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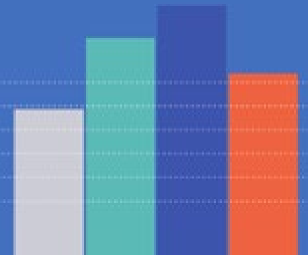
Health Commissioner

CHART



Intimate Partner Violence and Screening Among Birthing People in Philadelphia

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Intimate partner violence (IPV) is abusive or aggressive behavior in the context of a current or former intimate relationship. IPV can take many forms – including physical violence, sexual abuse, psychological aggression, and stalking – and can vary in severity and frequency. IPV affects millions of people in the United States (US) each year, and disproportionately impacts women.[1]

Perinatal IPV is IPV that occurs during the perinatal period. This report defines the perinatal period as any time within the 12 months before pregnancy, during pregnancy, and up to 12 months postpartum.[2] 3% to 9% of birthing people in the US experience perinatal IPV; however, these estimates focus on physical IPV and may not account for other forms of IPV.[2] Perinatal IPV poses a physical risk to the birthing person and is associated with adverse mental health outcomes including depressive symptoms, post-traumatic stress disorder, and suicide. Perinatal IPV is also associated with adverse fetal outcomes such as miscarriage, preterm birth, and low birth weight.[3]

Healthcare provider screening is an effective strategy to identify patients experiencing perinatal IPV and connect them to resources. The US Preventive Services Task Force recommends IPV screening for women of reproductive age. However, adherence to this recommendation, as well as the tools and tactics employed in the screening process, vary widely.[4]

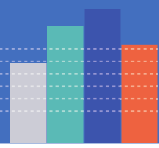
The aim of this CHART is to assess the prevalence of and screening for perinatal IPV in Philadelphia using data from the 2018-2021 Philadelphia Pregnancy Risk Assessment and Monitoring System (PhillyPRAMS). PhillyPRAMS is a survey given to randomly selected Philadelphia birthing people two to six months after they give birth to assess experiences of birthing people throughout the perinatal period. Three forms of IPV were assessed; physical, psychological, and sexual. Psychological IPV was defined as being threatened, made to feel unsafe, or having daily activities controlled by a husband or partner.

KEY TAKEAWAYS

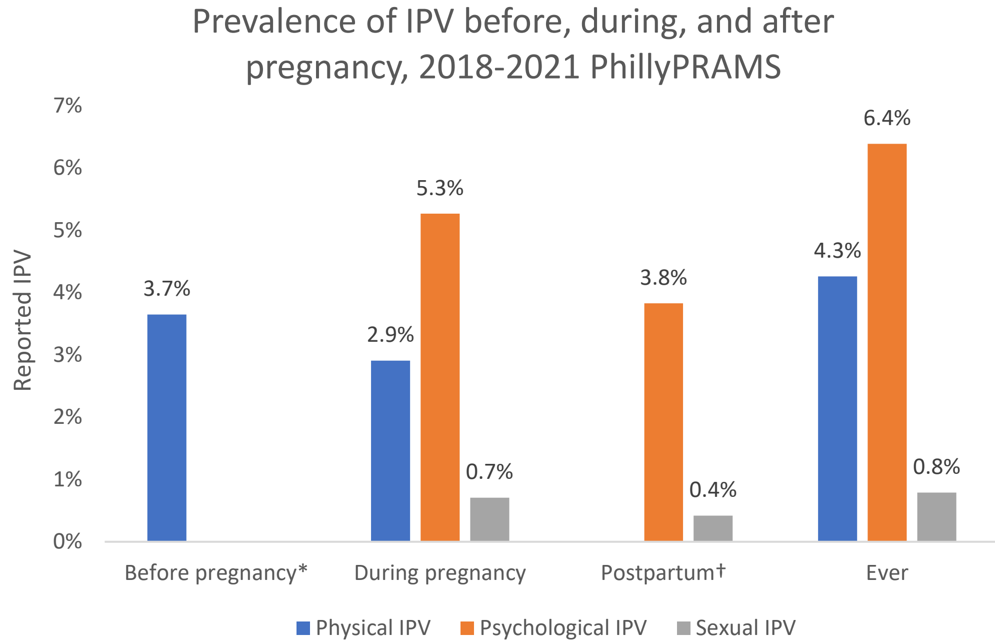
Approximately 9% of birthing people in Philadelphia reported some form of intimate partner violence (IPV) during the perinatal period.

