



Dos, Don'ts, and the Basics of Providing Care to Patients Experiencing Intimate Partner Violence
April 12

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Start Time
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OUR PRESENTER



Joseph Pelich,
MSW, LICSW, R

Joe is originally from Elizabeth City and is proud to call himself a triple Tar Heel. He has resided in the Triangle area since 2000 and has enjoyed contributing to the health of his community through volunteer work with the Orange County Rape Crisis Center, the annual Community Dinner, the Mental Health Association of Orange County among other orgs. Joe has dedicated his professional efforts to working with people to improve their lives, having proudly worked for the UNC Center on Poverty, Work, and Opportunity, as a Staff Attorney at the North Carolina Coalition Against Sexual Assault, and as a faculty member/employment specialist with the UNC Center for Excellence in Community Mental Health. Joe is a new dad, and in his greatly diminished spare time he likes to play soccer and is an avid PC gamer.

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OUR PRESENTER

5. Joe began work in the field of IPV /Sexual Violence as a volunteer for his local DV agency in high school. This was inspired by several disclosures by his brave friends.

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4.

Joe's partner, Jamie, gave birth to their first child Eno in November. He is named for the river at which a) Jamie told Joe she just wanted to be friends in 2013 and b) where she agreed to marry him in 2018.

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Joe was the Postdoctoral Research Fellow at the UNC Center for Poverty, Work, and Opportunity working under Gene Nichol from 2012 - 2014.

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2.

Joe interned at NPR in 2002 and house-sat for Linda Wertheimer. This is where he first ate goat cheese (he didn't like it).

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5. Joe began work in the field of IPV /Sexual Violence as a volunteer for his local DV agency in high school. This was inspired by several disclosures by his brave friends.
4. Joe's partner, Jamie, gave birth to their first child Eno in November. He is named for the river at which a) Jamie told Joe she just wanted to be friends in 2013 and b) where she agreed to marry him in 2018.
3. Joe was the Postdoctoral Research Fellow at the UNC Center for Poverty, Work, and Opportunity working under Gene Nichol from 2012 - 2014.
2. Joe interned at NPR in 2002 and house-sat for Linda Wertheimer. This is where he first ate goat cheese (he didn't like it).
1. Joe convinced his wife Jamie to watch a single college basketball game with him - The 2016 National Championship Game v. Villanova

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Respond at [PollEv.com/uncncln](https://poll.ev.com/uncncln)

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IPV is an abbreviation for Intimate Partner Violence.

True

A

False

B

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IPV is an abbreviation for Intimate Partner Violence.

True

False

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Working With Patients Experiencing IPV


Joe Polich, LCSW-A, JD
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Beacon Social Worker

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“Few people who are hit once by someone they love respond in the way they might to a singular physical assault by a stranger...”

- Bell Hooks, p. 96 *Talking Back, thinking feminist, thinking black*, 1989 South End Press
ISBN 0-89608-352-7



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A Case Study

Gloria is in her mid 30's and has one child who is 9 years old and is currently pregnant. She and her husband separated after the birth of their 9 year old, but recently got re-engaged prior to her becoming pregnant. Gloria has a history of being the victim of childhood sexual abuse. She currently carries a diagnosis of PTSD.

Gloria is a stay-at-home-mom and primarily is responsible for upkeeping the house and planning activities for their son. Gloria's main source of support is her faith community. Her husband "allows" her to use the family car to attend services and groups through the week.

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A Case Study

Gloria goes to the ER when she has repeated panic attacks. Due to suicidal ideation, she is involuntarily committed and spends one week getting inpatient psychiatric treatment. When speaking to Beacon, she describes her husband as "emotionally abusive," and when asked to clarify, she says that he "puts her down." Gloria adds that her husband says she's a "bad mom" for needing to be in the hospital. Gloria shares that she has few friends.

Gloria feels trapped in her relationship and regrets re-marrying her husband. When given the option of DV shelters or emergency shelters, she believes she needs to stay home because of her pregnancy and resulting need for stable shelter.

