Dynamics of Intimate Partner Violence (IPV)

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August 25, 2022
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Lisa Morad-McCoy, LCSW is a Senior Program Therapist in the UNM Department of Psychiatry and Behavioral Sciences. Division of Community Behavioral Health.

Lisa received her MSW from the University of Michigan in 1995. She has over 20 years of experience providing therapy for adults, children, and families.

Currently, Lisa provides clinical tele-supervision for LMSWs in New Mexico seeking independent licensure.

Lisa provides Comprehensive Community Support Service (CCSS) and American Society for Addiction Medicine (ASAM) trainings for community members and professionals throughout New Mexico.

Clinically, Lisa provides trauma focused therapy for children, adolescents and families through the UNM ACTION Clinic and the IHS Tele-health clinic for children at Havasupai Elementary School in Grand Canyon, AZ.
Objectives
At the end of this presentation participants will be able to:

1. Identify red flags and prevalence of intimate partner violence (IPV).
2. Understand components of screening and treatment of IPV.
3. Comprehend issues that face survivors of IPV both during and after the abusive relationship. *(emotional/physical/legal)*
4. Recognize the importance of safety planning and ability to identify local, state, and national resources for IPV.
Some Statistics….  
Who is Likely to Experience Intimate Partner Violence?
Intimate Partner Violence/Sexual Assault Facts

- **Intimate Partner Violence**: includes physical or sexual violence, stalking, reproductive coercion, and psychological aggression by a current or former intimate partner of the victim.

- **Intimate partner**: a romantic or sexual partner of any gender

- Estimated that **1 in 4 women and 1 in 10 men will experience IPV** during their lifetime.

- Nearly **20 people per minute** are physically abused by an intimate partner in the United States. During one year, this equates to more than **10 million women and men**.

**Individual risk factors for IPV:**
- pregnancy
- living in a low income household
- being a racial or ethnic minority
- living in a rural area.

https://ncadv.org/STATISTICS
Intimate Partner Violence Impact on Women

42.4 million (35.6%) women in the U.S. experience sexual assault, physical violence, and/or stalking by an intimate partner at some point in their lifetime.

- 46% Native American/Alaska Native women
- 43.7% non-Hispanic Black women
- 37.1% Hispanic women
- 34.6% non-Hispanic White women

## Intimate Partner Violence Statistics
### Regions of the United States


<table>
<thead>
<tr>
<th>State</th>
<th>Against Women</th>
<th>Against Men</th>
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<tbody>
<tr>
<td>Michigan</td>
<td>41.80%</td>
<td>23.00%</td>
</tr>
<tr>
<td>West Virginia</td>
<td>41.20%</td>
<td>33.60%</td>
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<td>40.40%</td>
<td>36.10%</td>
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<td>Georgia</td>
<td>39.90%</td>
<td>35.10%</td>
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<td>40.40%</td>
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<td>Arkansas</td>
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<td>33.70%</td>
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<tr>
<td>Texas</td>
<td>35.10%</td>
<td>34.50%</td>
</tr>
</tbody>
</table>
Intimate Partner Violence
High Risk Populations
High Risk Populations (LM)

- **LGBTQ +** (survivors may feel silenced about abuse if not fully out to their community)
- **People with Disabilities** (mobility/cognitive issues leave people vulnerable to abuse)
- **Undocumented People** (fear seeking help may threaten immigration status)
- **Seniors** (mobility, cognitive issues, especially vulnerable to financial exploitation)

**Bottom Line….**

Any Non Dominant Culture Status can Increase Risk of Intimate Partner Violence

Disability affects more than 1 in 4 women and 1 in 5 men in the United States.
People with physical and/developmental disabilities face a greater risk of experiencing IPV/SA compared to people without a disability.
People may have limits in mobility which may lead to increased need for care by others.
Cognitive/developmental disability leaves people vulnerable to psychological manipulation which can lead to IPV and SA.
Cognitive/developmental disability may decrease ability to notice “red flags in relationships.

(Smith, Zhang, Basile, Merrick, Wang, Kresnow, Chen, 2018).
High Risk Populations: Seniors

IPV among older adults can Include:

Physical abuse: Restraining an older adult against his/her will.

Emotional abuse: Yelling, threatening, isolating or repeatedly ignoring the older adult.

Neglect: Not responding to physical, emotional, and social needs, withholding food, medications, or access to health care.

Abandonment: Leaving a vulnerable older adult alone without planning for their care.

Sexual abuse: Forcing an older adult to watch or be part of sexual acts.

Financial abuse: Money or belongings are stolen. For example, forging checks, taking retirement or Social Security benefits, or using a credit card or bank account without permission.

