

Social Determinants of Health Associated with Intimate Partner Violence in an Urban Obstetric Population

Christina Kuhrau¹, Elizabeth Kelly, MD, MS¹, Emily A. DeFranco, DO, MS¹
Department of Obstetrics and Gynecology, University of Cincinnati College of Medicine,

Introduction: Intimate partner violence (IPV) is pervasive and can lead to severe health consequences. In the US, 25% of women have experienced sexual violence, physical violence, and/or stalking by an intimate partner. However, less is known about the frequency and risk factors for IPV in the obstetric population.

Methods: Nested case-control study from a prospective cohort survey study of 606 parturients at a single academic medical center from 2011-2022. Structured surveys were administered to consented patients during their postpartum hospital stay to gather information on social determinants of health (SDoH) and birth outcomes. The case group included participants who reported forced sex causing pregnancy, verbal abuse before or during pregnancy, or physical abuse during pregnancy. The control group reported none of these. Odds ratios were used to quantify the relationship between IPV and maternal sociodemographic characteristics, pregnancy factors, and levels of perceived support and discrimination.

Results: Of 606 study participants, 568 (94%) had data on IPV. Of those, 20.4% reported IPV (case) and 80.6% reported no IPV (control). 74.6% of the study population was enrolled pre-pandemic. Unmarried status, low income, food insecurity, housing insecurity, substance use during pregnancy, higher gravidity, unintended pregnancy, low social support, and racial and gender discrimination were all significantly associated with IPV; maternal race and pregnancy during the COVID-19 pandemic were not.

Conclusions: IPV is common, reported by 1 in 5 parturients in our population. Although maternal race was not associated with IPV in this perinatal cohort, experiencing racism was. Initiatives aimed to address SDoH such as substance use, family planning, and access to food and housing remain key opportunities to support pregnant patients experiencing IPV. The connection between perceived discrimination and IPV found here highlight the importance of addressing the influence of racism and gender-based violence on adverse birth outcomes in the US.

Acknowledgements: This study was supported in part by NIH grant T35 DK060444.