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Poll 1: What is your biggest challenge in talking about IPV with our patients?

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What is your biggest challenge in talking about IPV with our patients?

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What is your biggest challenge in talking to patients about IPV?

1. Not knowing what to say

2. Not knowing if you can help

3. Not knowing the resources available

4. Difficulty getting private/safe access to patient without partner around

5. Fear of damaging relationship

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What is Beacon?

Providing trauma-informed care and services for patients, employees and family members victimized by family and intimate partner violence.

• Sexual Violence

• Intimate Partner Violence

• Non-fatal strangulation

• Human Trafficking

• Elder abuse

• Multi-disciplinary unit made up of physicians, advanced practice providers, and social workers

• Program has two divisions: Pediatric and Adult

• Provide direct services, education/outreach, policy development, and research

• Provide 24/7 services to the medical center, 8-5 weekday remote services for entire system

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Consulting Beacon – Adult Abuse

How to consult Beacon

- Page *Beacon Adult Abuse Virtual Pager* (123-6800)
- Submit a consult order via EPIC
- Call our main office line at 984-974-0470
- (in the works) EPIC Secure Chat the Beacon Adult Abuse group

Outpatient Epic Consult Update

- New procedure for outpatient clinic consults via EPIC is underway

When can Beacon be consulted?

- Monday- Thursday, 8am-5pm
- Friday 8am – Monday 8am

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What can you expect from a Beacon consult?

Brief Counseling

- Emotional processing
- Problem solving
- Event narrative

Resource Provision

- Local DV agencies
- Written materials
- Other community resources

Documentation

- Brief description of consult goes into patient's chart

Safety Planning

- As needed & depending on timeline of events

Screenings/ Universal Education

- Screening for different forms of violence
- Education to all patients on the impact of relationships on health

Discharge Planning

- Provide assistance to CM

Reporting

- Report to law enforcement &/or the department of social services when mandated or with patient's consent

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IPV 101: The Basics and “Red Flags”

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"We believe that domestic violence is a pattern of domination in which perpetrators intentionally choose to cause fear, injury, and/or pain in order to gain and maintain power and control over their partners. In addition to physical violence, abuse can be sexual, emotional, economic, and can include stalking."

- Beginning of NCCADV's Values Statement




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It's About Power and Control

- Intimidation
- Emotional Abuse
- Isolation
- Minimizing, Denying, Blaming
- Using Children
- Using Male Privilege
- Using Economic Abuse
- Using Coercion and Threats




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Expanding Upon the Original

Many more Wheels have been developed since the original, available at <https://www.theduluthmodel.org/wheel-gallery/>, including:

- Equality Wheel
- Post-Separation Control Wheel
- Abuse of Children Wheel
- Christian Power and Control Wheel
- Tactics Used by Gay Men
- Economic Power and Control
- Abuse of Animals
- Amish Control Wheel
- Tactics Used Against Immigrant Women
- Many others



The Economic Abuse Wheel, available at: https://www.theduluthmodel.org/wp-content/uploads/2021/12/SEA_Economic_abuse_wheel_Approved_adaptation.pdf

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It's About Power and Control

It's not just an anger problem.

Physical and sexual violence is used to enforce power and control – the other means within the circle are additional methods to strengthen that power and control.

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Emotional/Psychological Abuse

Use of manipulation tactics in order to maintain power and control, often backed up by threats of violence or actual violence.

- More difficult to detect, document, and prosecute
- Physical abuse can evolve into emotional/psychological abuse
 - (some emergency protections become harder to access when physical abuse isn't recent)
- *Can be just as harmful*

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"Psychological IPV is typically less obvious than physical IPV, but research shows that it can have an equal or greater negative impact on the physical and psychological health of the recipient."