(U.S. Department of Health and Human Services, National Institute on Aging, 2021)
IPV in Native Communities: Considerations

46% Native American/Alaskan Native women will experience some form of IPV in their Lifetime

- Historical Trauma is important to consider.
- Historical trauma includes, loss of sacred lands, forced assimilation, and family ruptures.
- Mistrust of agencies run by the federal government.

- Confidentiality can be a challenge in tribal communities.
- Leadership is also likely to be impacted by historical trauma.
- Jurisdiction may complicate legal involvement.
- IPV Interventions need to unique cultural needs.

(Hasbah, n.d.)
As many as 1 in 15 children are exposed to IPV between parents, or between a parent and a parent’s partner.

Children who are exposed to IPV may be at an increased risk of adverse health outcomes, similar to those of their parents, including PTSD, depression, and developmental challenges.

Supporting the strengthening of the mother-child bond is a key strategy for helping children exposed to violence.

Home visitors can play a critical role in supporting that mother child bond, and in providing universal education about IPV and available resources.
Intimate Partner Violence

Red Flags
Red Flags:
What do people look like when they are in your office?

People often present to primary care providers with a combination of physical injury, symptoms and behavior that can be red flags of IPV/SA

(Berthold, 2009)
Red Flags
Unexplained/Suspicious injury considerations

- Injury is not consistent with explanation
- Presenting injury is accompanied by old/healing injuries upon examination/imaging
- Always ask about injury
- Patient should be interviewed in private
- Normalize by discussing prevalence of IPV/SA
- Discuss Confidentiality and limits
- If no disclosure, leave door open and offer literature

(Berthold, 2009)
Red Flags
Symptoms and Behavior with no visible injury

- Chronic Pain: Abdominal /pelvic pain, Headaches
- Avoid care all-together OR
- Frequent visits followed by treatment non-adherence
- Mental Illness: anxiety, depression
- Insomnia
- Fatigue
- Intense reactions to medical procedures
- Fear of conscious sedation

(Berthold, 2009)
Identifying Intimate Partner Violence
Screening Tools
“RADAR” outlines how to recognize and treat IPV/SA

- Remember to ask routinely about IPV/SA
- Ask questions directly
- Document information about
- Assess your patient’s safety.
- Review referral options.

RADAR was developed by the Massachusetts Medical Society. The sexual assault question was developed by Dr. Wanda Filer. Publication year: 1992, 1996, 1999, 2004. Administration method: Physician administered. Scoring procedures: This information is not available.
Evidence Based Screening Tools IPV/SA
(Continued)

American Medical Association Screening Questions
CDC Violence Prevention PDF Pg. 24
• 10 items
• inquire about physical, sexual, and emotional IPV
• to be asked in physician’s own words.

Universal Violence Prevention Screening Protocol
CDC Violence Prevention PDF Pg 69
• 7 items
• assess physical and sexual violence
• assess for fear of harm by an intimate partner in the last year and last month

(Basile, Hertz, & Back, 2007).
Evidence Based Screening Tools: IPV Only

The Relationship Chart

CDC Violence Prevention PDF Pg. 6

- 4-items
- word and picture tool
- assesses frequency of physical and psychological IPV in the past 4 weeks

➢ In the past 4 weeks, how often have problems in your household led to
  ✓ Insulting or swearing?
  ✓ Yelling?
  ✓ Threatening?
  ✓ Hitting or Pushing?

(Basile, Hertz, & Back, 2007).
Humiliation, Afraid, Rape, Kick (HARK)

A 4 question, self-reported screening tool that represents different components of IPV including emotional, sexual, and physical abuse. Questions are answered with yes or no and one point is given for every yes answer. A score of one or more indicates that IPV has been experienced in the past year.

H HUMILIATION
Within the last year, have you been humiliated or emotionally abused in other ways by your partner or your ex-partner?

A AFRAID
Within the last year, have you been afraid of your partner or ex-partner?

R RAPE
Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?

K KICK
Within the last year, have you been kicked, hit, slapped or otherwise physically hurt by your partner or ex-partner?
Dynamics of Intimate Partner Violence
Emotional, Physical, Legal
Emotional Dynamics
Power and Control

- Coercion and Threats
- Intimidation
- Emotional Abuse
- Isolation
- Minimization, Denial and Blame
- Using Children
- Using Privilege
- Economic Abuse
Emotional dynamics
Why do survivors stay?

❖ The offender has more money, power, influence
❖ The survivor believes offenders threats

If You Tell/Leave I will...

- Take the kids
- Hurt your family
- Withhold money
- Kill you

Buel, 1999
Emotional Dynamics
Why Survivors Stay

The survivor may be...

