Concurrent Podium Presentation Session C

Health Maintenance and Prevention in Special Populations
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DISCLOSURE STATEMENT

Speakers for this session have nothing to disclose. Any updates in disclosure will be made from the podium.
MODERATOR

Jose A. Torres-Ruiz, PhD
SPEAKER

Candice Selwyn, PhD
Partner Violence as a Contributor to Disparities among Pregnant Women

Candice N. Selwyn, PhD
College of Nursing, Department of Community Mental Health Nursing

Jennifer Langhinrichsen-Rohling, PhD

Emma Lathan, MS
College of Arts & Sciences, Department of Psychology
VIOLENCE AGAINST WOMEN: PREVALENCE

1 in 3 women throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner.

Map showing prevalence of intimate partner violence by WHO region.

KEY:
- Region of the Americas
- African Region
- Eastern Mediterranean Region
- European Region
- South-East Asia Region
- Western Pacific Region
- High income countries
Health consequences of IPV during pregnancy

- Physical
  - Physical injury
  - Systemic stress response
  - Low birth weight for infants
  - Pre-term delivery
  - Neonatal death

- Psychological
  - Anxiety
  - Depression
  - Trauma-related symptoms
  - Health-risk behaviors (e.g. smoking, alcohol use, drug use)
Minority women are especially vulnerable
Current study

Goal: understand how IPV potentially maintains health disparities among economically and socially vulnerable pregnant women

$N = 133; n = 25$ pregnant

- 88% Black/African American
- 72% household income < $20,000
- 68% Medicaid
Methods

• Eligibility
• Recruitment
• Survey
  • Pregnancy status
  • Experiences of current IPV & coercive control – HITS and Coercive Control Scale
  • Physical health symptoms – PHQ - 15
Results

Frequency of IPV

- Pregnant: 4.24
- Not Pregnant: 2.68

Frequency of Coercive Control

- Pregnant: 7.43
- Not Pregnant: 5.24

\[F(1, 132) = 6.03, \ p = .02\]

\[F(1, 132) = 4.33, \ p = .04\]
Results

Interaction of Pregnancy and IPV on Health Symptoms

Frequency of IPV

Physical Health Symptoms

- Pregnant
- Not pregnant
- Linear (Pregnant)
- Linear (Not pregnant)
Limitations

• Small sample size, although important and understudied population
• Brief, self-report measures
• Severe IPV and coercive control may prevent access to care
Implications

• IPV is particularly detrimental to health during pregnancy.
• Perinatal period is ideal time to intervene, improving health of mother and child.
• Trauma-informed maternity care needs to be norm rather than exception.
SPEAKER

Dianne Sika-Paotonu, PhD, MBMedSc(Hons), DPH
Moderated Panel Discussion

Knowledge & Application Opportunities
CLOSING

Jose A. Torres-Ruiz, PhD