

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

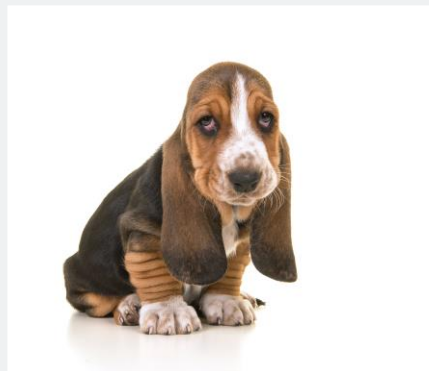
Methods of Control

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.

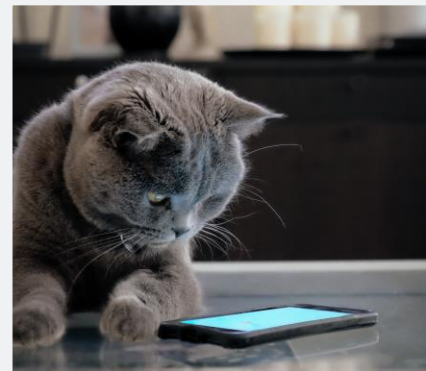
Methods of Control

Financial



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

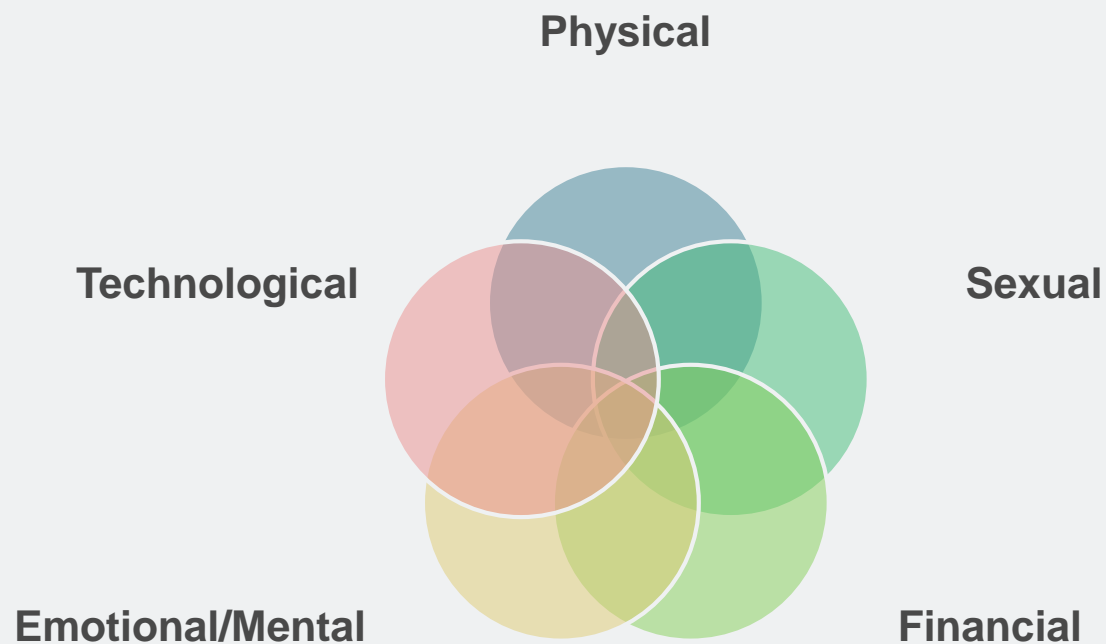
Technological



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

Often return to abusive partner

Self-blame for victimization

Sympathy or feelings of responsibility for abusive partner

Disempowerment

Lack of resources/support

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:

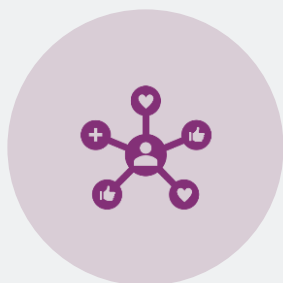
- Repeatedly pressuring a partner to have sex when he or she does not want to
- Threatening to end a relationship if a person does not have sex
- Forced non-condom use or not allowing other prophylaxis use
- Intentionally exposing a partner to a STI or HIV
- Threatening retaliation if notified of a positive STI result

