

**STRUCTURE AND VULNERABILITY: VIOLENCE, ABUSE & HEALTH DISPARITIES**

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**WHY CONSIDER ABUSE AND VIOLENCE IN HEALTH CARE?**

- NEARLY **HALF OF ALL WOMEN AND MEN** IN THE US HAVE EXPERIENCED **PSYCHOLOGICAL AGGRESSION BY AN INTIMATE PARTNER (48.4%, 48.8%, RESPECTIVELY)**.
- MOST FEMALE AND MALE VICTIMS (69% OF FEMALE VICTIMS; 53% OF MALE VICTIMS) EXPERIENCED SOME FORM OF INTIMATE PARTNER VIOLENCE FOR THE **FIRST TIME BEFORE AGE 25**.
- WOMEN ACCOUNT FOR 85% OF (REPORTED) VICTIMS** OF INTIMATE PARTNER VIOLENCE. (BUREAU OF JUSTICE STATISTICS CRIME DATA BRIEF, INTIMATE PARTNER VIOLENCE, 1993-2001, FEBRUARY 2003)
- GREATEST RISK: AGES 18-24**
- 1/3 OF ADOLESCENT AND YOUNG ADULT WOMEN EXPERIENCE ABUSE IN INTIMATE RELATIONSHIPS AND 1/5-1/7 EXPERIENCE REPRODUCTIVE COERCION**

**THESE WILL BE YOUR PATIENTS/CLIENTS!**

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**WHAT "STRUCTURE"?**

- **SOCIAL** STRUCTURES DEFINE INTERACTIONS, TREATMENT, DYNAMICS AMONG GROUPS
- CAN CREATE HIERARCHY, INEQUITY & DISPARITY
- STRUCTURAL VIOLENCE: HARM INFLICTED THROUGH INHERENTLY BIASED SOCIETAL STRUCTURES, REDUCED CAPACITY TO MEET NEEDS (BURTON, GILPIN, & DRAUGHON-MORET, 2020)
- PHYSICAL, PSYCHOLOGICAL, FINANCIAL ABUSE/VIOLENCE = MANIFESTATIONS OF STRUCTURALLY VIOLENT INFLUENCES

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**SOCIAL DISCOURSE**

- DISCOURSE...  
 A MODE OF ORGANIZING KNOWLEDGE, IDEAS, OR EXPERIENCE THAT IS ROOTED IN LANGUAGE AND ITS CONCRETE CONTEXTS (AS HISTORY OR INSTITUTIONS)
- **SOCIAL DISCOURSE...**  
 SOCIAL PERCEPTION, IMPRESSION MANAGEMENT, ATTITUDE CHANGE AND PERSUASION, ATTRIBUTION, CATEGORIZATION, INTERGROUP RELATIONS, STEREOTYPES, SOCIAL REPRESENTATIONS

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**SOCIAL, CULTURAL DISCOURSES IN THE US**

“...NORTH AMERICANS ARE QUITE UNIQUE—EVEN IN COMPARISON TO WESTERN EUROPEANS, LET ALONE ASIANS—IN THE PREDOMINANCE OF INDEPENDENCE AND INDIVIDUALISM, AS OPPOSED TO INTERDEPENDENCE AND COLLECTIVISM...”  
(KITAYAMA, CONWAY, PIETROMONACO, PARK, PLAUT, 2010)

**\*\*EMPHASIS ON INDIVIDUAL RESPONSIBILITY AS WELL AS INDIVIDUAL ACTION.\*\***

- IDEALIZING RESPONSIBILITY CAN CAN LEAD TO **BLAMING**

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**OTHERING → BLAME, SHAME, VICTIMIZING**

- VICTIM-BLAMING: ASCRIBING TO THE INDIVIDUAL QUALITIES OR CHARACTERISTICS THAT MAKE THEM VULNERABLE, AND ASSUMING THAT THIS VULNERABILITY IS CHOSEN... ESPECIALLY WHERE THE RESULTS OF SUCH A VULNERABILITY ARE CREATED BY SOCIAL OR STRUCTURAL CONSTRAINTS. (THIS MAKES IT EASIER TO DEHUMANIZE.)
- “WHAT WAS HE DOING WITH THOSE PEOPLE ANYWAY?”
- “WHY DON'T YOU GET A DIFFERENT JOB?”
- “WHY DOESN'T SHE JUST LEAVE THAT JERK?”

