



JOHNS HOPKINS
SCHOOL OF NURSING

Mothers, Babies and IPV: Abuse Before, During & After Pregnancy & Pregnancy Associated Death

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Acknowledging the Original Owners of this Land

Lenape, Nanticoke (now Piscataway –Conoy Confederacy & Cedarville Band of Piscataway & Piscataway Nation), Powhatan Confederacy (including current Accohannock), Ohio Valley Tribes (including Shawnee), Matapeake, Nanticoke, Choptank, Delaware. Pocomoke and Assateague – historical and current; others now- Susquehannock, Tutelo & Saponi tribes, Nause-Waiwash Band

Historical Trauma: Disease, Forced Removals

Boarding Schools - Carlisle

Missing & Murdered Indigenous Women

– <https://mmiwusa.org/>

highly relevant – 3 of women in report were pregnant when murdered (1 by stranger; 1 by law enforcement; 1 murderer unknown)



SOCIAL DETERMINANTS OF HEALTH DURING PREGNANCY

- For Indigenous women – historical trauma & structural and individual experiences of racism, structures that have and still do deny access to wealth, ACES, GBV
- For Black women – historical trauma (Sotero 2006); structural and individual experiences of racism, structures that have and still do deny access to wealth, ACES, GBV
- Access to quality health care varies according to wealth

PREGNANCY ASSOCIATED DEATH

- “Deaths during pregnancy or the post partum from causes unrelated to the pregnancy. Common causes of pregnancy-associated deaths include trauma (including motor vehicle accidents), homicide, suicide, and drug overdose.”

<https://www.nichd.nih.gov/health/topics/maternal-morbidity-mortality/conditioninfo/causes#f7>

- “a maternal death that is attributable to a
- condition that is unaffected by the pregnancy and occurs within 1 year of the pregnancy”

Creanga A., Berg C., Ko J., et al. Maternal mortality and morbidity in the U: Where are we now? J Womens Health 2014;23:3-9.

MATERNAL MORTALITY AMONG AMERICAN INDIAN/ALASKA NATIVE WOMEN: A SCOPING REVIEW JWH 2020

[HTTP://DOI.ORG/10.1089/JWH.2020.8890](http://doi.org/10.1089/JWH.2020.8890) (HECK, J.,
JONES, E., BOHN, D., MCCAGE, S., PARKER, J. G., PARKER,
M., PIERCE, S., & CAMPBELL, J.)

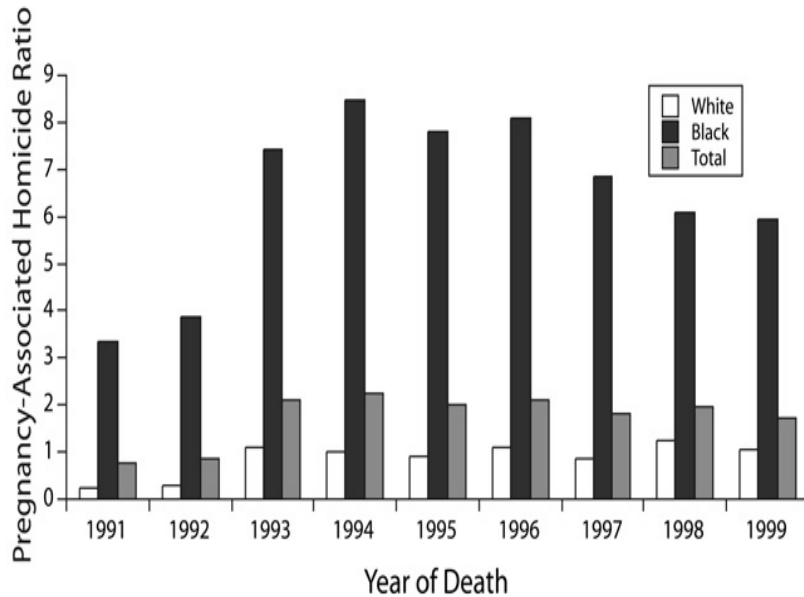
Results Regarding Pregnancy Associated Deaths:

- Only 8 studies explored AI/AN maternal deaths by homicide; all used “Other” racial/ethnic category vs. AI/AN (“too few cases to discuss”) Homicide rates for “Other” women ranged from 0% to 3.8% - seems very low - especially given known disproportionately high rates of IPV among Indigenous women in NISVS - b/c of MMIW?
- 9 studies investigated AI/AN maternal deaths by suicide; most using “Other” race/ethnicity category Palladino et al. 2011 reported disproportionate affecting AI/AN and white yet others report little or no risk for AI/AN women
- Despite suicide deaths disproportionately affecting AI/AN peoples generally b/c “Other” race/ethnicity category issue (Pallidino identified women as AI/AN)

CAMPBELL, J., MATOFF-STEPP, S., VELEZ, M., COX, H., & LAUGHON, K. (2021). PREGNANCY-ASSOCIATED DEATHS FROM HOMICIDE, SUICIDE, AND DRUG OVERDOSE: REVIEW OF RESEARCH AND THE INTERSECTION WITH INTIMATE PARTNER VIOLENCE. JWH, 30(2), 236-243.

