Intimate Partner Violence in Montana 2017-2022

Background

Intimate partner violence (IPV) is abuse or aggression that occurs in a romantic relationship. An intimate partner refers to former or current spouses or dating partners.[1] IPV can include emotional, physical, or sexual violence. IPV during pregnancy is a preventable cause of injury and death with negative short- and long-term impacts for pregnant women, infants, and families.[2]

Fast Facts

- The proportion of mothers who experienced IPV prior to and during pregnancy has not changed significantly in the last six years.
- Screening for IPV varied by healthcare visit type.

Health care providers are often the first professionals to offer care to women who are abused. The medical community can play a vital role in identifying women who are experiencing IPV and halting the cycle of abuse through screening, offering ongoing support, and reviewing available prevention and referral options.[3]

The Montana Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of recent mothers about their experiences and behaviors before, during, and shortly after pregnancy. PRAMS aims to improve the health of Montana mothers and infants by collecting high-quality data that is representative of the Montana population. PRAMS asks respondents about experiences of intimate partner violence prior to and during pregnancy. Specifically, if their husband or partner, ex-husband or ex-partner, a family member, or someone else pushed, hit, slapped, choked, or physically hurt them in any way. PRAMS also asks mothers if they were screened for IPV before, during, and after pregnancy. A total of 5,313 Montana mothers responded to PRAMS from 2017 to 2022, with an average weighted response rate of 54.5%. During that time, 3.8% of mothers reported IPV prior to pregnancy and 2.2% during pregnancy.

Experiences of IPV

The proportion of mothers who experienced IPV prior to and during pregnancy has not changed significantly in the last six years.

