Ohio Department of Health

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PRAMS News

Confronting Intimate Partner Violence

National Impact and Definitions

Intimate partner violence (IPV) is a leading cause of injury to American women between the ages of 15 and 44. (1) Up to 25 percent of all hospital emergency room visits made by women each year are due to injury resulting from abuse by a former or current partner. According to some estimates, one in six pregnant women will be abused during pregnancy. (2,3) And homicide has recently surpassed motor vehicle accidents and falls as the leading cause of injury death during pregnancy.

Abuse during pregnancy can have potentially serious consequences for mother, fetus and newborn. These include miscarriage, placental abruption, stillbirth, premature labor, fetal injury and low birth weight. (4,5) Additional health problems related IPV are unintended pregnancy, STD and/or HIV transmission and exacerbation of chronic health problems from trauma-related stress. Furthermore, behaviors that negatively impact fetal and maternal health, such as smoking and misuse of alcohol and other substances, are often coping strategies for living in abusive relationships. (6)

The U.S. Centers for Disease Control and Prevention defines IPV as physical, sexual or psychological harm caused by a current or former partner or spouse, that may vary in frequency and severity ranging from one incident to chronic, severe battering. It occurs among heterosexual or same-sex couples and does not require sexual intimacy. (7) IPV is characterized by patterns of physical, sexual, emotional and/or economic abuse inflicted to establish power or control in the relationship. (8)

What Does PRAMS Tell Us About IPV in Ohio?[2]

An estimated 8,929 Ohio women who gave birth to a live infant in 2007, or 6.2 percent (95% CI: 4.8-8.1), reported having experienced IPV in the 12 months before pregnancy, while 4.2 percent (95% CI: 3.0-5.7) reported such abuse took place during the pregnancy. From 2004 through 2007, maternal characteristics associated with abuse during pregnancy included black race, age younger than 20 years, unmarried status, less than a high school education, Medicaid coverage for prenatal care and unintended pregnancy. However, after simultaneous adjustment for these factors, only black race (aOR=1.5, 95% CI: 1.1-2.2), Medicaid (aOR=2.0, 95% CI: 1.3-3.3) and unmarried status (aOR=2.6, 95% CI: 1.4-4.5) remained significantly associated with IPV during pregnancy.

Inside this issue

Characteristics Associated with Abuse During Pregnancy, Ohio, 2004-2007[1]

- Black (cOR= 2.6, 95% CI: 1.8 - 3.5)
- Age less than 20 years (cOR= 2.0, 95% CI: 1.4-3.1)
- Education less than high school (cOR= 2.9, 95% CI: 1.9-4.5)
- Medicaid for prenatal care (cOR= 4.0, 95% CI: 2.8-5.8)
- Unmarried (cOR= 4.8, 95% CI: 3.2-7.2)
- Pregnancy unintended (cOR= 2.5, 95% CI: 1.7-3.6)

[1]cOR =crude (unadjusted) odds ratio
[2]aOR =adjusted odds ratio

IPV Screening Recommendations

The American College of Obstetricians and Gynecologists (ACOG) recommends IPV screening of all women, including during pregnancy at the first prenatal visit, at least once per trimester, and at the postpartum checkup. (9) Universal IPV screening is also endorsed by the U. S. Surgeon General, American Association of Family Practitioners, American Medical Association, American Nurses Association, American Public Health Association, Joint Commission on Accreditation of Health Care Facilities, National Association for Social Workers and the National Institutes of Medicine.

The U.S. Prevention Services Task Force has stated that routine IPV questions directed toward women during medical exams are justified by the existence of a high prevalence of undetected abuse. They argue that routine screening is a low-cost and effective method for identifying victims of IPV, whose desire for help may change over time. Left unaddressed, the severity and frequency of abuse can worsen over time, leading to serious health and potentially life-threatening consequences. (10) Furthermore, in surveys of women who were physically abused, 92 percent stated they did not discuss these incidents with their physicians, (11-13) yet four different studies demonstrated that the majority of abused women would like their health care provider to ask them privately about IPV. (13,15,16,17)

Most Ohioans are seen at some point by a health professional. The health care setting offers a critical opportunity for early detection and primary prevention of abuse. Since neither victims nor batterers have been found to fit a distinct personality profile, universal screening is more appropriate than targeting specific patient populations. (10, 11) Thus, it is not only important that medical, legal, and social service workers are trained to recognize the symptoms of IPV, but also that effective screening tools are consistently applied where appropriate.

