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Impacts of IPV: Peripartum Period



Disclosures

- I have no relevant disclosures to report
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Learning Objectives

- Learners will be able to define IPV and the types that exist
- Learners will be able to discuss the prevalence of IPV in pregnancy
- Learners will be able to discuss the impacts and mechanism of action of IPV in perinatal period

Intimate Partner Violence(IPV) CDC Definition

IPV

- is a preventable public health problem: the term describes physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner

Intimate partner

- is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and/or sexual behavior, identity as a couple or familiarity, and knowledge about each other's lives.

Types of IPV

Physical Violence

- Intentional use of physical force with the potential for causing death, disability, injury or harm

Sexual Violence

- Rape or penetration of victim
- Unwanted sexual contact
- Noncontact unwanted sexual experience

Stalking

- A pattern of repeated, unwanted, attention, and contact that causes fear or concern for one's own safety or the safety of someone else (eg, family member or friend).

Psychological Aggression

- The use of verbal and nonverbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person.

Prevalence in Peripartum Period

- Studies quote 3-9% IPV during pregnancy
 - Data from a 2009-2010 survey in a 30-state area found that 3.2% of pregnant women reported that they had been pushed, hit, slapped, kicked, choked, or physically hurt in some other way during their most recent pregnancy.
- In higher risk populations, rates as high as 50% are quoted
- PRAMS (Pregnancy Risk Assessment Monitoring System)
 - Rate of IPV during pregnancy lower than the year before