% of mothers reporting IPV prior to and during pregnancy, 2017-2022

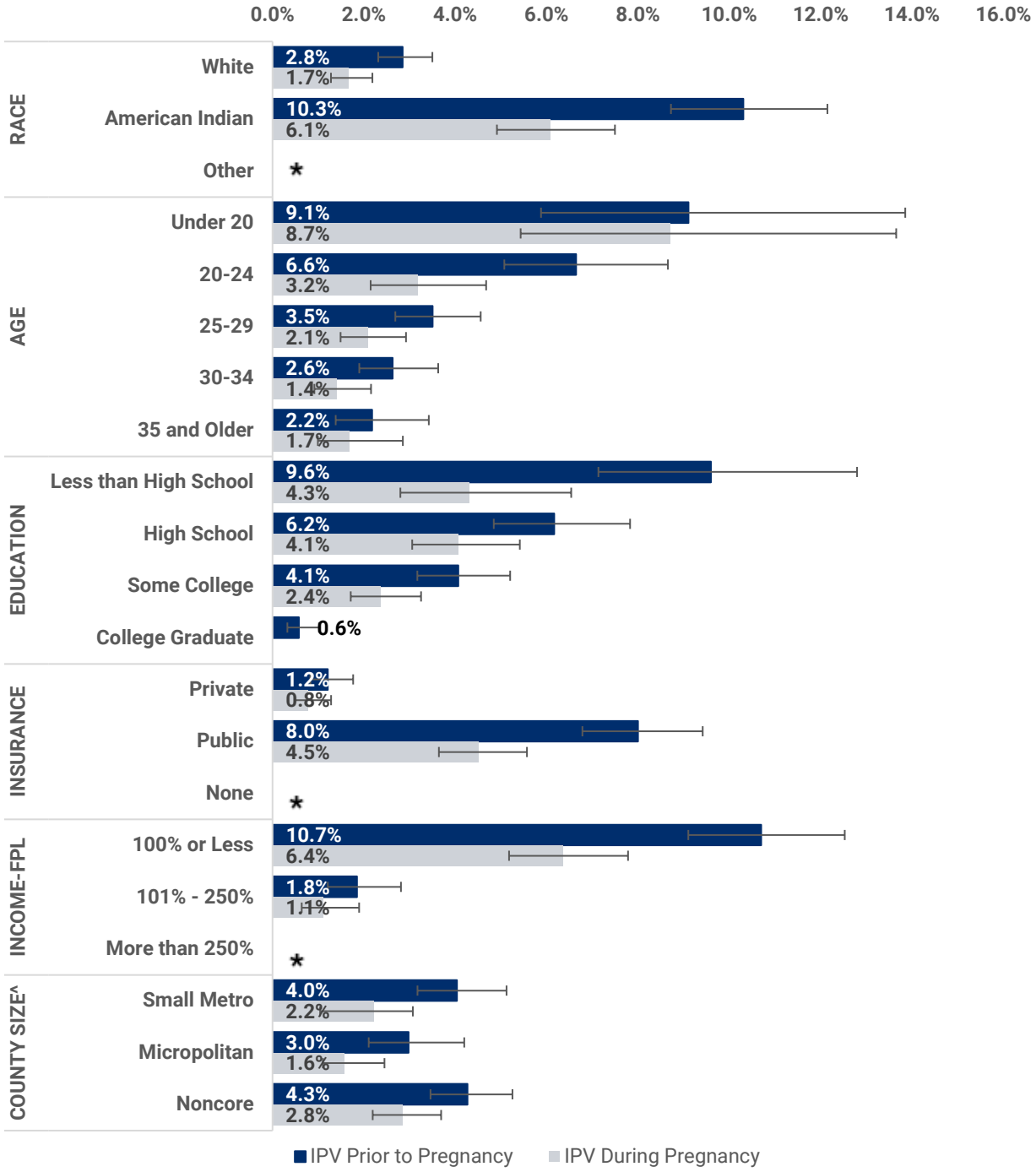
IPV	Montana % (95% CI)*					
	2017	2018	2019	2020	2021	2022
IPV Prior to Pregnancy	3.9% (CI 2.9-5.4)	4.5% (CI 3.3-6.1)	4.2% (CI 2.9-6.0)	3.8% (CI 2.5-5.6)	2.6% (CI 1.8-3.9)	3.8% (CI 2.6-5.4)
IPV During Pregnancy	2.4% (CI 1.6-3.6)	3.1% (CI 2.1-4.5)	1.5% (CI 0.9-2.5)	2.5% (CI 1.5-4.0)	1.3% (CI 0.8-2.2)	2.6% (CI 1.7-4.1)

*Weighted percent (95% Confidence Interval). Weighted Percent is the estimated percent representing a population based on only a sample of the population. The weighted percent considers sampling, nonresponse, and noncoverage to calculate the estimate. Confidence Interval is a range of values that is likely to include the population value with a degree (i.e., 95%) of confidence

Among mothers who report experiencing IPV during pregnancy, differences can be seen among subgroups of maternal characteristics. American Indian mothers, mothers under 20 years of age, mothers with high school or less education, mothers on public health insurance, and mothers whose income is 100% or less of the federal poverty level had higher prevalence IPV.

The proportion of mothers who experienced IPV prior to and during pregnancy.

