



### Intimate Partner Violence

A Training for CPSP Providers  
By Paula Binner, LCSW

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### Objectives

- Define IPV as serious, widespread, social, public health problem
- Discuss role of myths and beliefs and how can hinder care
- Discuss how IPV affects children, women who are pregnant and of immigrant status

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### Objectives

- Discuss the "Cycle of Violence" and types of abuse
- Define screening IPV by Stages of Readiness Change Model
- Discuss mandatory law: including assessment, reporting, documentation
- Develop safety plan / resources for those in IPV relationships

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## Understanding IPV



a serious, widespread social and public health problem in society



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## INTIMATE PARTNER VIOLENCE

definition

- Relationship violence: intentional violent or controlling behavior in an intimate partnership
- Intimate Partner Violence (IPV): not only physical injury but threats, sexual abuse, psychological torment and economic control leading to social isolation

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## Domestic Violence Through the Ages

### ■ 753 B.C.

"Laws of Chastisement". Wife beating accepted. Law permitted husband beat wife with rod no greater than girth base of man's thumb, "the rule of thumb". English Common Law and Europe.

### ■ 300 A.D.

Constantine the Great had wife burned alive no longer of use to him.

■ Nancy Lemon "Domestic Violence Law", 1996

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## Domestic Violence Through the Ages

- 1866: "American Society for Prevention of Cruelty to Animals" . Predates the 1875 "Society for the Prevention of Cruelty to Children". Protection of animals before children and women.
- 1868: Treaty negotiated General Sherman and Navajos. Male leadership selected. Women no role in decision making, robbed economic/political powers and beaten.
- 1967: Maine opens one of the first shelters in U.S.

- Nancy Lemon, 1996, *Domestic Violence Law*
- Del Martin, 1986, *Battered Wives*




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## Statistics



- IPV affects both sexes regardless of age, race, ethnicity, socio-economic status, education levels
- Estimated 160,000 men physically assaulted by partner every year
- Estimated 2-4 million women physically, sexually, emotionally abused annually in U.S. by husbands and boyfriends

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## Statistics

- Limitations to data:
  - Data from health care facilities and police reports
  - Episodes of IPV excluded when not present for medical treatment
- Therefore, IPV thought much higher than reported
  - Psychological IPV can have the same long term effects on chronic health conditions as physical or sexual violence not accounted for in statistics

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 **Statistics**

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- 85% reported assaults on spouses/ex-spouses committed by men against women
  
- 15 % committed by women against men or in same sex relationships

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 **Statistics** 

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- 33 % murdered women, 4% murdered men die as a result of IPV
  
- 50% women visited hospital ER one year prior to death
- 4% were in shelter
  - Campbell et. al., 2007
  
- Women more likely injured if attacker current or former partner than attacked by strangers:  
**9 times more likely !**

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 **Statistics**

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- Health related costs of IPV over 5.8 billion dollars annually
  - \$19.3 million year for every 100,000 women ages 18-64
  - Cottrill MD: Justice MPH: Modestit MD, 7/2008
  
- 4.1 billion dollars medical and mental health services
  - 1.8 billion dollars lost productivity
  - Average cost per physical assault \$548
  - Average cost per assault victim medical treatment \$2665

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## Children and IPV



The effects of IPV on children

“Children may not remember what you told them but they always remember how you made them feel”

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## Children and IPV



- An estimated 3.3 million children exposed to violence by family members against mothers/female caretakers each year
- Over 80% of abusive partners positive history of childhood abuse or have witnessed abuse against their mothers

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## Children and IPV

- 17% of homicide cases a child also killed
  - State of Florida Study: 2004
- Children witness or first to find body in femicides
  - 175 homicide cases of mothers with children, 71% of children witnessed IPV or first to find body
  - Less than 60% received any counseling
    - Campbell et. al., 2004

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## Children and IPV

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- Children in IPV homes may experience cognitive, psychological and physical ailments
  
- Terror and Helplessness Generate:
  - Emotional dysregulation
  - Collapse of coping mechanisms
  - Mistrust in relationships
  - Distorted perceptions of danger
  - Aggression as efforts for self-protection
    - NCTSN (The National Child Traumatic Stress Network)

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## Children and IPV

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### Psychobiology of Childhood Traumatic Stress

- Chronically elevated levels of stress hormones
- Lower levels of mood-enhancing hormones
- Anatomical differences in brain structures related to memory and planning

• DeBellis & Putnam, 1994  
• NCTSN (The National Child Traumatic Stress Network)

