Intimate Partner Violence and Mental Health across the Reproductive Life Cycle

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This presentation includes images, information, and resources from:

National Center on Domestic Violence, Trauma, and Mental Health

Futures Without Violence

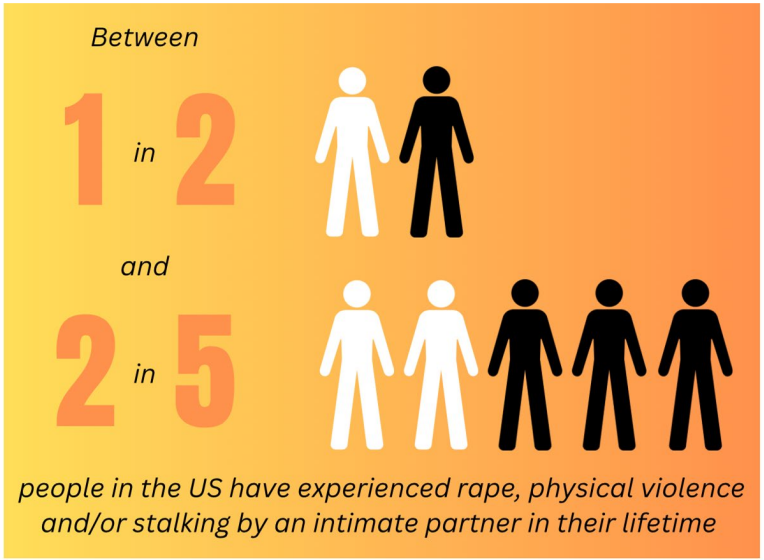
Guttmacher

American Academy of Pediatrics

National Academy of Sciences

Prevalence

Intimate Partner Violence



Sexual Violence

Because of intersecting forms of sexism, racism, trans/homophobia, and other forms of oppression, marginalized and historically exploited peoples experience higher rates.

The National Intimate Partner and Sexual Violence Survey 2016/2017 Report on Intimate Partner Violence
https://www.cdc.gov/violenceprevention/datasources/nisvs/index.htm
I

Intimate partner violence (IPV) is a sexual and reproductive health and rights issue

Many U.S. women have experienced some form of IPV…

48% psychological aggression

24% severe physical violence

9% rape

…and IPV directly impacts their sexual and reproductive health and autonomy.

10.3 MILLION have had a partner who tried to get them pregnant against their will, or who refused to wear a condom

2.1 MILLION have become pregnant as a result of rape by an intimate partner

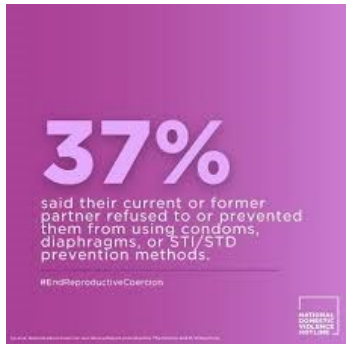
1.8 MILLION have contracted an STI as a result of rape by an intimate partner