Reproductive Coercion

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



Controlling outcomes of a pregnancy



Coercing a partner into having unprotected sex



Interfering with birth control methods

Birth Control & Contraception Sabotage

Destroying or disposing of contraceptives

Impeding condom use (e.g., threatening to leave, poking holes in condoms, removing condoms)

Blocking access to birth control or refusing to take birth control

Threatening physical harm if contraceptives are used

Lying about infertility or contraception use

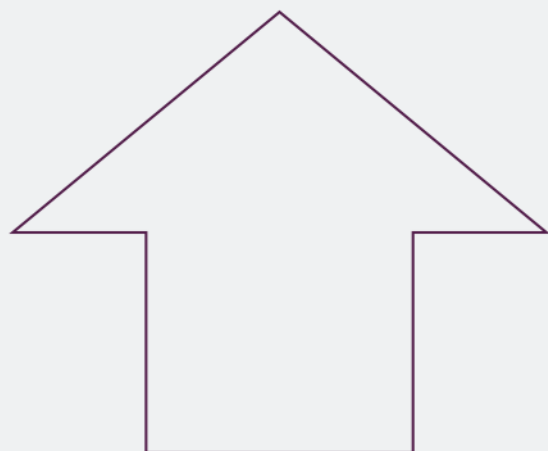
Pregnancy Pressure & Coercion



- 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.

