**RESEARCH RECAP**

 **Violence, Coerced Abortion, and an Opportunity**

**to Intervene and Save Women’s Lives**

**Tiffany Gillespie -** In February 2012, Philadelphia resident Tiffany Gillespie, 24, was 6-months pregnant with her 3rd child when she was allegedly shot to death by her boyfriend, Aaron Fitzpatrick. The killing followed an argument in which Fitzpatrick tried to convince her to have an abortion and she refused.

**Valarie Luckenbihl -** In another recent case in Wyoming, Timothy Kindle repeatedly beat his 17-year-old partner intending to induce an abortion. Kindle is now facing up to 10 years in prison and/or $10,000 in fines for killing her unborn baby. Valarie Luckenbihl lived; however, as a survivor she is at a significantly increased risk for mental health problems including depression, anxiety, posttraumatic stress disorder, and suicidal behaviors, as well as a wide range of adverse physical health outcomes.

Research indicates that unplanned pregnancy significantly increases the likelihood of victims of Intimate Partner Violence (IPV) being murdered (Williams & Brackley, 2009).

The decision regarding resolution of an unplanned pregnancy in relationships involving IPV is likely to be dominated by the abusive, control-oriented partner.

* Fortunately, pregnant women generally have more contact with healthcare professionals compared to non-pregnant women, and visits can operate as a critical point of intervention.
* Screening for IPV is particularly important among women seeking abortions, since they are more likely to be victims of IPV than women who continue their pregnancies.

**Recap Objectives:**

* Examine the literature pertaining to Intimate Partner Violence (IPV) generally and during pregnancy.
* Consider research demonstrating that IPV victims are at an increased risk for unplanned pregnancy and abortion.
* Describe methods that clinicians employ to screen for IPV.
* Underscore the dire need for screening for IPV at abortion clinics to help women make independent choices regarding pregnancy resolution, leave abusive relationships, and save lives.

**What constitutes Intimate Partner Violence or Abuse?**

* A pattern of assaultive and coercive behaviors used in the context of dating, marital, or other relationships.
* It may take the form of physical, sexual, and/or psychological abuse, is generally repeated, and often escalates over time within relationships.

“Intimate partner violence (IPV; also known as domestic violence) refers to behaviour by an intimate partner or ex-partner that can cause or causes physical, sexual or psychological harm. These behaviours include physical aggression, sexual coercion, psychological abuse and controlling behaviours. Stalking and financial abuse have now been included in the list of IPV behaviours by some authorities.” Stewart, MacMillan, & Kimber (2021, p. 71).

**Marital Rape**

Forced intercourse within a marriage is often called "marital rape." Like other forms of domestic violence, marital rape is about exerting power and control over one’s partner.

As of 2024, it is illegal in all 50 states, however, several states provide legal loopholes or defenses when it comes to prosecuting marital rape. For example, New York provides a defense to sex crimes if the defendant is married to the victim and the crime is based on lack of consent due to a mental disability or age. (N.Y. Penal Law § 130.00, 2022).

Marital rape has been criminalized by approximately 150 countries as of 2019.
The Complexity of IPV:

IPV is increasingly recognized as a complex process wherein women feel high levels of vulnerability, powerlessness, and entrapment as a result of a partner’s systematic employment of physical, sexual, psychological, and/or moral force.

As noted by Cobia, Robinson, and Edwards (2008, p. 249) “Violence against women is often accompanied by emotionally abusive and controlling behavior, and thus is part of a systematic pattern of dominance and control. Domestic violence results in physical injury, psychological trauma, and sometimes death. The consequences of domestic violence can cross generations and truly last a lifetime).”