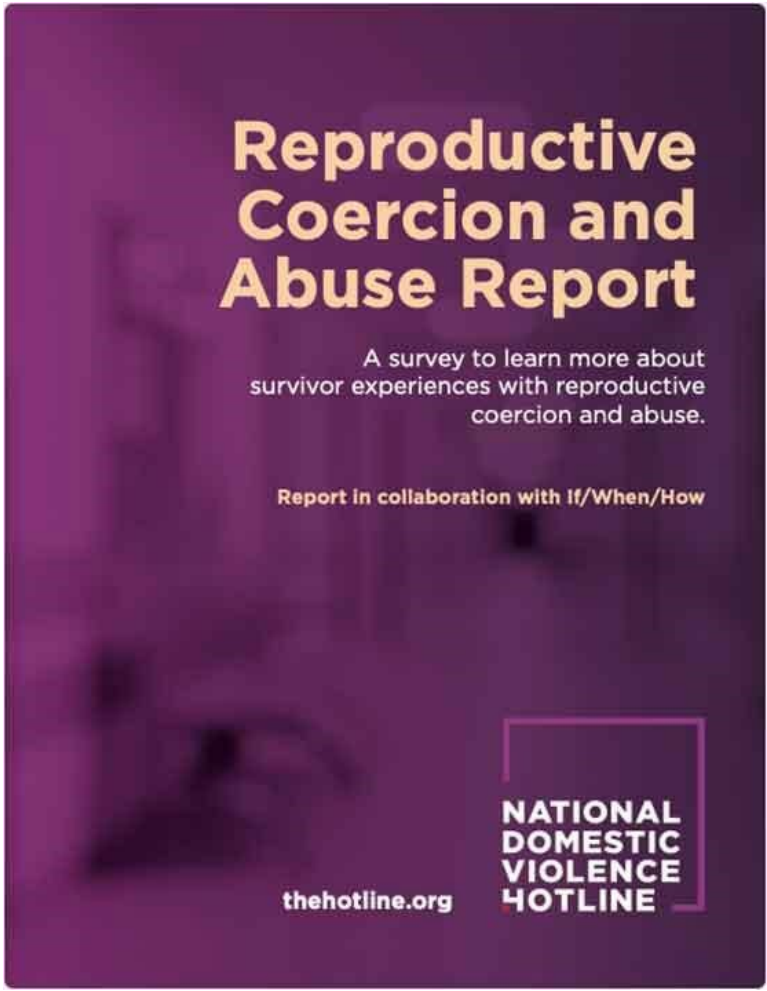
Source: Centers for Disease Control and Prevention.

www.guttmacher.org

Reproductive Coercion is common

- Birth control sabotage
- Condom manipulation (stealthing)
- Forcing partner to get an abortion, or preventing them from getting one
- Withholding finances needed to purchase birth control (economic abuse)
- Threatening the pregnant person if they don't follow their wishes to either end or continue a pregnancy (partner and family pressure).





Mental health coercion is common

Domestic violence commonly targets mental health

In a survey of 2,546 callers to the National Domestic Violence Hotline:

had experienced at least one type of mental health coercion, including:

4 in 5 said their partner accused them of being "crazy"

3 in 4 said their partner deliberately did things to make them feel like they were losing their mind

1 in 2 said their partner threatened to report they were "crazy" to keep them from getting things they wanted or needed (e.g. protection order or child custody)

1 in 2 sought help due to feeling depressed or upset. Of those, half said their partner tried to prevent or discourage them from getting help or taking prescribed medications

Mental Health and Substance Use Coercion Surveys Report from the National Domestic Violence Hotline and

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

Substance Use Coercion is Common

Domestic violence often includes substance use coercion

Substance use coercion refers to coercive tactics focused on substance use, as part of a broader pattern of abuse and control

A survey of 3,056 callers to the National Domestic Violence Hotline found:

43% of callers had experienced at least one form of substance use coercion

over 1 in 4 had used substances to reduce the pain of domestic violence

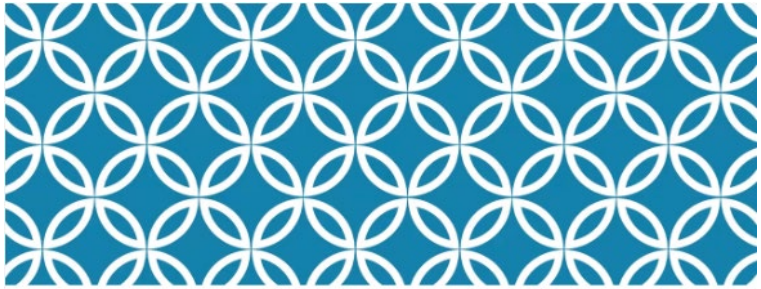
over 1 in 4 had been pressured or forced to use substances or made to use more than they wanted