- Quote from "Trauma-Informed Treatment and Prevention of Intimate Partner Violence," Taft, Murphy, & Creech (2016)

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Combined types of IPV lead to even worse outcomes

Combined Physical & Sexual IPV

- Pushing
- Grabbing
- Slapping/Punching
- Strangulation*
- Use of weapons
- Sexual assault / abuse

Effects

- Poorest health outcomes
- 10x suicide rate

Psychological IPV

- Verbal threats
- Damaging walls/doors
- Constant put-downs
- Restriction of social relationships
 - Financial control
- Withholding affection as punishment

Potter, Morris, Hegarty, Garcia-Moreno, & Feder. Categories and health impacts of intimate partner violence in the World Health Organization multi-country study on women's health and domestic violence. International Journal of Epidemiology. 2012; 41:1634-42. <https://academic.oup.com/ije/article/41/5/1634/1207402>

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NATIONAL DOMESTIC VIOLENCE HOTLINE

Know the Red Flags of Abuse

- Embarrassing or putting you down
- Looking at you or acting in ways that scare you
- Controlling who you see, where you go, or what you do
- Keeping you or discouraging you from seeing your friends or families
- Taking your money or refusing to give you money for expenses
- Preventing you from making your own decisions
- Telling you that you are a bad parent or threatening to harm or take away your children
- Preventing you from working or attending school

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NATIONAL DOMESTIC VIOLENCE HOTLINE

Know the Red Flags of Abuse

- Blaming you for the abuse or acting like it's not really happening
- Destroying your property or threatening to hurt or kill your pets
- Intimidating you with guns, knives, or other weapons
- Shoving, slapping, choking, or hitting you
- Attempting to stop you from pressing charges
- Threatening to commit suicide because of something you've done
- Threatening to hurt or kill you
- Pressuring you to have sex when you don't want to
- Pressuring you to use drugs or alcohol
- Preventing you from using birth control or pressuring you to become pregnant when you aren't ready

<https://www.thehotline.org/resources/know-the-red-flags-of-abuse/>

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Red Flags of Emotional Abuse

Your partner name calls you or demeans you.

Your partner tries to control you, your time, and your actions.

Your partner tells you what to do and what to wear.

Your partner often makes you feel silly or dumb.

Your partner questions your reality and says that things that you know happened didn't happen. This is called [gaslighting](https://www.thehotline.org/resources/what-is-emotional-abuse/).

Your partner is critical of your appearance.

Your partner is jealous of time spent with your friends or family.

Your partner punishes you by withholding attention or affection.

Your partner doesn't want you hanging out with someone of another gender.

<https://www.thehotline.org/resources/what-is-emotional-abuse/>

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Red Flags of Emotional Abuse

Your partner makes threats to hurt you or others to get what they want.

Your partner wants you to ask for permission before doing something or spending time with other people.

Your partner monitors where you go and stalks your whereabouts.

Your partner doesn't want you to work.

Your partner embarrasses you in public.

Your partner does not trust you and acts possessive.

Your partner threatens breaking up or divorce to manipulate an argument.

<https://www.thehotline.org/resources/what-is-emotional-abuse/>

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Red Flags of Emotional Abuse

Your partner wants access to your phone, your passwords, or your social media.

Your partner threatens suicide during arguments.

Your partner is constantly accusing you of cheating.

Your partner blames you for their unhealthy/abusive behaviors.


Your partner makes you feel guilty or immature for not wanting to have sex.

Your partner overloads you with compliments and gifts, and then uses that to manipulate you later ([love bombing](https://www.thehotline.org/resources/what-is-emotional-abuse/)).

<https://www.thehotline.org/resources/what-is-emotional-abuse/>

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Gender and IPV



- Gender and attitudes about gender roles often underpin psychological and physically abusive behaviors
- The great majority of IPV victims are women
- 1 in 7 men have been the victim of severe physical violence by an intimate partner in their lifetime

For more statistics re: IPV, go to the National Network to End Domestic Violence's stats page: <https://www.thefeminist.org/statistics-domestic-violence-stats/>


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Emotional Abuse and Gender



- Men may be experiencing emotional abuse and not recognize the behavior as abuse
- Women are far more likely to experience physical abuse or sexual abuse, but men and women experience similar rates of "emotional abuse."
- Men report abuse in general less often. Why is that?