Characteristics Associated with Screening for IPV During Prenatal Care, Ohio, 2004-2007[1]

- Black race (cOR=2.7, 95% CI: 2.3-3.2)
- Age less than 20 years (cOR=1.6, 95% CI: 1.3-2.0)
- Education less than high school (cOR=2.4, 95% CI: 1.9-2.9)
- Medicaid for prenatal care (cOR=2.3, 95% CI: 1.9-2.6)
- Unmarried (cOR=2.4, 95% CI: 2.1-2.8)
- Unintended pregnancy (cOR=1.6, 95% CI: 1.4-1.8)

[1]cOR =crude (unadjusted) odds ratio
[2]aOR =adjusted odds ratio

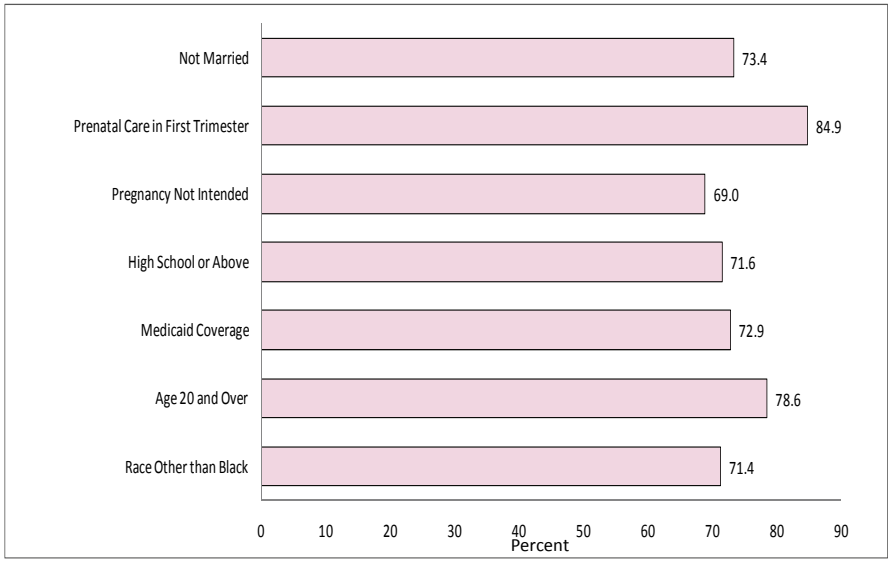
IPV Screening of Ohio Pregnant Women[1, 2]

The Ohio PRAMS questionnaire asked, "During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about …….physical abuse to women by their husbands or partners?" In response, during the period 2004-2007, 47.7 percent of mothers (95%CI: 46.0-49.5) indicated that a provider had this discussion with them. Characteristics associated with having had an IPV discussion were largely the same as those related to experiencing IPV during pregnancy (see sidebar at left). After simultaneous adjustment for such factors in a logistic regression model, characteristics significantly associated with IPV screening included black race (aOR=1.9, 95% CI: 1.6-2.3), Medicaid coverage (aOR=1.5, 95% CI: 1.2-1.8), unmarried status (aOR=1.7, 95% CI: 1.3-2.0) and education less than high school (aOR=1.8, 95% CI: 1.4-2.3).

Despite similarities in characteristics of women likely to be abused versus screened for IPV, those who reported abuse during pregnancy were no more likely to have had an IPV conversation with a provider than women who did not report such abuse (cOR=1.4, 95% CI: 1.0-1.9), suggesting the inability of providers to correctly predict actual victims of IPV. Among the women who were abused during pregnancy, 45 percent (95%CI: 36.8-53.5) reported that a provider did not have an IPV conversation with them during prenatal care. Thus, by failing to adhere to universal IPV screening recommendations, from

2004 through 2007, prenatal care providers in Ohio missed potential prevention opportunities for an estimated 10,185 women who suffered abuse during pregnancy but did not have an IPV conversation with a provider. Characteristics of these abused but unscreened women are found below.

