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

IPV Definition
• The intentional physical, sexual or psychological abuse inflicted by one's current or former partner or spouse.[4]

• IPV subdivided into four categories:
  • Physical violence
  • Sexual violence
  • Threat of physical or sexual violence
  • Psychological/emotional abuse
IPV Prevalence and Adolescents

- Nationally representative data suggest citing [1]:
  - 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

Risk Factors for IPV

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

IPV and Reproductive Health

- A growing body of research is documenting associations between experiences of violence and women’s reproductive health.
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. [3-5]

Reproductive Coercion

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

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. [7]
- Among adolescent mothers on public assistance who experienced recent IPV, 66% experienced birth control sabotage by dating partner. [8]
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. [9]

- IPV is associated with repeat adolescent pregnancy.

IPV and Poor Outcomes in Pregnancy

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

SGA is associated with:[10]

- Increased mortality risk in the first year of life
- Lower cognitive ability
- Increased emotional conduct
- Attention deficit hyperactivity disorders
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%[11]

- **Interventions can include:**
  - Educating patients about safety planning and support services
  - Offering harm-reduction strategies
  - Providing discreet and confidential methods of contraception
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.

IRB Approval

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

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
Study Measures (cont.)

The Socio-ecological Model

- **Individual factors:**
  - limited economic resources
  - unplanned pregnancy
  - been in trouble with a teacher
  - repeated ≥ 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

- **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

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 (24.4%) pregnant adolescents reported physically assaulting their partner
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
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.

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.

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
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

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\(^{(a)}\)

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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
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

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

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
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

Partner support initiatives

Group-based prenatal care

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
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


- 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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References


