



Domestic Violence is...

A pattern of abusive and coercive behaviors including physical, sexual and psychological attacks, and economic coercion. Domestic violence (DV) can occur regardless of race, age, ethnicity, income, religion, sexuality, education, etc.

Prevalence

Washington State tracks prevalence using Pregnancy Risk Assessment Monitoring System* Survey data. Between 2004-2006, about 4 percent of childbearing women reported physical violence by a husband or partner around the time of pregnancy (12 months prior to pregnancy through 3 months postpartum). This translates to approximately 3,000 women per year.

What Can Health Care Providers Do?

- 1. Ask Every Patient.** When the patient is alone, ask about domestic violence. Screen all pregnant women **every trimester and postpartum** using the Physicians Insurance Prenatal Record questions (See *Provider Tools* on reverse).
- 2. Assure Safety When Violence is Disclosed**
 - Acknowledge the person's courage
 - Be supportive
 - Explain confidentiality of records
 - Assure safety by asking:
 - Is your partner here?
 - Is it safe to leave the office?
 - Are you safe to go home?
 - Provide patient with the Department of Social and Health Services Pocket Safety Card (See *Provider Tools for ordering information, this resource is free to you.*)
 - Provide a safe place for the patient to contact the State Domestic Violence Hotline: 1-800-562-6025 (V/TTY)
- 3. Refer** women who report domestic violence to resources. (See *left column*)
- 4. Act Now** to make your office or agency a safe place for victims to disclose. See the reverse side *Provider Tools* for more information about how to do this.

*Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing population-based surveillance system sponsored by the Centers for Disease Control and Prevention. It surveys new mothers who are representative of all registered births to Washington State residents. The Washington State Department of Health has been collecting PRAMS data since 1993. For more information, contact Maternal and Child Health Assessment at 360-236-3533 or visit the website at: www.doh.wa.gov/cfh/prams

Client Referral Resources

Washington State Domestic Violence Hotline

1-800-562-6025 (V/TTY)

- 24-hour information and referral to local resources for victims, the general public, and professionals.

Local Agencies

www.wavawnet.org provides a listing of local agencies and the services they provide.

- Advocacy services provide confidential problem solving, safety planning, issue clarification, decision making skills, and ongoing support for victims.

First Steps Program

<http://fortress.wa.gov/dshs/maa/firststeps>

- The First Steps Program is a good referral source for linking low income (up to 185 percent of poverty level) pregnant women to services.

Provider Tools:

Physicians Insurance: A Mutual Company

Templates for two prenatal record forms are available on their website. Go to OB/GYN section at http://www.phyins.com/risk-management/forms-sample-letters-index.php#patient_materials

Violence Against Women Website

Information for health care providers <http://www.doh.wa.gov/hsqa/emstrauma/vaw/>

Washington State Coalition Against Domestic Violence

Offers training and resources for health care providers. Phone 206-289-2515 x104, TTY 206-389-2900 or their website www.wscadv.org

Violence Against Women Website

Provides a listing of resources by county. Identify your community's resources and place materials in your waiting areas and restrooms. www.wavawnet.org

Screening Guidelines

Domestic Violence and Pregnancy: Guidelines for Screening and Referral - available online at <http://www.doh.wa.gov/cfh/mch/documents/DVPgGuide82008.pdf>

Pocket Safety Cards

These can be placed in your office, lobby, or restrooms to provide brief safety planning. Available in Cambodian, Chinese, English, Korean, Laotian, Russian, Spanish, and Vietnamese.

Order on-line at no cost to you at www.prt.wa.gov

Click on General Store, then register, shop by item type, click on cards and bookmarks, look for Publication No 22-276, specify language, and order.

Why Ask? Why Refer?

Health and Safety: Women reporting intimate partner violence during pregnancy are at significantly greater risk for multiple common forms of pregnancy related morbidity (for example: preterm labor, vaginal bleeding, severe nausea, urinary tract infection, related hospitalization, or emergency room visit) after accounting for differences based on race/ethnicity, income, education prenatal care, and substance use.¹

Support: Survivors of abuse indicate that*

- A health care provider asking about domestic violence in a confidential, private setting is viewed as a helpful, caring intervention.
- Knowing a health care provider is open to talking about abuse helped survivors to eventually address the issue.

Best Practice: Between 2004-2006, 72 percent of Pregnancy Risk Assessment Monitoring System respondents indicated that they had been asked by their prenatal care provider if someone had hurt them.

The following organizations support universal screening with position papers:

- American Medical Association
- American College of Obstetricians and Gynecologists
- American Academy of Family Physicians
- American Nurses Association

* *The Voices of Survivors: DV Survivors Educate Physicians*, WSCADV video available at: www.wscadv.org

References

¹ Silverman, J.G., Decker, M.R., Reed, E., and Raj, A. Intimate partner violence victimization prior to and during pregnancy among women residing in 26 U.S. states: Association with maternal and neonatal health. *Am J of Obstetrics and Gynecology*, 2006; 195:140-8.

Suggested Reading

Bonomi AE, Thompson RS, Anderson ML, et al. Intimate partner violence and women's physical, mental and social functioning. In press, *Am J Prev Med* 2006; 30:458-466.

Lipsky S, Holt VL, Easterling TR, Critchlow, C. Police Reported Intimate Partner Violence During Pregnancy: Who Is at Risk? *Obstet Gynecol* 2003; 102:557-64.

Murphy CC, Schei B, Myhr T, et al. Abuse: a risk factor for low birth weight? A systematic review and meta-analysis. *Can Med Assoc J* 2001; 164:1567-1572.

Saltzman LE, Johnson CH, Gilbert BC, et al. Physical abuse around the time of pregnancy: an examination of prevalence and risk factors in 16 states: *Matern Child Health J* 2003; 7:31-42.

Thompson RS, Bonomi AE, Rivara FP, et al. Partner Violence: Prevalence, Types, Chronicity Across Adult Women's Lifetimes. In press, *Am J Prev Med* 2006; 30: 447-457.

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