



Intimate Partner Violence During Pregnancy

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Disclosures

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Statistics

- ▶ Nearly 5.3 million incidents of IPV occur annually in the US among women ages > 17. Most assaults are relatively minor and consist of pushing, grabbing, shoving, slapping and hitting.
- ▶ > 1 million women are stalked each year
- ▶ Each year in the US about 1.5 million women are raped or physically assaulted by an intimate partner.
- ▶ IPV results in nearly 2 million injuries and 1,300 deaths nationwide a year.
- ▶ 1 in 3 women in the US will experience domestic violence in her lifetime (U.S. Dept of Health and Human Services, 2015) and 3%-9% of women report IPV during pregnancy each year (Tjaden & Thoennes, 2006), most of these between the ages of 20-24, according to the nonprofit Safe Horizon

What is Intimate Partner Violence?

- ▶ IPV: A pattern of coercive control of one intimate partner by the other that includes physical and sexual violence, threats of physical or sexual violence and emotional abuse in the context of physical and sexual violence
- ▶ Perinatal IPV: Violence that occurs before, during and after pregnancy, up to one year postpartum and is committed by an intimate partner, such as a spouse, ex-spouse, boyfriend and/or girlfriend or ex-boyfriend and /or ex-girlfriend
- ▶ It is a pattern of abusive behavior by a current or former spouse or intimate partner that's used to exert power and control over another person- and **it is against the law**

What Does it Cost?

- ▶ > \$8.3 million for direct medical and mental healthcare services and lost productivity from paid work and household chores
- ▶ Additional medical cost associated with :
 - ▶ Ongoing treatment of alcoholism
 - ▶ Attempted suicide
 - ▶ Mental health symptoms
 - ▶ Pregnancy and pediatric-related problems
- ▶ Intangible costs
 - ▶ Loss of financial stability
 - ▶ Lack of economic resources
 - ▶ Homelessness of women and children

What Does it Look Like?

- ▶ Stalking
- ▶ Shouting and cursing
- ▶ Hitting, slapping or pushing, using weapons toward your belly in an effort to harm or end the pregnancy
- ▶ Withholding medical care (keeping you from going to appointments or medical treatment)
- ▶ Forbidding you to attend celebrations related to the pregnancy like baby shower
- ▶ Emotional abuse, putting you down, humiliation, name-calling (i.e. calling you fat), continual criticism
- ▶ Making threats
- ▶ Extreme jealousy and suspicion
- ▶ Keeping someone away from their family and friends
- ▶ Throwing things around the house or at another person in a violent manner

Types of Abuse

- ▶ **Emotional** – can be in the form of repeated verbal attacks. Can be coercing her into doing things that she may find humiliating or against her moral or religious principles
- ▶ **Isolation** – batterer finds fault with social contacts of the victim so she ends up with nobody to confide in.
- ▶ **Threats** to harm the children
- ▶ **Gender role stereotypes** play a dominant role in battering. There are perceived “male privileges” that enter into the relationship. (ex – forced sex because it is her “duty”)
- ▶ **Economic abuse** – victim has no independent access to money even if they are working. The spouse may harass her to the point that she turns over her paycheck as a way of avoiding further abuse. This limits her way of getting out of the relationship.
- ▶ **Sexual abuse** – includes rape as well as forcing her to perform sexual acts that she may feel are immoral.

Characteristics of the Abuser

- ▶ Cruel toward animals and/or children
- ▶ Uses “playful’ force in sex
- ▶ Threatens violence or punishment
- ▶ Beliefs in rigid stereotypical gender roles in a relationship
- ▶ Uses force during an argument
- ▶ Breaks or smashes objects
- ▶ Is unemployed and/or displays highly controlling behaviors,
- ▶ Has a limited education and uses illicit drugs
- ▶ Has the availability of a gun (Campbell et al., 2003)
- ▶ Uses Reproductive Coercion

Possible Contributing Factors

- Childhood trauma or mental illness
- Growing up in an abusive home (to family member or the abuser)
- Experiencing child abuse or sexual assault
- Lack of appropriate coping skills
- Low self-esteem
- Codependent behavior

Red Flags

- ▶ Jealousy
- ▶ Controlling behavior
- ▶ Quick involvement
- ▶ Unrealistic expectations
- ▶ Isolation
- ▶ Blame-shifting for problems
- ▶ Blame-shifting for feelings
- ▶ Hypersensitivity
- ▶ Cruelty to animals
- ▶ Cruelty to children
- ▶ “Playful” use of force in sex
- ▶ Rigid sex roles
- ▶ Verbal Abuse
- ▶ Dr. Jekyll and Mr. Hyde
- ▶ Drinking or substance abuse
- ▶ History of battering
- ▶ Threatening violence
- ▶ Breaking or striking objects