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## Children and IPV

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### Child Abuse

- A child is a person under the age of 18
  
- **Physical abuse:** physical injury by intentional assault
  
- **Neglect:** caretaker fails to provide adequate food, shelter, clothing, supervision, medical care

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### Children and IPV

- **Emotional abuse:** willful cruelty or unjustifiable punishment of child such as physical pain, mental suffering
- **Sexual abuse:** intentional sexual assault or exploitation includes intentional touching of genitals/ intimate parts, sexual contact, penetration, rape, sodomy and lewd or lascivious acts upon a child
- **Call the Child Abuse Hotline:** 1.800.540.4000

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### MYTHS AND BELIEFS



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### Myths and Beliefs

- We live in a just and predictable world
- I have control over my own safety
- Good things happen to good people and bad things happen to bad people
  - Therefore, we tend to blame the victim
  - The victim blames herself

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**Myths and Beliefs**

- Belief: " If children aren't hit they don't suffer "
- Reality: Over 65% males ages 11-20 incarcerated for homicide of killing mother's abuser
- Over 80% felons convicted of violent crimes raised in homes where IPV occurred
- 85% batterers and 30% survivors grew up in homes witnessed abuse of mother by father

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**Myths and Beliefs**

- Belief: "If someone did that to me they'd never see me again"
- Reality:
  - Women don't "let" partners batter them. Try to stop violence – help from family, clergy, counselors, police, keep their mouths shut, keep kids quiet, house clean, lose weight, gain weight, dress up, dress down, etc. . . . The batterer blames victim for violent actions. They avoid doing whatever makes the batterer angry.
  - Women want to end the violence, not the relationship
    - Handout 1: Intimate Partner Violence Myths

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Intimate Partner Violence is Based On:

**THE CYCLE OF VIOLENCE**

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## CYCLE OF VIOLENCE

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### THREE PHASES

ONE: Tension/Build Up  
 TWO: Violent Episode  
 THREE: Honeymoon/Calm Respite

\*\* In "Steps to Take", p.62 and Handout 2

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## Power and Equality Wheels

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POWER WHEEL	EQUALITY WHEEL
<ul style="list-style-type: none"> <li>■ Violence</li> <li>■ Denying and Blaming</li> <li>■ Using Force and Threats</li> <li>■ Using Fear</li> <li>■ Isolation</li> <li>■ Control</li> </ul>	<ul style="list-style-type: none"> <li>■ Non-Violence</li> <li>■ Trust and Support</li> <li>■ Respect</li> <li>■ Honesty</li> <li>■ Equality</li> </ul>

■ Handout 3

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## Reality About Abusers

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- Abusers are controlling
- Abusers feel entitled
- Abusers are manipulative
- Abusers feel justified
- Abusers deny and minimize the abuse

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### TYPES OF ABUSE

#### Physical Abuse

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- Choking, hitting, slapping, punching, grabbing, pushing, biting
- Injuries to areas of body not usually seen by others
- Abuse may increase during pregnancy and injuries may be around the area of fetus

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### Sexual Abuse

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- Persistently pressuring for sex
- Physically forcing or harming the victim sexually
- Forcing sex in front of others
- Coercing sex through a variety of tactics
- Forcing sex with children or third parties

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### Emotional Abuse

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- Belittling and insults
- Threats and intimidation
- Use of children to manipulate or instill guilt
- Withholding communication
- Social isolation
- Use of jealousy as an excuse
- Criticism, ridiculing, embarrassment
- Stalking

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### Economic Control

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- Withholding funds
- Refusing money for necessities
- Not letting the partner work
- Interfering with the partner's job
- Not contributing financially to family

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### Providing Care for Intimate Partner Violence Current Abuse Symptoms

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▪ Frequent bruises, sprains, cuts or broken bones	▪ Breast pain
▪ Loss of appetite	▪ Difficulty urinating
▪ Nightmares	▪ Chest pain
▪ Vaginal discharge and pelvic pain	▪ Shortness of breath
▪ Abdominal pain	▪ Problems with sleeping
▪ Diarrhea and constipation	▪ Fainting or passing out
▪ Alcohol, drug abuse	▪ Eating binges or self induced vomiting
	▪ Suicide attempts

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### Clinic Indicators of Abuse

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- Acute injuries from IPV are often treated by Primary Care Physicians in an outpatient setting
- CPHWs and Providers can build long term relationships with patients to increase capacity that patients will feel safe to disclose IPV

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### SO WHY DOES SHE STAY ?



