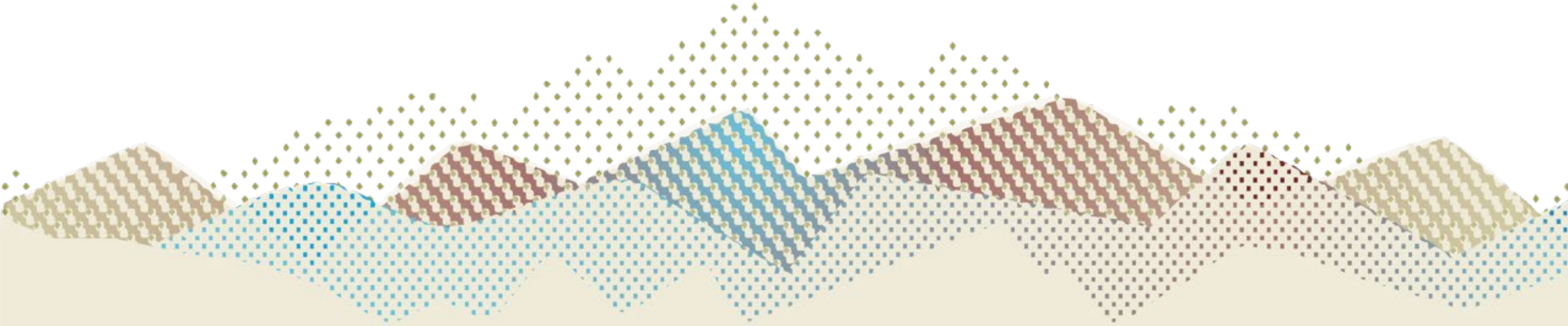
Enhancing Perinatal Support and Services: Intimate Partner Violence

March 18, 2026



About Us

Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Colleen Townsend, MD, Regional Medical Director

Regional Medical Director for Napa, Solano, and Yolo counties

Colleen Townsend is a family medicine physician with over 25 years of experience in community health. She has experience in supporting patients and families across all stages, ages, and in many clinical settings. She practiced as a primary care provider at CommuniCare+OLE and works with postpartum families providing newborn care in the hospital setting.

Dr. Townsend is a regional medical director at Partnership based in Fairfield and participates in the development and implementation of policies and services related to pregnancy and postpartum.

Mary Baracco, APRN,CNM,WHNP

Mary has spent her career supporting growing families. She's delivered many babies and spent over 20 years in early childhood education. She has worked in public health maternal, child, and adolescent divisions in both Napa and Trinity counties and has worked extensively with parents experiencing perinatal mood disorders.

Mary has also had the honor of teaching and mentoring the next generation of nurses by teaching in health occupations at Napa Valley College.

She led the Napa Valley breastfeeding coalition as president for eight years and has more than 35 years of experience helping and supporting families with breast/chestfeeding – including 10 years as a certified lactation specialist and 20 years as an international board-certified lactation consultant.

What is Intimate Partner Violence? (IPV)

- Intimate partner violence is assaultive and coercive behavior (includes controlling behaviors and physical, sexual, and emotional abuse) by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent.
- IPV is aimed at establishing control of the partner.
- Pattern of assaultive behavior and coercive behavior intimate partner violence (IPV) occurs in all settings and among all socioeconomic, religious, and cultural groups.
- The overwhelming global burden of IPV is carried by women.

World Health Organization (WHO) and Academy of OB/Gynecology

Context of Intimate Partner Violence

- Violence that occurs in heterosexual, same-sex, transgender, and non-binary partnerships.
- The most common perpetrators of violence against women are male intimate partners or ex-partners.
- Men are far more likely to experience violent acts by strangers or acquaintances than by someone close to them.
- Although women can be violent in relationships with men, it is often in self-defense.

Who is Affected?

- All ages, race and ethnicities, sexual orientation, educational background, and socio-economic levels.
- Most prevalent in those of reproductive ages.
- Lifetime prevalence includes 34.9% of women and 31.1% of men.
  - In 2024, nearly half of all women in California have experienced intimate partner violence (IPV) in their lifetime.
- Reported incidents have decreased from 2001, but they remain high at 18-19 calls **per hour**, with increased severity in urban areas.
- California physical or psychological IPV in pregnancy is reported in 5% of all births.

CA Public Policy Institute California Department of Public Health

California Report

Prevalence

- 48% white women,
- 54% Black women
- 42% Hispanic women
- Report experiencing lifetime IPV.
- LGBTQ+ populations, lifetime prevalence is higher
- 60% of lesbians and 79% of bisexual women.

