

Navigating Intimate Partner Violence in Healthcare:

Impacts, Barriers and Pathways to Support

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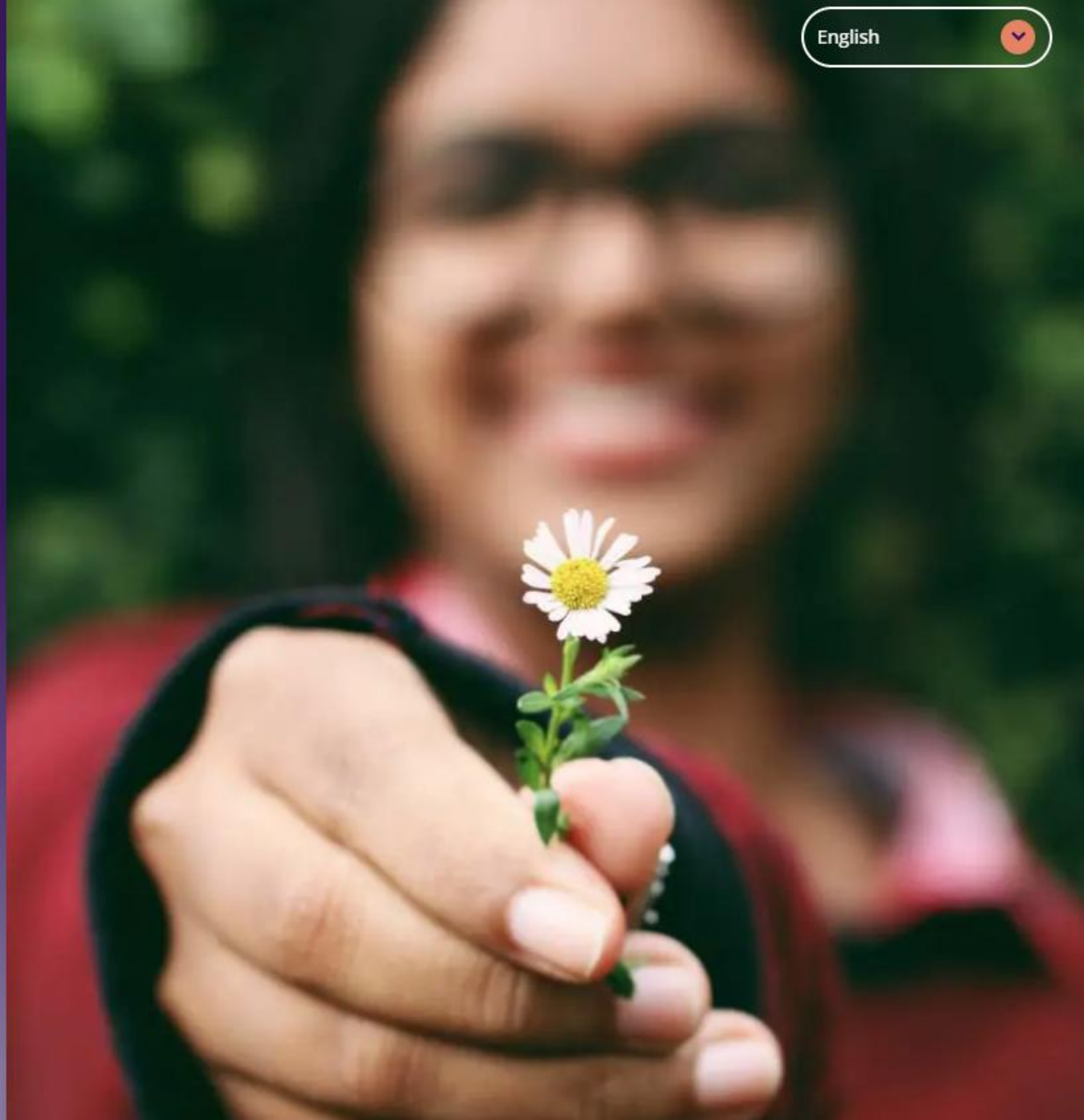
Director of Health and Housing





