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Intimate Partner Violence

Domestic abuse is defined as any incident of threatening behavior, violence, or abuse (psychological, physical, sexual, financial or emotional between adults who are or have been intimate partners or family members regardless of gender or sexuality. It is suspected that up to 50% of women worldwide are physically abused by an intimate male partner. Women are hesitant to disclose abuse for numerous reasons, such as fear of losing their children, fear of stigmatism, fear of further abuse and/or death. Nurses in primary care settings can do a great deal to support women who have experienced domestic violence.

Women reporting intimate partner violence during the year prior to pregnancy were less likely to receive prenatal care in the first trimester; over 7% experienced abuse during the 12 months preceding pregnancy and 5% of new mothers reported abuse during pregnancy. A study of over 2000 women revealed 17% of women who had

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been physically abused by an intimate partner were not allowed to access health care.

One study found that 83% of women welcomed abuse screening; however, only 25% were ever asked about partner violence and 86% reported they would disclose abuse if asked directly, privately, and respectfully. There are numerous behaviors used by perpetrators that are not physical violence: intimidation (display of weapons, stern facial expressions, destroying property), emotional abuse (humiliation, name-calling), isolation (controlling who she sees/talks to, limits outside involvement), minimizing, denying or blaming (shifting responsibility for the abuse or making light of it), using children (threatening to take them away or using them to relay messages), male privilege (treating her like a servant, stressing the 'head-of-the-house' rule), economic abuse (preventing her from getting a job, controlling all the funds), coercion/threats (threatening homicide/suicide, forcing her to do illegal things like drug dealing or prostitution). Perpetrators gain control over reproductive health through tactics like sexual coercion (intentionally exposing women to an STI, violence if woman refuses to have sex when partner wants it), birth control sabotage (interference with contraceptive methods) and pregnancy coercion (threats or pressure to promote pregnancy or attempts to control pregnancy outcomes, or violence if woman becomes pregnant). Intimate partner violence increases the risk for unintended pregnancy two-fold. Of 3000 female callers to the National Domestic Violence Hotline, 25% reported they had experienced some sort of reproductive coercion. Women who discussed partner violence with their medical provider revealed a 71% reduction in pregnancy coercion.

Women who are physically abused during pregnancy are over 7% more likely to drink during the pregnancy. Intimate partner violence is associated with low and very low birth weights and with pre-term births. Homicide is the second leading cause of injury-related deaths among pregnant women. Women with a controlling or threatening partner were noted to be 5 times more likely to experience persistent postpartum depression. Among adolescent girls who experience dating violence, 32% become pregnant while in an abusive relationship and 59% reported those pregnancies were unwanted. Adolescent mothers who experienced physical abuse within three months after delivery were twice as likely to have a repeat pregnancy within 24 months.

In 2014, Georgia ranked 9th in the nation for the rate at which women are killed by men.

Training to increase knowledge and improve screening skills is the first step for health care providers in helping victims. Providing an adequate health care response takes flexibility and understanding. Educate yourself about the problem. Perform an abuse/safety screening.

Accurately document your discoveries. Assess the victim's safety. Refer the victim to a local domestic violence agency. Provide follow-up for the victim. Contact Georgia Coalition Against Domestic Violence for more information about training opportunities.

References: Bradbury-Jones et al (2011). Improving the health of women living with domestic abuse. Nursing Standard, vol 25(43). Art & Science. Georgia Coalition Against Domestic Violence. www.gcadv.org

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