For an interesting introduction into the subject (including prevalence rates, etc.) see Karakurt G, Silver PE. Emotional abuse in intimate relationships: the role of gender and age. *Violence Vict.* 2013;28(5):824-21. doi: 10.1891/0886-6708.vv-d-12-00041. PMID: 24364124. PMCID: PMC3876290.

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Health Outcomes for People Experiencing IPV

- Women who have experienced IPV suffer health effects even after the abuse is over.
- Common outcomes include
 - chronic pain (perhaps due to changed neurophysiology due to incomplete strangulation and head trauma),
 - Headaches and migraines
 - Self-reported gastrointestinal symptoms (including eating disorders)
 - Gynecological problems (up to 3x higher for people experiencing spousal abuse)
 - PTSD & Depression
 - Injuries from physical abuse itself (usually not reported as the result of abuse)

Campbell JC. Health consequences of intimate partner violence. *Lancet* 2002;359:1331–1336

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Potential Signs of IPV

Box A – Clinical conditions associated with intimate partner violence

- Symptoms of depression, anxiety, PTSD, sleep disorders
- Suicidality or self-harm
- Alcohol and other substance use
- Chronic pain (unexplained)
- Unexplained chronic gastrointestinal symptoms
- Unexplained genitourinary symptoms, including frequent bladder or kidney infections or other
- Adverse reproductive outcomes, including multiple unintended pregnancies and/or terminations, delayed pregnancy care, adverse birth outcomes
- Unexplained reproductive symptoms, including pelvic pain, sexual dysfunction
- Repeated vaginal bleeding and sexually transmitted infections (STIs)
- Traumatic injury, particularly if repeated and with vague or implausible explanations
- Problems with the central nervous system – headaches, cognitive problems, hearing loss
- Repeated health consultations with no clear diagnosis
- Intrusive partner or husband in consultations

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Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines (2017). Available at: https://apps.who.int/iris/handle/10665/330666/502463789241548506_eng.pdf;jsessionid=5894632851

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Poll 2: What are the most common red flags you see during patient visits?

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What are the most common red flags you see during patient visits?

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Mandatory Reporting

We are all mandatory reporters of suspected child abuse

Typically, IPV between two adults does not necessarily require a report to a DSS, unless:

- The person being abused is dependent on the care of the other (a caretaker)
- Children are exposed to IPV (especially if on a repeated basis)


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Effects of IPV Exposure on Children

Newborn to 5 years: <ul style="list-style-type: none">• Sleep / eating disruptions• Withdrawal / lack of responsiveness• Intense separation anxiety• Inconsolable crying• Developmental regression• Intense anxiety, worries, new fears• Increased aggression / impulsive behavior	12 Years – 18 Years <ul style="list-style-type: none">• Antisocial Behavior• School failure• Impulsive / reckless behavior<ul style="list-style-type: none">• Truancy• Substance use• Running away• Involvement in violent or abusive dating relationships
6 Years to 11 Years <ul style="list-style-type: none">• Nightmares, sleep disruption• Aggression / difficult peer relationships• Difficulty concentrating and completing tasks• Emotional withdrawal• Truancy	<ul style="list-style-type: none">• Depression• Anxiety• Withdrawal

North Carolina Coalition Against Domestic Violence, <https://nccadv.org/domestic-violence-of-children>, adapted from the [National Child Traumatic Stress Network](#)

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IPV and the Cancer Patient

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Poll 3: What percentage of cancer patients do you think report recent IPV victimization?

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What percentage of cancer patients do you think report recent IPV victimization?

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A recent study published in *Supportive Care in Cancer* found that overall 24.8% of patients with cancer of any age or sex reported experiencing various acts of violence from their partners.