- Homicide: studies vary tremendously in data used but in studies of homicide approx. 5% of women murdered by IP's are pregnant when murdered
- 8-25% of women who die during pregnancy/pp die from homicide
- Among women murdered while pregnant, approximately 50% - murdered by partners
- Black women disproportionately affected
- Consistent issue of failure to use pregnancy check box on death certificates - especially in deaths by homicide, suicide, SUD

Maternal Mortality from Homicide – National Data (Chang et al 2005 AJPH)

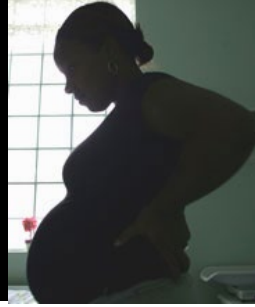


Maternal Mortality by Homicide
By race – 1990-2000

- Homicide 2nd leading cause of maternal mortality (31% - after automobile accidents – 44%) (Chang et al '05)
- Firearms most common mechanism
- Disproportionately present in African American women

Pregnancy Associated Homicide, Maryland (1993-2008)

Cheng and Horon, 2010



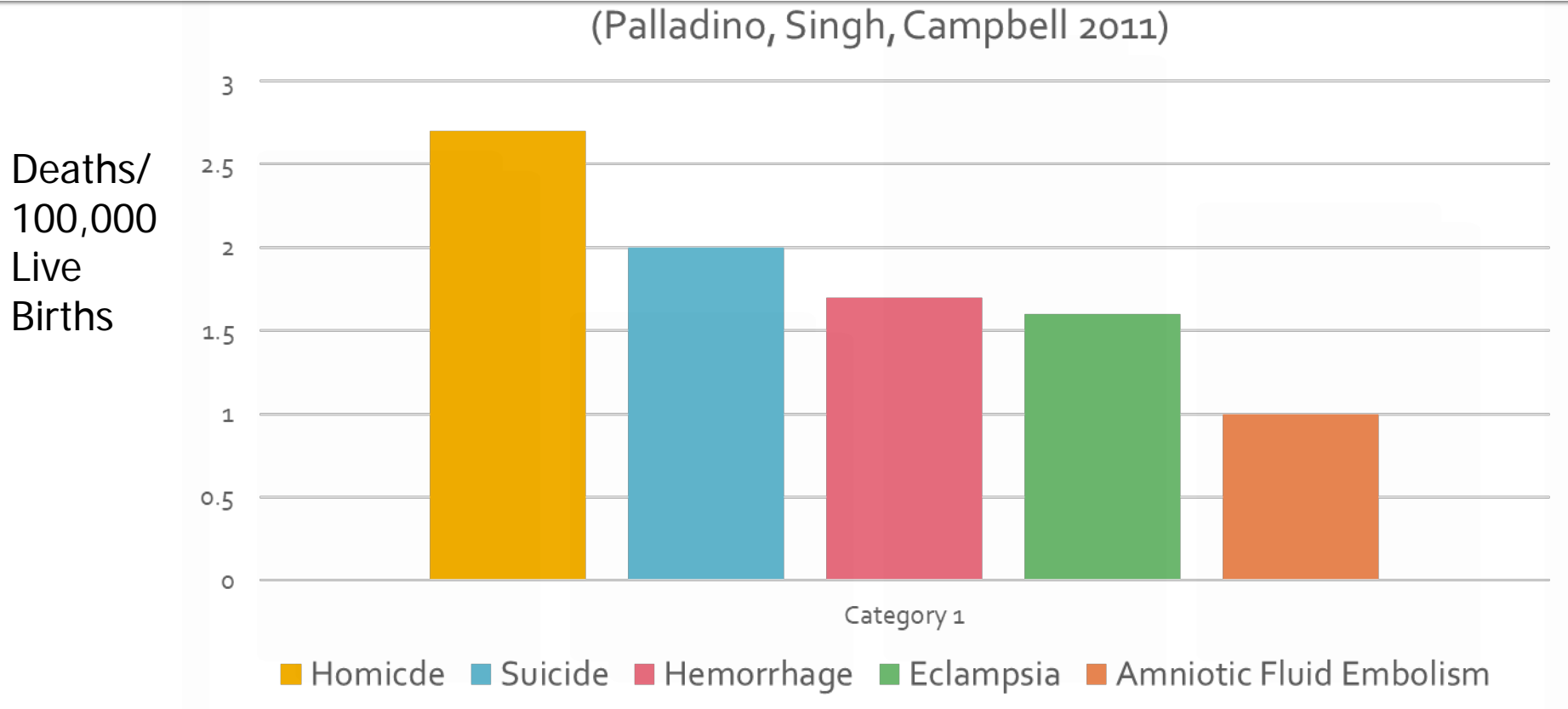
- Homicide leading cause of Maternal Mortality in MD
 - Most prevalent: African American, age <25
 - Firearms: the most common method (60%)
- 56% of pregnancy-associated homicides were intimate partner homicides (IPH)
 - Not considering open cases, 65% were IPH
 - Nearly half of IPH occurred during pregnancy
 - All women with live births received prenatal care
 - Sometimes directly linked to pregnancy – e.g. he wanted her (not wife) to have an abortion, she refused
- IL law (2019) mandating that state maternal mortality review panels review homicide

CAMPBELL, J., MATOFF-STEPP, S., VELEZ, M., COX, H., & LAUGHON, K. (2021). PREGNANCY-ASSOCIATED DEATHS FROM HOMICIDE, SUICIDE, AND DRUG OVERDOSE: REVIEW OF RESEARCH AND THE INTERSECTION WITH

INTIMATE PARTNER VIOLENCE. JWH, 30(2), 236-243. (CONTINUED)