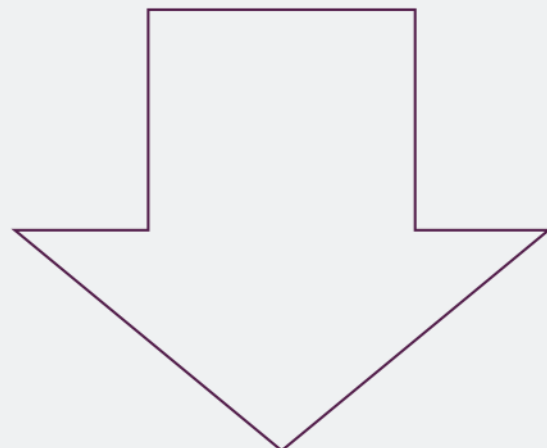
Pregnancy and Domestic Violence

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

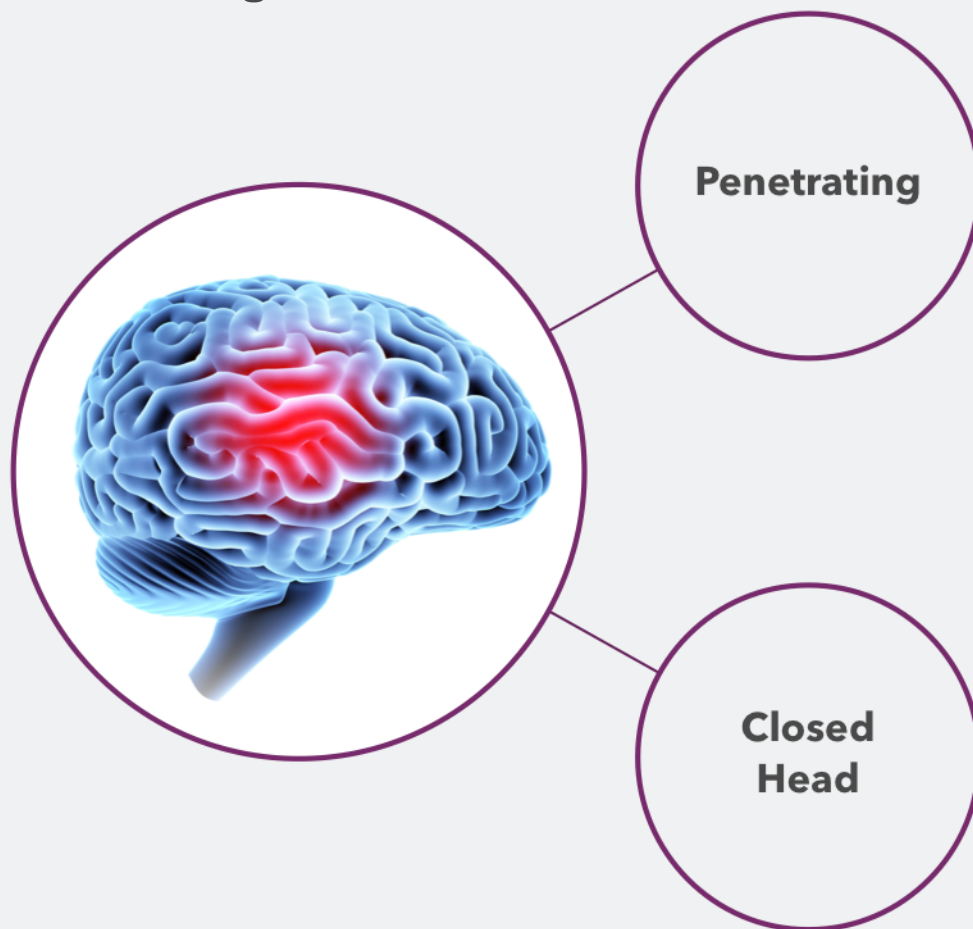


Abuse during pregnancy contributes to multiple health issues

- pre-term delivery
- low birth weight
- High blood pressure
- Kidney infection/UTI

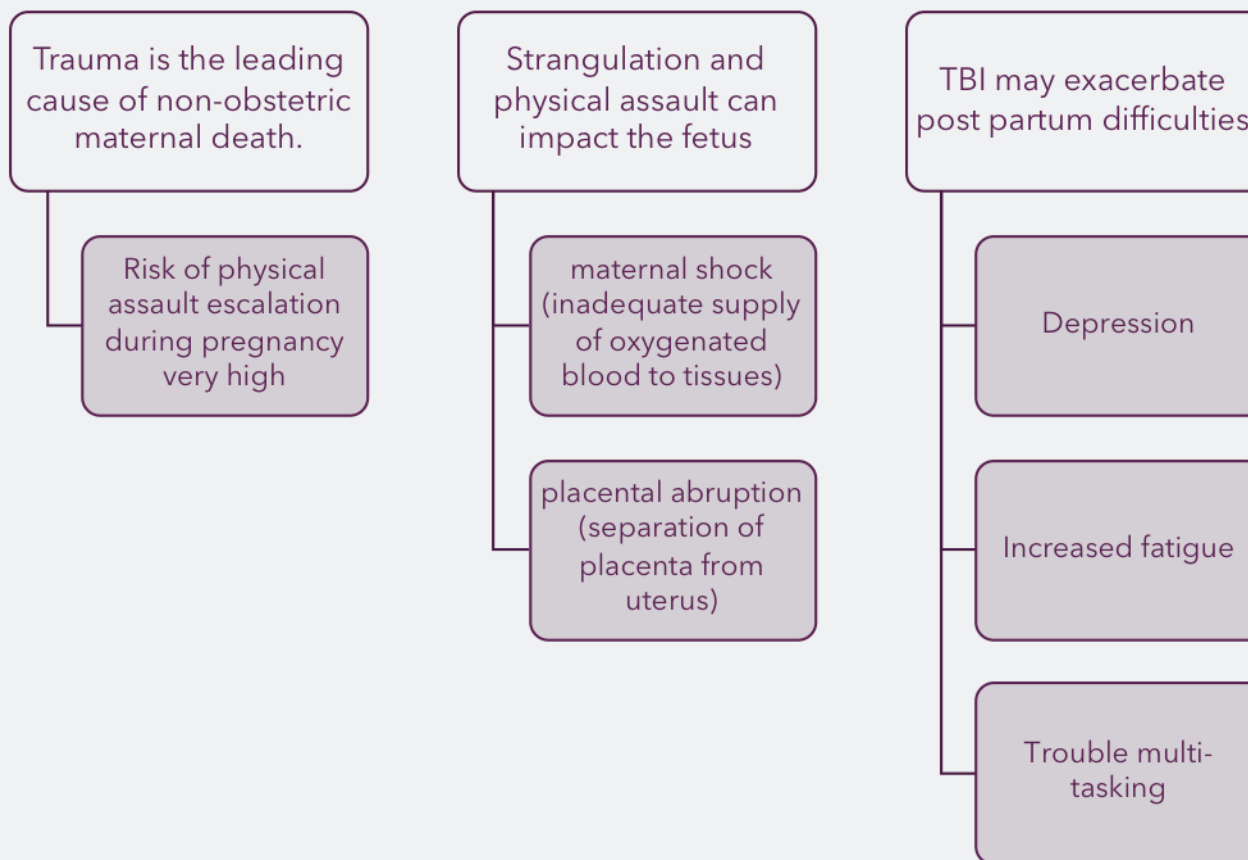
Traumatic Brain Injury (TBI)

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



- Foreign object (knife, bullet, etc.) enters through the skull and into the brain.
- External force impacts the head but does not fracture the skull.

