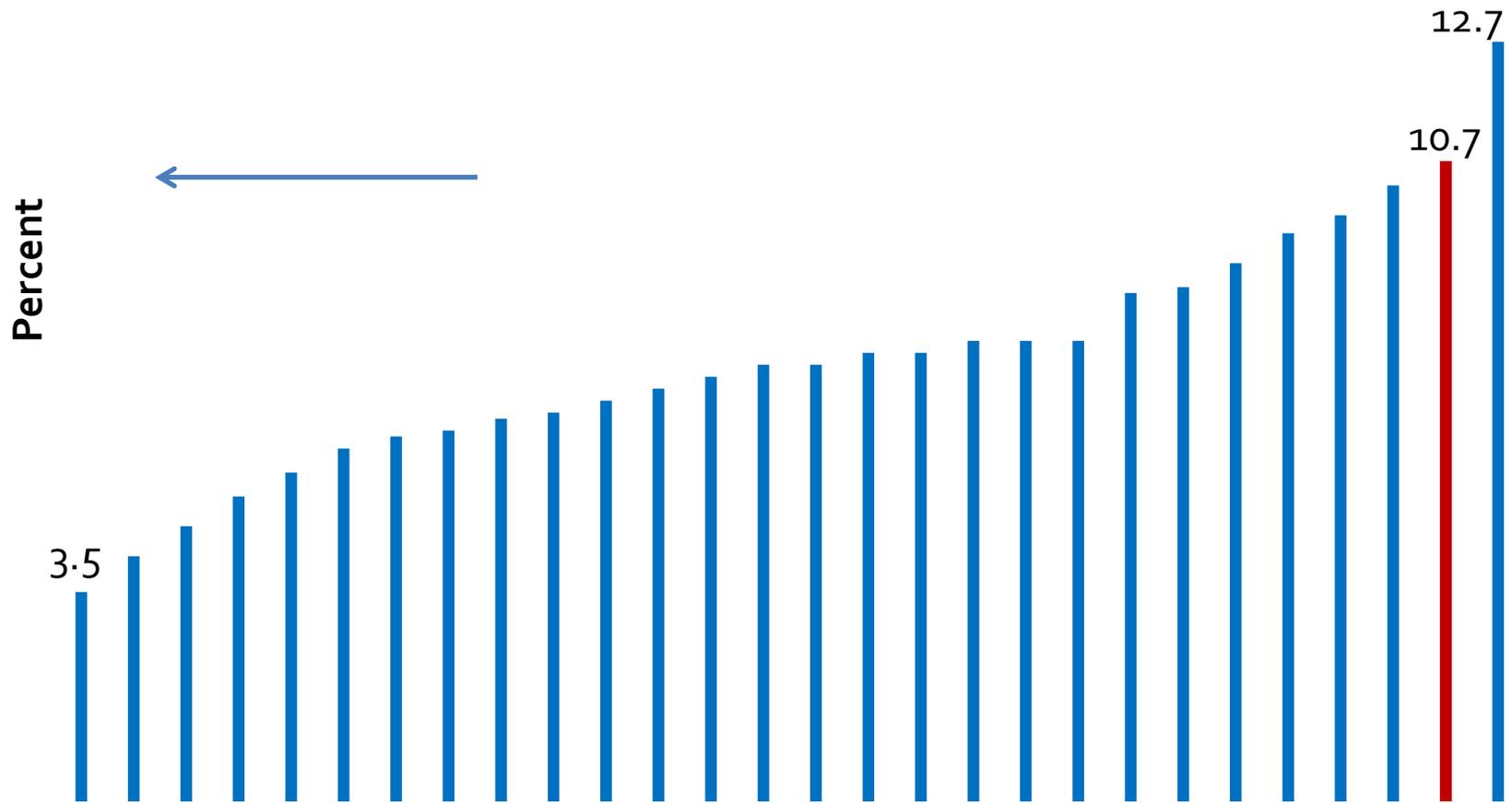
Reason for not using contraception: husband/partner didn't want to



Reason for not using contraception: had side effects from birth control



Reason for not using contraception: problems getting birth control



Reproductive Coercion, PRAMS

- Before you got pregnant with your new baby, did your husband or partner ever try to keep you from using your birth control so that you would get pregnant when you didn't want to?

