MATERNAL HEALTH & IPV
An Introduction to the MAVIS Project
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LEARNING OBJECTIVES

1. Describe the health impacts of domestic violence
2. Identify benefits of using universal education about IPV in the healthcare setting
MATERNAL MORTALITY IN KANSAS

• Between 2016-2020, 11 homicides accounted for 10.5% of the 105 pregnancy-associated deaths.

• Six of the 11 homicides occurred during pregnancy (54.5%), four occurred between 43 to 365 days postpartum (36.4%) and one occurred within 42 days postpartum (9.1%).

• When the relationship was known, the perpetrator was most often a current or former intimate partner.
Figure 13. Number of underlying cause of death for pregnancy-associated deaths by pregnancy-relatedness, Kansas, 2016-2020

Note: For Figure 13, the underlying cause of death categories listed above are mutually exclusive – meaning that each case is classified into only one of the groups. In the death that a suicide was completed by intentionally overusing a drug or medication, these cases are included in the “Suicide” category and not the “Poisoning/overdose” category.

Source: Kansas Maternal Mortality Review Committee
KMMRC RECOMMENDATIONS

Recommendations for Action, Preventing Pregnancy-Related Deaths:

1. Screen, provide brief intervention, and refer for co-morbidities and chronic illness, such as:
   - Intimate Partner Violence (IPV)
   - Pregnancy Intention
   - Mental Health Conditions (including postpartum anxiety and depression)
   - Substance Use Disorder

2. Increase communication and collaboration among providers, including referrals

3. Educate and empower patients
A partnership between Kansas Department of Health and Environment (KDHE), Kansas Coalition Against Sexual and Domestic Violence (KCSDV), Kansas Connecting Communities (KCC), Kansas Perinatal Quality Collaborative (KPQC) and Kansas Maternal Mortality Review Committee (KMMRC) to reduce maternal deaths in Kansas due to homicide and suicide.
PROPOSED INTERVENTIONS

Continue to build and expand on the success of the KMMRC to **gather additional data** related to violent maternal deaths through establishment of a KMMRC SDOH Subcommittee.

Provide **cross-training** to perinatal care providers (KPQC/Fourth Trimester Initiative birthing facilities) and intimate partner violence service providers (KCSDV members) related to perinatal moods and anxiety disorders (PMADs), perinatal substance use, and intimate partner violence.

Increase **collaboration and referrals** between perinatal care and intimate partner violence providers resulting in coordinated care and support services for pregnant and postpartum women. Includes facilitating **MOUs** between providers that outlines resources and services provided by each entity, referral process to each organization, and crisis intervention protocols.
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DEFINING INTIMATE PARTNER VIOLENCE (IPV)

Intimate Partner Violence

- Domestic violence that occurs between intimate partners
- A pattern of abusive and coercive behavior used to gain dominance, power, and control over an intimate partner
- Undermines the victim’s sense of self, free will, and safety
- Includes the use of *illegal* and *legal* behaviors and tactics
The Power & Control Wheel

Source: Domestic Abuse Intervention Programs Duluth, Minnesota
1 in 4 women have experienced physical violence by an intimate partner in their lifetime.

Source: Centers for Disease Control and Prevention (CDC). National Intimate Partner and Sexual Violence Survey: 2015 Data Brief
2020 KANSAS DV STATISTICS

• 23,143 incidents reported to law enforcement. Offender was arrested 48% of time.
• 34 domestic violence homicides, making up 17.6% of all homicides.

Source: 2020 Domestic Violence, Stalking, and Sexual Assault in Kansas As Reported by Law Enforcement Agencies, Kansas Bureau of Investigation
HEALTH IMPACTS OF IPV
IS YOUR RELATIONSHIP AFFECTING YOUR HEALTH? FUTURES WITHOUT VIOLENCE

- Asthma
- Diabetes
- Chronic pain
- High blood pressure
- Cancer
- Smoking
- Drug and alcohol abuse

- Unplanned pregnancies
- STDs
- Trouble sleeping
- Depression
- Anxiety
- Inability to think or control emotions
PREGNANCY AND IPV

• More likely to receive no prenatal care or delay care until later than recommended
• 3x more likely to report symptoms of depression in the postnatal period
• Associated with increased risk of low birth weight and preterm birth
• 3x more likely to suffer perinatal death

RACIAL DISPARITY IN MATERNAL HEALTH

• Black women are 3-4x more likely to die from pregnancy-related causes than white women
• Disproportionate impacts of IPV with less access to care and resources that would prevent and mitigate harm

CUES: Using An Evidence-based Intervention To Address IPV In Healthcare Settings
BARRIERS FOR PROVIDERS

• What barriers make it hard to talk about IPV with patients?

