

Futures Without Violence Webinar
January 18, 2017

Intimate Partner Violence (IPV) and Pregnancy

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Objectives

- Describe the many characteristics that make up IPV
- Realize the prevalence of IPV and its impact on pregnancy (and the impact of pregnancy on IPV)
- Learn the important role of health care workers and advocates in helping women
- Identify potential local and national partnerships

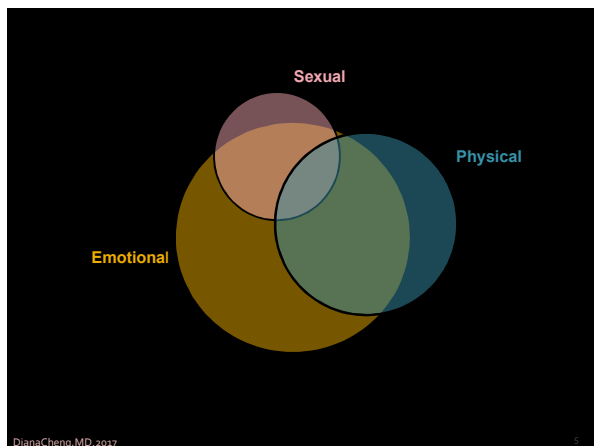
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Definition: Intimate Partner Violence

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

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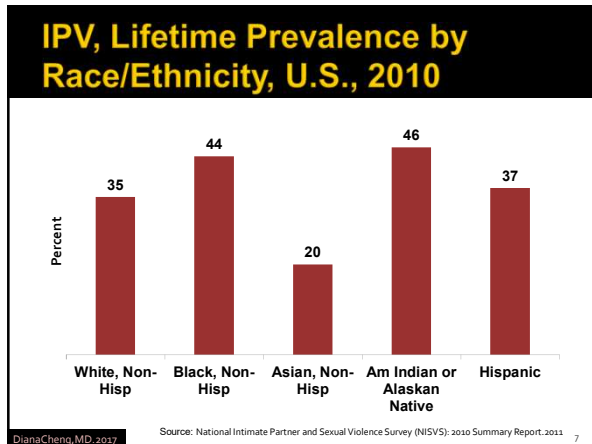


IPV Prevalence, U.S., 2010

| 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 | 5.9 | 35.6 |

Source: National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. 2011

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- ### Age, IPV Onset
- Seventy-one percent experienced IPV before age 25 years.
 - More than 1 in 5 women (22%) experienced some form of IPV for the first time between the ages of 11 and 17 years.
 - Nearly half (48%) were between 18 and 24 years of age.
- Source: National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. 2011

Populations

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

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

Source: National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. 2011

IPV Prevalence by Sexual Orientation

| Sexual Orientation | IPV Prevalence (%) |
|--------------------|--------------------|
| Lesbian | 44 |
| Bisexual | 61 |
| Heterosexual | 35 |

Source: National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. 2011

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*
 - Traumatic brain injury
- Limb, abdomen, breast, pelvic**
 - Fractures, bruises, sprains, lacerations, burns, bites, vaginal/anal tears



*Wu et al. Trauma, Violence & Abuse 2010

Health Impact – Indirect clues

Medical Disorders Associated with IPV among Women

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

Source: National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. 2011

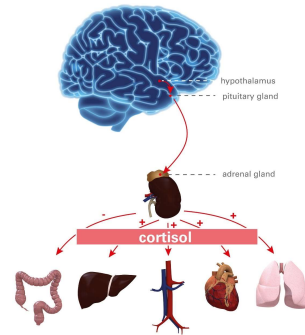
Prevalence of Health Outcomes by History of Rape or Stalking (any partner) or Physical Violence by Intimate Partner, U.S. Women

| Health Outcome | Yes violence | No violence | P value |
|--------------------------|--------------|-------------|------------|
| Asthma | 23.7 | 14.3 | <.001 |
| Irritable Bowel Syndrome | 12.4 | 6.9 | <.001 |
| Diabetes | 12.6 | 10.2 | <.001 |
| Hypertension | 27.3 | 27.5 | not signif |
| Frequent headaches | 28.7 | 16.5 | <.001 |
| Chronic pain | 29.8 | 16.5 | <.001 |
| Difficulty sleeping | 37.7 | 21.0 | <.001 |
| Activity Limitations | 35.0 | 19.7 | <.001 |
| Poor Physical Health | 6.4 | 2.4 | <.001 |
| Poor Mental Health | 3.4 | 1.1 | <.001 |

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13

Stress Pathway



14

IPV and Mental Health

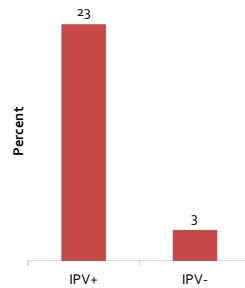
- Meta-analysis 1980-2010, 37 U.S. studies
 - 2-3 fold increased risk of major depressive disorder (MDD) among women exposed to IPV vs. non-exposed women
 - 1.5-2 fold increased risk of elevated depressive symptoms (EDS) and postpartum depression (PPD)
 - 9-28% of MDD/EDS/PPD may be attributed to lifetime exposure of IPV
 - Nearly 2 fold increase of IPV among depressed women

Beydoun, et al. Soc Sci Med 2012

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15

Suicidality



- Telephone survey, Memphis, Tennessee n=637 women
- 23% of those reporting physical abuse in the past by a partner also reported suicide attempt

Seedat et al, 2005

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16

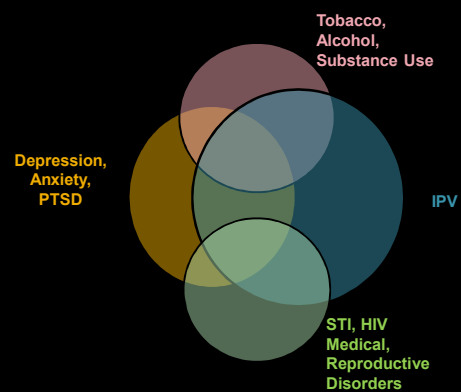
IPV and Substance Use

- Women who have experienced IPV are more likely to abuse tobacco, alcohol and drugs than women who have not been abused.
- Two out of every three women in substance abuse treatment reported IPV victimization in the pretreatment year.

