Intimate Partner Violence: Effects on Women's Health

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February 25, 2021

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- Navy Cmdr. Monica Lutgendorf, MD grew up in Ridgecrest, California, and attended the University of Southern California on a Naval ROTC scholarship. She served as Battalion Commander, and earned her Bachelor of Science degree in Chemistry in 2000.
- Navy Cmdr. Lutgendorf was selected to attend medical school upon commissioning, and earned her Medical Doctorate in 2004 from the Uniformed Services University of the Health Sciences in Bethesda, MD.
- Navy Cmdr. Lutgendorf completed internship and residency in Obstetrics and Gynecology at Naval Medical Center Portsmouth, in 2008, serving as an OB/GYN staff physician at Naval Medical Center Portsmouth until 2011. CDR Lutgendorf completed her subspecialty fellowship in Maternal-Fetal Medicine at Madigan Army Medical Center in Tacoma, WA in 2014
- In 2014 CDR Lutgendorf was stationed at Naval Medical Center San Diego, where she is the Division Director for Maternal-Fetal Medicine. She is currently the Associate Residency Program Director and is an Associate Professor at the Uniformed Services University of the Health Sciences. CDR Lutgendorf is the chair of the Defense Health Agency's Women and Infant's Clinical Community. She is committed to clinical standardization, provider support, medical simulation, and empowerment for women in healthcare.
- Her research interests include neuroprotection in preterm infants, non-invasive prenatal screening, simulation, quality improvement and domestic violence and posttraumatic stress disorder in pregnancy and the military.
- Her awards include: Meritorious Service Medal, Navy Commendation Medal, Army Commendation Medal with oak leaf, Navy Achievement Medal with gold star and Army Achievement Medal.
- Navy Cmdr. Lutgendorf, lives with her husband, Christopher Lutgendorf (USC NROTC 1999), and their 2 children, Matthew (10) and Ava (7) in San Diego, CA.
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Disclosures

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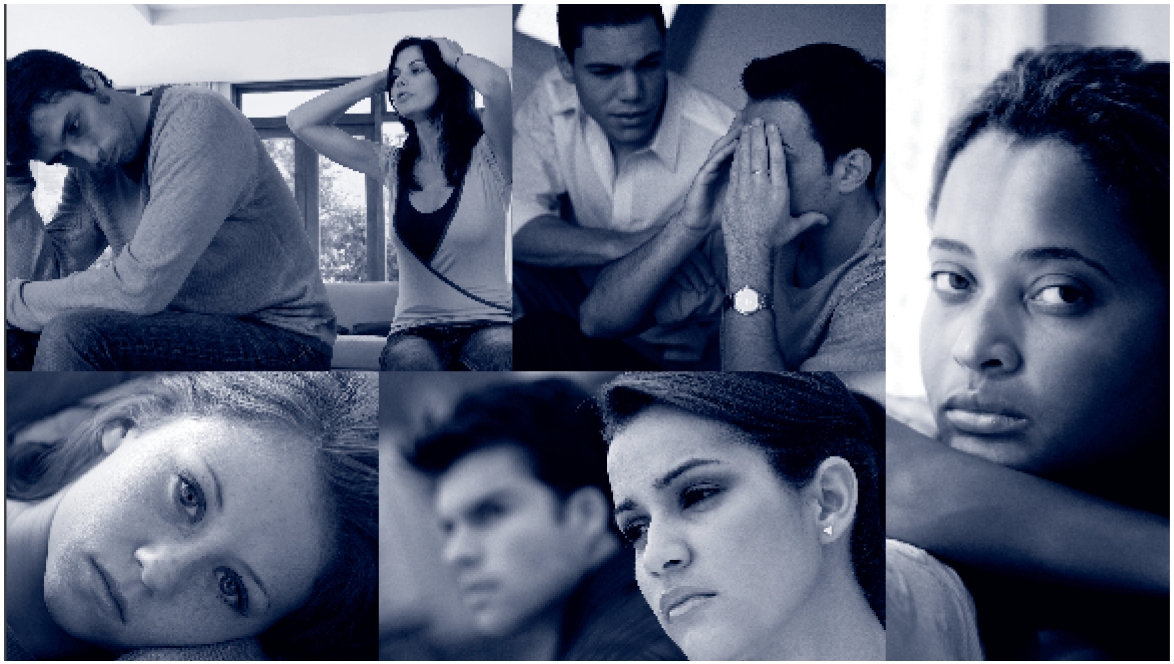
Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Define intimate partner violence (IPV).
2. Recognize intimate partner violence.
3. Screen patients for intimate partner violence.
4. Support and manage patients experiencing intimate partner violence.
5. Explain reporting requirements for intimate partner violence.

