DEPARTMENT OF HEALTH

Intimate Partner Violence During Pregnancy and Postpartum

DATA, IMPACTS, AND PREVENTION

Intimate Partner Violence during pregnancy is dangerous

Pregnancy is a time of increased risk for intimate partner violence (IPV). IPV is a pattern of behavior in a relationship where one person in a relationship gains and maintains power over another person in the relationship, often utilizing physical, verbal, sexual, spiritual, and/or financial harm. IPV can be new or more severe in pregnancy and postpartum. Pregnancy itself might be the result of IPV in cases of reproductive coercion, a type of abuse that involves a person controlling their partner's decisions or limiting their partner's options with regards to sexual and reproductive health.

Experiencing IPV during pregnancy, whether physical abuse, emotional abuse, sexual abuse, or a combination of these types of abuse has been associated with receiving no or delayed prenatal care, experiencing depression during and after pregnancy (Ankerstjerne et al., 2022), and using substances during pregnancy (Steele-Baser et al., 2024). Experiencing IPV has also been identified as a risk factor for poor birth outcomes like preterm birth and low birth weight (Shah & Shah, 2010). Physical violence can lead to traumatic injuries to a pregnant person and their fetus, with severe injuries leading to outcomes like traumatic brain injuries or fetal loss (Adhikari et al., 2025).

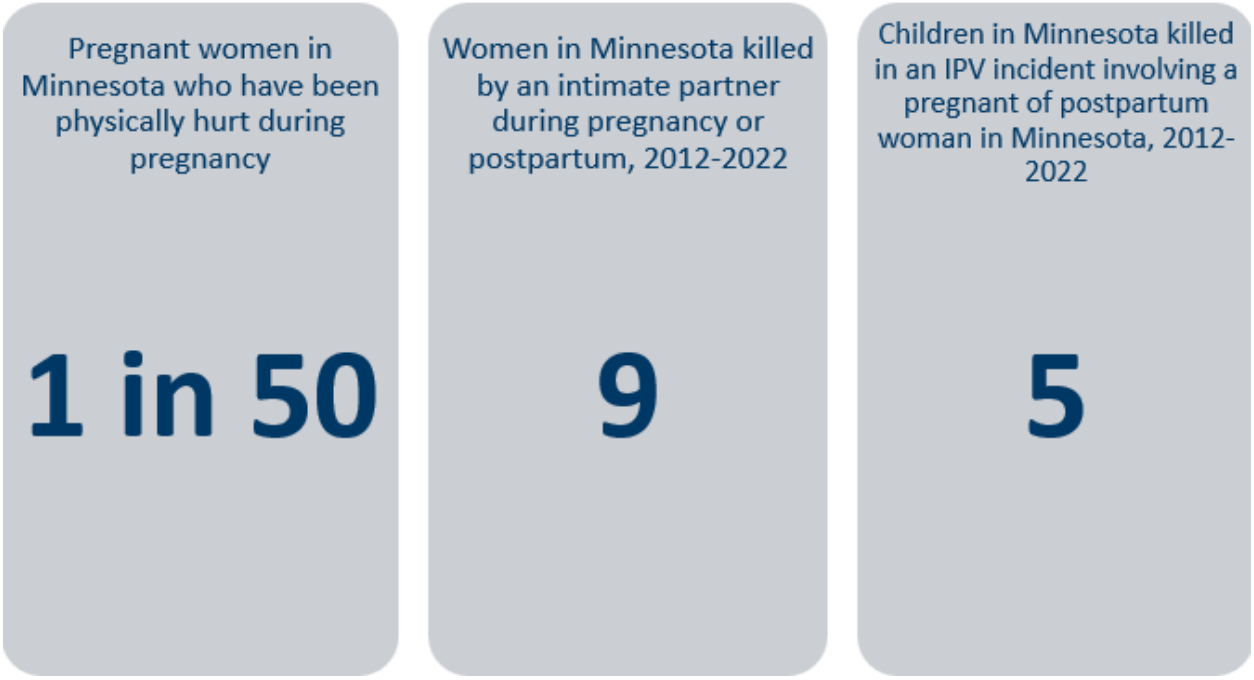
In some cases, IPV can escalate to the point of homicide committed by a current or former intimate partner. IPV homicides may involve the death of not only the IPV victim, but children, relatives, and bystanders. Nationally, homicide is a leading cause of death during pregnancy and postpartum, and the homicide mortality rate is higher for women who are pregnant or postpartum than it is for women of childbearing age who are not pregnant or postpartum, especially for young mothers and women of color (Wallace et al., 2022). The majority of these pregnancy-associated homicides (approximately 7 of every 10 incidents) are caused by firearm injuries (Wallace et al., 2022).

Minnesota Data on IPV during pregnancy

According to the Pregnancy Risk Assessment Monitoring System (PRAMS), 2%, or 1 in 50, of pregnant women in Minnesota said that a current or former partner pushed, hit, slapped, choked, or physically hurt them during their most recent pregnancy. Of these, 98% had been pushed, hit, slapped, kicked, choked, or physically hurt by a partner in the 12 months before their pregnancy.

