*Module 2.1: Prevalence of IPV*

This module provides an overview of the types of IPV, the demographics of victims, and the percentage of the population that experiences IPV. At the end of this module you should be able to explain the prevalence of IPV against women, describe the scope of IPV in the United States, and list the four main categories of IPV. This module will take approximately 15 minutes to complete.

*Module 2.2: Prevalence of IPV*

Intimate partner violence is abuse or aggression that occurs in a romantic relationship, whether the intimate partner is a current or former spouse or dating partner. IPV is a serious, preventable public health problem that affects millions of Americans. IPV can vary in how often it happens and how severe it is. It can range from one episode of violence that could have lasting impact to chronic and severe episodes over multiple years.

*Module 2.3: Prevalence of IPV*

IPV refers to any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship.

**Physical violence** is when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force.

**Sexual violence** is forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent.

**Stalking** is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one’s own safety or the safety of someone close to the victim.

**Psychological aggression** is the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person.

*Module 2.4: Prevalence of IPV*

On average, every 3 seconds a person is physically abused by an intimate partner in the US. Data from CDC’s National Intimate Partner and Sexual Violence Survey indicate that approximately 1 in 4 women and nearly 1 in 10 men have experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and reported some form of IPV-related impact.

*Module 2.5: Prevalence of IPV*

IPV occurs in all settings and among all socio-economic, religious, and cultural groups. Although women can equally be violent in relationships with men, and violence also occurs in the same-sex partnerships, the most common perpetrators of violence against women are male intimate partners

*Module 2.6: Prevalence of IPV*

IPV victims are overwhelmingly young women, with 47.1% of female victims between 18 and 24 years of age when they first experienced violence by an intimate partner.

*Module 2.7: Prevalence of IPV*

IPV victimization in females differs depending on age. Women are at greater risk of victimization at younger ages, with IPV rates decreasing as women age.

*Module 2.8: Prevalence of IPV*

While women represent the majority of IPV victims, men also experience IPV. Men also have more barriers to getting help due to not being screened appropriately, the perception that men cannot be victims of IPV, and the social stigma that they might face if they talk about their experiences.

*Module 2.9: Prevalence of IPV*

As with females, IPV victimization in males differs with age. Men are at greater risk of victimization at younger ages, with IPV rates decreasing as men age. Overall, 38.6% of male victims were between 18 and 24 years of age when they first experienced violence by an intimate partner.

*Module 2.10: Prevalence of IPV*

More than 27% of women and 11% of men have experienced IPV. Unfortunately, approximately 50% of IPV incidents go unreported to police. This is in part because survivors of IPV believe that the police sometimes do not believe victims or blame victims for the violence.

*Module 2.11: Prevalence of IPV*

True or False. Men are victims of IPV as often as women are

*Module 2.12: Prevalence of IPV*

Which of the following is not one of the main types of IPV?

*Module 2.13: Prevalence of IPV*

True or False. Physical violence does not need to be present for a situation to be considered as IPV

*Module 2.14: Prevalence of IPV*

True or False. IPV is almost never just a single episode

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*Module 1.1: Types of IPV*

This module describes the four types of IPV and their impact on victims.

At the end of this module you should be able list and define the different types of IPV, demonstrate an understanding of the power and control wheel, and explain the statistics and demographics of each type of IPV. This module will take approximately 30 minutes to complete.

*Module 1.2: Types of IPV*

According to the CDC, Intimate Partner Violence refers to the physical, sexual, and/or psychological harm resulting from the actions of a current or former intimate partner.

**Physical violence** is when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force.

**Sexual violence** is forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent.

**Stalking** is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one’s own safety or the safety of someone close to the victim.

**Psychological aggression** is the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person.

*Module 1.3: Types of IPV*

Physical violence is the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to, choking, grabbing, use of a weapon, restraining, pushing, and coercing others to commit any of the above acts.

*Module 1.4: Types of IPV*

On average, every 3 seconds a person is physically abused by an intimate partner in the US.  During one year, this equates to more than 10 million women and men. 1 in 3 women and 1 in 4 men has experienced some form of physical violence by an intimate partner during their lifetime.

*Module 1.5: Types of IPV*

1 in 4 women and 1 in 7 men have suffered from severe injuries due to physical abuse by an intimate partner in their lifetime. In the US., approximately 50% of all female homicides are caused by their intimate partner. The link between intimate partner femicide and intimate partner violence are powerful, and a history of IPV is a key risk marker in those who are intimate partner femicide killers.