People under 20 years old, people who are Black, and those making less than $20,000 a year reported higher rates of perinatal IPV.

Groups who reported the heaviest burden of IPV were more likely to have been screened by a healthcare provider.



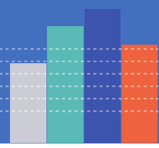
Birthing people reported psychological IPV at the highest rate during pregnancy.

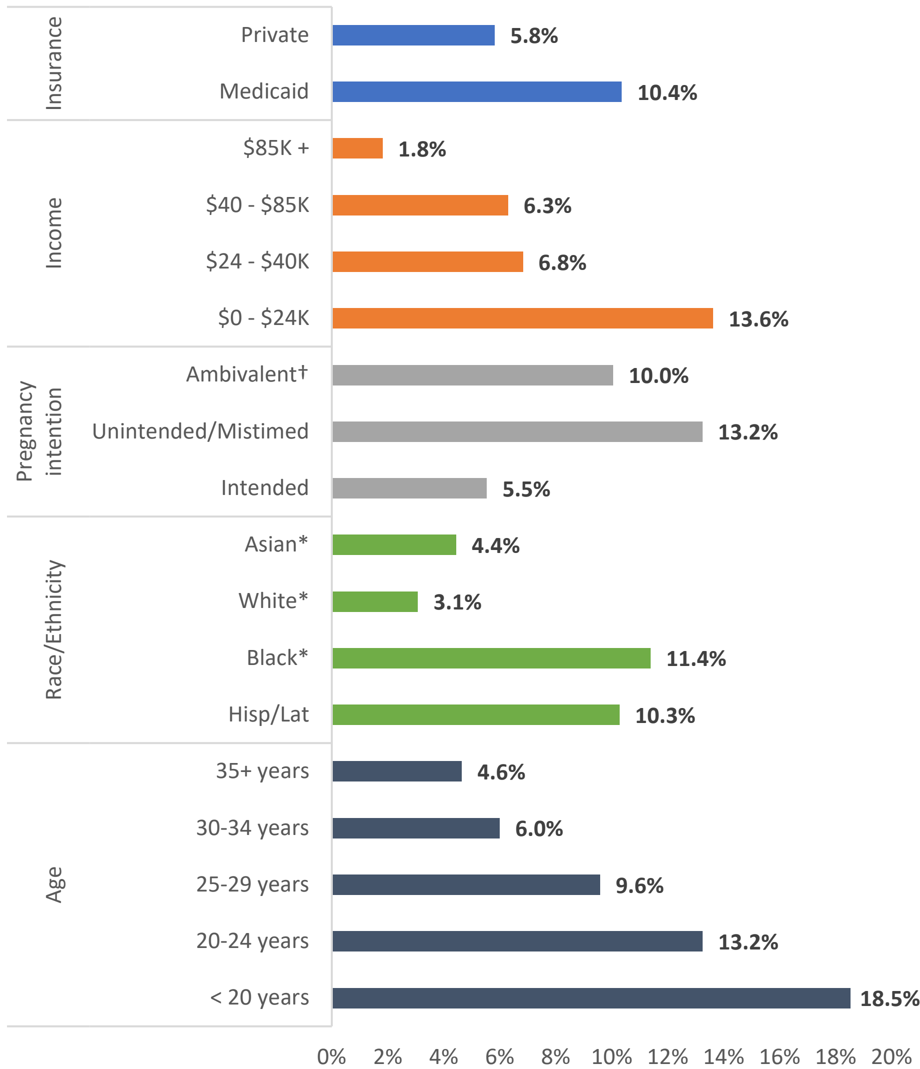


*Psychological and sexual IPV were not measured before pregnancy
†Physical IPV was not measured during the postpartum period

- Overall, 8.7% of birthing persons reported experiencing a form of IPV at some point during the perinatal period.
- The most commonly reported form of IPV was psychological IPV.
- Sexual IPV was reported at the lowest rates, however, this may be due to underreporting of sexual abuse, as reported by other studies.[5]
- Physical IPV was reported at higher rates before pregnancy (3.7%) compared to during pregnancy (2.9%).

Percentages reflect a weighted sample of 3,184 survey respondents.





