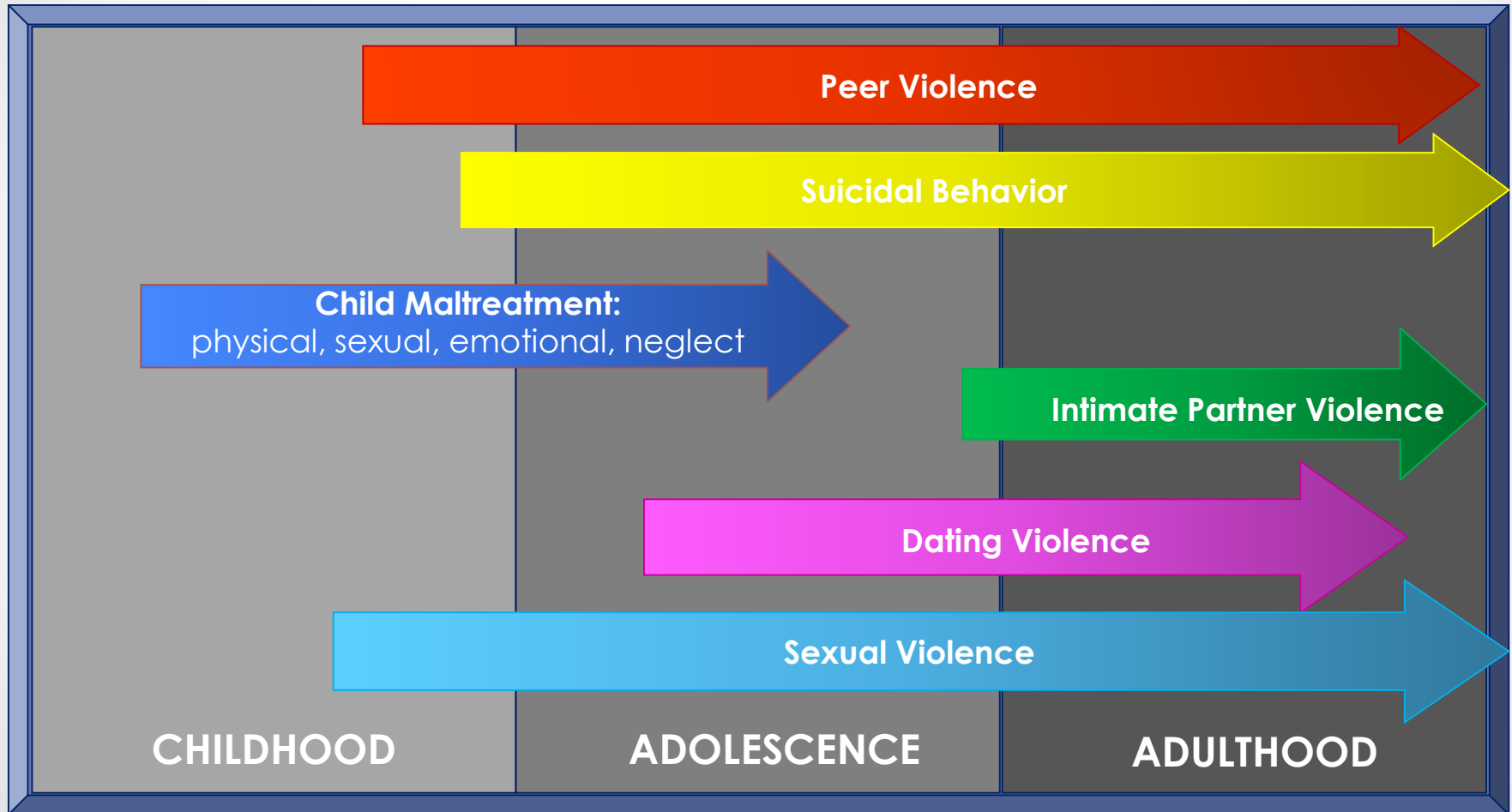


# Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence

Joanne Klevens, MD, PhD  
Epidemiologist, Division of Violence Prevention  
Centers for Disease Control and Prevention

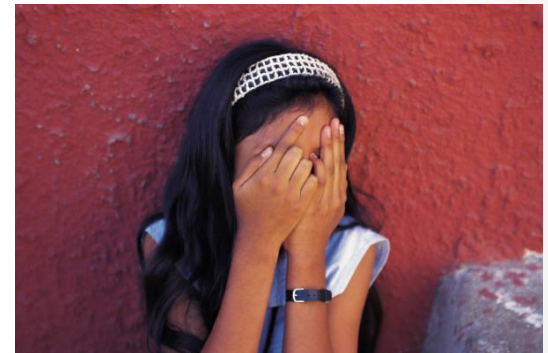
*The findings and conclusions in this presentation do not necessarily represent the official position of the Centers for Disease Control and Prevention*

# Different Forms of Violence



# Survivors of one form of violence are more likely\* to be victims of other forms of violence

- **Girls who are sexually abused are more likely to:**
  - suffer physical violence and sexual re-victimization
  - engage in self-harming behavior
  - be a victim of intimate partner violence later in life
- **Youth who have been physically abused by a dating partner are also more likely to have:**
  - suffered abuse as a child
  - been a victim of sexual assault
  - witnessed violence in their family
- **Women and girls involved in gangs:**
  - often experience physical, emotional and sexual abuse by other gang members
  - are more likely to have been physically or sexually abused as children



**\*Likelihood refers to the probability of re-victimization as compared to non-victims. It never means always.**

Source: Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). **Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence.** Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

# Although most victims of violence do not behave violently, they are at higher risk for behaving violently

- **Children who experience physical abuse or neglect early in their lives are at greater risk for committing:**
  - violence against peers (particularly for boys)
  - bullying
  - teen dating violence
  - child abuse, elder abuse, intimate partner violence, and sexual violence later in life
- **Youth who have witnessed parental violence are more likely to:**
  - bully others



# People who behave violently are more likely to commit other forms of violence

- ❑ Adults who are violent toward their partners are at higher risk of also abusing their children.
- ❑ Youth who bully are more likely to:
  - carry weapons and be physically violent.
  - sexually harass peers
  - commit violence against partners as teens
  - commit violence against partners as adults



# Survivors of Violence are at Risk for Other Negative Health Behaviors/Outcomes

## Adverse Childhood Experiences (ACEs)

As ACEs “score” goes up, so does risk for...