Alhusen et. al, 2015
Chisholm et. al, 2017

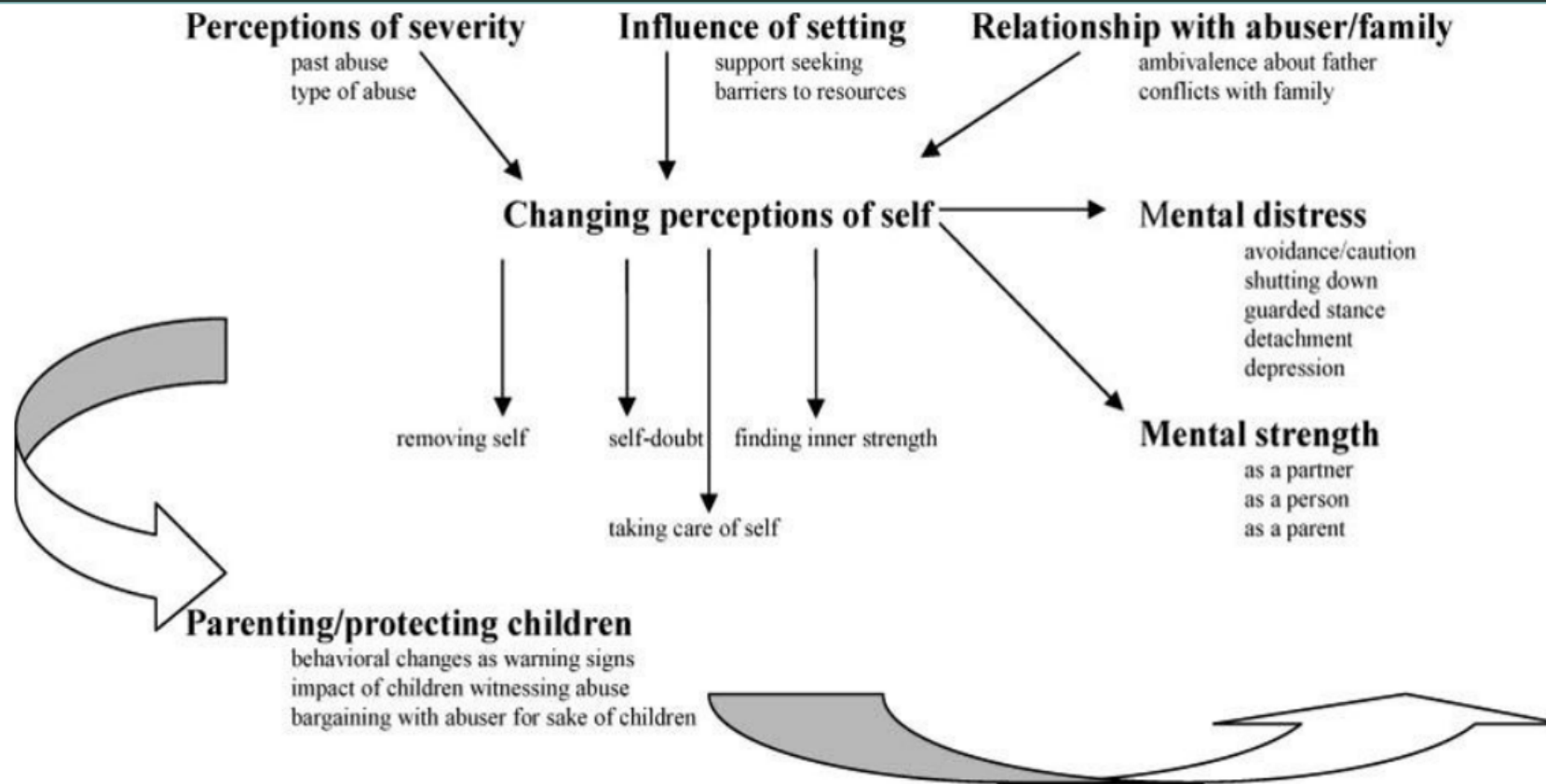


FIG. 1.

Women's responses to IPV during pregnancy: Mental health impact.

Impacts of IPV in Perinatal Period

Health Behaviors

Mental Health Conditions

Neonatal Outcomes

Morbidity and Mortality

Health Behaviors in IPV

Reduced Prenatal Care

Poor Nutrition and inadequate weight gain

Increase Substance use

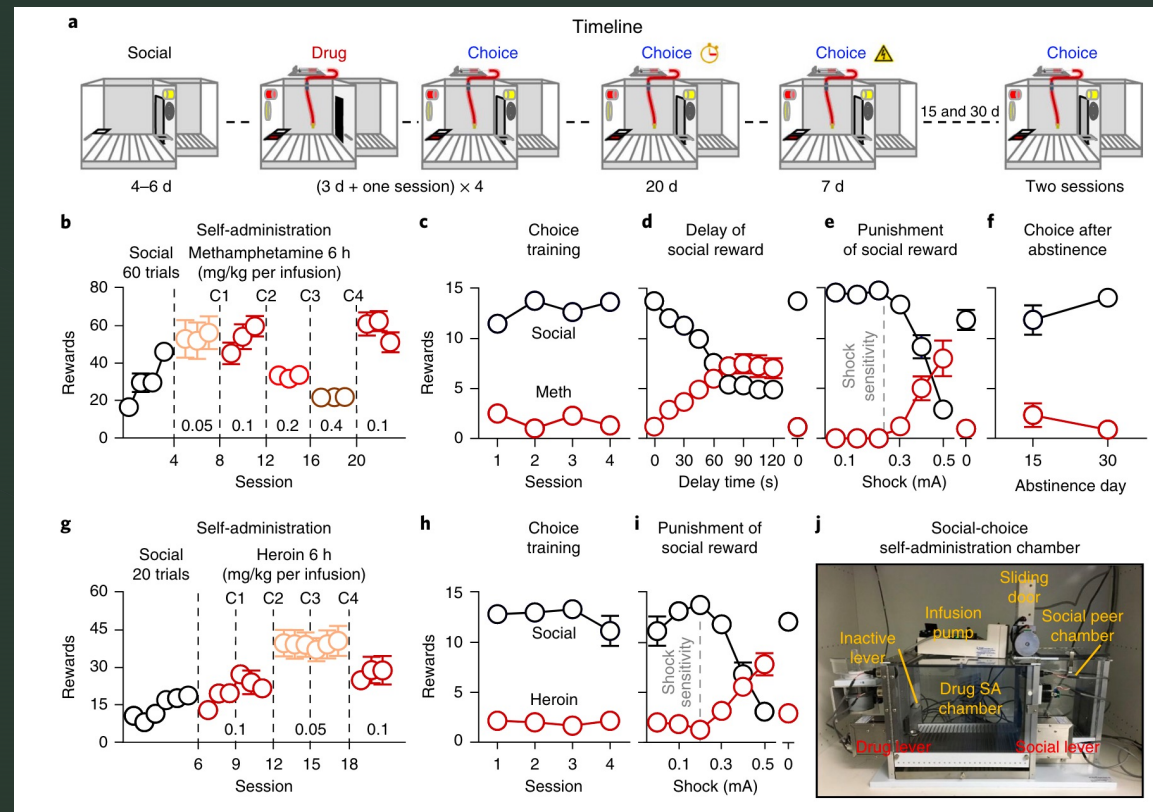
- Increase rates of tobacco smoking
- Increase rates of alcohol use
- Increase rates of other substance use