Lipsky et al, 2010

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17




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18

Perinatal Data - PRAMS

- Pregnancy Risk Assessment Monitoring System (PRAMS)
 - Postpartum survey of new mothers 2-9 months after delivery
- Research project between CDC and state health departments
 - Currently 47 states, NYC, DC, PR
 - Accounts for 83% of US births
- Goal is to find out why some babies are born healthy and others not




Source: CDC PRAMS


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PRAMS

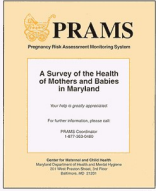
- Survey sample
 - Random
 - Option to stratify
 - Survey available in English and Spanish
- Questions about pregnancy and baby
 - Core questions every state uses
 - Choice of state questions
 - Questions range from preconception to postpartum
 - Quality of care, pregnancy intention, employment, breastfeeding, medical disorders, entry into prenatal care, mental health, smoking, alcohol use, abuse



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- Maryland Methodology
 - Stratified for birth weight
 - Survey book ~75-80 questions
 - Mailed survey with telephone interview if no response x 3
 - Incentive with first mailing; monthly reward prize for survey completion
 - Data for 2001-2014 births so far
 - Over 20,000 completed surveys
 - Response rate 65-74%



www.marylandprams.org

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PRAMS Survey Questions, Physical Abuse

During pregnancy
 "During your most recent pregnancy, did an ex-husband or ex-partner push, hit, slap, kick, choke, or physically hurt you in any other way?"

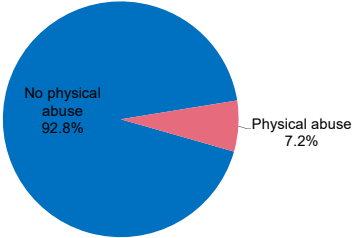
"During your most recent pregnancy, were you physically hurt in any way by your husband or partner?"

12 months before pregnancy
 "During the 12 months before you got pregnant, did ..."

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Physical Abuse Before and During Pregnancy

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



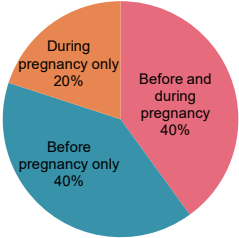
| Category | Percentage |
|-------------------|------------|
| No physical abuse | 92.8% |
| Physical abuse | 7.2% |

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

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Physical Abuse Before and During Pregnancy

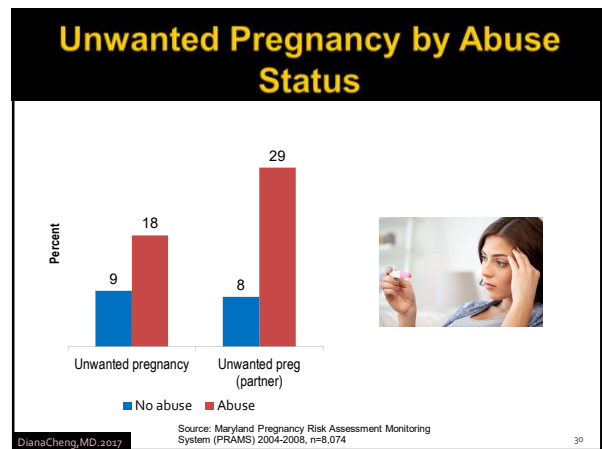
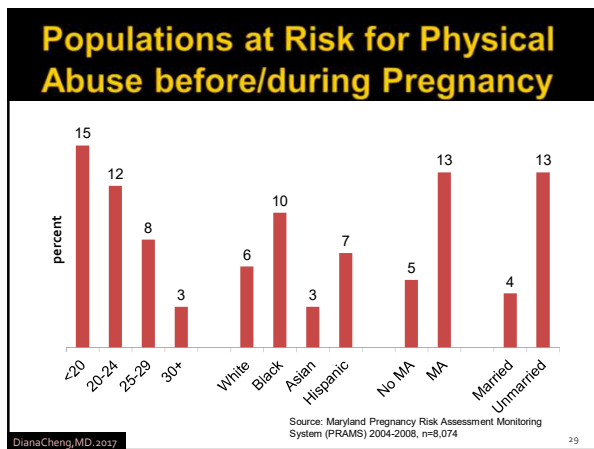
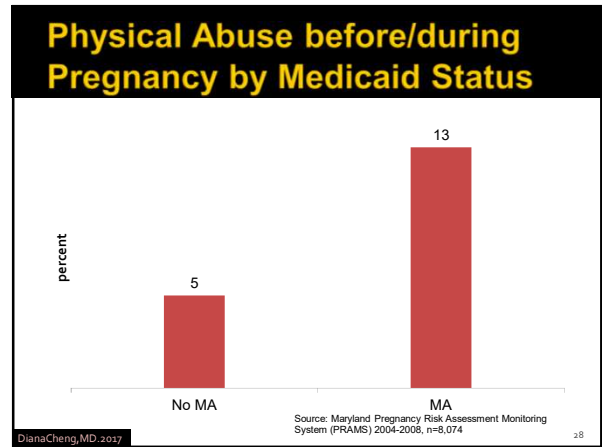
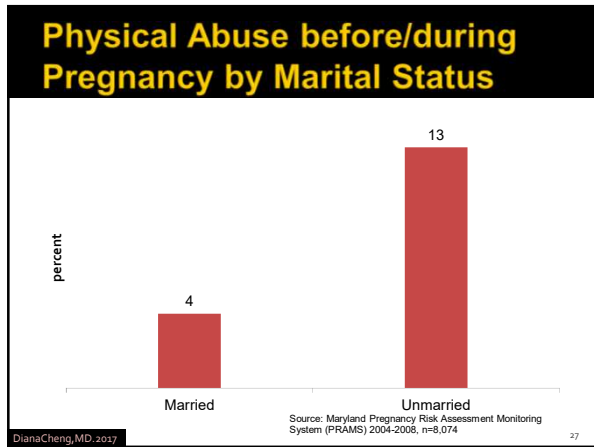
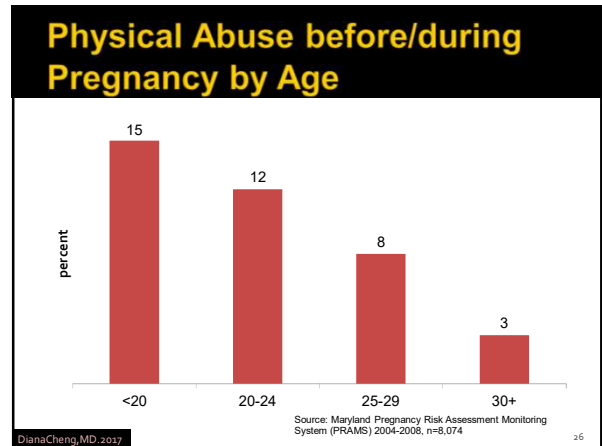
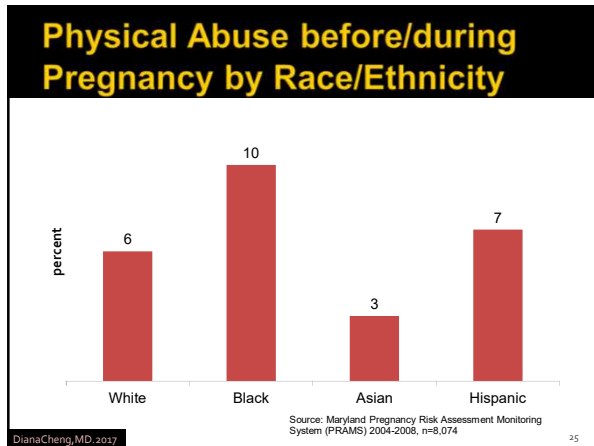
Physical Abuse in Year Before and During Pregnancy, Maryland PRAMS 2004-2008

