

## Teen Pregnancy and Intimate Partner Violence (IPV)

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### Objectives:

- Discuss national trends on intimate partner violence (IPV)
- Discuss forms of IPV during pregnancy and associated risks
- Identify interventions that can reduce risks associated with IPV

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### IPV Definition

- The intentional physical, sexual or psychological abuse inflicted by one's current or former partner or spouse.<sup>[1]</sup>
- IPV subdivided into four categories:
  - Physical violence
  - Sexual violence
  - Threat of physical or sexual violence
  - Psychological/emotional abuse

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### IPV Prevalence and Adolescents

- Nationally representative data suggest: <sup>[2]</sup>
  -  1 in 10 has been **raped** by an intimate partner
  -  1 in 6 has experienced **sexual abuse** other than rape
  -  1 in 4 has experienced **severe physical violence**
  -  1 in 2 has experienced **psychological aggression**
- Female adolescents ages 16 - 24 years constitute the highest risk group for experiencing IPV

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### Risk Factors for IPV

- Alcohol and drug use <sup>[1]</sup>
- Poverty
- Exposure and witnessing familial, and community violence
- Experience prior or concurrent assault by a family member



**IPV**

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### IPV and Reproductive Health

- A growing body of research is documenting associations between experiences of violence and women's reproductive health.

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### Partner Dynamics

- One influencing factor in IPV may actually be male partner pregnancy promoting behaviors
- Studies found an association between adolescent IPV and reproductive coercion, inconsistent condom use, and fear of condom negotiation, which result in unintended pregnancy.<sup>[3-5]</sup>

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### Reproductive Coercion

- Involves behavior to maintain power and control in relationships related to reproductive health.<sup>[6]</sup>
- Is related to behavior that interferes with contraceptive use and pregnancy.
- Common forms include sabotage of contraceptive methods, pregnancy coercion and pregnancy pressure.

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### Reproductive Coercion (cont.)

- 1 out of 4 adolescent females reported that their abusive male partners were trying to get them pregnant through interference with planned contraception.<sup>[7]</sup>
- Among adolescent mothers on public assistance who experienced recent IPV, 66% experienced birth control sabotage by dating partner.<sup>[8]</sup>

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### IPV and Pregnancy

- Between 5% and 38% of adolescent girls experience IPV prior to or during pregnancy, compared to between 4% and 24% of pregnant adult women
- Females who reported a history of IPV are 4 to 6 times more likely to have experienced a pregnancy than those who reported no history. <sup>[9]</sup>
- IPV is associated with repeat adolescent pregnancy

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### IPV and Poor Outcomes in Pregnancy

- Antepartum hemorrhage<sup>[9]</sup>
- Preterm labor
- Perinatal mortality
- Low birth weight
- IPV at postpartum period
- Small for gestational age (SGA)

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### IPV and Poor Outcomes in Pregnancy

SGA is associated with:<sup>[10]</sup>

- Increased mortality risk in the first year of life
- Lower cognitive ability
- Increased emotional conduct
- Attention deficit hyperactivity disorders

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### Baylor Teen Health Clinic (BTHC)

- **Mission:** To provide health care equal to or better in quality than the private sector; to establish collaborative relationships with the community and those organizations or individuals with common goals; and to have all our programs evaluated with academic excellence
- Ten locations throughout greater Houston

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### BTHC (cont.)

- **Services include:**
  - Family Planning and Primary Care Services
  - Testing for Sexually Transmitted Diseases
  - Birth Control Methods and Counseling
  - Individual Counseling and Therapy
- **Programs include:**
  - Mentors for Moms
  - Northeast Adolescent Programs
  - Centering Pregnancy
  - Nurse Family Partnership

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### Reproductive Coercion Intervention

- Among women who experienced IPV, family planning, clinic-based interventions focusing on reproductive coercion reduced pregnancy coercion by 71%<sup>[11]</sup>
- **Interventions can include:**
  - Educating patients about safety planning and support services
  - Offering harm-reduction strategies
  - Providing discreet and confidential methods of contraception

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### IPV and Pregnancy Study: Background

- Women's aggression and participation in reciprocal violence and its association with various risk factors are not well studied.
- The purpose of the study was to examine individual, interpersonal, family and community risk factors associated with IPV among pregnant adolescents.