Leading The State's Movement To End Domestic Violence

Get Help





MODULES

1. Overview

2. IPV and Health

3. Barriers and Strategies

4. Survivor Support

IPV is a Healthcare Issue



Unique Opportunity



- **Survivors are much more likely to interact with the healthcare system than a domestic violence agency.**
- **Providers have a unique opportunity to intervene.**





Learning Objectives

- **Understand the various health impacts of intimate partner violence (IPV)**
- **Identify barriers and strategies to addressing IPV in the healthcare setting**
- **Learn how to support safety and refer patients to local IPV services**



Intimate Partner Violence





Intimate Partner Violence

Definition

Intimate partner violence is a pattern of assaultive behavior and coercive behavior that may include physical injury, psychologic abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation, and reproductive coercion

(Family Violence Prevention Fund)

Terms

Intimate partner violence (IPV) and domestic violence (DV) are often used interchangeably. However domestic violence can also be used as a broader term to encompass IPV and family violence.

Victim and Survivor are also often used interchangeably.

Dynamics

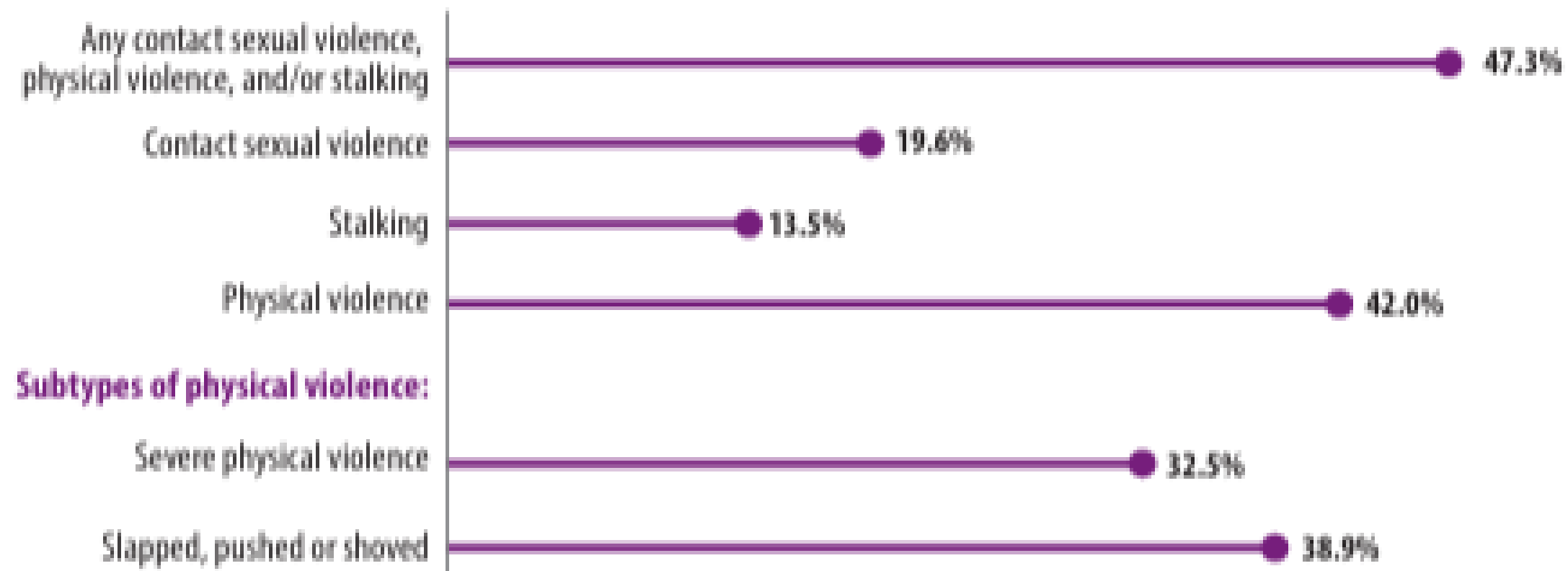
- Pattern of power and control
- Often a cycle that gets worse over time
- Harm doers weaponize jealousy, money, mental health and other tactics to control victims
- Leaving is not always the best or safest option at any given time