Social Impact

IPV is a major driver of becoming homeless, with 17% of cisgender women experiencing IPV in the six months prior to experiencing homelessness.

ACOG Committee Opinion #554 (2021)
CDC and NIH

Disparities in IPV During Pregnancy in California
Rates of IPV Vary by these Factors

- Age
  - IPV in teen pregnancy is two to three times higher than those over 20 years old.
- Education
  - Three to four times LOWER in college graduates than those who did not start or finish college or did not graduate high school.
- Socio-economic status
  - Income: Low-income populations with two to four times higher rates than those >200% of poverty
  - Insurance: Medi-Cal three and a half times higher than private insurance
- Address counts
  - Rural / Frontier > Urban
- Race ethnicity: Significant disparities in people of color

Racial Disparities in IPV

A disproportionate amount of the burden falls on communities of color, particularly Black, Latino, Indigenous, Native American, and Alaska Native communities.

- Black birthing people
  - 2.4 x greater odds of IVP during the perinatal period vs. white birthing people (PRAMs 2023)
- Hispanic birthing people
  - Disclosure rates are 22% lower
  - Screening rates are 17% lower whether a translator is or is not present
- Indigenous birthing people
  - 63% lifetime IPV

This disparity is driven by structural racism, systemic inequalities, and historical oppression rather than random distribution.

Drivers of disparities

- Chronic stress
- Structural racism
- Under screening
- Barriers to continuity of care
- Language barriers
- Historic trauma
- Geographic isolation
- Lack of safety
- Mistrust (drive disparities)

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Consequences of Intimate Partner Violence

- Acute injuries: fracture, dental injuries facial injuries, head injuries
- Chronic conditions: headaches, poor sleep, chronic pain, pelvic / abdominal pain, recurrent vaginal infections
- Behavioral health conditions: mood disorders, post traumatic stress disorder, somatization
- Impact on pregnancies:

Poor weight gain	Preterm delivery	Stillbirth
Infection	Pelvic fracture	Low birth weight
Anemia	Placental abruption	Fetal injury

- Homelessness and isolation
- Frequent work / school absences, loss of jobs, professional and educational advancement
- Violence can escalate in pregnancy and lead to homicide
- In California, it is an estimated $73.7 billion annual (2022) economic burden. That includes covering health care, lost productivity, and criminal justice costs.

ACOG Committee Opinion #518 Reaffirmed 2025 Committee on Health Care for Underserved Women and Blue Shield of California

Firearms - A Greatly Increased Risk

- Firearm ownership is significantly higher among those reporting recent IPV, with victims having 2.93 times higher odds and perpetrators having nearly 10 times higher odds of owning a firearm.
- You can call the National Domestic Violence Hotline

- **1 (800) 799-SAFE** (7233) or visit their website at https://www.thehotline.org

Patterns of Intimate Partner Violence

- Acts of physical violence
- Verbal abuse
- Sexual violence
- Emotional / psychological abuse
- Controlling behaviors
- Isolation techniques
- Reproductive coercion
- Intimate partner violence as a precursor to homelessness
- Discrimination, racism, and stigma

Different than Domestic Violence?

- The term “domestic violence” is used in many countries to refer to partner-violence but the term can also encompass child or elder abuse, or abuse by any member of a household.

- “Battering” refers to a severe and escalating form of partner violence characterized by multiple forms of abuse, terrorization and threats, and increasingly possessive and controlling behavior on the part of the abuser.

World Health Organization (WHO)

Why Don’t Women Leave

- Fear of retaliation
- Lack of economic support
- Concern for their children
- Lack of support from family and friends
- Stigma or fear of losing custody of children
- They love and care about their partners and hope that their partner will change

World Health Organization (WHO)

Screening Recommendations for IPV

- USPSTF
  - Screen for IPV in women of reproductive age, including those who are pregnant and postpartum
- ACOG
  - Screen all women for IPV at periodic intervals, including during obstetric care (at the first prenatal visit, at least once per trimester, and at the postpartum checkup)
  - offer ongoing support, and review available prevention and referral options
- American College of Nurse Midwives
  - CNMs/CMs (and LM/CPMs) should screen regularly for current and past experience of violence, including reproductive coercion, using best practices to create an environment in which people feel safe and supported

United States Preventive Services Tasks Force IPV and Care Give Abuse June 2025, ACOG 2025, ACNM Position Statement Gender-Based Violence

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Integrating Screening into Routine Practices

Effectively screening for IPV includes the following:

- Use validated screening tools: HITS, DANGER, or CPSP Initial Perinatal Assessment.
- Create a safe and private environment for the screening process.
- Ask direct and clear questions about experiences of violence or abuse.
- Identify local and national resources and information
- Provide referrals and support options for those who disclose IPV.
- Ensure follow-up care and referrals to appropriate services.
- Train staff on IPV awareness and response protocols.
- Report as required for current IPV.