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### IRB Approval

- The study was approved by the Institutional Review Board (IRB) and informed consent was obtained before participants completed the study survey.

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### Study Measures

- IPV was measured using the Conflict Tactics Scale (CTS).
- Adolescent to partner IPV: psychological aggression, caused injury, and negotiation
- Partner to adolescent IPV: physical assault, psychological aggression, caused injury, and negotiation

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### Study Measures (cont.)

#### The Socio-ecological Model

- **Individual factors:**
  - limited economic resources
  - unplanned pregnancy
  - been in trouble with a teacher
  - repeated  $\geq 1$  grade in school
  - multiple lifetime drug/substance use
  - moderate-to-severe depressive symptoms
- **Interpersonal factors:**
  - prior physical or sexual assault
  - want to see father of baby more often
  - Involvement with people who might get me in trouble
  - prior verbal abuse
  - support from father of the baby

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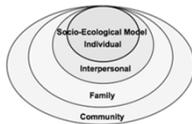
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### Study Measures (cont.)

#### The Socio-ecological Model

- **Family factors:**
  - family support
  - family criticism
- **Community factors:**
  - community violence
  - stayed out with friends past 2 am
  - went to school drunk or high
  - general support
  - stole something from a store




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### Study Results

- 249 predominantly African American and Hispanic pregnant adolescents, ages 15-18 years
- The majority of the total participants, (97.2%) were either single, or living with or engaged to the father of the baby
- IPV:
  - 60 (24.1%) pregnant adolescents reported physically assaulting their partner

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### Study Results (cont.)

- Pregnant adolescents who reported physically assaulting their partner in comparison to those who did not report physically assaulting their partner:

#### Individual factors

- ↑ African American or Hispanic
- ↑ More than one lifetime drug/substance abuse
- ↑ Repeat ≥ 1 grade in school
- ↑ Moderate-to-severe depressive symptoms

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### Study Results (cont.)

#### Interpersonal factors

- ↑ Psychological aggression from adolescent to partner
- ↑ Psychological aggression from partner to adolescent
- ↑ Prior physical or sexual assault
- ↑ Prior verbal abuse

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### Study Results (cont.)

#### Community factors

- ↑ Community violence
- ↑ Stayed out with friends past 2 am
- ↑ Went to school drunk or high
- ↑ Stole something from a store

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### Conclusions

- Pregnant adolescents face multiple risk factors that may compromise their health and birth outcomes.
- A significant proportion of pregnant adolescents engage in perpetration of IPV.
- Possible impact on children's emotional well-being and cognitive ability.

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### Conclusions (cont.)

- Several individual, interpersonal, and community risk factors were significantly correlated with perpetrating IPV.
- Addressing IPV among pregnant adolescents and engaging partners and community members in programs to reduce risks for adverse health and birth outcomes.

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### Screening for IPV

- Association between IPV and detrimental health behaviors and outcomes highlight the need to screen adolescents for IPV
- BTHC screens all patients for IPV in extent of:
  - **Danger:** duration, frequency and nature of the violence, injuries sustained, medical attention required, weapons used
  - **Emotional abuse:** verbal criticism, threats, controlling behaviors, manipulations, isolation

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### Screening for IPV (cont.)

- BTHC collaborates with family violence service providers that shelter and counsel victims
- Train all direct service and supervisory staff in:
  - recognizing signs of family violence
  - communicating with victims
  - understanding the legal process
- Staff will provide support and assistance to victims
- Staff supports victims in accessing needed resources

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### Trauma Informed Care

- There is increased risk of negative health outcomes related to trauma
- The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed the Trauma Informed Care (TIP) protocol<sup>[12]</sup>

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### Trauma Informed Care

- TIP elements include physical and psychological safety, trustworthiness and transparency, collaboration and mutuality, empowerment, resiliency, and a healing approach
- Counseling individuals using trauma-informed and culturally sensitive care
- Important to obtain a careful trauma history and assess for ongoing trauma and violence

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### Evidence-Based Prevention Approaches

Skill building approaches to reduce IPV in couples based on:

- Resiliency Theory
- Positive Youth Development (PYD)- efforts to address protective factors operating in the family, school, and community
- Involving males in the perinatal experience

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### PYD to reduce IPV

- Support and Empowerment
  - Assist teens in establishing relationships with caring adults as well as increase community involvement
- Boundaries and Expectations
  - Increase awareness of positive competencies as well as increase awareness of current actions and future possibilities

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### PYD to reduce IPV (cont.)