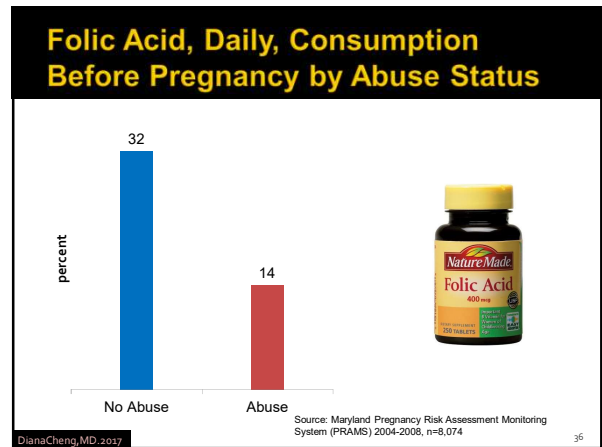
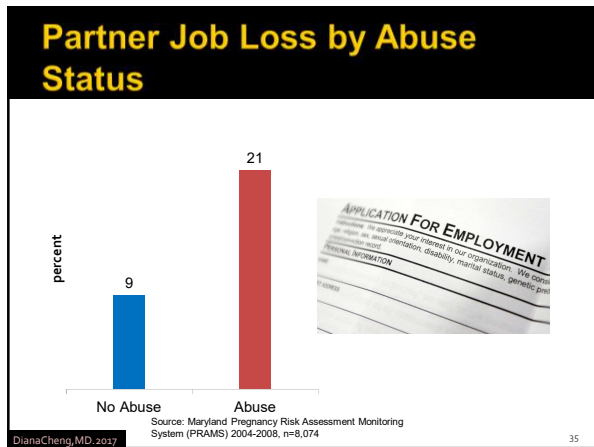
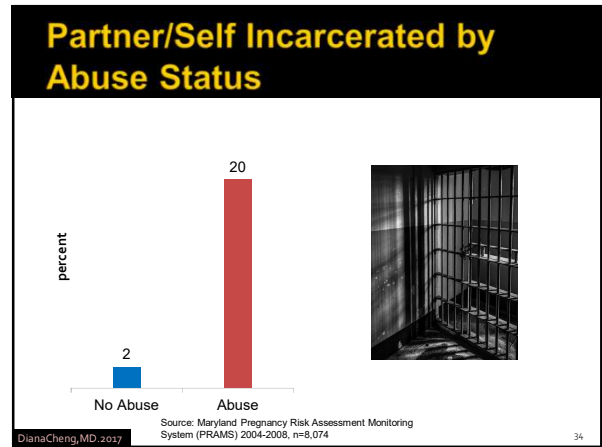
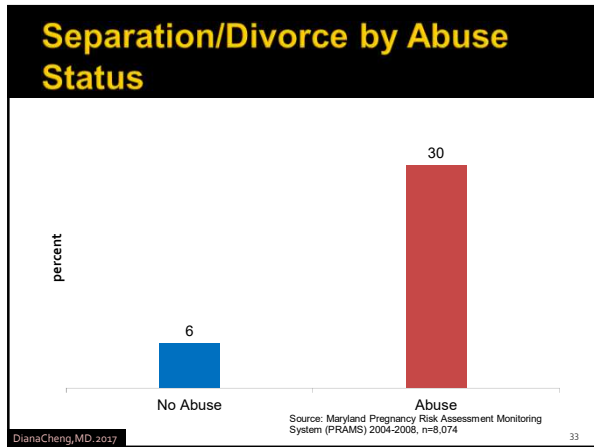
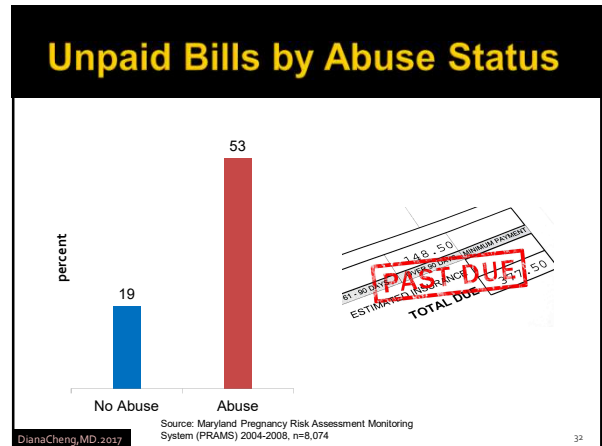
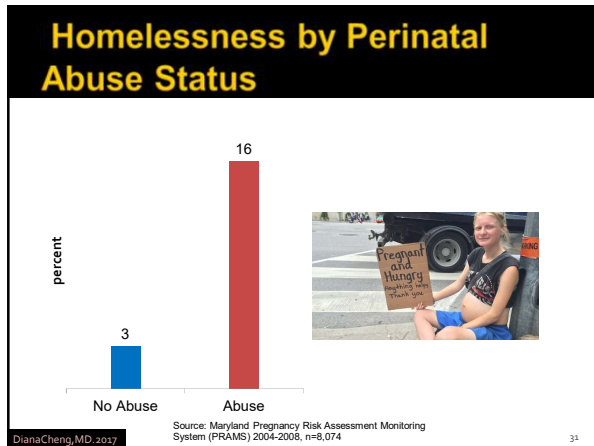