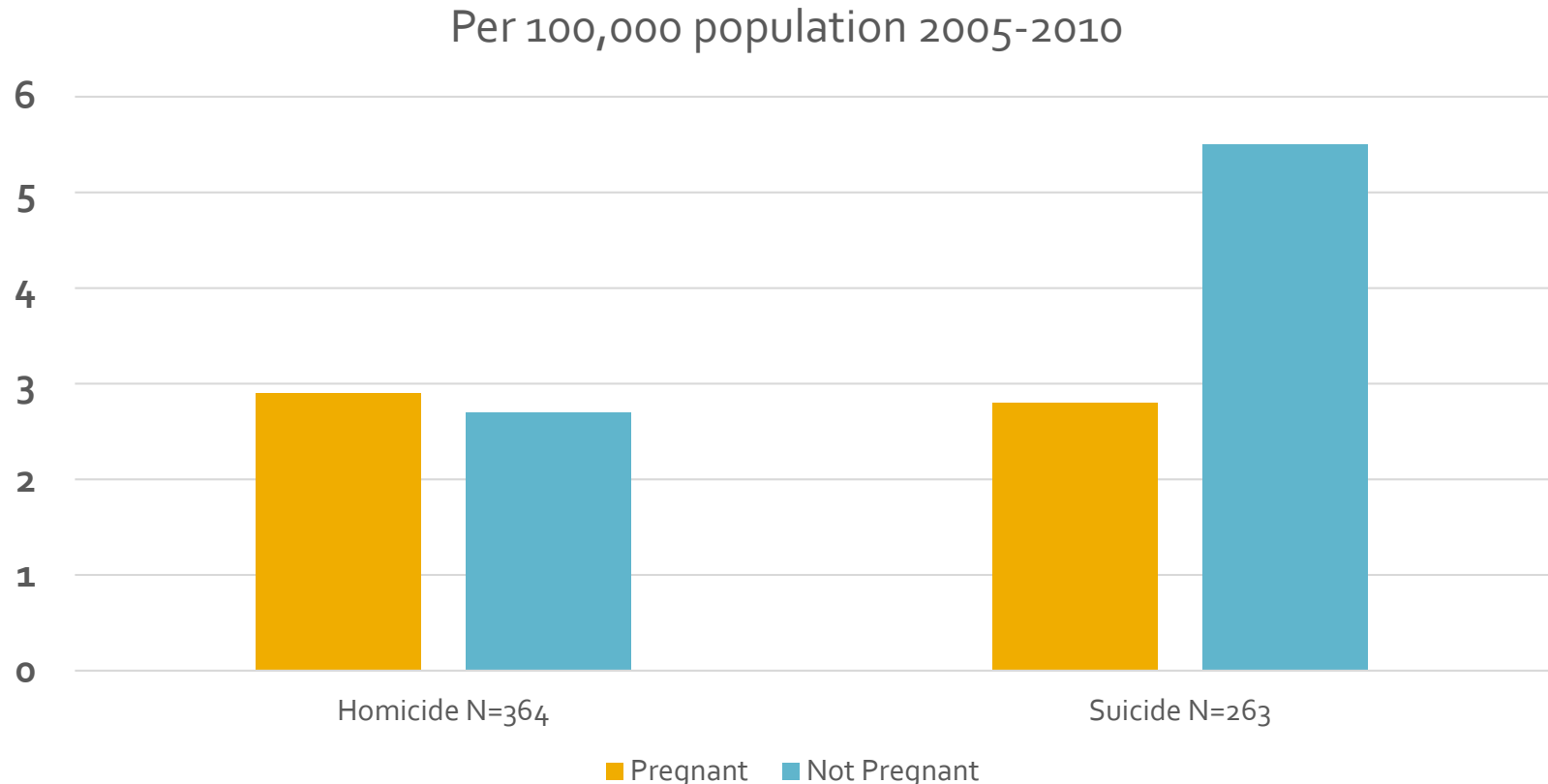
- Suicide - IPV significant risk factor for suicide attempts globally (WHO multi country study Devries, Watts, Garcia Moreno 2011; & for suicide for Black women USA Kaslow et al 2003)
- Lindahl, Pearson, Colpe (2005) suicides estimated to account for up to 20% of postpartum deaths
- SUD - fewest # of studies - in 22 states 2007-2016, the overall pregnancy-associated mortality ratio increased 34% (31.7 to 42.3) - pregnancy-associated mortality involving opioids more than doubled in terms of both the rate (1.3 to 4.2) and the percentage of all pregnancy-associated deaths increased from 4% to 10%. Gemmill, Kiang, Alexander AJOG 2019 220: 115-116

Causes of Pregnancy Associated Deaths (NVDRS '03-07)



Homicides: 45.3% – IPV related, 42.4% partner or former partner killed; Black women 44% vs. 17% of live births; “too few Native Americans to compare”;
Suicides: 54.3% IPV related; Native American women 5.1% vs. 1.6% live births; (also disproportionate for white women)

Wallace, Hoyert, Williams, Mendola (2016). Pregnancy-associated homicide and suicide in 37 U.S. States... AJOG 215,364



Homicide third leading cause of death after “natural causes” & injury – 10.2% of mortality; 3 times more likely to occur among Black women than non-Hispanic white

SINCE IPV RISK FACTOR FOR HOMICIDE, SUICIDE & SUD PREGNANCY ASSOCIATED DEATHS

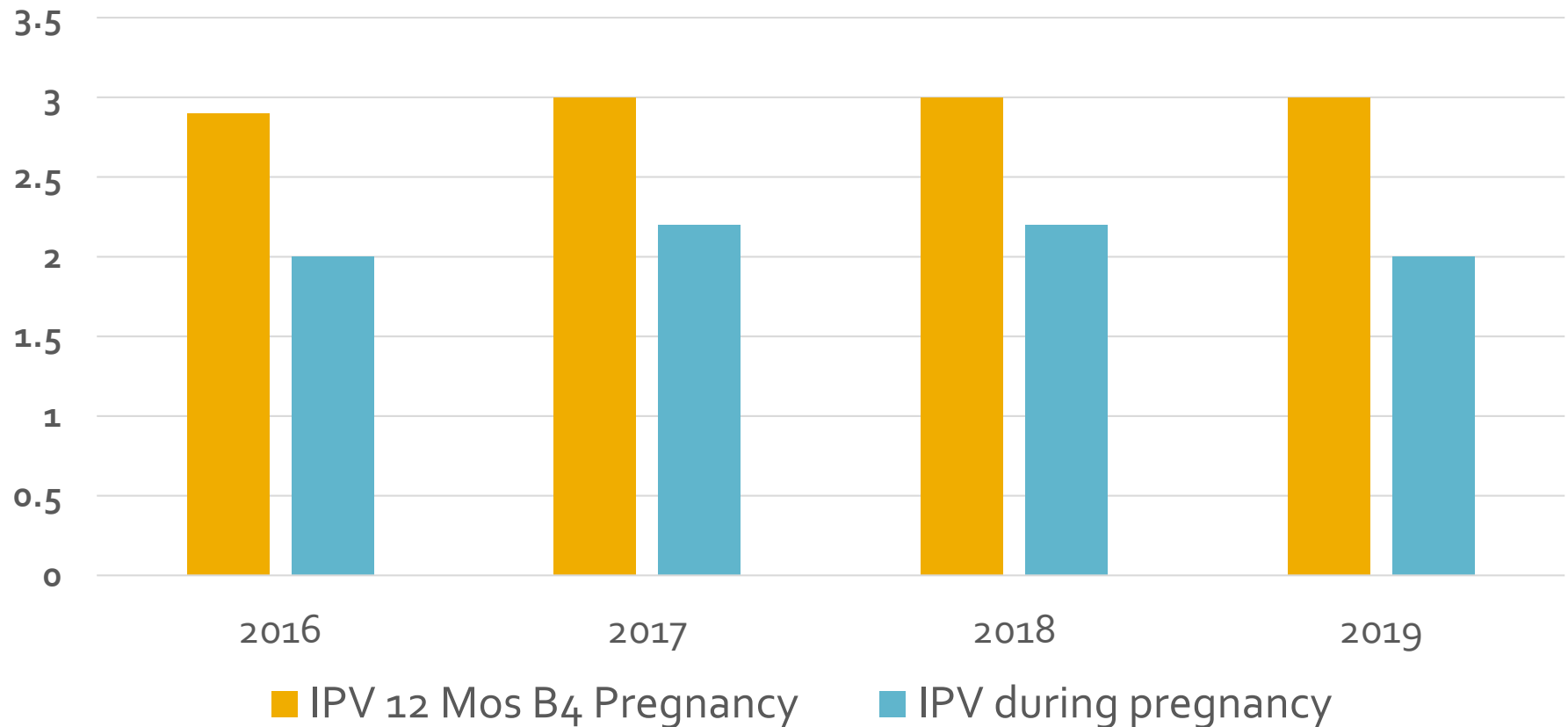
- What do we know about IPV around the time of pregnancy