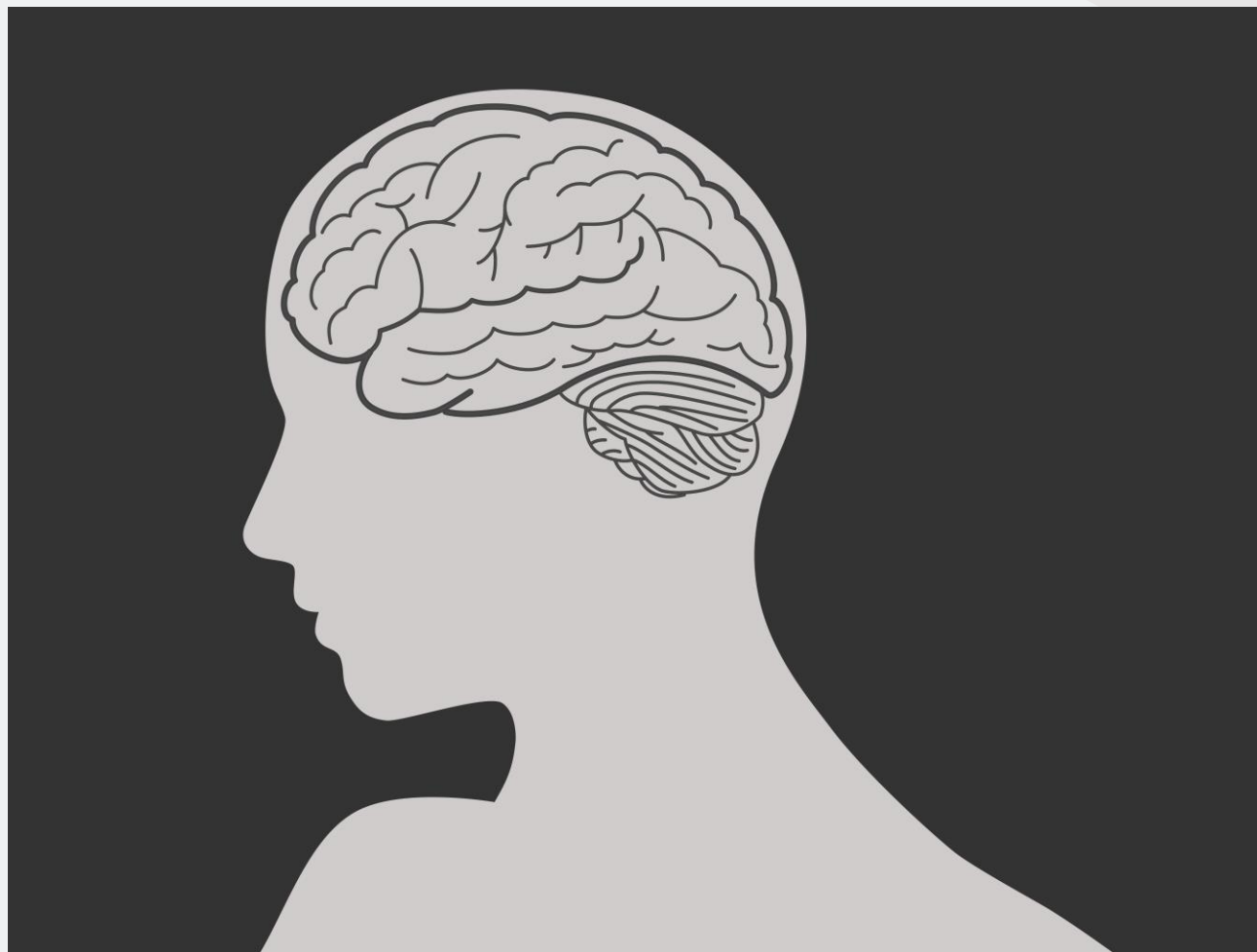
Pregnancy and TBI



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
- Empowerment
- Options
- 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

