

Perinatal IPV

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General Disclosures

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Speaker Disclosures

I have nothing to disclose.

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Learning Objectives

- Define intimate partner violence and its prevalence.
- Understand the risks of IPV related to mental health, reproductive health, and pregnancy.
- Discuss key components of a trauma-informed IPV assessment, including screening, risk assessment, safety planning, documentation, and referrals/resources.
- Recognize health inequities, particularly around prevalence and access to resources, related to IPV.

Cludia

- 33 years old, married to her wife of five years
- Prior pregnancy with twins ended in miscarriage at ~10 weeks
- PMH: migraines, GERD
- PPH: MDD, Binge Eating Disorder, Alcohol Use Disorder (mild)
- Currently 32 weeks pregnant
 - Entered prenatal care around 13 weeks gestation
 - Poor weight gain, otherwise unremarkable pregnancy
 - Seen by her OB three days ago for spotting, evaluation reassuring

Definitions

- **IPV**: “Intimate partner violence includes physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner).”
- **Perinatal IPV (P-IPV)**: IPV which occurs in the year before pregnancy, during pregnancy, and/or up to a year following pregnancy
- **Reproductive Coercion**: birth control sabotage, pregnancy coercion

Epidemiology

- Lifetime Prevalence in Females: 30%
- Prevalence of Perinatal IPV: 0.9-20.1%
(3.9-8.3%)

Homophobia, biphobia, and transphobia

Survivor may be closeted and can't reach out for support

Abuser may blame the survivor's identity for the abuse

LGBTQ communities do not identify partner abuse as a community issue

Friends and family may not believe LGBTQ partner abuse exists

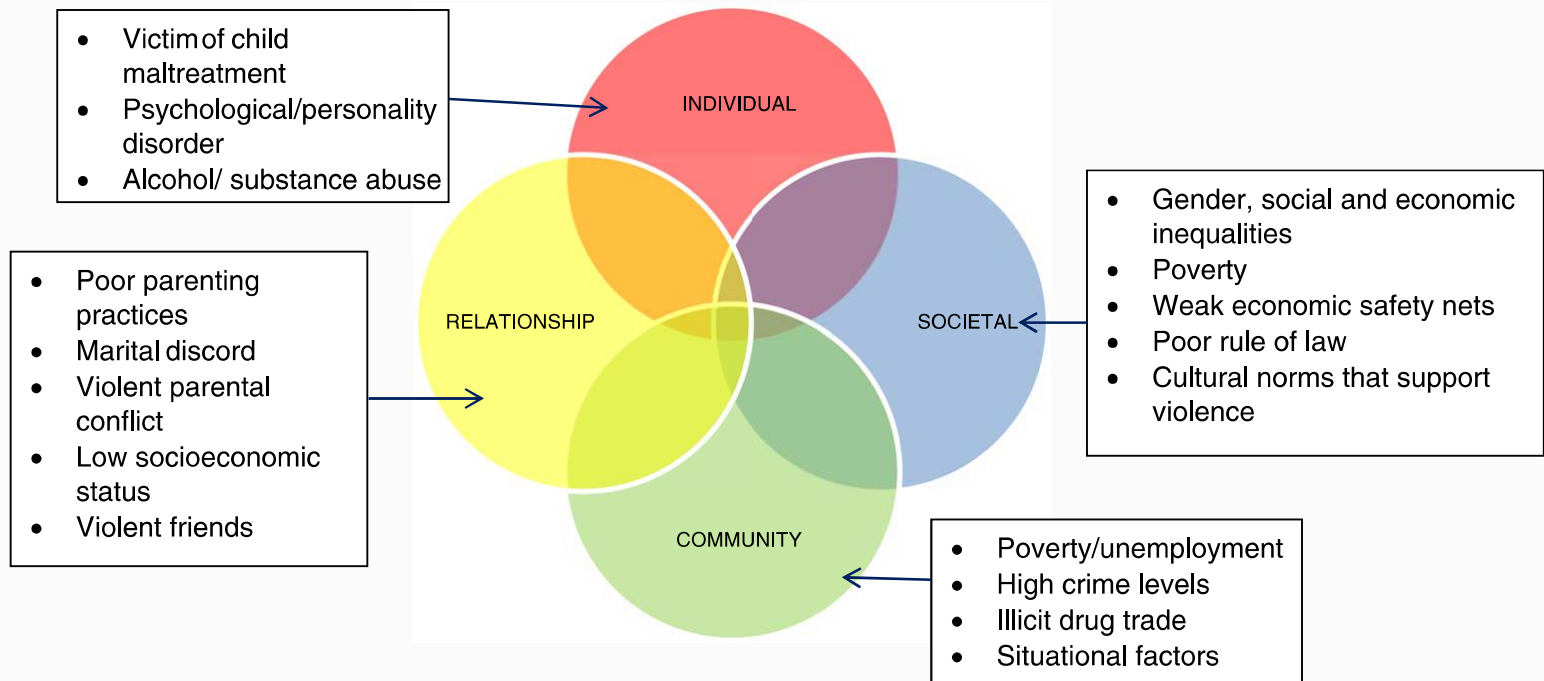
Survivor may have the same support system as abuser

