

NPA Position Statement

Intimate Partner Violence



Educate. Advocate. Integrate.

Issue:

Intimate Partner Violence (IPV), sometimes known as domestic violence, refers to any kind of abuse directed at one household member by another and affects 20-30% of women in the United States. The abuse can be physical, emotional, psychological, or sexual. While intimate partner violence has profound implications for the health status of all women, the risk for intimate partner violence to begin or be exacerbated increases significantly during pregnancy. Particularly troubling is the fact that the risk for IPV appears to be highest among pregnant adolescents, a group already facing unique physical and emotional challenges.

Background:

Research indicates that intimate partner violence is a significant source of ill-health and injury for women. Women who are abused by an intimate partner or family member are more likely to experience unintended pregnancy, delay entry into prenatal care, and experience poor pregnancy outcomes. They are more likely to manifest perinatal mood and anxiety disorders (PMADs) and posttraumatic stress, have higher rates of STDs including HIV, and are at greater risk for problematic substance use. Additionally, the co-occurrence of intimate partner violence and child abuse is estimated to range from 30-60%, adding further danger to the postnatal period.

Of great concern is that intimate partner violence during pregnancy is quite common. In fact, research suggests that intimate partner violence impacts pregnancy more often than any other physiological complication of pregnancy.

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Strategy:

In efforts to better identify and assist victims of intimate partner violence, NPA supports the following:

- All providers of perinatal care should utilize screening tools to identify women who may be victims of intimate partner violence.
- All patients should be screened for intimate partner violence at the time of routine gynecologic care.
- All pregnant women should be screened for intimate partner violence at least once per trimester and whenever behavioral indicators or physical complaints suggest.
- All healthcare providers should familiarize themselves with local or regional resources including domestic violence crisis centers, help lines, and safe spaces and should be prepared to expedite referrals when indicated.

NPA remains committed to increasing awareness, identifying those at risk, and seeking strategies to reduce or eliminate domestic violence before, during, and after the perinatal period.

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