

***“The place where women ought to feel the most safe is in fact the most dangerous”***



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- Women are more at risk of experiencing violence in intimate relationships than in any other aspect of their lives  
And.....
- Women who experience IPV are 3-5 times more likely to experience major depression (like Maria) compared to women who do not experience IPV



Bottner A, The Bangkok Post, 11/2008  
Golding JM, Jr Fam Medicine, 1999;14:99-132



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***Is a history of depression cause for  
persistent inquiry about IPV?***

**Yes**

**No**



*In addition to depression, other mental health ‘red flags’ include:*



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- Anxiety Disorders (especially PTSD)
- Alcohol Abuse
- Other substance abuse
- Guilt, shame, low self-esteem
- Pay attention to:



Body language (fidgeting, stillness, eye contact, breathing patterns)

Golding JM, Jr Fam Medicine, 1999;14:99-132  
Nixon et al, Jr Aff Disorders, 2004; 82:315-20

***Depression lessens over time with the cessation of IPV, but post traumatic stress disorder (PTSD) symptoms persist for an average of 9 years***



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Symptoms include:

- Hypervigilance
- Emotional numbing
- Intrusive recollections
- Flashbacks
- Nightmares
- Sleep disturbance
- Exaggerated startle response
- Anger outbursts
- Difficulty concentrating

Woods S, Issues in Ment Hlth Nurs, 2000; 21:309-24

# Recommendations



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- All health care providers should routinely screen for IPV
- Obstetrical/gynecological/primary care providers are uniquely positioned to screen given frequency of contact with women in high risk age group
- Women with prior histories of IPV, depression, PTSD, alcohol abuse or other substance abuse should be recognized as being at particularly high risk and may warrant more frequent inquiry
- Frequent missed appointments may be a red flag
- Screening should take place in private with direct questioning and attention to both verbal and non-verbal responses
- Providers should have ready access to information and referral sources for women experiencing IPV