- Risky Behaviors
  - Physical Inactivity, Smoking, Drug/Alcohol Abuse, Early Sexual Activity
- Chronic Disease
  - Obesity, COPD, Asthma, Diabetes, Liver Disease, Heart Disease
- Other Health Outcomes
  - Teen Pregnancy, STDs, Miscarriage, Depression, Suicide Attempts, Early Death, Job Problems/Lost Time from Work, Rape victimization, Perpetration of IPV





# Why Focus on Shared Risk and Protective Factors?

- ❑ Prevent multiple forms of violence, risky behaviors, and chronic disease simultaneously
- ❑ Develop new partnerships
- ❑ Leverage resources/funding streams
- ❑ Consider a larger pool of strategies

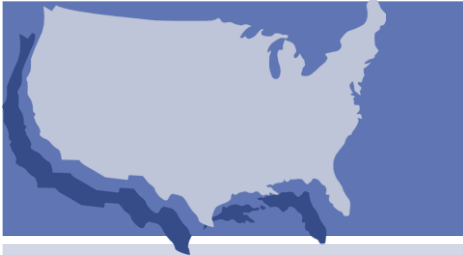
# Our definition of shared risk and protective factors

- ❑ Research on risk and protective factors for violence is continuously evolving
- ❑ In the tables on the following slides:
  - Risk and protective factors are collapsed into general categories, but may have been measured differently across different violence areas/different studies\*
  - “X’s” indicate the existence of at least one study published in a peer reviewed journal demonstrating an association between the risk or protective factor and that type of violence.

\*For more information on how each factor was measured, please refer to the “Connecting the Dots: An Overview of the Links between Multiple Forms of Violence” brief where references for each study can be found.




# Societal Risk Factors

|  | CM | TDV | IPV | SV | YV | Bullying | Suicide | Elder Abuse |
|--|----|-----|-----|----|----|----------|---------|-------------|
| Norms supporting aggression*   | X  | X   | X   | X  | X  |          |         | X           |
| Media Violence   |    |     |     | X  | X  | X        | X       |             |
| Societal income inequality   | X  |     | X   |    | X  | X        |         |             |
| Weak health, educational, economic, and social policies/laws                     | X  |     | X   | X  |    |          | X       |             |
| Harmful gender norms*  | X  | X   | X   | X  | X  | X        |         |             |

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

\*Norms are generally measured at the individual level

# Neighborhood Risk Factors




|  | CM | TDV | IPV | SV | YV | Bullying | Suicide | Elder Abuse |
|--|----|-----|-----|----|----|----------|---------|-------------|
| <b>Neighborhood poverty</b>                | X  |     | X   | X  | X  |          | X       |             |
| <b>High alcohol outlet density</b>         | X  |     | X   |    | X  |          | X       |             |
| <b>Community Violence</b>                  | X  |     |     | X  | X  | X        |         |             |
| <b>Lack of economic opportunities</b>      | X  |     | X   | X  | X  |          | X       |             |
| <b>Low Neighborhood Support/ Cohesion*</b> | X  | X   | X   |    | X  |          | X       |             |

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

\*Neighborhood support/cohesion typically measured at the individual level

Source: Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). **Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence**. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

# Neighborhood Protective Factors


|  | CM | TDV | IPV | SV | YV | Bullying | Suicide | Elder Abuse |
|--|----|-----|-----|----|----|----------|---------|-------------|
| Coordination of services among community agencies                                | X  |     | X   |    |    |          | X       | X           |
| Access to mental health and substance abuse services                             | X  |     |     |    |    |          | X       |             |
| Community support and connectedness*   | X  |     | X   | X  | X  |          | X       | X           |

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

\*Community support and connectedness typically measured at the individual level

Source: Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). **Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence**. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.


# Relationship Level Risk Factors

|  | CM | TDV | IPV | SV | YV | Bullying | Suicide | Elder Abuse |
|---|----|-----|-----|----|----|----------|---------|-------------|
| <b>Social isolation</b>   | X  | X   | X   |    | X  | X        | X       | X           |
| <b>Poor parent-child relationships</b>  | X  | X   | X   | X  | X  | X        | X       |             |
| <b>Family conflict</b>  | X  | X   | X   | X  | X  | X        |         |             |
| <b>Economic stress</b>  | X  |     | X   |    | X  |          | X       | X           |
| <b>Association w/<br/>delinquent peers</b>  |    | X   | X   | X  | X  | X        |         |             |
| <b>Gang involvement</b>   |    | X   | X   | X  | X  |          |         |             |

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

Source: Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). **Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence**. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.


# Relationship/Individual Level Protective Factors

|  | CM | TDV | IPV | SV | YV | Bullying | Suicide | Elder Abuse |
|---|----|-----|-----|----|----|----------|---------|-------------|
| Family support/<br>connectedness  | X  | X   |     |    | X  | X        | X       | X           |
| Connection to a<br>caring adult   |    | X   |     |    | X  |          | X       |             |
| Association w/<br>prosocial peers   |    | X   |     |    | X  | X        |         |             |
| Connection/<br>commitment to<br>school  |    | X   |     | X  | X  | X        | X       |             |
| Skills solving<br>problems non-<br>violently                                      | X  | X   |     |    | X  |          | X       |             |

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

- Source: Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). **Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence**. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

# Individual Level Risk Factors

|  | CM | TDV | IPV | SV | YV | Bullying | Suicide | Elder Abuse |
|---|----|-----|-----|----|----|----------|---------|-------------|
| Low education   | X  | X   | X   |    | X  | X        | X       |             |
| Lack of non-violent problem solving skills  | X  | X   | X   | X  | X  | X        | X       | X           |
| Poor behavior/impulse control   | X  | X   | X   | X  | X  |          | X       |             |
| Violent victimization   | X  | X   | X   | X  | X  | X        | X       | X           |
| Witnessing violence   | X  | X   | X   | X  | X  | X        | X       |             |
| Mental Health Problems  | X  | X   | X   |    | X  |          | X       | X           |
| Substance use   | X  | X   | X   | X  | X  | X        | X       | X           |

NOTE: CM (Child Maltreatment), TDV (Teen Dating Violence), IPV (Intimate Partner Violence), SV (Sexual Violence), YV (Youth Violence)

- Source: Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). **Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence**. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.