- The most romantic relationship I've ever experienced in my life !
  - The most charming man I've ever met
  - He swept me off my feet
    - Two year joint study: USC and 1736 Family Crisis Center

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### SO WHY DOES SHE STAY ?

#### Situational Factors

- Fear of retaliation
- Economic dependence
- Greater physical danger
- Fear of losing children
- Lack of housing/job skills
- Cultural/religious reasons
- Unresponsive support network: legal and community

#### Emotional Factors

- Partner will change
- Fear partner not survive alone
- Fear of loneliness
- Lack of emotional support
- Fear of emotional damage to children
- Guilt over failure
- Fear of change

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### SO WHY DOES SHE STAY ?

#### RELIGIOUS BELIEFS

- In all religious practices, all faiths emphasize compassion, tolerance, respect and patience
- Violating another person is never okay




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## Battering During Pregnancy



- Battering will begin or escalate during pregnancy and can result in fetal injury/fetal death
- Study from prenatal clinics, primary indicator of battering during pregnancy was prior abuse
  - 87.5 % in the study were physically abused before pregnancy
- HOMICIDE leading cause of death for pregnant women, followed by cancer, motor vehicle collisions, drug OD, peripartum or postpartum cardiomyopathy and suicide
  - Cottrill MD: Justice MPH; Modesitt MD, 7/2008

▪ Handout 4, "Facts and Statistics: Battering During Pregnancy"

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## Battering During Pregnancy



- Pregnancy vulnerable time for women
- Unintended pregnancy
- Late entry into prenatal care (third trimester)
- Maternal stress, smoking, alcohol, substance abuse
- Low weight gain
- Increased risk of infection through sexual abuse
- Exacerbations of other chronic health conditions like diabetes or hypertension
- Access to prenatal care blocked by batterer

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## IMMIGRANT STATUS



- Traumatic experiences in native country, violence norm
- Language barriers and understanding new culture
- Challenge to maintain cultural identity
- Separation from family and fear of shame
- Believe immigration status depends on partner
- Beliefs of woman's role to family, loyalty to husband
- Trapped by economics, fear of deportation

▪ Handout 5: Control Tactics Used Against Immigrant Women

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### Barriers to Screening for IPV

- Denial that problem exists in your patient population
- Feeling uneasy about IPV, lack of control
- Lack of Provider education and how to identify abuse
- Limited time and intervention, not make a difference
- Fear of offending the patient
- Appearance of non-compliance
- Patient bargaining

• Cottrill MD; Justice MPH; Modesitt MD , 7/2008

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### Screening for Intimate Partner Violence

It may take several attempts before leaving  
"The Change Process"

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance / Healing
- Relapse

• Relapse Prochaska and DiClemente  
• Handout 6

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### Introduction To Topic

- Screen patients one time every trimester and during all prenatal care visits and at doctor exams
  - About 10% of Primary Care Physicians routinely screen for IPV
- "I'm going to ask you questions that I ask all women that come into the clinic"
  - Protocols questions 100 – 107, Steps to Take pp. 53 - 64
  - Educate about the increase of violence during pregnancy
  - Provide resources that are available specific to her situation
  - CPT Billing Codes: Z6302, Z6304 and Z6308

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**Providing Care**



- **Validate**
  - I believe what you're telling me
  - Avoid placing blame on the victim
- **Empathize**
  - I am sorry that this happened to you
  - Picture yourself speaking to sister, best friend
- **Generalize**
  - This is not your fault
  - You don't deserve to be treated this way, ever
  - The person who did this is responsible for their actions

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**Providing Care**



- **Educate**
  - Against the law for someone to hurt, threaten, stalk you
  - Reframe the abuser's behavior as unacceptable
- **Empower**
  - I have information that can help protect you
- **Respect**
  - Decisions you make today are extremely difficult
- **Individualize**
  - I know your situation is difficult and it may take time for you to work this out

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**RISK ASSESSMENT**



How safe is it for a woman to return home ?

- **Threats:**
  - "If you leave I will find you and kill you"
  - "If you leave I will take the children and you will never see them again"
  - "If you leave I will kill myself"
- **Assess the patient's own sense of danger**
  - Afraid to go home?
  - What is your sense of safety right now?

■ Handout 7, fill out with 2 "yes" answers for questions 100-107 on the CPSP Assessment

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### Legal Responsibilities

Who is required to report ?