Findings

Lifetime and 12-month Prevalence of Intimate Partner Violence Victimization

Figure 1

Lifetime Prevalence of Contact Sexual Violence,¹ Physical Violence, and Stalking Victimization by an Intimate Partner — U.S. Women, National Intimate Partner and Sexual Violence Survey, 2016/2017 Annualized Estimates²

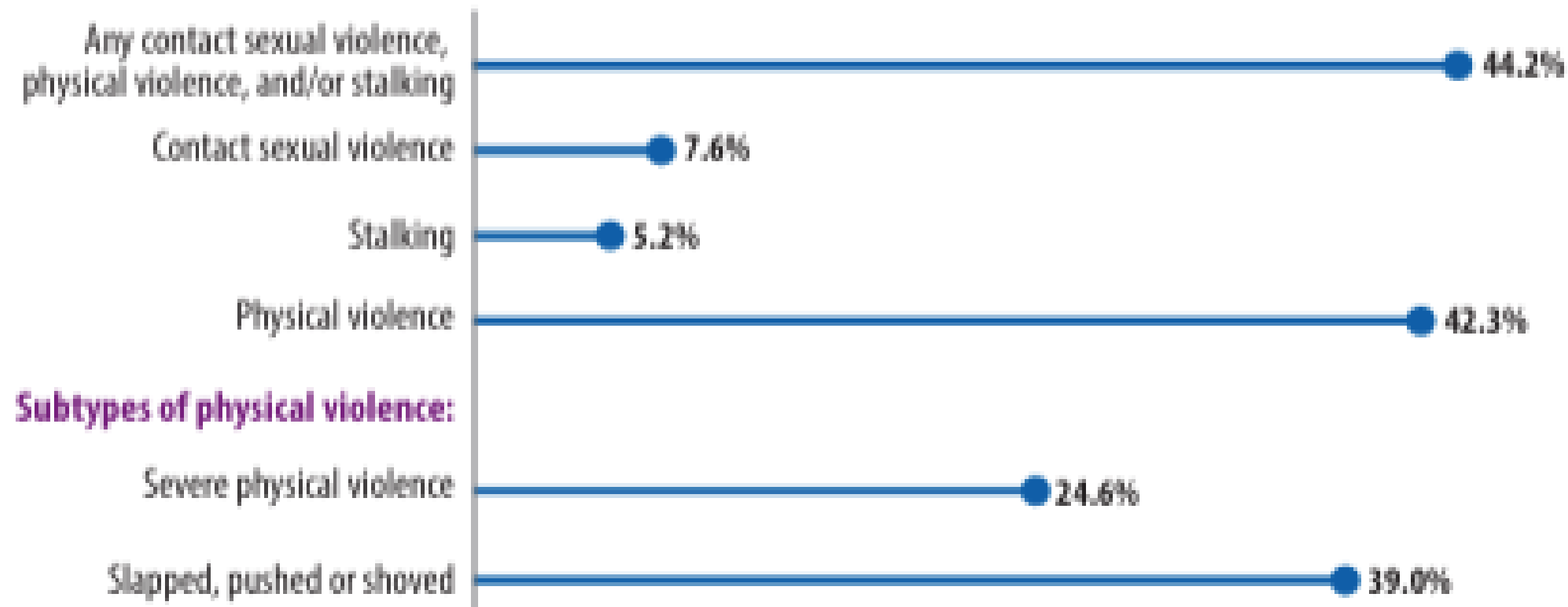


¹ Contact sexual violence includes rape, sexual coercion, and/or unwanted sexual contact.