DEFINITIONS SPECIFIC TO ABUSE DURING PREGNANCY (SALTZMAN ET AL '03)

- Abuse during pregnancy - abuse while woman is pregnant
- Abuse before pregnancy - 12 months prior to pregnancy
- Abuse *around the time of pregnancy* - includes woman abused before or during &/or both
- Abuse *during the year of pregnancy* - 12 month period during which pregnancy occurred
- Abuse after pregnancy - abuse during post partum period - within either 6 weeks or within year after pregnancy

Prevalence of Selected Maternal & Child Health Indicators All PRAMS Sites, Pregnancy Risk Assessment Monitoring System (PRAMS), 2016–19

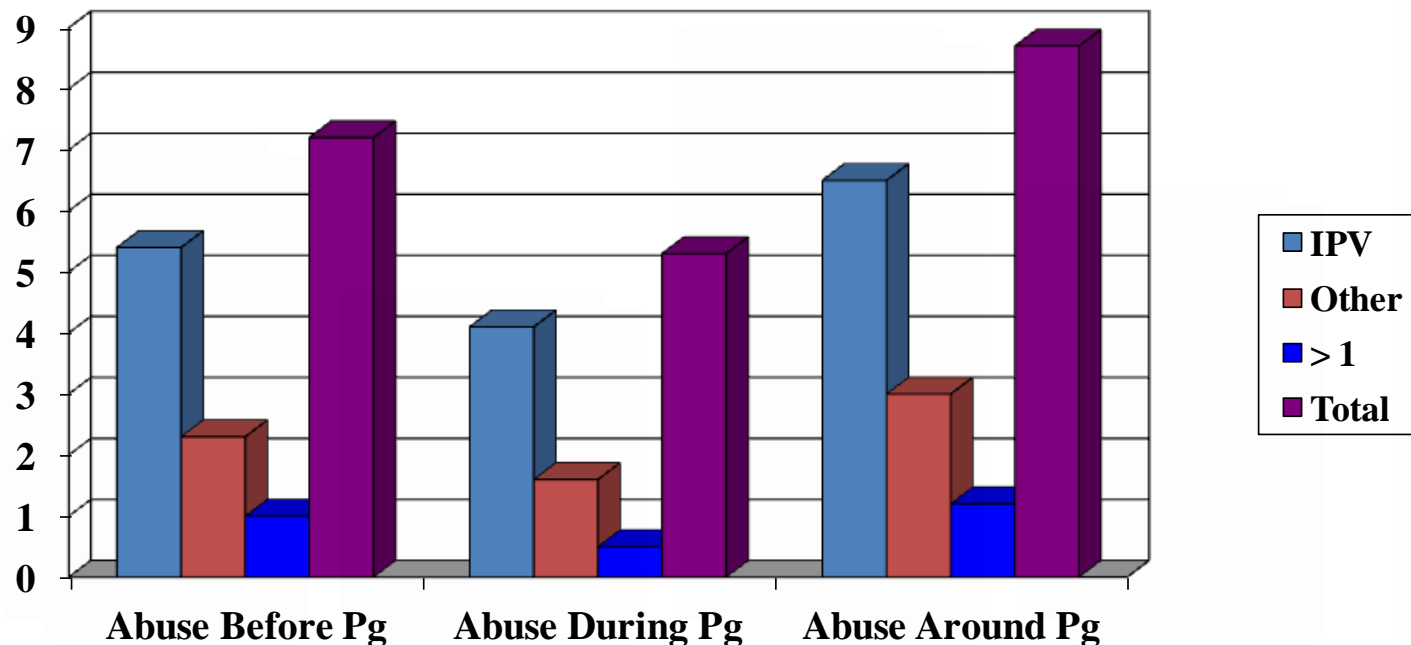
Prevalence of IPV Before & During Pregnancy



IPV: being pushed, hit, slapped, kicked, choked, or physically hurt in any way by a husband/partner and/or an ex-husband/ex-partner <https://www.cdc.gov/prams/prams-data/2019-selected-mch-indicators.html>

PREVALENCE OF ABUSE AROUND TIME OF PREGNANCY (SALTZMAN ET. AL. '03)