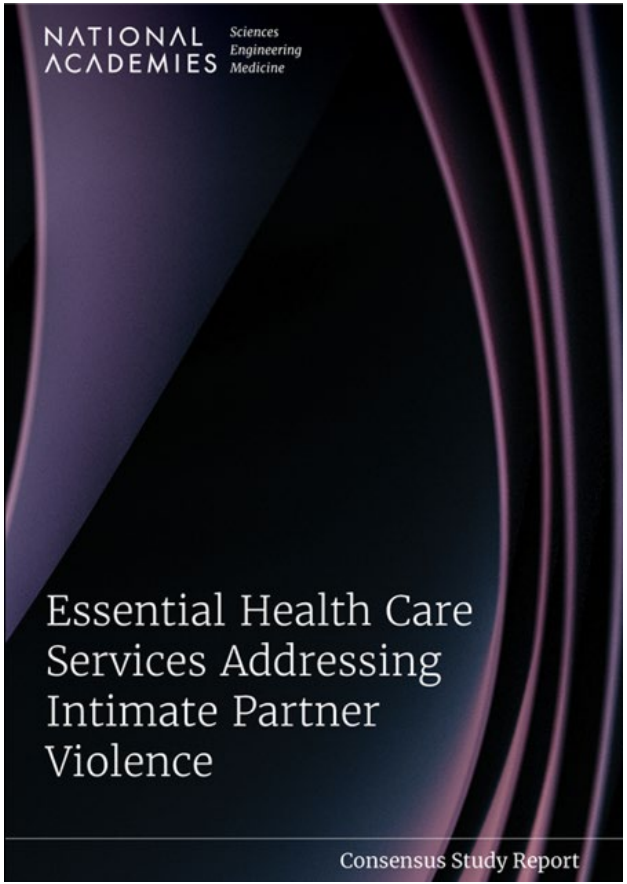
Mental Health and Substance Use Coercion Surveys Report from the National Domestic Violence Hotline and

NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA, AND MENTAL HEALTH

IPV increases during public health emergencies

- Recognize intersections of systemic and structural inequities that increase vulnerability to IPV and poor health outcomes
- Involve survivors, advocates, and practitioners in emergency preparedness planning
- Promote cross-sector collaborations





IPV and Maternal Mortality

- **In the US, nearly half of all female and one-tenth of male homicide victims are killed by intimate partners**
- Homicide during pregnancy or within 2 months of giving birth exceeds all the leading causes of maternal mortality by more than **twofold**.
- Pregnancy is associated with a significantly higher homicide risk in the Black population, and among girls and younger women (10-24)

We can't reduce maternal mortality without addressing intimate partner violence

Address systemic racism

Create healing-centered systems

Uplift and center communities and individuals

Universal Education

Provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors.

**** If you currently have IPV/HT screening as part of your health center requirements: we strongly recommend first doing universal education.***