*Module 1.6: Types of IPV*

IPV is a significant risk factor for various physical health problems frequently encountered in primary care settings. The physical damage resulting from IPV can include: bruises and welts; lacerations and abrasions; abdominal or thoracic injuries; fractures and broken bones or teeth; sight and hearing damage; head injury; attempted strangulation; and back and neck injury.

*Module 1.7: Types of IPV*

In general, women experience more chronic and injurious physical assaults at the hands of intimate partners than do men. The National Violence Against Women Survey found that more than 40% of women who were physically assaulted by an intimate partner were injured during their most recent assault, compared with about 20% of the men.

*Module 1.8: Types of IPV*

Though women experience injury due to physical intimate partner violence more frequently than men, as a healthcare provider, I find it important to screen patients who present with bruises, welts, lacerations, and fractures, regardless of gender and sexual identity.

*Module 1.9: Types of IPV*

The CDC defines sexual violence as forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent. Sexual violence includes, but is not limited to, rape or penetration of a victim, making a victim penetrate someone else, non-physically pressuring someone to penetrate someone else, unwanted sexual contact, and unwanted sexual experiences that do not involve physical contact.

*Module 1.10: Types of IPV*

In addition, sexual intimate partner violence also includes forced group sex, violent sex or unwanted sexual touching, using technology to victimize another person, forced pornography or prostitution, withholding affection if sexual demands are not met.

*Module 1.11: Types of IPV*

The US Department of Justice reports that 90% of rape victims are women. In addition, a WHO multi-country study that collected data for more than 24 thousand women in 10 countries reported that 60% of women have been a victim of rape at least once in their lifetime.

*Module 1.12: Types of IPV*

Data from the National Crime Victimization Survey, reported 80% of rapes are committed by someone known to the victim. Of these, 33% are committed by a current or former spouse, boyfriend, or girlfriend, 39% of those are committed by an acquaintance, and 7% were strangers to the victim.

55% of sexual assaults occur at, or near, the victim’s home, and `12% occur at or near a relative’s home. Thus, sexual assault is much less likely to occur in an open public place, in an enclosed but public area, or on school property.

*Module 1.13: Types of IPV*

The Rape, abuse, and incest national network reports that the majority of sexual assault victims are younger people, with 54% of victims falling between 18 and 34 years of age.

*Module 1.14: Types of IPV*

As a healthcare provider, I find it is important to remember that many victims of sexual violence do not identify as victims of rape or sexual assault due to:

Confusion about how consent works in a relationship,

Reluctance to identify as a victim, or define their partner as their abuser,

Associating rape as non-consensual sex between two strangers, or

the sense that sex is an obligation of marriage and relationships

*Module 1.15: Types of IPV*

The CDC defines psychological aggression as the use of verbal and nonverbal communication intended to harm and/or to exert control over another person. Psychological aggression includes, but is not limited to, expressive aggression, coercive control, threats and control, exploitation of the victim, exploitation of the perpetrator, and presenting false information.

*Module 1.16: Types of IPV*

Both men and men can experience psychological aggression at the hands of an intimate partner.

Expressive aggression includes name-calling and humiliating another person. The CDC national intimate partner and sexual violence survey reports that 40.3% of women and approximately 31.9% of men have experienced at least one form of expressive aggression by an intimate partner during their lifetime.

Coercive control includes limiting access to transportation, money, friends, and family; and excessive monitoring of a persons whereabouts. Coercive control is experienced by both men and women at equal rates, with approximately 4 in 10 individuals having experienced coercive control by an intimate partner during their lifetime.

*Module 1.17: Types of IPV*

Reproductive and sexual coercion involves behavior intended to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship. This behavior includes explicit attempts to impregnate a partner against her will, control outcomes of a pregnancy, coerce a partner to have unprotected sex, and interfere with contraceptive methods.

Recent research conducted by the Harvard School of Public Health, University of California at Davis School of Medicine, and Futures without violence indicates that a significant portion of women and adolescent girls seeking reproductive health care services have experienced some form of IPV and/or reproductive and sexual coercion. In family planning clinics, 15% of female patients with a history of physical and/or sexual IPV reported birth control sabotage.