CPSP Psychosocial Assessments and Individualized Care Plan

Have you ever seen a counselor for personal or family issues or support?

□ No □ Yes, describe:

Do you need counseling now?

□ No □ Yes, describe:

Have you ever been emotionally, physically, or sexually abused by a partner or someone close to you?

□ No □ Yes, describe:

Within the last year, have you ever been hit, slapped, kicked, pushed, shoved, forced to have sex, forced to get pregnant or otherwise physically hurt by your partner or ex-partner?

□ No □ Yes, by whom?

Do you have injuries now? □ No □ Yes, describe:

Do you feel in danger now? □ No □ Yes, describe:

Are you afraid of your partner or ex-partner?

□ No □ Yes, describe:

- Asked every trimester and postpartum

Are you having any other personal or family challenges?

□ No □ Yes, describe:

- Asked every trimester and postpartum

Who do you turn to for emotional support?

No one or describe:

- Asked every trimester and postpartum

Screening Tools

- Screening for IPV is required as a component of first prenatal visits and recommended in each trimester and postpartum for PHPS
- CPSP Comprehensive Initial Assessment 1st, 2nd, and 3rd trimester and one for use PP.
  - This the comprehensive perinatal assessment, with screening tool for IPV embedded
  - Starts on page 2, with question #11 and end with #16
    - Click here
- Hurt, Insult, Threaten, Scream (HITS)
  - Click here
- Women Abuse Screening Tool (WAST)
- Abuse Assessment Screen (AAS)
- Assault and Homicidal Danger Assessment Tool (DANGER)

Hit, Insult, Threaten, Scream (HITS)

Screening questions for HITS below.

The following is one example of an evidence-based, research validated SCREENING tool that can be used verbally or written:

Question	Score	Criteria for Scoring
1. Does your partner physically hurt you?		1 = Never
2. Does he insult or talk down to you fairly often?		2 = Rarely 3 = Sometimes
3. Does he threaten you with harm?		4 = Fairly often 5 = Frequently
4. Does he scream or curse at you fairly often?		Positive score > 10

Interventions

- Safety planning
  - Personalized plan top identify risks for heightened danger and make an exit plan
  - Saving money, identify safe lodging / housing
  - Creating a network of family / friends and community resources
- Education
  - Effects of reproductive and sexual coercion offer long-acting reversible contraception
  - Validate the mental / physical effects of IPV
  - Harm reduction
- Counseling
  - Individual group and/or couple counseling
- Advocacy
  - Navigation of health care, housing and benefits
- Legal assistance
  - To help with restraining orders assistance with custody and separation and divorce proceedings
- Referral to local resources and supportive networks
  - Shelters, hotlines
  - Regular follow up
  - Monitor overall health and progress and continue to offer resources

Comprehensive Review of IPV During Pregnancy Adverse Effects on Maternal & Fetal Health
Cureus 2023 May 20;15(5):e39262. doi: 10.7759/cureus.39262

Health Care Providers Role

Health care providers are in a unique position to provide screening and clinical interventions leading to improved health outcomes

- Clinical providers
- Nurses
- Doulas, case manager, and health educators

Opportunities for screenings:

- Annual examinations,
- New patient visits
- First prenatal visit, then in each trimester, and during postpartum care

Note: Screenings may be conducted **verbally** or **in writing** and they must be documented in your care notes in whatever format you are using.

What Is Your Role?

The Role of the Doula, Case Manager, Perinatal Educator, etc.

- Doulas are in a unique position
- Case managers and educators: find questions on the CPSP comprehensive and trimester assessments
  - Screen everyone and consider some of the previously mentioned disparities as you integrate systems
- This is important because through the relational model you are building a trusting and supportive relationship.
  - How does that play out
  - Is there any danger for you
  - Do you think this makes it more difficult to report when indicated?
- Some things to remember
  - Each time a child in the family observes or is involved in an aggressive or violent encounter they experience an **adverse childhood experience**.

Reporting IPV: What is required?