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**SOCIAL CAPITAL:**

Array of options available based on socially constructed identity  
 Vulnerability due to violence, reproductive coercion

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**IMPACT OF VIOLENCE ON SOCIAL CAPITAL**

- A US STUDY SHOWED THAT OUTPATIENT CARE FOR WOMEN WITH A HISTORY OF SEXUAL OR PHYSICAL ASSAULT COST **TWO AND A HALF TIMES** AS MUCH AS CARE FOR OTHER WOMEN, AFTER CONTROLLING FOR OTHER VARIABLES. (KOSS M, KOSS P, WOODRUFF J, 1991)
- IN CANADA'S NATIONAL SURVEY ON VIOLENCE AGAINST WOMEN, 30% OF REPORTED WIFE ASSAULT INCIDENTS LED TO TIME OFF FROM REGULAR ACTIVITIES, AND 50% OF WOMEN WHO WERE INJURED TOOK SICK LEAVE FROM WORK. (DAY T, 1995)
- UN: WOMEN WHO ARE EXPOSED TO INTIMATE PARTNER VIOLENCE ARE EMPLOYED IN HIGHER NUMBERS IN CASUAL AND PART-TIME WORK, AND THEIR EARNINGS ARE 60 PER CENT LOWER, COMPARED TO WOMEN WHO DO NOT EXPERIENCE SUCH VIOLENCE.

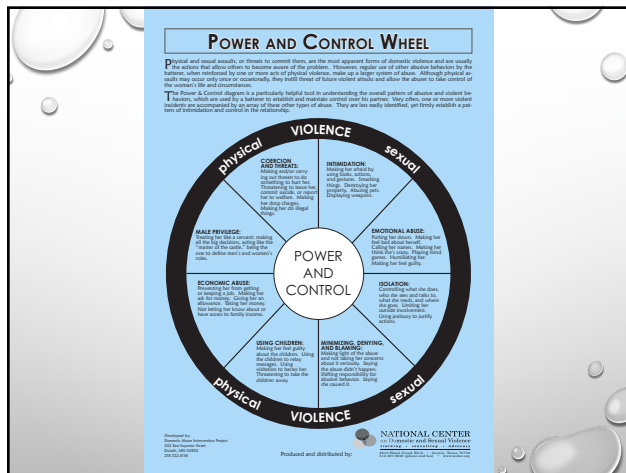
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## INTIMATE PARTNER VIOLENCE

**"AN ESCALATING PATTERN OF ABUSE WHERE ONE PARTNER IN AN INTIMATE RELATIONSHIP CONTROLS THE OTHER THROUGH FORCE, INTIMIDATION, OR THREAT OF VIOLENCE"** (CDC, 2014)

- ACTUAL OR THREATENED
- PHYSICAL, EMOTIONAL, PSYCHOLOGICAL, SEXUAL
- SAME OR OPPOSITE SEX
- EMOTIONAL ABUSE OFTEN PRECEDES PHYSICAL

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## IPV ON INSTAGRAM:

**ONGOING CONVERSATION: #NOTOKAY, #METOO, #WHYIDIDNTREPORT – WHAT ABOUT THE REGULAR POSTS?**

- **METHOD:** QUANTITATIVE CONTENT ANALYSIS, 400 INSTAGRAM POSTS
- **VARIABLES:** INSTAGRAM ENGAGEMENT VARIABLES, SOCIAL ECOLOGICAL MODEL, SOURCE, IPV VARIABLES
- **STATS:** NONPARAMETRIC TESTS – MANN WHITNEY, KRUSKAL WALLIS
  - 52.9%: SPECIFIC FORM OF IPV
  - 26.4%: THE INSTAGRAM POSTER IDENTIFIES AS A SURVIVOR
  - 1.7%: CONSENT

**MAJORITY OF POSTS: BY INDIVIDUAL USERS**  
 (CARLYLE, K. E., GUIDRY, J. P. D., DOUGHERTY, S. A., & BURTON, C. W. (2019). INTIMATE PARTNER VIOLENCE ON INSTAGRAM: VISUALIZING A PUBLIC HEALTH APPROACH TO PREVENTION. HEALTH, EDUCATION & BEHAVIOR, 46(2S), 90S-96S. <https://doi.org/10.1177/1090198119852911>)

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## INSTAGRAM ENGAGEMENT

The collage shows various types of Instagram content related to domestic violence, including text posts, images of people, and awareness graphics.