# Examples of Potential Strategies for Addressing Multiple Forms of Violence

## ❑ Community/Societal level

- Norms change strategies
- Strategies/activities that enhance community support & connectedness
- Coordinated services

## ❑ Relationship level

- Strategies that support families under stress
- Strategies that connect youth with supportive adults, pro-social peers, and their schools

## ❑ Individual level

- Strategies that build youth and families' skills in solving problems non-violently
- Substance abuse prevention strategies



# *Connecting the Dots Resources*

- **Brief** summarizes research about the connections between different forms of violence (e.g. shared risk and protective factors) electronic or hard copy & slides
- **Audience:** Public health and violence prevention practitioners and their partners
- **Purpose:** Help violence prevention practitioners and their partners 1) Better **understand** and **make the case** for the connections between multiple forms of violence, 2) Think **strategically and creatively** about **ways to prevent** all types of violence from occurring in the first place

[http://www.cdc.gov/violenceprevention/pub/connecting\\_dots.html](http://www.cdc.gov/violenceprevention/pub/connecting_dots.html)

Violence Prevention Webinar Series, Part I  
January 22, 2015

# Intimate Partner Violence (IPV) and Health



Diana Cheng, M.D.  
Medical Director, Women's Health  
Maryland Department of Health and Mental Hygiene

# Objectives

- Understand the importance of assessing all women of childbearing age for IPV
- Learn associations between IPV and health
- Describe public health role in IPV
- Identify local and national IPV referral resources

# Definition: Intimate Partner Violence

- Pattern of assaultive or coercive behaviors perpetrated by a current or former intimate partner
- Characterized by control or domination of one person over another

**Intimate  
Partner  
Violence**

**RAPE**

**IPV**

hit strangle choke push slap shove weapon kick burn bite

**sexual assault**

**physical abuse**

**threats**

**EMOTIONAL ABUSE**

**stalking**

**isolation**

financial abuse

social media attacks

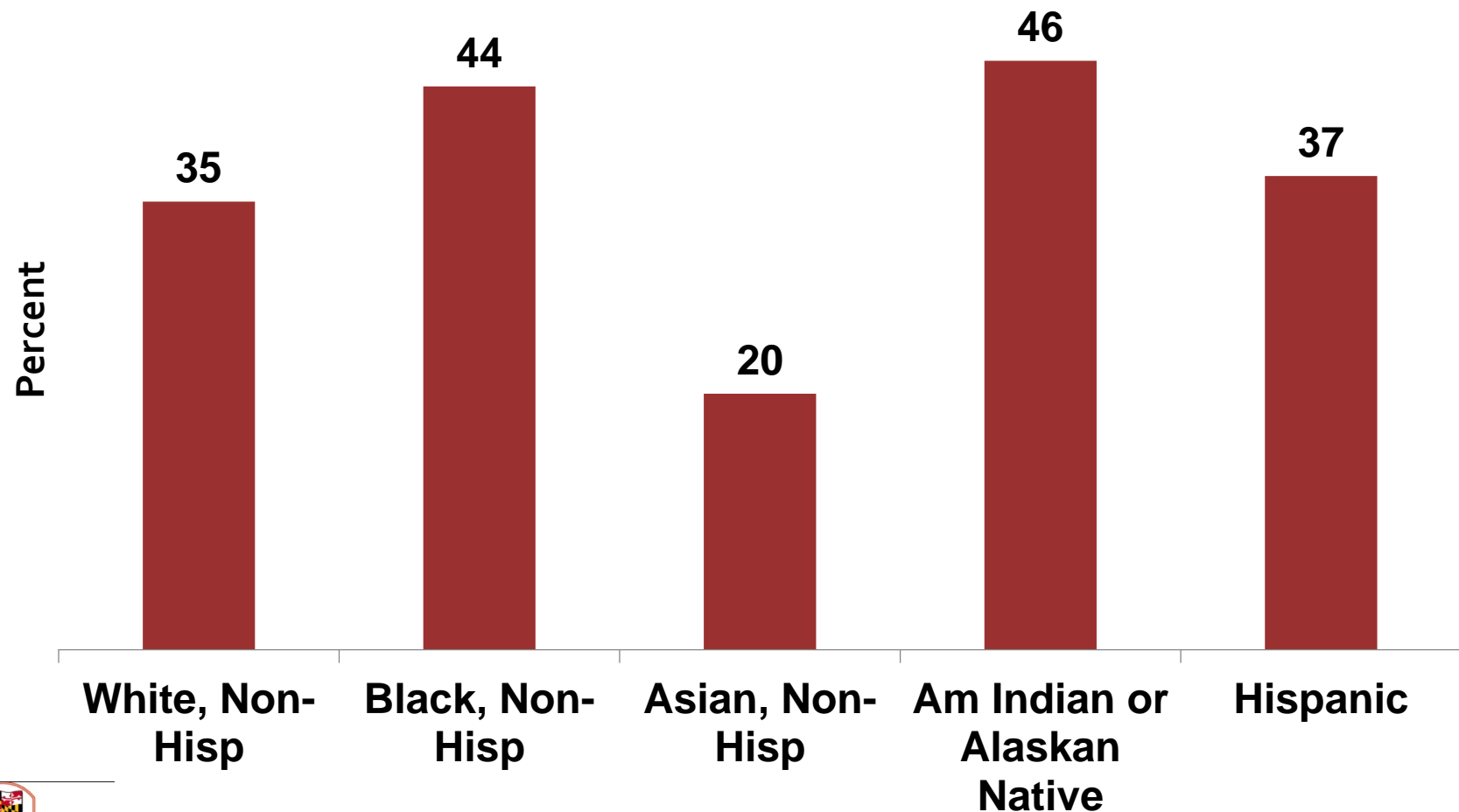
reproductive and sexual coercion



# IPV Prevalence, U.S., 2010

| IPV                                     | Past year  | Lifetime    |
|---|------------|-------------|
| Rape                                    | 0.6        | 9.4         |
| Physical violence                       | 4.0        | 32.9        |
| Stalking                                | 2.8        | 10.7        |
| Rape, physical violence and/or stalking | <b>5.9</b> | <b>35.6</b> |

# IPV, Lifetime Prevalence by Race/Ethnicity, U.S., 2010



# Populations

IPV occurs among individuals of every race, religion, ethnicity, age, culture, socioeconomic class, education level, gender and sexuality.

