Intimate Partner Violence in Pregnancy
A GUIDE FOR HEALTHCARE PROVIDERS

Learning Objectives

1. Be able to identify different forms of Intimate Partner Violence (IPV)
2. Be aware of how IPV can negatively affect a pregnancy
3. Better understand screening recommendations and local community resources to provide comprehensive care for victims of IPV
Intimate Partner Violence

- CDC Definition: Physical, sexual or psychological harm by a current or former partner or spouse

Facts about IPV

- Affects approximately 1.5 million women each year
- Affects as many as 324,000 pregnant women each year
- May be more common than conditions for which pregnant women are routinely screened
- Possibly associated with unintended pregnancy, delayed prenatal care, smoking, alcohol and drug abuse
Who is at risk for IPV?

Everyone

Coercive Control

- Physical violence
- Sexual violence
- Reproductive coercion
- Psychologic or emotional abuse
Physical Violence

- Slapping
- Pushing
- Shaking
- Hitting
- Use of a knife, gun, or other weapon
- Scratching
- Strangling
- Burning
- Biting

Sexual Violence

- Actual or threatened use of physical force to engage in a sexual act against his/her will
- Attempted to completed sex act with a person who is
  - Unable to understand the nature of the act
  - Avoid participation
  - Unable to give consent
Reproductive Coercion

- Birth control sabotage
- Pregnancy pressure or coercion
- Sexual coercion

Psychological and Emotional Abuse

- Humiliating, name calling, using profanity
- Publically embarrassing patient
- Controlling or monitoring patients movement and activities
- Isolation
- Controlling finances
- Witholding information or resources
Violence and Pregnancy

- In a CDC review of 11 studies, 4-8% of women report violence during pregnancy
  - This range varies between 0.9%-20.1% depending on population, setting or frequency of screening
  - Pregnancies that did not result in a live birth were excluded from the studies
Psychosocial and Demographic Risk Factors

- Young maternal age
- Unintended pregnancy
- Delayed prenatal care
- Alcohol, tobacco, drug use
- STI/HIV
- Lack of social supports

Violence and Pregnancy

- Violence during pregnancy may be more common than
  - Gestational DM – 4.6-9.2% prevalence
  - Neural tube defects – 5.59 NTD per 10,000 live births
  - Pre-eclampsia – 3-6% of pregnancies
Maternal Homicide

- IPV related homicide is the leading cause of traumatic death among new and expectant mothers
  - Homicide – 36-63%
  - Motor vehicle crashes – 12-32%
  - Suicide – 12-32%
  - Drug overdose – 8-13%

Nannini et al., 2002

Effects on Fetus

- Exposure to alcohol, tobacco or drugs
- Premature rupture of membranes
- Preterm birth
- Low birth weight
- Fetal death secondary to trauma

Kaye DK et al., 2006
Risks for Children

- Witnessing violence is a risk factor for abusive relationships as an adult
- Violence may also involve children directly
- Child abuse is associated with depression, substance abuse, poor school performance, high risk sexual activity

Obstetrical Continuity of Care

- Vast majority of women receive prenatal care
- Average of 12-13 visits over course of pregnancy
Desire to Disclose

- During pregnancy, victims of IPV may be motivated by
  - Desire to be a good parent
  - Desire to prevent child abuse
  - Time spent thinking about the future

Screening

- ACOG recommendations
  - First prenatal visit
  - Once per trimester
  - Postpartum check
  - Routine gynecologic and preconception visits
- USPSTF
  - Recommend 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. – Grade B
Screening

- Family Violence Prevention Fund Study – 2007
  - Clinical studies have proven effectiveness of abuse screening
  - Only 10% of physicians screen for abuse at new patient visit
  - Only 9% screen during periodic check ups

Barriers to Screening

- Time constraints
- Discomfort with the topic
- Fear of offending the patient
- Lack of knowledge around local resources
Broaching the Subject

- “We’ve started talking to all of our patients about safe and healthy relationships because it can have such a large impact on your health.”
- “Has your current partner ever threatened you or made you feel afraid?”
- “Has your partner ever hit, choked, or physically hurt you?”

HITS Screening Tool

<table>
<thead>
<tr>
<th>How often does your partner?</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Fairly Often</th>
<th>Frequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physically hurt you</td>
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<td></td>
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<tr>
<td>2. Insult or talk down to you</td>
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<tr>
<td>3. Threaten you with harm</td>
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<td>4. Scream or curse at you</td>
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<tr>
<td>Total Score:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Responding to Positive Screen

- Things you can say
  - This is not your fault
  - No one deserves to be treated this way
  - I’m sorry you’ve been hurt
  - I am concerned about your safety
  - Would you be interested in a referral to a clinic that specializes in the care of women who have experienced similar trauma?

History and Physical

- Previous visits for various injuries
- Chronic pelvic pain, headaches, vaginitis, irritable bowel syndrome
- History of depression, anxiety, substance abuse, suicide attempts
- Unintended pregnancy
- Late entry into prenatal care
History and Physical

- Patient
  - Affect
  - Distrust
  - Overcompliance

- Partner
  - Answering questions on patient’s behalf
  - Being hostile or demanding
  - Monitoring the woman’s response to questions

History and Physical

- Assess for injuries
  - Face
  - Neck
  - Breasts
  - Abdomen
Abuse Confirmed or Suspected

- Assess patient’s immediate safety
- Offer emotional support
- Warm referral
  - FACES Family Justice Center
  - Women’s and Children’s Alliance
- Mandatory reporting – physical abuse
  - Local law enforcement
Idaho Code § 39-1390 requires any person operating a hospital or other medical treatment facility, or any physician, resident on a hospital staff, intern, physician assistant, nurse or emergency medical technician to report to law enforcement authorities treatment or request for treatment of any person whom they believe to have received an injury inflicted by means of a firearm, or, an injury indicating that the person may have been a victim of a criminal offense.

"We must always take sides. Neutrality helps the oppressor, never the victim. Silence encourages the tormentor, never the tormented."

- Elie Wiesel, Auschwitz survivor and author of Night

Questions?
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References