Less validation of the relationship and self

Lack of visibility means there are few role models for healthy LGBTQ relationships

Survivor may blame their identity for the abuse

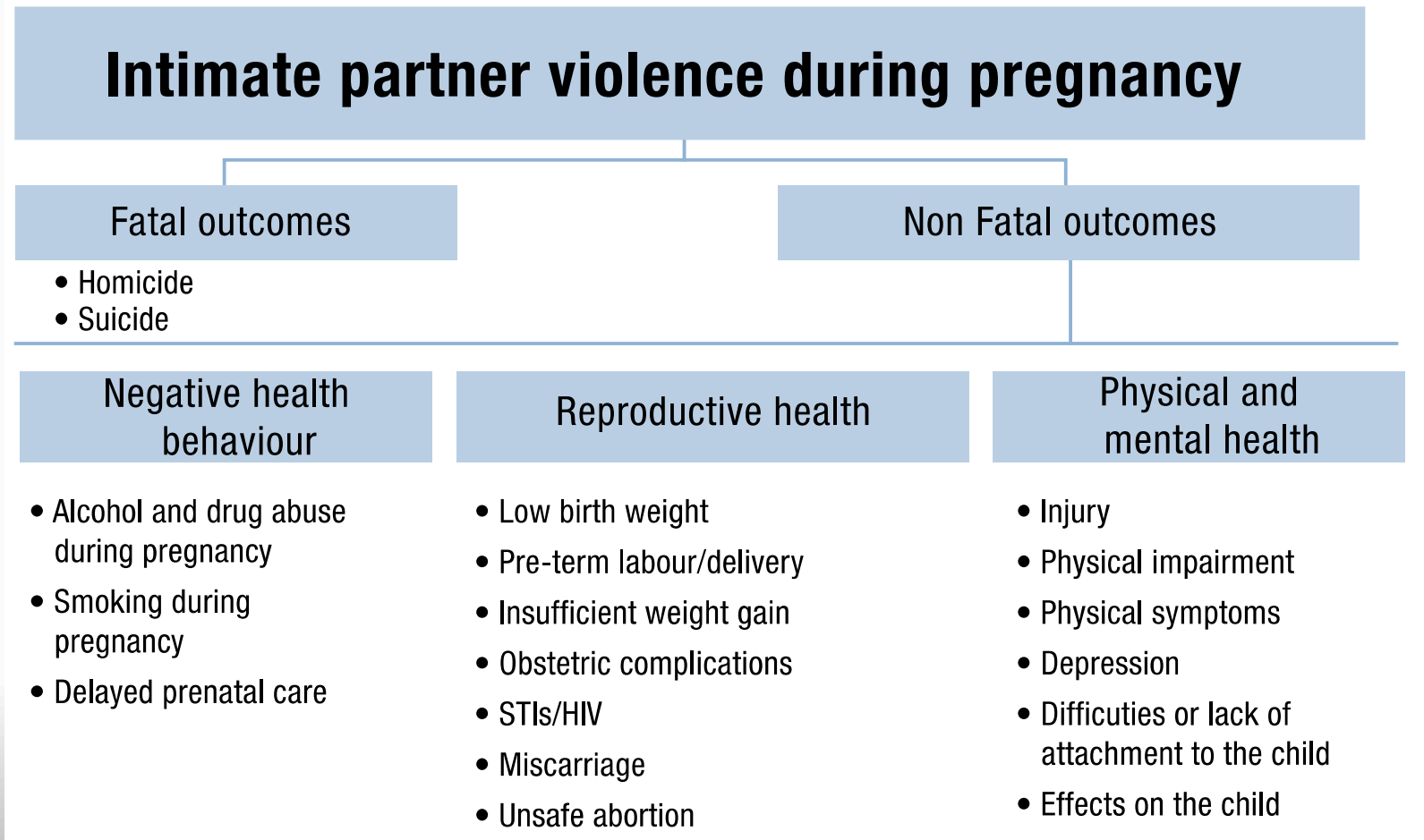
Risk Factors for Perinatal IPV



- Prior IPV
- Younger age, particularly adolescents
- Single, unmarried, or living apart
- Fewer years of education

- Medical/Obstetric complication
- Medicaid or public insurance
- Unintended pregnancy
- Ambivalence about pregnancy

Health Consequences of Perinatal IPV



Perinatal Screening: Who and When

- USPSTF recommends screening for IPV in
ALL WOMEN OF CHILDBEARING AGE
- ACOG recommends screening for IPV in **ALL PATIENTS**
 - Non-pregnant: GYN, family planning, preconception visits
 - Pregnant: 1st prenatal visit, 1+x/trimester, postpartum visit
- Intakes, annually, new intimate relationship, when suspected

Trauma Informed Care

Trauma-Informed Screening & Documentation

Slide modified from IPVAP PPT by Dr. LeeAnn Bruce

Safety

- Environment and timing
- Child over 2 or another adult

Transparency

- Limits of Confidentiality
- Reporting Laws
- Purpose of screening

Choice

- Informed Consent to Screen
- Choice of what to disclose and not disclose
- Choice of intervention
- Choice to leave or stay

Documentation

- Identify who has access to chart
- Allow choice of or how to document
- Avoid stigmatizing labels

Intervention

- Have plan for + screens to offer education, resources, or referrals.
- Recognize strengths in disclosing
- Follow through with referrals