For example, did he hide your birth control, throw it away or do anything else to keep you from using it?

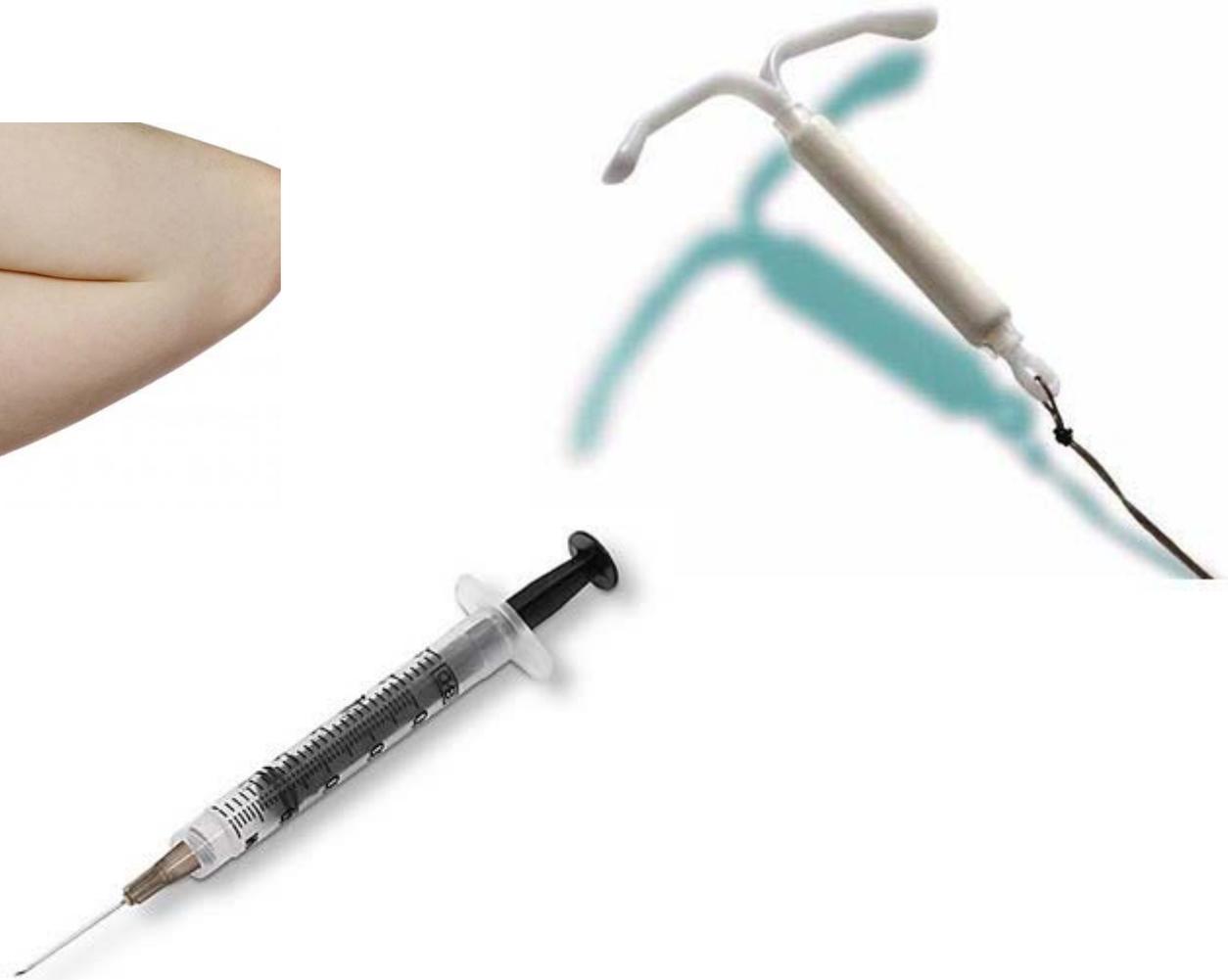
Birth Control Sabotage

- Preventing her from going to clinic to obtain BC
- Removing vaginal ring
- Flushing BCP down the toilet or hiding them
- Tearing off birth control patch
- Poking holes in condom
- Removing condom during sex
- Breaking condom on purpose
- Pulling out her IUD