Definitions



(https://www.cdc.gov/violenceprevention/pdf/ipv/intimatepartnerviolence.pdf, 2015)

Domestic Violence

- **Domestic violence (DV)**
  - IPV
  - Child abuse
  - Elder abuse

- **Intimate partner violence (IPV)**
  - Adolescent and adult women
  - Current or past relationships
  - *Intimate partner*
    - Current or former spouse
    - Common domicile
    - Child in common

Definition of IPV

Includes:

- **Physical Violence** – intentional use of physical force with intent to cause death, disability, injury or harm
- **Sexual Violence** – includes attempted or completed
  - Rape or penetration of victim
  - Victim made to penetrate someone else
  - Non-physically pressured unwanted penetration
  - Unwanted sexual contact
  - Non-contact unwanted sexual experiences
- **Stalking** – pattern of repeated and unwanted attention and contact
  - Phone calls, emails, texts
  - Leaving flowers, letters, cards
  - Watching or following from a distance
  - Damaging property, harming or threatening pets
- **Psychologic Aggression**
  - Humiliation, name calling, profanity
  - Coercive control – limiting access to transportation, money, friends/family
  - Threats of physical or sexual violence
  - Exploitation of vulnerability (immigration status, disability)
  - False information to victim (mind games)

(https://www.cdc.gov/violenceprevention/pdf/ipv/intimatepartnerviolence.pdf, 2015)

Cycle of Abuse

(http://domestic-violence.laws.com/cycle-of-violence, 2019)

AUDIENCE POLL QUESTION

- For women, what is the lifetime prevalence of intimate partner violence?
  - A. 1-2%
  - B. 25%
  - C. 75%
  - D. 90%

Epidemiology

About **1 in 4 women** and **1 in 10 men** experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported an IPV-related impact during their lifetime.

(https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf, 2018)

Epidemiology

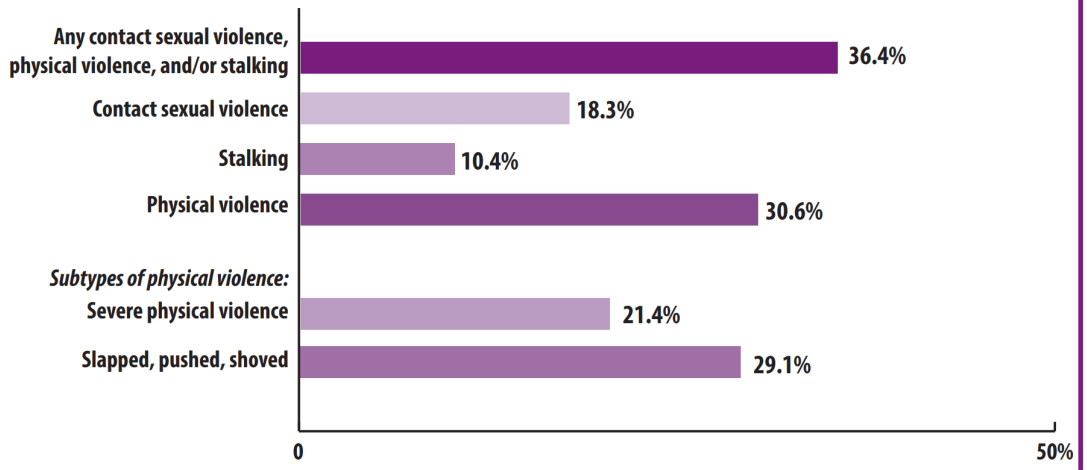
- IPV – 15-71% lifetime rate
  - 22% of all violent crimes against women
- Can occur in heterosexual and same-sex relationships
  - Increased risk in lesbian, gay and transgendered couples
- 2/3 of rapes are by an intimate partner
- 4-20% of pregnant women experience DV

US Lifetime Prevalence of IPV

Defense Health Agency

Figure 8

Lifetime Prevalence of Contact Sexual Violence,[1] Physical Violence, and/or Stalking Victimization by an Intimate Partner—U.S. Women, NISVS 2015[2]



[1] Contact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.
[2] All percentages are weighted to the U.S. population.

(https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf, 2018)

NISVS
The National Intimate Partner and Sexual Violence Survey

Military populations

Lifetime IPV 25-85% (36% civilian)
Past-year 12-25% (7% civilian)