- Immigrant
- Disabled
- Lesbian, gay, bisexual, transgender (LGBT)
- Teen
- Male
- Pregnant

# IPV against Women: Public Health Problem

- Cost of 5.8 billion annually in U.S.\*
  - Medical and mental health services (>4 billion/yr), lost productivity, premature death
- Over 5 million cases per year\*
- Leading cause of injury, disability and death\*\*

\*National Center for Injury Prevention and Control, CDC, 2003

\*\*Spangaro et al. Trauma, Violence, Abuse 2009

# Health Impact – Direct Clues

## Physical Injuries



### ■ Head, Neck, Face

- “Black eye”, TMJ/tooth disorders, fracture nose/ear, head trauma, strangulation
- Significant marker for IPV in unwitnessed injuries\*

### ■ Limb, abdomen, breast, pelvic

- Fractures, bruises, sprains. lacerations, burns, bites, vaginal/anal tears

# Health Impact – Indirect clues

## Medical Disorders Associated with IPV among Women

|                            |  |
|----------------------------|--|
| <b>Mental Health</b>       | Depression, anxiety, PTSD, eating disorders, phobia, panic attacks, insomnia, suicide  |
| <b>Substance abuse</b>     | Tobacco, alcohol and drug abuse, tranquilizer, sleeping pills  |
| <b>Chronic disorders</b>   | Chronic pain, anemia, asthma, obesity, diabetes, headaches, hearing loss, TMJ disorders, fibromyalgia, arthritis, GI disorders (IBS, ulcers), cardiovascular disorders, seizures |
| <b>Reproductive health</b> | Pelvic pain, dysmenorrhea, dyspareunia, vaginitis, STI, UTI, unintended pregnancy, poor prenatal behaviors, poor pregnancy outcomes  |



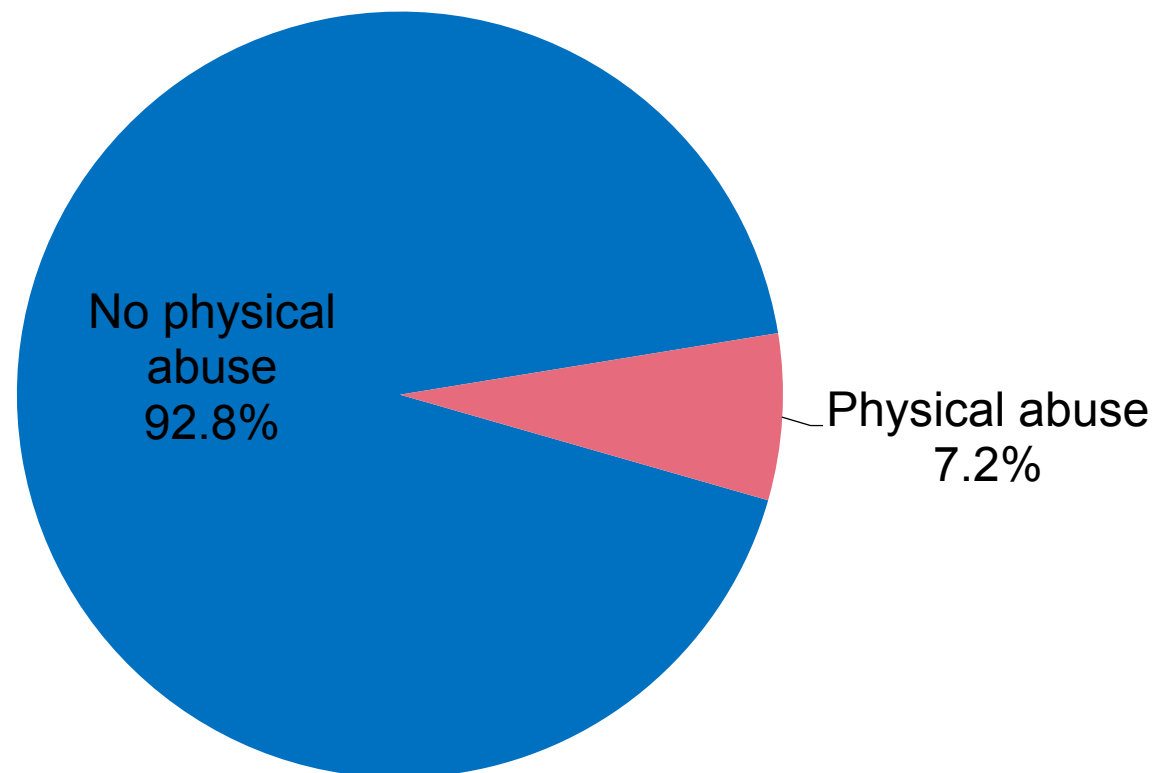
# Maryland IPV Data



- Pregnancy Risk Assessment Monitoring System (PRAMS)
  - Postpartum survey administered by state health departments and the CDC
- Asks about **physical** abuse by a partner or ex, in the year before or during pregnancy