- Text Post:** "ONE IN FIVE WOMEN" with a purple and teal ribbon graphic.
- Text Post:** "FAMILY VIOLENCE IS: SEXUAL VIOLENCE" with a graphic showing a person's face.
- Image Post:** A photo of a woman's face with text overlay.
- Image Post:** A photo of a woman's face with text overlay.

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### IMPLICATIONS

- **SOCIAL ECOLOGICAL MODEL (SEM):** MAJORITY INDIVIDUAL, FEW COMMUNITY AND POLICY
- POSTS BY **NONPROFITS:** **LESS** ENGAGEMENT
- **EMOTIONAL** SOCIAL SUPPORT: **MORE** ENGAGEMENT; **INFORMATIONAL** SOCIAL SUPPORT: **LESS** ENGAGEMENT
- **STORIES:** **MORE** ENGAGEMENT
- LITTLE MENTION OF **CONSENT**
- MORE **RESEARCH** NEEDED, AND MORE HEALTH PRACTITIONERS/PUBLIC HEALTH **PRESENCE** NEEDED

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### SEXUAL ASSAULT

ACCORDING TO THE US DOJ:

SEXUAL ASSAULT IS ANY TYPE OF SEXUAL CONTACT OR BEHAVIOR THAT OCCURS **WITHOUT THE EXPLICIT CONSENT OF THE RECIPIENT**. FALLING UNDER THE DEFINITION OF SEXUAL ASSAULT ARE SEXUAL ACTIVITIES AS FORCED SEXUAL INTERCOURSE, FORCIBLE SODOMY, CHILD MOLESTATION, INCEST, FONDLING, AND ATTEMPTED RAPE.  
<http://www.ovw.usdoj.gov/sexualassault.htm>

CAN ALSO INCLUDE:


- UNWANTED, COERCED, OR FORCED TOUCHING OF GENITALIA
- SEXUAL CONTACT WHEN CONSENT IS NOT POSSIBLE

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### REPRODUCTIVE AND SEXUAL COERCION

**ACOG:** "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 WITH AN ADULT OR ADOLESCENT. 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.**"

(AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS COMMITTEE ON HEALTH CARE FOR UNDERSERVED WOMEN. REPRODUCTIVE AND SEXUAL COERCION. COMMITTEE OPINION NO. 554. OBSTETRICS AND GYNECOLOGY, 2013(121), 411-415.)



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### WHAT IS TRAUMA?

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**TRAUMA IS DEFINED BY 3 KEY COMPONENTS (THE 3 E'S):**

- Individual trauma results from an **event**, series of events, or set of circumstances
- ...that is **experienced** by an individual as physically or emotionally harmful or life threatening
- ...and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being

Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

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**SOURCES OF TRAUMA**

The collage includes: a person doomscrolling on a phone, a COVID-19 virus, a protest with 'BLACK LIVES MATTER' signs, a person sitting at a desk with a 'SCHOOL CLOSED' sign, and a person reading news with a 'FAKE NEWS' sign.

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**WHY DOES THIS MATTER?**

- Trauma is not just an emotional event.
- Trauma is not just an acute event that can be "over."
- Trauma is not a sign of weakness, lack of coping skills, or any kind of failure.
- Trauma isn't just emotional/mental.

