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4, 5 and 6 September 2024

Collaborative Solutions: uniting health sector
and Family Justice Centers to address gender-based
and domestic violence

Domestic violence in pregnancy: the role of maternity services

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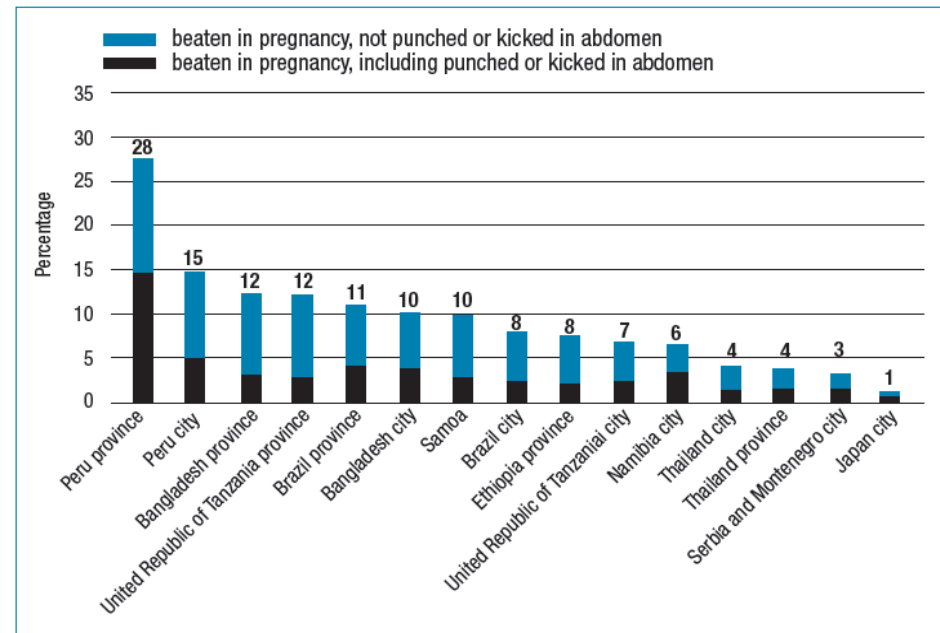


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WHO found prevalences of physical **IPV in pregnancy** ranging from 1% in urban Japan to 28% in provincial Peru, **with prevalences in most sites of 4–12%**

Figure 1. Prevalence of intimate partner violence during pregnancy.



Source: WHO multi-country study on women's health and domestic violence against women.

WHO. *Understanding and Addressing Violence Against Women* (2012)



Worldwide Prevalence of Intimate Partner Violence in Pregnancy. A Systematic Review and Meta-Analysis

Rosario M. Román-Gálvez^{1,2}, Sandra Martín-Peláez^{3,4*}, Borja M. Fernández-Féllix^{5,6}, Javier Zamora^{5,6}, Khalid S. Khan^{3,6} and Aurora Bueno-Cavanillas^{3,4,6}

SYSTEMATIC REVIEW
published: 30 August 2021
doi: 10.3389/fpubh.2021.738459

TABLE 1 | Meta-analysis by type of intimate partner violence (IPV) during pregnancy.

| IPV | Studies | n | N | Rate | I ² (%) | P-value heterog | Tau ² |
|---------------|---------|--------|---------|-------------------|--------------------|-----------------|------------------|
| Physical | 126 | 12,801 | 220,132 | 9.3 (7.7, 11.1) | 95.9 | 0.000 | 1.31 |
| Psychological | 113 | 29,446 | 189,630 | 18.7 (15.1, 22.9) | 98.2 | 0.000 | 1.87 |
| Sexual | 98 | 7,585 | 155,324 | 5.5 (4.0, 7.5) | 93.4 | 0.000 | 2.67 |
| Any | 118 | 24,779 | 124,558 | 25.2 (20.4, 30.7) | 98.6 | 0.000 | 2.25 |

n = IPV events. N = group size.



LA GRAVITÀ E LE CONSEGUENZE DELLA VIOLENZA

IPV doesn't stop during pregnancy (prevalence 11,8%).

A decrease in violence was observed in 23.9% of women during pregnancy,

- in 11.3% of cases violence increased
- in 5.7% of cases it commenced.