% of mothers reporting IPV prior to and during pregnancy, 2017-2022

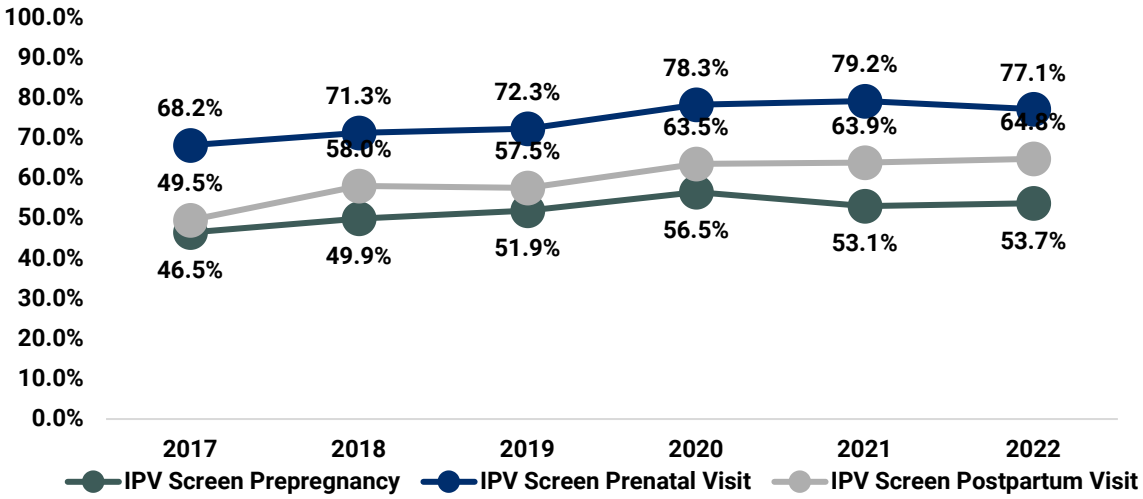


^NCHS Urban-Rural Classification Scheme for Counties
*Estimate have been suppressed because it is statistically unstable.

Screening for IPV

Screening for IPV varied by healthcare visit type.

% of mothers screened for IPV among those attending a health care visit



Call to Action

Healthcare recommendations for screening or recognizing IPV

The American College for Obstetricians and Gynecologists (ACOG) recommends that physicians 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.[3] Learn more about IPV screening on the ACOG website.

Healthcare recommendations for trauma-responsive interactions

The ACOG's Committee on Healthcare for Underserved Women recommends that healthcare providers, including obstetricians and gynecologists, should expand knowledge on trauma-informed models of care, recognize the prevalence and impacts of trauma on patients and healthcare teams, and universally apply trauma-informed approaches within delivery of care.[4] Learn more about the Committee's recommendations and opportunities to increase psychological safety amongst patients through trauma-informed strategies on the ACOG website.

National Objectives

Healthy People 2030:

- Reduce intimate partner violence — IVP-D04

U.S. Department of Health and Human Resources, Strategic Goal 3: Objective 3.4

- Increase Intimate Partner (Domestic) Violence screening among American Indian and Alaska Native (AI/AN) Females

Resources

- National Domestic Violence Hotline
- Montana Coalition Against Domestic and Sexual Violence
- Intimate Partner Violence Prevention: Research for Action
- Sexual Violence Prevention: Research for Action

References

1. *Intimate partner violence*. (2024) March of Dimes | PeriStats. https://www.marchofdimes.org/peristats/data?top=25
2. Steele-Baser M, Brown AL, D'Angelo DV, et al. Intimate Partner Violence and Pregnancy and Infant Health Outcomes — Pregnancy Risk Assessment Monitoring System, Nine U.S. Jurisdictions, 2016–2022. MMWR Morb Mortal Wkly Rep 2024;73:1093–1098. DOI: http://dx.doi.org/10.15585/mmwr.mm7348a1.
3. American College of Obstetricians and Gynecologists (ACOG). (2022). Retrieved January 9, 2025, from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/02/intimate-partner-violence#:~:text=Physicians%20should%20screen%20all%20women,available%20prevention%20and%20referral%20options
4. American College of Obstetricians and Gynecologists (ACOG). (April 2021). Retrieved January 9, 2025, from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2021/04/caring-for-patients-who-have-experienced-trauma

Disclaimer

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $10MM designed to improve maternal health outcomes. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Suggested Citation

Intimate Partner Violence in Montana, 2017-2022. Results from the Pregnancy Risk Assessment Monitoring System. Research & Evaluation Section, Early Childhood and Family Support Division, Montana Department of Public Health and Human Services. 2025.

For more information, please contact Sarah Buchanan, MOMS Program Coordinator, at sarah.buchanan@mt.gov.