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**TRAUMA OCCURS IN THE ABSENCE OF SAFETY.**

- BETRAYAL TRAUMA** IS HAVING PEOPLE OR INSTITUTIONS WE DEPEND ON FAIL TO PROVIDE SAFETY
  - PARTNER
  - FAMILY & FRIENDS
  - HEALTH CARE PROVIDERS


**TRAUMA MAKES PEOPLE FEEL HELPLESS...**

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## TRAUMA X HEALTH

- VICTIMS OF VIOLENCE AND ABUSE ARE VULNERABLE TO **SOCIAL CAPITAL LOSS**, CONTRIBUTING TO **MULTIPLE DOMAINS OF HEALTH DISPARITY**
- REDUCING THE RATES OF INTIMATE PARTNER VIOLENCE AND SEXUAL VIOLENCE **ARE HEALTHY PEOPLE 2030 SUB-OBJECTIVES UNDER THE MAIN OBJECTIVE OF VIOLENCE PREVENTION.**

(HTTPS://HEALTH.GOV/HEALTHYPEOPLE/OBJECTIVES-AND-DATA/BROWSE-OBJECTIVES/VIOLENCE-PREVENTION)



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## TRAUMA X HEALTH: IPV

- THROUGHOUT THE WORLD MORE THAN **ONE THIRD** OF FEMALE **HOMICIDES** OCCUR AT THE HANDS OF AN INTIMATE PARTNER (STOCKL ET AL., 2013)
- HEALTH-RELATED **COSTS OF IPV EXCEED \$5.8 BILLION ANNUALLY**
  - \$4.1 BILLION IN DIRECT MEDICAL AND MENTAL HEALTH SERVICES
  - \$1.8 BILLION INDIRECT COSTS IN LOST PRODUCTIVITY/WAGES.

(CENTERS FOR DISEASE CONTROL AND PREVENTION, COSTS OF INTIMATE PARTNER VIOLENCE AGAINST WOMEN IN THE UNITED STATES, APRIL 2003)

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## EMOTIONAL AND PSYCHOLOGICAL ABUSE

- OFTEN DIFFICULT TO IDENTIFY OR DEFINE; DEPENDS HEAVILY UPON THE CONTEXT AND THE RELATIONSHIP IN WHICH IT OCCURS (SEARS, BYERS, WHELAN, & SAINT-PIERRE, 2006)
- MAY OCCUR IN **90%** OF DATING RELATIONSHIPS (FOSHEE, BAUMAN, LINDER, RICE, & WILCHER, 2007; HALPERN, OSLAK, YOUNG, MARTIN, & KUPPER, 2001; HANSON, 2002; HINES & SAUDINO, 2003; MUNOZ-RIVAS, GRANA, O'LEARY, & GONZALEZ, 2007)
- IMPACT ON THOSE WITH INCREASED VULNERABILITY TO ILL-EFFECTS OF BEHAVIORS SUCH AS THREATS, INSULTS, COERCION, AND DEGRADATION (BANISTER, JAKUBEC, & STEIN, 2003; BURTON, HALPERN-FELSHER, REHM, RANKIN, & HUMPHREYS, 2013)

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## SEXUAL/REPRODUCTIVE COERCION, ABUSE & VIOLENCE


- REPRODUCTIVE COERCION/SEXUAL ABUSE OFTEN INCORPORATES EITHER PHYSICAL OR EMOTIONAL ABUSE (BANISTER, JAKUBEC, AND STEIN, 2003; KREITER ET AL., 1999; FOSHEE, BAUMAN, LINDER, RICE, & WILCHER, 2007)
- SEXUALITY/SEXUAL DECISION-MAKING MAY BE A NEXUS OF **CONTROL AND SELF-EFFICACY** FOR INTIMATE PARTNERS (BANISTER & SCHREIBER, 2001; HALPERN-FELSHER, ET AL., 2004)



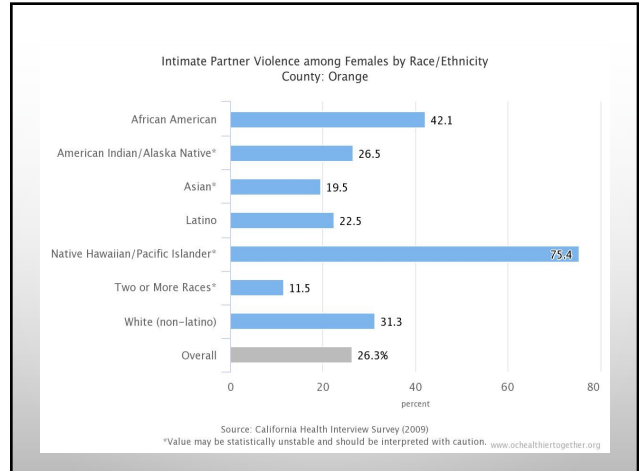
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## WHAT IS HAPPENING IN ORANGE COUNTY?