From ISTAT, Italian Institute of Statistics, 2014



IPV in pregnancy

If we assume that around 8% of pregnancies may be affected by IPV, **in a maternity of 2,500 deliveries each year, about 200 women could potentially face these problems without anyone realising it.**



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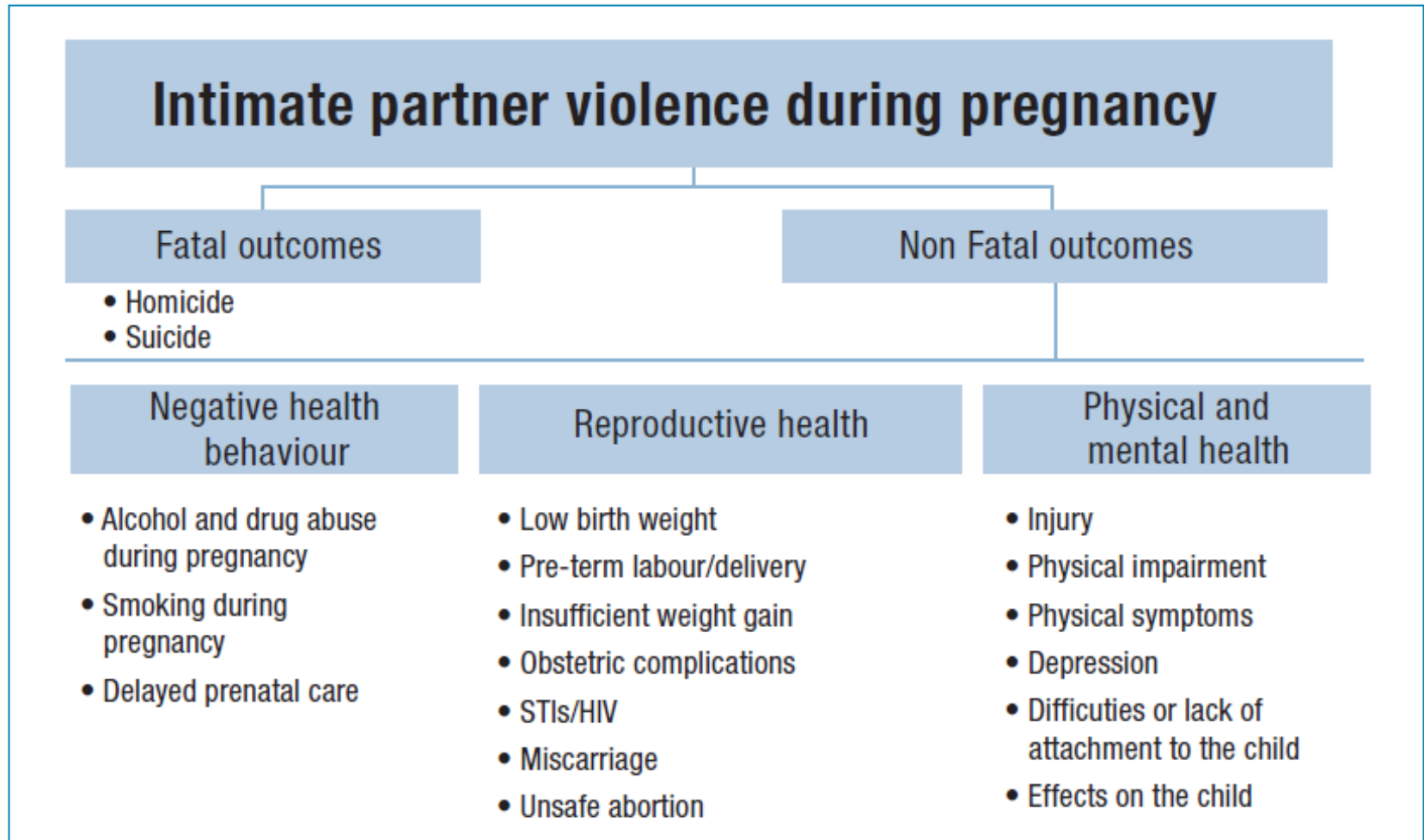


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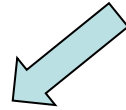


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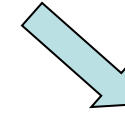
Figure 2. Health outcomes of intimate partner violence during pregnancy.



IPV in pregnancy impacts two people: the mother and the foetus



Pregnant women who experience abuse are at a **threefold increased risk of dying violently** compared to the general population



Direct effect of abdominal trauma, resulting in the release of prostaglandins and the subsequent activation of contractile activity.
Indirect effect mediated by stress, which involves the release of catecholamines, vasoconstriction, and foetal hypoxia.



IPV and risk for adverse neonatal outcomes

Pre-term birth or prematurity

The **risk** of pre-term birth was **between 1.97 and 5.94** times higher among women who had experienced undifferentiated IPV, and between 2.29 and 5.7 times higher among those who experienced physical IPV. Risk in the case of psychological IPV was 1.61 times higher.