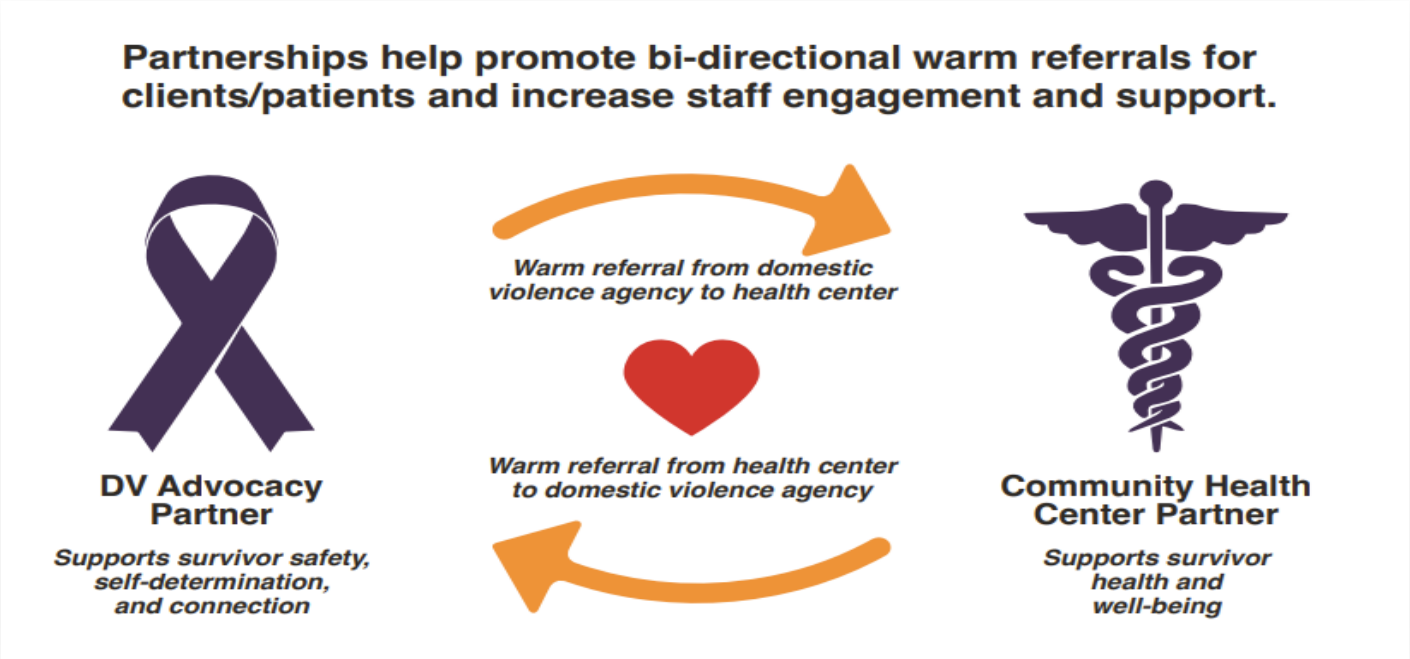
CUES: An Evidence-based Intervention

Confidentiality
Universal Education
Empowerment
Support

(Above: four images of safety card tools)

CUES: Confidentiality, Universal Education, Empowerment and Support infographic

Building and Sustaining Effective Partnerships



Download a sample MOU: https://healthpartnersipve.org/resources/sample-memorandum-of-understanding/

Find your State and Tribal DV Coalitions:
https://nnedv.org/content/state-u-s-territory-coalitions/
https://www.niwrc.org/tribal-coalitions

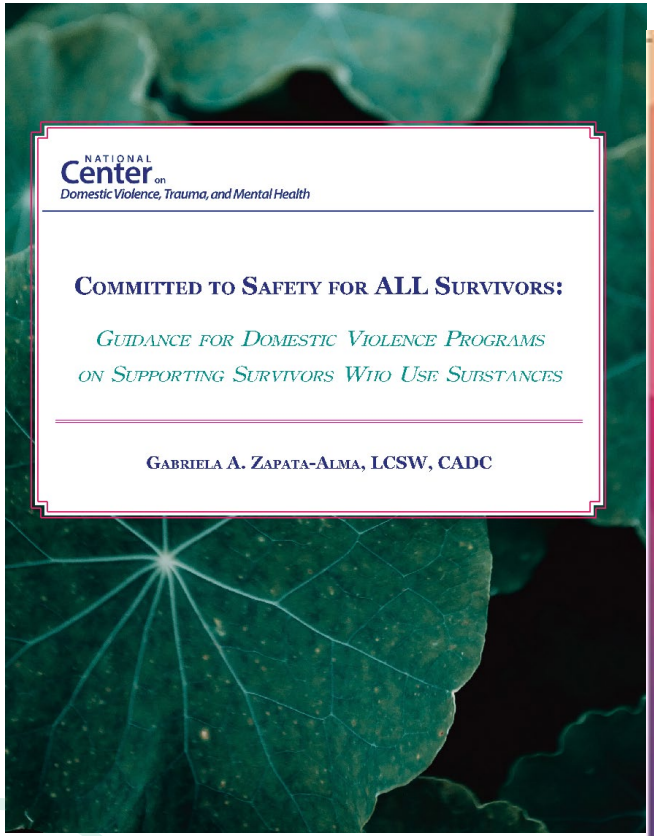
Find a health center near you: https://findahealthcenter.hrsa.gov/

