

Potential Target Populations for Intimate Partner Violence Screening among Tennessee Women with a Recent Live Birth (2018-2022)



What: Intimate partner violence (IPV) includes physical or sexual violence, stalking, emotional abuse, or reproductive control by a current or former romantic partner.¹

- 85% of IPV victims are women.²
- About 1 in 3 women will experience IPV in their lifetime.¹

Why: IPV can lead to chronic illness, injuries, mental health issues, and even death.³ Many cases of IPV go unreported, preventing victims from receiving needed support from healthcare providers.³

IPV and pregnancy: Violence before or during pregnancy can harm both the mother and the baby.⁴ It increases the risk of pregnancy complications, miscarriage, infections, fetal distress, and developmental delays.⁴ It's also strongly linked to preterm birth and low birth weight and may increase the child's risk of chronic health conditions later in life.⁴ Most seriously, the risk of homicide by a partner is highest during pregnancy and postpartum.⁵



Figure 1: An image of a man and a woman involved in domestic violence.

Screening for IPV: The US Preventive Services Task Force (USPSTF) recommends that all women of reproductive age be screened for IPV.⁵

- Research shows that at least 1 in 4 women report never being screened at some point around the time of (before, during, or after) pregnancy.⁵

This factsheet examines any reported intimate partner violence (IPV) among women in Tennessee who recently gave birth, aiming to identify the most affected groups and improve screening and support.

Data for this factsheet came from the 2018–2022 Tennessee Pregnancy Risk Assessment Monitoring System (PRAMS), which surveys new mothers about their health and their experiences around the time of pregnancy, including whether a partner physically harmed them in the year before or during pregnancy. It is important to note that the questions do not ask about mental/emotional or verbal harm.

Intimate Partner Violence among Tennessee Women

During 2018-2022, **nearly 3%** of Tennessee women with a recent live birth reported having **experienced IPV before pregnancy**. This represented about 2,080 individuals across the state.

About **1.7%** of all women reported having **experienced IPV during pregnancy**, representing about 1,250 individuals across the state.*

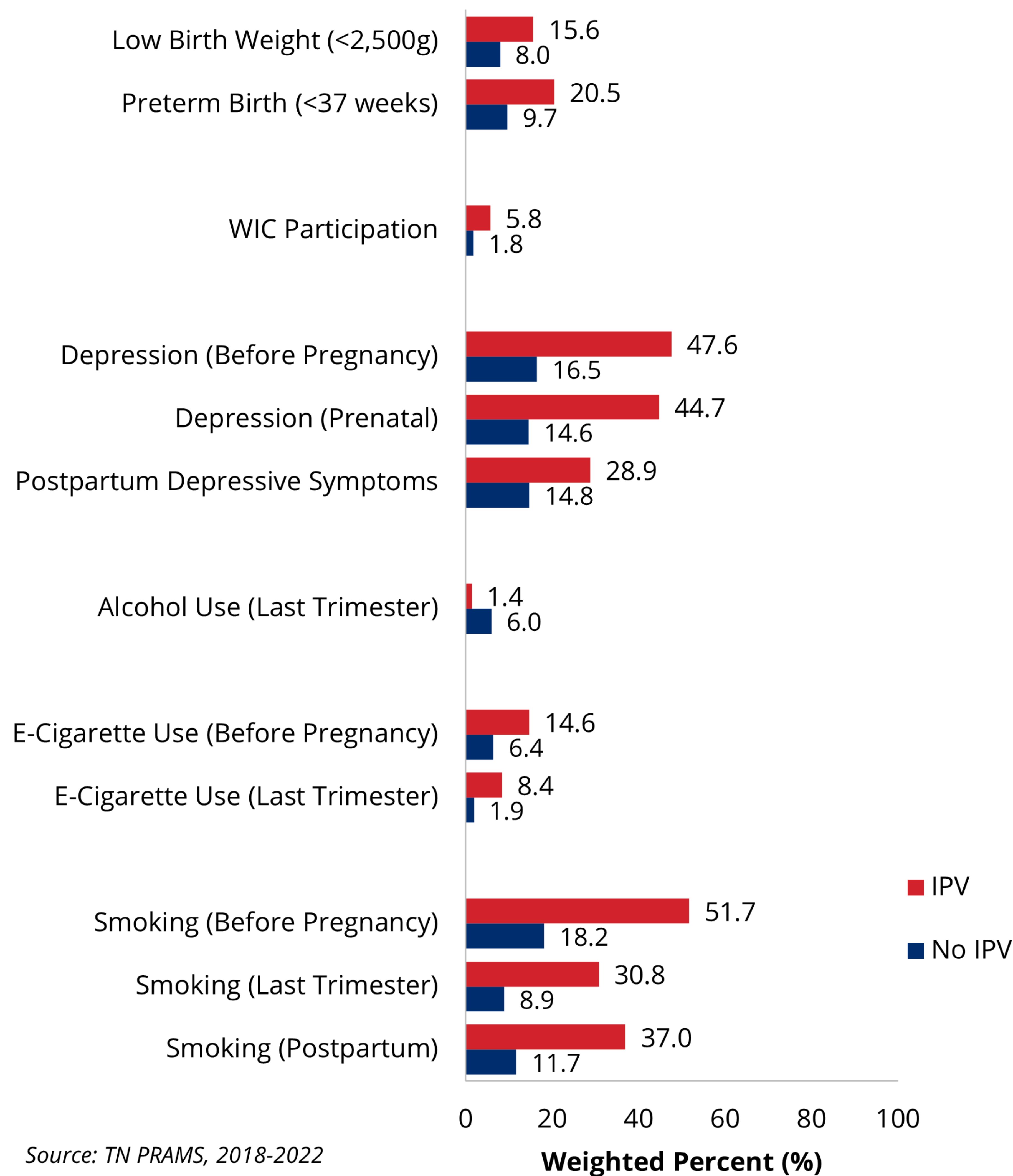
Over 44% of women who experienced IPV before pregnancy also reported experiencing it during pregnancy. This factsheet will focus on the experience of *any* IPV (before or during) pregnancy.