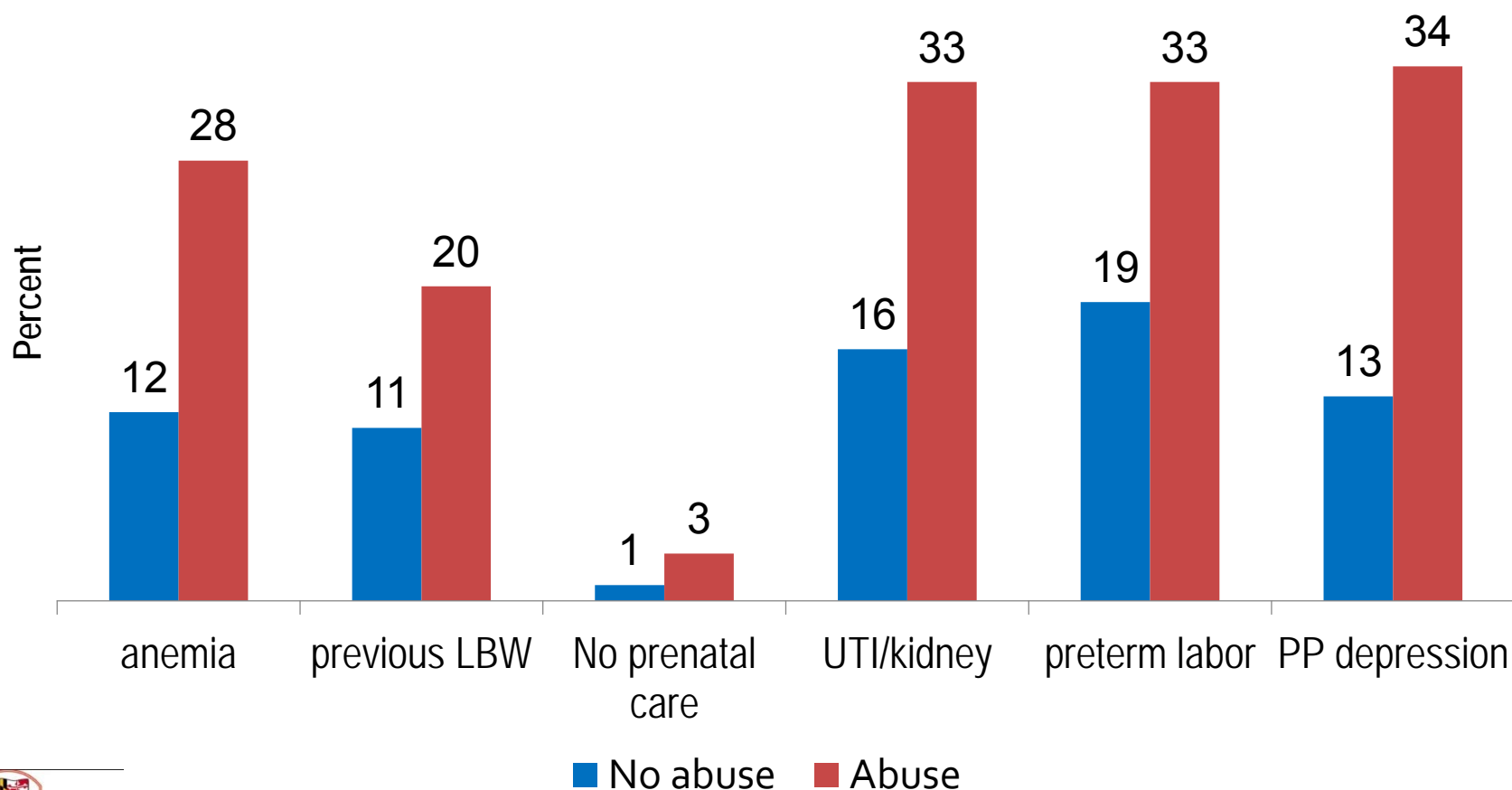
# Physical Abuse by Current or Ex-Partner Before and During Pregnancy, 2004-2008

Physical Abuse in Year Before and During Pregnancy,  
Maryland PRAMS 2004-2008, (n=8,074)