Screen

Acknowledge and validate

Focus on safety/assess for risk

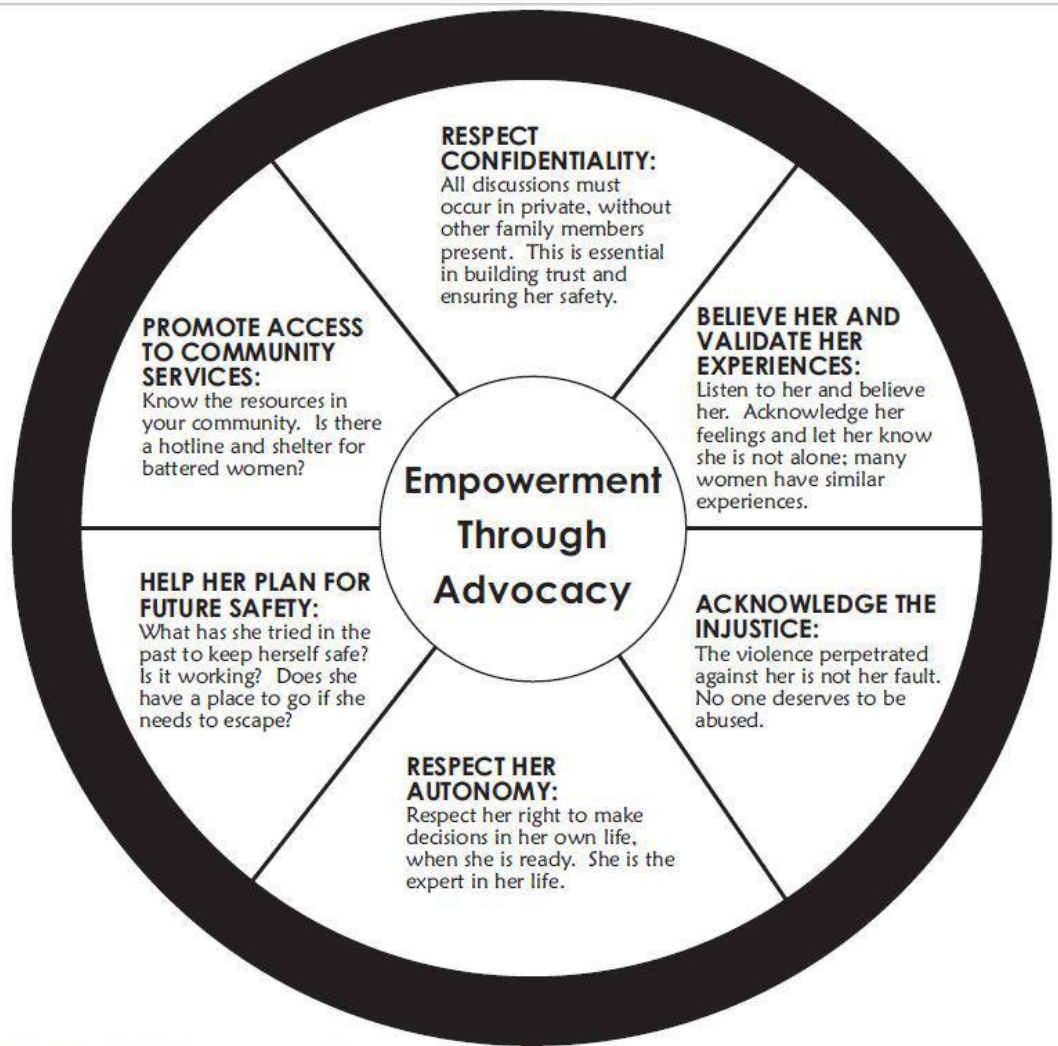
Educate all regardless of results

Refer and provide resources

Abuse Assessment Screen (AAS)

- Have you ever been emotionally or physically abused by your partner or someone important to you?
- Since I saw you last have you been hit, slapped, kicked, or otherwise physically hurt by someone?
 - If yes: by whom? Number of times? Nature of injury?
- Since you have been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone?
 - If yes: by whom? Number of times? Nature of injury?
- Within the past year has anyone made you do something sexual that you did not want to do?
 - If yes: who?
- Are you afraid of your partner or anyone else?

Responding to Disclosure of IPV



- **Empathize**
- **Empower**
- **Validate**
- **Accept**

<https://endingviolence.org/wp-content/uploads/2014/02/AdvocacyEmpowermentwheel.pdf>

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Homicide Risk Assessment

- Danger Assessment (DA) by Campbell
- Identified Risks
 - Access to/Ownership of guns
 - Use of a weapon in prior incident and/or threat(s) involving weapons
 - Threat(s) of suicide and/or homicide (partner, children, pets)
 - Substance use disorder
 - Forced sexual activity
 - Strangulation
 - Hostage taking
 - Obsessive possessiveness/Jealousy and/or stalking behavior
 - Escalation of frequency and/or severity of violence
 - Pregnancy