IPV – physical &/or sexual abuse

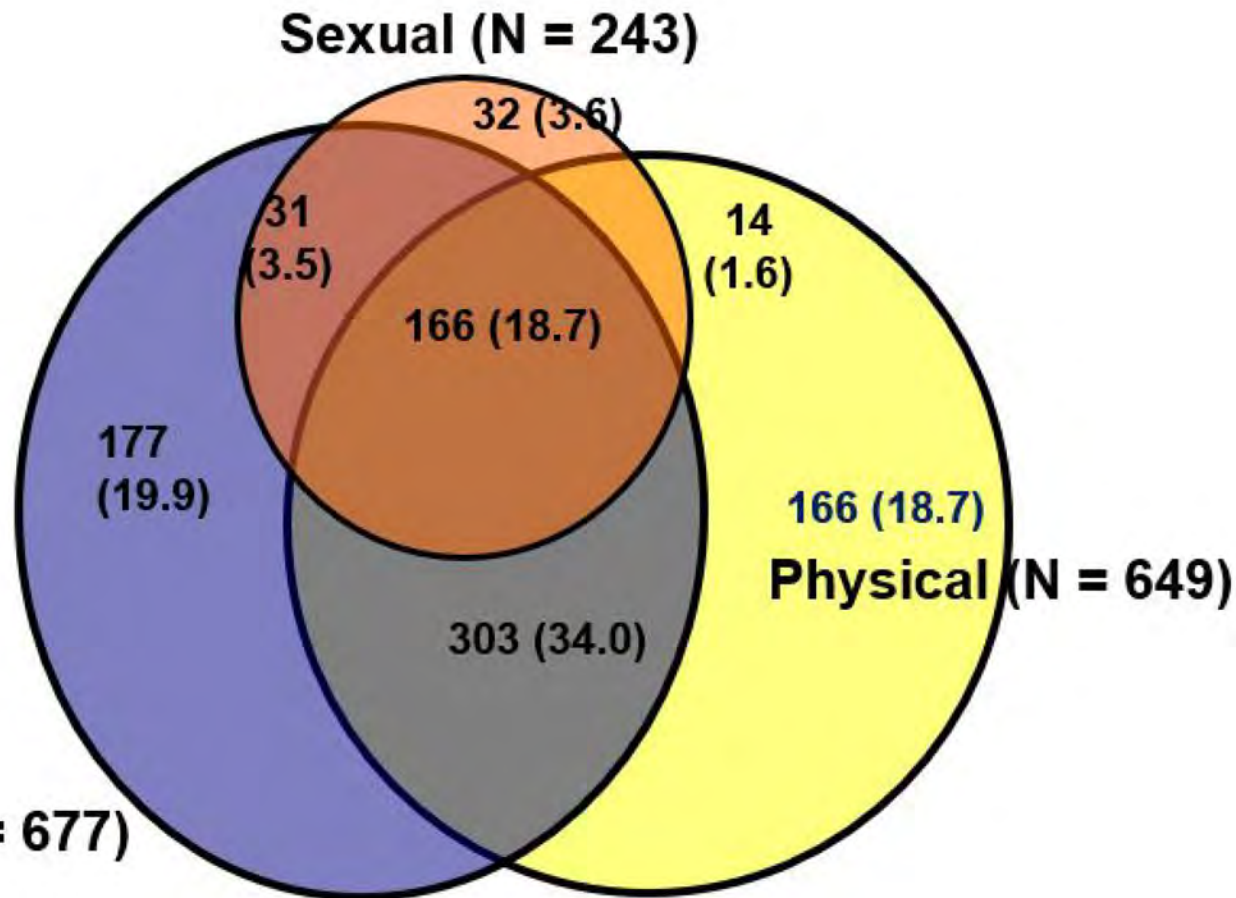


PATTERNS OF ABUSE DURING PREGNANCY

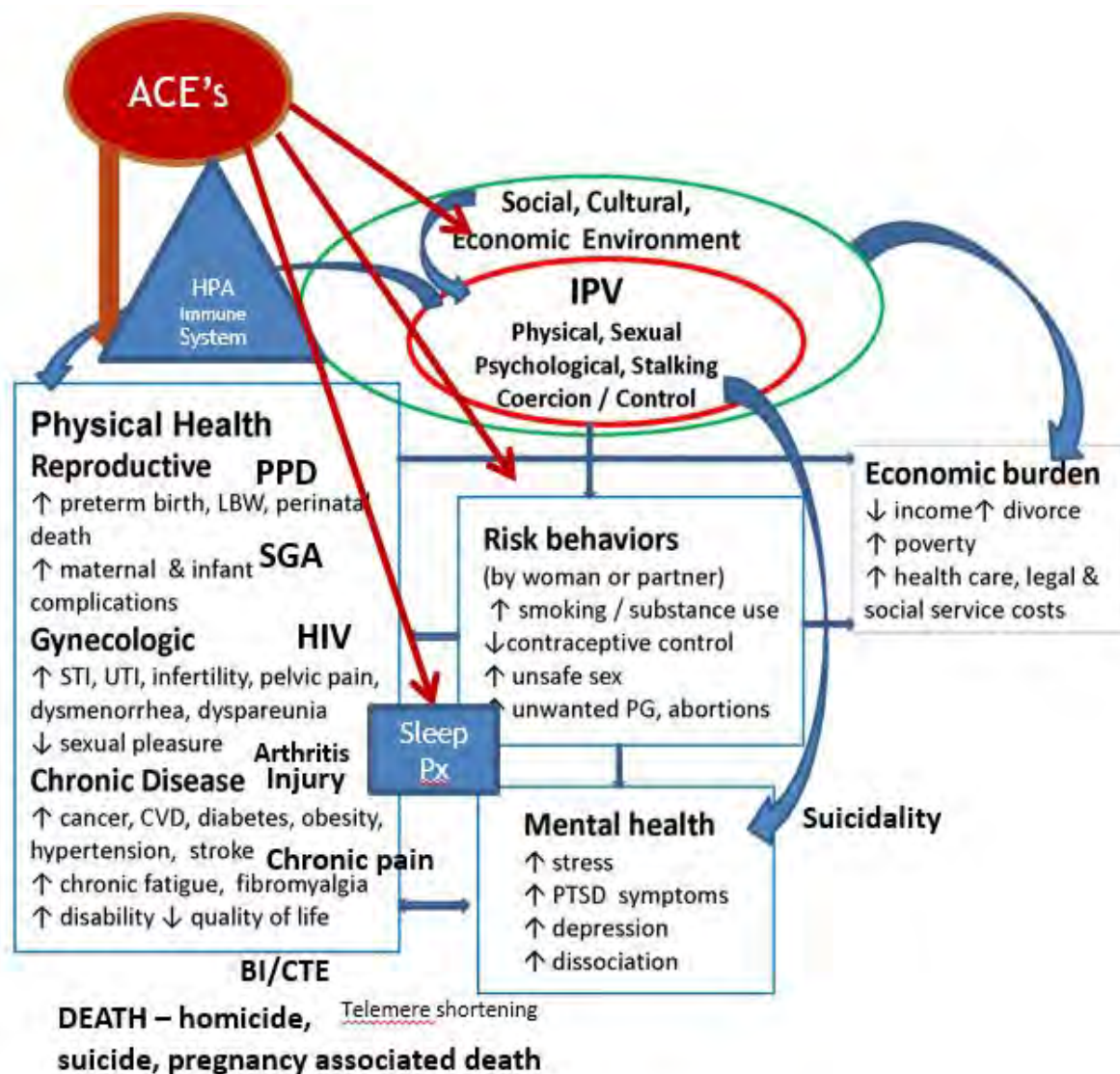
- Commonly thought that pregnancy was a risk factor for abuse - more often a protective period but all patterns are possible -
- Pregnancy can be either a protective period - women hit before and after - (30%) or a risk period - may start during pregnancy (24%) - especially first pregnancy - but most often neither (75%) (Martin '01; Saltzman '03)
- Physical abuse may lessen or stop but emotional abuse, controlling behaviors stay same or increase (Castro '03)
- Women more at risk for homicide if hits (beats) her during pregnancy (Campbell et al 2009)
- If abuse lessens during pregnancy - gives her more hope that all will be ok when baby is born

