Mother & Child Health Coalition
Intersection of Intimate Partner Violence and Perinatal Depression

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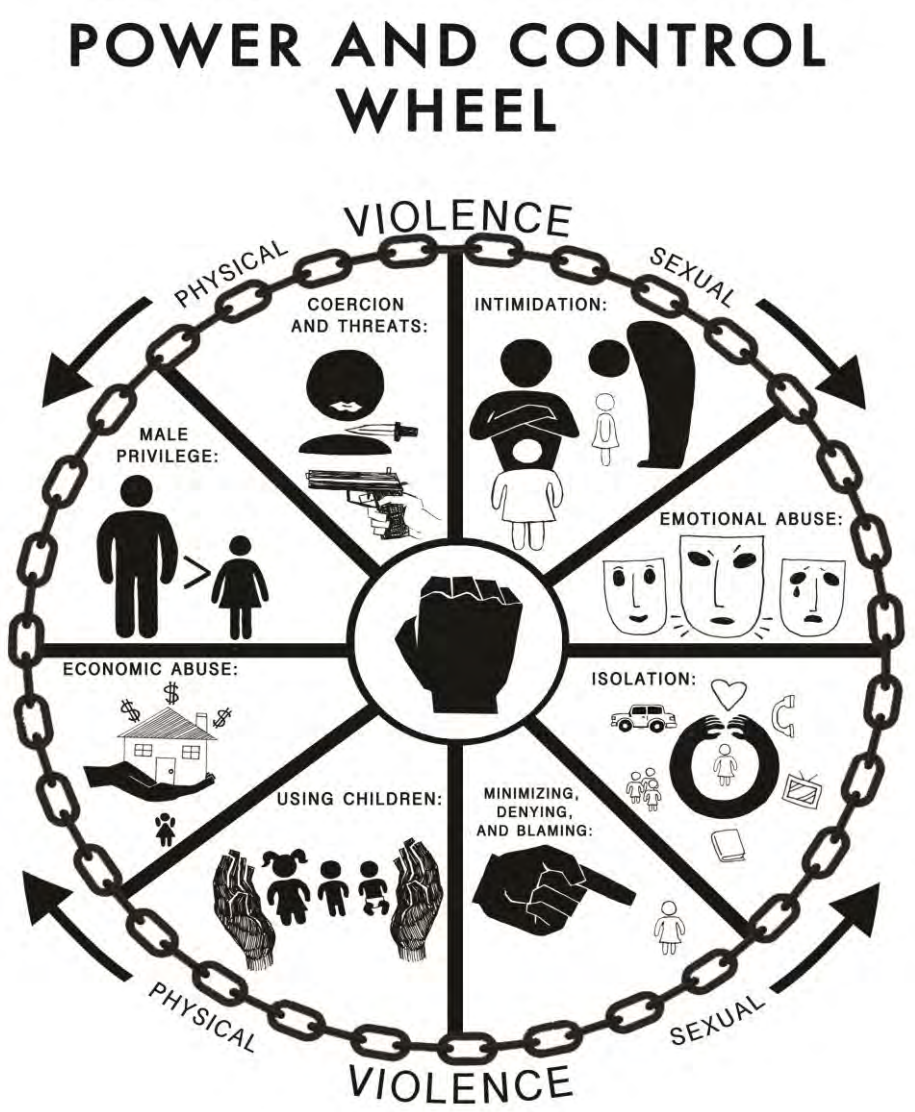
What is IPV?

Intimate Partner Violence (IPV) is a pattern of abusive and coercive behaviors used to dominate and control a current or former intimate partner.

Power & Control Tactics- use of control tactics to keep partner in the abusive relationship

- Isolation
- Intimidation
- Verbal and psychology abuse
- Deny, blame or minimize behavior
- Use of Children
- Sexual abuse/ Reproductive coercion
- Economic abuse
- Threats
- Physical abuse



Control tactics during pregnancy

- Physical assault to mom's body – blows may be directed to abdomen
- Accusations that the baby is not his- suggesting she is cheating
- Coercion to terminate pregnancy
- Not allowing woman to make decisions
- Won't allow access to health care during pregnancy
- Emotional tactics of control
- Isolation
- Jealousy- accusers her of caring for the baby more than him

Why does she stay?

- Safety concerns
- Belief that the relationship difficulties are related to stress of pregnancy- after baby arrives everything will get better
- Concerns with family, friend & finances
- No place to go.