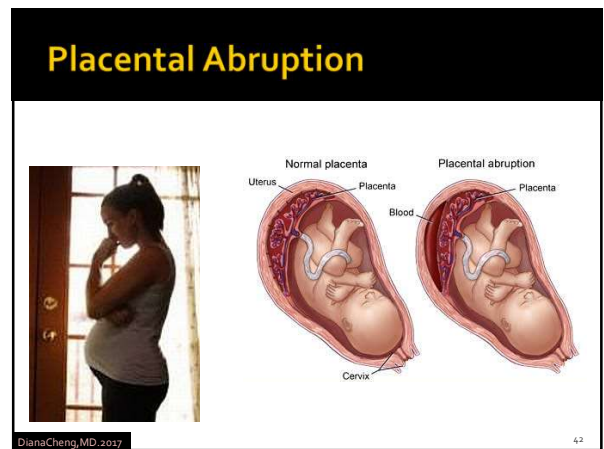
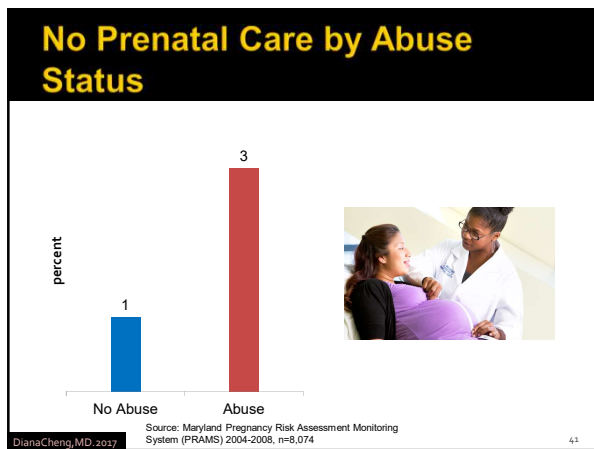
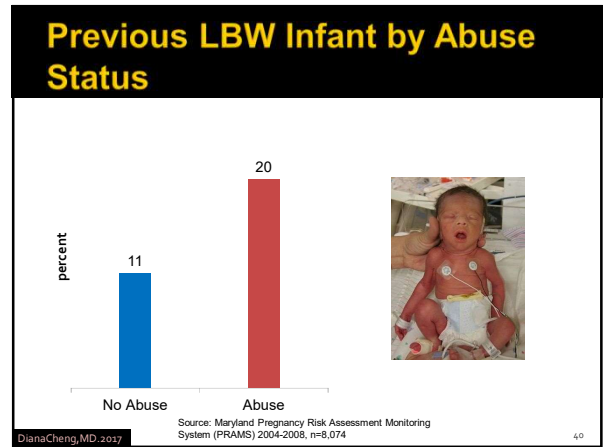
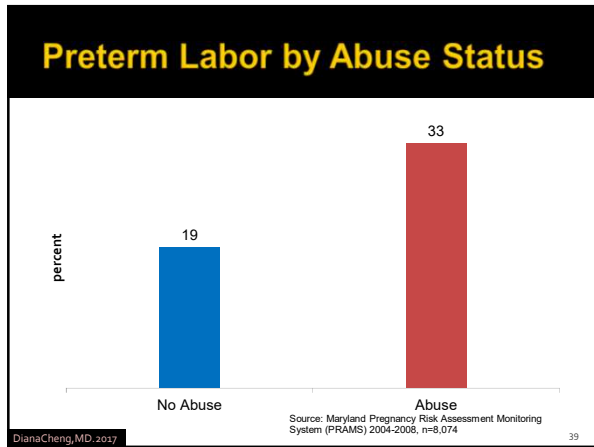
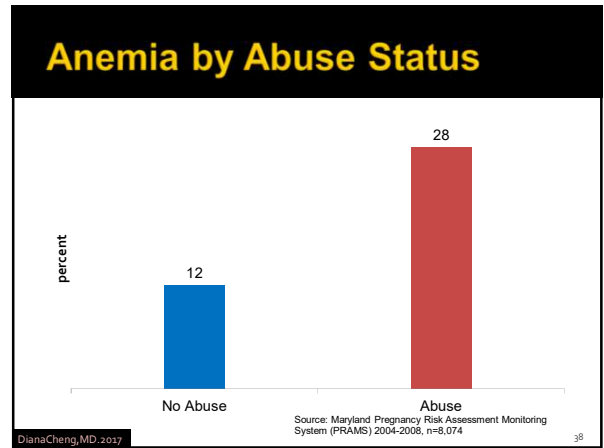
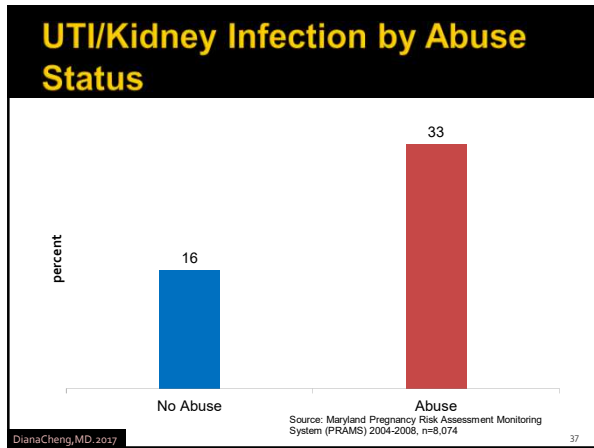
| Category | Percentage |
|-----------------------------|------------|
| Before pregnancy only | 40% |
| Before and during pregnancy | 40% |
| During pregnancy only | 20% |