- Positive Identity/Social Competencies
  - Increase connectedness with prosocial groups and activities to develop social competency skills
- Positive Values
  - Increase self-esteem and self-efficacy




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### PYD to reduce IPV (cont.)

- Encourage the presence and support of caring family members, people, and organizations
  - Increase positive communication with family
- Identify ways to increase a caring school climate
- Identify ways to become involved in the community

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### Partner support initiatives

Group-based prenatal care

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### Centering Pregnancy

- Replaces conventional, individual, prenatal care with a group-centered model
- Integrates health assessment, education, and support
- 10, 2-hour sessions, comprised of 8 to 12 pregnant women with similar delivery dates who enter the program at the beginning of their second trimester

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## Centering Pregnancy

- Format of sessions integrates prenatal medical checks with a formal pregnancy and birth curriculum
- Groups are facilitated by nurse practitioners and co-facilitated by social workers
- Participants are allowed to bring their partner to the sessions

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## Centering Pregnancy

- Guided by the Social Cognitive Theory, Theory of Planned Behavior, and Positive Youth Development Framework
- The effectiveness has been studied and positive results were noted
- Outcomes include:
  - reduced preterm births
  - increased prenatal knowledge
  - greater satisfaction with care
  - better preparation for labor and delivery

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## Contact Us

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## References

- [1] Saltzman, L.E., Johnson, C.H., Gilbert, B.C., & Goodwin, M.M. (2003). Physical abuse around the time of pregnancy: An examination of prevalence and risk factors in 46 states. *Maternal and Child Health Journal*, 27(1), 31-43.
- [2] Centers for Disease Control and Prevention. (2000) The National Intimate Partner and Sexual Violence Survey. National Center for Injury Prevention and Control.
- [3] Seth, P., DiClemente, R.J., Lovorn, A.E. (2013). State of the evidence: Intimate partner violence and HIV/STI risk among adolescents. *Current HIV Research*, 11, 528-535.
- [4] Temple, J.R., Weston, R., Stuart, G.L., & Marshall, L.L. (2008). The longitudinal association between alcohol use and intimate partner violence among ethnically diverse community women. *Addictive Behaviors*, 33, 1444-1448. doi: 10.1016/j.addbeh.2008.05.003
- [5] Miller, E., McCauley, H.L., Tancredi, D.J., Decker, M.R., Anderson, H., & Silverman, J.G. (2014). Recent reproductive coercion and unintended pregnancy among family planning clients. *Contraception*, 89, 122-128.
- [6] Chamberlain, L. & Levenson, R. (2012) Addressing intimate partner violence, reproductive and sexual coercion: a guide for obstetric, gynecologic and reproductive health care settings.
- [7] Miller, E., Decker, M. R., Reed, E., Raj, A., Hathaway, J.E., & Silverman J.G. (2007) Male partner pregnancy-promoting behaviors and adolescent partner violence: findings from a qualitative study with adolescent females. *Ambulatory Pediatrics*, 7, 366-366.
- [8] Miller E., Decker, M.R., McCauley, H.L., Tancredi, D.J., Levenson, R., Waldman, J., ... Silverman, J.G. (2010) Pregnancy coercion, intimate partner violence, and unintended pregnancy. *Contraception*, 84(4), 316-322.
- [9] Silverman, J.G., Raj, A., Mucci, L.A., & Hathaway, J.E. (2010). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *JAMA*, 304(6), 572-579.
- [10] Alhusen, J. L., Bullock, L., Sharps, P., Schminkey, D., Comstock, E., & Campbell, J. (2014) Intimate Partner Violence During Pregnancy and Averse Neonatal Outcomes in Low-income Women. *Journal of Women's Health*, 23(6), 920-926.
- [11] Miller, E., Decker, M.R., McCauley, H.L., Tancredi, D.J., Levenson, R.R., Waldman, J., ... & Silverman, J.G. (2011) A family planning clinic partner violence intervention to reduce risk associated with reproductive coercion. *Contraception*, 83(3), 274-280.
- [12] Substance Abuse and Mental Health Services Administration (SAMHSA) (2014). TIP 57: Trauma-Informed Care in Behavioral Health Services. Retrieved from <http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/5MA14-486>