Historically, more Tennessee women tend to experience IPV before pregnancy compared to the U.S. average.

*This is likely an underestimate as not all individuals may be willing to self-report IPV for a number of reasons.

Association with Behaviors and Birth Outcomes

Figure 2: Behaviors and Birth Outcomes by IPV-Status among Tennessee Women with a Recent Live Birth (2018-2022)



Source: TN PRAMS, 2018-2022

Figure 2: Chart of behaviors and outcomes among Tennesseans mothers broken down by IPV status

Women who reported any IPV more commonly reported (*Figure 2*):

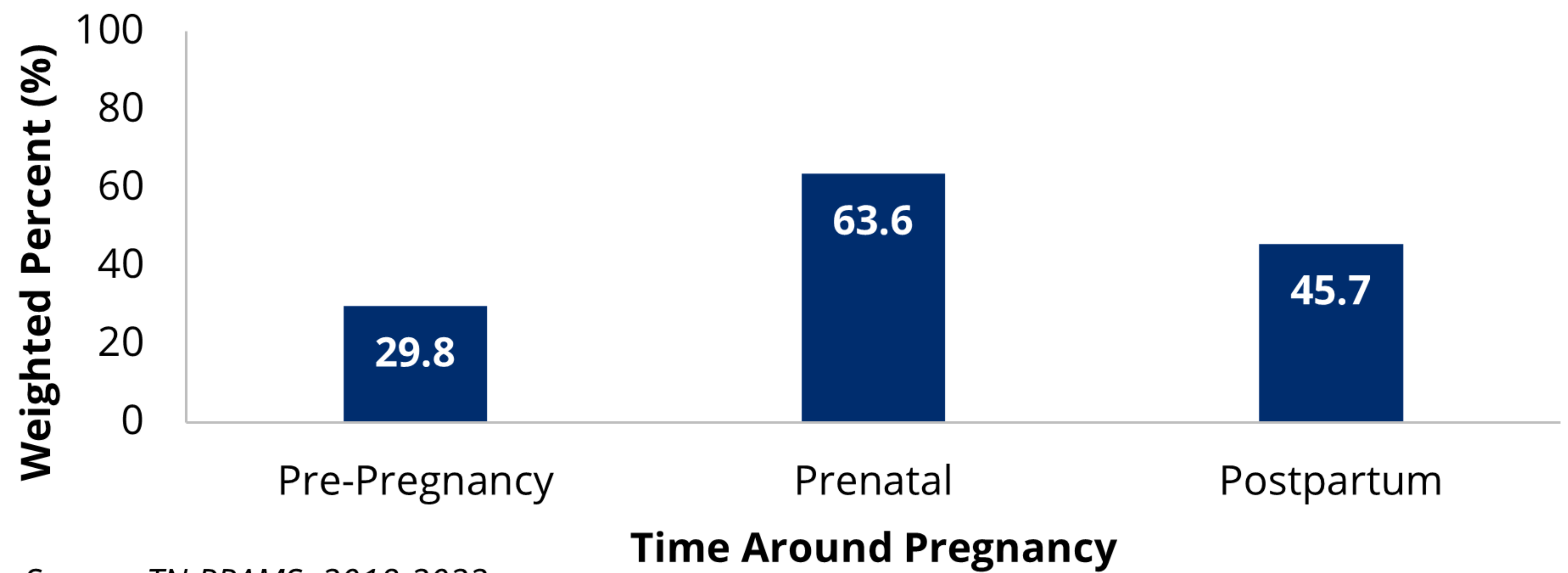
- E-Cigarette use before and during pregnancy
- Depression or depressive symptoms around the time of pregnancy
- Smoking around the time of pregnancy
- Preterm and low birth weight births

While alcohol use before pregnancy didn't differ by IPV status, women who experienced any IPV less commonly reported using alcohol during pregnancy (1.4%) compared to women who did not experience IPV (6.0%).