- Mandated reporters (physicians, midwives, nurses, therapists) are required to report known or suspect IPV when physical injury is from fireman OR assault / abuse due to IPV.

- CA Penal Code 11160 health care providers must report if a patient shows signs of injury:
  - from a firearm inflicted by his / her / their own act or by another
  - assaultive or abusive conduct

Family Violence Appellate Project 2018 CA Penal Code Section 11160

Reporting Requirements for Domestic Violence and Intimate Partner Violence in the State of California

Mandatory reporters in California

- Licensed practitioners
- Law enforcement
- Government agency employees
- in-home supportive services providers
- Care custodians
- Clergy
- https://www.aclusocal.org/know-your-rights/california-mandatory-reporting-laws/ (excellent information)

How To Get More Information

The law states you should report asap and then you must follow up with a written report form within two days, click here.

Look on your local county's website – click here for an example.

- Your legal duty Curriculum
- Trainer Materials.

Case #1 Scenario

Tonya is a 33-year-old G2P1 who is 25 weeks pregnant with her second baby.

While traveling to a routine prenatal visit, she shares that she and her 36-year-old husband, who was recently laid off, have been arguing frequently about money. He often blames her for “spending too much.”

She denies any physical violence but says the constant yelling is emotionally exhausting. She is also concerned that their 4-year-old hears the arguments because they live in a very small apartment.

Tonya has tried to talk with her husband about it, but he becomes defensive and continues to blame her.

You listen attentively and suggest discussing the situation with her CNM at the appointment. During the visit, Tonya explains what has been happening.

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Case #1 Scenario (continued)

The CNM reassures her that she is being heard and performs a brief verbal HITS screening. Tonya scores an 8, indicating no physical harm and below the positive threshold of 10. Although the situation is not reportable, the CNM notes it should be monitored. They discuss possible interventions and the CNM recommends counseling, ideally couples counseling, but individual counseling if her husband is unwilling to participate.

Tonya expresses concerns about barriers, including the cost of counseling, lack of transportation because her husband uses the car while job searching, and not having childcare for her daughter. At this point, you (the doula) explain that you can help arrange transportation through the Partnership transportation benefit and assist her in problem-solving childcare options, such as asking a family member or friend. The CNM adds that Tonya's insurance covers counseling and that there are at least three well-respected local therapists available. Tonya says she feels relieved.

This behavior is not currently reportable, but the situation should continue to be monitored. Counseling may provide support and add another trained professional to help assess the situation.

Case #1 Scenario: Discussion

How do you view this case?

Would you add anything or approach it differently?

Case #2 Scenario

Becca is a 29-year-old G6 P5 who arrives late to her OB appointment looking slightly disheveled. Her male OB asks kindly if she is having a hard day. Becca responds that every day seems to feel like a bad day. When he asks why, she explains that she and her husband argued that morning about what she needs after the baby arrives and who will help her. Her husband insisted she should manage on her own using hand-me-downs since she already has five children and is experienced.

Becca says the argument escalated and her husband hit her several times, telling her to “shut up.” He grabbed her arms tightly, shook her violently, and pushed her into a wall. She now has a severe headache and shows the OB bruises on both upper arms and a large bump on the back of her head. She is also distressed because three of her children were home and witnessed the incident. Becca shares that similar violence has occurred during each of her pregnancies, usually in the third trimester. She says she did not want to become pregnant again, but her husband does not believe in birth control.

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Case #2 Scenario (continued)

Becca explains that she could only speak openly today because her husband was unexpectedly called into work. He had told her to cancel the appointment, so she pretended to do so and came in after he left, which is why she arrived late. The OB conducts a verbal HITS screening, and Becca scores a 15 with physical harm.

Recognizing the seriousness of the situation, the OB explains that he is required to report it immediately. He contacts authorities and arranges for law enforcement to come to the office to interview Becca. After the interview, law enforcement helps arrange safe placement for Becca and her children at a shelter while they investigate and interview her husband. The OB fulfills his legal reporting duty, and the longer-term outcome will likely be determined by social service agencies and the courts.

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Case #2 Scenario: Discussion

Do you agree with how the OB handled the situation?

Was the HITS screening helpful?

What additional steps, if any, might you consider?

Partnership HealthPlan of California
Your Role and Where Do We Go From Here?