Victims

- ▶ Low self-esteem
- ▶ Emotional and economic dependency
- ▶ Continued faith and hope abuser will “grow up”
- ▶ Depression
- ▶ Young, poor, and black are at higher risk (Garcia et al., 2007)
- ▶ Stress disorders and/or psychosomatic complaints
- ▶ Accepts blame and guilt for violence
- ▶ Socially isolated
- ▶ Believes social myths about battering
- ▶ Believes in stereotypical sex roles
- ▶ Contemplates or attempts suicide
- ▶ Participation in pecking-order battering
- ▶ Appears nervous or anxious
- ▶ May defend any criticism of abuser
- ▶ May have repeatedly left, or considered leaving the relationship

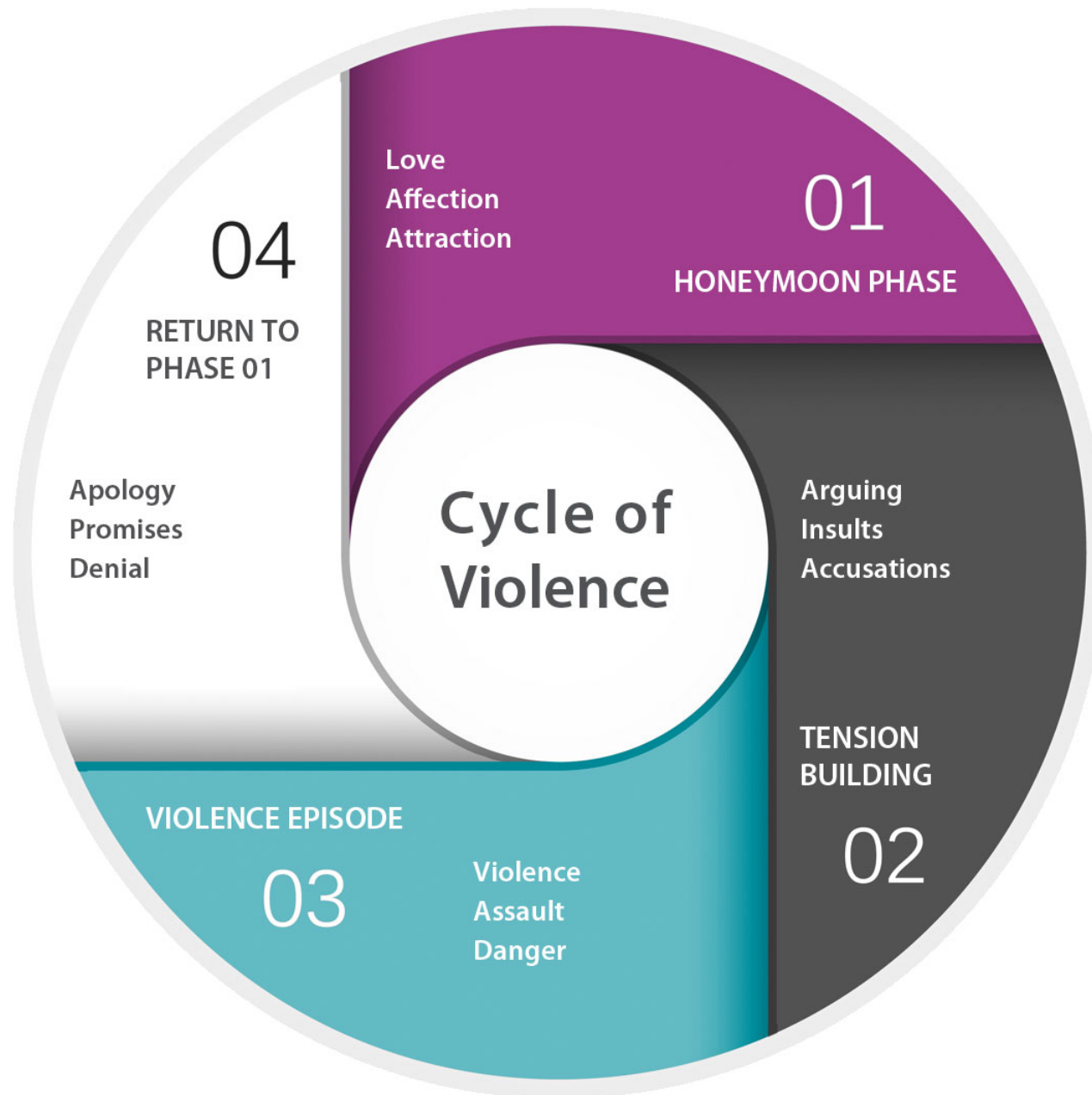


Battered Women's Syndrome

A group of usually transient psychological symptoms that are frequently observed in a particular recognizable pattern in women who report having been physically, sexually, and/or seriously psychologically abused by their male domestic partners.