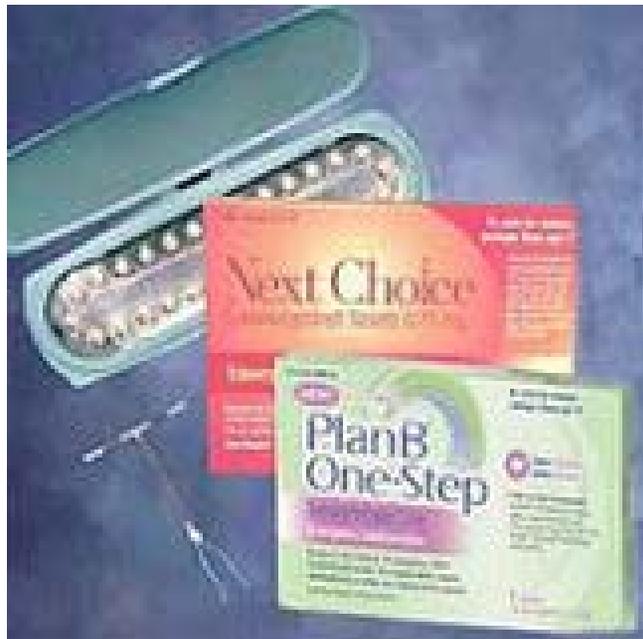
Tampering with these is a form of domestic violence



Long Acting Reversible Contraception (LARC)



Emergency Contraception



ella[®]
ulipristal acetate
tablet 30 mg



Counseling to Prevent Unintended Pregnancy

- Planning pregnancy?
- Birth control use?
- If not using birth control, why not?
- Options

Counseling to Prevent Unintended Pregnancy

- Has your partner ever made you have sex when you didn't want to?
- Has your partner refused your request to use condoms?
- Has your partner ever tried to get you pregnant when you did not want to be pregnant?
- Are you worried your partner will hurt you if you do not do what he wants with the pregnancy?
- Does your partner support your decision about when or if you want to become pregnant?

Reproductive Coercion

- General ob/gyn clinic*
 - 16% + reproductive coercion
 - 32% also reported IPV
- Family planning clinic**
 - 71% reduction in odds of pregnancy coercion or unsafe relationships with intervention (asking, harm reduction strategies, resources) 1-2 years afterwards

Why bother to assess for IPV?

- Prevalent
- Impact on women and families
- Impact on health
- Interventions 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)
- 90% women don't mind being asked
 - 71% wished that a previous HCP had asked about it
- Assessment not difficult

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)

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.
- U.S. Public Services Task Force 1/2013
 - Grade B recommendation to screen for IPV and intervene
- Well woman visit, annual
 - Insurance coverage without copays for IPV/DV screening

IPV Assessment

- Who
 - All women of reproductive age
 - Anyone when signs or symptoms raise concerns
 - Injuries, mental health, substance abuse, STI, associated health disorders
- When
 - New/annual exams, hi-risk conditions
 - Obstetric - Each trimester, postpartum
- Where
 - **Private area**

IPV Assessment

- Introduce topic –
 - “Because violence is so common and help is available, I now ask everyone...”
- Assure confidentiality –
 - “I won’t tell anyone what is said unless you give me permission.”
- Ask

•Has your current or former partner threatened you or made you feel afraid?

•Has your partner hit, strangled/”choked” or physically hurt you?

•Has anyone made you have sex when you didn’t want to?