OVERLAP BETWEEN PHYSICAL, SEXUAL AND EMOTIONAL ABUSE (N = 889) (CAMPBELL ET. AL. '02 FROM ELLSBERG '00)

'02 FROM ELLSBERG '00)



COKER ('10) FRAMEWORK; ADAPTED CAMPBELL '14



Those exposed to IPV
50% more likely to
experience fetal loss
compared with women
not abused (Alio, Nana,
& Salihu, *Lancet* '09)

SILVERMAN, DECKER ET AL '06 - PRAMS

- Women reporting IPV year prior &/or during pregnancy increased risk for:
 - high blood pressure or edema (AOR 1.37-1.40)
 - vaginal bleeding (adjusted odds ratio 1.54-1.66)
 - severe nausea, vomiting or dehydration (AOR 1.48-1.63)
 - kidney infection or UTI (adjusted odds ratio 1.43-1.55),
 - hospital visits AOR 1.45-1.48)
 - delivery preterm (AOR 1.37)
 - low-birthweight infant (AOR 1.17) - SGA - Alhusen et al 2008
 - infant requiring intensive care unit care (AOR 1.31-1.33)

ROUTINE SCREENING/ASSESSMENT EVIDENCE

Screening tools are accurate: fifteen studies evaluated 13 screening instruments, and six instruments were highly accurate; AAS, HITS – can be done electronically

Screening increases disclosure

Interventions can reduce IPV: four fair- and good-quality RCTs reported reduced IPV and improved birth outcomes for pregnant women, reduced IPV for new mothers, and reduced pregnancy coercion and unsafe relationships for women in family-planning clinics;

Screening for IPV is safe: fourteen studies indicated minimal adverse effects with screening

Screening alone without an intervention does not appear to be better than usual care

Nelson HD, Bougatsos C, Blazina I. Screening women for intimate partner violence: a systematic review to update the U.S. Preventive Services Task Force recommendation. *Annals of internal medicine*. 2012 156(11):796-808

Routine screening recommended by ACOG; ACNMW; ANA; AAN

National random sample & women in primary care, ED's, military – majority – abused & not - support routine screening but want say over who to report to

- e.g. prefer health care provider offers to call police for her (Campbell, Gielen et al '02; '00)
- CPS concerns – (Renker '09)
- Immigration concerns (Rodriguez '06)

HOW WE ASK MAKES A DIFFERENCE

- What you say first
 - “Because DV happens to so many women & because it affects babies before they are born as well as after”
 - “And assure of confidentiality - will not report abuse to mom to CPS - pregnant women (especially adolescents) fear that DV will be reported to CPS and babies will be taken away (Renker '06; Rhodes '99)”
 - Immigrant women afraid of deportation - of self, partner others (Rodriguez '07, '09)
- How you ask
 - Eye contact rather than looking at screen!; privacy (“the hoverer”); voice tone