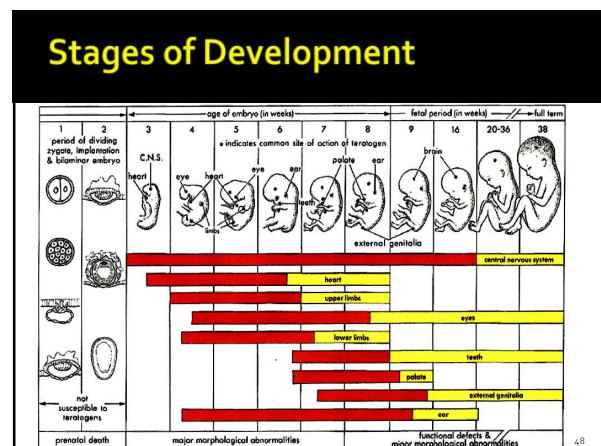
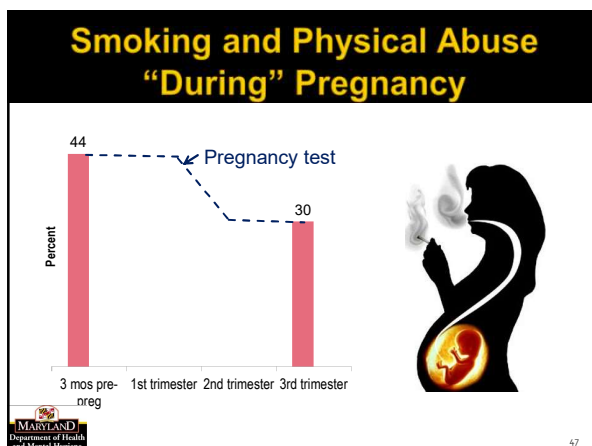
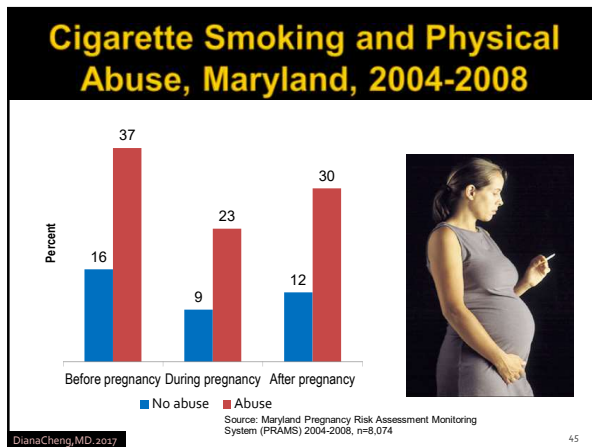
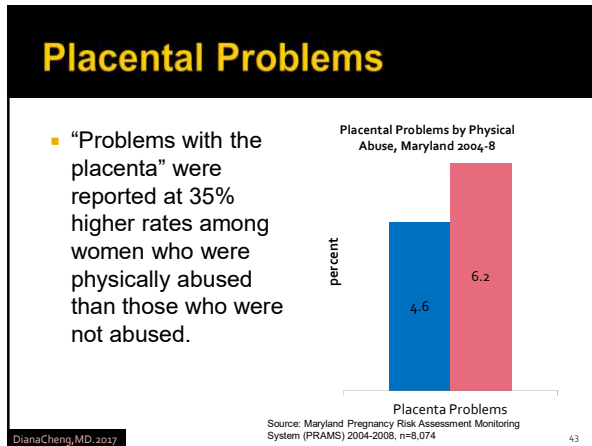
Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2004-2008, n=8,074

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IPV and Smoking

- Smoking rates during pregnancy were 2.6 times higher among abused women than non-abused women ($p < .001$)
- After controlling for age, race-ethnicity, education, marital status, pregnancy intention, and income, adjusted odds ratio was 1.95.

Cheng et al. Obstetrics & Gynecology 2015

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Physical Abuse and Pregnancy Outcomes

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

| Group | Percent |
|-------------------|---------|
| Non-abused | 8 |
| Physically abused | 9.6 |

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

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PRAMS Survey Question, Prenatal Topics

“During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos.”

