

Intimate Partner Violence and Pregnancy

Screening, Resources, and Referrals

PROVIDER GUIDE
WASHINGTON STATE

Intimate partner violence is . . .

A pattern of abusive and coercive behaviors including physical, sexual, and psychological attacks, and economic coercion. Intimate partner violence (IPV) can occur regardless of race, age, ethnicity, income, religion, sexuality, or education.

Prevalence

Washington State tracks prevalence using Pregnancy Risk Assessment Monitoring System* Survey data. Between 2010–2012, about 3 percent of childbearing women reported physical violence by a husband or partner around the time of pregnancy (12 months prior to pregnancy through 3 months postpartum). This represents approximately 2,600 women per year for those two years.



What Can Health Care Providers Do?

Ask Every Patient

When the patient is alone, ask about intimate partner violence. Screen all pregnant women every trimester and postpartum. See Screening Guidelines for Professionals on reverse for screening questions. Look for signs of sex trafficking, which is exploitation and often involves violence.

Assure Safety When Violence is Disclosed

- Acknowledge the person's courage
- Be supportive
- Explain confidentiality of records, including Explanation of Benefits.
- Refer women who are victims of trafficking to the Washington Anti-trafficking Response Network listed in the Provider Tools section.
- Assure safety by asking:
 - Is your partner here?
 - Is it safe to leave the office?
 - Are you safe to go home?
- Provide patient with Safety Plan Pocket Guide if she feels it is safe to take home with her (free to you – see Provider Tools for ordering information).
- Provide a safe place for the patient to contact the State Domestic Violence Hotline: 1-800-562-6025 (V/TTY)

Refer women who report domestic violence to resources (see right column).

Act Now to make your office or agency a safe place for victims to disclose.

- See Provider Tools for more information about how to do this.
- Have Safety Plan Pocket Guides in the bathroom for women who chose not to disclose (see Provider Tools).

Client Referral Resources

Washington State Domestic Violence Hotline

1-800-562-6025 (V/TTY)

24-hour information and referral to local resources for victims, the general public, and professionals.

Washington State Coalition Against Domestic Violence

www.wscadv.org/memberprograms.cfm

Lists programs and services by county.

Washington Coalition of Sexual Assault Programs

www.wcsap.org/find-help

First Steps Program

www.hca.wa.gov/medicaid/firststeps/Pages/index.aspx

The First Steps Program is a good referral source for linking low income (up to 185 percent of poverty level) pregnant women to services.

* Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing population-based surveillance system sponsored by the Centers for Disease Control and Prevention. It surveys new mothers who are representative of all registered births to Washington State residents. The Washington State Department of Health has been collecting PRAMS data since 1993. For more information, contact Maternal and Child Health Assessment at 360-236-3533 or visit the website at www.doh.wa.gov/PRAMS.

Why Ask? Why Refer?

Health and Safety

Did you know that intimate partner violence can directly impact a women's reproductive and sexual health, increasing risk for unintended pregnancies and abortions, miscarriage, and HIV/AIDS infection? Women reporting intimate partner violence during pregnancy are at significantly greater risk for multiple common forms of pregnancy-related complications. These include: preterm labor, vaginal bleeding, severe nausea, depression, substance abuse, related hospitalization, or emergency room visit.¹

With nearly one in three women at risk for abuse in her lifetime, domestic violence is more common than preeclampsia and hypertension, both commonly addressed during pregnancy. Yet women are rarely asked about their experience with abuse or given information about the links between violence and their health.

Support

Survivors of abuse indicate that a health care provider asking about domestic violence in a confidential, private setting is viewed as a helpful, caring intervention. Knowing a health care provider is open to talking about abuse helped survivors to eventually address the issue.² Women who talk to their provider about abuse are four times more likely to seek help.

Best Practice

Between 2010–2012, 75 percent of Pregnancy Risk Assessment Monitoring System respondents indicated that they had been asked by their prenatal care provider if someone had hurt them. Women might not disclose abuse unless directly and respectfully questioned. The Institute of Medicine recommends screening and counseling for interpersonal and domestic violence be included in routine, covered preventive health care for women. When women do disclose abuse, linkage to services such as counseling and home visitation may help reduce violence and result in better outcomes for infants and children.³ Survivors of domestic violence may now apply for health insurance through healthcare.gov at any time.