**Alarming Statistics**

* The cases described at the outset of this presentation are sadly not isolated events. Their stories are echoed in the lives of countless women, many of whom lack the necessary support to free themselves.
* IPV is common,affecting millions of women in the U. S. each year. Data from the CDC’s National Intimate Partner and Sexual Violence Survey (NISVS) indicated approximately 41% of women have experienced sexual violence, physical violence, and/or stalking by an intimate partner. Over 61 million women have experienced psychological aggression by an intimate partner in their lifetime.
* Of the estimated 4,970 female victims of murder and nonnegligent manslaughter in 2021, data reported by law enforcement agencies indicate that 34% (1,690) were killed by an intimate partner. (United States Bureau of Justice Statistics https://bjs.ojp.gov/female-murder-victims-and-victim-offender-relationship-2021)
* In 2022, 48,800 women and girls were killed worldwide by their intimate partners or other family members. This means that, on average, more than five women or girls are killed every hour by someone in their own family. (https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures)
* An estimated 736 million women—almost one in three—have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their life (30 per cent of women aged 15 and older). (https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures)

Intimate partner violence affects millions of women irrespective of age, economic status, race, religion, ethnicity, sexual orientation, or educational background. (Cobia et al., 2008).

According to the United Nations, more than 600 million women live in countries where domestic violence is not considered a crime.

**Intimate Partner Violence and Pregnancy**

Research by several independent researchers has demonstrated that IPV is significantly associated with the following unintended pregnancy and repeat abortion (Hall et al., 2014).

In addition to forced intercourse, behaviors that undermine women’s abilities to prevent unwanted pregnancy in abusive relationships include women’s lack of negotiating power to insist on contraceptive use and a number of other factors.

Pregnancy is a very vulnerable time for women in abusive relationships as the violence often begins or escalates during this time.

IPV in pregnant women is of great concern due to the associated increased risks of negative effects, including intrauterine growth retardation, perinatal death, miscarriage, low birth weight, preterm labor, delayed pre-term care, and homicide.

**Sources of pregnancy-related increased risk for violence include the following:**

* Partner’s jealousy and resentment toward the child
* Partner’s increased feelings of insecurity and/or possessiveness
* Financial worries
* Woman’s reduced physical and emotional availability during pregnancy
* Partner’s desire to make a woman resolve the pregnancy the way that he prefers

**Reproductive control** occurs when women’s partners demand or enforce their own reproductive intentions whether in direct conflict with, or without interest in, the woman’s intentions.

Contraceptive Sabotage

* Flushing birth control pills down the toilet and searching for hidden birth control to destroy it.
* Refusing to withdraw (even if the agreed-upon contraception)
* Refusing to help pay for birth control.
* Convincing a woman that birth control has dangerous side effects.
* Forcing sterilization

Sexual Violence

* Forcing unprotected sex
* Forcing sex after condom breaks
* Unprotected sex with a woman while she is asleep

 Condom Manipulation

* Removing the condom during sex
* Compromising the condom
* Not putting the condom on, but saying he did
* Refusing to use condoms

Women who have experienced intimate partner violence are consistently found to have poor sexual and reproductive health when compared to non-abused women. Coker (2007) reported that 74% of IPV victims experienced male reproductive control involving pregnancy-promoting behaviors as well as control and abuse during pregnancy in an attempt to influence the pregnancy outcome.

Controlling Pregnancy Outcome: Forced Abortion

* Threatening to end a woman’s pregnancy violently if she did not have an abortion
* Threatening to kill her or her loved ones if she doesn’t have an abortion
* Perpetuating violence against her in order to cause a miscarriage or kill the fetus
* Preventing access to prenatal care

