

# UNVEILING THE SHADOWS: UNDERSTANDING INTIMATE PARTNER VIOLENCE IN PREGNANCY

## Background

Intimate partner violence (IPV) during pregnancy poses a significant threat to the well-being of both the mother and the unborn child. This form of violence includes various forms of physical, emotional, sexual, and psychological abuse perpetrated by an intimate partner. Pregnancy is often the trigger for the onset or escalation of violence in a relationship [1]. International studies show that the prevalence of IPV during pregnancy ranges from 1% to 28%, with the majority falling within the 4% to 12% range [2].

## Aim

The aim of this study was to determine the prevalence of IPV during pregnancy and its association with sociodemographic data.

## Methods

The cross-sectional design was applied. A convenience sample included 189 pregnant women. The age range of the respondents was between 22 and 46 years (mean = 31.35; SD = 4.897). Sixty percent of the women were primiparous. The data was collected using a modified HITS (HURT, INSULT, THREATEN, and SCREAM) questionnaire consisting of five items that assess the occurrence of IPV [3]. Respondents rated their experiences on a scale of 1 (never) to 5 (always) for each item in the questionnaire. The scoring system for the HITS questionnaire ranges from 4 to a maximum of 20. A total score above 10 indicates the presence of intimate partner violence. Higher scores indicate a greater likelihood of experiencing psychological violence and physical aggression in an intimate relationship. The questionnaire was translated into the Slovenian language and distributed as an online survey across clinical settings frequently visited by pregnant women. The data were analyzed using the statistical software SPSS ver. 26.

## Results

Overall scores on the HITS questionnaire indicated a moderate level of intimate partner violence among female respondents (mean = 8.53; SD = 4.874; 95% confidence interval [7.81; 9.25],  $p < 0.001$ ). Respondents who completed elementary school or less (mean = 14.89; SD = 6.194) and those who are currently divorced (mean = 14.40; SD = 5.661) scored highest on the HITS questionnaire. The observed differences between these groups proved to be statistically significant ( $p < 0.05$ ). On the other hand, there were no statistically significant differences ( $p > 0.05$ ) between the groups when factors such as social status, number of pregnancies, and mode of delivery were taken into account.

## Discussion

The findings of the study are not reassuring, as the consequences of IPV in pregnancy not only impact the quality of life but also the health outcomes for both the mother and the unborn child. Pregnancy presents a unique opportunity for healthcare professionals to identify IPV and intervene appropriately. In this context, midwives play a pivotal role in addressing IPV during pregnancy by recognizing signs, providing support, advocating for the women, and empowering them to report IPV and make informed decisions.

## Implications and future perspectives

More research is needed from the perspective of lived experiences of IPV victims. IPV screening needs to be implemented systematically and as a routine practice in every clinical setting.

## References

1. Mattson, S. 537-553, 2015.
2. Eikemo et al, 36:100843, 2023.
3. Iverson et al, 28:79-82, 2015.