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- Health Practitioners required to report if provide medical services to patient suspect suffering from physical injury due to abuse/assault
  - Any Health Care Team Member can complete report
- Mandated report made if patient suffering from injury by firearm
- Provider mandated to report abuse even if the patient is unwilling
  - *Handout 8, Penal Code 11160-11163.6*

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### Legal Responsibilities

#### IPV Reporting

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- Physical injuries suspect result of assault/abuse, stop and refer to Health Care Provider who will assess and document
- Clearly document patient's statements about injuries and past abuse using direct quotes
  - *Complete medical form: example handout 9*
  - *Also Provider Protocols and "Steps to Take"*

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### Legal Responsibilities

#### IPV Reporting



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- Telephone law enforcement immediately or as soon as possible
- Written report submitted within 48 hrs includes:
  - Name and location of injured person
  - Character and extent of injuries
  - Name and location of perpetrator
- Document in medical chart verbal/written reports have been made

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## Legal Responsibilities IPV Reporting

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### LIABILITY ISSUES

- Reporting
  - Immunity with reporting as long as no evidence of bad faith reporting
- No Reporting
  - Misdemeanor charges
  - \$1000.00 fine
  - Six months in jail
  - Subject to civil suit

■ Handout 10: Legal Requirements for Reporting Domestic Violence

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## Peace Officers Responsibilities

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- **CALIFORNIA PENAL CODE 13700-13702:** " Every law enforcement agency in this state shall develop, adopt, and implement written policies and standards for officers' responses to domestic violence calls by January 1, 1986."
- "These policies shall reflect that domestic violence is alleged criminal conduct. Further, they shall reflect existing policy that a request for assistance in a situation involving domestic violence is the same as any other request for assistance where violence has occurred."

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## Peace Officers Responsibilities

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- Provide medical attention
- Offer immediate counseling/shelter services
- Stand by with victim while essential items from property are removed
- Explain legal options: PPA, EPO, etc...
- Resource form/Report Receipt
- Victim safety (provide EPO if appropriate)
- Secure scene/collect evidence
- Confiscate any firearm at scene (Penal Code 12028.5)
- Ascertain whereabouts of suspect

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**SAFETY PLAN**  
THE MOST DANGEROUS TIME FOR A WOMAN  
WHEN SHE DECIDES TO LEAVE HER ABUSER

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- EMERGENCY PROCEDURES
  - Avoid kitchen with knives, bedroom with guns
  - Alert the neighbors to call the Police
- HOME AND WORKPLACE SAFETY
  - Change the locks, unlisted phone numbers
  - Documents, keys, money, clothing, medications
- LOGISTICS / WHERE TO GO
  - Shelter, friends, relatives
- LEGAL OPTIONS
  - Restraining orders, criminal/civil charges
  - VAWA (Violence Against Women Act), U Visas

*Handouts: Personal Safety Plan and Checklist 11, Escape List 12*

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**Recognizing Danger**

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- Remind patient call 911 in case of emergency
- Tell 911 dispatcher in danger: help immediately
- Batterer arrested, most likely be released
- Recognize there may be an increased danger
- Assist in making plans to protect patient

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**“Safe Mom,  
Healthy Baby”**

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- March of Dimes Video




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**BREAK !**

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*Vignette*

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- You are interviewing a patient using the Initial CPSP Assessment and Evaluation Form. After you ask her the question, "Have you ever been touched or spoken to in a manner that made you feel uncomfortable?" you notice your patient's behaviors change. She becomes nervous, looking around the room, no longer focusing on what you're saying.
- You give her a few extra moments to answer the question. She finally tells you that yes, she has been threatened and yelled at but that's all – no pushing or shoving or physical abuse. You empathize with her and let her know that it's not okay to be yelled at or threatened.
- She tells you that she has often felt that being yelled at wasn't okay. You ask her if you can show her some resources and educate her about the Cycle of Violence, the Power Wheel, etc. . . She says that she would like to know about these things.
- After you spend some time discussing IPV your patient admits that she has been hit in the past.
  - WHAT DO YOU DO? DO YOU DOCUMENT WHAT WAS DISCLOSED TO YOU? DO YOU REPORT THIS ?

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**Referrals and Resources**  
Links to Community Resources

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▪ 24 hour Hot Lines	▪ Safety Plan
▪ Counseling Centers	▪ Legal Assistance
▪ Shelters Like Homes	▪ Restraining Orders
▪ Medical Care	▪ Community Programs
▪ Job Training	▪ Donation Centers

▪ *Handouts 13, Resources and Shelter Information, see "Steps to Take", pp. 65-68*

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## Thank You



For further assistance  
■ contact Paula Binner  
at (213) 639.6424  
pbinner@ph.lacounty.gov

Please fill out evaluation before leaving

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