- In denial of danger
- Uninformed about help or resources
- Hoping the relationship dynamic will change
- Most at risk when seeking support from others or attempt to leave the relationship
- Afraid of negative impact on children
- Fears losing custody of children
- A Minority (race, ability, immigration status, gender identity, sexual orientation, elderly)
IPV: Impact on Mental health

- Depression
- Posttraumatic stress disorder (PTSD)
- Low self-esteem
- Suicidality
- Anxiety

People Who Experience IPV Are…

Less likely to obtain preventative healthcare than those who do not experience IPV

More likely to use emergency healthcare urgent care, emergency care, and specialty care

Subject to higher healthcare costs than women not exposed to IPV/SA.
Emotional Dynamics of IPV Can Lead Physical Health Issues

**Chronic pain** (fibromyalgia, joint disorders, facial and back pain);
**Cardiovascular problems** (hypertension);
**Gastrointestinal disorders** (stomach ulcers, appetite loss, abdominal pain, digestive problems, eating disorders);
**Neurological problems** (severe headaches, vision and hearing problems, memory loss, traumatic brain injury)

**Gynecological/reproductive problems/issues** (chronic vaginal infections, pelvic pain, vaginal/anal tears, dysmenorrhea, PID, STD, cervical cancer, HIV; unintended pregnancies, miscarriage, abortion, decreased contraception use)

Stockman, Hayashi, and Campbell, 2015
Intimate Partner Violence and Legal Involvement

What Happens When People do Involve the Legal System?
Legal Involvement: Restraining orders

A restraining order is a civil court order that is designed to stop violent behavior and keep the abuser away from a person. There are two types of restraining orders in the United States:

Ex Parte/Temporary Restraining Order (TRO):

- Provides injured party and family members with immediate protection.
- Issued on the day they are filed.
- Protects the injured party from the time they file until a court hearing.
- Hearing usually occurs within 10 days.
- Protects the life, health or wellbeing of injured party or their child.
- Issued without prior notice to the abuser.
- Issued without the abuser present ("ex parte").
Legal Issues: Restraining orders Continued

A permanent restraining order (PRO)

- Lasts longer than a TRO/Ex Parte.
- Issued after a hearing
- Injured party and the abuser are present at the Hearing
- The offender will have a chance to defend themselves
- Lasts up to two years.
- Can be extended for another year.

State law on restraining orders can be found here

https://www.womenslaw.org/
Legal Issues: IPV/SA and Statute of Limitations

What is a Statute of Limitations?

- A law that sets the maximum amount of time that survivors of crime have to initiate legal proceedings from the date of an alleged offense.

- Statutes of limitation vary from one state/tribal community to another.

To find out more about statutes of limitations for IPV/SA in your State or Tribal Community Use the following links:

https://law.justia.com/codes/ (State Statutes)
https://www.rainn.org/state-state-guide-statutes-limitations (State Statutes)
https://www.ihs.gov/IHM/pc/part-3/p3c29/ (IHS Policy)
Legal Issues: IPV/SA and Statute of Limitations
Continued

- There is a trend toward extending or eliminating statutes of limitations in many states for IPV/SA due to dynamics of delayed disclosure

- For Children, some state laws say that the statute of limitations does not begin until the victim reaches age 18 or 21. This gives children more time to disclose and pursue legal action

- States that have eliminated Statute of Limitations for IPV/SA: North Carolina, Kentucky, Maryland, South Carolina, Virginia, West Virginia, and Wyoming
Intimate Partner Violence

Safety Planning and Resources
Safety Plan

“A personalized, detailed document that outlines clear and specific safety strategies that a battering victim can use to promote his/her safety across a wide range of situations. Fundamental to the creation of an appropriate safety plan is a collaborative process to develop it between the client and the professional.”

(Murray & Graves, 2012, p. 95)

“an opportunity for the abused woman to gain information in order to strategize her responses” (Campbell, 2002, p. 129).
Process of safety planning

• Assessment and history.
• Recognize that safety planning is a choice.
• Identify what safety means.
• Safety planning should empower and promote autonomy.
Safety Strategies and Resources

- Keep cash and copies of key documents readily and securely available.
- Have supplies for children on hand.
- Gather contact information for key people.
- Make arrangements for pets.
- Discuss the safety plan with a friend or family member.

- If possible, get access to another phone.
- Create an exit plan.
- Involve a trusted neighbor.
- Identify safe rooms in the house.
- Address transportation needs.
- Address workplace safety.
- Include strategies to increase the safety of any involved children.
Intimate Partner Violence: Medical Treatment

- Address injury and evidence collection.
- In most states, just because evidence is collected does not mean victim has to file charges.

- If the victim does decide to file charges, the evidence collection will be available.

- Most states have a Sexual Assault Nurse Examiners (Sane Unit) Unit. PCP’s should not collect evidence.