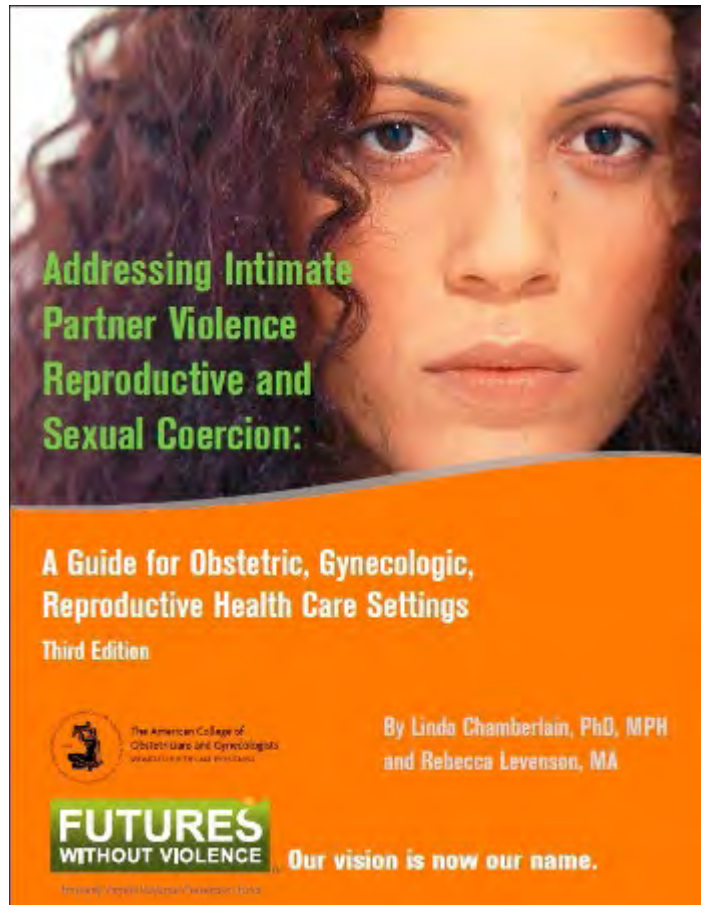


Healthy Moms, Happy
Babies:
Creating Futures
without Violence



“WARM REFERRAL”

WWW.FUTURESWITHOUTVIOLENCE.ORG



- Discuss choices of referrals WITH her
- Offer to make appointment WITH her
- Give referral information to everyone whether they disclose or not

WOMEN WHO TALKED TO THEIR HEALTH CARE PROVIDER ABOUT THE ABUSE WERE:

~4 times more likely

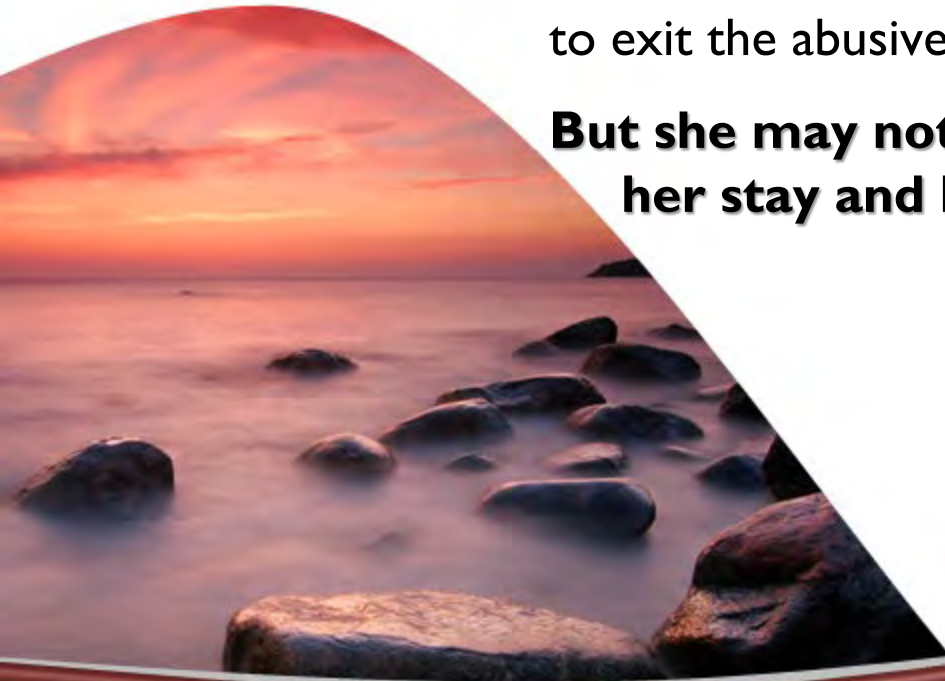
to use an intervention

2.6 times more likely

to exit the abusive relationship

But she may not want to leave and we need to help her stay and help both her & baby be safe

McCloskey et al, 2006



DOVE EMPOWERMENT IPV INTERVENTION (MCFARLANE, PARKER JOGNN '98; SHARPS ET AL 2016)



- “Brochure Driven” or digital - found effective in prenatal setting(e.g. Kiely '10)
 - Brochure is for provider - not for woman to take home
 - Can be modified for various audiences/settings
 - Cover is Walker “cycle of violence” - or use Power & Control Wheel - purpose is to start dialogue with her
 - Inside - modification of Danger Assessment
 - Menu of intervention and safety strategies to choose from - including those for staying with partner - can add hers
 - Offer to make calls WITH her
 - Resource #'s made local
 - Intervention on March of Dimes website - also on NNVAWI website - www.nnvawi.org - & DOVE website

DOVE Intervention Pragmatic Trial – Real World Intervention Trial – w/in Home Visitation – 3 times – brochure or tablet