- How smoking during pregnancy could affect my baby
- Breastfeeding my baby
- How drinking alcohol could affect my baby
- Using a seat belt during my pregnancy
- Birth control methods to use after my pregnancy
- Medicines that are safe to take during my pregnancy
- How using illegal drugs could affect my baby
- Tests to screen for birth defects that run in my family
- What to do if my labor starts early
- Getting tested for HIV
- Physical abuse to women by their husbands or partners”

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

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Counseling about Physical Abuse during Pregnancy, 2010, PRAMS

| Category | Percentage |
|------------------------------------|------------|
| Counseled about physical abuse | 47% |
| Not counseled about physical abuse | 53% |

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2010, N=1499

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Prenatal Counseling Reported Maryland, 2010, PRAMS

| Topic | Percentage |
|----------------|------------|
| Meds | 86 |
| Birth defects | 86 |
| Early labor | 84 |
| Breastfeeding | 81 |
| Preterm labor | 81 |
| HIV testing | 76 |
| Alcohol | 73 |
| Smoking | 70 |
| Depression | 65 |
| Illegal drugs | 61 |
| Seat belt use | 48 |
| Physical abuse | 47 |

percentage

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS) 2010, n=1,499

MARYLAND Department of Health and Mental Hygiene 53

Comments from PRAMS Mothers: Last Page of Survey

- “I was beaten in the head, face and stomach when I was 16 weeks pregnant.”
- “I was 6 months pregnant and lost my baby due to abuse.”
- “No one spoke to me about abuse. I wish someone had.”

Source: Maryland Pregnancy Risk Assessment Monitoring System (PRAMS)



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PRAMS: Summary

- IPV (physical abuse) is prevalent before and during pregnancy
- IPV is associated with poor pregnancy behaviors and factors
- IPV impacts reproductive and perinatal health
- Most women do not report receipt of IPV assessment during prenatal care

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Maternal Deaths

Maternal Mortality Ratio =

#maternal deaths

100,000 live births

Time: pregnancy 42 days later


Cause of death:
 related/aggravated by pregnancy,
 not from accidental /incidental causes

↓

Maternal Death

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56

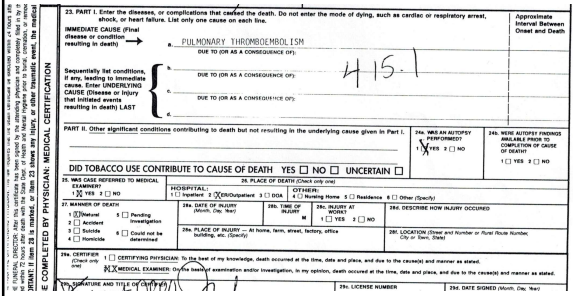
Beyond Maternal Deaths: Pregnancy Associated Mortality




Time: pregnancy 1 year later

Cause of death: any cause

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23. PART I Enter the diseases, 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.

IMMEDIATE CAUSE (final disease or condition resulting in death) → 415-1

24. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN

25. WE WERE EXPOSED TO MEDICAL RADIATION: YES NO

26. WE WERE EXPOSED TO CHEMICALS: YES NO

27. MANNER OF DEATH: 1 Natural, 2 Accidental, 3 Suicide, 4 Could not be determined

28. PLACE OF DEATH: a Home, b In, c Out, d Other

29. PLACE OF BIRTH: a Home, b In, c Out, d Other

30. LOCATION (Street and Number or Rural Route Number, City or Town, State)

31. DESCRIBE HOW INJURY OCCURRED

32. SIGNATURE AND TITLE OF PHYSICIAN

33. LICENSE NUMBER

34. DATE SIGNED (Month, Day, Year)

Beyond the Death Certificate

- Death Certificate
- Linked to live birth certificate and fetal death records
- Medical examiner records of women ages 10-50 who died
- Other sources

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Pregnancy-Associated Deaths, Enhanced Surveillance, 1993-1998

| | Before (death certificate only) | After (enhanced surveillance) |
|-----------------------|---------------------------------|-------------------------------|
| Total number of cases | 67 | |

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60

Pregnancy-Associated Deaths, Enhanced Surveillance, 1993-1998

| | Before | After |
|-----------------------|--------|-------|
| Total number of cases | 67 | 247 |

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Maternal Mortality Maryland*, 1993-1998

| | Before | After |
|------------------------|------------|-------|
| Total number of cases | 67 | 247 |
| Leading cause of death | Hemorrhage | |

Source: Horon and Cheng, JAMA 2001 62

Maternal Mortality Maryland*, 1993-1998

| | Before | After |
|------------------------|------------|----------|
| Total number of cases | 67 | 247 |
| Leading cause of death | Hemorrhage | Homicide |

Source: Horon and Cheng, JAMA 2001 63

Pregnancy-Associated Homicide

23c. Cause of death (List only one cause of death. Do not enter the mode or type, such as cardiac or respiratory arrest, shock, or near-approximate interval between onset and death.)

23d. Manner of death (If any, leading to immediate cause. Enter Underlying Cause (Cause or injury that initiated events resulting in death). List.)

23e. Place of death (Check only one)

23f. Location (Street and Number or Rural Route Number, City or Town, State)

23g. Signature and title of certifier (and license number)

23h. Date signed (Month, Day, Year)

64

Maryland Maternal Mortality Review

Review of deaths during pregnancy and up toone year later

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Homicide is the leading cause of death

Horon and Cheng 2001 JAMA 65

Homicide tops list of pregnancy risks

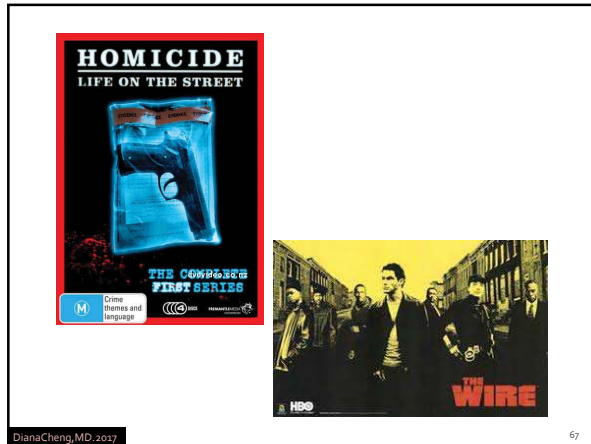
Md. study shows higher rate for new, expectant mothers

By JONATHAN BOR SUN STAFF

can Medical Association, raised concerns that women involved in abusive relationships might be at higher risk for violence — even death — once they become pregnant or bear a child.