Dr. Lenore E.A. Walker, Ed.D

Deadly Cycle



Reproductive Coercion:

- ▶ Threatening to hurt them if they refuse to become pregnant
- ▶ Use of physical or economic control to prevent the partner from obtaining birth control
- ▶ Hiding or destroying birth control
- ▶ Accusing partner of infidelity if they want to use contraception
- ▶ Accusing partner of not really being in love if they don't want to become or remain pregnant
- ▶ Use violence or threaten violence to convince partner to continue or end a pregnancy
- ▶ Physical assault in order to induce a miscarriage
- ▶ Forcing the partner to have multiple pregnancies w/l a short time so she is unable to work outside the home and is financially dependent and less able to escape w/o risk.
- ▶ Abuser may not stop being abusive to a baby once it is born, so getting help will benefit the children, too

What Triggers Abuse in Pregnancy

- Pregnancy does not prevent IPV but conflicting evidence exists about whether it increases or decreases during pregnancy
- In the WHO multi-country study on women's health and domestic violence against women, around 50% of women in 3 sites stated that they were beaten for the first time during pregnancy and continued afterward or escalated during pregnancy
- Pregnancy may be a time of stress
 - Upset because pregnancy was not planned
 - Stress at the thought of financially supporting a family
 - Jealousy that your attention man shift

So, What can happen?

- ▶ Inadequate prenatal care
- ▶ Physical trauma particularly abdominal
- ▶ Increase in stress-related health problems such as smoking or other forms of substance abuse or improper nutrition
- ▶ Depression
- ▶ Chronic anxiety
- ▶ Increase in STIs
- ▶ Pelvic pain
- ▶ Vaginal bleeding miscarriage
- ▶ HTN
- ▶ Insomnia
- ▶ Homicide/Feticide

Effects on the Fetus

- ▶ Complications of pregnancy
- ▶ Antenatal stress
- ▶ Fetal injuries
- ▶ Elective termination



Effects on the Laboring Woman

- ▶ Fear of pelvic exams
- ▶ Fear of loss of control
- ▶ May experience PPD that may affect the mother-child relationship their children

Homicide

- ▶ 2nd leading cause of injury-related death
- ▶ Incidence = 2.90 women per 100,000 live births
- ▶ 40-70% of female murder victims in the US were killed by their husbands or boyfriends
- ▶ 2011 – Pregnancy-associated homicide claimed more lives than many OB complication, including hemorrhage and preeclampsia

Suicide

Multiple studies have found that domestic violence survivors have a higher-than-average rate of suicidal thoughts, with as many as 23% having attempted suicide compared to 3% of those who had no prior domestic violence exposure

Red Flags for Suicide

- ▶ Talking about wanting to die or kill themselves
- ▶ Looking for a way to kill themselves, such as searching online or buying a gun
- ▶ Talking about feeling hopeless or having no reason to live
- ▶ Talking about feeling trapped or in unbearable pain
- ▶ Talking about being a burden to others
- ▶ Increasing their use of alcohol or drugs
- ▶ Acting anxious or agitated, behaving recklessly
- ▶ Sleeping too little or too much
- ▶ Withdrawing or isolating themselves
- ▶ Showing rage or talking about seeking revenge
- ▶ Displaying extreme mood swings

Effects on Siblings

- ▶ ~ 3.3 million children in the US witness violence against their mother by a family member per year.
- ▶ Child abuse is 150% higher in homes where a partner hits the wife.
- ▶ Growth, development, behavior and academic problems
 - Acting out
 - Depression, anxiety
 - Particularly
 - Difficulty sleeping
 - Enuresis
 - School problems that include dropping grades or skipping classes
 - Unexplained weight gain or loss
 - Aggression
- ▶ Girls are more likely to enter abusive relationships as teens
- ▶ Boys are far more likely to become abusers as teens and adults

Screening

- ▶ CDC recommends screening all pregnant women at least once during pregnancy and repeating that screen during each trimester and at the 1st pp visit, as some women who are victims may not disclose that info when first asked.
- ▶ ACOG recommends screening all women at regular intervals
 - ▶ Sample questions are listed in the Committee Opinion
- ▶ Summary of state laws :
www.futureswithoutviolence.org/userfiles/file/HealthCare/MandReport2007FINALMMS.pdf

Tools

- ▶ “Interrupting Intimate Partner Violence During Pregnancy With an Effective Screening and Assessment Program” – Ann Bianchi, Sandra Cesario and Judith McFarlan, JOGN2016, Vol 45, Issue4.