- 2018: 1,031 SEXUAL ASSAULTS **REPORTED** TO POLICE
  - AREA RAPE CRISIS CENTER SERVICES UTILIZED BY OVER 2,000 ANNUALLY; LIKELY MANY MORE UNREPORTED/UNDISCLOSED
- 2018-19: 21,347 PEOPLE SERVED BY INTIMATE PARTNER VIOLENCE SUPPORT AGENCIES
- AS OF 2009, 26.3% OF FEMALE-IDENTIFIED INDIVIDUALS REPORTED AN EXPERIENCE OF INTIMATE PARTNER VIOLENCE (CA OVERALL=20%) ([www.oahp.org/2009-IPV-REPORT](http://www.oahp.org/2009-IPV-REPORT))



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## HEALTH AFTER IPV

**IN ADDITION TO PHYSICAL INJURY, IPV HAS BEEN LINKED TO:**


- FREQUENT HEADACHES
- CHRONIC PAIN
- ACTIVITY LIMITATIONS
- ASTHMA
- IRRITABLE BOWEL SYNDROME
- DIABETES (NISVS, 2011)
- AND** ARTHRITIS, STI'S, ULCERS, STROKE, HEART DISEASE, DISORDERED SLEEP, SUBSTANCE USE, AND COMPLICATIONS OF PREGNANCY (COKER, A., SMITH, P., BETHEA, L., KING, M., MCKEOWN, R., 2000; MCFARLANE, J. PARKER B., & SOEKEN, K., 1994, 1996, 1996; CDC, 2008)
- WOMEN UNDER CHRONIC STRESS ALSO DISPLAY **SUSTAINED SECRETION OF CORTISOL** (EPEL ET AL., 2000)



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## MENTAL HEALTH AFTER IPV

- POWERFUL EMOTIONAL RESPONSES & INCREASED PSYCHOLOGICAL TRAUMA—CREATING **CHRONIC STRESS** (CERCOLE, BEACH, & ARIAS, 2005; LEWIS, TRAVEA, & FREWOUW, 2002)
- ADVERSE MENTAL STATES SUCH AS **DEPRESSION & ANXIETY AND ONGOING FEAR** (WALKER, NEWMAN, & KOSS, 2004; BURTON, HALPERN-FELSHER, RANKIN, REHM, & HUMPHREYS, 2013)



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## BIOBEHAVIORAL COMPLEXITY

**HEALTH, GROWTH, DEVELOPMENT**

- RELATIONSHIPS
- REPRODUCTIVE HEALTH
- BEHAVIOR CHANGES
- GENERAL HEALTH

**HEALTH BEHAVIORS AND HEALTH OUTCOMES: CHICKEN AND EGG?**

- SLEEP
- EXERCISE
- SOCIAL SUPPORT
- DEPRESSION

Image credit: UPenn School of Nursing

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## ALLOSTATIC LOADING

McEwen BS, Gianaros PJ. 2011. Annu. Rev. Med. 62:431–45

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## CHROMOSOMAL INSTABILITY R/T CHRONIC STRESS

**Telomere attrition:** abused women EXHIBIT SHORTENED TELOMERES—literally accelerates cellular aging (Tyrka, et al., 2010; Kananen, et al., 2010; Epel, et al., 2004; Humphreys, Epel, et al., 2011)

Telomeres

CHROMOSOMES ARE PAIRED STRANDS OF DNA FORMED AS THE DOUBLE HELIX

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## SCREENING FOR VIOLENCE & ABUSE

- **AS FEW AS 2% OF PROVIDERS** ROUTINELY SCREEN (ALVAREZ, FEDOCK, GRACE, & CAMPBELL, 2016)
- **BARRIERS:** LACK OF TIME, LACK OF KNOWLEDGE, DISCOMFORT WITH THE TOPIC, NO TOOLS, LACK OF CASE LANGUAGE, UNCERTAINTY ABOUT NEXT STEPS
- RECOGNIZE THE IMPACT OF VIOLENCE & ABUSE ON DEVELOPMENT AND COPING
- CREATE EMPOWERING AND NONJUDGMENTAL SITUATIONS: SURVIVORS HAVE ALREADY EXPERIENCED DISEMPOWERMENT, REVOCATION OF AGENCY, JUDGMENT