Sparrow K. et. al. Trauma Violence Abuse 2018

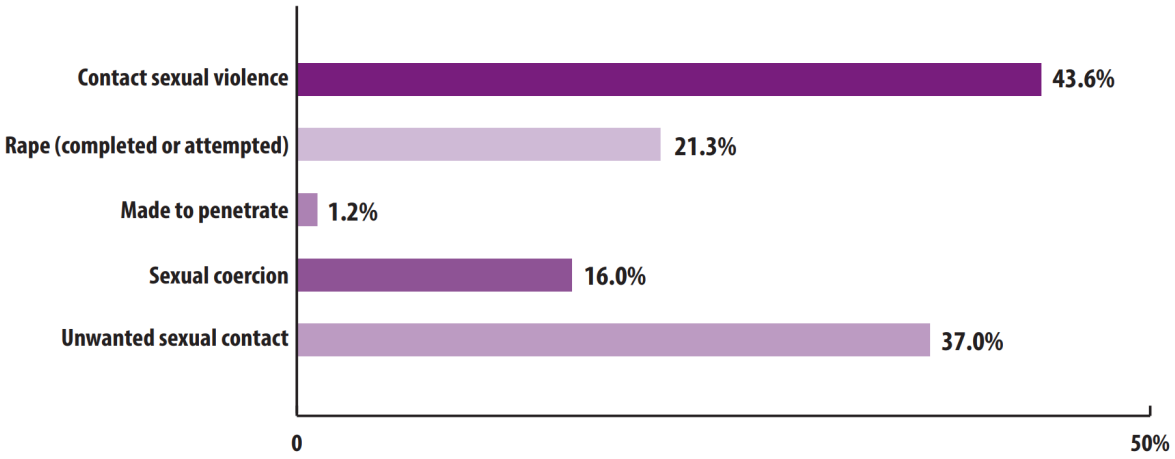
US Prevalence – Sexual Violence

Defense Health Agency

National Intimate Partner and Sexual Violence Survey (NISVS) 2015

Figure 1

Lifetime Prevalence of Sexual Violence Victimization—U.S. Women, NISVS 2015[1,2]



[1] All percentages are weighted to the U.S. population.

[2] Contact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.

NISVS
The National Intimate Partner and Sexual Violence Survey

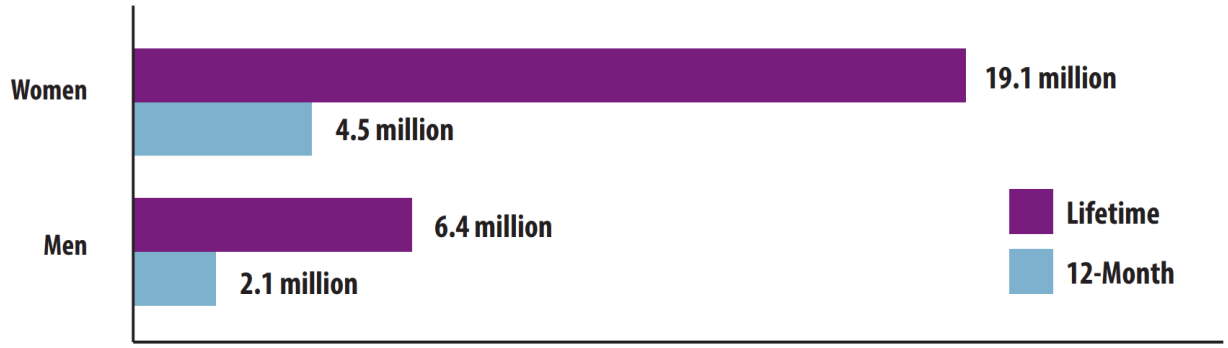
(https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf, 2018)

US Prevalence - Stalking

Millions of women and men have been stalked at some point in their lifetime.

Figure 5

Lifetime and 12-Month Estimated Number of Stalking Victims—NISVS 2015[1,2]



[1] Rounded to the nearest thousand.

[2] All estimated number of victims are weighted to the U.S. adult population.

NISVS
The National Intimate Partner and Sexual Violence Survey

(https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf, 2018)

Military Prevalence

- FY 2018 – Congressional Research Service Report

  16,912 incidents of spouse and intimate partner abuse

  - Active Duty Population 1.3 million
  - 15 confirmed domestic abuse fatalities involving military personnel as perpetrators or victims

(https://fas.org/sgp/crs/natsec/R46097.pdf, 2019)

- Centers for Disease Control (CDC)

  2010 Random sampling of military women and spouses of active duty servicewomen – similar prevalence to civilian populations

(https://www.sapr.mil/public/docs/research/2010_National_Intimate_Partner_and_Sexual_Violence_Survey-Technical_Report.pdf, 2013)

Social and Economic Effects

- Costs of IPV exceed **$5.8 billion** annually
- Victims **42%** higher annual healthcare costs
- Increased risk of **unintended pregnancy, infections, sexual dysfunction, abortion**
- **41.5%** of female homicide victims are killed by a current or former partner

(Lutgendorf, 2019)

Adverse Health Effects

- **Physical injuries**
  - Acute injuries
  - Traumatic brain injury
  - Strangulation – 6-fold increased risk of attempted homicide in the future
- **Chronic conditions**
  - Headaches
  - Insomnia
  - Pelvic pain
  - Sexual dysfunction
  - Depression
  - Anxiety
  - Posttraumatic Stress Disorder (PTSD)
- **Vague & generalized symptoms**
  - Somatization – clinical manifestations of internalized stress
- **Pregnancy**
  - Unintended pregnancy
  - Preterm birth
  - Low birthweight