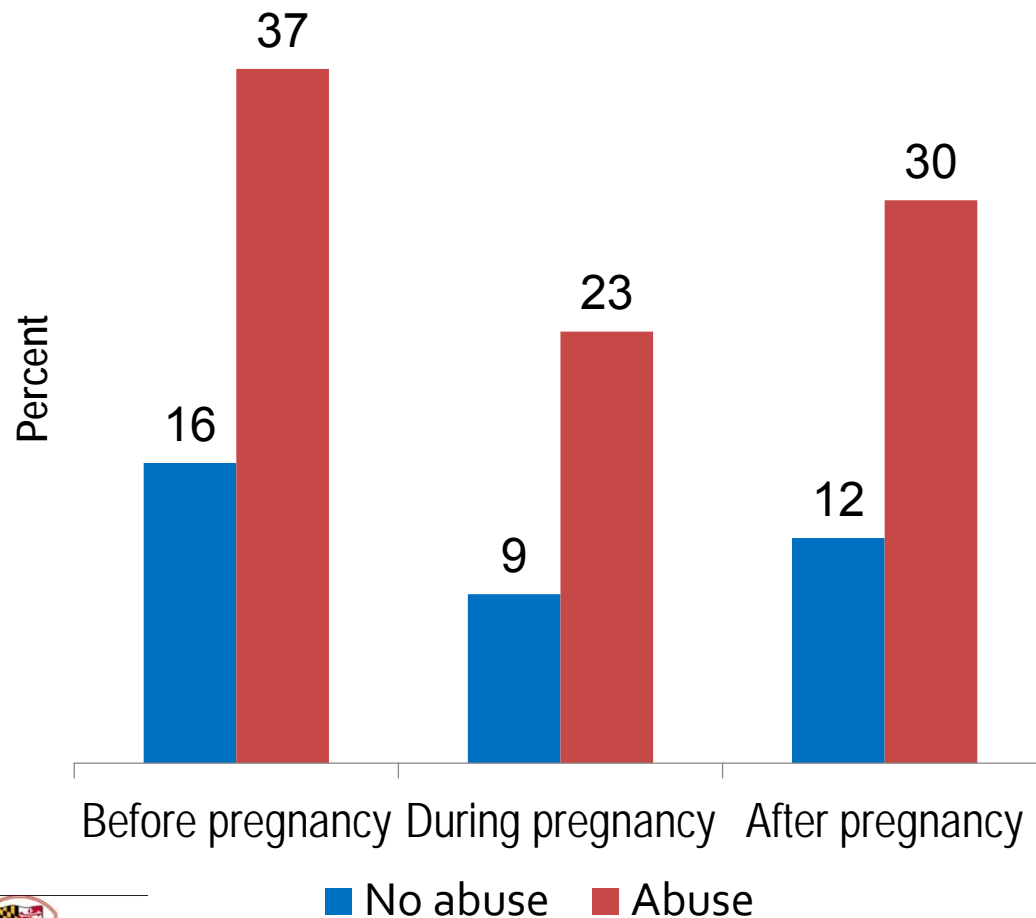


Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074

# Factors Associated with Physical Abuse, Maryland, 2004-2008



# Cigarette Smoking and Physical Abuse, Maryland, 2004-2008



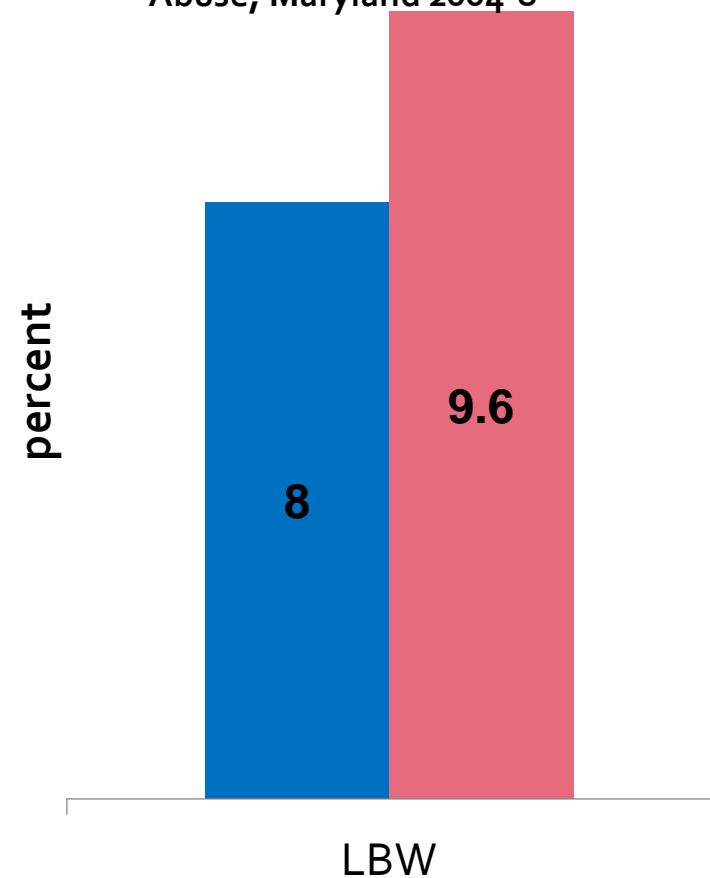
# IPV and Pregnancy Outcomes

- Associated with preterm birth (PTB) and low birth weight (LBW) infant\*
  - Found in most studies
  - Inconsistent definitions and populations



\*Shah et al. 2010

Infant Low Birth Weight by Physical Abuse, Maryland 2004-8



Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074

# IPV and Pregnancy, Maryland, 1993-1998



**Homicide** is the leading cause of death  
during pregnancy and up to .....one year later

Horon and Cheng 2001 JAMA



# Pregnancy Associated Mortality, Maryland, 1993-2008

- Homicide was the leading cause of pregnancy-associated death in Maryland.
- Two out of every three cases was perpetrated by an intimate partner

Cheng and Horon, Obstetrics & Gynecology 2010

# Death Certificate

|   |   |  |
|---|---|--|
| 23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.   |   | Approximate Interval Between Onset and Death   |
| Immediate Cause (Final disease or condition resulting in death)   | a. <b>Gunshot Wound of the Head</b><br>Due to (or as a consequence of):   |  |
| Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last  | b. _____<br>Due to (or as a consequence of):  |  |
|   | c. _____<br>Due to (or as a consequence of):  |  |
|   | d. _____<br>Due to (or as a consequence of):  |  |
| <input type="checkbox"/> UNPENDED   | <input type="checkbox"/> AMENDED  |  |
| IF FEMALE:<br>23b. Was decedent pregnant in the past 12 months?<br>1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown   | 23c. If yes, outcome of pregnancy<br>1 <input type="checkbox"/> Live birth 2 <input type="checkbox"/> Fetal death 3 <input type="checkbox"/> Ectopic pregnancy<br>4 <input type="checkbox"/> Pregnant at time of death 5 <input type="checkbox"/> Other (Specify) _____<br>9 <input type="checkbox"/> Unknown | 23d. Date of delivery<br>Month _____ Day _____ Year _____  |
| Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.<br>_____<br>_____  |   | 23e. Did tobacco use contribute to the cause of death?<br>1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Probably 4 <input type="checkbox"/> Unknown |
|   |   | 24a. Was an autopsy performed?<br>1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No  |
|   |   | 24b. Were autopsy findings available prior to completion of cause of death?<br>1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No   |
| 25. Was case referred to medical examiner?<br>1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No   | 26. Place of Death (Check only one)<br>Hospital: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA Other: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other: _____          |  |
| 27. Manner of Death<br>1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation<br>2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be determined<br>3 <input type="checkbox"/> Suicide 4 <input checked="" type="checkbox"/> Homicide | 28a. Date of Injury (Month, Day, Year)<br>A _____   | 28b. Time of Injury<br>0000 hrs  |
|   | 28c. Injury at Work?<br>1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No   | 28d. Describe how injury occurred<br>Subject shot  |
|   | 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) L _____  | 28f. Location (Street and Number or Rural Route Number, City or Town, State)<br>_____  |