Significance Of The Problem

- Cuts across all demographics
- IPV Reported by 20% of US couples
- More than 1 in 3 women experience IPV in their lifetime (NISVS)
- Almost 1 in 4 experienced severe violence (CDC, 2011)
- Almost1 in 2 have experienced psychological aggression (CDC, 2011)

Significance Of The Problem

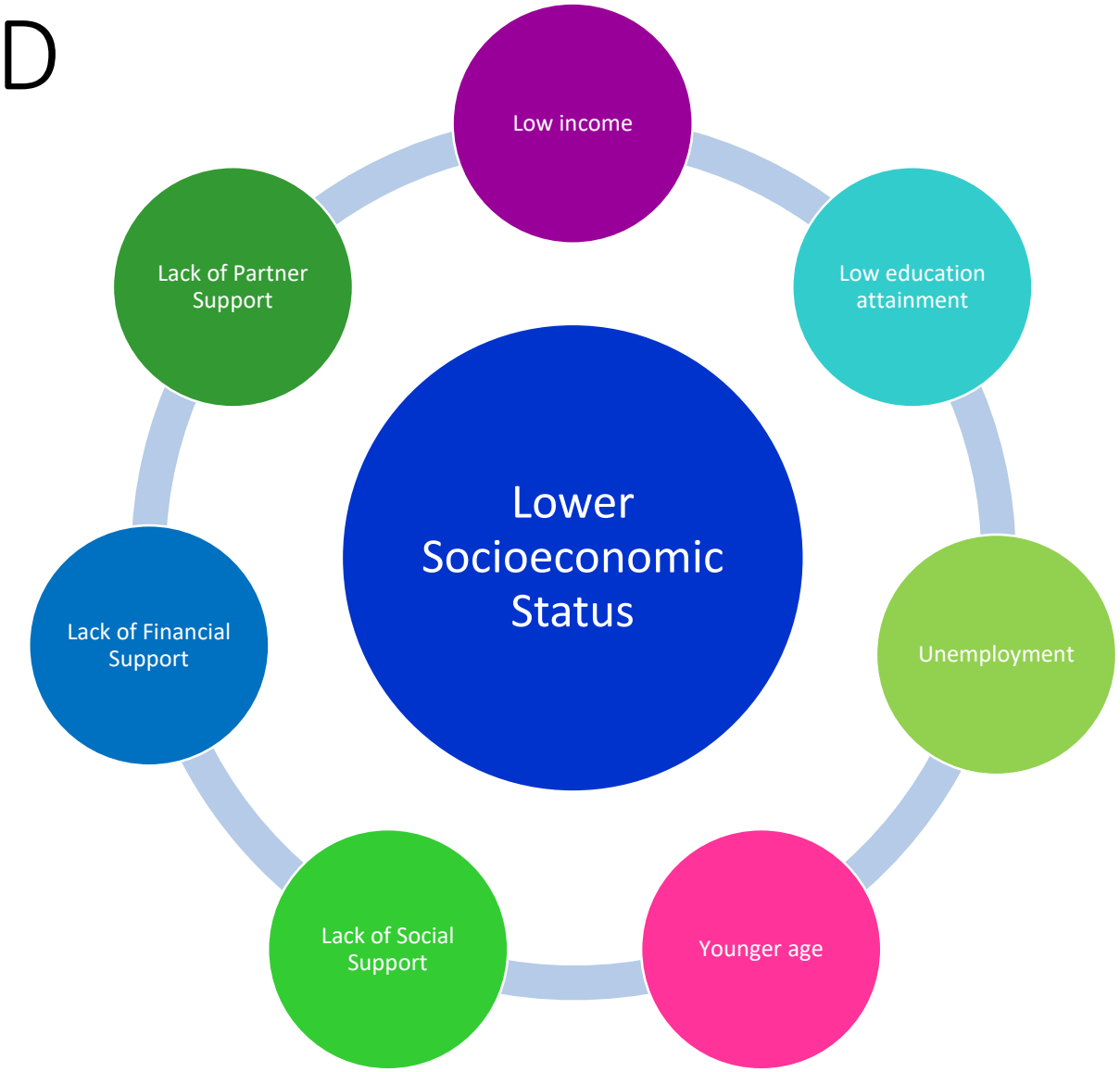
- AAP states perinatal depressions is the most under-diagnosed obstetric complication in the US
- Women during childbearing years account for the largest group of Americans with depression (ACOG, 2007 May 7)
- Recent research places rates of depression during pregnancy or postpartum between 10-20 percent (NIHCM. 2010)
- Certain groups are at higher risk of experiencing both IPV and PD

Connection Between IPV and PD

- Depression
- Higher rates of PTSD
- Association with illicit drug use
- Smoking during pregnancy
- Less than optimal weight gain (low birth weight-LBW)
- Eating an unhealthy diet

Connection of IPV PD

- **All demographics were significantly associated with IPV PD**
- **Lower socioeconomic status have higher prevalence rates of IPV & PD**