² All percentages are weighted to the U.S. adult population.

Figure 2

Lifetime Prevalence of Contact Sexual Violence,¹ Physical Violence, and Stalking Victimization by an Intimate Partner — U.S. Men, National Intimate Partner and Sexual Violence Survey, 2016/2017 Annualized Estimates²



¹ Contact sexual violence includes rape, made to penetrate, sexual coercion, and/or unwanted sexual contact.

² All percentages are weighted to the U.S. adult population.



DV HOMICIDES

**In North Carolina in 2024,
there were 93 domestic
violence homicides.**



Communities at Higher Risk & Barriers to Care

- **People of all identities and life experiences can and do experience IPV. And – people who are marginalized via race, ethnicity, gender, sexual orientation, immigration status, [dis]ability and illness, age, religion, socioeconomic status (and more) often experience higher rates of IPV and more barriers to care.**
- **Abusive partners often exploit survivor identities and circumstances**
 - **More than half of respondents to a 2015 U.S. Transgender Survey reported experiencing some form of IPV.**
- **Support services are not always culturally sensitive, safe or accessible to all groups**

IPV Health Impacts

Physical Wellbeing

Chronic pain, gastrointestinal disorders, fatal and non-fatal injuries

Emotional Wellbeing

PTSD, anxiety, depression, sleep disturbances, substance use disorders, and suicide

IPV Negatively Impacts...