# Homicide case #1

- 5 year old son witnessed mother's murder
- His mother's friend was also in the house
- Reviewed by Maternal Mortality Review Committee and other fatality reviews

# Case #1 postpartum visit

- 29 y/o G9P4145
  - Prenatal: initiated care @ 32 weeks [unwanted preg], smoked ½ ppd, occ. marijuana use, albuterol for asthma, tylenol for migraines, anxiety, +C.T.
  - Delivery: S/P SVD 35 weeks, 2240 gm infant; + THC tox screen
  - S/P 4 NVDs (36-38 wks), early prenatal care (different father); 2 TA, 2 SA, 1<sup>st</sup> preg age 15
  - ER @ 30 weeks for trauma to abdomen
  - Partner heavy alcohol user
- Assessment
  - Normal PP exam; baby D/W, breastfeeding, smokes 1 PPD; no drugs
- Plan
  - Condoms, considering TL, urged to stop smoking; return 1 year;

*(Note - no IPV assessment documented on prenatal/delivery records)*

# Impact of IPV on Children

- Poor attachment
- Developmental delays
- Mental health disorders
- Risk of abuse
  - Addressing IPV may be one of the most effective ways to prevent child abuse.
    - IPV and child abuse co-occur in 50% of cases
    - Recommended by the American Academy of Pediatrics

# Pregnancy Coercion

## NOT WANTING PREGNANCY

- Demands abortion
- Threatens to leave or hurt her if she doesn't get rid of pregnancy
- Threatens to hurt the baby after she delivers
- Abuses her during pregnancy

## WANTING PREGNANCY

- Tells her not to use birth control
- Threaten to leave if she doesn't get pregnant
- Threaten to have baby with someone else if she doesn't get pregnant
- Physically hurts her for not agreeing to get pregnant

# Birth Control Sabotage

- Preventing her from going to clinic to obtain BC
- Removing vaginal ring
- Flushing pills down the toilet or hiding them
- Tearing off birth control patch
- Poking holes in condom
- Removing condom during sex
- Breaking condom on purpose
- Pulling out her IUD

**Tampering with these is a form of domestic violence**



# Harm Reduction Strategy

## Long Acting Reversible Contraception (LARC)



Medroxyprogesterone acetate  
**Depo Provera Shot**



# Emergency Contraception



# Why bother to assess for IPV?

- Prevalent
- Impact on women and families
- Impact on health
- Interventions beneficial
  - Decrease in VLBW (0.8% vs 4.6%)
  - Decrease VPTB (1.5% vs 6.6%)
  - Increase mean gestational age (38.2 wks vs. 36.9 wks)
- 90% women don't mind being asked
  - **most wished that a previous HCP had asked about it**
- Assessment not difficult

# Professional Organizations Recommend IPV Screening

- American Academy of Pediatrics (AAP)
- American College of Obstetricians and Gynecologists (ACOG)
- American Medical Association (AMA)
- American Nursing Association (ANA)
- American Psychiatric Association (APA)
- Institute of Medicine (IOM)
- U.S. Public Services Task Force (USPSTF)

# USPSTF IPV Recommendation 2013

## Grade B Recommendation

- Screen women of “childbearing age: for IPV
- Provide or refer women who screen positive to intervention services

# ACOG Committee Opinion



The American College of Obstetricians and Gynecologists  
*Women's Health Care Physicians*

## COMMITTEE OPINION

Number 518, February 2012

**Committee on Health Care for Underserved Women** *This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.*

### Intimate Partner Violence

# ACOG Committee Opinion



The American College of Obstetricians and Gynecologists  
*Women's Health Care Physicians*

## COMMITTEE OPINION

Number 554, February 2013

**Committee on Health Care for Underserved Women** *This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.*

### Reproductive and Sexual Coercion

# Maryland IPV Task Force 2012

- Representatives from primary care
  - emergency medicine
  - family practice
  - internal medicine
  - nursing
  - nurse midwives
  - nurse practitioners
  - ob/gyn
  - oral health
  - pediatrics
  - physician assistants
  - psychiatry
  - social work
- IPV assessment protocol
  - when
  - whom
  - how
    - sample tool
- Public comment – Dec 2012-Jan 2013
- Implementation
  - Ob/gyn