Data from the National Intimate Partner and Sexual Violence Survey found that 6.7% of women and 3.8% of men in the US have had an intimate partner who refused to use a condom.

*Module 1.18: Types of IPV*

As stated previously, expressive aggression is a form of psychological intimate partner violence. Expressive aggression is when an intimate partner has humiliated or made fun of a partner, called them a failure or that they were not good enough, told them that no one else would want them, or acted in an angry way that seemed dangerous.

*Module 1.19: Types of IPV*

As a healthcare provider, I think that it is importnat to understand that coercive control is a common factor in IPV. As such, I make sure to take the time when talking with the patient to carefully observe if coercive control is happening. Specifically, I pay attention to see if the following behaviors are occurring:

Control over the victim’s phone,

limiting access to transportation, money, friends, and family,

threats to harm the victim, their children, pets, or loved ones, or

excessive monitoring of the patient’s whereabouts

*Module 1.20: Types of IPV*

The CDC defines stalking as a pattern of repeated, unwanted attention, and contact that causes fear for one’s own safety or the safety of someone else. Stalking includes, but is not limited to, following or spying, invasive visits, giving unwanted gifts or notes, making excessive text messages or phone calls, breaking and entering, or cyberstalking.

*Module 1.21: Types of IPV*

The National Intimate Partner and Sexual Violence Survey has reported that 16.2% of women and 5.2% of men have experienced stalking victimization at least once is their lives.

*Module 1.22: Types of IPV*

*IPV is always about power and control, but the methods may change based on time, cultural context, or socioeconomic status of the population you are working with. For example, technology is used to perpetuate coercion and stalking through phone control, cyberstalking and harassment, and revenge porn.*

*Module 1.23: Types of IPV*

Digital technologies play an ever increasing role in our daily lives. It’s important that healthcare providers understand that abusers may also use technologies to exert control over their victims, using a variety of means, these include:

Surreptitiously installing spyware on the victim’s devices to track their computer activity,

installing video cameras that give the stalker access to the victim’s personal life,

monitoring the victims contacts on social media

or accessing a victim via digital location services.

*Module 1.25:Test Your Understanding*

How much do you agree or disagree with the following statement? Stella’s action toward Steve and his peers constitutes intimate partner violence perpetration

Drag the ribbon to reflect your response, then click the submit button.

*Module 1.26: Types of IPV*

Physical IPV is the most recognized form of IPV. However, it is important that I understand that victims may experience two or more types of IPV concurrently, and that there is an interplay between the four types.

*Module 1.27: Types of IPV*

Research has shown that physical violence is often accompanied by psychological abuse, with physical abuse and sexual abuse co-occurring 33-50% of the time

. The violence is usually not limited to one instance. The National Violence Against Women Survey found that women who were physically assaulted by an intimate partner averaged 6.9 physical assaults by the same partner, while men who were assaulted averaged 4.4 assaults.

*Module 1.28: Types of IPV*

All types of IPV include an underlying component of coercive control and intimidation by the abusive partner. The abuser’s control requires that the abused persons believes that if they do not comply with the abuser’s demands, they or their loved ones will be harmed. The abuser’s threats are alternated with acts of kindness, making it difficult for the abused person to break free from the cycle of violence.

*Module 1.29: Types of IPV*

The Power and Control diagram is a helpful tool in understanding the overall pattern of abusive and violent behaviors which are used by an abuser to establish and maintain control over a partner. Often, one or more violent incidents are accompanied by an array of these other types of abuse. Click on a wheel spoke to learn more.

*Module 1.30: Types of IPV*

The previous slides focused on the power and control wheel. The power and control wheel uses she/her pronouns for the victim and assumes a male perpetrator. But remember that abuse can happen to people regardless of their gender identity and the type of relationship they are in.

*Module 1.32: Types of IPV*

How much do you agree or disagree with the following statement? Peter is not entirely responsible for his actions. He was drunk and upset about his team losing. He will apologize in the morning and everything will be ok.

Drag the ribbon to reflect your response, then click the submit button.

*Module 1.33: Types of IPV*

True or false. IPV occurs because abusers cannot control their anger and frustration.

*Module 1.34: Types of IPV*

True or false. Alcohol and drugs are the major cause of IPV.

*Module 1.35: Types of IPV*

True or false. IPV is almost never just a single episode.

*Module 1.36: Types of IPV*

True or false. The most dangerous moment in an abusive relationship is when a partner first lashes out.

