



Intimate Partner Violence in the Charleston Area

Lori Cook, Caryn Hoang, Jonathon Jones, Brigette Lindsey, Pamela Murphy, Ricky Patel, Andrew Sas, Nicole Staubes

Faculty Advisors: Dr. Karen A. Wager and Dr. Lisa M. Vandemark

Community Partner: Dr. Deborah Williamson



INTRODUCTION

Intimate partner violence (IPV) is abuse that occurs between two people in a close relationship, including current and former spouses and dating partners. Physical abuse, sexual abuse, threats, and emotional abuse are all considered types of IPV.

IPV injures more women in the United States than car accidents, muggings, and cancer combined.

- **1 in every 4 women** in the United States will be a victim of IPV in their lifetime.
- **1 in every 5 high school females** is assaulted by a boyfriend.
- **IPV is the leading cause of injury** to women age 15-44.
- A boy who witnesses domestic violence is **10 times more likely to become an abuser.**
- **More than 50% of women killed** by their partners were seen by a healthcare worker in the year before their deaths.

COMMON MYTHS

FALSE: Women who are abused are poor, uneducated, and masochistic if they remain with the abuser.

TRUE: IPV occurs across all socio-economic groups, ages, races and genders.

TRUE: Women stay in abusive relationships for reasons that include lack of resources, cultural norms, and unrelieved mental and physical stress that reduces coping skills.

SOUTH CAROLINA IPV FACTS

- South Carolina ranks **6th in the nation** for women murdered by men.
- Last year, South Carolina shelters had to turn away over 400 women due to a lack of space.
- 34,000 IPV hotline calls were answered in South Carolina in 2003.

IPV RISK FACTORS

- Under age 30
- Unemployed, low income, and low job satisfaction in perpetrators
- Alcohol or substance abuse

PURPOSE

The purpose of the project was to increase our knowledge and understanding of IPV, assess the degree which private practices in the local community currently screen patients for IPV and educate staff, and pilot test a survey instrument originally designed for inpatient settings for use in primary care settings.

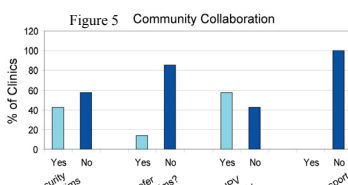
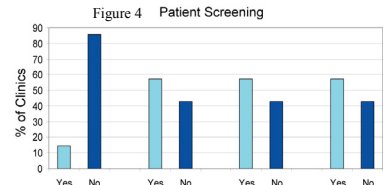
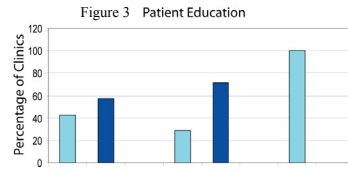
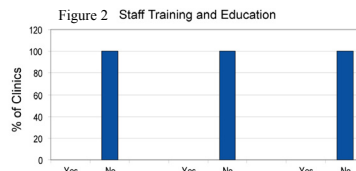
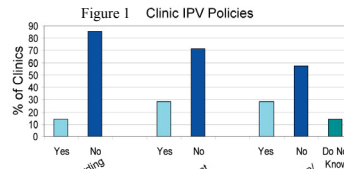
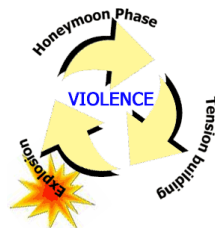
METHODS

We conducted a review of the literature on IPV and interviewed key community members to better understand the cycle of violence, its implications, and resources available to victims within the Charleston community. We also piloted a survey adapted from the Delphi Instrument for Hospital-Based Domestic Violence (DV) programs, developed by the Agency for Healthcare Research and Quality.

The survey was conducted in 8 primary care sites in Charleston County, including private practices, community health centers, and MUSC-affiliated practices. A health care provider, administrator, or manager was interviewed at each location. Two student interviewers collected the data, one performed the survey itself and the other collected qualitative data including comments and questions of the interviewees and the interviewer's own perceptions.

RESULTS

We administered the survey in person by making site visits to 8 local primary care practices. Figures 1-5 show the extent to which these primary care practices have written IPV policies and procedures, offer IPV staff training, and provide IPV information to patients. None of the participating practices have conducted formal IPV staff training within the past year, and only one practice requires IPV screening of patients. Participating practices also shared with us some of the barriers to IPV screening. Common concerns included insufficient time, other more pressing health care problems, and feeling somewhat uncomfortable approaching the subject.



DISCUSSION

Major Themes

1. IPV isn't a priority when compared to other health concerns.

"...honestly, it's (IPV) not an important factor for us."

2. IPV isn't viewed a responsibility of the primary care provider.

"We are inundated with chronic physical health problems, so when issues of mental health come along, they are secondary."

3. Primary providers are not prepared to address the issue of IPV.

Participants told us that they...

Felt uncomfortable addressing the issue, and thought that patients might be offended if questioned about IPV.

Had liability concerns—what if I identify a victim and then don't know what to do?

Felt frustrated because victims stay with abusers.

Lacked knowledge about screening, documentation and referral services.

CONCLUSIONS

Treatment and prevention of IPV requires the development of appropriate and evidence-based screening, assessment, and referral practices. Primary care providers are integral to achieving this goal, yet our research demonstrates that primary care providers do not currently have the knowledge, skills, and procedures in place to effect the necessary changes. In addition, we conclude that individuals, insurers and payers, policymakers, and communities have important roles to play in treatment and primary prevention of IPV.

RECOMMENDATIONS

Victims of IPV often say that "no one ever asked" them about their experiences. As **individuals** we should understand that IPV includes physical abuse, sexual abuse, threats, and emotional abuse, and we have the responsibility "to ask" our friends, neighbors, families, and co-workers and assist in resource identification for victims and perpetrators.

Providers must educate themselves, their staffs, and their patients about IPV; providers must also introduce screening for IPV that is evidenced-based.

Policymakers should establish standards for reporting IPV. Policymakers and **payers** should move towards mental health parity to provide needed services for IPV.

Communities should promote awareness of IPV early, aimed at youth, in schools, and among other high-risk groups.

REFERENCES

- <http://www.sccadvasa.org/default.aspx>
- <http://endabuse.org/health/ejournal/archive/1-5/printable/resources.htm>
- <http://www.endabuse.org/resources/facts/Immigrant.pdf>