Increase sexual risk taking

- Inconsistent condom use
- Partner non-monogamy
- Increase in STI's and UTI's

Animal Studies and Isolation

- Studies of rats found socially enriched environment predicted decrease in self-administration of methamphetamine and heroin
- Option of socialization also decreased likelihood of self-administration of both substances
- Administering a painful shock during social interaction increased chances of self-admin and nullified the social interaction benefit



Pregnancy Associated Homicide Maternal Deaths Indiana

Figure 40: Overall Top Causes of Death for Pregnancy-Associated Deaths (Indiana MMRC, 2018-2019 [n=123])

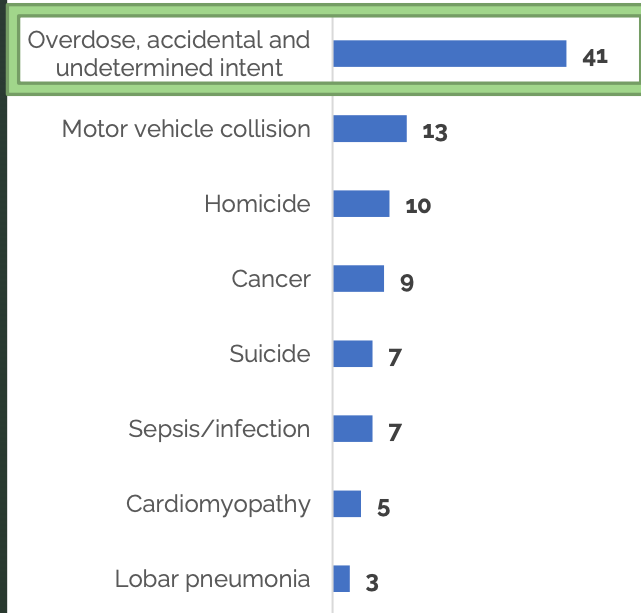
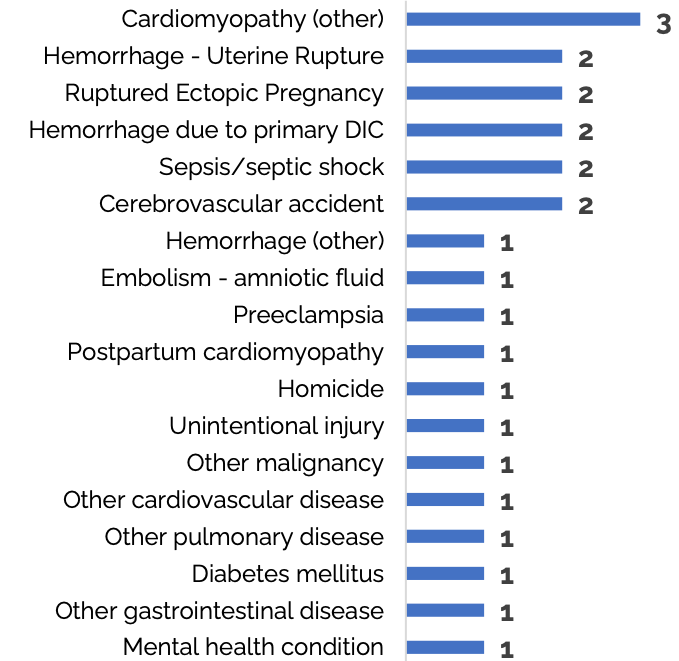


