PRAMS PERSPECTIVES

A Pregnancy Risk Assessment Monitoring System Report February, 2006

Domestic Violence in Utah

Background

"Keep a blank face. I need to tell you what has been happening to me," requests a young pregnant woman getting ready to disclose her experience of domestic violence to a health care professional. Taken back by this woman's plea to "keep a blank face," the professional shares her thoughts on the moment— "Upon reflection, I realized her need was to talk, to share, to have someone believe her without responding with horror or minimizing her experience. She didn't expect me to 'rescue' her or 'save' her. She needed to be heard and she needed her experience to be acknowledged."[1]

What is PRAMS?

Data in this newsletter were provided by the Utah Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is an ongoing, population-based risk factor surveillance system designed to identify and monitor selected maternal experiences that occur before and during pregnancy and experiences of the child's early infancy. Each month, a sample of approximately 200 women, two to four months postpartum, is selected. The sample is stratified based upon race and infant birth weight so that inferences and comparisons about these groups can be determined. The results are weighted for samle design and non-response.

PRAMS is intended to help answer questions that birth certificate data alone cannot answer. Data will be used to provide important information that can guide policy and other efforts to improve care and outcomes for pregnant women and infants in Utah. Women were asked questions about prenatal care, breastfeeding, smoking and alcohol use, physical abuse, and early infant care.

The PRAMS data reported here represents all live births to Utah residents from 2000 to 2003. A total of 8908 mothers were selected to participate in the project and 6784 mothers responded for a response rate of 76.2%. Survey results were weighted for non-response so that analyses could be generalized to the entire population of Utah women delivering live births.

Many women who experience domestic violence feel as if they are living a surreal or an unnatural experience.[2] During interviews women who had been abused during pregnancy described themselves as having an enormous disconnect between their "Public" and "Private" lives —or in other words the idealized experience of pregnancy and the hidden physical abuse. Feeling bound, these women spent much of their energy guarding and revealing the intersection between their two lives.[3]

The Utah Department of Health's Violence and Injury Prevention Program (VIPP) projects that 40,000 Utah women are physically abused by an intimate partner each year. Further, VIPP states that on average, eleven Utah women die each year from domestic violence.[4] A literature review done by Boy, et al discovered a study on maternal death in which there were twenty-two deaths that occurred due to domestic violence, while only two providers were aware of the violence.[5] Approximately 8,000 (4.2%) Utah women who delivered a live birth during 2000-2003 reported physical abuse by a husband or partner. This abuse occurred either during the year *before* they got pregnant with their most recent pregnancy or *during* their most recent pregnancy. Of those women, 39.2% (~3000) reported that during any prenatal visit a health care worker asked if someone was hurting them emotionally or physically. Furthermore, 28.9% (~2200) said that a health care worker discussed physical abuse to women by their husbands or partners with them.

Some studies indicate that domestic violence increases during a woman's pregnancy.[6,7,8] Other research suggests the abuse escalates during the postpartum period.[7] Although studies disagree as to whether pregnancy itself increases a woman's vulnerability to domestic violence, researchers as well as victims of domestic violence identify that the child-bearing years are the years of highest risk for domestic violence to occur or intensify.[9,10,11] Consequently, the child-bearing years may be a critical time for intervention as well as extra vigilance from health care providers.[11]

Research indicates that women who are subjected to domestic violence are more likely to have pregnancy complications such as, low birthweight infants, preterm labor, intrauterine fetal death, smoking and substance abuse, late entry into prenatal care, vaginitis, sexually transmitted diseases and urinary tract infections.[5, 12, 13] Further, victims of domestic violence may be more likely to experience depression, anxiety and post-traumatic stress disorder.[14,15, 16] Lutz's research shows that emotional abuse most likely accompanies physical abuse . As well, Lutz references studies which indicate that women who experience domestic violence during pregnancy used health care services more frequently than women who were not abused during pregnancy.[3]

Methodology

This report includes PRAMS data from 2000-2003. PRAMS respondents include Utah women who delivered a live birth. Respondents were asked the following questions in reference to their most recent pregnancy.

