

DSHS Grand Rounds

July 13

Intimate Partner Violence

Presenters:

Alesha Istvan, Director of Prevention Programs, Texas Council on Family Violence

Krista A. Del Gallo, Policy Manager, Texas Council on Family Violence



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This educational activity received no commercial support.

Disclosure of Financial Conflict of Interest

The speaker and planning committee have no relevant financial relationships to disclose.

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Additional Readings

Arroyo K, Lundahl B, Butters R, Vanderloo M, Wood DS. Short-term interventions for survivors of intimate partner violence: a systematic review and meta-analysis. *Trauma Violence Abuse*. 2015 Sep 2. pii: 1524838015602736. [Epub ahead of print]

Dutton MA, James L, Langhorne A, Kelley M. Coordinated public health initiatives to address violence against women and adolescents. *J Womens Health (Larchmt)*. 2015 Jan;24(1):80-5.

Freire KE, Zakocs R, Le B, Hill JA, Brown P, Wheaton J. Evaluation of DELTA PREP: a project aimed at integrating primary prevention of intimate partner violence within state domestic violence coalitions. *Health Educ Behav*. 2015 Aug;42(4):436-48.

Gonzalez JM, Connell NM, Businelle MS, Jennings WG, Chartier KG. Characteristics of adults involved in alcohol-related intimate partner violence: results from a nationally representative sample. *BMC Public Health*. 2014 May 17;14:466. doi: 10.1186/1471-2458-14-466.

Sumner SA, Mercy JA, Dahlberg LL, Hillis SD, Klevens J, Houry D. Violence in the United States: status, challenges, and opportunities. *JAMA*. 2015 Aug 4;314(5):478-88



Introductions

John Hellerstedt, MD
DSHS Commissioner is pleased
to introduce our DSHS Grand Rounds speakers

Intimate Partner Violence



Alesha Istvan
Director of Prevention Programs
Texas Council on Family Violence

Krista A. Del Gallo
Policy Manager
Texas Council on Family Violence



Texas Council on Family Violence

The Texas Council on Family Violence promotes safe and healthy relationships by supporting service providers, facilitating strategic prevention efforts, and creating opportunities for freedom from domestic violence.

- Founded in 1978
- Statewide coalition of domestic violence services providers
- Membership focused organization

www.tcfv.org

Learning Objectives

- Analyze the definitions and trends of Intimate Partner Violence (IPV) in Texas and the United States.
- Describe the range of individual, family and community level intervention strategies.
- Discuss the effectiveness of community-level evidence-based prevention strategies.

Intimate Partner Violence (IPV)

“...is a serious, yet **preventable**
public health problem...”

Centers for Disease Control

Domestic Violence

Domestic violence cuts across all races, cultures, ethnicities, religions, sexual orientations, age groups, and socioeconomic levels.

Every culture has elements that *condone* domestic violence and elements that *resist* it.

(Mitchell et al, 2007; Tjaden and Thoennes, 2000)

Prevalence in Texas

- While nationally **1 in 4** women will experience family violence in their lifetime, **in Texas 1 in 3 women will be victimized.**
- **132 women** were killed by their current or former intimate male partners in 2014 in Texas.

Definitions of Domestic Violence

- Legal definitions are often more narrowly defined with particular focus on physical and sexual assault.
- Public health definitions include a broader range of controlling behaviors that impact health including:
 - Emotional abuse, social isolation, stalking, intimidation and threats.

TEXFAM 71.004

"Family violence" means:

- (1) an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself;
- (2) abuse, as that term is defined by Sections [261.001](#)(1)(C), (E), and (G), by a member of a family or household toward a child of the family or household; or
- (3) dating violence, as that term is defined by Section [71.0021](#).

Uniform Definition

CDC [uniform definition](#) of intimate partner violence IPV includes:

- physical violence
- sexual violence
- stalking
- psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)

Impact of Psychological Abuse

Psychological abuse by an intimate partner was a **stronger predictor** than physical abuse for the following health outcomes for victims:

- Depressive symptoms
- Substance use
- Developing a chronic mental illness

Reproductive Coercion

Involves behaviors that a partner uses to maintain power and control in a relationship that are related to reproductive health:

- Explicit attempts to impregnate a partner against her wishes
- Controlling outcomes of a pregnancy
- Coercing a partner to have unprotected sex
- Interfering with birth control methods



**Domestic violence
increases women's
risk for...**

**Unintended
Pregnancies**

(Sarkar, 2008)

Adolescent Pregnancy and IPV



Adolescent girls in physically abusive relationships were

3.5 times

more likely to become pregnant than non-abused girls.

