



Global Interventions in Addressing Intimate Partner Violence during Pregnancy

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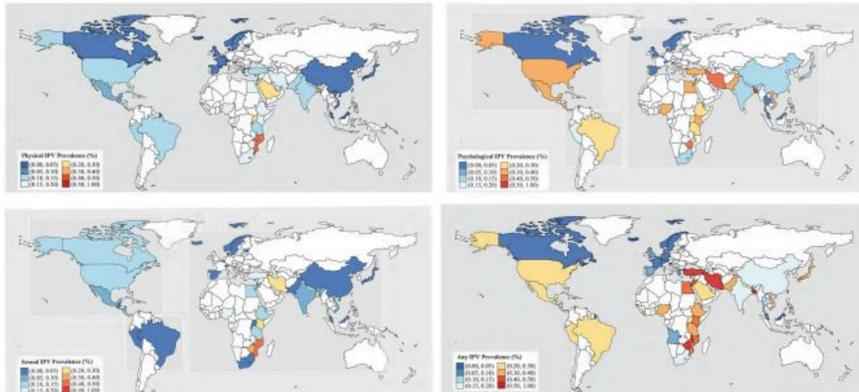
Introduction

Background Research:

Intimate partner violence (IPV) is most prevalent among women of reproductive age, affecting ~324,000 pregnant women each year³. IPV prevalence is higher in low- and middle-income countries, with an estimated 37% of women in low-income countries having experienced physical and/or sexual IPV within their lifetime¹.

IPV includes a wide variety of harmful and controlling behaviors such as physical and sexual violence, psychological and/or emotional abuse, economic control, and/or isolation from friends and family¹. Abuse during pregnancy can cause serious maternal and fetal health complications including peripartum bleeding, preterm labor, low-birth weight infants, and perinatal death²

Figure 1: Global Distribution of IPV¹⁶



Purpose:

Investigate current methods of IPV intervention being utilized and/or studied, and determine the theorized, most effective methods to be recommended for global use.

Methods

A literature review was conducted to evaluate domestic and international interventions addressing IPV during pregnancy.

Databases: Google Scholar, PubMed, World Health Organization, and Centers for Disease Control and Prevention (CDC).

Key terms: “Intimate partner violence”, “pregnancy”, and “interventional methods”.

REFERENCES



Results & Discussion

The following methods of intervention were determined most consistent and effective in decreasing IPV during pregnancy:

1. Routine IPV screening during and following pregnancy
2. Male engagement and education on IPV
3. Provision of counseling to women experiencing IPV

IPV Screening: Associated with lower mean danger and recurrence of IPV, as well as reductions in rates regarding depression, post-traumatic stress disorder, and substance use⁷. The following IPV screening tools demonstrated the highest specificity and sensitivity identifying IPV during pregnancy: HITS (Hurt, Insult, Threaten, Scream), OVAT (Ongoing Violence Assessment Tool), STaT (Slapped, Things and Threaten), HARK (Humiliation, Afraid, Rape, Kick), CTQ-SF (Modified Childhood Trauma Questionnaire-Short Form), and WAST (Woman Abuse Screen Tool)⁵.

- At 18 months (n = 411), recurrence of IPV was lower (46%) for screened women than unscreened women (53%), and screened women demonstrated a 0.2-SD greater improvement in quality-of-life scores⁶
- 53% acceptance of referrals to community and counseling services among women screening positive for IPV

Figure 2: HITS Questionnaire Example¹⁷

HURT, INSULT, THREATEN, and SCREAM (HITS) Tool for Intimate Partner Violence Screening

How often does your partner?	NEVER (1)	RARELY (2)	SOMETIMES (3)	FAIRLY OFTEN (4)	FREQUENTLY (5)
1. Physically hurt you?					
2. Insult or talk down to you?					
3. Threaten you with harm?					
4. Scream or curse at you?					
5. (+) Force you to do sexual acts that you are not comfortable with?					
TOTAL SCORE:					

Male engagement & education: Forms the foundation for preventing and decreasing acts of IPV. Studies confirmed that patriarchal norms of global society which reinforce male superiority are directly linked to the perpetration of violence against females. Therefore, methods such as discussing power inequalities in intimate relationships, teaching non-violent problem-solving approaches, revealing the intergenerational, harmful effects of such violence, and identifying and processing violence suffered in mens’ and boys’ lives all proved extremely effective in decreasing perpetration of IPV¹³.

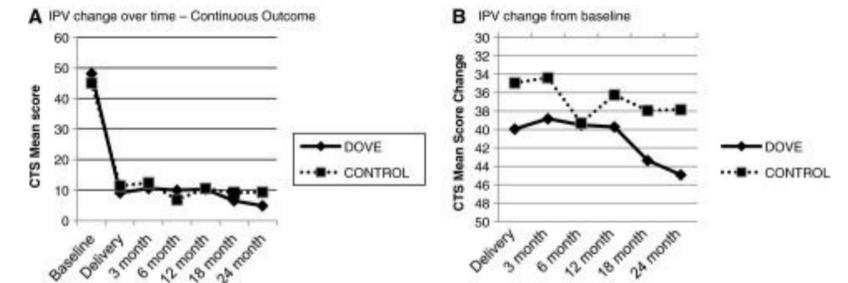
- School-based programs teaching conflict resolution, anger management, and positive communication reported 56% to 92% less perpetration and victimization¹⁴

Results & Discussion

Supportive Counseling: Studies showed reductions in the recurrence of IPV during and after pregnancy, as well as better birth outcomes⁸. Supportive counseling programs include individual counseling, family counseling, group sessions, peer mentorship, at-home visitation programs, referrals to community assistance programs (ex: victim advocacy or domestic violence shelters), and safety planning¹⁰. Studies suggest the successes may be attributed to an increase in critical awareness of IPV, as well as increased authority in goal- and decision-making⁹.

- IPV score reduction from 40.82 to 35.87 with Domestic Violence Enhanced Home Visitation (DOVE) Program¹¹
- Decrease from 68.58 ± 9.21 to 49.56 ± 8.83 after intervention with family-based counseling in Iran¹²

Figure 3: Results of Dove Program¹¹



Conclusion

Intimate partner violence during pregnancy is detrimental to the physical and mental health of mothers and their children. However, IPV continues to exist at startlingly high rates globally. While many interventions have been recommended by healthcare agencies and recent research, strong support exists for the implementation of routine IPV screening during pregnancy, employment of IPV education for men, and utilization of supportive counseling for victims of IPV. By increasing the use of IPV screening, IPV detection and prevention can be improved. Male engagement and education are essential for the termination of intergenerational cycles reinforcing harmful, and effectively violent, gendered norms and actions. Supportive counseling services possess the ability to empower women, decrease IPV frequency, and increase female quality of life. Each intervention requires local to international reform and enforcement to prevent the responsibility from falling onto individual healthcare agencies and providers. Through implementation of these multifaceted and routine interventions, advances can be made in reducing IPV, and hence, improving global health.