- During the *12 months before* you got pregnant, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

- During your most recent pregnancy, did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?

The authors used Chi Squared tests to identify significant risk factors of women victimized by domestic violence in Utah, including demographic characteristics as well as birth outcomes. Furthermore, this report explores whether or not PRAMS respondents received help for the abuse; if they did from whom, and if they did not, why not.

It is important to note that the majority of the data in this study are self-reported. As there are social stigmas attached to domestic violence, the data presented may be deflated due to respondents underreporting the actual incidence of abuse.

Prevalence of Domestic Violence Before and During Pregnancy

Tables 1 shows that overall 3.3% (~6200) of Utah women reported abuse during the year before pregnancy, while 2.7% (~5000) reported abuse during pregnancy. Nearly 2% (~3250) of women reported abuse during both time periods.

Higher rates of abuse were reported among women aged 24 or younger or older than 40, and who have less than a high school education compared to women who did not report abuse. They were also more likely to be other than white race, Hispanic, and unmarried. Women without insurance before pregnancy and those who had a household income below 100% of the Federal Poverty Level (FPL) were also more likely to report abuse in this study. Recipients of Medicaid as well as women on WIC had a higher prevalence of reported abuse. Furthermore, women who reported financial stress during the year before their baby was born reported abuse more often.

The prevalence of reported abuse declines during pregnancy compared to before pregnancy in most strata groups; the most drastic exception is for women younger than 17 where abuse during pregnancy increases from 3.3% before to 9.8% during. In addition, women who had less than a high school education and women who were of other than white race reported slightly more abuse during pregnancy than before pregnancy.

Table 1: Percentages of Women Who Reported Domestic Violence by Selected Maternal Characteristics, 2000-2003 Utah PRAMS Data