- SANE units will likely involve local rape crisis centers as part of their protocol.
- A trained rape crisis professional or volunteer will be available to the victim before, during, and after evidence collection.

https://www.rainn.org/after-sexual-assault
Intimate Partner Violence: Medical Treatment (continued)

• SANE units will follow up with victim at regular intervals after evidence collection

• Therapy and counseling should be offered but victims are often not ready to attend therapy immediately following the incident.

• During the first 3 months after an incident, the Rape Crisis Volunteer /professional can offer crisis counseling, support, and assess safety. Therapy services should always be offered during this period.
Medical Treatment: Value of Sexual Assault Nurse Examiners (SANE)

Refer to SANE Whenever possible!
Most communities have SANE Units

SANE Units offer…..

- A medical exam
- evidence collection
- physical and mental health
- access to community resources.
- SANE units often partner with rape crisis centers and domestic violence shelters. Paid and volunteer advocates are dispatched to support patients during and after medical exam and evidence collection

If your community has access to SANE, don’t do exam/evidence collection yourself-
-Follow your community’s protocol for IPV/SA disclosure

https://www.rainn.org/after-sexual-assault
Mental/Behavioral Health for IPV

When a response to disclosure of IPV has the following components, survivors can begin to heal

In a randomized controlled trial of women and their children leaving abusive relationships, Sullivan et al. found that, after 16 weeks of client-centered advocacy services, women experienced less abuse from their former partners at immediate follow-up than control women.

Victim-centered services: Domestic violence shelters, outreach programs connect survivors with advocates and community support. Support should include resources such as legal, medical, housing, employment, child care, and social support services.

Women receiving advocacy services reported less depression and greater self-esteem than controls, indicating an improvement in IPV survivors’ overall safety and well-being. Housing programs. Washington State’s Housing First program is an example of a housing program.

Nilon, Kearns, Dills, Rambo, Irving, Armstead & Gilbert (2017).
Evidence Based Treatment of IPV/SA

Long Term Treatment of IPV/SA:

• Group Therapy: Closed Groups specific to IPV/SA

• “While individual counseling is effective for women who have experienced IPV, being around others who genuinely understand their pain will likely prove beneficial”

• Evidence Based Individual Treatment focuses on managing acute and Chronic PTSD symptoms. Trauma Informed Cognitive Behavioral Therapy as well as person centered approaches are effective individual treatments.
National Resources

RAINN (Rape, Abuse & Incest National Network) is the nation's largest anti-sexual violence organization. RAINN created and operates the National Sexual Assault Hotline **800-656-HOPE**

https://www.rainn.org/

**National Domestic Violence Hotline** 800-799-SAFE

https://www.thehotline.org/

**International Association of Forensic Nurses**

State Chapter Locations https://www.forensicnurses.org/page/87

**HHS Human Trafficking Training:** SOAR (STOP, Observe, Act, Respond) to Health and Wellness Training (don’t need a full Human trafficking webinar, can refer people here): https://www.train.org/main/search?type=course&query=SOAR

**IPV Screening:**


https://www.ncuih.org/videos?article_id=315
Child abuse (physical, sexual, emotional) reporting is mandatory for health care providers.

Child witness of IPV: When a child is exposed to IPV between caregivers/household members is also reportable.

Child sexual abuse: (CSA): age of consent varies by state and tribal laws. (see links below) In general, CSA occurs when a child is below the age of consent OR above the age of consent and the offender is a caregiver, family member, or an authority figure.

Child Delayed Disclosure: occurs after 72 hours. Within 72 hours a pediatric sexual assault exam and evidence collection are done, either by a provider who specializes in pediatric sexual assault or by a Sexual Assault Nurse Examiners (SANE) Unit. For rural communities, children are often transported to the nearest available qualified provider.

CSA exams are almost always normal--People who sexually abuse children know that if they injure a child, they will likely not be able to engage in abuse anymore.

State Statutes: https://www.childwelfare.gov/topics/systemwide/laws-policies/state/


A National Protocol for Sexual Abuse Medical Forensic Examinations - Pediatric
Indian Health Services Resources

IHS Forensic Healthcare program: https://www.ihs.gov/forensichealthcare/
IHS Forensic Healthcare Training Website: https://www.tribalforensichealthcare.org/
IHS Domestic Violence Prevention (DVP) website: https://www.ihs.gov/dvpi/
HS policy (Chapter 29): Sexual Assault: https://www.ihs.gov/ihm/pc/part-3/p3c29/
IHS policy (Chapter 31): Intimate Partner Violence: https://www.ihs.gov/ihm/pc/part-3/p3c31/

Since 2010, IHS has supported the Domestic Violence Prevention grant program, which provides funding to IHS, Tribes, and Urban Indian Organizations to support violence prevention and treatment services: https://www.ihs.gov/dvpi/

Archived and live CE Trainings


References


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