Risk Factors

Box 2. Risk Factors for Intimate Partner Violence[13–16]

Individual Risk Factors

- Younger age
- Short-term relationships
- Intellectual disability
- Chronic mental illness
- Limited education
- Low income or socioeconomic status
- Indigenous status
- Drug and alcohol use disorder

Relationship Risk Factors

- Separated relationship status
- Marital disagreements
- Poor parenting practices
- Poor or disparate educational levels
- Negative attitudes toward women
- History of child abuse or witnessing IPV as a child
- Having other sexual partners

Community Risk Factors

- High levels of crime, poverty and unemployment
- Low social cohesion
- Lack of opportunities
- Lack of social services for IPV victims

Social Risk Factors

- Gender inequality
- Devaluation of women
- Cultural acceptance of IPV
- Social or religious support of IPV
- Laws against divorce

IPV, intimate partner violence.

(Lutgendorf, 2019)

Obstetrics & Gynecology (OB/GYN) Presentations

- **Delayed presentation** and inadequate explanations of physical injuries
- **Nonacute presentations** (most common in OB/GYN)
  - Pelvic pain, urinary symptoms, sexual dysfunction, Irritable Bowel Syndrome (IBS), recurrent vaginitis
- **Unintended pregnancy**
  - 40% of all pregnancies, 70% of pregnancies in abused women
- **Difficult examination**, avoidance behavior, "zone out," excessive distress or discomfort
- **Vague Symptoms**
- Symptoms of Posttraumatic Stress Disorder (**PTSD)** – anxiety, phobias, panic attacks, feelings of shame, worthlessness, inadequacy

(ACOG, 2005)

DHA
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Contact your Installation's Family Advocacy Program or
Military OneSource: 800-342-9647 | www.MilitaryOneSource.mil

MILITARY ONESOURCE

"Medically Ready Force…Ready Medical Force"

Warning Signs

IT COULD BE ANYONE…

- Previous medical visits for injuries
- History of abuse or assault
- Repeated visits
- Chronic pain, headaches, vaginitis, IBS
- History of depression, substance abuse

(ACOG, 2005)

Pregnancy-Related Warning Signs

- Unintended Pregnancy
- Unhappy about pregnancy
- Young maternal age
- Single marital status
- Higher parity
- Late entry to prenatal care
- Substance use/abuse

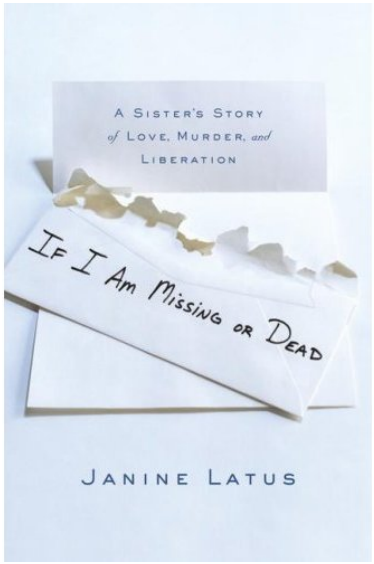
(ACOG, 2005)

Behavioral Clues

- **Woman's behavior**
  - Flat affect, Fright, depression, anxiety
  - PTSD symptoms
    - ❖ Dissociation, Startle response
  - Overcompliance or Excessive distrust

- **Partner's Behavior**
  - Overly solicitous
  - Answering questions for the patient
  - Being hostile or demanding
  - Never leaving the patient's side
  - Monitoring the woman's responses to questions

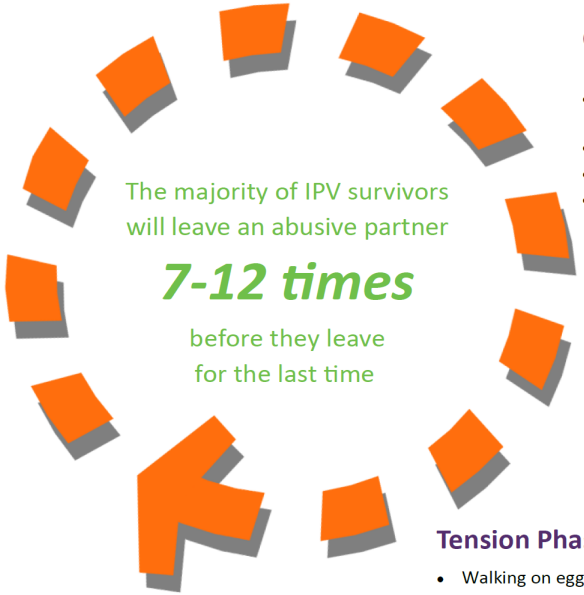
(ACOG, 2005)



https://www.simonandschuster.com/books/If-I-Am-Missing-or-Dead/Janine-Latus/9780743296540