(Roberts et al, 2005)

Why is Reproductive Coercion Important?



Rapid Repeat Pregnancy

Adolescent mothers who experienced physical abuse within three months after delivery were **nearly twice** as likely to have a repeat pregnancy within 24 months

(Raneri & Wiemann, 2007)

Texas Prevalence Study

Of women reporting intimate partner violence in their lifetime:

- **over 22% became pregnant**
- **25% contracted an STD**
as a result of the abuse.

IPV Negatively Impacts

- Maternal health
- **Pregnancy outcomes**
- Children's cognitive and emotional development and physical health
- **Parenting skills**
- Family safety
- **Social support**

Homicide

is the **second leading** cause of injury-related deaths among pregnant women.



(Chang et al, 2005)

Women who experience abuse around pregnancy are more likely to:



- Smoke tobacco
- Drink during pregnancy
- Use drugs
- Experience depression, **higher stress**, and **lower self-esteem**
- Attempt suicide
- Receive **less emotional support** from partners

Domestic violence during pregnancy is associated with...

- Lower gestational weight gain during pregnancy
- Low and very low birth weight
- Pre-term births

Domestic Violence and Breastfeeding

Women experiencing physical abuse around the time of pregnancy are:

35%-52% **less likely** to breastfeed their infants

41%-71% **more likely** to **cease** breastfeeding by 4 weeks postpartum

Postpartum Maternal Depression

Women with a controlling or threatening partner are **5X more likely** to experience persistent symptoms of postpartum maternal depression



IPV: Risk Factor for Child Abuse

Families where there is domestic violence
perpetration are

TWICE AS LIKELY

to have a substantiated case of child abuse
compared to families without domestic violence.

(Rumm et al, 2000)

Childhood Exposure to Domestic Violence

Increases the likelihood of children experiencing:

- Failure to thrive
- Bed wetting
- Speech disorders
- Vomiting and diarrhea
- Asthma
- Allergies
- Gastrointestinal problems
- Headaches

(Campbell and Lewandowski, 1997;
Graham-Bermann & Seng, 2005)

Children Exposed to Domestic Violence

Are at significantly higher risk for:

- Post-Traumatic Stress Disorder
- Depression
- Anxiety
- Developmental delays
- Aggressiveness

(Edleson J, 1999; Graham-Bermann & Levendosky, 1998; Hurt et al, 2001; Lehmann, 2000; McCloskey & Walker; 2000; Pfouts et al, 1982; Spaccarelli et al, 1994; Wilden et al, 1991; Wolfe et al, 2003)

Death



Conception



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Most Consistent Protective Factor for Children Exposed to Domestic Violence



Children's **emotional recovery** from exposure to DV depends more on the **quality** of their relationship with the **non-battering parent** than any other single factor.

TaskForce on Domestic Violence

Creating a Health Systems Response to Domestic Violence among Pregnant and Post-partum Women



HB2620
TASKFORCE



Healthcare Role

“health care workers can save lives they may not even know are in danger by incorporating prevention and intervention strategies into their practice”

HB 2620 Task Force Report

HB 2620 Task Force Guiding Principles

- Domestic violence is a preventable public health epidemic that adversely impacts the health and well-being of pregnant women, mothers, and their children.
- A child's health and well-being is dependent upon the health and well-being of the mother.
- Health care providers have an ethical duty and are uniquely positioned to improve outcomes for pregnant women, mothers, and their children affected by domestic violence.

HB 2620 Task Force Guiding Principles

- Effective care must be driven by individual patient needs and requires a meaningful connection between health care providers and pregnant women, mothers, and their children affected by domestic violence.
- An intentional, coordinated, comprehensive approach among health care providers, health care systems, domestic violence experts, and other key community stakeholders promotes the health and safety of pregnant women, mothers and/or children affected by domestic violence.