Safety Planning

- Options
 - Many templates available online
 - National DV Hotline or Website
 - MyPlan app
- Elements
 - Staying or leaving
 - Plan during incident or crisis
 - Keeping children safe
 - Financial resources
 - Housing resources
 - Legal information/contacts
 - Technology safety
 - Checklist of needs
 - Resource list
 - Contact info for support system

BRIEF SAFETY PLANNING HANDOUT

- Call police: 911, or other help (program phone with these numbers)
- Go to shelter
 1. _____
 2. _____
 3. _____
- If currently safe, consider contacting advocacy center
- If in the same room with the aggressor when violence occurs, avoid rooms with no outside doors and those containing weapons (kitchen, bathroom, bedroom, garage)
- Identify two or three people who are your main supporters and know of the situation and can help you if a crisis occurs
 1. _____
 2. _____
 3. _____
- Stay with friends or family that will help you stay safe
- Obtain a protection order against your partner
- Develop a safety plan with the children:
 1. Stay in bedroom during argument
 2. Leave house or go to friends/neighbors
 3. Tell a relative
 4. Call 911.
- Call the National Domestic Violence Hotline anytime:
1-800-799-SAFE (7233)
- Hotline for Child Abuse and Maltreatment:
1-800-4-A-CHILD® (1-800-422-4453)
- Join a support group—you're not alone!

Universal Education

“Intimate partner violence happens to a lot of people, in all types of relationships, and tends to continue or become more frequent/severe. It can affect your health in many ways, even after it ends...”

- Assess for health problems associated with IPV and connect to the IPV
- Provide information about birth control if reproductive coercion disclosed
- Inform them of the benefit from advocacy and counseling services
- Educate on the risk of leaving

Documentation of IPV

- Risks vs. Benefits
 - Example Risk: partner able to access records -> retaliation
 - Example Benefit: use for future legal proceedings
- If the individual consents, document + screen for IPV as well as:
 - Specific details of incidents of violence
 - Risk assessment
 - Lethality (suicidality, homicidality)
 - Impact of IPV
 - Resources/Referrals (“Relationship health and safety discussed”)
- “IPV” should not be on paperwork, safety plan should not be in chart

Resources and Referrals: Pearls

- Provide resources REGARDLESS of whether or not IPV is disclosed
- Express your support REGARDLESS of whether they choose to remain in the relationship or leave it
- Offer CHOICES, not advice
- Offer FOLLOW-UP
- Do not provide handouts, brochures, etc. without first:
 - Reviewing it with the patient
 - Making sure it is safe for them to bring home

Resources and Referrals



find resources ▾ donate login [leave site](#)

Find domestic violence help, shelter near you.

24/7 Hotline Emergency Shelter Language ▾

Enter your address, zip, city...

 [my location](#)



Find Help

Use the search tool above to get help for domestic violence now, in your language and nearest you.

Be Safe

Be sure to [clear the browsing history on all your devices](#). Click "Leave Site" to leave the site rapidly.

Get Info

Find all sorts of [brief articles](#) on domestic violence that can help you make decisions.

Specialized Resources and Referrals

- LGBTQIA-Specific Resources
 - The NW Network
 - LGBTQ Antiviolence Projects (AVP)
 - List available at <https://avp.org/ncavp-members/>
- Individuals with Pets
 - Safe Havens Mapping Project: <https://awionlineorg/safe-havens>
 - Also: Ahimsa House Safe Haven Directory and Safe Place for Pets

IPV-Specific Treatments/Interventions

- Couple's Therapy is often contraindicated
- General
 - Cognitive Trauma Therapy for Battered Women (CTT-BW)
 - Helping Overcome PTSD through Empowerment (HOPE)
- Pregnancy
 - Brief CBT-based interventions (4-8 sessions)
 - Home visitation programs (such as DOVE)
 - Psychoeducation, empowerment, safety planning, referrals

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