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Mejri, N., Lajnet, L., Benzaaga, Y. et al. Intimate partner violence after cancer diagnosis: an SOS call. *Support Care Cancer* 31, 503 (2023). <https://doi.org/10.1007/s00520-022-07573-9>

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Cancer Patients and IPV Victimization – IPV as Risk Factor




Higher rates of cervical cancer among women who have been abused in their lifetime (up to ten times higher)

A study of 101 women with breast, endometrial, or ovarian cancer found that having experienced abuse in the past was common (48.5%). Additionally, advanced stage of their illness at diagnosis correlated with extend of history of IPV.

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Cancer Patients and IPV Victimization – Cancer as Risk Factor



How would having a cancer diagnosis contribute to the potential for IPV?

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Commonalities between IPV Risk Factors and Cancer Patients' Experience

<ul style="list-style-type: none">• Risk Factors for IPV<ul style="list-style-type: none">• History of being physically or psychologically abused• Substance Use• Young Age• Marital conflicts and instability• Economic stress• Unhealthy family relationships• Poverty• Weak community sanctions against IPV• Traditional gender norms regarding the role of women in society (when considering the abuse of women)	<ul style="list-style-type: none">• The experience of the cancer patient:<ul style="list-style-type: none">• Well, you tell me.
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Special Considerations for Cancer Patients Experiencing IPV




- Increased reliance on partners for support
- Expensive treatment
- Repeated trips / travel
- Social isolation due to stress, decreased energy

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What are the most common red flags you see?

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Action Steps

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Tips for Intervening


Be "nonjudgmental." But what does "nonjudgmental" mean?

Let patient be the captain of their ship

It may take a long time to either separate from an abusive partner or it may never happen at all

Provide information in a way that is safe for the patient


Don't act alone




Responding to intimate partner violence and sexual violence against women; WHO clinical and policy guidelines (2013). Available at: https://apps.who.int/iris/handle/10665/85246/9789241548595_eng.pdf;jsessionid=58964C2821

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The Role of Local DV Agencies





THE UNITED STATES
DEPARTMENT OF JUSTICE

NC DOA
Department of Administration



NCCADV
North Carolina Coalition
Against Domestic Violence

North Carolina Coalition Against Sexual Assault
NCCASA
EDUCATION • ADVOCACY • REGISTRATION

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Pitfalls


Don't take over.

"I can't believe you are still with them!"

"Why don't you leave?"

Don't make decisions about how patient will leave their relationship on behalf of patient

Don't endanger the patient



Responding to intimate partner violence and sexual violence against women; WHO clinical and policy guidelines (2013). Available at: https://apps.who.int/iris/handle/10665/85246/9789241548595_eng.pdf;jsessionid=58964C2821

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Tips for Intervening

Box 8 – First-line support

Women who disclose any form of violence by an intimate partner (or other family member) or sexual assault by any perpetrator should be offered immediate support. This includes:

- ensuring confidentiality is conducted in private
- ensuring confidentiality, while informing women of the limits of confidentiality (e.g. when there is mandatory reporting)
- being non-judgemental, supportive and validating what the woman is saying
- providing practical care and support that responds to her concerns, but does not intrude
- asking about her history of violence, listening carefully, but not pressuring her to talk (care should be taken with the use of interpreters for sensitive topics)
- helping her access information about resources, including legal and other services that she might think helpful
- assisting her to increase safety for herself and her children, where needed
- providing or mobilizing social support

If health-care providers are unable to provide first-line support, they should ensure that someone else (within their health-care setting or another that is easily accessible) is immediately available to do so.