There was no difference in timely prenatal care (starting in the 1st trimester) by IPV status, suggesting women who experienced IPV didn't start prenatal care any later than those women who did not experience IPV.

Fewer than 30% of Tennessee women with a recent live birth were screened for IPV before pregnancy. During prenatal visits, 63.6% received screening, while less than half (45.7%) were screened postpartum (figure 3).

Figure 3: Prevalence of Reported IPV Screening Around the Time of Pregnancy among Women with a Recent Live Birth (2018-2022)



Source: TN PRAMS, 2018-2022

Figure 3: Chart of IPV screening around time of pregnancy

Reported screening didn't differ by IPV status, suggesting women who experienced IPV weren't any more likely to be screened than women who didn't experience IPV.



“During that summer, my marriage was falling apart as I was consistently being physically and emotionally abused. I'm so thankful I never saw a fertility doctor with my ex-spouse. On my birthday in September, my ex-spouse beat me to the point that I needed to go to the hospital for a fractured jaw, broken nose, and he had cracked yet another tooth. That week I filed a restraining order and began the divorce process after waiting too long and putting up with too many incidents. I was crazy to think a child with that man would save him or our marriage.”

Figure 4: PRAMS Participant Comment



Overall, women who experienced IPV more frequently reported being screened for IPV before or during pregnancy. However not all high-risk groups (see list below) got screened as often as they should. This points to gaps in care—and opportunities for healthcare providers to better reach those who may be most in need.

Figure 5: Figure of adding missing puzzle in the health access

Groups that do not receive IPV screening, despite being more affected by it, included women who:

- Smoked or used e-cigarettes before or during the last trimester of pregnancy
- Drank alcohol during the last trimester
- Experienced depression during or after pregnancy
- Lived in East Tennessee
- Lived in areas with limited or low access to maternal healthcare ("maternal care deserts")

Improving screening efforts for these groups can help ensure more women get the support they need during and after pregnancy.

What is the Tennessee Pregnancy Risk Assessment Monitoring System?

The Pregnancy Risk Assessment Monitoring System (**PRAMS**) is a state-run program that collects information on the experiences, feelings, and health of women with a recent (within 2-6 months at the time of survey) live birth. For questions related to Tennessee PRAMS, contact the **TN PRAMS Coordinator**.

E-mail: tnprams.health@tn.gov

Resources

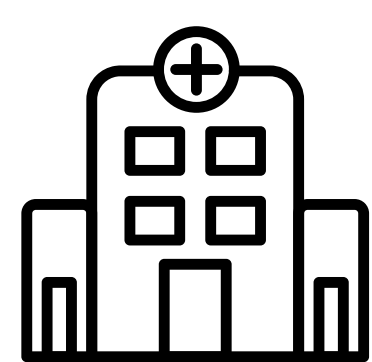
Hotlines



Tennessee Statewide Domestic Violence Hotline (24/7)

1. **Phone:** 1-800-356-6767

2. **Services:** Crisis intervention, counseling, safety planning, referrals for housing, legal, and advocacy services statewide.



Oasis Center (Youth & Family Services)

1. **Phone:** 615-327-4455

2. **Services:** Support for youth, teens, and families experiencing violence.



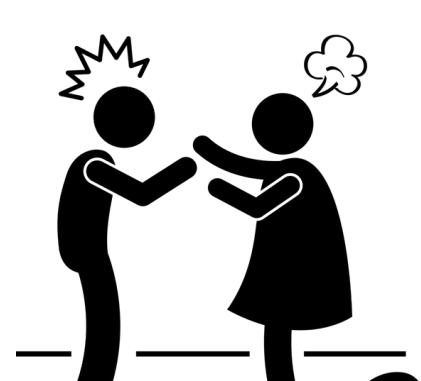
Loveisrespect (24/7 National Teen Dating Abuse Helpline)

1. **Phone:** 1-866-331-9474 / TTY 800-787-3224 / Text "LOVEIS" to 22522

2. **Website:** <https://www.loveisrespect.org/>

3. **Services:** Confidential support and advocacy for teens (ages 13–26), Safety planning, healthy relationship education, peer support