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*Module 3.1: IPV and Health*

This module outlines the ways in which IPV impacts the health and health care use of victims, and the scope of the broader societal impacts therein. At the end of this module you should be able to discuss the increased likelihood of high risk behaviors in IPV victims, describe the impact of IPV on society and the health care system, and describe the key physical and psychological indicators of IPV. This module will take approximately 30 minutes to complete.

*Module 3.2: IPV and Health*

Given the prevalence of IPV, you will absolutely see patients who have experienced, or are currently experiencing IPV. As a healthcare professional, it is your responsibility to provide appropriate care.

*Module 3.3: IPV and Health*

Victims of intimate partner violence utilize healthcare services at a higher rate, and incur healthcare costs that are roughly 20% higher than individuals without a history of IPV.

*Module 3.4: IPV and Health*

In a healthcare setting, visual physical injuries are the easiest to detect and tie to IPV. In my experience, these include: cuts, bruises, wounds, traumatic brain injuries, broken bones, sprains, scarring, hearing loss, unwanted pregnancy, STIs, and vaginal infections.

*Module 3.5: IPV and Health*

Critical indicators that acute injuries may be the result of intimate partner violence include multiple injuries in various stages of healing or injuries that seem more severe than would be expected given the provided explanation

Module 3.6:

Strangulation is a very common cause of intimate partner injury and is a strong indicator of escalating violence. Women who have been strangled by a partner are 7 times more likely to be killed by a current or former intimate partner

Module 3.7.

Stangulation is an ultimate form of power and control where the abuser can demonstrate control over the victim’s next breath.

It can take less than 10 seconds for a person to lose consciousness as a result of strangulation

Death via strangulation can occur in just under five minutes

Module 3.8

Strangulation can leave visible injuries, or cause a range of symptoms indicative of an assault, including dizziness or light headedness, difficulty or painful swallowing, and throat pain.

It is possible for a patient to have experienced strangulation and show no symptoms at first, but then die weeks later because of brain damage due to a lack of oxygen and other internal injuries.

*Module 3.9: IPV and Health*

There are other negative health effects that result from repeated or severe Intimate Partner Violence. Although they may be more challenging to identify and harder to tie to IPV, I make sure to note the presence of the following symptoms: depression, suicidal thoughts, sleep disorders, chronic fatigue, headaches, asthma, digestive disorders and joint disease and arthritis.

Module 3.10

Victims of intimate partner violence are two to five times more likely to engage in negative health behaviors, unhealthy diet-related practices, and high-risk sexual behaviors

Module 3.11

Victims of intimate partner violence are more likely to use harmful substances than non-victims. Such behaviors include smoking cigarettes, drinking alcohol, driving under the influence, and illicit drug use

Module 3.12

Victims of intimate partner violence are more likely to engage in unhealthy diet-related behaviors than non-victims. Such behaviors include: fasting, bingeing and purging, abusing diet pills, overeating

Module 3.13

Victims of intimate partner violence are more likely to engage in high-risk sexual behaviors than non-victims. Such behaviors include unprotected sex or decreased condom use, trading sex for food, money, or other items. Early sexual initiation, choosing unhealthy sexual partners, having sexual relations with multiple partners.

*Module 3.14: IPV and Health*

I’ve seen the value of talking about IPV with patients early. Having a compassionate healthcare provider and access to resources, can reduce the physical and emotional health burden of IPV over time. This reduces the patient’s health care costs, as well as the operational costs to my employer and the healthcare system.

Module 3.15

Current research suggests that the more severe the abuse, the greater its impact on a woman’s physical and mental health.

In addition, the impact of different types and multiple episodes of abuse over time appear to be cumulative.

Module 3.16

Helath risks may be amplified when intimate partner violence is coupled with pregnancy.

Violence during pregnancy has been associated with miscarriages, late entry into prenatal care, still births, premature labor, fetal injuries, low birth-weights, and small size for gestational-aged infants.

*Module 3.17: IPV and Health*

As healthcare providers, we should screen often for intimate partner violence during obstetric care. Screening should occur at the first prenatal visit, at least once per trimester, and at the postpartum checkup.

Module 3.18

Exposure to repeated intimate partner violence may cause victims to experience, depression, psychological distress, and unhappiness.

In turn, such individuals sometimes become apathetic about themselves and indifferent towards living, perhaps to the point of considering or inflicting harm upon themselves.