IPV and Pregnancy Related Health Concerns

IPV

- High Blood Pressure
- Low birth weight
- Risk for child abuse later on
- Femicide
- Increase in infections
- Vaginal bleeding
- Less likely to access prenatal care
- Substance abuse

PD

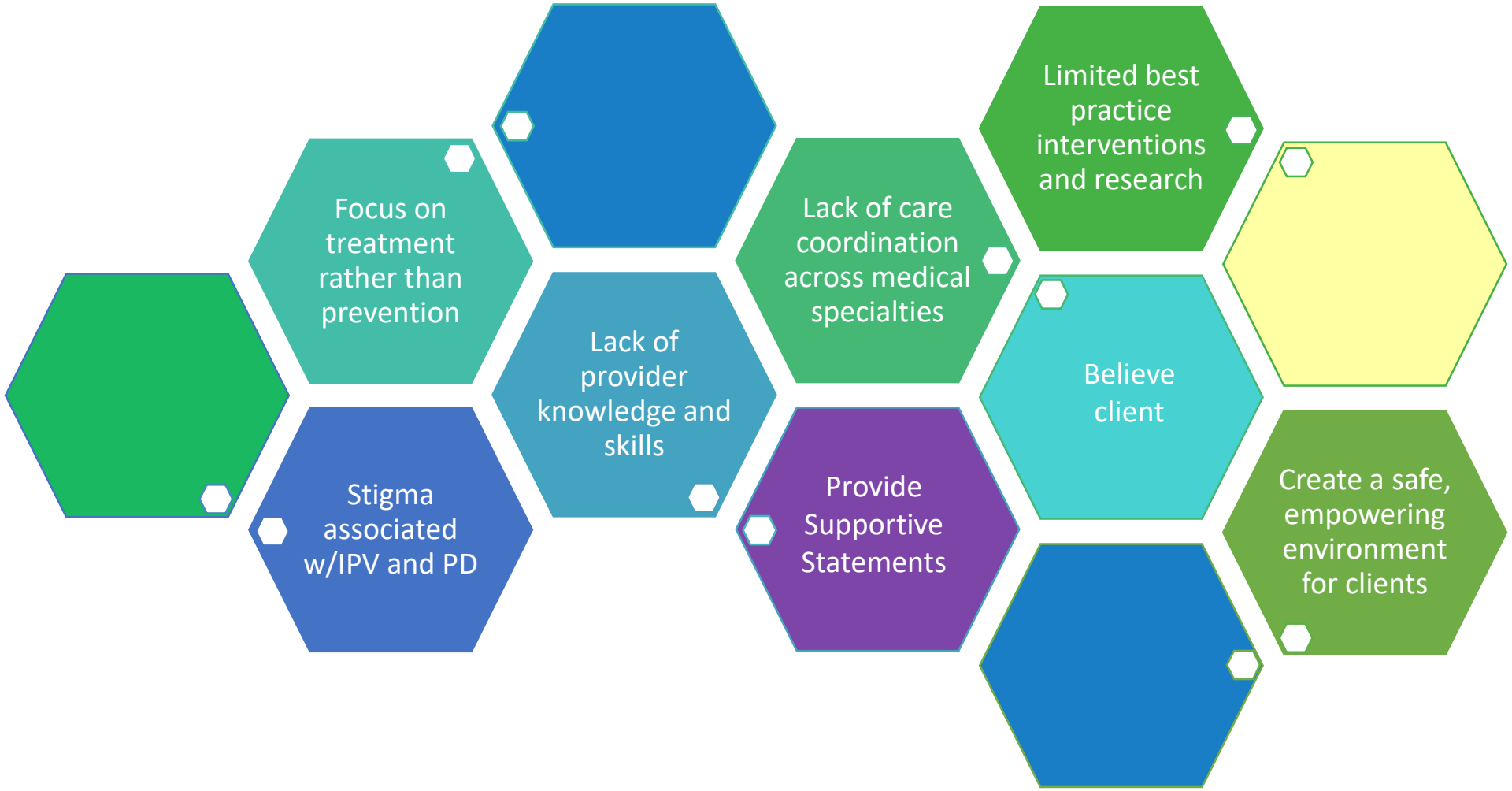
- Substance abuse
- Noncompliance w/prenatal care
- Decreased ability to care for newborn