Physician Responsibilities

Cycle of Violence



Crisis Phase

- The blow up
- Worse than before
- Threats
- Destruction
- Fear for your or your child's safety
- Drug and/or alcohol abuse

Calm Phase

- The person you fell in love with
- Never happen again
- I'll get help
- I love you

Tension Phase

- Walking on eggshells
- Everything has to be perfect
- Always worrying or in fear of what if
- Feeling "something" is about to happen

https://www.shelterforhelpinemergency.org/images/pdfs/Cycle-of-Violence.pdf

Physician Responsibilities

- Implement universal screening
  - Periodic Screening (annual exams, new patients)
  - Recommended by United States Preventive Services Task Force (USPSTF), American College of Obstetricians and Gynecologists (ACOG)
- Assess immediate safety of patient and children
- Help establish a safety plan
- Review options
  - Offer educational materials and a list of community and local resources
- Provide referrals
- Document interactions
- Provide ongoing support at subsequent visits

(ACOG, 2005)

AUDIENCE POLL QUESTION

- As a clinician, what are some of your biggest challenges with screening for IPV?
  A. Lack of time
  B. It's something I'm not comfortable discussing
  C. Screening will offend my patients
  D. What do I do if they say "Yes, I'm being abused"
  E. All of the above!

Barriers to screening

- Time constraints
- Discomfort with the topic
- Fear of offending the patient or partner
- Perceived powerlessness

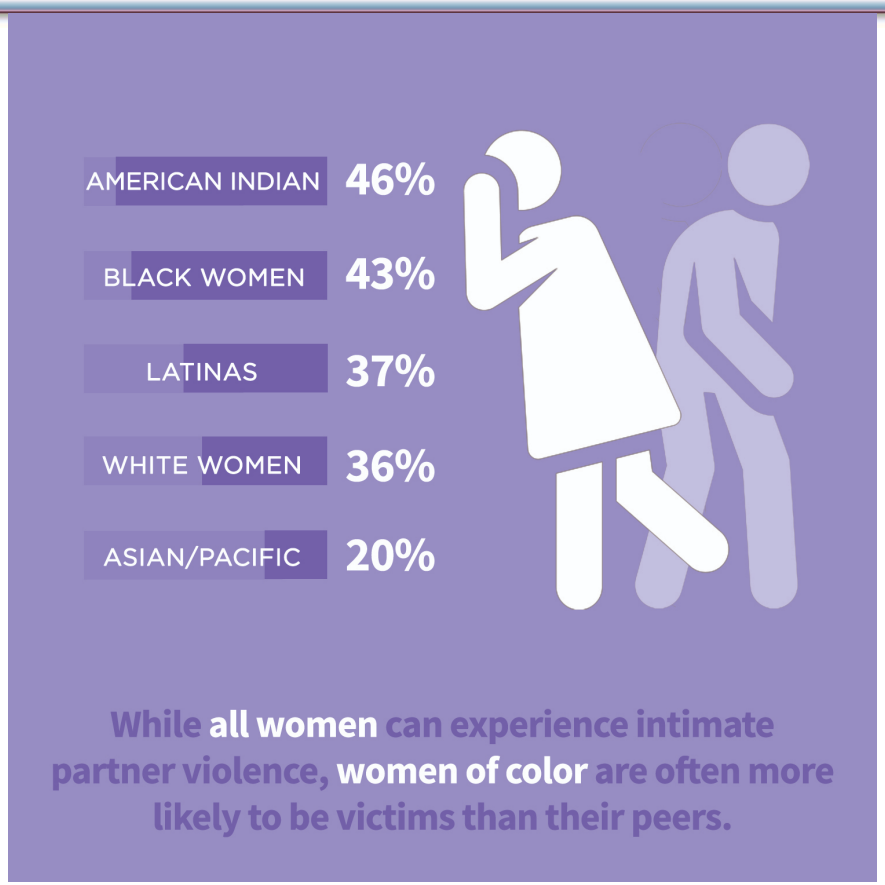
Screening

- Annual exams
- New patients
- Pregnancy
  - Initial prenatal visit
  - Each trimester
  - Postpartum

Reasons for Lack of Disclosure

- Fear of **retaliation/escalation** of violence
- Fear of police and court involvement
- Lack of alternatives
  - Housing
  - Employment
  - Financial
- Embarrassment & shame
- Desire for intact family
- Believes violence is her fault
- Mistrust of health care providers
- Fear of deportation among immigrants
- Concerns about confidentiality
- Belief that physicians lack interest or time

Screening



(https://www.ywcaworks.org/blogs/ywca/wed-10312018-1422/lets-talk-about-domestic-violence-black-communities, 2018)

Framing the Question

- Because unfortunately violence is so common in our society, I have started asking all my patients about it.
- Because intimate partner violence has so many effects on health, I now ask all my patients about it.
- From past experiences with other patients, I'm concerned that some of your medical problems may be the result of someone hurting you. Is that happening?
- I don't know if this is a problem for you, but many of my patients are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I've started asking about it routinely.