Module 3.19

In a WHO multi-country study, reports of emotional distress, thoughts of suicide and attempted suicide, were significantly higher among women who had experienced physical or sexual violence than those who had not.

Module 3.20

Female victims with chronic illness or disability who experience intimate partner violence have an increased risk of threatening or attempting suicide. These rates increase when the violence is of a sexual nature.

Module 3.21

Which of the following is not one of the negative health-related behaviors that is correlated with intimate partner violence

Module 3.22

True or False. Intimate partners that partake in strangulation are not in danger for any health hazards

Module 3.23

Patients experiencing intimate partner violence utilize approximately how much more healthcare resources than non-victims.

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*Module 4.1*

This module gives an overview of the populations at risk of intimate partner violence, with special emphasis on the differences in victimization due to race, gender, religion, and sexual preference.

At the end of this module you should be able to

Identify groups at higher risk of IPV victimization

Describe the effects of IPV on children

List the barriers to leaving an abusive partner.

This module will take approximately 30 minutes to complete.

Module 4.2

The likelihood of intimate partner violence victimization varies widely depending on personal and social factors. Personal factors include gender, sexual orientation, a history of family violence, education, race and ethnicity. Social factors include religion, social class, and cultural and ethnic norms.

Module 4.3

Overall, 85% of intimate partner violence victims are women. Because this violence disproportionately affects persons of a particular gender, it is a form of gender-based violence that is a  violation of human rights and a form of discrimination against women.

Module 4.4

Although women of any race or ethnicity can be victims of intimate partner violence, certain groups are at higher risk. The National Violence Against Women Survey found that a large percentage of Black, American Indian, Alaskan Native, and multiracial non-Hispanic women have been victims of sexual, physical violence, and/or stalking IPV in their lifetime.

Module 4.5

When data from male victims of intimate partner violence is considered, a larger percentage of Black, American Indian, and multiracial non-Hispanic men have been victims of physical violence, when compared to other racial and ethnic groups.

Module 4.6

The higher prevalence of intimate partner violence among ethnic minorities cannot be explained by any single factor. In fact, prevalence may be related to risk factors such as

Substance abuse, unemployment, education, cohabitation of unmarried partners, pregnancy, and income.

Module 4.7

Lesbian, Gay, Bisexual, Transgender, and Queer persons experience rates of intimate partner violence greater than individuals engaged in heterosexual relationships

Module 4.8

LGBTQ people face many of the same barriers to seeking help as non-LGBTQ people, but face additional barriers specifically related to their sexual orientation or gender identity.

Such barriers include: legal definitions of IPV that exclude same-sex couples

Dangers of outing oneself when seeking help

Potential homophobia from service providers

Low confidence in healthcare providers competency and ability to help

*Module 4.9: At Risk Populations*

LGBTQ individuals experience violence at the hands of an intimate partner at higher rates than their heterosexual countparts. As a healthcare provider, I believe it is critical to ensure that my practice is culturally inclusive for LGBTQ people, and that I am talking to all of my patients about the effects that IPV can have on health.

Module 4.11

How much do you agree or disagree with the following statements?  
When screening members of the LGBTQ community for IPV, healthcare providers must be conscious and respectful of the unique need to protect a patient’s privacy and confidentiality?

Module 4.12 **MOVE TO THE END OF THIS SECTION. HAVENT COVERED THIS YET**

True or False. Someone in an abusive relationship is immediately safer when they have left

Module 4.13

Intimate partner violence not only affects the health and well-being of the victim, but that of their friends and family members as well.

Family members and children may witness the violent acts directly, or may experience IPV through their awareness of violence between their caregivers, even if they do not always directly witness any violent acts.

Module 4.14

Children who are exposed to intimate partner violence are more likely to perpetuate, or be a victim of IPV, later on in life.

*Module 4.15: At Risk Populations*

People who have previously experienced or witnessed abuse, are more likely to experience IPV. So, it is important that I consistently screen my patients who have had a history of abuse.

Module 4.16

Intimate partner violence does not always follow the pattern of one perpetrator and one victim.

In households with children or multiple generations, it is often impossible for other family members to avoid being affected by, or drawn into the dynamics of abuse.

Module 4.17 **CHANGE THE FIRST BULLET POINT TO MATCH VO**

Abuse is normalized by cultural and religious beliefs that perpetrate cycles of violence and abuse in society.