*Non-Hispanic/Latina/Latino/Latine
†Birthing person indicated they were unsure whether they wanted to be pregnant or not

Black* birthing persons reported perinatal IPV approximately 4 times more than their White* counterparts.

- Perinatal IPV was reported at significantly higher rate among those who:
  - Had Medicaid insurance (9.1%), compared to those with private insurance (5.8%).
  - Lived in households earning under $24,000 a year (13.6%), compared to those living in households with higher annual income.
  - Identified as Black* (11.4%), compared to those who identified as White* (3.1%).
- Birthing people who reported an unintended or mistimed pregnancy reported perinatal IPV at higher rates compared to those who reported an intended pregnancy (13.2% and 5.5%, respectively).
- The prevalence of perinatal IPV decreased as the age of the birthing person increased.

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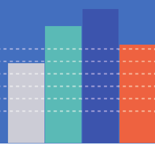
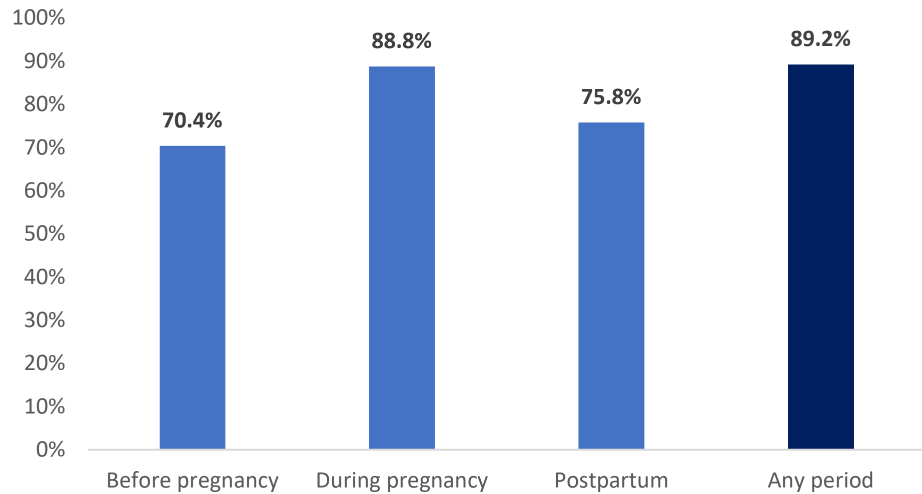


Healthcare providers asked about IPV most often during pregnancy compared to before or after.



Note: Respondents reported whether a healthcare provider "asked me if someone was hurting me emotionally or physically." A validated IPV screening tool may or may not have been used.

- During pregnancy, 88.8% of birthing people reported that their provider asked if they were experiencing IPV.
- The percent of people who said a provider asked them about IPV decreased in the postpartum period to 75.8% but remained higher than pre-pregnancy rates (70.4%).
- Overall, 89.2% of birthing people reported being asked about IPV at some point during the perinatal period.

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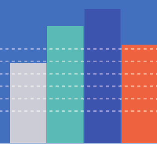
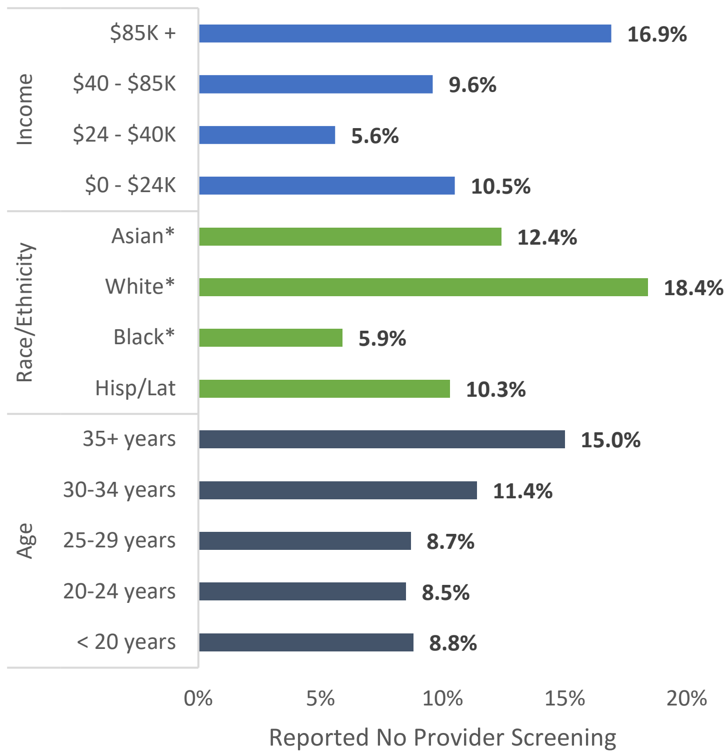