“Pregnancy is a very stressful time, even under the best of circumstances,” said Lisa

66



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67

Pregnancy Associated Mortality, 1993-2008

- Homicide was the leading cause of pregnancy-associated death in Maryland.
 - Most prevalent: African American, age <25
 - Firearms: most common method of injury (60%)
 - Nearly half (48%) occurred during pregnancy
- Two out of every three cases was perpetrated by an intimate partner
- Pregnancy-related?

Source: Cheng and Horan Obstetrics & Gynecology 2010

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68

Maternal Mortality Review, Homicides

Review of all Maryland cases that resulted from homicide:

- Nearly all cases were pregnancy-related
- Nearly all cases were determined to be preventable
- Nearly all cases did not have any documentation of IPV assessment prenatally nor at delivery

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69

Impact of IPV on Children

- Poor attachment, developmental delays
- Mental health disorders: depression, anxiety
- Poor self esteem, discipline problems, poor academic performance, risky / aggressive behaviors,
- 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

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70

Tip of the Iceberg

- Intimate Partner Homicides
- Intimate Partner Violence

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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, 2008
 **Spangaro et al. Trauma, Violence, Abuse 2009

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72

IPV Assessment: Improve Perinatal Health

- Large impact on perinatal health
 - More abused women smoke before pregnancy than non-abused women and are less able to quit
 - Smoking is routinely assessed but not IPV
 - Can we improve smoking cessation rates??
- Interventions for IPV are 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)

Kieley et al. 2010; Weinsheimer et al. 2005; McNutt et al 1999; Cheng et al 2015
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MMR Committee Recommendation, 2012

- Assess all women for IPV before, during and after pregnancy
 - Increase awareness among providers and women of the potential severity of intimate partner violence and its impact on health during pregnancy and postpartum
- Increase awareness among providers and women of services offered at local domestic violence programs.

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Affordable Care Act

- Institute of Medicine Clinical Preventive Services for Women, 7/2011, recommended
 - Screening/counseling for women and adolescent girls for interpersonal/domestic violence in a culturally sensitive and supportive manner.
- Well woman visit, annual
 - Insurance coverage without copays for IPV/DV screening

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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)

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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

Assess for IPV: **new and annual visits**
OB - 1st prenatal visit, each trimester and postpartum visit.
Other - depression/substance abuse/mental health/injuries /STI

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ACOG Committee Opinion



The American College of Obstetricians and Gynecologists
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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

Harm reduction strategies:
Reproductive coercion: Use **less detectable contraception, safety planning, referrals**
STI notification: use **anonymous partner notification** (Disease Information Specialist) from local health dept

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ACOG Committee Opinion



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

COMMITTEE OPINION

Number 592, April 2014

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.

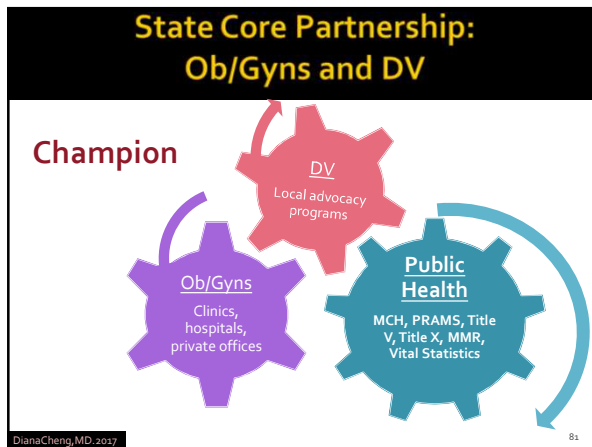
Sexual Assault

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Health Care Reluctance to Assess for IPV

- Time
 - I need to focus on her "real" medical problems
- Isn't this a law enforcement issue?
- What difference will it make?
- Why doesn't she just leave?
- My patients aren't abused
- Don't know how to assess
- Don't know how to handle positives
- Lack of resources for referral
- Lack of reimbursement

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Partnerships: Health Care - DV

- Maryland Department of Health and Mental Hygiene
 - Data
 - PRAMS
 - Maternal Mortality Review
 - Vital Statistics Administration
 - MCH, Title V, Title X
 - Grants
- National, state and local DV programs
 - Futures Without Violence
- Health Care Providers
 - Hospitals and clinics sites
 - ACOG, state and local

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Project Connect Maryland



A Coordinated Public Health Initiative to Prevent and Respond to Violence Against Women
Funded by the Office on Women's Health, U.S. Department of Health & Human Services

- Project Connect Maryland
 - Partnership between Futures Without Violence and Maryland Department of Health and Mental Hygiene
 - Funded by U.S. Department of Health and Human Services (DHHS) Office on Women's Health
 - Develop public health policy and response to IPV/SA
 - Three year project 2013-2015
 - IPV assessment in Maryland Title X Family Planning Program
 - Add women's and reproductive health services to DV program
 - IPV Steering Committee

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Maryland Project Connect IPV Leadership Team 2013-2015


- Representatives from
 - Maryland Department of Health and Mental Hygiene
 - Women's Health/MCH/Injury Prevention/Minority Health/Home Visiting
 - Title X Family Planning Program
 - Planned Parenthood of Maryland
 - House of Ruth
 - Maryland Network Against Domestic Violence
 - Maryland Coalition Against Sexual Assault
 - Maryland State Medical Society
 - Johns Hopkins Bloomberg School of Public Health
 - Johns Hopkins School of Nursing
 - University of Maryland School of Social Work
 - Local family planning sites

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IPV Project 2014


Educating Ob/Gyns

- American Congress of Obstetricians and Gynecologists (ACOG)
 - Committee on Health Care for Underserved Women
 - funding from Merck Pharmaceuticals



