



# MWIA TRAINING MODULE ON VIOLENCE

## Intimate Partner Violence During Pregnancy

### Definition of the type of abuse<sup>1</sup>

Intimate partner violence (IPV) directed towards a pregnant woman can manifest in physical, sexual or emotional abuse, and is detrimental for both the pregnant woman and foetus. Of particular concern is physical violence targeted towards the woman's abdomen, which might jeopardize the pregnancy.

### General facts/Prevalence rates<sup>1</sup>

- Majority of countries surveyed report prevalence between 4%-12%.
- Approximately 20% of women experiencing IPV are pregnant at the time of violence.
- Leads to higher rates of preterm labour, low birth weight, miscarriage and abortion.
- Increases the risk of mental health issues such as anxiety and depression, and can lead to coping strategies like smoking and substance use, which can harm the foetus.
- Can cause women to delay prenatal care or miss appointments, possibly because partners disallow woman to leave the home, or because the woman is afraid that her injuries will be discovered and reported.

### Risk factors<sup>1</sup>

- Evidence is inconclusive on whether IPV increases or decreases in pregnancy.
- Women with unintended pregnancies are 2-4 times more likely to experience physical violence than women with planned pregnancies.
- Rates of IPV during pregnancy are higher among teenagers.

### Types this form of abuse may take<sup>2,3</sup>

**Physical abuse**—inflicting physical injury or pain to a pregnant woman, e.g. slapping, kicking, choking. This may cause miscarriage, vaginal bleeding and harm to the baby.

**Psychological / emotional abuse**—inflicting mental pain, anguish, or distress on a pregnant woman through verbal or non-verbal acts, e.g. blaming, insulting, prohibiting woman from seeing friends and family. Such stress can negatively affect the baby.

**Sexual abuse**—non-consensual sexual contact of any kind. Refusing to use condom during non-consensual intercourse can also be a form of reproductive coercion.

**Reproductive coercion**—violent threats or acts towards a woman to either terminate or initiate pregnancy. Refusal to comply with partner can lead to other violent acts.

**Homicide**—rates of homicide among pregnant woman vary according to study. The NIH reports it is the second most common injury-related death for pregnant women.

### Prevention<sup>3</sup>

- Train medical staff to routinely look for early signs of IPV – IPV can exist when woman does not present with symptoms, she may try to conceal IPV evidence. Early intervention may prevent violence from escalating.
- Assess for IPV in all patients presenting with head, neck or face injuries.
- Increase the availability and accessibility of legal, social and psychological support services, including domestic violence shelters.
- Collect data to monitor and evaluate IPV severity and prevalence. This will help to understand trends and implement prevention and intervention programs.

## Useful websites

WHO factsheet on IPV during pregnancy:

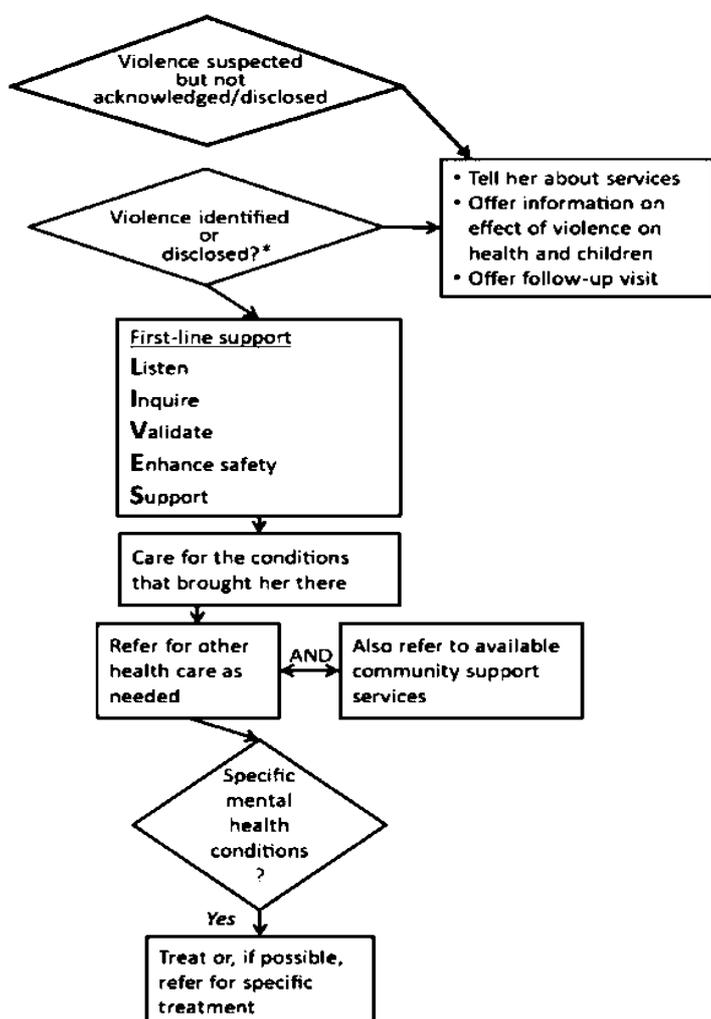
[http://www.who.int/reproductivehealth/publications/violence/rhr\\_11\\_35/en/](http://www.who.int/reproductivehealth/publications/violence/rhr_11_35/en/)

National Coalition Against Domestic Violence factsheet of IPV during pregnancy:

[https://www.uua.org/sites/live-new.uua.org/files/documents/ncadv/dv\\_pregnancy.pdf](https://www.uua.org/sites/live-new.uua.org/files/documents/ncadv/dv_pregnancy.pdf)

## Useful resources

### Pathways for Care for IPV<sup>4</sup>



### RADAR Tool (for IPV in general)<sup>5</sup>

**R**emember to ask routinely about IPV as a matter of routine personal care.

**A**sk directly about violence with such questions as “At any time, has a partner hit, kicked, or otherwise hurt or frightened you?” Interview your patient in private at all times.

**D**ocument findings related to suspected intimate partner violence in the patient’s chart.

**A**ssess your patient’s safety. Is it safe to return home? Find out if any weapons are kept in the house, if the children are in danger, and if the violence is escalating.

**R**eview options with your patient. Know about the types of referral resources in your community (e.g. shelters, support groups, legal advocates).

## Screening in a Health Care Setting<sup>5</sup>

<b>Step 1: Review Medical History for Warning Signs of Intimate Partner Violence</b>	
<ul style="list-style-type: none"> <li>• Previous medical visits for injuries</li> <li>• History of abuse of assault</li> <li>• Repeated visits</li> <li>• Chronic pelvic pain, headaches, vaginitis, irritable bowel syndrome</li> <li>• History of depression, substance use, suicide attempts, anxiety</li> </ul>	
<b>Step 2: Review Medical History for Pregnancy-related Factors</b>	
<ul style="list-style-type: none"> <li>• Unintended pregnancy</li> <li>• Unhappiness about being pregnant</li> <li>• Young maternal age</li> <li>• Single marital status</li> <li>• Higher parity</li> <li>• Late entry into prenatal care/missed appointments</li> <li>• Substance use or abuse (tobacco, alcohol, drugs)</li> </ul>	
<b>Step 3: Observe Woman's Behaviour</b>	
<ul style="list-style-type: none"> <li>• Flat affect</li> <li>• Fright, depression, anxiety</li> <li>• Post-traumatic stress disorder symptoms <ul style="list-style-type: none"> <li>◦ Dissociation, psychic numbing, startle responses</li> </ul> </li> <li>• Over-compliance</li> <li>• Excessive distrust</li> </ul>	
<b>Step 4: Observe Partner's Behaviour</b>	
<ul style="list-style-type: none"> <li>• Being overly solicitous</li> <li>• Answering questions for the patient</li> <li>• Being hostile or demanding</li> <li>• Never leaving the patient's side</li> <li>• Monitoring the woman's responses to questions</li> </ul>	
<b>Step 5: Ask Directly</b>	
<ul style="list-style-type: none"> <li>• Ask questions in private apart from male partner, friends, or family</li> <li>• Explain issues of confidentiality</li> <li>• Be aware of mandatory reporting laws in your state and inform woman of them</li> <li>• Face-to-face talk more affective than written questionnaires</li> <li>• Ask caring and empathetic questions</li> <li>• Be prepared to hear your patient's answer</li> </ul>	