# IPV Assessment - 3 Questions

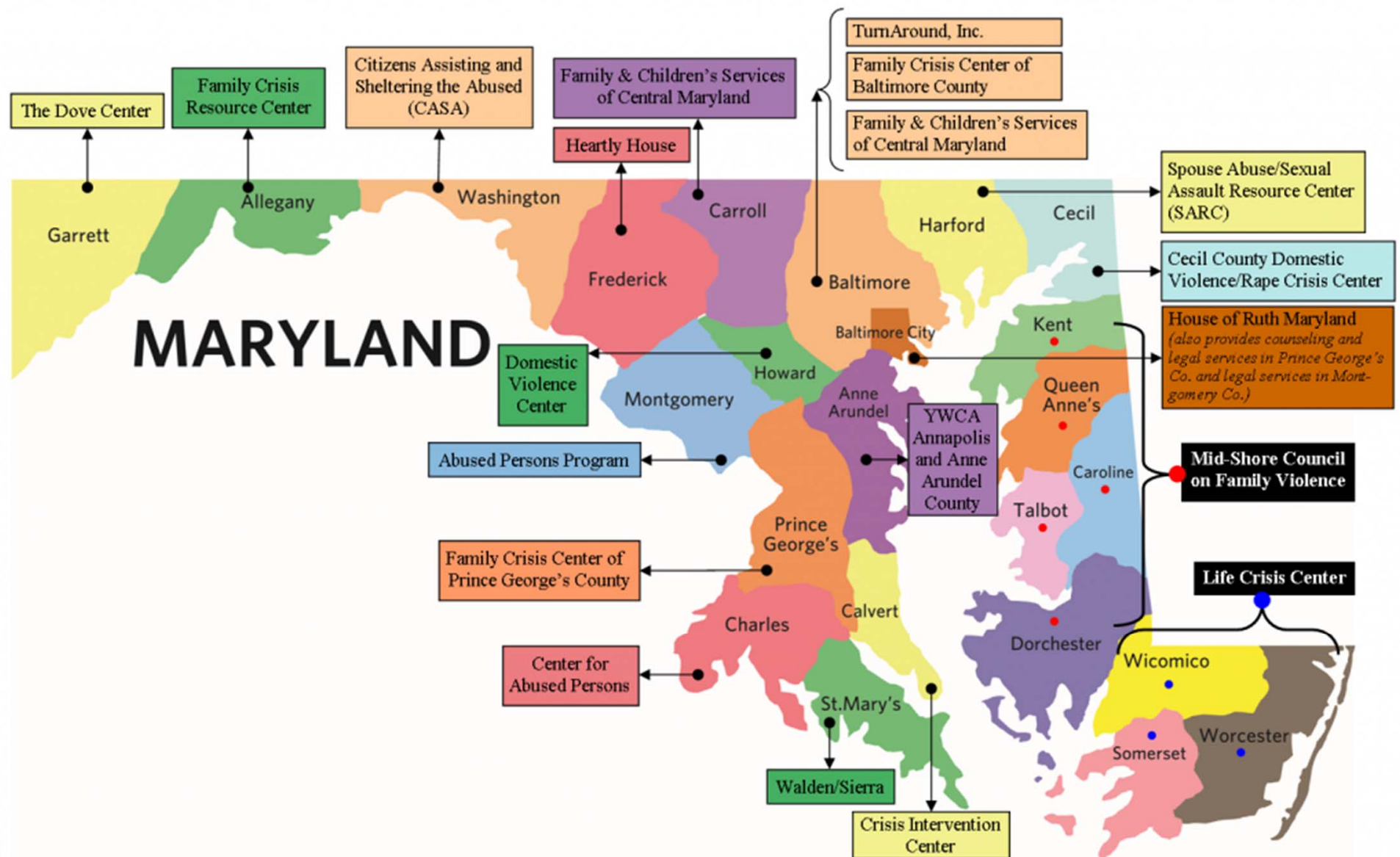
- 1) Has your current or former partner threatened you or made you feel afraid?
- 2) Has your partner hit, strangled/"choked" or physically hurt you?
- 3) Has anyone made you have sex when you didn't want to?
- 4) Does your partner support your decision to be or not be pregnant? [Prenatal/FP]



# Role of HCPs: IPV Assessment

- Ask every woman of reproductive age
  - Don't just ask those whom you think are high risk
- Discuss confidentiality
- Ask in a private place
  - Interpreter should not be family/friend
- Assess
  - End point = SAFETY
  - End point = EDUCATE

# Programs Providing Comprehensive Domestic Violence Services in Each County

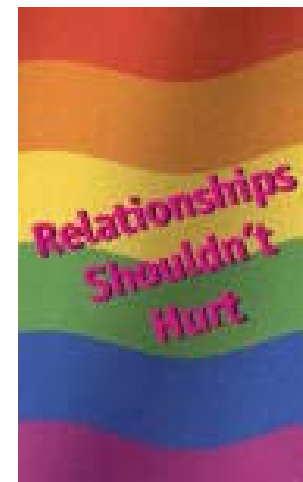


# Educate Safety Cards

- Futures Without Violence  
[www.FuturesWithoutViolence.org](http://www.FuturesWithoutViolence.org)



- Maryland Network Against Domestic Violence  
[www.mnadv.org](http://www.mnadv.org)



# Having a Conversation

## Are you in a HEALTHY relationship?

### Ask yourself:

- ✓ Is my partner kind to me and respectful of my choices?
- ✓ Does my partner support my using birth control?
- ✓ Does my partner support my decisions about if or when I want to have more children?

If you answered *YES* to these questions, it is likely that you are in a healthy relationship. *Studies show that this kind of relationship leads to better health, longer life, and helps your children.*

### Sample Script:

“We have started talking to all of our patients about how you deserve to be treated by the people you go out with and giving them this card—It’s kind of like a magazine quiz—Are you in a HEALTHY relationship?”



# What if she says “no”

- May or may not mean there is no abuse
  - Offer information
  - Discuss healthy relationships
  - Hotlines, resources



“Does my partner control where I go, who I talk to and how I spend money?”



# Brochures – office use



# One Love Foundation

[www.joinonelove.org](http://www.joinonelove.org)



be one  
for change



LEARN MORE

**MAKE A  
DIFFERENCE**

Be a part of the One Love Foundation's latest initiative to "Be 1 For Change"

The graphic features a woman's face on the right side, looking slightly to the left. The background is dark with a subtle texture.

# Resources

- Maryland IPV web site
  - [www.dhmf.maryland.gov/ipv](http://www.dhmf.maryland.gov/ipv)
- Maryland Network Against DV
  - [www.mnadv.org](http://www.mnadv.org)
- National Coalition Against DV
  - [www.ncadv.org](http://www.ncadv.org)
- Futures Without Violence
  - [www.FuturesWithoutViolence.org](http://www.FuturesWithoutViolence.org)



# Hotlines

- **NATIONAL DOMESTIC VIOLENCE HOTLINE:**  
1-800-799-SAFE (7233)

[www.thehotline.org](http://www.thehotline.org)

- **DATING VIOLENCE HOTLINE**  
1-866-331-9474

[www.loveisrespect.org](http://www.loveisrespect.org)



"loveis" to 77054



1-866-331-9474 or  
1-866-331-8453 TTY

- **SEXUAL ASSAULT HOTLINE**  
1-800-656-4673

[www.rainn.org](http://www.rainn.org)

# Summary

## PROBLEM

- One out of every three women have history of IPV. Maryland – 42%
  - Homicide is a leading cause of pregnancy-associated death
- Health impact is large
- Health care providers miss opportunities to intervene

## SOLUTION

- Improve IPV assessment among health care providers
  - Most women wished they were asked about IPV
  - 3 simple questions

Many resources available to help providers with IPV

- Hotlines
- Local DV programs
- [www.dhmf.maryland.gov/ipv](http://www.dhmf.maryland.gov/ipv)