Characteristics of Mothers Reporting Abuse During Pregnancy Who Were Not Screened for IPV During Prenatal Care, Ohio PRAMS, 2004-2007



Screening Practices and Barriers

Similar to results from Ohio PRAMS, studies have shown health professionals largely do not adhere to universal IPV screening recommendations. For example, in a 2004 Arizona study of physicians, just 22 percent of respondents indicated they screened female patients "frequently" or "always." (18) A survey of obstetrician-gynecologists reported domestic violence screening rates of 27 percent of non-pregnant and 39 percent of pregnant females. (19) This same study found that screening was most likely to occur when obstetricians-gynecologists suspected abuse, both during pregnancy (68 percent) and when the patient was not pregnant (72 percent). Similarly, Roelens *et al*. found obstetricians-gynecologists largely underestimated the extent of the IPV problem. (20) In this study, some believed they were able to recognize domestic violence when it existed, favoring opportunistic over universal screening.

Studies of provider attitudes about IPV screening have concluded that the quality of provider training is the strongest predictor of a positive attitude toward IPV screening and referral. (24,25) Health care providers had favorable opinions toward additional education and practice to enhance their skills in communicating and responding to abuse disclosures. For example, in the Arizona study (18), physician respondents indicated training would increase the frequency of IPV screening in their practices. Furthermore, a high percentage of provider respondents expressed a desire to gain information from local advocacy groups to help them serve the needs of their patients who were identified as IPV victims.

Abused Ohio birth mothers who were not screened for IPV during prenatal care were likely to:

- Be unmarried
- Have prenatal care beginning in the first trimester
- Have an unintended pregnancy
- Have high school or greater educational attainment
- Be age 20 years or older
- Have prenatal care covered by Medicaid
- Be from a racial group other than African-American

Barriers to IPV Screening (18-23)

- Inadequate knowledge and training
- Lack of time
- Belief there is a lack of community resources for victims
- Feeling discomfort in asking patients
- Feeling powerless to help the victim
- Belief that screening wasn't their responsibility
- Belief they couldn't make a difference

Resources

Important Phone Numbers
National Domestic Violence Hotline: 1-800-799-7233 or 1-800-799-3224 (TTY)
National Teen Dating Abuse Hotline: 1-866-331-9474 or 1-866-331-8453 (TTY)
Rape, Abuse & Incest National Network Hotline: 1-800-656-4673

Action Ohio, Inc.
1-888-622-9315
http://www.actionohio.org

Buckeye Region Anti-Violence Network
Addressing the needs in the GLTBQ community
1-866-862-7289
http://www.bravo-ohio.org

Ohio Domestic Violence Network
1-800-934-9840
http://odvn.org

National Web Resources

American College of Obstetricians and Gynecologists
http://www.acog.org

American Medical Association
http://www.ama-assa.org

American Nurses Association
http://www.nursingworld.org

Asian and Pacific Islander Institute on Domestic Violence
http://www.apiahf.org/apidvinstitute

National Latino Alliance for the Elimination of Domestic Violence
http://dvalianza.org

Institute on DV in the African American Community
http://www.dvinstitute.org

Domestic Violence and Mental Health Policy Initiative
http://www.dvmhpi.org

Minnesota Program Development (national training)
http://www.duluth-model.org

Health Resource Center on Domestic Violence
http://www/endabuse.org

Faith Trust Institute
http://faithtrustinstitute.org

Ohio Domestic Violence Protocol For Health Care Providers: Standards of Care

In 2003, the Ohio Domestic Violence Network (ODVN) and National Health Care Standards Campaign Committee – Ohio Branch developed the Ohio Domestic Violence Protocol for Health Care Providers: Standards of Care. The Standards of Care address the needs of patients who are victims of IPV and the role of health care providers and agencies that care for them. The protocol provides a screening tool that can be easily adapted to different health care settings.

This protocol has been endorsed by the Ohio Chapter of the International Association of Forensic Nurses, the Ohio Emergency Nurses Association, the Ohio Department of Health, the Ohio Public Health Association and the Ohio Chapter of the National Association of Social Workers. The Ohio Hospital Association paid for the printing and lent assistance for its distribution.

The protocol recognizes health professionals may be the first non-family individuals to whom an abused person turns for help. It clearly affirms Ohio's health care providers have a unique opportunity and responsibility to offer appropriate and sensitive interventions. The protocol states the role of the health care professional is not to solve the problem of IPV or to convince a victim to leave their abuser, but rather, to screen all patients and provide local community resources. It specifies that the best way to ask about abuse is in a private setting, such as in an exam room during routine collection of patient history, with no family members present.