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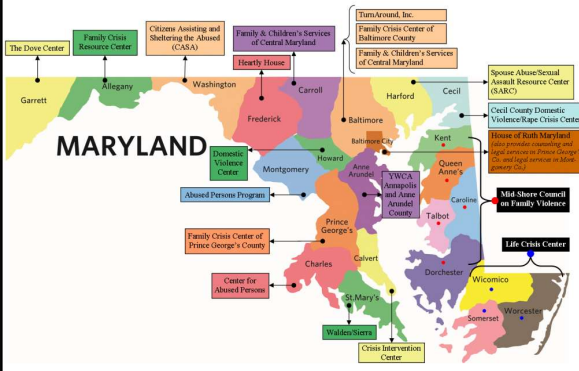
Pilot Project 2014: Johns Hopkins School of Medicine



- IPV Assessment Training for Ob/Gyns
 - Medical students
 - Ob/Gyn Residents
 - Ob/Gyn Faculty
 - Office staff at hospital and community clinic sites
 - Partner with DV program

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Programs Providing Comprehensive Domestic Violence Services in Each County



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DV-Health Care Relationship

- DV program representative was present at all health care provider trainings
- Encourage DV participation in clinic meetings at regular intervals
- Use health care site as referral source for DV clients
- Encourage women's health education at DV programs



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Core Features of Provider Training

- IPV assessment is not difficult.
 - You don't need to be DV expert.
- Educate everyone, not just those who screen positive
 - Disclosure is not the goal
- Partnership with local DV program is necessary for optimal results.
 - Present at every training
- Many resources are available for providers and women.
- IPV impacts health and may be source of medical problem. Be a better clinician

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Partnerships: Not Just Clinicians

- Social workers
- Psychologists
- Medical assistants
- Clerks
- Phlebotomists
- Front desk personnel at clinic sites



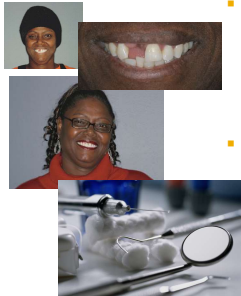
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Connect with other programs

- Substance use
- Mental Health
- Home visiting
- Family Planning
- STI/HIV
- Adolescent health
- WIC
- Oral Health
- Policy makers
- Academic centers
- Police
- Law professionals
- State's attorney office
- Social services
- Schools
- Media
- Governor/mayor's office

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Oral Health DV-Related Programs



- P.A.N.D.A.
 - Prevent Abuse and neglect through Dental Awareness
 - Maryland continuing education requirement about abuse/neglect for dental and dental hygienist license renewal q 4 years
- Give Back a Smile Program
 - American Academy of Cosmetic Dentistry
 - Dental work for adult men and women with dental injuries from a former intimate partner
 - Injuries in smile zone

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Maryland Partnerships



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IPV Assessment Training

- Ask everyone [females 15-50]
 - Don't just ask those whom you think are high risk
- Assure confidentiality
- Ask in a private place
- Assess
 - End point = SAFETY
 - End point = EDUCATE

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Beyond Screening: Universal Assessment Healthy Relationships

- Old: Screen/intervention for +screens



- New: Educate / inform all

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Don't Ask

- Do you feel safe in your home?
- Are you an abuse victim?
- You aren't experiencing IPV, are you?

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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?"

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Educate Safety Cards

- Futures Without Violence www.FuturesWithoutViolence.org
- Maryland Network Against Domestic Violence www.mnadv.org

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Brochures – office use

Maryland Network Against Domestic Violence

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Safe and healthy babies...

start with safe & healthy moms!

Maryland Health Care Coalition Against Domestic Violence

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Posters

Feeling alone?
Don't know who to talk to?

Is someone hurting you?
Talk to your health care provider. We can help.

TOGETHER, WE CAN STOP FAMILY VIOLENCE.

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Hotlines

- NATIONAL DOMESTIC VIOLENCE HOTLINE:
1-800-799-SAFE (7233)
www.thehotline.org
- DATING VIOLENCE HOTLINE
1-866-331-9474
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

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One Love Foundation


www.joinonelove.org



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

103

Mobile App, "One Love Myplan"



104

Can we really make a difference?

Domestic Violence Fatality Review Case

- 38 y/o BF who survived GSW to head 4 yrs ago
 - Boyfriend shot her and all 3 children at home
 - 8 y/o daughter died
 - All others severely injured
- Preventable?
 - STI visit

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IPV and Telomere Length


- Telomere length related to aging
- IPV shortened telomeres

Epel, Blackburn, Lin et al., (2004)
Humphreys et al 2012

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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

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Antenatal Stress and Pregnancy

- Associated with poor pregnancy outcomes
 - Miscarriage
 - Stillbirth
 - Low birth weight
 - Fetal growth retardation
 - Preterm birth
 - ?Infant irritability, sleep disorder, neurobehavioral problems, depression, cognitive problems, ADHD, autism, schizophrenia

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Cortisol

Placental Corticotropin Releasing Hormone

Progesterone

Bacteria (biome)

epigenetics



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Summary

| LOCAL DATA | STATE ACTION |
|---|--|
| <ul style="list-style-type: none"> ▪ MMR: Homicide is a leading cause of pregnancy-associated death ▪ PRAMS: 7% reported physical abuse before/during pregnancy; <ul style="list-style-type: none"> • Associated with unhealthy behaviors, medical problems and poor pregnancy outcomes ▪ MMR/PRAMS: Health care providers missed opportunities to assess for IPV + intervene | <ul style="list-style-type: none"> ▪ Improve IPV assessment among ob and other providers <ul style="list-style-type: none"> • Educating all women, not just those with + screens ▪ Build partnerships <ul style="list-style-type: none"> • DV-provider-public health • Others ▪ Potential for improving health with IPV assessment <ul style="list-style-type: none"> • Co-morbidity of medical and behavioral health disorders • Support for coping with stress |

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