From 2012 to 2022, at least nine women in Minnesota were killed by an intimate partner during pregnancy or postpartum, along with five children who were killed alongside them (Violence

Free Minnesota, 2023). More information on IPV homicide during pregnancy can be found in Violence Free Minnesota's Intimate Partner Homicide During Pregnancy report here: Intimate Partner Homicide During Pregnancy Report (https://www.vfmn.org/_files/ugd/f4bdb8_d947ae563bb54f0998feba253fa08c4e.pdf) .

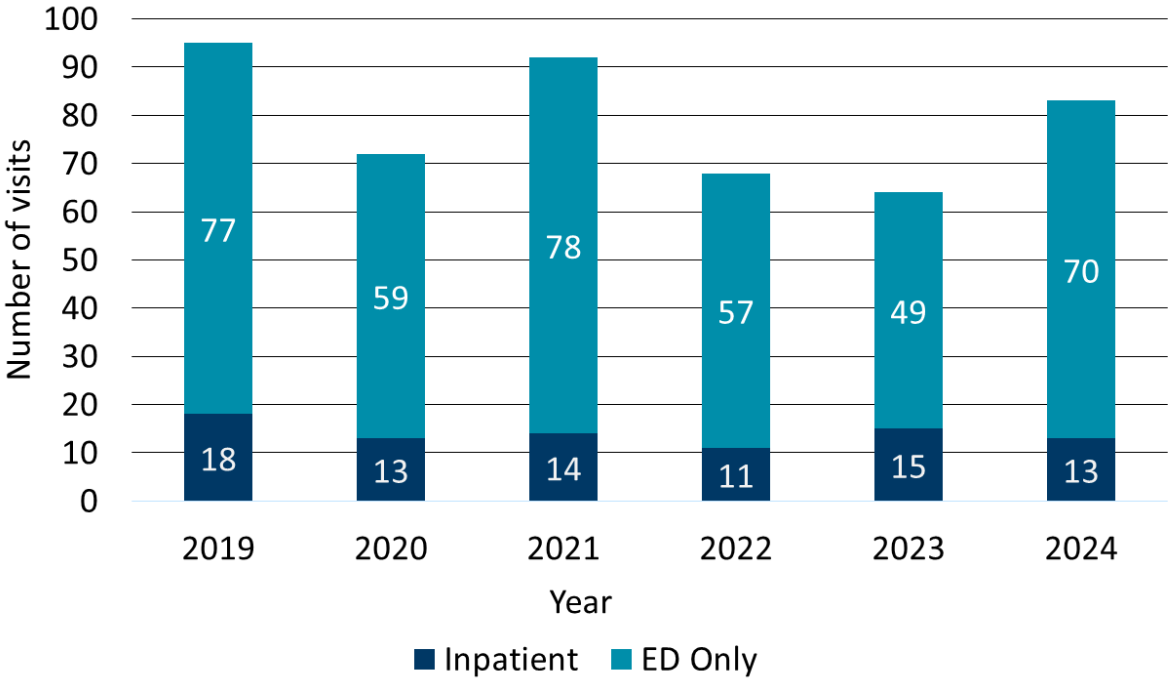


While not all victim/survivors of IPV seek medical care following an IPV incident or feel safe telling a provider what happened, there are dozens of inpatient stays and emergency department visits in Minnesota every year where the medical record notes "physical abuse complicating pregnancy, childbirth, or the purpureum" as a reason for the visit. The graph below shows the number of Minnesota hospital stays and ED visits per year with this diagnostic code.

Table: On average, 79 Minnesotans per year were diagnosed at a hospital or emergency department with physical abuse complicating pregnancy. 15-20% of these patients required an inpatient stay.

Visits due to physical abuse complicating pregnancy, delivery, or the postpartum	2019	2020	2021	2022	2023	2024
Inpatient	18	13	14	11	15	13
ED only	77	59	78	57	49	70

Chart: On average, roughly 79 Minnesota residents per year are diagnosed at a hospital or emergency department with physical abuse complicating pregnancy. 15-20% of these patients require an inpatient stay.



For most hospital and ED visits related to abuse complicating pregnancy, the person who caused harm to the patient is not specified in diagnosis codes. However, an MDH internal review found that over 70% of injury patients who were diagnosed with physical abuse complicating pregnancy had been injured by a current or former intimate partner. This investigation found that patients who sought care for IPV injuries while pregnant or postpartum were more likely to be receive inpatient care, more likely to be Black or Indigenous, and more likely to be injured in or around the abdomen than non-pregnant or postpartum patients seeking care for IPV injuries.

Abuse is not only physical. Abusive behaviors such as isolating a partner from their support systems, controlling them financially, threatening to harm them or their loved ones, and preventing them from getting the care they need are difficult to translate into medical data, but very harmful to the health of the people who experience them.