Guidelines for Screening

- ▶ Respond in a way that makes the victim feel believed and supported
- ▶ Avoid questions that use stigmatizing terms (i.e. “abuse”, “rape”, “battered”, or “violence”)
- ▶ Use strategies that do not convey judgment
- ▶ Keep printed take-home resource material available if the patient wants it
- ▶ Do not try to force acceptance of assistance or secretly place information in the patient’s possession
- ▶ Make available the National Domestic Violence hotline #, with the realization that her phone may be monitored
- ▶ Discuss what form of future communication is best related to medical bills and follow-up
- ▶ Respect the patient’s right to choose.

Building Trust

- Eye contact
- Be mindful of body language
- Sit next to a woman at eye level
- Use a nonjudgmental approach to convey interest and concern
- Listen and don't push for disclosure, wh/ may encourage the woman to share more at the next visit

4 Guiding Principles of Intervention

- ▶ Survivor Safety
- ▶ Survivor Empowerment
- ▶ Perpetrator accountability
- ▶ Advocacy for social change

Suggestions for Verbal Support:

- ▶ Showing empathy
 - ▶ “I am very sorry this is happening to you”.
 - ▶ “I am glad you were able to tell me”.
- ▶ Validation
 - ▶ “You do not deserve this, and it is not your fault”.
 - ▶ “You must be very strong to have been able to go through this and now to be able to ask for help”.
- ▶ Offering assistance:
 - ▶ “I want to help you through this in any way I can”.
 - ▶ “I have worked with others with this problem and can assist you in improving your health and with giving you resources to support you through working on this problem”.

Stages of Readiness to Take Action

- ▶ Pre-contemplation – patient is not concerned about the situation
- ▶ Contemplation – patient has considered change but is not ready to take action
- ▶ Determination – patient has decided to make changes
- ▶ Action – patient is actively seeking help and taking steps to address the problem

Danger Assessment Tool

- ▶ Instrument that helps to determine the level of danger an abused woman has of being killed by her intimate partner.
- ▶ 2 parts:
 - ▶ Calendar
 - ▶ 20-item scoring instrument
- ▶ www.dangerassessment.org

Why Don't They Just Leave?

- ▶ Denial
- ▶ Hope
- ▶ Shame
- ▶ Guilt
- ▶ Financial
- ▶ Practical
- ▶ Children
- ▶ Fear of reprisal
- ▶ Spiritual/religious

Websites

- ▶ http://www.huffingtonpost.com/2014/09/12/why-didnt-you-just-leave_n_5805134.html
- ▶ www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html
- ▶ <https://www.womenshealth.gov/violence-against-women/types-of-violence/domestic-intimate-partner-violence.html>
- ▶ <https://www.nij.gov/topics/crime/intimate-partner-violence/Pages/welcome.aspx>

Making a Plan

- ▶ Gather things you may need (papers, medication, phone card in only things to help you cope)
- ▶ Save some money (set up an account in your own name)
- ▶ Make an emergency bag and store it in a safe place
- ▶ Develop a signal to alert children or neighbors to call 911
- ▶ Plan for pets
- ▶ Practice how to get out of your home
- ▶ Get legal help (notify police and request a police report)
- ▶ Plan in advance a safe place to go
- ▶ Plan how to get there
- ▶ Leave
- ▶ Call 911

Challenges

- ▶ Nurses' personal bias
- ▶ Physical environment (privacy, safety)
- ▶ Presence of the abuser/partner
- ▶ Time to complete the screening
- ▶ Cultural barriers (translator services, Don't make assumptions)
- ▶ Social misconceptions about abuse
- ▶ Lack of education regarding screening techniques

Legal Issues

- ▶ Documentation
 - ▶ Reports should be specific and detailed
 - ▶ Include quotes
 - ▶ Patients have the right to ask that information regarding IPV not be included in their chart
 - ▶ Findings from the physical exam
 - ▶ Photographs including the patient's face or identifying features (get consent)
 - ▶ Sketch may be used if photo not available
 - ▶ Orders for appropriate lab and radiology studies
 - ▶ Comments on comorbidities

If you need help:

- Call The National Domestic Violence Hotline 1-800-799-SAFE (7233)
- National Teen Dating Abuse Helpline – 1-866-331-9794
- Online go to www.DomesticShelters.org

<https://www.domesticshelters.org/>

