

Intimate Partner Violence During & After Pregnancy

Why and How to Screen Your Patients

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INTRODUCTION

What is Intimate Partner Violence (IPV)

Intimate partner violence (IPV) is a pattern of coercive, controlling behavior between intimate partners such as spouses, dating partners, or individuals who have a child in common, and can include physical abuse, emotional or psychological abuse, sexual abuse or financial abuse. It is a pervasive, life-threatening crime that affects thousands of individuals in Connecticut regardless of age, gender, economic status, race, ethnicity, religion, sexual orientation or education. Victims are left feeling scared, confused, dependent and insecure about their ability to survive on their own, financially or otherwise. The children of an abused parent must contend with these same fears and realities.¹

The Centers for Disease Control and Prevention (CDC) estimates that one in four women in the U.S. will experience domestic violence in her lifetime. Around three women a day are killed by intimate partners.² One in ten children in the U.S. are exposed to domestic violence and the majority of them are under six years old.³ The rate of violence in couples experiencing financial strain is over three times higher than the rate among other couples.⁴ In short, domestic violence is a public health problem of epidemic proportions.⁵

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IPV in Pregnancy & Post-partum

Income and educational levels are the most significant predictors of pregnancy violence, according to a project involving more than 1,000 pregnant women in the U.S.⁶ However, we know that pregnancy is a heightened time of abuse for anyone experiencing intimate partner violence. Studies have found that traditional attitudes towards gender roles, such as the belief that men should control and dominate a relationship and household, or that women should perform domestic duties and be emotionally and physically available to men, are linked to perpetration of domestic and family violence in pregnancy.⁷ Pregnancy has also been identified as a time of greater autonomy and self-awareness for women.⁸ Since control is a significant aspect of domestic and family violence, violent or abusive men may find pregnancy threatening and seek to re-exert control over their partners.⁹ Sexual violence and coercion have also been identified as features of domestic violence during pregnancy and post-partum, as pregnancy may limit a perpetrator's assumed entitlement and free access to his partner's body.¹⁰

IMPACT OF IPV ON MOTHER & CHILD HEALTH

Impact of IPV During & After Pregnancy on Mother's Health

Intimate partner violence can cause a number of health related issues for women, especially during and post pregnancy. IPV during pregnancy may exacerbate chronic problems such as hypertension and gestational diabetes, both of which have implications for newborn outcomes. Cervical and uterine infections, including HIV and other sexually transmitted diseases, occur at higher rates among abused women compared to those not abused, placing them at greater risk for intrauterine growth restriction and preterm birth. Women who experience IPV either during or outside of pregnancy were found to have a nine fold increase in risk for a mood or anxiety disorder and significantly more likely to be hospitalized for mental health related problems.¹¹

IPV has also been associated with many negative health behaviors during pregnancy, including inadequate prenatal care utilization, inadequate weight gain, and smoking, drinking, and substance use during pregnancy. Some women may turn to coping behaviors such as drinking or smoking cigarettes and it is estimated that up to 50% of alcoholism in women may be precipitated by abuse. There are a number of studies that have identified an association between prenatal alcohol and drug exposure and adverse newborn outcomes including prematurity and low birth weight.¹² Women who experience IPV were twice as likely to begin care in the third trimester and enter care 6.5 weeks later compared with other women. There is also a relation between pregnancy IPV and infant birth weight that was completely mediated by poor pregnancy weight gain.¹³ Women may not gain weight out of stress or to adhere to a partner’s unrealistic beauty standards.

Impact of IPV During & After Pregnancy on Child’s Health

The health impacts of IPV on pregnant and parenting women directly impacts the health and well-being of children both in the womb and during infancy. Women who experience domestic violence while pregnant are twice as likely to give birth to a premature baby or a baby with low birth weight.¹⁴ Domestic violence, in fact, doubles the risk of preterm birth and low birth weight. This risk was increased further for women who experienced two or more types of domestic violence during their pregnancy.¹⁵ Cognitive deficits, motor delays including cerebral palsy, academic difficulties, language delays, and significant increased rates of attention problems, behavioral difficulties, and psychological problems are some of the common outcomes experienced by children born with low birth weight.¹⁶