Figure 41: Overall Causes of Pregnancy-Related Deaths

Indiana MMRC, 2018-2019 (n=25)



Mental Health Outcomes and IPV

Depression

- 2.5x more likely to experience depressive symptoms
- 40% of abused women reporting depression

Post Traumatic Stress Disorder

- 19% and 84% of abused women reporting PTSD
- Often co-morbid with Depression

Suicide

- 2 deaths per 100,000 live births due to suicide
- 54% of pregnancy associated suicides had IPV present



Functional Syndromes

- Irritable bowel syndrome
- Gastrointestinal symptoms
- Fibromyalgia
- Chronic pain syndromes
- These persist past the end of the IPV experience

Pregnancy Associated Homicide

- 2.9 deaths per 100,000 live births
- Blunt force trauma is a leading cause of maternal death
- Black and brown individuals at higher risk of physical trauma in pregnancy
- Most pregnant people dying from homicide in perinatal period had hx of IPV

Pregnancy Associated Homicide National Sample

TABLE 2. CHARACTERISTICS OF VIOLENT AND NONVIOLENT MATERNAL DEATHS, SEVENTEEN U.S. STATES, 2011–2015

	<i>All pregnancy-associated homicides (n = 174)</i>	<i>IPV-related pregnancy-associated homicides (n = 104)</i>	<i>Pregnancy-related deaths (n = 1,617)</i>
Age			
<20	20 (11.5)	11 (10.6)	58 (3.6)
20–24	61 (35.1)	33 (31.7)	215 (13.3)
25–29	40 (23.0)	25 (24.0)	295 (18.2)
30–34	30 (17.2)	19 (18.3)	329 (20.4)
35+	23 (13.2)	16 (15.4)	720 (44.5)
Race/ethnicity			
White, non-Hispanic	69 (39.7)	44 (42.3)	773 (47.8)
Black, non-Hispanic	80 (46.0)	41 (39.4)	610 (37.7)
Other	25 (14.4)	19 (18.3)	234 (14.5)
Timing of death			
Pregnancy	113 (64.9)	64 (61.5)	—
Postpartum	61 (35.1)	40 (38.5)	—
Weapon type			
Firearm	107 (64.1)	61 (60.4)	—
Sharp instrument	24 (14.4)	15 (14.9)	—
Hanging, strangulation, suffocation	20 (12.0)	14 (13.9)	—
Other	16 (6.5)	11 (10.9)	—
IPV related			
No, not available, unknown	70 (40.2)	—	—
Yes	104 (59.8)	—	—

Pregnancy Associated Homicide Maternal Deaths Indiana

Figure 40: Overall Top Causes of Death for Pregnancy-Associated Deaths (Indiana MMRC, 2018-2019 [n=123])