(https://domesticabuse.Stanford.edu/screening/how.html , 2020)

Screening Questions

- Has anyone close to you ever threatened to hurt you?
- Has anyone ever hit, kicked, choked or hurt you physically?
- Has anyone, including your partner or a family member, ever forced you to do something sexually that you did not want to do?
- Are you ever afraid of your partner?

(ACOG, 2005)

Screening Questions

- **For Teens**
  - Has anyone touched you in a way that made you feel uncomfortable?
  - Has anyone ever forced you to have sex?
  - Has anyone ever hurt you physically or emotionally?

- **For Pregnant Women**
  - Since you became pregnant, have you been physically hurt by anyone?

- **For Elderly Women**
  - Has anyone ever taken anything of yours without asking?

(ACOG, 2005)

Asking Indirectly

- How are things going at home?
- What about stress levels? How are things going at work? At home?
- How do you feel about the relationships in your life?
- How does your partner treat you?
- Are you having any problems with your partner?

(https://domesticabuse.Stanford.edu/screening/how.html, 2020)

Screening Tools

Table 1. Screening Tools[52,59–61]

Tool	Sensitivity	Specificity	PPV	NPV	Scale	Scoring	Description
AAS	93	55–99	33	97	5-items, dichotomous	0–5 points	5-item clinician administered, assesses sexual coercion, lifetime abuse, current abuse, abuse during pregnancy
HARK*	81	95			4-items, dichotomous	0–4 points	4-item self-report survey, adapted from AAS
HITS*	86–96	91–99			4-items, 5-point Likert	4–20 points	4-item self-report or clinician administered, assess frequency of IPV, excludes sexual abuse
E-HITS*							E-HITS includes additional item assessing frequency of sexual violence
OVAT	86–93	83–86	75	97	4 items, dichotomous	0–4 points	4-item self-report, assesses ongoing physical and emotional IPV, excludes sexual abuse
PVS*	49–71	80–94	47	94	3-items	Positive if any positive response	3-item clinician administered, assesses physical and nonphysical violence and current safety, excludes sexual abuse
STaT	80–96	75–92			3 items, dichotomous	0–3 points	3-Item clinician administered, excludes sexual abuse. Improved sensitivity and specificity if 2 items positive
WAST*	47–89	89–96	55	94	8 items, 3-point Likert	Positive if "a lot of tension" or "great difficulty"	8-item self-report instrument, assesses tension, arguments, physical violence, emotional and sexual abuse

PPV, positive predictive value; NPV, negative predictive value; AAS, Abuse Assessment Screen; HARK, Humiliation, Afraid, Rape, Kick instrument; HITS, Hurt, Insult, Threaten, Scream; E-HITS, Extended HITS; OVAT, Ongoing Violence Assessment Tool; PVS, Partner Violence Screen; STaT, Slapped, Threatened, and Throw; WAST, Women Abuse Screening Tool; IPV, intimate partner violence.
Data are %.
* Rated as accurately detecting IPV in the past year among adult women by the U.S. Preventive Services Task Force.[52]

(Lutgendorf, 2019)

Following Up

- If screening with written questions; many patients with abuse issues will check “NO”

- Follow up:
  - I see you checked no to questions about feeling un-safe with your partner. Do you have any other questions about this issue? – No
  - I want you to know that if anything like this ever does come up, this is a safe place to talk about it and get help

(https://domesticabuse.Stanford.edu/screening/how.html, 2020)

Abuse During Pregnancy

(https://www.cdc.gov/violenceprevention/pdf/NISVS-infographic-2016.pdf, 2016)

Abuse During Pregnancy

- **Violence during pregnancy is more common than:**

  Gestational diabetes

  Neural tube defects

  Preeclampsia

Abuse During Pregnancy

- Prevalence during pregnancy 4 - 20%
- A unique opportunity to screen
  - Initial obstetric (OB) visit
  - Each trimester
  - Postpartum
- Higher rates with screening each trimester
- Severity and frequency increase in pregnancy
- Affects both mother and fetus

(ACOG, 2005)

Abuse During Pregnancy in the Military

- Civilian prevalence 4 - 20%
- Military prevalence
  - Initial visit (current or past) - **14.5%**
  - Abuse during pregnancy - **1.5%**

(Lutgendorf et al, 2009)

Abuse During Pregnancy in the Military

- Increased risk in pregnancy:
  - **Single women** – Odds Ratio (OR) = 1.81
    - 95% Confidence Interval (CI) = 1.04-3.16, p-value = 0.036
  - **Separated or divorced women** – OR = 3.45
    - 95% CI = 1.59-7.46, p-value = 0.002
  - **Family history of abuse**
    - Increased risk of abuse in last 12 months
    - OR = 5.99 (95% CI = 2.99-11.99 p-value <0.001)