Strategies for Building Partnerships

- Learn about your local resources
- Identify champions
- Set clear goals for collaboration
- Establish an MOU
- Meet and talk regularly
- Engage in cross training
- Build a system for warm handoffs
- Use a “backdoor” number for immediate advocate support
- Consider co-locating an advocate

See DV survivor health center enrollment tools: https://healthpartnersipve.org/futures-resources/increasing-health-care-enrollment-for-survivors-of-domestic-violence/

Learn more about partnerships: https://healthpartnersipve.org/resources/partnerships-between-hcs-and-dv-and-sv-advocacy-programs-bi-directional-infographic/


NATIONAL Center on
Domestic Violence, Trauma, and Mental Health
COMMITTED TO SAFETY FOR ALL SURVIVORS:
GUIDANCE FOR DOMESTIC VIOLENCE PROGRAMS ON SUPPORTING SURVIVORS WHO USE SUBSTANCES
GABRIELA A. ZAPATA-ALMA, LCSW, CADC


UNDERSTANDING SUBSTANCE USE COERCION IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE: IMPLICATIONS FOR POLICY AND PRACTICE
SUMMARY OF FINDINGS
NATIONAL Center on
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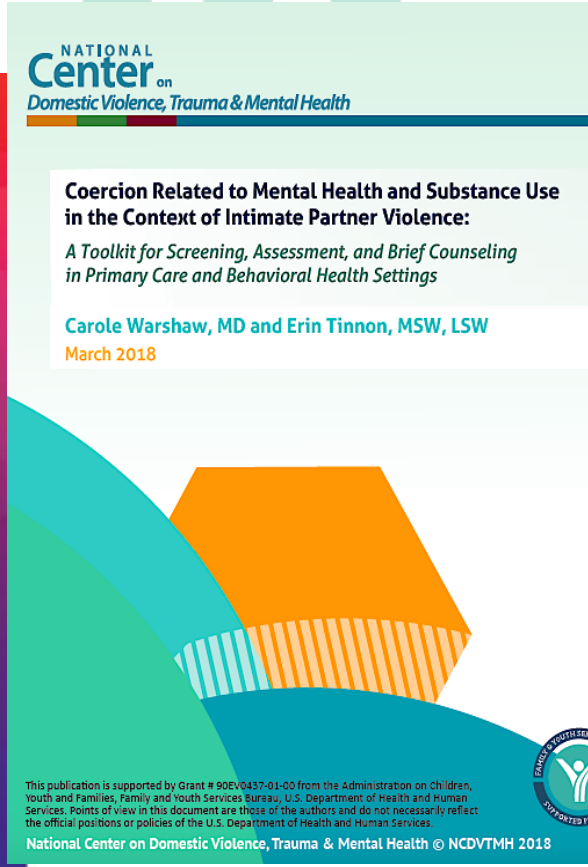
NATIONAL Center on
Domestic Violence, Trauma & Mental Health
Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence:
A Toolkit for Screening, Assessment, and Brief Counseling in Primary Care and Behavioral Health Settings
Carole Warshaw, MD and Erin Tinnon, MSW, LSW
March 2018
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NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

HEALTH PARTNERS ON IPV + EXPLOITATION

FUTURES WITHOUT VIOLENCE®

Futures Without Violence is a health and social justice nonprofit with a mission to heal those among us who are traumatized by violence today – and to create healthy families and communities free of violence tomorrow.

Home to the National Health Resource Center on Domestic Violence and Health Partners on IPV + Exploitation.

Safety Cards- Population and Setting Specific

- Adolescent Health
- Farmworkers
- American Indian/Alaska Native, and Hawaiian
- College Campus
- HIV+
- Lesbian, Gay, Bisexual, Questioning (LGBQ)
- Pregnant or parenting teens
- Primary Care
- Reproductive Health Settings
- Transgender/Gender Non-conforming
- Muslim Youth

https://store.futureswithoutviolence.org/

QR code to access HRC resources

www.IPVHealth.org: online toolkit for building health and advocacy partnerships