## HITS Tool<sup>5</sup>

The HITS Screening Tool for Domestic Violence*					
How Often Does Your Partner	Never	Rarely	Sometimes	Fairly Often	Frequently
Physically hurt you	1	2	3	4	5
Insult or talk down to you	1	2	3	4	5
Threaten you with harm	1	2	3	4	5
Scream or curse at you	1	2	3	4	5

\*A total score of more than 10 is suggestive of intimate partner violence. This information, called R3, is available as a free Android or iPhone application. Data from Sherin KM et al.<sup>13</sup>

AAS Tool<sup>5</sup>**Abuse Assessment Screen (Circle YES or NO for each question)**

1. Have you ever been emotionally or physically abused by your partner or someone important to you?.....YES NO

2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone? .....YES NO

If YES, by whom? (Circle all that apply)

HUSBAND EX-HUSBAND BOYFRIEND STRANGER OTHER MULTIPLE

Total No. of times\_\_\_\_\_

3. Since you've been pregnant have you been hit, slapped, kicked or otherwise physically hurt by someone? .....YES NO

If YES, by whom? (Circle all that apply)

HUSBAND EX-HUSBAND BOYFRIEND STRANGER OTHER MULTIPLE

Total No. of times\_\_\_\_\_

Score each incident according to the following scale:

1 = threats of abuse, including use of a weapon

2 = Slapping, pushing; no injuries and/or lasting pain

3 = Punching, kicking, bruises, cuts and/or continuing pain

4 = Beaten up, severe contusions, burns, broken bones

5 = Head, internal and/or permanent injury

6 = Use of weapon, wound from weapon

(If any of the descriptions for the higher number apply, use the higher number)

4. Within the last year, has anyone forced you to have sexual activities?  
If YES, by whom? (Circle all that apply)

HUSBAND EX-HUSBAND BOYFRIEND STRANGER OTHER MULTIPLE

Total No. of times\_\_\_\_\_

5. Are you afraid of your partner or anyone listed above? .....YES NO

## Implementation of Screening Tools<sup>5</sup>

- If patient describes an IPV event, document the event in the patient's chart in her own words.
- Ask how you can best support your patient.
- Make a safety plan with patient – you may want to connect your patient with a nurse, social worker, advocate, community resource, or healthcare worker trained in violence prevention.

### References

1. WHO (2011). *Intimate Partner Violence During Pregnancy: Information Sheet*. Retrieved from: [http://www.who.int/reproductivehealth/publications/violence/rhr\\_11\\_35/en/](http://www.who.int/reproductivehealth/publications/violence/rhr_11_35/en/)
2. ACOG. (2013). Reproductive and Sexual Coercion. Committee Opinion No. 554. *Obstet Gynecol* 121, 411-415
3. Bailey, B. (2010). Partner violence during pregnancy. *Int J Womens Health*, 2, 183-197.
4. WHO. (2014). *Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook*. Retrieved from: [www.apps.who.int/iris/bitstream/handle/10665/136101/WHO\\_RHR\\_14.26\\_eng.pdf](http://www.apps.who.int/iris/bitstream/handle/10665/136101/WHO_RHR_14.26_eng.pdf)
5. Deshpande, N. A. & Lewis-O'Connor, A. (2013). Screening for IPV During Pregnancy. *Rev Obst Gynecol*, 6 (3-4), 141-148. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4002190/>