(Lutgendorf et al, 2009)

Abuse in Obstetric Triage Patients in the Military

- Increased abuse in emergency settings
- 22% lifetime prevalence of domestic violence
- Increased risk
  - Separated or divorced women adjusted OR = 9.5

    95% CI = 3.8 - 24, p-value <.001

91.8% would not be offended by screening

88.8% felt women should be routinely screened

(Lutgendorf et al, 2012)

Effects on Fetus

- **Direct**
  - Spontaneous abortion
  - Fetal injury or death from maternal trauma

- **Indirect**
  - Maternal stress
  - Maternal smoking
  - Alcohol or drug use

(ACOG, 2005)

Risks for Children

- Violence extends to other family members
- Witnessing violence - risk factor for abusive relationships as an adult
- Child abuse
  - Depression
  - Substance abuse
  - Poor school performance
  - High risk sexual activity

https://xyonline.net/images/if-theres-violence-home-kids-get-picture-2

(ACOG, 2005)

Violence Starts Early

(https://www.cdc.gov/violenceprevention/pdf/NISVS-infographic-2016.pdf, 2016)

Intervention – Responding to "YES"

- **Acknowledge the trauma**
  - Education, Support
- She is NOT responsible for the abuse
- Establish a plan
- **Assess safety** of patient and children
  - Escalation of violence? Weapons in the home?
- The decision to take action can be a long and difficult process for the victim
  - **Stages of change** – a process, not an event

https://www.all4maternity.com/talking-about-domestic-abuse-in-pregnancy/

(ACOG, 2005)

Things you can say

- This is not your fault
- No one deserves to be treated this way
- Do you want to talk about it?
- I'm concerned for your safety
- Help is available to you

(ACOG, 2005)

Making an Exit Plan

- Making a decision to leave an abusive relationship can be very difficult. It may take time for you to feel ready.

- If you are ready to leave:
  - Pack a bag and leave it at a friend or neighbor's house
    - include cash or credit cards and extra clothes
  - Hide an extra set of car and house keys outside your house in case you have to leave quickly
  - Take important papers
    - birth certificates, social security number or green card/work permit, driver's license/ID

(ACOG, 2005)

Documentation

- Document all screening, including “no”
- Concern for abuse:
  - Physical findings not congruent with history
  - Patient presents with indicators of domestic abuse
- Forensic evidence
- Body maps, photographs
- Patient statements – direct quotations
- History, timeline, examination, symptoms, imaging, labs
- Referrals
- Law enforcement notification

(ACOG, 2005)

Legal Issues

- All states require reporting suspected child abuse

- State dependent whether IPV must be reported
  - California – Mandatory reporting
  - Virginia – must report injuries with a firearm, knife or other sharp object
  - Washington – no mandatory reporting

- Mandatory reporting
  - California, Colorado, Kentucky, New Hampshire and Rhode Island

https://www.futureswithoutviolence.org/userfiles/Mandatory_Reporting_of_DV_to_Law%20Enforcement_by_HCP.pdf

Legal Issues

- Compliance with reporting requirements generally includes **civil and criminal immunity**
- Failure to follow the law may result in civil lawsuits or criminal prosecution
- Intimate partner violence is a federal crime in all 50 states

Lawsuits

- Reporting when not required by law or without permission of adult victim
- **Failing to report when required by law**
  - Negligent in identification of victims
  - Negligent in documenting injuries and making referrals
- Failure to warn potential victims about threat of assault from an abuser

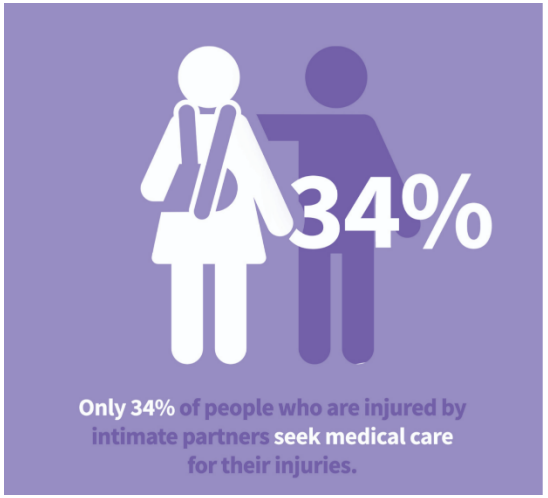
Health Insurance Portability and Accountability Act (HIPAA)

- Protected Health Information (PHI) concerning victims of adult abuse/neglect may be disclosed to law enforcement
  - If the individual agrees
  - Report required by law
  - If authorized by law and in professional judgement, the report is necessary to prevent serious harm to the individual or others, or certain emergency situations

- Required to inform victims of the disclosure to report abuse, neglect or domestic violence

HOW to Report

- Social Work
- Call Police
  - County where incident occurred
- Call Family Advocacy
  - Advocates in San Diego that respond
  - (619) 556-7404