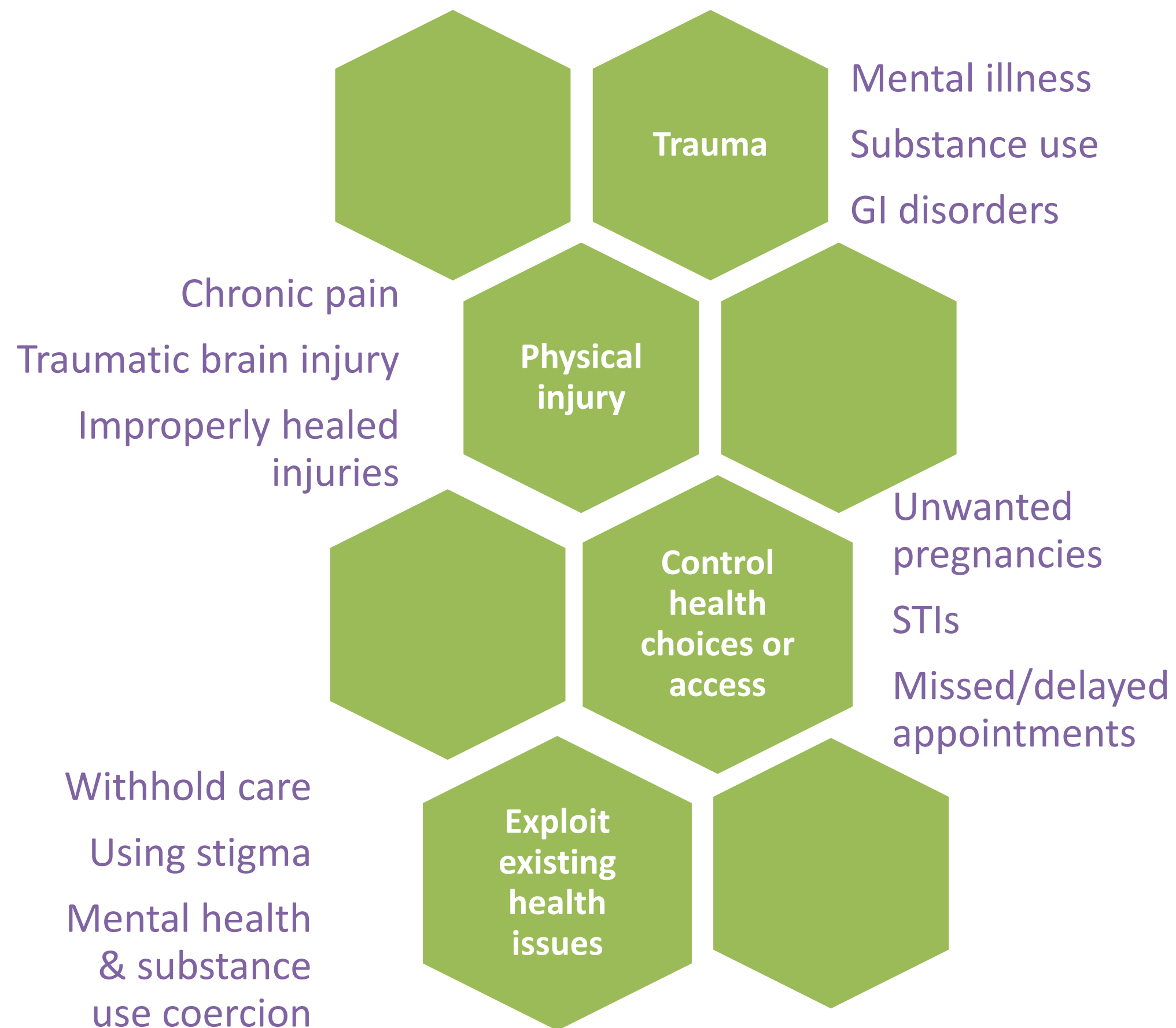
Reproductive Health

Pregnancy coercion, injuries to fetus, low birth weight babies, preterm birth, miscarriage

Sexual Wellbeing

HIV and other STIs

Children who witness domestic violence also experience negative health impacts





BARRIERS AND STRATEGIES



IN YOUR OWN EXPERIENCE

What feels challenging about talking with patients about relationships or experiences of violence?

CHALLENGES



- **Lack of time**
- **Too many other screenings or concerns to cover**
- **Personal discomfort**
- **Afraid to offend**
- **Privacy concerns**

- **Unsure how to broach the subject**
- **Unprepared to handle disclosures**
- **Inadequate resources available**
- **Personal experience and trauma**

STRATEGIES



- Use existing tools (pamphlets, apps, etc.)
- Acknowledge sensitivity of topic, explain why it matters
- Targeted inquiry
- **Use your expertise – medical harm reduction**
- **Refer to other experts – local DV advocates**

Remember

**You are
ONE piece
of the care
puzzle.**



Safety Cards



Available for free at www.ipvhealth.org



FRAMING

Talking about IPV can be very sensitive for patients. Framing can help lay the groundwork for a trauma-informed and more comfortable conversation.

I want to ask about your safety, which may feel personal and sensitive. I'm asking because your safety matters and can affect your health and wellbeing.

I ask about your relationships because they affect our wellbeing and safety. Our conversations are confidential and I'm here to support you.*

If any of these things are happening for you now or in the future, we want you to know that you're not alone and there is support available.

*with the exception of disclosures of child abuse and neglect according to G.S. 7B101



Healthcare Harm Reduction

- **What can you offer within your wheelhouse?**

Knowing that you cannot automatically remove someone from an unsafe relationship, consider how IPV may be impacting their health and what medical strategies may help.

- **Consider common IPV health impacts**

Is your patient experiencing reproductive coercion? Is their partner controlling access to a medication? Is the experiencing increased severity of anxiety or depression?



TARGETED INQUIRY

Look for health issues that may be connected to IPV.

When I see injuries like this in various stages of healing, I get concerned that someone may be hurting you. Is that happening for you?

Is your partner supportive of your desire to not be pregnant right now? Do you ever feel like they are trying to control you in that way?