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### THINGS TO KNOW ABOUT SCREENING

- **YOU CAN (AND SHOULD!) BE SCREENING FOR IPV, SEXUAL ASSAULT, OR OTHER ABUSE—**  
**EVERY PATIENT. EVERY TIME.**
- THE ACA MAKES SCREENING FOR IPV A PART OF COVERED PREVENTIVE CARE FOR WOMEN.
- "THE U.S. PREVENTIVE SERVICES TASK FORCE (USPSTF) RECOMMENDS THAT **CLINICIANS SCREEN WOMEN OF CHILDBEARING AGE FOR INTIMATE PARTNER VIOLENCE (IPV), SUCH AS DOMESTIC VIOLENCE, AND PROVIDE OR REFER WOMEN WHO SCREEN POSITIVE TO INTERVENTION SERVICES.**" (2013)



Women who **talk** to their doctor **about abuse** are 4x more likely to seek help.

Ask your patients about violence and abuse.  
**It's good medicine.**


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### SCREENING: THERE'S NO "RIGHT" WAY

**CONFIDENTIAL**

- IF YOU DON'T ASK, YOU WON'T FIND THESE ISSUES IN YOUR PATIENTS.
- INTERVENTION DOESN'T MEAN RESOLUTION.
- ALWAYS CONSIDER THE PATIENT FIRST, ATTEND TO HER SITUATION AND HER CONDITION.
- BREAK DOWN BARRIERS TO SCREENING!
- EXAMINE YOUR OWN THOUGHTS & UNDERSTANDING OF IPV & REPRODUCTIVE COERCION.
- **JUST ASK: IS THERE ANYONE IN YOUR LIFE WHO HURTS OR FRIGHTENS YOU? MAKES YOU FEEL UNCOMFORTABLE?**

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### WHEN SCREENING, KEEP IN MIND...

- A PERSON IS MORE LIKELY TO DISCLOSE WHEN THEY:
  - PERCEIVE THE PROVIDER IS ACTIVELY LISTENING AND CONCERNED.
  - UNDERSTAND THE PROVIDER'S REASON FOR SCREENING.
  - FEEL ASSURED THAT DISCLOSURE WILL **NOT** BE REPORTED BACK TO THE ABUSER.

**NOTE: A NEGATIVE RESPONSE TO SCREENING DOES NOT MEAN THAT ABUSE IS NOT PRESENT. IT MAY INDICATE THAT THE PERSON IS NOT COMFORTABLE DISCLOSING AT THIS TIME.**

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### CONSIDER SRH NEEDS

- IS **REPRODUCTIVE COERCION** OCCURRING?
- HOW CAN YOUR PATIENT BEST ATTEND TO SRH IN THE CONTEXT OF CURRENT SITUATION?
- DOES S/HE NEED MEDICATIONS, ECP, LARC, SOMETHING ELSE..?
- PROVIDE A WARM REFERRAL IF POSSIBLE!

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

**WANT MORE ON THIS?**

**HTTPS://WWW.ENDFAMILYVIOLENCE.UCI.EDU/PROJECTS/DOMESTIC-VIOLENCE-HEALTH-TRAINING/**



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**Realizes the prevalence of trauma and taking a universal precautions position**  
Assume all patients may have experienced trauma, and treat accordingly

**Recognizes how trauma affects all individuals involved with the program, organization, or system, including its own workforce**

