

Intimate Partner Violence Rises Around Pregnancy. How Can We Elevate the Essential Needs of Pregnant and Parenting Survivors?

[Family & Community Health](#)

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Image



Far too many pregnant people and new mothers experience harm by a romantic partner. In fact, intimate partner violence (IPV) is more [common during pregnancy than health issues such as preeclampsia or gestational diabetes](#). Equally striking is the connection between IPV and maternal mortality. Pregnancy-associated homicide, with known links to IPV, remains a leading cause of maternal death [locally](#) and [nationally](#).

Importantly, all types of physical and emotional harm are exacerbated during and immediately after pregnancy, creating a uniquely harmful set of circumstances for affected families. This also includes [financial or economic abuse](#), an extremely common type of IPV where one partner attempts to control the other's ability to make, save or spend money. [Research shows](#) that financial harm can directly impact both child and parent, as survivors may be prevented from purchasing diapers, formula or medication for their newborn. This means that beyond the physical risks of leaving an abusive situation, parenting survivors may be faced with the unimaginable decision of seeking immediate safety or providing the most basic needs for themselves and their child.

All survivors deserve to be supported in their decision-making and in accessing what they identify as safety. When a pregnant or parenting survivor chooses to take steps to leave their relationship, we must ensure that there are resources in place to facilitate stability and safety in real-time.

This October, as we recognize Domestic Violence Awareness Month, we're highlighting recent PolicyLab research and resources as well as local initiatives that seek to elevate and address the essential needs of parenting survivors.

Collaborating to Advance IPV Research at PolicyLab

Over the past five years, our team has partnered with local community-based organizations and public systems

to strengthen the connections between the services accessed by expectant and parenting families impacted by IPV. Much of this work grew out a [collaborative effort](#) with colleagues from early childhood home visiting, IPV agencies serving both [survivors](#) and [people who have harmed their partner](#), and [Philadelphia's Office of Domestic Violence Strategies](#).

Our work with these partners has led to the following findings and resources:

- Through a [citywide survey](#) to better understand the existing service landscape for this population, we uncovered clear opportunities to strengthen the overall maternal and child health system response to IPV.
- [Focus groups with home visiting and IPV agency professionals](#) highlighted the urgency of partnered efforts that prioritize timely provision of concrete resources to stabilize families in crisis. Service providers emphasized that we must reconsider what supports look like for survivors with a baby or young child.
- We also acknowledge that no single organization can tackle a deep-rooted issue such as IPV alone and co-developed an [issue brief](#) to increase awareness for bringing together organizations with different expertise for IPV prevention.

Efforts to Support Families Impacted by IPV in the Philadelphia Community

We are energized by several local initiatives and organizations who are uplifting the needs of parenting survivors, including:

- The [Family Advocacy and Integrated Resources \(FAIR\) Project](#), based out of the National Nurse-Led Care Consortium, created a family support fund available to nurse home visitors for families in emergency situations, such as IPV. Commonly accessed resources include emergency relocation, breastfeeding supplies, cell phones, groceries, and child care or respite care.
- Leaders from the Philadelphia Department of Public Health (PDPH) and the Office of Domestic Violence Strategies were awarded a federal grant to launch a five-year initiative to [transform Philadelphia's response to IPV and sexual violence in obstetric settings](#). PolicyLab is excited for the opportunity to support the evaluation of this project alongside a multidisciplinary team of lived experience experts, maternal health care providers, and community-based leaders who are working to improve the health system-led response to IPV for pregnant people.
- PDPH developed an [innovative public messaging campaign](#) that ran last year in our community. (*If you would like free palm cards for use in your professional role, [order here](#).*)
- [Philadelphia Organized Voices for Action](#) provides information and local resources on IPV and pregnancy.
- [Philly Loves Families](#) offers a wealth of resources and connection to services for families, including doula support, postpartum depression, and breastfeeding or chestfeeding.

To better address the needs of all survivors, especially those who are pregnant or parenting, we must listen to leaders in the domestic violence space, who have long championed the idea that survivors are experts of their own lives. It is up to us—no matter our personal or professional role—to support community and health care professionals providing this critical work, with the ultimate goal of supporting survivors in achieving their vision of safety.

If you think that your relationship is abusive, or if you think someone you know is being abused, call the 24-hour Philadelphia domestic violence hotline at 866-723-3014. Language interpretation is available.



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