It seems like your anxiety and insomnia have become more severe recently. Is there anything going on at home you feel is contributing to this?



Healthcare Harm Reduction

● Reproductive Coercion

Reproductive coercion may include trying to get someone pregnant against their will. A medical harm reduction strategy may include discussing the benefits of an IUD, a longer-term contraceptive that is less easily tampered with

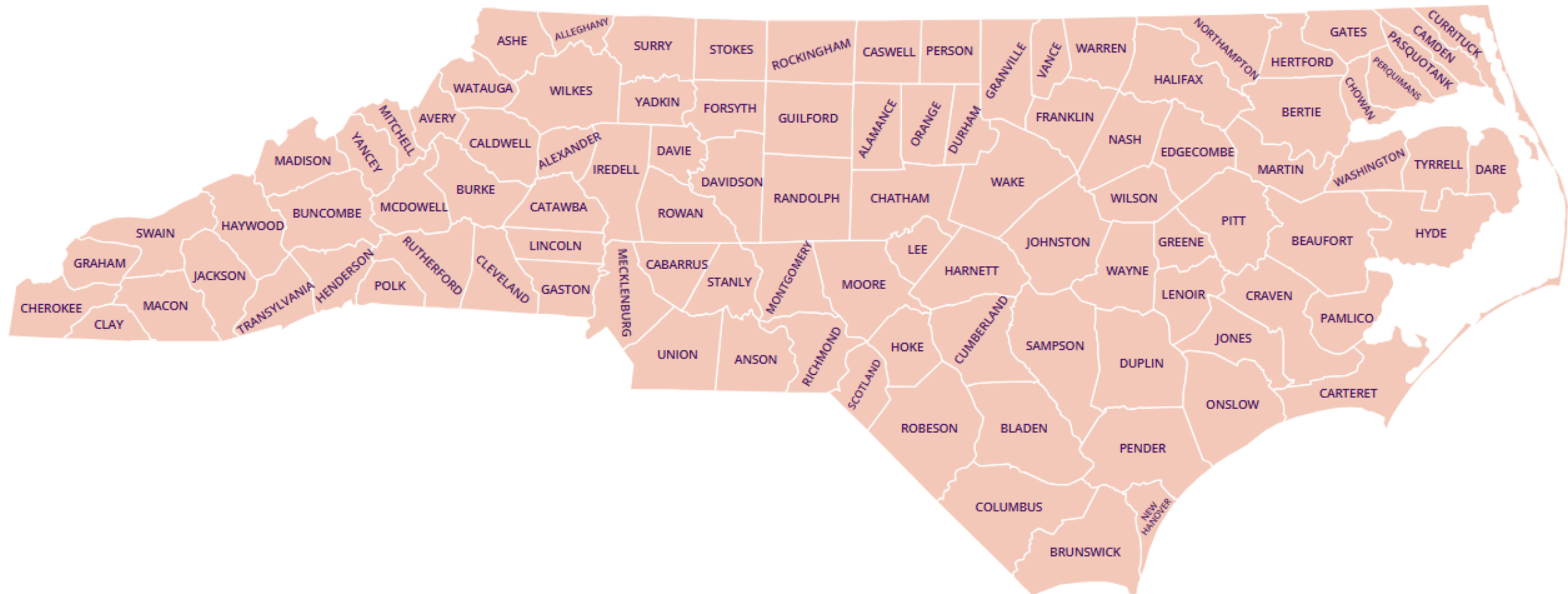
● Controlling access to medication or health services

Abusive partners may prevent someone from seeking SUD treatment, or they may hide important medications as a way to control them. Can you offer an extra inhaler? Or help them access treatment without their partner interfering?

Local DV Referrals

Get Help Map

Click on a county on the map below, or select a county from the “Select County” box to refine your results.