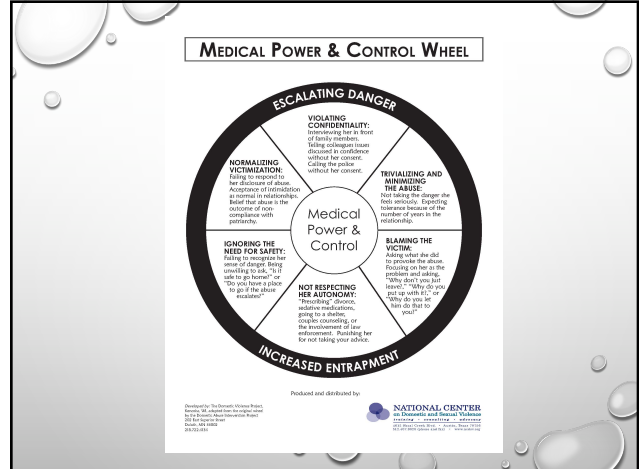
**Responds by putting this knowledge into practice**

**Resists retraumatization**

**TAKING THE TRAUMA-INFORMED APPROACH: THE 4 R'S**

1. Substance Abuse and Mental Health Services Administration

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**SAFETY PLANNING: A BALANCING ACT**

- Recognize need for safety while still IN the relationship, regardless of context
- Consider individual situation & relationship dynamics
- Locate resources: different for different populations
- Identify hazards: weapons, social contacts, financial instability
- In cases of exit, consider important items, needs

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**SPECIAL POPULATION RESOURCES**

**UCI INITIATIVE TO END FAMILY VIOLENCE MODULES**  
[HTTPS://VAWNET.ORG/](https://vawnet.org/)  
NATIONAL HOTLINE: [HTTPS://WWW.THEHOTLINE.ORG/](https://www.thehotline.org/)

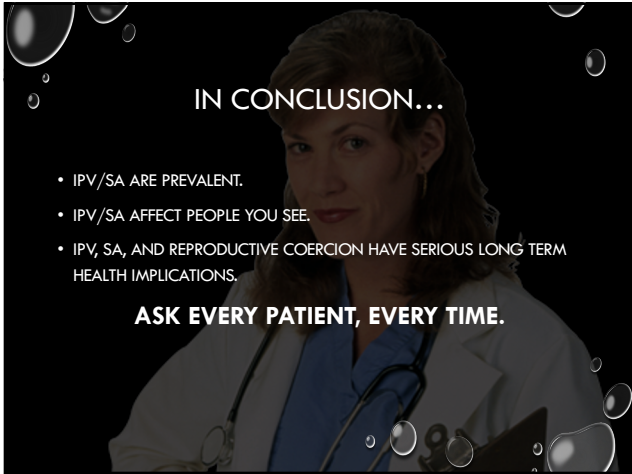
- ADOLESCENTS: DEVELOPMENTALLY APPROPRIATE RESPONSES; "DIGITAL DRAMA"  
[A THIN LINE](#)  
[LOVE IS RESPECT](#)
- OVER 50: CONSIDER GENDER SOCIALIZATION, EXPECTATIONS  
[NATIONAL CLEARINGHOUSE ON ABUSE IN LATER LIFE](#)
- SEXUAL MINORITY GROUPS: ISSUES OF BEING "OUTED," SMALL COMMUNITY, LACK OF SOCIAL SUPPORT OPTIONS, CONSIDER SOCIAL PREJUDICES  
[DOMESTIC VIOLENCE IN LESBIAN RELATIONSHIPS | PANDORA'S PROJECT](#)  
[FORGE | THE NW NETWORK](#)
- CULTURES WITH DIFFERENT GENDER NORMS/EXPECTATIONS: ROLE OF FAMILY, CULTURE PRESERVATION IN DIASPORIC SITUATIONS  
[MAITRI: A RESOURCE FOR SOUTH ASIAN WOMEN](#)  
[NARIKA: CHANGING THE WAY WE LIVE VIOLENCE FREE](#)

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**IN CONCLUSION...**

- IPV/SA ARE PREVALENT.
- IPV/SA AFFECT PEOPLE YOU SEE.
- IPV, SA, AND REPRODUCTIVE COERCION HAVE SERIOUS LONG TERM HEALTH IMPLICATIONS.

**ASK EVERY PATIENT, EVERY TIME.**



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**EVERY PATIENT...  
...EVERY TIME.**

**GIVE PATIENTS AND FAMILIES  
PERMISSION TO TELL YOU.**

YOU WILL CHANGE LIVES.  
YOU WILL SAVE LIVES.  
YOU WILL MAKE SOMEONE'S  
LIFE BETTER.



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