The following organizations support universal screening with position papers:

- American Academy of Family Physicians
- American College of Nurse-Midwives
- American College of Obstetricians and Gynecologists
- American Medical Association
- American Nurses Association
- Institute of Medicine
- U.S. Preventative Services Task Force
- Affordable Care Act

Suggested Reading

Aizer A. Poverty, Violence, and Health. The Impact of Domestic Violence During Pregnancy on Newborn Health. *Journal of Human Resources*, 2010 46:518-538.

Intimate Partner Violence. Committee Opinion No. 518. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012; 119: 412-7. www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Intimate-Partner-Violence

Kiely M. An Integrated Intervention to Reduce Intimate Partner Violence in Pregnancy. *Obstetrics and Gynecology*, 2010; 115: 273-283.

McFarlane J, Maddoux J, Cesario S, Koci A, Liu F, Gilroy H, Bianchi AL. Effect of Abuse During Pregnancy on Maternal and Child Safety and Functioning for 24 Months After Delivery. *Obstetrics and Gynecology*, 2014; 123 (4): 839-847.

Shah PS, Shah J. Maternal Exposure to Domestic Violence and Pregnancy and Birth Outcomes: A Systematic Review and Meta-Analyses. *Journal of Women's Health*, 2012; 19:2017-2031.

- 1 Alhusen, AL, Ray, E, Sharps, P, Bullock, L. Intimate Partner Violence During Pregnancy: Maternal and Neonatal Outcomes. *Journal of Women's Health*, 2015; 24:100-106.
- 2 The Voices of Survivors: DV Survivors Educate Physicians, WSCADV video available at www.wscadv.org.
- 3 Institute of Medicine. 2011. Clinical Preventive Services for Women: Closing the Gaps. Washington, DC: The National Academies Press.

Provider Tools

National Online Resource Center on Violence Against Women: www.vawnet.org

Women: www.vawnet.org

Rape, Abuse & Incest National Network

Sexual violence information and resources:

1-800-656-HOPE (4673) or www.rainn.org

Safety Plan Pocket Guide

These pocket guides can be placed in your office, lobby, or restrooms to provide brief safety planning. They are available in English, Cambodian, Chinese, Korean, Laotian, Russian, Spanish, Arabic, Somali, and Vietnamese. Order online at no cost to you:

- Go to <http://myfulfillment.wa.gov/>
- Register or Login
- Click in Search box and enter 22-276
- Choose language and Add to Cart

Violence Against Women Website

Information for health care providers:

www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention/ViolenceAgainstWomen.aspx

Washington Coalition of Sexual Assault Programs

Resources and training for dealing with sexual assault:

360-754-7583 or www.wcsap.org

Pregnant and Parenting Survivors Tool for Providers:

www.pregnantsurvivors.org

Washington State Coalition Against Domestic Violence

Offers training and resources for health care providers:

206-289-2515, ext. 104 (TTY 206-389-2900) www.wscadv.org

Washington Anti-Trafficking Response Network

Provides direct assistance to victims of trafficking: 24-hour urgent response, access to food and safe housing, immigration assistance, physical and mental health treatment: 206-245-0782 or www.warn-trafficking.org

National Human Trafficking Resource Center

Tools for service providers about human trafficking:

<http://www.traffickingresourcecenter.org/audience/law-enforcement>

Office of the Assistant Secretary for Planning and Evaluation (ASPE)

(2013) Screening for domestic violence in health care settings:

<http://aspe.hhs.gov/report/screening-domestic-violence-health-care-settings>

Screening Guidelines for Professionals

American College of Obstetricians and Gynecologists

Committee Opinion No. 554 (2013). Reproductive and Sexual Coercion:

<http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-and-Sexual-Coercion>

Health Cares about Intimate Partner Violence

Information about IPV and screening; resources, advocacy tools, and educational materials: www.healthcaresaboutipv.org

National Health Resource Center on Domestic Violence

Fact sheets, free patient and provider materials, training videos, technical assistance: www.healthcaresaboutipv.org/advocacy-tools/what-can-the-hrc-provide