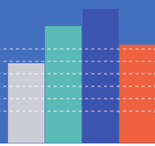


*Non-Hispanic/Latina/Latino/Latine
Note: Respondents reported whether a healthcare provider "asked me if someone was hurting me emotionally or physically." A validated IPV screening tool may or may not have been used.

Healthcare providers asked about perinatal IPV more often among those with the heaviest burden of perinatal IPV.

- Overall, the proportions of people **not** asked about IPV were fairly low, ranging from 5.6% to 18.4%. This means most people reported being asked about IPV by a healthcare professional.
- Black* birthing people and those earning $24-$40K were least likely to report **not** being asked about perinatal IPV. Over 94% of people in these groups reported being asked about perinatal IPV by their provider.
- Birthing people whose annual household income was $24,000 or less reported the highest prevalence of IPV by income, however this population reported being asked about IPV less often than those earning $24,000 to $40,000 (10.5% and 5.6%, respectively).
- White* birthing people, those 35 years old or over, and those with household incomes $85,000 or more reported the lowest rates of providers asking about perinatal IPV.
- Data suggests providers are not universally asking about IPV and instead seem to be targeting efforts based on assumptions of who is it at higher risk.

Percentages reflect a weighted sample of 3,184 survey respondents.



WHAT CAN BE DONE

The Health Department is:

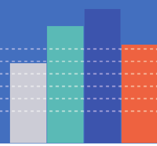
- Undertaking an initiative to address IPV in Obstetric settings. In collaboration with City's Office of Domestic Violence Strategies (ODVS), PDPH's Maternal Child and Family Health Division has formed a team of stakeholders with representation from all five delivery hospitals, lived experience experts, and domestic and sexual assault agencies in Philadelphia. The collective goal is to implement universal IPV screening, staff training, and establish a warm handoff referral system in all Philadelphia delivery hospitals' OB triage areas. PDPH has secured a 5-year grant from the Department of Health and Human Services, ensuring the availability of essential resources for the project's successful implementation.
- Developing a city-wide public health campaign in Philadelphia to increase awareness among the community and medical providers about the intersection between IPV and pregnancy. The campaign aims to educate Philadelphians on how to effectively support IPV survivors by providing information about available resources and promoting best practices for IPV screening.

Healthcare providers should:

- Implement annual training for all staff in contact with pregnant and postpartum people using best practices in IPV screening and work with local IPV agencies to ensure appropriate referrals and counseling options occur.
- Implement a coordinated response to IPV focused on emergency medical settings including urgent care centers and emergency rooms.
- Increase intervals of IPV screening in the perinatal and postpartum period. The American College of Obstetricians and Gynecologists (ACOG) recommends all physicians screen for IPV during obstetric care (first prenatal visit, at least once per trimester, and at the postpartum visit).

People can:

- Access local resources available to people affected by domestic violence. All resources are available at no cost to Philadelphians and can be found here.
- Contact the PHILADELPHIA DOMESTIC VIOLENCE HOTLINE at 1-866-SAFE 014 (1-866-723-3014). This line is available 24/7 with crisis intervention, safety planning, resources, and referrals. All calls are free, confidential, and anonymous.
- Access the following resource for safety planning for domestic violence survivors COVID-19-Safety-Planning-for-Survivors-March-2020.pdf (womenagainstabuse.org)
- Call 911 in the event of an emergency or if your safety is in immediate danger.



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RESOURCES

For resources form the Office of Domestic Violence Strategies:
https://www.phila.gov/departments/office-of-domestic-violence-strategies/resources/

For the Philadelphia Domestic Violence Hotline:
1-866-SAFE 014 (1-866-723-3014)

For safety planning for survivors of domestic violence:
COVID-19-Safety-Planning-for-Survivors-March-2020.pdf (womenagainstabuse.org)

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All PDPH CHARTs are available at
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