These beliefs can lead people to think that men have a right to control or discipline women through physical violence

support the abuser and blame the victim

Limit the victims access to services

Decrease the victims confidence that they will be able to access services, support, and sympathy.

Module 4.19

Why does someone stay in an abusive relationship?

Module 4.20

The National Survey of Children’s Exposure to Violence found that 1 in 15 children are exposed to intimate partner violence.

Most youth exposed to family violence, including 90 percent of those exposed to IPV, saw the violence, as opposed to hearing it or other indirect forms of exposure.

Module 4.21

Children in homes where one parent is abused may feel anxious, fearful, and on guard wondering when the next violent event will happen.

They never know what will trigger the abuse. Therefore they never feel safe.

These children are worried for themselves, their mothers, and their siblings.

Module 4.22

Children and youth who are exposed to intimate partner violence experience emotional, mental, and social damage that can affect their developmental growth.

This can cause them to react in different ways, depending on their age

Module 4.23

Preschool children who witness intimate partner violence may start doing things they used to do at a younger age, such as

Bed wetting, thumb-sucking, increased crying, and whining

Module 4.24

School-aged children may feel guilty about the abuse and blame themselves. Living in an abusive home may result in the child getting lower grades in school, having fewer friends, and getting into frequent trouble

Module 4.25

Teenagers who witness abuse may act out in negative ways, engage in risky behaviors, and may exhibit lower self-esteem. For instance, teens may become depressed, fight with family members, misuse drugs and alcohol, and get in trouble with the law.

Module 4.26

There are gender differences in the behavior of teenagers who live in households where one parent is abused.

Teenage girls are more likely than boys to be withdrawn and experience depression.

Teenage boys, on the other hand, are more likely to start fights, bully others, and get in trouble with the law.

Module 4.27

Children who live in abusive homes are 10 times more likely to repeat the cycle as adults, either by entering into abusive relationships, or become abusers themselves.

For example, a boy who sees his mother being abused is much more likely to abuse a female partner as an adult

Module 4.28

Similarly, a girl who grows up in a home where her mother is abused by a male intimate partner is 6 times more likely to be sexually abused later in life.

Module 4.29

Children who have witnessed intimate partner violence are at higher risk for health problems as adults. These can include mental, physical, and psychological health conditions, such as

Depression, anxiety, diabetes, obesity, poor self-esteem, and heart disease

Module 4.31

How much do you agree or disagree with the following statement

When possible, the potential victim should be interviewed in front of their children?

Module 4.32

There are many reasons why people stay in abusive relationships. Dynamics which make leaving very challenging include

The victim loving their abuser despite the abuse

Pressure from family, friends, and social groups

Victims being financially dependent on their abuser

Fear of what the abuser might do if they were to leave

Uncertainty about what would happen to their children if they left

Module 4.33

Despite these barriers, many abused women eventually leave their partners, often after multiple attempts and years of violence.

A WHO multi-country study on women’s health and IPV found that 19-51% of female IPV victims reported leaving the home overnight for at least one night, and between 8 and 21% of female IPV victims reported leaving home two to five times.

The severity of the violence was the main reason given for leaving (the woman could not endure more, she was badly injured, or her partner had threatened or tried to kill her).

Module 4.34

Factors associated with an individual leaving an abusive partner permanently appear to include:

An escalation in the severity of violence

A realization that their partner will not change

The recognition that the violence is affecting the children

Module 4.36

True or False

Jason must have liked it or he would have left Terry

Module 4.37

The belief that people should “just leave” abusive relationships is one of the most prevalent and harmful myths about intimate partner violence.

Often it is not simple, and can take multiple attempts to leave once a victim has decided to do so. Leaving can be the most dangerous time. 77 percent of domestic violence-related homicides occur upon separation and there is a 75 percent increase of violence upon separation for at least two years.

Module 4.38

True or False. People in same sex relationships do not suffer from Intimate partner violence

Module 4.39

True or False

Abusers can be very loving partners

Module 4.40

True or False. Abuse will get better after you are married

Module 4.41

Money can keep someone trapped with an abuser.

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*Module 5.1*

This module gives an overview of the helpful tools to understanding a victim’s situation while simultaneously responding to their emotional and practical needs.