Low birthweight

The **risk** of low birthweight was between 1.96 and 5.5 times higher among women exposed to physical IPV, **2.1 times higher** when exposed to undifferentiated IPV, and 2.80 times higher when exposed to sexual IPV.

Miscarriage

The **risk** of miscarriage was **between a 1.7–5.4** times higher among women who had experienced undifferentiated IPV. One study associated physical IPV with miscarriage, with a 5.7 times higher risk.

Pastor-Moreno G et al., BJOG 2020

Any violent pregnancy is high-risk.



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Brief Risk Assessment for the Emergency Department - DA5

- 1) Has the frequency and/or severity of the acts of physical violence increased in the last 6 months?
- 2) Has the aggressor ever used a weapon, or threatened you with a weapon, or attempted to strangle you?
- 3) Do you think the aggressor could kill you?
- **4) Has he ever beaten her during pregnancy?**
- 5) Is the aggressor violently and constantly jealous of her?

Snider et al., 2009



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Pregnancy as a window of opportunity

Almost all pregnant women receive continuous antenatal care

- Ability to develop a trusting relationship with health care providers
- Desire to be a good parent
- Desire to "protect" the child
- Opportunity to invest in a better future



Health providers and health systems have a critical role in supporting women, minimizing the impact and preventing violence from happening.

Why health systems?

- women and girls experiencing violence are more likely to use health services
- health care providers are often women's first point of professional contact
- all women are likely to seek health services at some point in their lives

World Health Assembly, Resolution 69.5, May 2016

Online at: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_9-en.pdf

WHO Department of Reproductive Health and Research



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The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Screening for IPV

ACOG recommends that physicians **screen ALL patients** for IPV
(at routine ob-gyn visits - family planning visits - preconception visits)

IPV screening can be conducted by
asking these three simple questions

- Within the past year - or since you have been pregnant - have you been hit, slapped, kicked or otherwise physically hurt by someone?
- Are you in a relationship with a person who threatens or physically hurts you?
- Has anyone forced you to have sexual activities that made you feel uncomfortable?



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Screening women for intimate partner violence in healthcare settings (Review)

O'Doherty L, Hegarty K, Ramsay J, Davidson LL, Feder G, Taft A

There was insufficient evidence on which to judge whether screening increases uptake of specialist services or has an impact on health outcomes

Pregnant women in antenatal setting may be more likely to disclose IPV when screened, however, rigorous research is needed to confirm this.



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The SVSeD – Service for Sexual and Domestic Violence – project for IPV screening in pregnancy

Collaboration between the anti-violence center SVSeD and a big maternity service (Family Counselling Center of Policlinico Hospital, Milan) to screen pregnant women for IPV

Creating a **solid bridge between the health workers at the maternities and the professionals of SVSeD** is the most important basis of this intervention.



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The SVSeD project for IPV screening in pregnancy

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REV 0 del 30/05/2024
PAGINA 1 DI 2
VERIFICA RG GB
APPROVAZIONE RG ES

Scheda IPV in gravidanza

Data: _____
Cartella clinica n°: _____

- Bilancio di salute in gravidanza

I trimestre
 II trimestre
 III trimestre

- Possibili fattori di vulnerabilità per IPV in gravidanza

Giovane età (<20 anni)
 Donna divorziata o separata
 Abuso di sostanze
 Storia di precedenti abusi (es. abuso sessuale subito in infanzia o ac)
 Gravidanza non programmata

- Possibili indicatori di IPV in gravidanza

Iniziare tardivamente le cure antenatali
 Mancare senza motivo alcuni appuntamenti (>=2 appuntamenti)
 Manifestare eccessiva ansietà nei confronti del decorso e dell'esito
 Apparire insicura o infelice e depressa.
 Riferire una storia di aborti ripetuti, parti pre-termine o precedenti nascita
 Presentare un distacco di placenta o infezioni urinarie ricorrenti o
 Presenza di ecchimosi o altre lesioni corporee
 Il partner non lascia mai da sola la donna
 Il partner non lascia parlare la donna e/o corregge le sue risposte

- Questionario AAS

Formulare le domande di screening non come una rigida intervista ma seguendo un differente ordine e/o utilizzando parole leggermente diverse. Chiedere lo screening dando informazione alle donne riguardo la rete

| Abuse assessment screen for use in pregnancy *** | | |
|---|-------------------|----|
| Lei è mai stata psicologicamente o fisicamente abusata dal suo partner o da qualcuno importante per Lei? | SI | NO |
| Durante quest'ultimo anno, è mai stata colpita, schiaffeggiata, presa a calci o forata da qualcuno? Se sì, da chi? (selezionare) | SI N° di volte | NO |
| Martito ex, marito amico estraneo altro più persone. | SI N° di volte | NO |
| Da quando è iniziata la gravidanza, è mai stata colpita, schiaffeggiata, presa a calci o forata da qualcuno? Martito ex, marito amico estraneo altro più persone. | SI N° di volte | NO |
| Durante quest'ultimo anno, qualcuno l'ha forzata ad avere rapporti sessuali? | SI N° di volte | NO |
| Lei si sente minacciata dal suo partner o da qualche altra persona? | SI | NO |