Characteristics	Self Reported Abuse During the 12 Months *Before* Pregnancy	95% Confidence Interval	P-Value	Self Reported Abuse *During* Pregnancy	95% Confidence Interval	P-Value	Self Reported Abuse During the 12 Months *Before* Pregnancy and *During* Pregnancy	95% Confidence Interval	P-Value
Total	3.3%	± 0.5%		2.7%	± 0.5%		1.7%	± 0.4%	
Maternal Age			NS			<.0001			<.01
≤ 17	3.3%	± 3.3%		9.8%	± 7.3%		2.9%	± 3.2%	
18 - 19	5.4%	± 3.0%		6.9%	± 3.4%		3.6%	± 2.5%	
20 - 24	4.1%	± 1.1%		3.2%	± 1.0%		2.3%	± 0.8%	
25 - 29	2.7%	± 0.8%		1.8%	± 0.7%		1.4%	± 0.6%	
30 - 34	2.2%	± 1.1%		1.7%	± 1.0%		0.8%	± 0.6%	
35 - 39	2.8%	± 2.1%		0.6%	± 0.7%		0.6%	± 0.7%	
40 +	4.4%	± 4.4%		4.5%	± 4.7%		3.0%	± 3.6%	
Education Level			<.001			<.0001			<.001
Less than High School	6.2%	± 2.1%		6.9%	± 2.3%		4.2%	± 1.7%	
Completed High School	4.1%	± 1.1%		2.7%	± 0.9%		1.8%	± 0.7%	
Some College	2.4%	± 0.8%		1.9%	± 0.8%		1.2%	± 0.6%	
College Graduate	1.3%	± 0.7%		0.9%	± 0.6%		0.6%	± 0.5%	
Race			<.001			<.05			<.05
White	3.0%	± 0.6%		2.5%	± 0.5%		1.6%	± 0.8%	
Other than White	3.8%	± 2.1%		4.5%	± 1.6%		3.4%	± 1.6%	
Marital Status			<.001			<.0001			<.0001
Married	2.1%	± 0.5%		1.5%	± 0.4%		0.9%	± 0.3%	
Unmarried	9.2%	± 2.3%		8.3%	± 2.1%		5.7%	± 1.8%	
Ethnicity			<.05			<.01			<.05
Hispanic	5.4%	± 2.1%		5.2%	± 1.9%		3.1%	± 1.5%	
Non-Hispanic	2.9%	± 0.5%		2.2%	± 0.5%		1.5%	± 0.4%	
Federal Poverty Level (FPL)			<.001			<.0001			<.0001
<100%	7.5%	± 1.7%		5.9%	± 1.5%		4.2%	± 1.3%	
101 - 133%	2.1%	± 1.3%		1.9%	± 1.3%		0.8%	± 0.9%	
134 - 199%	2.8%	± 1.3%		2.0%	± 1.0%		1.5%	± 0.9%	
200%+	1.8%	± 0.6%		1.3%	± 0.5%		0.9%	± 0.4%	
Enrolled in WIC During Pregnancy			<.001			<.0001			<.0001
Yes	0.7%	± 1.4%		5.0%	± 1.2%		3.4%	± 1.0%	
No	0.2%	± 0.5%		1.6%	± 0.5%		1.0%	± 0.4%	
Prenatal Care (PNC) Payer			<.001			<.0001			<.0001
Private/Group Insurance	1.6%	± 0.5%		1.4%	± 0.5%		0.9%	± 0.3%	
Medicaid	6.7%	± 1.6%		5.5%	± 1.4%		3.5%	± 1.1%	
Other/Self Pay	4.9%	± 2.2%		3.3%	± 1.7%		2.4%	± 1.5%	
Delivery Payer			<.001			<.0001			<.0001
Private/Group Insurance	1.7%	± 0.5%		1.4%	± 0.5%		0.8%	± 0.3%	
Medicaid	6.5%	± 1.4%		5.2%	± 1.2%		3.6%	± 1.0%	
Other/Self Pay	3.9%	± 2.6%		2.2%	± 2.0%		1.0%	± 1.4%	
Urban/Rural			NS			NS			NS
Urban	3.3%	± 0.7%		2.8%	± 0.6%		1.8%	± 0.5%	
Rural	3.2%	± 1.2%		2.2%	± 1.0%		1.7%	± 0.9%	
Insurance Before Pregnancy			<.001			<.0001			<.001
Yes	2.1%	± 0.5%		1.6%	± 0.5%		1.1%	± 0.4%	
No	6.4%	± 1.5%		2.7%	± 1.3%		3.2%	± 1.0%	
Medicaid Before Pregnancy			<.05			NS			NS
Yes	8.4%	± 4.1%		5.0%	± 3.2%		4.3%	± 3.1%	
No	3.3%	± 0.5%		2.6%	± 0.5%		1.6%	± 0.4%	
Financial Stress*			<.0001			<.0001			<.0001
Yes	4.9%	± 0.9%		3.8%	± 0.8%		2.7%	± 0.6%	
No	1.0%	± 0.4%		1.0%	± 0.5%		0.4%	± 0.3%	

NS= Not significant

* Loss of job for woman or husband/partner, unpaid bills, moved to a new address

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Table 2 compares selected outcomes among women who reported domestic violence during pregnancy to women who did not. Only 57% of women who reported abuse during pregnancy received prenatal care in their first trimester compared to 80% of women who did not report abuse. Abused women were more likely to report moderate to severe postpartum depression (44% vs. 24%), smoking during the last trimester (22% vs. 6%) and an outpatient visit to the hospital for a pregnancy related morbidity (51% vs. 35%).

In addition, women who reported abuse had a higher prevalence of delivering a low birthweight infant, and were less likely to obtain a postpartum checkup for themselves. Abused women were as likely to report initiating breastfeeding; however, they were less likely to report breastfeeding at the time the survey was completed. Forty one percent of women who reported abuse, also reported that their husband/partner said he did not want her to be pregnant in contrast to 8% of women who did not report abuse.