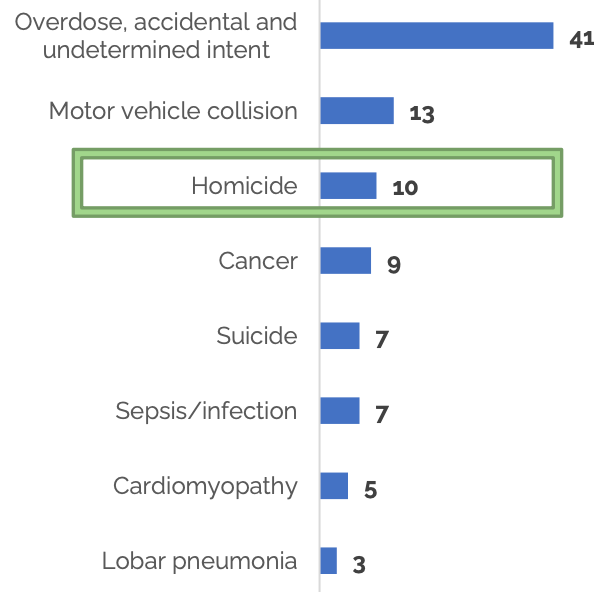
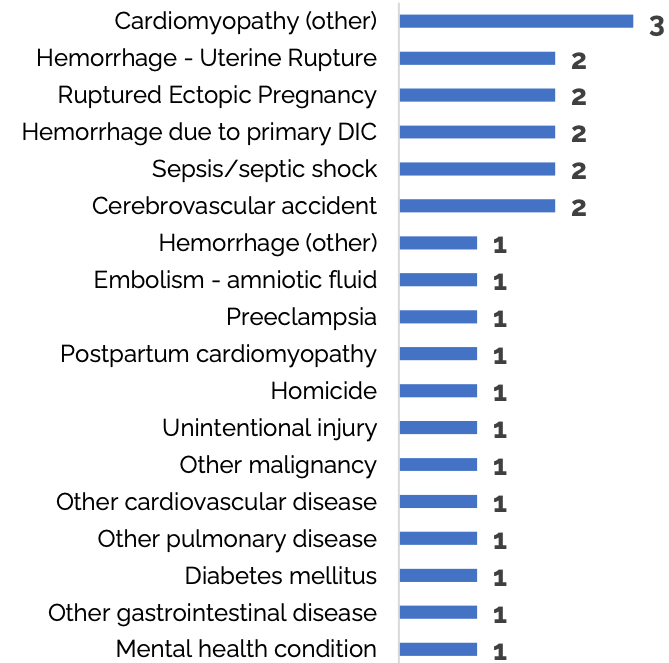


Figure 41: Overall Causes of Pregnancy-Related Deaths

Indiana MMRC, 2018-2019 (n=25)

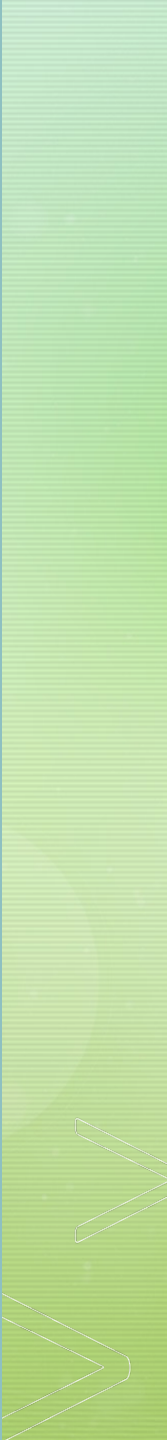


Mechanism of Action

- Blunt force trauma can lead to negative outcomes associated with IPV
- Indirect Factors
 - Maternal coping behaviors (including substance use)
 - Inadequate or poor maternal nutrition
 - Isolation and poor or limited access to prenatal care
 - Elevated physical
 - Psychological stress levels
 - Dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis



Conclusions

- The true prevalence of IPV in pregnancy difficult to assess
 - Having clear and consistent definition of IPV is key to better determination of prevalence
 - There are several types of IPV to consider
 - Impacts of IPV are felt in several aspects of a perinatal person's health, mental health, and risk of mortality
 - There are several direct and indirect factors that affect perinatal individuals
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References

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