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# Impacts of IPV: Peripartum Period

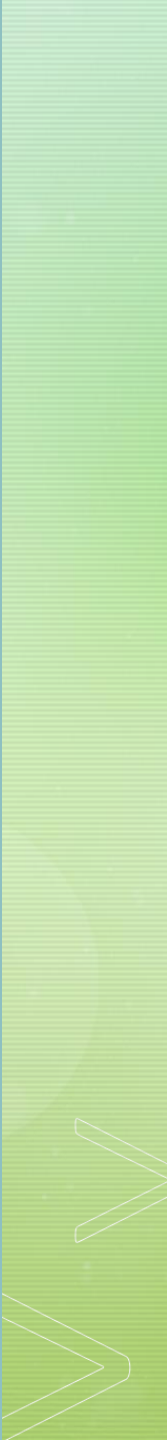


# Disclosures

- 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
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# 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

# 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



# 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

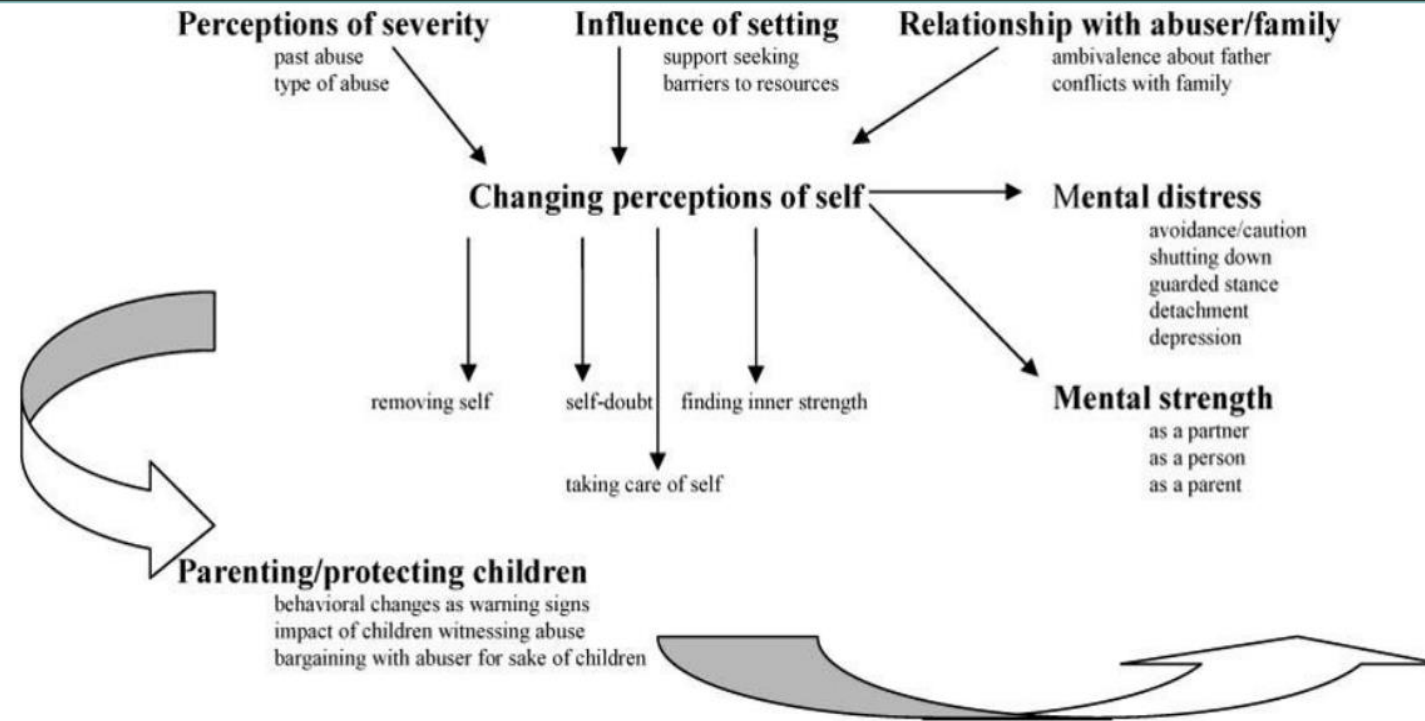
## Suicide

- 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



**FIG. 1.**  
Women's responses to IPV during pregnancy: Mental health impact.

# 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

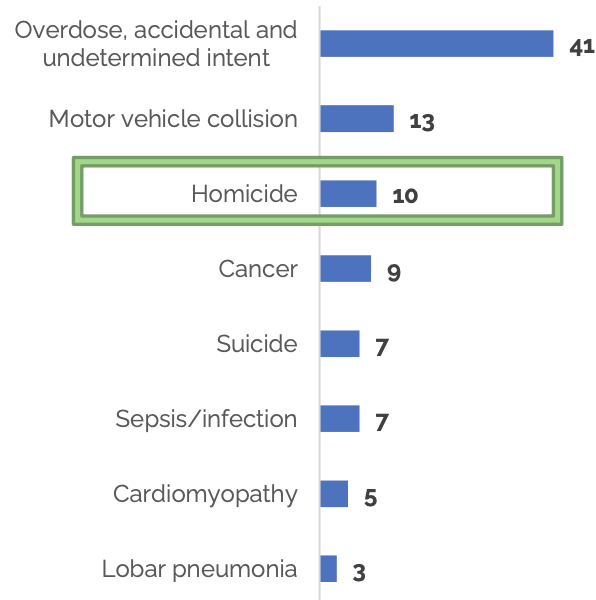
# Pregnancy Associated Homicide National Sample

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)	—	—

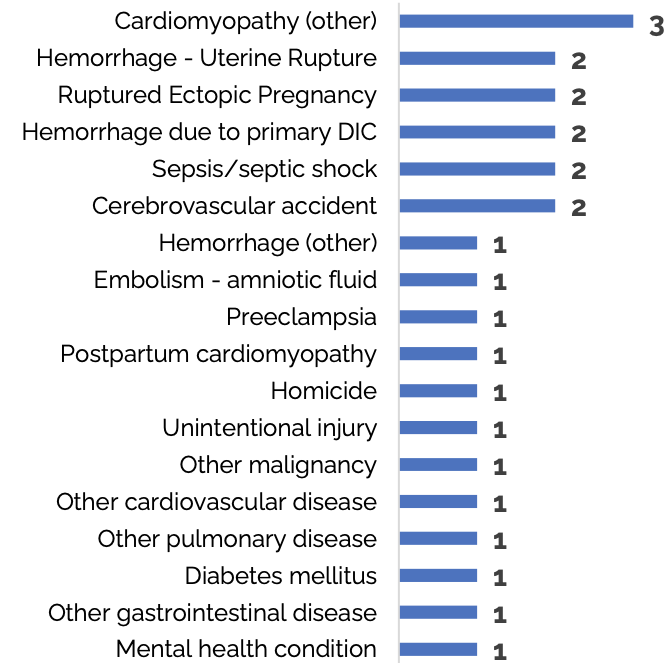
# Pregnancy Associated Homicide Maternal Deaths Indiana

**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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