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Pre-Pregnancy Physical Abuse in Alaska

Background

A growing body of research on reproductive health suggests that violence may constitute a more common health threat to pregnant women than preeclampsia, gestational diabetes or placenta previa. Physical abuse may result in prolonged physical and psychological morbidity, economic cost, and death.

Started in Alaska in 1990, the Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, population-based, randomized surveillance system that surveys approximately 18% of all mothers delivering a live-born infant in Alaska each year. A new publication, the *Alaska MCH Data Book 2004*,[1] provides summary demographic information on PRAMS data for 2001 (the most recent year for which data were available at the time of analysis), regional estimates for the most recent three years of data available (1999-2001), and trend analyses. The current *Bulletin* presents data from the *Alaska MCH Data Book 2004* related to pre-pregnancy physical abuse.

Methods

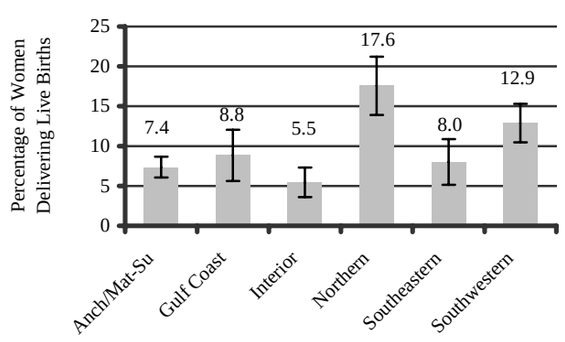
Physical abuse was defined as pushing, hitting, slapping, kicking, or any other way of physically hurting someone. Mothers were asked if a husband/partner, a family or household member other than the husband/partner, a friend, or someone else physically abused them within the 12 months preceding their pregnancy. Trends were examined from 1996 (the first year during which questions regarding physical abuse were asked in PRAMS) through 2001.

Results

During 2001, 9.2% of women (weighted n=883) who delivered a live-born infant reported experiencing pre-pregnancy physical abuse, usually by their husband or partner. Pre-pregnancy physical abuse prevalence was higher for Alaska Natives (14%) compared to Caucasian Alaskans (6.1%); women under age 20 years (19%) compared to women 20-24 (11%), 25-34 (8.3%), or 35+ (2.7%) years of age; and Medicaid recipients (15%) compared to non-Medicaid (4.8%) recipients. The yearly trends from 1996 to 2001 did not change significantly for Alaska women overall (trend analysis, p=0.18) or for Alaska Native women (trend analysis, p=0.31).

During 1999-2001, women in the Northern and Southwestern regions of Alaska were the most likely to report pre-pregnancy physical abuse (18% and 13%, respectively; Figure 1).

Figure 1. Physical Abuse by Anyone 12 Months before Pregnancy by Region and 95% Confidence Limits–Alaska, 1999-2001



Discussion

Our finding that 9.2% of women reported pre-pregnancy physical abuse is consistent with the physical abuse prevalence reported from other studies conducted in pre-pregnancy and prenatal settings.[2,3] Our results corroborate findings from a pooled analysis of PRAMS data from 14 states, which found higher rates of physical abuse in women who were younger, unmarried, less educated, on Medicaid, living in crowded conditions, entering prenatal care late, smoking during the third trimester or had an unintended pregnancy.[4] Our findings that 14% of Native women, 15% of Medicaid recipients, and 19% of teenage mothers in Alaska experience pre-pregnancy abuse highlight the importance of screening and intervention for these populations.

Recommendations

The American Medical Association's 1996 *Diagnostic and Treatment Guidelines on Domestic Violence* states that optimal care of women in abusive relationships depends on the physician's working knowledge of community resources that can provide safety, advocacy, and support. Alaskan medical and public health professionals should become familiar with current available recommendations and resources.

- The American College of Obstetricians and Gynecologists (ACOG) recommends that health care providers screen all patients for intimate partner violence at routine intervals. A three-question screening tool is available at: http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=585.
- The American Academy of Pediatricians (AAP) recommendations for screening and referral of intimate partner violence in the pediatric setting are available at: http://aappolicy.aappublications.org/cgi/content/full/pediatrics%3b101/6/1091.
- For patients who screen positive, clinicians should provide appropriate referrals and discuss a safety plan available at: http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=179.
- Resources for domestic violence intervention vary between communities. Health care providers should maintain a list of local agencies and resources and assist women in finding services.
- The Agency for for Healthcare Research and Quality's tool for hospitals to assess the quality and effectiveness of their domestic violence programs is available at: http://www.ahrq.gov/research/domesticviol/.

Anchorage Resource List

From the 2005 Domestic Violence Awareness Coalition*

Abused Women's Aid in Crisis (AWAIC)	279-9581
AWAIC Abused Women's Shelter 24 hrs.	272-0100
Alaska Women's Resource Center (AWRC)	276-0528
Family Advocacy Program – Fort Rich	384-1006
Family Advocacy Program – Elmendorf	580-5858
Southcentral Foundation	265-4900
Standing Together Against Rape (STAR)	276-7279

National 24-hour Toll-Free Hotline

1-800-799-SAFE (7233) and 1-800-787-3224 (TDD)

*** Not an all-inclusive list of resources**

References

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2. Newberger EH, Barkan SE, Lieberman ES. Abuse of pregnant women and adverse birth outcome: Current knowledge and implications for practice. *JAMA.* 1992; 267:2370-2372.
3. Centers for Disease Control and Prevention and National Institutes of Justice. Prevalence, Incidence and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey (1995-6). November 1998. Accessed on October 5, 2004. http://www.ncjrs.org/pdffiles/172837.pdf.
4. Gazmararian JA, Petersen R, Spitz AM, et al. Violence and Reproductive Health: Current Knowledge and Future Research Directions. *Matern Child Hlth J.* 4(2):79-84. June 2000.

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