What providers can do

There are many steps that providers can take to support patients who are experiencing violence during pregnancy or postpartum. Some of these include:

- **Know the resources in your area. Help is available in every county** for people experiencing intimate partner violence, and resources can be found here:

- Find A Program | Violence Free Minnesota (https://www.vfmn.org/find-a-program). Trained advocates can help clients access resources including but not limited to mental health support, legal services, and help with safety planning.
- Patients can also speak with trained advocates using Day One, Minnesota's 24-hour statewide hotline at (866) 223-111 or StrongHearts Native Helpline at 1-844-762-8483.
- Additional accessible and culturally specific resources are highlighted here: Culturally-Specific Safety Planning - Minnesota Day One®: The Call to Safety.
- **Build trust and safety with your patient.** This might include actions like finding an opportunity to speak with patients alone, avoiding blaming and stigmatizing language when speaking to the patient, and ensuring that the patient is aware of the limits of confidentiality so they can make informed decisions about what to share.
- **Give the patient control over their situation.** Every situation is unique, and a person who is experiencing intimate partner violence is likely to know the most about their situation and what they need to be safe. For example, a patient may say that they are not interested in leaving their relationship but would benefit tremendously from childcare. It is important to take these patient needs and priorities into account when creating a safety plan.
- **Provide universal education and support.** Everyone deserves safety and respect in their relationship, and it can be useful to educate all patients on the role relationships play in their health and the health of their families. Sharing information about supportive resources for people experiencing violence might not only help the patient if they need it, but also, gives patients the tools to support others in their life who are dealing with IPV. Speaking with every patient about this topic allows patients who do not feel safe disclosing their experiences to receive critical information about resources and avoids stigmatizing patients by making them feel singled out to be asked about IPV.
- **Watch carefully for warning signs of IPV.** These may include harmful and controlling behaviors, like when a patient's partner insults or demeans them in front of others, or pressures them to make certain choices about their finances or reproductive health.
- **Do not expect disclosure.** There are many reasons why a patient experiencing IPV may not wish to share that information with you, and pressuring a patient to disclose may damage their trust in you and other providers.
- **Practice your responses for if a patient does choose to disclose to you.** Focus on providing non-judgmental support and concrete information about resources and what will happen next. Because it is rare for a person experiencing IPV to act or react in one specific way, it might be helpful to practice how you would respond to disclosures from patients with complex needs and experiences, like housing instability, substance use history, disabilities, language barriers, or justice involvement.
- **Post educational/informational signs in public and private locations, preferably in multiple languages.** You may also consider ordering wallet-sized cards containing critical information about relationship health and local IPV resources to hand out to every patient. MDH staff can help direct providers and facilities to where these cards can be ordered.

- **Implement an evidence-based violence prevention strategy** like CUES (Confidential, Universal Education + Empowerment and Support). This strategy is described in more detail below.

CUES (Confidential, Universal Education + Empowerment and Support) is an evidence-based strategy used in care settings to address domestic and sexual violence. This strategy helps providers educate patients about healthy relationships, offer support, and connect them with resources—all without requiring disclosure of abuse. Using CUES improves health and safety outcomes by integrating trauma-informed care into routine health visits. Learn more about CUES here: Violence Prevention in Health Settings (https://www.health.mn.gov/communities/perinatalviolence/intervention/index.html).

MDH supports health and non-traditional care providers to learn more about strategies to prevent violence, including how to effectively use a CUES approach in their practice. MDH's role is to equip providers with information and provide training to empower them to talk to patients about violence.

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Glossary

- Definitions of terms used above, adapted from Kippert, 2024.

Intimate partner violence (IPV) is a pattern of repeated behavior where one person in a relationship uses tactics like physical violence, isolation, intimidation, or withholding of basic needs to gain and maintain power and control over their partner.

Physical abuse is a pattern of repeated behavior where an abusive partner uses violent acts like hitting, shoving, threats with weapons, or strangulation to exert power and control over their partner. Not all acts of physical abuse result in a physical injury or mark.

Verbal abuse is when one partner repeatedly speaks to another in a way that belittles, humiliates, blames, or threatens them. Verbal abuse is different from an ordinary argument in that it happens repeatedly and results in one partner feeling unsafe, isolated, or controlled.

Sexual abuse is when one person engages in sexual contact with another person or forces them to do something sexual without that person's consent. Someone perpetrating sexual abuse may use force, threats of force, manipulation, deception, or other forms of coercion to act without the other person's consent or may engage in sexual contact with a person who is unable to consent.

Spiritual abuse is when one person in a relationship uses their partner's religious or spiritual beliefs to control or isolate them. This type of abuse is not unique to any one religious tradition and can take many forms. For instance, an abusive partner might ridicule or diminish their partner's beliefs or prevent them from practicing or engaging with their religious communities. Alternatively, an abusive partner may use their religion as justification for harming their partner or may use systems of power and authority to evade accountability.

Financial abuse occurs when an abusive partner exerts power and control over their partner by controlling or hurting their finances. For example, an abusive partner might steal their partner's money, withhold their partner's access to their own finances, intentionally sabotage their credit score, or prevent them from working so that they are financially dependent on the abusive partner.

Reproductive coercion is when an abusive partner exerts power and control over their partner's reproductive health and choices. This may include causing a partner to become pregnant or impregnated against their wishes through use of force, threats of force, manipulation, deception, or other means of coercion.

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