

# Research Brief

## Maternal intimate partner violence victimization before and during pregnancy and postbirth child welfare contact: a population-based assessment

Parrish JW, Lanier P, Newby-Kew A, Arvidson J, Shanahan M

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### Background

Intimate Partner Violence (IPV) describes physical, sexual, or psychological harm by a current or former partner or spouse. Pregnant women are particularly vulnerable to experiencing IPV. Infants born to mothers who experienced IPV prior to or during pregnancy may be particularly susceptible to child maltreatment. Due to the high rates of both IPV and child maltreatment in Alaska, we conducted a study to better understand this relationship.

We linked 2009–2010 Pregnancy Risk Assessment Monitoring System (PRAMS) data with administrative data from the Office of Children’s Services (OCS). Using these linked data, we explored the relationship between maternal pre-birth IPV experiences self-reported on PRAMS with the birth child’s risk of contact with OCS. Having clear pre-birth predictors of OCS contact can help prevent child maltreatment by identifying areas of intervention as early as possible.

### Key findings from this study

- Children born to mothers reporting pre-birth IPV are nearly **5 times** as likely to have OCS contact by age 2 compared with children born to women who don’t report pre-birth IPV.
- The **protective effects of graduating high school are lost** when a women reports pre-birth IPV (Table).
- Regardless of race, age, marital status, or prenatal substance use, pre-birth IPV is a strong predictor of future OCS contact.

Odds of OCS contact relative to mothers with high education and no IPV

Maternal Education < 12 years	Reported IPV	Odds Ratio (95% CI)
No	No	Reference
No	Yes	7.50 (4.53, 12.44)
Yes	No	5.33 (3.30, 8.63)
Yes	Yes	4.72 (2.27, 9.81)

### Implications and recommendations

Maternal pre-birth history of IPV is a strong predictor of OCS contact of future offspring. The prenatal period provides a critical opportunity for clinicians to conduct IPV screenings and initiate comprehensive intervention. IPV has lasting effects on both the mother and her children, regardless of demographics or other maternal characteristics. Universal IPV screening is therefore recommended, especially since practitioners may be less likely to adequately screen higher educated mothers due to an overall perceived lower risk.