DV SERVICE PROVIDERS



- **24 hr hotline**
- **Shelter**
- **Case management**
- **Outreach and education**
- **Individual counseling**
- **Group counseling**

- **Court advocacy**
- **Children's programming**
- **Housing**
- **Thrift stores**
- **Flexible funding**

**Providers don't always know
how or have the time to help
patients with their safety**

myPlan can help

myPlan is an online safety decision aid
for anyone experiencing abuse in a
relationship



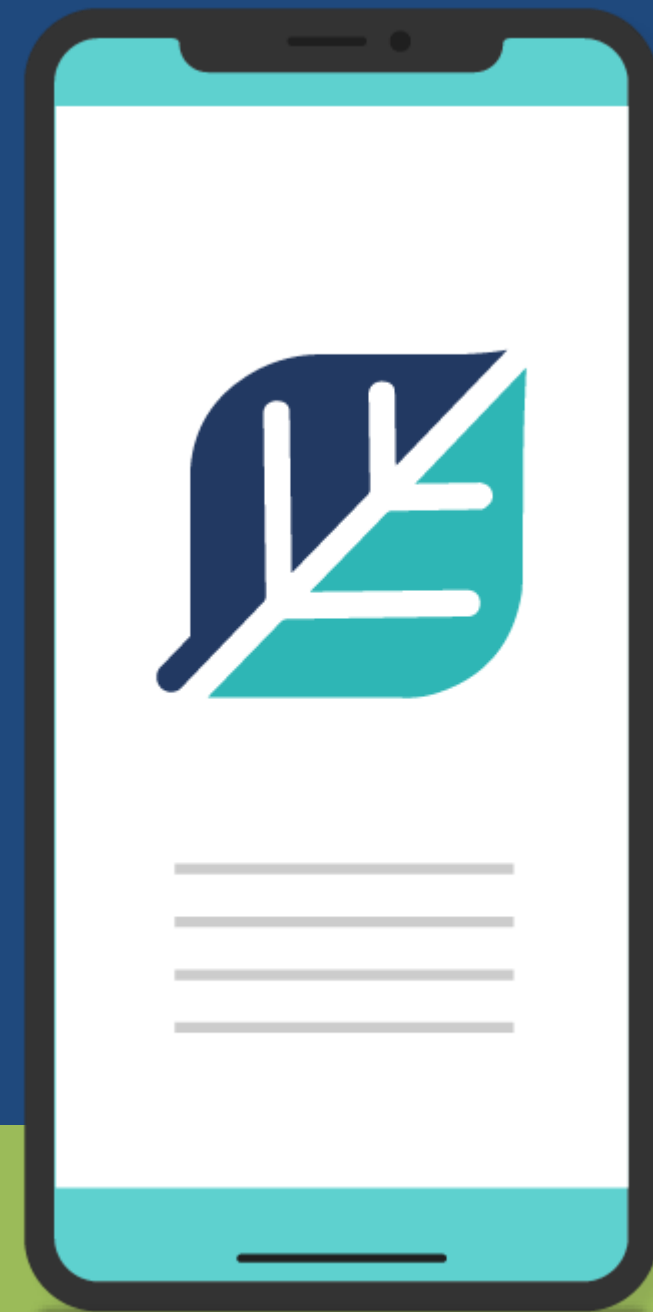
what is myPlan?

myPlan uses technology to address intimate partner violence by helping survivors make safety decisions tailored to their situation.



myPlan is a free, confidential, personalized app

Designed to increase access to
personalized safety information for
people experiencing abuse from a
partner or ex.





Review

Intimate partner violence is common and impacts health in many ways.

Strategies

Utilizing existing tools, framing conversations and targeted inquiry

Support

Medical harm reduction, referrals to DVSPs, MyPlan app

RESOURCES



- Find your local DVSP:
<https://nccadv.org/get-help/>
- Safety cards for various populations and settings: <https://ipvhealth.org/resources/>
- Materials for the myPlan app:
<https://myplanapp.org/downloads>



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