Shelters & Advocacy



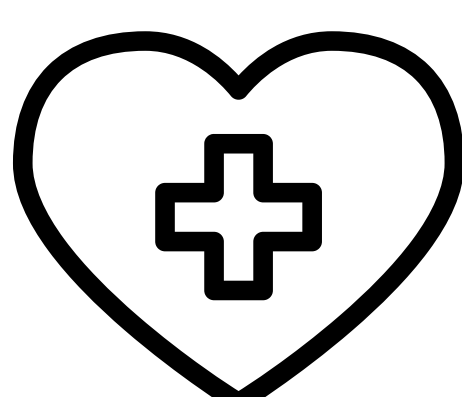
Helen Ross McNabb Center

• **Website:** <https://mcnabbcenter.org/victim-services/>

• **24/7 Domestic Violence Hotline:** 1-800-255-9711

• **Services:** Trauma-informed counseling and outreach for survivors of domestic violence, sexual assault, Emergency and transitional housing/shelter options for adults and children

Screening Tools & Lethality Assessments



• **Tennessee Lethality Assessment Initiative**

• **Website:** [Lethality Assessment Program – MNADV](#)

• **Details:** Statewide adaptation of Maryland's evidence-based protocol for use by law enforcement.

Training & Prevention



Tennessee Coalition to End Domestic & Sexual Violence

• **Phone:** (615) 386-9406 | Crisis Hotline: 1-800-356-6767

• **Website:** tncoalition.org

• **Services:** Training for providers, law enforcement, court staff; legal clinics; immigrant legal advocacy; policy and technical assistance.

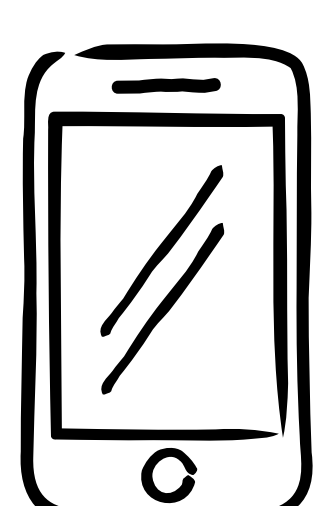


PreventTN (TN Coalition's prevention division)

• **Website:** preventn.org

• **Services:** Offers resources, data, best practices for primary prevention of IPV, community training, and social norms strategies.

National Organizations



National Coalition Against Domestic Violence (NCADV)

• **Website:** <https://ncadv.org/>

• **Services:** National advocacy for policy reform and systems change, safety plans, financial education, legal information, Provides training, webinars, and community networking.

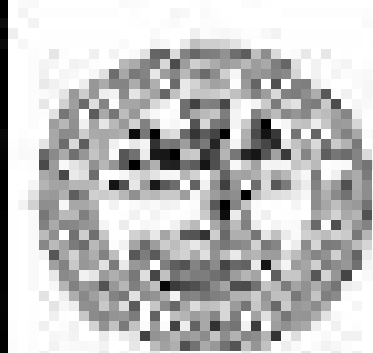
Referral Directories for Providers & Patients



- **Tennessee Voices for Victims**
- **Website:** tnvoicesforvictims.org
- **Resources:** Interactive county-by-county directory listing local hotlines, DA offices, shelters, advocacy services.

References

1. Centers for Disease Control and Prevention. (n.d.-a). About Intimate Partner Violence. Centers for Disease Control and Prevention. <https://www.cdc.gov/intimate-partner-violence/about/index.html>
2. Domestic Violence Statistics 2024 (2024). <https://www.breakthecycle.org/domestic-violence-statistics>
3. https://med.emory.edu/departments/psychiatry/nia/resources/domestic_violence.html
4. Intimate partner violence endangers pregnant people and their infants. National Partnership for Women & Families. (2024, August 13). <https://nationalpartnership.org/report/intimate-partner-violence/>
5. Agarwal S, Prasad R, Mantri S, Chandrakar R, Gupta S, Babhulkar V, Srivastav S, Jaiswal A, Wanjari MB. A Comprehensive Review of Intimate Partner Violence During Pregnancy and Its Adverse Effects on Maternal and Fetal Health. Cureus. 2023 May 20;15(5):e39262. doi: 10.7759/cureus.39262. PMID: 37342735; PMCID: PMC10278872.
6. Intimate partner violence and caregiver abuse of older or vulnerable adults: Screening (2025) Recommendation: Intimate Partner Violence and Caregiver Abuse of Older or Vulnerable Adults: Screening | United States Preventive Services Taskforce.



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