The protocol also recommends hanging posters and placing safety cards in bathrooms. Posters and safety cards should define what domestic violence is and identify local resources and phone numbers. Posters also can serve as reminders for health care professionals to screen all patients. The protocol suggests employees wear pins that say "You can talk to me about family violence."

Copies of the protocol can be downloaded for free from the ODVN's Web site, http://www.odvn.org. The site also includes a listing of Ohio's local shelters. Both ODVN and local shelters are available to assist health care providers with training needs related to ethical and legal considerations, identification and assessment, referrals, prevention and awareness.

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Resources, continued

Love is Respect – National Teen Dating Helpline
http://loveisrespect.org

National Coalition Against Domestic Violence
http://www.ncadv.org

National Domestic Violence Fatality Review Initiative
http://www.ndvfri.org

National Network to End Domestic Violence
http://nnedv.org

National Resource Center on Domestic Violence
http://nrcdv.org

Rape Abuse and Incest National Network
http://www.rainn.org

About this Publication

This edition of ***PRAMS News*** was a collaborative effort between the Office of Healthy Ohio, Sexual Assault and Domestic Violence Prevention Program and the Center for Public Health Statistics and Informatics, Ohio PRAMS Program at the Ohio Department of Health. For questions about domestic violence programs, services and prevention, please contact Beth Malchus at beth.malchus@odh.ohio.gov For questions about PRAMS, please contact Connie Geidenberger at connie.geidenberger@odh.ohio.gov.

What is Ohio PRAMS?

The Ohio Pregnancy Risk Assessment Monitoring System (PRAMS) is a joint research project of the Ohio Department of Health and the U.S. Centers for Disease Control and Prevention aimed at reducing infant mortality and low birth weight. PRAMS employs a mail survey with telephone follow-up of recent mothers of live-born infants. It identifies and monitors selected maternal experiences and behaviors occurring before and during pregnancy, and in the child's early infancy. PRAMS has collected data in Ohio since 1999. Additional details about Ohio PRAMS may be found at: http://www.odh.ohio.gov/odhPrograms/his/prams/prams1.aspx

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PRAMS

How To Help a Friend, Family Member or Co-worker in an Abusive Relationship

The first step: You can learn more about intimate partner violence (IPV) and the different forms of abuse (e.g., physical, emotional, sexual, financial, etc.). Gather all the information you can about IPV by contacting Ohio Domestic Violence Network or a local shelter in your area and talk to staff about your concerns.

Express your concerns: Tell your friend you care and are willing to listen. Don't force the issue, but allow them to confide at their own pace. Never underestimate their fear of potential danger. Let them know you are sorry this is happening. Say the following phrases as much as necessary:

I'm worried about you.
It's not your fault.
You deserve better.
I'm here for you.
I'm glad you confided in me.

Support your friend's strength: Point out how your friend is able to take care of themselves. Encourage your friend to spend time with others and to take time away from the relationship.

Be accepting: Tell your friend you are worried about their safety. Let your friend know you are there for them and mean it. Don't be upset if your friend is not ready to break off the relationship yet. Try to see that your friend is dealing with some difficult emotions - love and security from a partner - and fear from the abuse. If your friend wants to stay in the relationship, or keeps returning to the abusive partner, hold back from telling them they are wrong. Help your friend see that they aren't to blame for the violence and that changing their behavior will not stop the abuse. Help your friend recognize the abuser's excuses for being violent.

Work on a safety plan: Help your friend think of ways to be safe. Look at patterns in the abuser's behavior to figure out when the abuser is explosive or violent. Help your friend decide how and where they would go if they had to leave home quickly. Offer to walk or ride with them to school or work or invite them to spend the night at your house. Find local resources that can offer additional support.

Be there, listen and stay there: You may feel like a broken record your friend is not really listening. Keep supporting your friend. By avoiding blame, you are standing beside them. When they are ready to end the relationship, continue to be supportive and try to get them involved in activities. It takes a while to get over any relationship, even one that is violent. Help your friend resist the pressure to get back together.

Reach out for help: Call area resources for ideas on how to help your friend. Crisis lines are available 24 hours a day and you don't have to give your name.

Encourage your health care provider to ask the question: If you haven't been asked about IPV by your health care provider, remind them about universal screening recommendations. If they routinely screen for IPV – thank them for helping to end IPV in Ohio. Bring a copy of this document to your next visit.