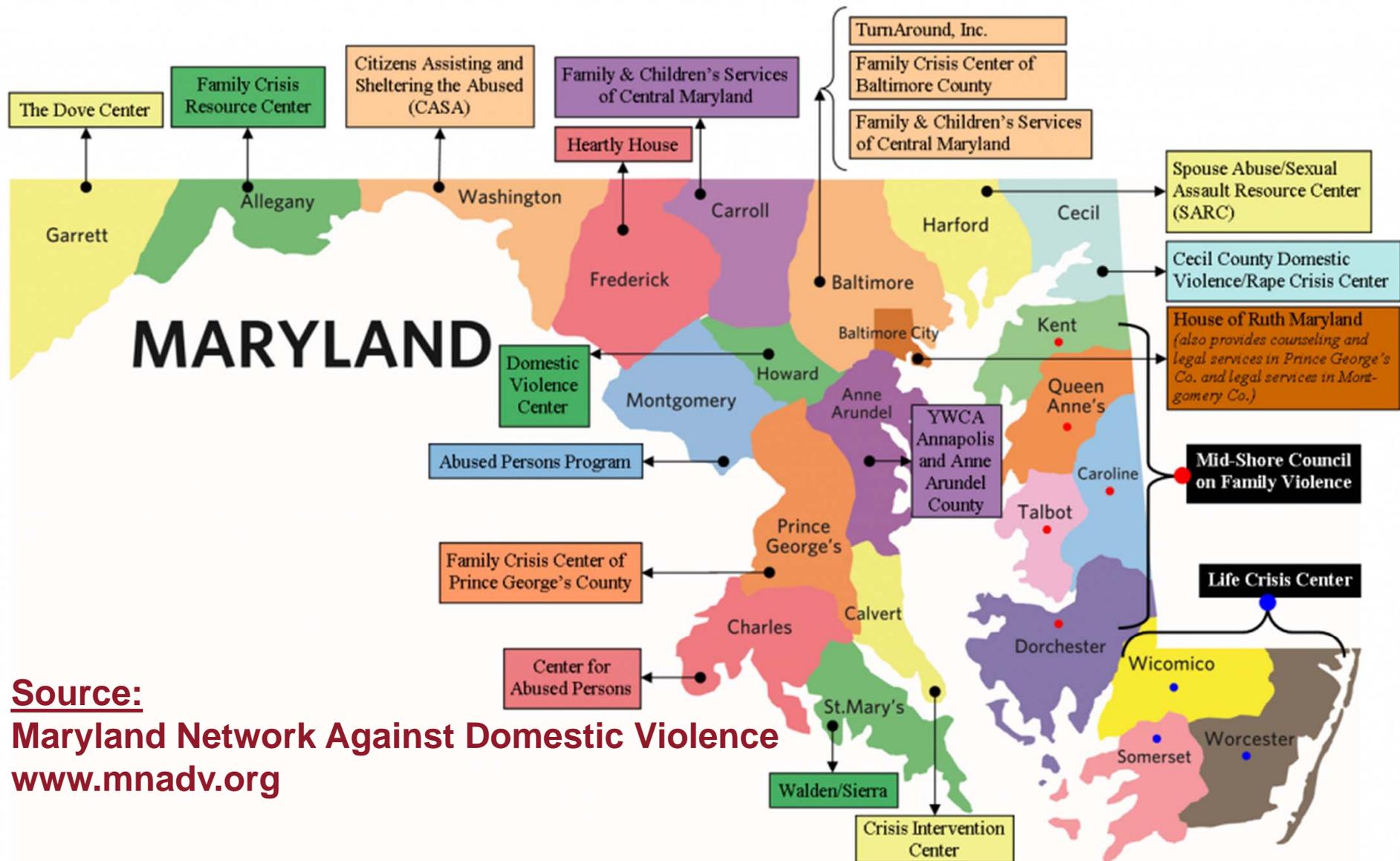
Prenatal/family planning patients:

Does your partner support your decision about when/if you want to become pregnant?”

What if she says "yes"

- Goal is helping her to stay safe
 - Not getting her to leave
- Goal is providing
 - Support
 - Information, options
 - resources

Programs Providing Comprehensive Domestic Violence Services in Each County



Source:
Maryland Network Against Domestic Violence
www.mnadv.org

Educate Safety Cards

- Futures Without Violence
www.FuturesWithoutViolence.org
- Maryland Network
Against Domestic
Violence



www.mnadv.org



What if she says “Yes”

1) Validate her experience:

- “It is not your fault.”
- “You are not alone.”
- “Help is available.”