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(https://installations.militaryonesource.mil/military-installation/naval-support-activity-bethesda-home-of-walter-reed-national-military-medical-center/military-and-family-support-center/family-advocacy-program, 2020)

HOW to Report

Defense Health Agency

MILITARY ONESOURCE

DOMESTIC ABUSE: TWO REPORTING OPTIONS

RESTRICTED REPORTING
PRESERVES PRIVACY & LIMITS WHO'S INVOLVED

- Command and law enforcement not involved.
- Maintain privacy; access medical treatment, victim advocacy, counseling and support.
- You MUST report ONLY to:
  - Military health care provider
  - Family Advocacy Program Manager
  - Domestic Abuse Victim Advocate
  - Clinical Treatment Provider

REPORTING TO OTHERS MAY TRIGGER COMMAND OR LAW ENFORCEMENT INVOLVEMENT.

UNRESTRICTED REPORTING
COMMAND & LAW ENFORCEMENT INVOLVED

- Launches an official investigation.
- Access command support, medical treatment, victim advocacy, counseling and support.
- Incidents will be reported to:
  - Command
  - Law enforcement
  - Family Advocacy Program
- For domestic violence emergencies, call 911.

ALL REPORTS OF CHILD ABUSE ARE UNRESTRICTED AND WILL BE INVESTIGATED.

BE SAFE, GET THE HELP YOU NEED.

Contact your Installation's Family Advocacy Program or
Military OneSource 800-342-9647 | www.MilitaryOneSource.mil
The National Domestic Violence Hotline 800-799-7233 | www.TheHotline.org

"Medically Ready Force…Ready Medical Force"

Reporting in the Military

- Victim's Legal Counsel [Judge Advocate General (JAG) Officer]
  - Can help victims determine reporting & legal options

- Sexual Assault Prevention and Response (SAPR) versus Family Advocacy Program (FAP) for Sexual Assault
  - SAPR – sexual assault only
  - FAP – ALL abuse in intimate relationships (619-556-8809)
    - Married
    - Cohabitating
    - Child in common

Support & Resources

(https://www.publicnewsservice.org/2020-03-25/domestic-violence-sexual-assault/nd-support-group-domestic-violence-likely-to-increase-during-pandemic/a69675-1, 2020)

Box 5. Support and Resources

National Coalition Against Domestic Violence

http://www.ncadv.org
Online tool for creating a safety plan

National Domestic Violence Hotline

1-800-799-SAFE
TTY 1-800-787-3224
http://www.ndvh.org
Help with safety planning and crisis interventions
Text-trained counselors
www.crisistextline.org
Text "START" to 741741

Futures Without Violence

http://www.futureswithoutviolence.org
Posters, brochures, safety planning cards

National Health Resource Center on Domestic Violence

Supports health care providers improve responses to intimate partner violence; offers free, culturally competent materials appropriate for a variety of settings
www.endabuse.org/health
888-Rx-ABUSE (888-792-2837) Mon–Fri, 9 am–5 pm PST
TTY 800-595-4889
email: health@endabuse.org

(Lutgendorf, 2019)

NATIONAL DOMESTIC VIOLENCE HOTLINE

(https://www.thehotline.org/is-this-abuse/abuse-defined/, n.d.)

Key Takeaways

- Intimate Sexual Violence happens! It can happen to anyone – family, friends, neighbor, co-workers, children, adults.
- Make it part of your assessment to ask your patients about their safety.
- There is help! Be aware of the resources available in your facility and in the community.
- Report intimate partner violence incidence accordingly.

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Questions?

How to Obtain Continuing Education Credits

To receive CE/CME credit, you must register by 0745 ET on 26 February 2021 to qualify for the receipt of CE/CME credit or certificate of attendance. You must complete the program posttest and evaluation before collecting your certificate. The posttest and evaluation will be available through 11 March 2021 at 2359 ET. Please complete the following steps to obtain CE/CME credit:

1. Go to URL https://www.dhaj7-cepo.com/content/feb-2021-ccss-emerging-priorities-womens-health
2. Click on the REGISTER/TAKE COURSE tab
   a. If you have previously used the CEPO CMS, click login.
   b. If you have not previously used the CEPO CMS, click register to create a new account.
3. Click "ENROLL."
4. Follow the onscreen prompts to complete the following for each session you wish to claim CE/CME Credit:
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   b. Select the CE/CME credit type(s) you are seeking
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   d. Take the Posttest
   e. Download your Certificate(s)
   f. Complete the Commitment to Change survey (optional)
5. After completing the posttest at 80% or above, your certificate will be available for print or download.
6. You can return to the site at any time in the future to print your certificate and transcripts at https://www.dhaj7-cepo.com/
7. If you require further support, please contact us at dha.ncr.j7.mbx.cepo-cms-support@mail.mil

Thank you!

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