L'ostetrica/medico indaga la presenza di violenza domestica nella vita della donna, sia attraverso il questionario AAS, sia attraverso una costante sorveglianza sui fattori di vulnerabilità/indicatori.

La donna non deve sentirsi obbligata a parlare, ma può comunque essere messa al corrente dell'esistenza di servizi che si occupano di violenza contro le donne all'interno dell'Ospedale.

L'ostetrica o il medico ginecologo possono contattare l'SVSeD ogni qualvolta ne ravvedano la necessità (02.5503.8585)

Richiesta valutazione/presa in carico servizio supporto psicologico consultoriale: SI NO

Indicare motivazione: _____

Richiesta presa in carico SVSeD: SI NO

Indicare motivazione: _____

Richiesta telefonica di presa in carico urgente SVSeD: SI NO

Indicare motivazione: _____

Firma di chi compila il questionario _____

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VERIFICA RG GB
APPROVAZIONE RG ES

- Three different times: first, second and third trimester of pregnancy

- The form includes both vulnerability factors for IPV in pregnancy and possible indicators. It also includes the screening tool for IPV in pregnancy

- The woman need not feel obliged to talk, but can be made aware of the existence of services dealing with violence against women within the hospital

Possible vulnerability factors for IPV in pregnancy

- Young age (<20 years)
- Divorced or separated woman
- Substance abuse
- History of previous abuse (e.g. sexual abuse suffered in childhood or adolescence)
- Unplanned pregnancy



Factors that may indicate potential IPV in pregnancy

- Late start of antenatal care
- Missing appointments without reason (≥ 2 appointments)
- Expressing excessive concern about the course and outcome of the pregnancy
- Appearing insecure or unhappy and depressed
- Reporting a history of repeated miscarriages, premature births or previous pregnancies with low birth weight babies
- History of placental abruption or recurrent urinary infections or genital bleeding
- Presence of ecchymosis or other body lesions
- Partner never leaves the woman alone
- Partner does not let the woman talk and/or corrects her answers

Abuse Assessment Screen (ASS) to be used in pregnancy

- 1) Have you ever been emotionally or physically abused by your partner or someone important to you?
- 2) Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by your partner or someone important to you?
- 3) Within the last year, has anyone forced you to have sexual activities?
- 4) Are you afraid of your partner or any one of the following: husband/wife, ex-husband/ex-wife, boyfriend/girlfriend, stranger?
- 5) If pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by your partner or someone important to you during your pregnancy?

McFarlane J, et al.,. *JAMA*.1992;267(23): 3176–178.



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The SVSeD project for IPV screening in pregnancy

The request for assessment/referral to the SVSeD is made (with the woman's consent) in the following cases:

- Doubtful identification of violence
- Presence of ecchymosis or other physical injuries
- A positive response to the AAS questionnaire;
- Sexual abuse in childhood and adolescence in the woman seeking support;



The SVSeD project for IPV screening in pregnancy: Results

TO BE
CONCLUDED

For further details
see you at the 7th
EFJCA conference!

Partial data: 114 pregnant women were screened and 8 tested positive: 7 reported past violence, mostly sexual violence within the family, while one reported abuse by her partner during pregnancy.



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Thanks for your attention

Contact:

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WHO SUFFERS SEXUAL VIOLENCE

FIRST AID
tel. 02 5503 2489
24 hours a day, 365 days a year

AFTER THE EMERGENCY
tel. 02 5503 2489
fax 02 5503 2490
monday to friday
from 9 a.m. to 7 p.m.,
saturdays from 9.30 am to 2 pm
svsed@policlinico.mi.it

WHO SUFFERS DOMESTIC VIOLENCE

FIRST AID
tel. 02 5503 8585
24 hours a day, 365 days a year

AFTER THE EMERGENCY
tel. 02 5503 8585
fax 02 5503 2490
monday to friday
from 9 a.m. to 7 p.m.,
svsed@policlinico.mi.it



@PoliclinicoMI - www.policlinico.mi.it



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Those who suffer violence
find rescue,
understanding and help
always and immediately

Public anti-violence centre
Mangiagalli Clinic
via della Commenda, 12
20122 Milano



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