



MWIA CASE STUDIES

VIOLENCE DURING PREGNANCY

Case 6: Mandy

Objectives

- To show that violence during pregnancy may be a more common problem than conditions for which pregnant women are routinely screened.

Narrative Case

** At the end of the case study you can find “Learning points” related to information presented in the narrative case, denoted by numbers in square brackets.*

Mandy was a 23-year old patient currently 28 weeks pregnant. I had delivered her and was her only doctor since birth. I knew her quite well as she had asthma and spent more than the usual time in my office. I also looked after her mother and sister and grandmother.

She did not do well in school and hung with the rough crowd. Although we had talked about contraception on previous visits, she was unreliable taking her birth control pills. Therefore, it was not a surprise to find her presenting to my office for pregnancy care. Her relationship was unstable but at present she was living with the baby’s father, an El Salvadorian immigrant involved in the drug trade. [1]

The pregnancy was progressing uneventfully until one day Mandy presented with facial bruising and abdominal pain. Through sobs, Mandy told me that her boyfriend had beaten her up because she refused to have sex with him. He punched her in the face and kicked her in the belly. She had called the police and they arrested him overnight but he was being released later that morning. She had been to emergency and found to be physically okay. She did not know what to do. [2] Pregnancy wise, she was fine, but was emotionally distraught and not sure of her options.

I was able to put her in contact with the Ending Violence Association, which is an umbrella organization for services available for victims of domestic and sexual violence. They were able to get her into a safe house, where counselling and social services were available. She managed to make a clean break from the relationship and went on to deliver a healthy son, with ongoing support from social services and her family. [3]

Learning Points

- [1] Many women have a longitudinal relationship with a physician, particularly during pregnancy and well baby visits. This allows for more opportunities for screening and prevention. Only about 17% of all pregnancy women are screened for domestic violence at their first visit and 10% at subsequent visits
- [2] Violence during pregnancy may be a more common problem than conditions for which pregnant women are routinely screened. It is estimated that one in five women will be abused during pregnancy. As homicide during pregnancy now surpasses the previous leading causes of death (automobile accidents and falls), it is more important than ever that we know the signs and properly screen women for domestic violence. However, the doctors and emergency room providers need to know the signs of abuse and what to do about them.
- [3] It is important for primary care providers to have easy access to services for victims of domestic and sexual violence. It is important to make sure that they are safe from further harm and have access to services that allow them to make choices that are best for them and their baby.

References

- Center for Disease Control (March 2015). *Intimate Partner Violence During Pregnancy: a Guide for Clinicians* [Presentation]. Retrieved from: <https://slideplayer.com/slide/2322229/>
- Weiss, R. E. (18 August 2017). *Domestic Violence and Pregnancy*. Retrieved from: <https://www.verywellfamily.com/domestic-violence-in-pregnancy-2752743>