At the end of this module, you should be able to:

Understand the content and purpose in each L.I.V.E.S module

List ways to maintain a helpful and respectful conversation

Describe the coping methods for stress and trauma

Know what healthcare providers are and are not responsible for

Module 5.2

The First Line Support, L.I.V.E.S, is a helpful tool in understanding an IPV victim’s situation while simultaneously responding to their emotional and practical needs.

L.I.V.E.S helps practitioners provide support and care without pressuring or being intrusive.

Click on a letter to learn more.

Module 5.3

Tips for managing a helpful and respectful conversation between the healthcare provider and the IPV victim includes the following:

Choose a private place to talk where no one can overhear

Assure them that no information will be shared with anyone else

If you are required to report the situation, explain why and to whom

Encourage them to talk and show them that you are listening

Do not force a conversation when they do not wish to talk

Module 5.4

A tip for managing a helpful conversation includes using the Funneling Technique. This technique starts with general questions and progresses towards more specific questions.

Assess the current partner violence situation

Start with more general and open-ended questions such as “Can you tell me more about your relationship with your partner

Gradually progress to more direct and specific questions, such as “Has your partner ever threatened to hurt you?”

*Module 5.5: Conversation Tip*

Questions and conversations between the healthcare provider and IPV victims should be discussed in a non-judgemental and non-biased way. Here are a few common mistakes.

Indicating to the patient that they are responsible for or deserving of the abuse.

Indicating to the patient that it is partially their fault, or

Asking why the patient is still living with their abusive partner.

Instead, ask if the partner has recently made a promise to improve their behavior and if their partner has stuck to their promises.

Module 5.6

The following questions are appropriate and helpful questions to ask when interviewing the IPV victim. Guide the patient with open-ended questions to allow them to talk. Appropriate questions include:

Does your partner physically hurt or threaten to hurt you?  
Has your partner ever destroyed or stolen things you cared about?  
Has your partner ever threatened or abused your children?

Has your partner ever forced you to partake in a sexual activity despite your resistance or approval?

Module 5.7

Additional questions when interviewing the IPV victim include

What happens when you and your partner fight at home?

Do you ever feel afraid of your partner?

Have they ever stopped you from leaving, getting a job, or seeking friends?

How does your partner act when they drink or use drugs?

Has your partner threatened to use weapons against you?

Module 5.8

Victims of intimate partner violence deal with severe stress and trauma after the assault event. Some coping strategies include

Seeking support from friends and family

Seeking professional support

Confrontative coping

Distancing themselves from the perpetrator

Planned problem solving to alter the situation

Module 5.9

As a healthcare provider, you are not required, and do not need to do the following:

Solve their relationship problems

Convince the victim to leave the violent relationship

Convince the victim to go to the police or court

Ask them to discuss their feelings from the event against their will.

Module 5.10

The discussion of personal safety should be implemented multiple times throughout the healthcare first line response process. Once a partner stops physical abuse, it might lead to other types of abuse, such as

Psychological abuse, emotional abuse, threats, isolation, economic abuse, intimidation

Module 5.11

The initial signs that a patient may be a victim of intimate partner violence should be identified and addressed as soon as possible. The primary identification methods include universal screening and routine enquiry. The primary initial care methods include informational IPV posters, and IPV pamphlet guides.

Module 5.12

To ensure the well-being of the intimate partner violence victim, it is suggested that the following be completed within 5 days of the IPV event

Complete a head-to-toe physical examination, including the genital area

HIV and STI post-exposure prophlaxis for women within 72 hours of the assault event

Discuss the risk of HIV to determine the use of post-exposure prophlaxis

Obtain a hepatitis B vaccination if the patient is not already vaccinated.

Module 5.13

Long-term interventions are useful in preventing mental health problems and post-traumatic stress disorder in victims of intimate partner violence.

Long-term support includes, cognitive behavioral therapy for post-trauma symptoms

Assessing mental health problems, such as depression, alcohol and drug use

“Watchful waiting” to see if the patient improves over time, and to offer options for further support if needed.

Module 5.14

True or False. Once the physical abuse stops, the abuse is always completely over

Module 5.15

True or False. As a healthcare provider, you should insist that victims talk to you about their abuse

Module 5.16

True or False. One way to validate intimate partner violence victims in your care is to say that everything happens for a reason

Module 5.17

Which of the following is not one of the LIVES steps

Module 5.18

Which of the following is a recommended intervention up to 3 months post-trauma