Issue	Who	Intersection	Effects	Screening	Intervention
IPV	Women of all racial and economic backgrounds (more prevalent among minority women, those with less than a high school education, receiving government assistance or women in their reproductive years). Pregnant women experience physical abuse at estimated rates of 2.1 to 3.3 percent. Vast underreporting likely for estimated rates.	May be exacerbated during pregnancy.	Complications during pregnancy, risk for low weight/preterm delivery, increased substance abuse, and less likely to utilize prenatal or general health care.	Integrate screening through social service providers (e.g. WIC, transitional housing, substance abuse).	Focus on prevention, and provide interventions that target perpetrators.
PD	Prenatal depression affects 14-25 percent of pregnant women, 80 percent of new mothers experience postpartum blues, and postpartum depression can affect up to 20 percent of women. Women of all racial and economic backgrounds are affected and in varying degrees of severity. Vast underreporting likely for estimated rates.	Affects women suffering from IPV at a higher rate.	Compromised mother-infant bonding and safety practices; poor child development indicators; psychosocial and physical problems.	Emphasize cultural and linguistic appropriateness.	Provide integrated risk interventions before, during, and after pregnancy (e.g. address smoking, tobacco exposure, depression, and intimate partner violence together).
IPV & PD	There is no difference between populations that experience IPV/PD in tandem and those that experience IPV or PD individually.	Clear, though undefined interaction between PD and IPV. Appears to be a cycle of IPV contributing to PD, and PD contributing to IPV.	Fetal and early childhood growth impairment; see above.	Integrate screening into primary, gynecologic and pediatric care.	Focus on empowerment and acknowledgement of women's thoughts and feelings as valid.

IPV and PD as Comorbidities

- Mortality risks
- Mental health risks
  - **PTSD**
  - **Suicidal thinking & attempts**
  - **Risk factor for antenatal depression increase by more than 3 times**
  - **2.5 more times more likely to report being depressed than those not experiencing IPV**
  - **Higher rates of social stresses such as marital relations, work, finances, and housing**
  - **Mental illness increases risk of violent victimization.**

Challenges, Barriers and Solutions



What Works in Identifying and Treating

Universal Assessment of IPV and PD

- 80% of women are comfortable with depression screening process
- 90% of women are comfortable with IPV screening
- Majority of women are not asked about PD or IPV
  - Less than 50% of women are screened for PD (Seehusen, Baldwin, Runkle & Glarke, 2005
  - Only 22% of providers use a validated screening tool for PD (Seehusen et al., 2005)
  - Only 10% of women report screening for IPV by their OB/GYN's (Rodriguez, Bauer, McLoughlin & Grumback, 1999)

RADAR

Routinely Screen

- All patients
- Prenatal and perinatal screenings

Ask direct questions

- Alone without other adults or speaking children in the room
- Use non family translators

Document findings

- Protect patient notes but document findings- this may be the only record client has as a record
- Be careful of documenting in child charts as other parent has access to medical documents

Assess patient safety

- What is happening? How often does it happen
- Does she have a safety plan? Can she call someone if needed? Can she go somewhere? Does she have a phone #?

Review options and referrals

- Go over the information provided to client
- Ask if it is safe to give material to her in case abuser finds information

Examples of Support

What the abuser does:	What you should do:
Pressures victim severely	Be patient- respect victims judgment. When a victim is ready to take action then support them
Talks down to the victim	Address victim as an equal
Abuser thinks they know what is good for victim better than victim does	Treat victim as an expert in their own life
Abuser b3elieves they have the right to control victims life	Respect victims right to self-determination
Abuser thinks they know better about what is good for victims children than the victim does	Assume victim is a caring, competent parent
Thinks ***FOR*** victim	Think ***WITH*** victim

Rose Brooks Center Services-
Helpline 816-861-6100

- Shelter
  - Helpline 24/7
  - Safe shelter for survivors, their children and pets
  - Counseling
  - Support group
  - Legal support
  - Advocacy
  - All services provided at no cost

- Outreach Programs
  - Bridge Program
  - SAFE Program
  - Court advocacy
  - Family Court advocacy
  - Transitional Housing Program
  - Outreach advocacy
  - Police advocate
  - LAP Program
  - Support groups and counseling

Citations

- U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. A Comprehensive Approach for Community-Based Programs to Address Intimate Partner Violence and Perinatal Depression. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.
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- (Zeitler, Paine, Breitbart, Rickert, Olson, Stevens, Rottenberg & Davidson, 2005)
- (Earls & The Committee on Psychosocial Aspects of Child and Family Health, 2010)
- Goyal et al., 2010, Mayberry, Horowitz & Declercq, 2007; Segre, O'Hara, Arndt & Stuart, 2007; RichEdwards, Kleinman, Abrams, Harlow, McLaughlin, Joffe & Gillman, 2006; Bohn, Tebben & Campbell, 2004; Beeghly, Olson, Weinberg, Pierre, Downey & Tronick, 2003