Studies on the Incidence of IPV Among Women Seeking Abortion

* In a cross-sectional cohort study by Woo and colleagues (2005), 14% of women seeking abortion (n=818) disclosed significant abuse within the past year.
* Physical or sexual abuse or both was twice as common among women, who chose not to disclose the abortions to their partners (23.7% vs. 12.0%) compared to those who did. Among non-disclosers, 8% of women said that disclosure would result in physical harm.
* In a study by Weibe and Janssen (2001), the prevalence of domestic violence in the past 12 months was 15% among 254 women who were screened for domestic violence at an abortion clinic. The women who were abused did not differ significantly from the non-abused women with respect to age, gestational age, or ethnicity (sample predominately Caucasian and Asian women).
* Nearly all the women felt comfortable completing the questionnaire and thought it was good to ask questions about abuse. According to the authors: *“This study has demonstrated that it is possible to ask women about family violence at an abortion clinic.”*
* In a high-quality study by Fisher and colleagues (2005) published in the Canadian Medical Association Journal, the authors reported that women presenting for a third abortion were over 2.5 times more likely to have a history of physical or sexual violence than women presenting for their first.

**The Necessity and Nature of Effective IPV Screening Protocols**

* The rationale for screening in medicine is somewhat related to the incidence of a certain condition or habit within a given population.
* The incidence of commonly screened habits/conditions among pregnant women ages 15-45 include the following: tobacco use (27%), cervical cancer (0.008%), hypertension (8%), and glucose intolerance during pregnancy (1%-5%).
* Healthcare providers need to be able to recognize signs of violence and respond appropriately and safely.
* Victims require comprehensive services that address the physical and mental health consequences of trauma.
* Health-care providers are likely to be the first professional contact for survivors of intimate partner violence or sexual assault.
* Victims actually use health-care services more than non-victims.
* Survivors of violence identify health-care providers as the professionals they would most trust with disclosure of abuse.

**American Nursing Association (ANA) and American Medical Association (AMA) policy H-515.965 on family and intimate partner violence**

To improve clinical services as well as the public health, the ANA and the AMA encourages providers to:

* Routinely screen for IPV
* Acknowledge the victim’s experience and assess the abuse for acute and chronic health effects.
* Document the abuse through detailed charting, body maps and photos.

Assess the risk for future injury or lethality. It is important that before the patient leaves a risk assessment is performed and that level of safety is ascertained.

* Review options and refer. Safety planning should be done with every patient with positive history of IPV before leaving the clinical setting.”

Numerous Well-Validated and Reliable Assessment Tools are Available to Evaluate Risk and the Need for Intervention.

**Validated Assessment Tools: SAFE**

Stress and safety: Do you feel safe in your relationship?

Afraid or Abused:

* Has your partner ever threatened you or your children?
* Has your partner ever abused you or your children?

Friends and Family:

* If you were hurt, would your friends or family know?
* Would they be able to help you?

Emergency Plan:

* Do you have a safe place to go in an emergency?
* Do you need help in locating a shelter?
* Do you need help in locating a shelter?
* Would you like to talk to a counselor about this? (Guth, 2000)

**Validated Assessment Tools: Hurt, Insult, Threaten, Scream (HITS)**

How often does your partner?

* Physically hurt you?
* Insult or talk down to you?
* Scream or curse at you?

**American Medical Association Screening Questions**

* Are you in a relationship in which you have been physically hurt or threatened by your partner?
* Are you in a relationship in which you felt you were treated badly? In what ways?
* Has your partner ever destroyed things that you cared about?
* Has your partner ever prevented you from leaving the house, seeing friends, getting a job, or continuing your education?
* You mentioned that your partner uses drugs/alcohol. How does he act when he is drinking or on drugs? Is he ever verbally or physically abusive?
* Do you have guns in your home? Has your partner ever threatened to use them when he was angry?

Forcing a woman to have an abortion, including a minor, is illegal in all 50 states of the United States of America.

**Conclusion:**

* Routine screening for intimate partner violence in general, and coercion to abort in particular, are far from the norm.
* Instead, abortion providers callously and routinely look the other way, even when women present with obvious symptoms of domestic violence.
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Since the majority (67%–80%) of intimate partner homicides occur in the context of pre-existing physical abuse, identification and intervention with women at risk, particularly women seeking abortions, carries great potential to preserve women’s health and lives, while also empowering them to continue their pregnancies.