Table 2: Selected Outcomes Among Women Who Reported Domestic Violence During Pregnancy

Indicator	Self Reported Abuse During Pregnancy	No Abuse During Pregnancy	P-Value
Prenatal Care in First Trimester?			
Yes	57.4%	80.0%	
No	41.3%	19.6%	
No Prenatal Care	1.3%	0.4%	<0.001
Partner Said He Didn't Want Pregnancy	41.0%	7.8%	<0.0001
Outpatient Visit to Hospital For Pregnancy Related Morbidity	50.7%	35.4%	<0.001
Smoked in Last Trimester	21.7%	6.0%	<0.001
Low Birthweight Infant	8.1%	5.6%	<0.05
Ever Breastfed	84.0%	89.1%	NS
Still Breastfeeding	44.7%	67.2%	<0.001
Obtained Postpartum Checkup	76.2%	89.3%	<0.001
Postpartum Depression			
Not Depressed	19.3%	32.5%	
Slightly Depressed	37.0%	43.8%	
Moderately to Very Depressed	43.7%	23.7%	<0.001

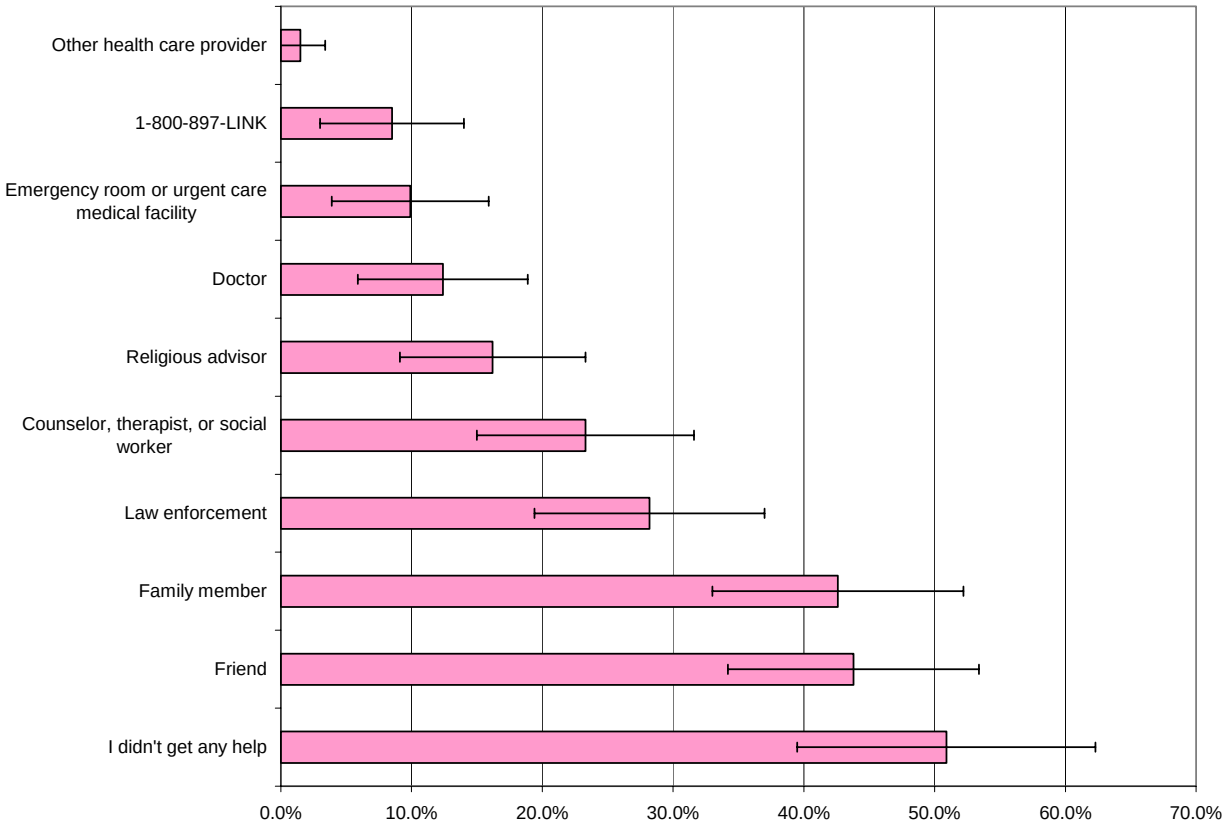
Women who reported abuse were asked the following question:

- When you were physically hurt by anyone during the 12 months before or during your most recent pregnancy, whom did you receive help from?

(Respondents were asked to indicate all that applied. See Graph 1 for options.)