IPV Mean Scores

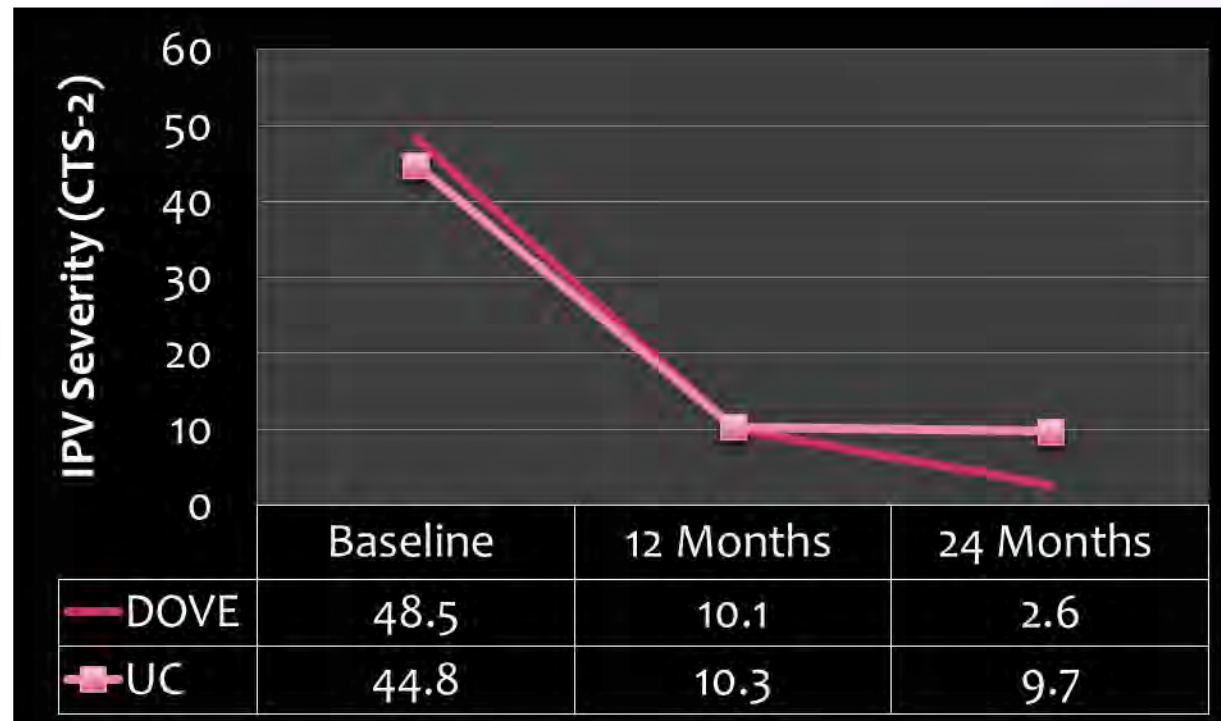
- Both Groups Decrease in IPV but DOVE Intervention Resulted in Significantly More Reduction at 24 Mos



Violence Indicator	DOVE N = 124 pregnant women Baltimore, MD & Missouri	-	-	Usual Care – N = 115 women Baltimore, MD & Missouri	-	-
-	Baseline (n = 124)	12M (n = 89)	24M (n = 52)	Baseline (n = 115)	12M (n = 81)	24M (n = 55)
Conflict Tactics Scale (IPV) *** p < .001	48.5	10.1	2.6***	44.7	10.3	9.7

Sharps, Bullock, Campbell et al *JWH*, 25, 11129-1138.

Graph of Time By Treatment Interaction – DOVE Trial – Sharps et al, 2016





Leveraging Technology to Empower Safety Decisions for IPV Survivors and Concerned Friends and Family

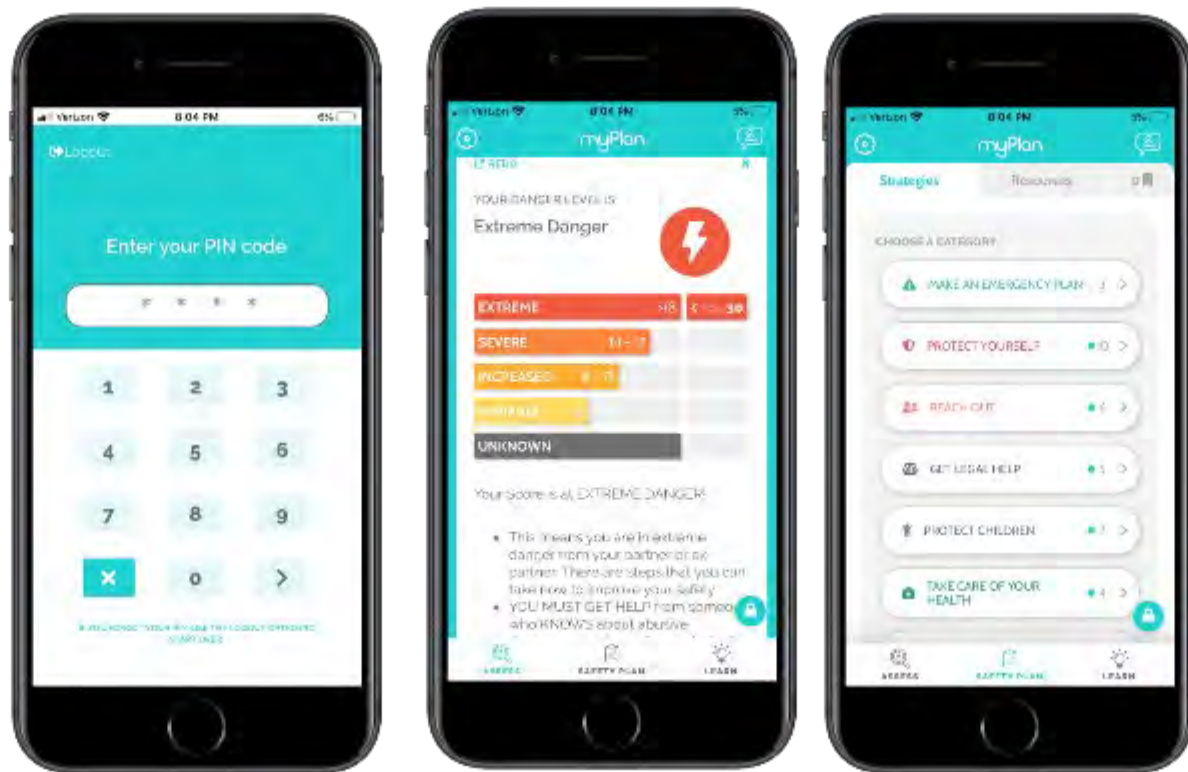
Developed by Dr. Nancy Glass at JHSON, **myPlan** assists users to:

- assess the health & safety of a relationship
- make decisions about safety and well-being
- connect to resources

Backed by research, private, and free

via web, iOS, or Android

myPlanApp.org



NEVER FORGET WHO IT'S FOR -

- “please don’t let her death be for nothing - please get her story told”
 - (one of the Moms of a woman killed)
- “I want to be able to see my daughter grow. I want her to be able to be a little girl. I don’t want to keep the cycle going. I want her to see good things while she grows up & not abuse.”
 - (brand new mom)

Work on developing better “offender intervention programs” - including fathering, including employment, taking advantage of new brain science - “Strength at Home” Taft - RCT tested - decreases use of violence AND PTSD - in all VA’s