Some food for thought…

- How to, and then use a screening tool
  - Are any of you familiar with, and/or use a particular screening tool?
  - Would training with a specific screening tool help?
- What do you do with the results?
  - Do all positive results mean you have to file a report?
  - If not, what do you do with the information?
- Do any of your agencies conduct regular trainings about IPV and screening?
- Although state laws take precedence in all California counties, sometimes things are handled differently - know your county.
  - As you know small counties are often strapped for resources
- Was there any overview or education about IVP in your doula, perinatal educator, or case management training?
- Try to be aware of how many people and how many times this mother is being screened

Preventing IPV

Strategy	Approach
Teach safe and healthy relationship skills	• Social-emotional learning programs for youth • Healthy relationship programs for couples
Engage influential adults and peers	• Men and boys as allies in prevention • Bystander empowerment and education • Family-based programs
Disrupt the developmental pathways toward partner violence	• Early childhood home visitation • Preschool enrichment with family engagement • Parenting skill and family relationship programs • Treatment for at-risk children, youth and families
Create protective environments	• Improve school climate and safety • Improve organizational policies and workplace climate • Modify the physical and social environments of neighborhoods
Strengthen economic supports for families	• Strengthen household financial security • Strengthen work-family supports
Support survivors to increase safety and lessen harms	• Victim-centered services • Housing programs • First responder and civil legal protections • Patient-centered approaches • Treatment and support for survivors of IPV, including TDV

Intimate Partner Violence Prevention Resource for Action CDC https://stacks.cdc.gov/view/cdc/158966

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References/Resources

- **ACOG – American Congress of Obstetricians and Gynecologists**
  - https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence
  - https://pubmed.ncbi.nlm.nih.gov/22270317/
- **ACLU Southern California**
  - https://www.aclusocal.org/know-your-rights/california-mandatory-reporting-laws/
- **ACNM – American College of Nurse Midwives**
  - https://midwife.org/positions-statements-library/
    - Gender-Based Violence
- **AAP – American Academy of Pediatrics**
  - https://www.aap.org/en/patient-care/intimate-partner-violence/
- **AAFP – American Academy of Family Physicians**
  - https://www.aafp.org/pubs/afp/issues/2025/0700/intimate-partner-violence.html
  - https://www.aafp.org/about/policies/all/intimate-partner-violence.html
  - https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-CombinedInitialandTrimesterAssessmentandCarePlan.pdf
- **CDC – Centers for Disease Control and Prevention**
  - https://www.cdc.gov/intimate-partner-violence/about
  - https://www.cdc.gov/prevention
- **CDPH – California Department of Public Health**
  - https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/

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References / Resources

- **CPSP Integrated Initial Assessment**
  - www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/CDPH%20Document%20Library/CPSP-CombinedInitialandTrimesterAssessmentandCarePlan.pdf
- **IPV Prevention CDC**
  - https://stacks.cdc.gov/view/cdc/158966
- **STFM Society of Teachers of Family Medicine**
  - https://fammedarchives.blob.core.windows.net/imagesandpdfs/pdfs/FamilyMedicineVol46Issue3Shakil180.pdf
  - HITS
- **UCSF/Benioff – University of CA San Francisco/Benioff, Homelessness and Housing Initiative**
  - https://homelessness.ucsf.edu/resources/reports/toward-safety-understanding-intimate-partner-violence-and-homelessness
- **USPSTF – United States Preventive Services Task Force**
  - https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening
- **WHO – World Health Organization**
  - https://iris.who.int › WHO_RHR_12.36_eng.pdf

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Wrap-up, Takeaways, Questions, and Survey

Please scan the QR code below for the post survey feedback.

Enhancing Perinatal Support and Services Webinar Survey

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Next Webinar Session

Enhancing Perinatal Support and Services Webinar Series

Date: Wednesday, April 29, 2026

Time: Noon – 1:30 p.m.

Topic: Infant Care

Enhancing Perinatal Support and Services Webinar Series Sessions

The recordings to all sessions can be found online at:
https://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx

PROVIDER LEARNING PORTAL

Enhancing Perinatal Support and Services Webinar Series

Session 1 - Basics of Prenatal Support
Survey | PowerPoint Presentation

(86 Minutes)

Session 2 - Basics of Postpartum Support
Survey | PowerPoint Presentation

(90 Minutes)

Session 3 - Early Lactation Challenges
Survey | PowerPoint Presentation

(87 minutes)

To receive a certificate of completion, please fill out the survey after reviewing the recording.

Upcoming Event
Comprehensive Care Through the Perinatal Period

- April 13, 2026
  - 9 a.m. – 4 p.m.
  - To register, please click here or scan the QR code