2) Offer information (safety card, educational materials, referral)

What if she says "Yes"

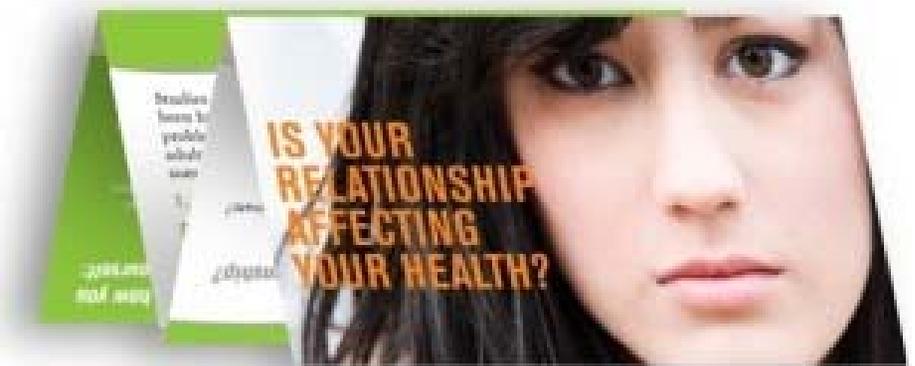
- 3) Ask if she has immediate safety concerns:
"I'm worried about your safety (and safety of your children)."
- 4) Refer to DV advocate for safety planning/support
- 5) Offer to call for help from your office
- 6) Follow-up visit

Role of HCPs: IPV Assessment

- 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

What if she says “no”

- May or may not mean there is no abuse
 - Offer information
 - Discuss healthy relationships
 - Hotlines, resources



“Does my partner control where I go, who I talk to and how I spend money?”

Hotlines

- **NATIONAL DOMESTIC VIOLENCE HOTLINE:**
1-800-799-SAFE (7233)
www.thehotline.org
- **DATING VIOLENCE HOTLINE:**
1-866-331-9474
www.loveisrespect.org  "loveis" to 77054 | 
- **SEXUAL ASSAULT HOTLINE**
1-800-656-4673
www.rainn.org

ACOG Committee Opinion



The American College of Obstetricians and Gynecologists
Women's Health Care Physicians

COMMITTEE OPINION

Number 518, February 2012

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.*

Intimate Partner Violence

Assess for IPV: new and annual visits

OB - 1st prenatal visit, each trimester and postpartum visit.

Other – depression/substance abuse/mental health/injuries /STI

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Reproductive and Sexual Coercion

Harm reduction strategies:

Reproductive coercion: Use **less detectable contraception, referrals for counseling and safety**

STI notification: use **anonymous partner notification** (Disease Information Specialist) from local health dept

Resources

- Maryland IPV web site
 - www.dhmh.maryland.gov/ipv
- Maryland Network Against DV
 - www.mnadv.org
- Maryland Health Care Coalition Against DV
 - www.healthymaryland.org/public-health/domestic-violence/
- Hospital-based Programs
 - Anne Arundel, Howard County General, GBMC, Mercy, Meritus, Northwest, Prince George's Hospital, Sinai
- Every jurisdiction in Maryland has DV services
 - House of Ruth
 - TurnAround
 - Family Crisis Center
- Futures Without Violence
 - www.FuturesWithoutViolence.org

Summary

PROBLEM

- One out of every three women have a history of IPV. Maryland – 42% (6th worst state)
 - Reproductive coercion 16%
- Health impact is large
- Homicide is the leading cause of pregnancy-associated death
 - 7% Maryland women, 12% Baltimore City) report perinatal physical abuse
- Health care providers miss opportunities to intervene

SOLUTION

- Improve IPV assessment and interventions among primary care providers

Many resources available to help providers with IPV

- Educational materials
- State and local DV programs
- Hospital based programs
- Hotlines
- Web sites

www.dhmf.maryland.gov/ipv