Intimate Partner Violence and Abortion Characteristics

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Funded by the Society of Family Planning 2012
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Learning Objectives

Understand the associations between partner violence and pregnancy termination.

Use research to develop reproductive health screening and risk reduction related to partner violence and reproductive control.

There are no conflicts of interest to report
Background

Partner violence and reproductive control includes, but is not limited to:

- Forced and/or coerced sexual activity
- Restriction of health care
- Manipulation of birth control
- Refusal to use condoms
- Coerced pregnancy or termination
Background

Partner violence is associated with:

- Lower use of condoms and other contraceptives
- Higher rates of STIs & HIV
- Unintended pregnancies
- Poor birth outcomes as well as miscarriage due to physical assault.

However, little is known about whether partner violence is related to abortion characteristics such as method, timing, number, and follow-up.
Research Objectives

To compare women who reported partner violence to those who did not on the medical history form at the time of a family planning or abortion visit for:

- Birth control problems
- Single and repeat miscarriages and abortions
- Later gestational age at abortion
- Medication vs. surgical method choice
- Return for follow-up visit after abortion
Method

- Retrospective cohort study

- Randomly selected samples of medical charts of women reporting a history of partner violence and reporting no partner violence (n=6,564 per group)

- Across three NYC Reproductive health care centers from 2010–2011
Demographic Characteristics

Average age: 27 years (SD=6.2)

Ave. # of years sexually active: 11 (SD=6.1)

Average parity: .6 (SD=1.0)

Racial/ethnic minority: 77%

Paid by Medicaid: 59%

Self-pay: 36%
Measures

- Medical history form
  - Partner violence: Any vs. in the past year only
  - Number of prior elective terminations
  - Number of spontaneous terminations
  - Demographic characteristics: age, years sexually active, parity, race, and payment method

- Health center staff report:
  - Gestational age
  - Medical vs. surgical abortion
  - Return for follow-up visit
Analyses

• Lifetime history of partner violence was analyzed for its association with lifetime history of abortion and miscarriage number, and birth control problems.

• To more closely match timing, a sub-analysis of women reporting current violence vs. not at the time of an abortion appointment were analyzed for differences in gestational age, medical vs. surgical method choice, and return for follow-up visit.
# Lifetime History

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Partner Violence</th>
<th>OR (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Any</td>
</tr>
<tr>
<td>Birth control problems</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>1.61 (1.47–1.76)*</td>
<td></td>
</tr>
<tr>
<td># of abortions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>44%</td>
<td>39%</td>
</tr>
<tr>
<td>1</td>
<td>28%</td>
<td>27%</td>
</tr>
<tr>
<td>≥2</td>
<td>28%</td>
<td>34%</td>
</tr>
<tr>
<td># of miscarriages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>91%</td>
<td>85%</td>
</tr>
<tr>
<td>1</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td>≥2</td>
<td>2%</td>
<td>4%</td>
</tr>
</tbody>
</table>

*p < .05
## Current Partner Violence by Current Abortion

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Partner Violence</th>
<th>OR (CI)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Current</td>
</tr>
<tr>
<td><strong>Gestational age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3–12 weeks</td>
<td>90%</td>
<td>87%</td>
</tr>
<tr>
<td>13–18 weeks</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>19–24 weeks</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Method</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>surgical (vs. med)</td>
<td>48%</td>
<td>52%</td>
</tr>
<tr>
<td><strong>Return for follow-up</strong></td>
<td>49%</td>
<td>51%</td>
</tr>
</tbody>
</table>

*Logistic regression adjusting for demographics

*p<.05
Practice Steps

- Continued health services staff training and cross-training with IPV staff.
- Use of brief screening and response protocols in SRH centers.
- Develop counseling protocols for IPV risk reduction specific to sexual and reproductive health such as:
  - Increased STI and HIV screening
  - Strategies for SRH appointment and termination
  - Contraceptive counseling for method control
  - PrEP and PEP HIV prevention
Study IPV Screening Questions

In the past year, how often has your partner:
(1) hit, kicked, or slapped you
(2) threatened or frightened you
(3) forced you to have sex.
1=never, 2=rarely, 3=sometimes, 4=often, 5=always

Has anyone in your lifetime?
(1) hit, kicked, or slapped you
(2) sexually assaulted you
Updated IPV Screening Q’s

RELATIONSHIP HISTORY: Did you know that your relationship affects your health? That’s why we ask everyone about their relationships.

In the past year:
Never, Rarely, Sometimes, Often, Always

- My partner refuses to use a condom
- My partner messes with my birth control or tries to get me pregnant when I don’t want to be
- My partner threatened or frightened me
- My partner hit, slapped, or physically hurt me on purpose
- My partner made me have sex when I didn't want to

Ever:
Has anyone forced you into a sexual act ever in your lifetime? YES  NO