Graph 1 illustrates that nearly 45% of the women who reported abuse received help from a family member and friend, while only 28% of the women reported receiving help from law enforcement. Roughly 12% reported help from a doctor, and 10% received help at an emergency room or urgent care medical facility.

Graph 1: Percentages of Women Who Reported Domestic Violence Before or During Pregnancy Who Received Help by Source



Over 50% of women who reported abuse did not receive any help. These women were asked the following question:

- If you did not receive help, please tell us what kept you from receiving help.

(Respondents were asked to indicate all that applied. See Graph 2 for options.)

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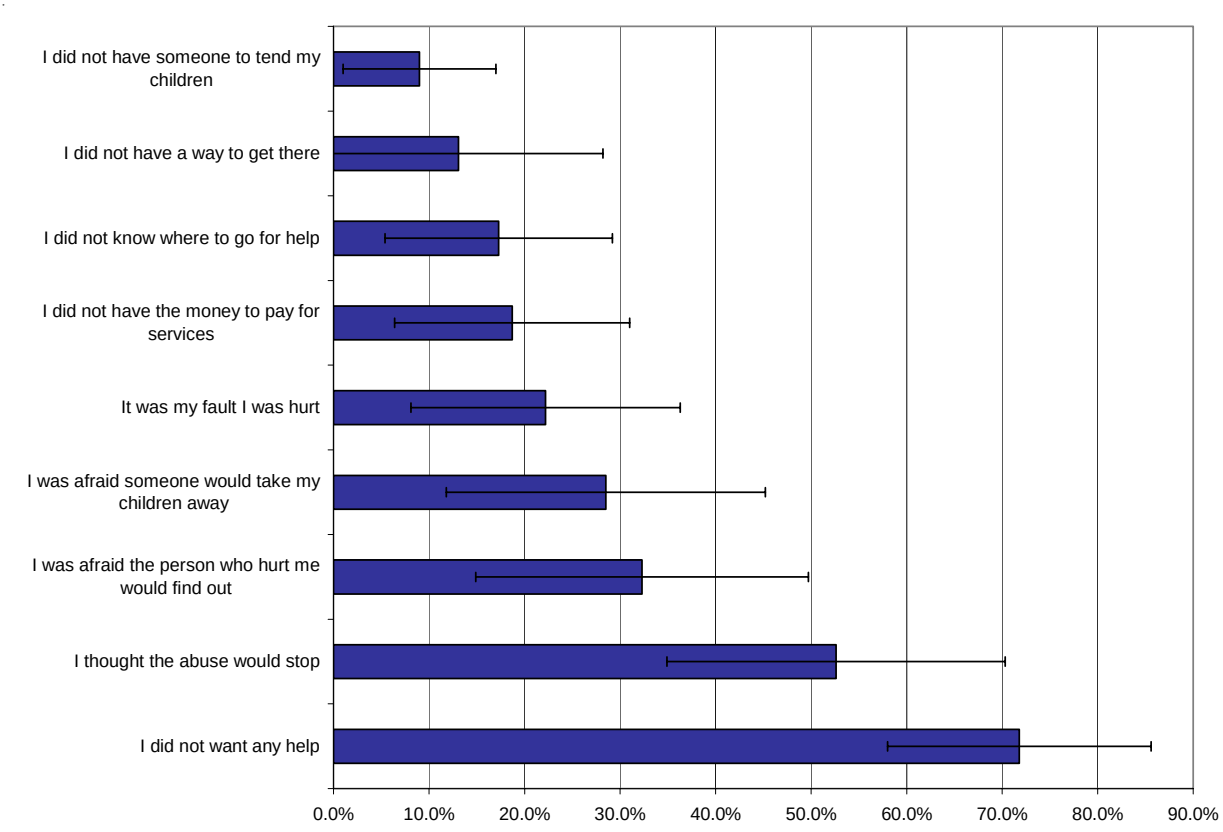
Graph 2 reveals that the most common reason why women who reported abuse and did not receive help was because they did not want any help (72%). Fifty two percent of the women who reported abuse did not receive help because they thought that the abuse would stop, and over 30% were afraid that the person who hurt them would find out.

