DOMESTIC VIOLENCE AND MATERNAL HEALTH

A Survivor Centered Response
Objectives

After this presentation you will be able to:

- Recognize the primary dynamics and impact of domestic violence.
- Identify the specific risks and maternal and fetal health concerns associated with domestic violence during pregnancy.
- Implement best practices for trauma informed, survivor centered domestic violence screening and referral to support services.
Dynamics of Domestic Violence
What is Domestic Violence?

Domestic Violence (DV)

A pattern of behaviors used by one person to exert power and control over their intimate partner.
Methods of Control

Physical
Physical abuse is intentional but unwanted physical contact.

Emotional
Emotional abuse is controlling another person’s actions and behaviors through verbal and emotional manipulation.

Sexual
Sexual abuse is any type of unwanted sexual behavior or contact.
Methods of Control

Financial

Financial abuse is control of one’s ability to acquire, use and maintain money by an intimate partner.

Technological

Technological abuse is the use of things like texting and social networking to bully, harass, stalk or intimidate a partner.
Unique Patterns of Abuse

Tactics and patterns vary for each situation and often intersect...no two are the same.
Impact in the United States

- 1 in 4 women and 1 in 9 men experience some form of domestic violence
- More than 20,000 calls to domestic violence hotlines are made each day
- Domestic and intimate partner violence accounts for 15% of all violent crime
Impact in Pennsylvania

- 2,486 survivors on average are served in one day
- 122 individuals died from domestic violence related incidents in 2018
Impact on Survivors

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<th>Impact</th>
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<tr>
<td>Often return to abusive partner</td>
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<td>Self-blame for victimization</td>
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<td>Sympathy or feelings of responsibility for abusive partner</td>
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<tr>
<td>Disempowerment</td>
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<td>Lack of resources/support</td>
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Impact on Health

Individuals experiencing domestic violence are more likely to:

- Have a stroke
- Develop heart disease
- Suffer from asthma and other stress related respiratory issues
- Drink heavily and/or struggle with substance abuse
- Experience depression, anxiety, and suicidal thoughts
- Seek emergency medical treatment for injuries from current or former partner
Domestic Violence and Maternal Health
Sexual Coercion

Includes a range of behaviors that a partner may use related to sexual decision-making to pressure or coerce a person to have sex without using physical force such as:

- Repeatedly pressuring a partner to have sex when he or she does not want to
- Threatening to end a relationship if a person does not have sex
- Forced non-condom use or not allowing other prophylaxis use
- Intentionally exposing a partner to a STI or HIV
- Threatening retaliation if notified of a positive STI result
Reproductive Coercion involves behaviors aimed to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent.
Reproductive Coercion

- Explicit attempts to get pregnant against a partner’s wishes
- Coercing a partner into having unprotected sex
- Controlling outcomes of a pregnancy
- Interfering with birth control methods
Birth Control & Contraception Sabotage

1. Destroying or disposing of contraceptives
2. Impeding condom use (e.g., threatening to leave, poking holes in condoms, removing condoms)
3. Blocking access to birth control or refusing to take birth control
4. Threatening physical harm if contraceptives are used
5. Lying about infertility or contraception use
Pregnancy Pressure & Coercion

- Threatening to leave a partner if they do not achieve pregnancy.
- Threatening to hurt or kill a partner who does not agree to have a child.
- Forcing a partner to carry to term against her wishes through threats or acts of violence.
- Forcing a partner to terminate a pregnancy when she does not want to.
- Attempting to cause a miscarriage.
- Threats of violence or suicide.
Pregnancy and Domestic Violence

Approximately 31 percent of maternal injury deaths can be attributed to domestic violence.

Many survivors experience escalation of abuse during pregnancy:
- Perceived loss of control
- Competition for attention

Abuse during pregnancy contributes to multiple health issues:
- Pre-term delivery
- Low birth weight
- High blood pressure
- Kidney infection/UTI
Traumatic Brain Injury (TBI)

A brain injury caused by external physical force and is not present at birth or degenerative.

- **Penetrating**
  - Foreign object (knife, bullet, etc.) enters through the skull and into the brain.

- **Closed Head**
  - External force impacts the head but does not fracture the skull.
Pregnancy and TBI

Trauma is the leading cause of non-obstetric maternal death.

Risk of physical assault escalation during pregnancy very high

Strangulation and physical assault can impact the fetus

maternal shock (inadequate supply of oxygenated blood to tissues)

placental abruption (separation of placenta from uterus)

TBI may exacerbate post partum difficulties

Depression

Increased fatigue

Trouble multi-tasking
Strangulation

While up to 68 percent of survivors experience strangulation as method of violence, only about 20 percent disclose it.

- **Not associated with physical assault**
- **Other injuries more significant**
- **No loss of consciousness**
- **First responders do not ask**
Survivor Centered Support
Survivor Centered Approach

Prioritizes a survivors’:
- Rights
- Needs
- Wishes

Provides a survivor with:
- Support
- Options
- Empowerment
- Reduced risk of traumatization
Conversational Screening

• Adapt evidence-based screening
• Introduce topic directly
• Do not use “check-list” style communication
PEARR Screening Method

Provide Privacy
Educate
Ask
Respect & Respond

Adapted from PEARR Tool developed by Dignity Health in partnership with HEAL Trafficking and Pacific Survivor Center, with support from Dignity Health Foundation. Copyright 2019
Privacy

- Have sensitive discussions alone
- Make sure the setting is safe and private
- Review confidentiality limitations
Strategies for Privacy

- Make sure policy includes time alone with client
- Have “in-clinic” meeting options
- Non-verbal screening
Education

- Normalize the conversation
- Provide brochures or safety cards
- Share information in a non-judgmental manner
Ask

Discuss Concerns
Talk about any concerns or indicators of abuse

Screen
Use evidence-based screening tools when available

Limit questions
Be respectful and sensitive to patient/survivor’s needs
Respect & Respond

- Do not question the patient/survivor’s choices
- Review concerns about health and/or safety objectively
- Use warm referral to help access services as needed
Warm Referral

If you needed surgery, what kind of referral would help you feel most comfortable?

- Strong partnerships create ideal referral opportunities
- Know your local domestic violence program!

https://www.pcadv.org/
Resources

• PEARR Tool

• Futures Without Violence IPV Health Toolkit
  • https://ipvhealth.org/
Questions?
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