

# MATERNAL HEALTH & IPV

An Introduction to the MAVIS Project

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## DISCLOSURE

The MAVIS Project is supported by the Office on Women's Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$300,000 with 100 percent funded by OWH/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OWH/OASH/HHS, or the U.S. Government. For more information, please visit [womenshealth.gov](http://womenshealth.gov).



**MAVIS PROJECT**  
Maternal Anti-Violence Innovation & Sharing

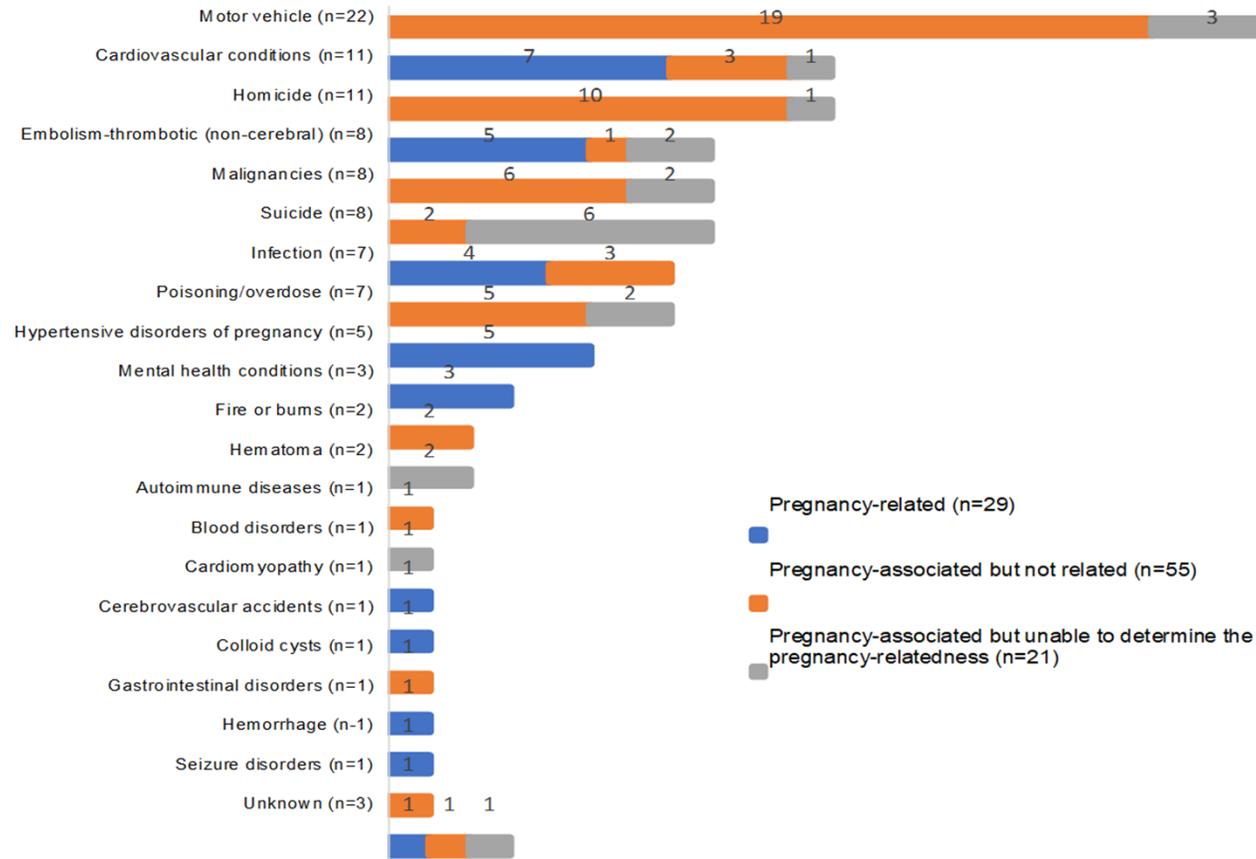
# LEARNING OBJECTIVES

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



# MAVIS PROJECT

Maternal Anti-Violence Innovation & Sharing

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

Source: [Moms & Babies: Intimate Partner Violence](#) – National Partnership for Women & Families, National Birth Equity Collaborative (2021).

# 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

Source: [Black Mamas Matter Toolkit \(2018\)](#).

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

Source: Centers for Disease Control and Prevention (CDC). (2013). [Intimate Partner Violence During Pregnancy: A Guide for Clinicians.](#)

# 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?”

Source: Futures Without Violence, [Assessment and Safety Planning for Domestic Violence in Home Visitation \(2011\)](#).

# LIMITATIONS OF SCREENING WITHOUT UNIVERSAL EDUCATION

- Low Disclosure Rates
  - Disclosure rates in clinical settings range from 1-14%.
- Non-Differential Outcomes
  - 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](#)

# WHAT SURVIVORS OF IPV WANT FROM HEALTHCARE PROFESSIONALS

## 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
  - 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



[www.ipvhealth.org/resources/](http://www.ipvhealth.org/resources/)

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

# 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.**

## KCSDV Member Program Services

Kansas Crisis Hotline: 1-888-END ABUSE  
(1-888-363-2287)



# 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](http://www.kcsdv.org)
  - Map of local DV/SA programs: <http://www.kcsdv.org/find-help.html>
- Futures Without Violence: [www.futureswithoutviolence.org](http://www.futureswithoutviolence.org)
  - Safety Cards: <http://ipvhealth.org/resources/>

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