Infants who are exposed to intimate partner violence are at higher risk of developmental delays, excessive separation anxiety, and sleep disturbance. The abuse may cause disruptions in feeding schedule or failure for that newborn to thrive. Infants may also be caught in the “crossfire” and might be injured by the abuser either accidentally or intentionally.¹⁷

According to the U.S. Attorney General’s National Task Force on Children Exposed to Violence, the following are some of the effects of exposure to domestic violence on children¹⁸:

- | | | |
|----------------------|--|--|
| WOMB - 1 YEAR | <ul style="list-style-type: none"> • physical injuries or death • sleep & eating disturbances • fright & trauma | <ul style="list-style-type: none"> • colicky/sick • nervous, jumpy, crys often • insecurities |
| 2 - 4 YEARS | <ul style="list-style-type: none"> • speech problems • acting out aggressively • depression/withdrawn | <ul style="list-style-type: none"> • delaying toilet training • verbalizes seeing abuse • problems relating to other kids |
| 5 - 12 YEARS | <ul style="list-style-type: none"> • becomes caretaker (parentified) • running away • early interest in drugs/alcohol | <ul style="list-style-type: none"> • school problems • bed-wetting • sexual behavior |

ROLE OF THE HEALTHCARE PROFESSIONAL

Victims don’t seek domestic violence services for a myriad of reasons, including that they may not identify as a victim of abuse, they may be terrified and controlled by their abuser, or they don’t realize that there are free and confidential services available to them. That is why a healthcare provider can play such an important role for a victim of domestic violence. Research shows that women who talk to their health care provider about abuse are more likely to seek intervention and leave a relationship. Most individuals value the opinions and advice of their healthcare provider, so when abuse is brought up in the context of a patient’s health, it holds a lot of weight. We also know that many victims won’t seek out domestic violence services for the aforementioned reasons, and so not screening patients for IPV is a potentially fatal missed opportunity.

Many of the country’s leading health organizations recommend screening for intimate partner violence. The US Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for IPV and provide or refer women with positive screens to interventions. Screening is also recommended by:

- Joint Commission on the Accreditation of Hospitals and Healthcare Organizations
- American Medical Association
- American Academy of Pediatrics
- American Nursing Association
- American College of Obstetricians and Gynecologists
- Institute of Medicine

These recommendations apply even when women do not exhibit signs or symptoms of abuse. Research has shown that patients support assessments and that there is no harm in screening for IPV. Interventions improve health and safety for both mother and child.¹⁹ When healthcare providers don't screen, patients may fall through the cracks.

INTIMATE PARTNER VIOLENCE SCREENING & REFERRAL

Screening

It is important to ensure patient safety when conducting a screen for IPV, therefore the patient or mother of a patient should be screened separate from her partner. Screening a patient for IPV may be uncomfortable for some healthcare providers, but when framed as a health-related concern for mother and/or child, you can put yourself and your patient at ease. Let your patient or patient's mother know that you ask everyone about safe and healthy relationships because it can have such a huge impact on a mom's health and the health of her child. It is important to get to the heart of the matter so avoid screening questions that are easily misinterpreted like, "do you feel safe at home." A more direct IPV screening question to use is, "is anyone in your life hurting or threatening you in any way." There are a number of IPV screening tools available to healthcare professionals including the H.I.T.S. (see below). For more information on H.I.T.S. or other available screening tools, please review the CDC publication, [Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings](#).

Hurt, Insult, Threaten, Scream Screening Tool (HITS)

How often does your partner...	NEVER	RARELY	SOMETIMES	FAIRLY OFTEN	FREQUENTLY
	(1)	(2)	(3)	(4)	(5)
1. Physically hurt you?					
2. Insult or talk down to you?					
3. Threaten you with harm?					
4. Scream or curse at you?					
TOTAL SCORE:					

HEALTHCARE PROFESSIONALS ARE CRITICAL TO PREVENTION AND INTERVENTION

- Individuals trust their healthcare provider and value their advice.
- In particular, healthcare providers can use the length of pregnancy to build trust, increasing the likelihood of disclosure of IPV.
- Many victims do not know that confidential, safe and free services are available from domestic violence organizations and healthcare providers can build a bridge to those services.
- Research demonstrates that women who speak to their healthcare provider about abuse are 2.6 times more likely to end an abusive relationship.
- Because IPV has such a significant impact on physical and emotional health, many symptoms will not dissipate until the abuse is addressed.



