

## PREGNANT WOMEN AND PHYSICAL ABUSE

**P**HYSICAL ABUSE during pregnancy is an important cause of morbidity and mortality for both mothers and children. Physical abuse is associated with immediate trauma, such as antepartum hemorrhage, intrauterine growth restriction, and perinatal death,<sup>1</sup> as well as chronic physical and mental health conditions, such as depression, chronic pain, alcohol and substance abuse.<sup>2</sup> Victims of physical abuse may present with a variety of signs and symptoms, including injuries, medical problems, obstetrical or gynecologic manifestations, psychiatric disorders, and substance abuse.<sup>3</sup> This issue of the *CD Summary* reviews data collected from Oregon PRAMS\* (Pregnancy Risk Assessment Monitoring System) about the risk factors and prevalence rates of women experiencing physical abuse from their husband or partner during pregnancy, and discusses screening pregnant women for physical abuse.

### OREGON DATA

PRAMS collects information from a random sample of Oregon women about their attitudes and experiences before, during and after pregnancy. Of the 1806 women >20 years of age surveyed in 2000, 3.8% reported that their husband or partner hit, slapped, kicked, choked or hurt them physically during the 12 months *before* pregnancy, and 2.6% reported experiencing this violence *during* pregnancy. These findings are similar to the rates found in other studies.<sup>1, 4-6</sup>

An elevated relative risk (RR) of physical abuse was correlated with several survey responses, viz., physical fighting (RR 25.4, 95% confidence interval [CI] 8.0–80.7); going (or partner going) to jail (RR 19.0, 95% CI 6.0–63.0); arguing more than usual

with partner (RR 13.3, 95% CI 3.7–47.5); and homelessness in the 12 months before the baby was born (RR 8.0, 95% CI 2.2–28.9).

### SCREENING

Routine screening of all women for domestic violence is recommended by the American Medical Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists. Pregnancy is an especially important time to screen (see Resources below). Virtually all pregnant women seek prenatal care; this may be the only time that women experiencing physical abuse receive regular medical care.<sup>7</sup>

Providers should ask about physical abuse during the first prenatal care visit. But because women who would ordinarily not disclose abuse to a provider may be willing to talk about it later in pregnancy after rapport has developed, the questions should be revisited at least once per trimester and in a postpartum checkup.

### SCREENING QUESTIONS

The most common reason offered by providers in Oregon for not screening all women is not knowing how to ask.<sup>8</sup> Although abuse during pregnancy may seem like a difficult topic to bring up, providers must ask women directly about abuse because the profile or presentation for victims of physical abuse varies, and many women are reluctant to bring up the issue on their own. Research has documented that most women *want* to be asked directly about this by their doctor.<sup>9</sup> Women have also reported that without being asked directly they may fear not being believed, that their children will be taken away, that the violence may worsen once outsiders are involved, and that they will be embarrassed about

what is happening to them. They may also be unaware that help can be obtained from health professionals. Some women have language and cultural barriers to disclosure.

Feldhaus et al.<sup>10</sup> found that three screening questions can help to detect over half of the women with a history of physical abuse. These questions should be asked with the partner not present, and interpreters (not family members) should be used, if necessary. The three screening questions are:

- Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? (If so, by whom?)
- Do you feel safe in your current relationship?
- Is there a partner from a previous relationship who is making you feel unsafe now?

Additional questions, based on analysis of PRAMS data, might include:

- Have you been in any fights in the past year? (If so, with whom?)
  - Have you and your husband or partner argued more than usual in the past year?
  - Have you or your husband or partner been to jail in the past year?
- To make the introduction of these questions less abrupt, providers can use framing statements to introduce the topic of physical abuse. For example:

• "Because violence is common in women's lives, I now ask every woman in my practice about domestic violence."<sup>3</sup>

• "I don't know if this is a problem for you, but many of the women I see as patients are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I've started asking about it routinely."<sup>3</sup>



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It is important to ask pregnant women about abuse *after* pregnancy, as well as *during*, because for some women abuse stops during pregnancy only to recur again after the baby is born. Providers should strive to create a relationship in which women are willing to disclose previous abuse and to contact the provider if there is abuse in the future.<sup>5, 6</sup>

#### WHAT DO YOU DO IF THEY SAY "YES"?

As is the case with many complex and chronic health problems, there is no simple prescription for ending abuse. Moreover, providers may have trouble understanding some women's unwillingness to change or leave a relationship that has the potential to seriously affect their health and safety and that of their children. However, providers can do a great deal to help their patients protect themselves and their babies. The provider's challenge is to help women recognize that they are experiencing abuse, and then work to empower them to take action to protect themselves. While this may sound like a tall order, just asking about abuse and labeling it as such may help many women overcome one of the biggest obstacles to their taking action.

Beyond this, providers may choose to delve more deeply themselves, or to refer women to appropriate resources in their clinic or community, such as a social worker, crisis line or safe house. Whether in the provider's office or through one of these other referral services, women should be given an

opportunity to discuss options for leaving or staying with their partner. Each at-risk woman should develop a safety plan, including: keeping a list of important phone numbers (police, trusted friends, domestic violence hotline) handy at all times; removing weapons from the home that have the potential to turn an altercation into a lethal episode; and preparing an emergency kit (clothes, medications, important documents) for quick exit if appropriate.

Finally, if a woman does disclose that she is in an abusive relationship, this should go on the problem list in her medical chart for further follow-up. Providers can be a powerful source of support and validation for a woman's dealing with this difficult problem. Moreover, providers should be alert to the potential for sequelae of abuse to cause recurrent physical or mental health problems.

#### RESOURCES

Websites for clinicians with information on screening and intervention:

- Family Prevention Violence Fund recommendations for pediatricians, which is endorsed by AAP: <http://endabuse.org/programs/health-care/files/Pediatric.pdf>
- ACOG recommendations: [http://www.acog.org/from\\_home/departments/dept\\_notice.cfm?recno=17&bulletin=585](http://www.acog.org/from_home/departments/dept_notice.cfm?recno=17&bulletin=585)
- AMA recommendations: <http://www.ama-assn.org/ama1/pub/upload/mm/386/domesticviolence.pdf>

Additional information on domestic violence and referral resources in Oregon:

- Oregon Coalition Against Domestic and Sexual Violence: <http://www.ocadsv.com>
- Oregon Department of Human Services: <http://www.dhs.state.or.us/abuse/domestic/index.htm>
- Intimate Partner Violence Project: <http://www.dhs.state.or.us/publichealth/ipv/index.cfm>

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