HB 2620 Recommendations

- Research
- Education and protocols for providers
- Coordination of services
- Policy and public awareness efforts

HB 2620 Recommendations: Research

“mixed-methods research designs, which provide a deeper understanding of the impact on participants. Domestic violence experts, as well as health care providers and representatives from domestic violence shelters, should be involved in the development of research questions and study designs, as well as the interpretation and dissemination of findings.”

HB 2620 Recommendations: Education

“Domestic violence should be included in core education standards at medical, nursing, and midwifery schools and residency programs, and questions regarding domestic violence should be incorporated into relevant health licensing board exams. Continuing education opportunities, including grand rounds, should address domestic violence.”

HB 2620 Recommendations: Coordination of Services

“Regardless of specialization, all health care providers...must understand their patients' reality and have knowledge of the other providers she sees or takes her children to in order to promote greater health literacy, effective and protective parenting, and avoid giving contradictory advice.”

HB 2620 Recommendations: Policy and Public Education

“The Task Force encourages health care providers to continue taking steps to develop a deeper understanding of their role in preventing and intervening in cases of domestic violence.”

Upcoming Summit on IPV for the Health Care Community



BEYOND SCREENING Texas Health Summit

AT&T Center • Austin, TX
August 4-5, 2016

Validation: First Step to Safety Planning



Can talking about abuse make a difference?

Your recognition and validation of her situation is important.

You can help:

- Reduce her sense of isolation and shame
- Encourage her to believe a better future is possible
- **EVEN IF SHE'S NOT READY TO DISCLOSE**

Women who talked to their health care provider about abuse were...

4 times more likely to **use an intervention**

2.6 times more likely to **exit** the abusive relationship

Utilizing a Wellness Lens

Consider what, in your role, you and your team or agency need.

- It's about building resiliency skills and resilient organizations
- Paradigm shift from what is wrong to where we want to go

National Health Resource Center on Domestic Violence
**Provides free technical assistance and tools
including:**



- Clinical guidelines
- Documentation tools
- Posters
- Pregnancy wheels
- Safety cards
- State reporting laws
- Training curricula

Network of Domestic Violence Service Providers

- Providers throughout the state offering a variety of services, including emergency shelter, counseling, and advocacy.
- Searchable services directory of programs throughout the state at www.tcfv.org.
- TCFV staff can assist in facilitating an introduction to your local program.

A Health Care Collaboration Elliptical



Safety and Confidentiality

- Never screen for domestic violence in front of a partner, a friend or family member.
- Never use a family member to interpret domestic violence education or screening tools.
- Never leave domestic violence information around or in a packet of materials without first finding out if it is safe to do so.
- Always discuss the limits of confidentiality prior to doing an assessment/discussion about relationships or IPV.

TEXFAM Sec. 91.003

INFORMATION PROVIDED BY MEDICAL PROFESSIONALS

A medical professional who treats a person for injuries that the medical professional has reason to believe were caused by family violence shall:

- (1) immediately provide the person with information regarding the nearest family violence shelter center;
- (2) document in the person's medical file:
 - (A) the fact that the person has received the information provided under Subdivision (1); and
 - (B) the reasons for the medical professional's belief that the person's injuries were caused by family violence; and
- (3) give the person a written notice in substantially the following form, completed with the required information, in both English and Spanish.

24 Hour Safety Planning Resources

The National Domestic Violence
HOTLINE
1.800.799.SAFE (7233) • 1.800.787.3224 (TTY)

1-800-799-SAFE (7233)
1-800-787-3224 (TTY)
Live chat at
www.thehotline.org



love is respect V org

1-866-331-9474
Text "loveis" to 22522
Live chat at
www.loveisrespect.org

Defining Success

“Success is measured by our efforts to reduce isolation and to improve options for safety.”

Futures Without Violence

Thank you!

Alesha Istvan aistvan@tcfv.org

Krista Del Galo kdelgallo@tcfv.org

512.794.1133

Questions and Answers



Evelyn Delgado
Q & A Moderator

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July 20

Youth Violence in Texas

Presenters:

**Lori Robinson, PhD, Psychologist,
Texas Juvenile Justice**

**Kimberly Williams, Houston
Department of Health and Human
Services**