Privacy

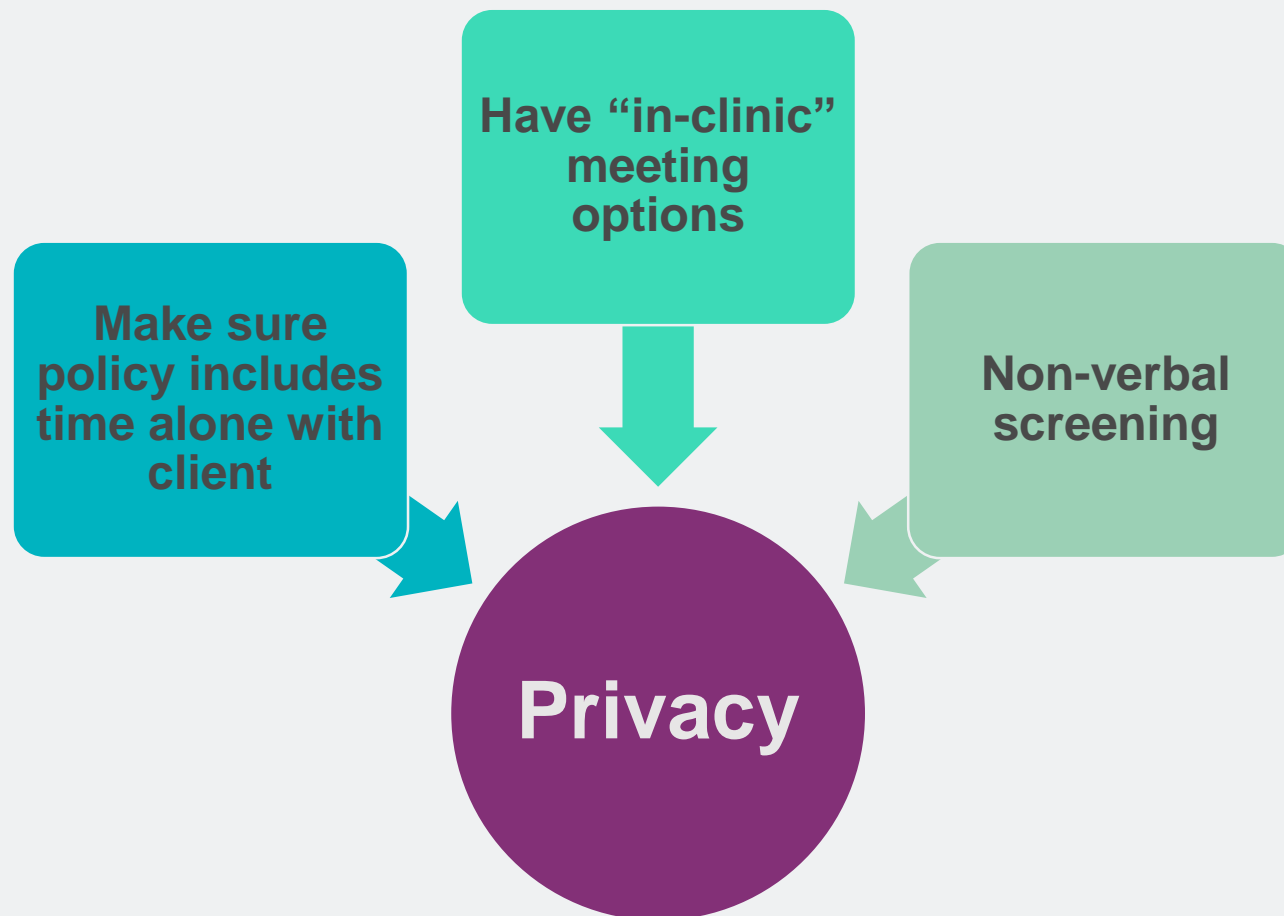


Have sensitive discussions alone

Make sure the setting is safe and private

Review confidentiality limitations

Strategies for Privacy



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
 - http://research-posters.com/uploads/pdf/PEARR_Tool.pdf
- Futures Without Violence IPV Health Toolkit
 - <https://ipvhealth.org/>

Questions?

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