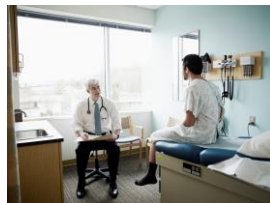
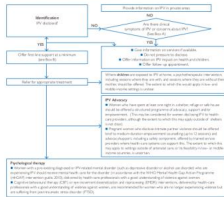


Responding to intimate partner violence and sexual violence against women; WHO clinical and policy guidelines. (2013). Available at: https://apps.who.int/iris/bitstream/handle/10665/95246/9789241548595_eng.pdf;jsessionid=58565C281

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Tips for Intervening

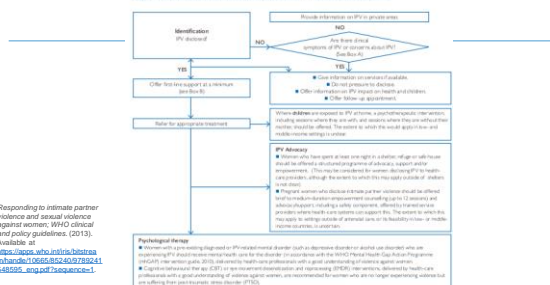
Figure 1. Care pathway for intimate partner violence (IPV + intimate partner violence)



Responding to intimate partner violence and sexual violence against women; WHO clinical and policy guidelines. (2013). Available at: https://apps.who.int/iris/bitstream/handle/10665/95246/9789241548595_eng.pdf;jsessionid=58565C281

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Figure 1. Care pathway for intimate partner violence (IPV + intimate partner violence)



Responding to intimate partner violence and sexual violence against women; WHO clinical and policy guidelines. (2013). Available at: https://apps.who.int/iris/bitstream/handle/10665/95246/9789241548595_eng.pdf;jsessionid=58565C281

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Action Steps Beyond the Health Care Setting

- Protective Orders
- Safety Planning
- DV Agencies
- Divorce / Separation

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What else can be done?

- Protective Orders [-e-filing](#) [-Guide-and-File](#)
- Safety Planning [-National DV Hotline Safety Planning Tool](#)
- DV Agencies [-list of local DV agencies from NCCADV](#)
- Divorce / Separation

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Take Home Points

1. **Consult** us for patients you feel would benefit
2. **Educate** primary teams about our services
3. **Advocate** for our increased awareness and comfort in exploring potential IPV issues with patients

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References

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Resources

- The National Child Traumatic Stress Network - <https://www.nctsn.org/>
 - [Effects of IPV on Children](#)
- The National Domestic Violence Hotline - www.thehotline.org
 - Know the Red Flags of Abuse
 - Interactive Safety Planning tool - <https://www.thehotline.org/plan-for-safety/create-a-safety-plan/>
- The Wheel Information Center - www.theduluthmodel.org/wheels/
 - Power and Control Wheels of all types
 - Original - <https://www.theduluthmodel.org/wp-content/uploads/2017/03/PowerandControl.pdf>
 - Many Additional Wheels - <https://www.theduluthmodel.org/wheel-gallery/>
- The National Coalition Against Domestic Violence
 - National Statistics - <https://ncadv.org/STATISTICS>, or download their [National Statistics Fact Sheet](#).

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Resources – cont'd

- Legal Aid of NC – <https://legalaidnc.org>
 - DVPO Information Page
 - [How to Represent Yourself at a DVPO Hearing](#)
 - [Free Simple Divorce Clinic](#)
- North Carolina Courts
 - Going to Court - <https://www.nccourts.gov/going-to-court/going-to-court-basic-information>
 - "E-File" / "File and Serve" Page - <https://efile.ncsbyartech.cloud/OTS/ESpau/landing>
 - "Guide-and-File" - <https://www.nccourts.gov/services>
- Orange County Rape Crisis Center – <https://occcc.org>
 - Self-Care and Coping Skills Resources - <https://occcc.org/get-help/coping-skills/>
- The North Carolina Coalition Against Domestic Violence
 - Info about all local NC DV Agencies
 - Legal Advocacy
 - Trainings
 - List of DV Agencies – <https://nccadv.org/get-help>
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IPV is a public health issue. Thank you for your efforts to care for your patients.

Thank you!

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