• Have you ever had a patient disclosure of violence and didn’t know what to do?
BARRIERS FOR PROVIDERS

- Time constraints
- Discomfort with the topic
- Fear of offending the patient or partner
- Need for privacy
- Perceived lack of power to change the problem
- A misconception regarding patient population’s risk of exposure to IPV

SCREENING WITHOUT UNIVERSAL EDUCATION

“No one is hurting you, right?”
“You aren’t being abused, are you?”
“Have you been experiencing any domestic violence?”
“Are you being abused by your partner?”
“Are you safe in your home?”

LIMITATIONS OF SCREENING WITHOUT UNIVERSAL EDUCATION

• Low Disclosure Rates
  o Disclosure rates in clinical settings range from 1-14%.

• Non-Differential Outcomes
  o Without universal education or warm referrals, there is no significant difference in outcomes for survivors who receive screening.

Source: The Evidence Behind CUES, Futures Without Violence
PATIENTS’ REASONS FOR NON-DISCLOSURE

- Fear of judgment
- Fear of not receiving adequate support
- Religious beliefs
- Language barriers
- Having children in the home
- Concerns about mandated reporting
- Concerns about privacy

Source: The Evidence Behind CUES, Futures Without Violence
Autonomy

- Survivors want to make their own decisions.

Empathy and Compassion

- Survivors want their experiences to be validated without judgment.

Informed Providers

- Survivors want health professionals who understand the depth and complexity of domestic violence.
  - Impact of trauma on health
  - Long-term nature of violence
  - Intersection with accessing other needs

Source: The Evidence Behind CUES, Futures Without Violence
VALUE OF UNIVERSAL EDUCATION (UE)

• Providers exposed to a UE curriculum have more confidence in discussing domestic violence

• Patients receiving this intervention have positive feedback, reporting it to be more helpful than comparable interventions

• Patients also share their information with their peers
  o Research shows that participants who received UE were almost twice as likely to share the DV hotline number with someone.

Source: The Evidence Behind CUES, Futures Without Violence
CUES INTERVENTION

C: Confidentiality
• Privacy and transparency about any limits of confidentiality

U/E: Universal Education + Empowerment
• Use safety cards, share resources and information regardless of disclosure

S: Support
• Patient-centered care plan and warm referral to DV program

Source: The Evidence Behind CUES, Futures Without Violence
CATEGORIES OF SAFETY CARDS
& RESOURCES FROM FUTURES WITHOUT VIOLENCE

• American Indian/Alaska Native Health
• Campus Health
• Child and Adolescent Health
• HIV Testing and Care
• Home Visitation
• Primary Care
• Reproductive and Sexual Health
• Lesbian, Bisexual, Gay, and Trans/Gender Non-Conforming

Resources are available in multiple languages, in PDF and in hard copy.

www.ipvhealth.org/resources/
REFERRAL BEST PRACTICES

Cold Referral
- Giving a phone number
- Not knowing anything about what services are provided
- Not familiar with staff
- Not knowing anything about the quality of services provided

Warm Referral
- Making the call together
- Having an advocate’s name or point of contact
- Knowing the services and being able to tell someone how they can help
- Knowing how to make referrals, or if and when an advocate can respond in-person
- Being able to speak to the quality of services
• Crisis intervention
• Support groups
• Hotline services
• Personal advocacy
• Shelter
• Resource and referral
• Community awareness and education

All services are free and confidential.
Tribal Victim Services

* Call the 24/7 Kansas Crisis Hotline at 1-888-363-2287 or one of the neighboring programs.
NEXT STEPS

- Survey
- Training
- Memoranda of Understanding (MOUs) with DV/SA Service Providers
RESOURCES

• Kansas Crisis Hotline: 1-888-END ABUSE (1-888-363-2287)
• KCSDV: www.kcsdv.org
  • Map of local DV/SA programs: http://www.kcsdv.org/find-help.html
• Futures Without Violence: www.futureswithoutviolence.org
  • Safety Cards: http://ipvhealth.org/resources/

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