Referral

Once you complete the screening question(s), be prepared for what your patient or their mother might say. Health professionals are not IPV experts and are not expected to be. However, if a patient or patient's mother discloses IPV, it is important to validate her, believe her, and offer her services. Just as you would refer a patient for any health related concern that falls outside the scope of your practice, do the same with a patient experiencing IPV. There are domestic violence services with specially trained advocates available 24/7 to provide free and confidential one-on-one counseling, safety planning, support groups, legal advocacy, and emergency shelter.

When making a referral, it's best to let the patient know what to expect. Doing so may ease many of the victim's concerns about seeking help for IPV. The following are some tips for talking with your patient about a referral:

- It would be ideal for your patient or patient's mother to place the call right from the office.
- When someone calls the hotline, an advocate will answer and be available to talk immediately.
- Domestic violence services are not connected to law enforcement. The police will not be notified that an IPV incident has taken place.
- Advocates do not pressure someone to leave their partner. Advocates are trained to listen and provide support and options to help keep the victim safe.
- The patient must be willing to speak with an advocate. Advocates cannot call a patient at the request of a medical provider.
- Advocates are available to meet a victim in a public place, like your office, a coffee shop, or a grocery store.

Consider letting patients use your office phone or remain in your office while using their cell phone to call the local domestic violence agency, particularly if it's not safe for them to call from home.

Find your local domestic violence organization and connect with them. They can provide you with pamphlets and other helpful material to keep in your office.

As a healthcare provider, be sure to document the screen in the patient's medical record. Make sure that the screen is kept in a confidential section of the patient's record, especially if the patient is the child and the chart can be accessed by both parents. When the patient returns for subsequent appointments, IPV should be discussed as it is now a part of that patient's health history.

LEARN MORE AT www.ctccfv.org

NEED HELP?

Professionals or parents looking for help can call the statewide domestic violence hotline. Counselors are available 24 hours per day, 7 days per week. All services are confidential, safe and free.

888.774.2900
ENGLISH

844.831.9200
ESPAÑOL

The Children's Center on Family Violence is a partnership between Connecticut Children's Medical Center and Connecticut Coalition Against Domestic Violence. It was established in 2016 to respond to and reduce the number of children impacted by family violence through a trauma-informed, multidisciplinary, multiagency approach. Learn more about The Center and our work at www.ctccfv.org.

Endnotes

- ¹ Connecticut Coalition Against Domestic Violence. Retrieved on August 8, 2017 from <http://www.ctcadv.org/information-about-domestic-violence/what-domestic-violence/>.
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- ⁴ Ibid
- ⁵ Ibid
- ⁶ Bailey, B. Partner violence during pregnancy: prevalence, effects, screening, and management. *International Journal of Women's Health*. 2010, 2: 183-197.
- ⁷ Ibid
- ⁸ Ibid
- ⁹ Ibid
- ¹⁰ Ibid
- ¹¹ Ibid
- ¹² Ibid
- ¹³ Ibid
- ¹⁴ Intimate partner violence during pregnancy and the risk for adverse infant outcomes: a systematic review and meta-analysis. Brittney M. Donovan, Cassandra N. Spracklen, Marin Schweizer, Kelli K. Ryckman, Audrey F. Saftlas. *BJOG* 2015; DOI: 10.1111/1471-0528.13928
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- ¹⁷ Connecticut Coalition Against Domestic Violence. Retrieved on August 8, 2017 from <http://www.ctcadv.org>
- ¹⁸ National Task Force on Children Exposed to Violence. *Defending Childhood: Report of the Attorney General's National Task Force on Children Exposed to Violence*. Retrieved on August 8, 2017 from <https://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>
- ¹⁹ Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: U.S. Preventive Services Task Force Recommendation Statement." *Annals of Internal Medicine* (volume 158, pages 478-486 march 2013).