Graph 2: Percentages of Women Who Reported Domestic Violence and Did Not Receive Help From Any Source by Reason



Mandatory Reporting Laws

- Health care providers are mandated by the Utah Health Code 26-23a-2 to report the name and address of victims of abuse, the character and extent of the person's injuries, and the name and address of the person making the report to the municipal or county law enforcement agency.

- According to this section of the code, a health care provider may not be discharged, suspended, disciplined, or harassed for making a report pursuant to the code. However, any health care provider who intentionally or knowingly violates any provision of this section of the code is guilty of a class B misdemeanor.

- To access the Utah Health Code Chapter 26-23a – Injury Reporting by Health Care Providers go to: http://www.le.state.ut.us/~code/TITLE26/htm/26_17003.htm

Conclusion

Despite the need for timely intervention during pregnancy Mezey, et al summarized findings in the literature by saying, "Domestic violence is under-reported and under recognized across a range of health settings. Health professionals rarely enquire about domestic violence and women are reluctant to disclose such experiences in the absence of direct questioning."[17] Less than 30% of Utah women reported that during any prenatal visit a health care worker asked if someone was hurting them—this is far below what is recommended.

It is good practice to routinely screen all women for domestic violence, but especially pregnant women. The American College of Obstetricians and Gynecologists (ACOG) recommend screening all patients at various times throughout the pregnancy for domestic violence. More specifically, ACOG recommends screening at the first prenatal visit and at least once per trimester, as well as at the postpartum checkup because women may not disclose abuse at the initial screening.[18] Consistent screening may be the best option for women who are being abused and do not receive help because they do not want it, as their desire for help may change over the course of time.

The perinatal timeframe offers a great opportunity for domestic violence screening and intervention because of the frequent contact women have with their health care provider. The majority of women who report abuse receive prenatal and postnatal care. Further, screening women during outpatient hospital visits is important because of the number of abused women who reported having such a visit during their pregnancy.

There are a variety of screening tools used for domestic violence, which include: Hurt Insulted Threatened Screamed (HITS), The Abuse Assessment Screen (AAS) and the Partner Violence Screen (PVS). The Utah Domestic Violence Council recommends the following to all health care professionals that may come in contact with women experiencing domestic violence: [19]

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- **Ask** questions to determine if the patient has been abused. ROUTINELY ask your female patients over the age of 14 about domestic violence as part of the medical history or the physical exam.
- **Assess** patient safety. Help the patient reduce the danger when the patient is discharged.
- **Remember** domestic violence is a crime. Report any abuse to law enforcement.*
- **Refer** the patient to specialists trained to help victims cope with all aspects of the abuse. IF the patient discloses abuse, take the time to talk about options that are available. Provide the patient with names and telephone numbers of local shelters or advocates.
- **Chart** the abuse and referrals. Document the patient's injuries thoroughly. Accurate, well-documented medical records are essential should an abusive situation end up in court.

*Please see Mandatory Reporting Laws on page 6

VIPP has published *Clinical Guidelines for Assessment and Referral for Victims of Domestic Violence: A Reference for Utah Health Care Providers.* This reference book contains information on the health care professional's role regarding domestic violence, reporting requirements, screening and assessing, and community resources. To download a free copy of this reference guide please visit:
http://health.utah.gov/vipp/pdf/manual_final.pdf

It is important for all those who may come in contact with victims of domestic violence to be patient, understanding, supportive and compassionate as the issues involved are very complex. Victims of domestic violence may or may not leave their abuser after disclosing abuse. Quite commonly, victims of domestic violence leave and return to their abusive partner 7-12 times before leaving permanently.[20] Screening patients will allow health care providers to identify victims and refer them to resources that may eventually be life saving.

For more information on domestic violence resources, screening training, articles etc, please visit the following websites:

Utah Department of Health Violence and Injury Prevention Program
http://health.utah.gov/vipp/domesticViolence/overview.html

Maternal and Child Health Library Knowledge Path: Domestic Violence
http://www.mchlibrary.info/KnowledgePaths/kp_domviolence.html

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