



Health Resources and Services Administration

Increasing Your Program's Capacity to Address Perinatal Domestic Violence

MCHCOM.COM Webcast
May 12, 2004





Health Resources and Services Administration

Moderator:
CAPT Karen D. Hench
MCHB, HRSA

Presenters:
Rebecca Whiteman
Family Violence Prevention Fund

Pat Parker and Kim Greenwood
D.C. Healthy Start Program





Health Resources and Services Administration

Objectives

At the end of the webcast, the participant will be able to:

- *Identify 2 programs supported by MCHB to address perinatal domestic violence*
- *Identify 2 strategies to improve screening and intervention for domestic violence during the perinatal period.*



Maternal and Child Health Bureau (MCHB) Mission

Health Resources and Services Administration

The MCH population includes **all of America's women**, infants, children, adolescents and their families, including fathers and children with special health care needs.

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration

Purpose of 2000-2003 Domestic Violence Projects

Health Resources and Services Administration

- Increase perinatal provider screening;
- Provide age- geographic- and culturally-appropriate intervention; and
- Develop and/or enhance into an effective system, linkages between health providers and key community organizations (e.g. safe housing/women's shelters, legal and law enforcement, consumer advocacy, counseling, and social support resources).

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration

4 Domestic Violence Projects 2000-2003

Health Resources and Services Administration

- Johns Hopkins Bayview Medical Center, Center for Addition and Pregnancy
- Washington State Department of Health
- Illinois Department of Human Services
- Montefiore Medical Center, New York

U.S. Department of Health and Human Services
HRSA
 Health Resources and Services Administration

FY2002
Family Violence Grants

Health Resources and Services Administration

- *Developing a System of Care to Address Family Violence (FV) During or Around the Time of Pregnancy*
- Funded through Healthy Start
- Improving prenatal screening for FV and facilitating women's access to community intervention services
- Programs link with child and elder abuse programs and perpetrator rehabilitation



FY2002
Family Violence Grants

Health Resources and Services Administration

- Multnomah County Health Department, Portland, Oregon
- Philadelphia (Pa.) Department of Public Health
- Illinois Department of Human Services
- North Carolina Division of Public Health



Family Violence
Technical Assistance

Health Resources and Services Administration

- Delivered by the Family Violence Prevention Fund
- Technical assistance (TA) to over 20 Healthy Start grants
- TA based on grantee-identified needs in perinatal FV screening and intervention



Domestic Violence is a Perinatal Issue

May 12th, 2004
 Rebecca Whiteman, MA
 Family Violence Prevention Fund

Working Definition

Domestic violence or intimate partner violence is a pattern of assaultive and coercive behaviors including:

- ▶ Inflicted physical injury
- ▶ Psychological abuse
- ▶ Sexual assault
- ▶ Progressive social isolation
- ▶ Stalking
- ▶ Deprivation
- ▶ Intimidation and threats

Family Violence Prevention Fund, 2002

PART ONE: OVERVIEW & EPIDEMIOLOGY

slide 3

Magnitude of the Problem

- ▶ Lifetime prevalence of physical and/or sexual abuse by an intimate partner:
 - ▷ 25% of women
 - ▷ 8% of men

Tjaden et al, 1998

- ▶ Women are significantly more likely to report being victimized by an intimate partner and experience more life-threatening forms of assault

US DOJ, 2000

PART ONE: OVERVIEW & EPIDEMIOLOGY

slide 4

Part One: OVERVIEW & EPIDEMIOLOGY

Health Response to Domestic Violence

- ▶ 1985- Surgeon General declares DV a leading public health issue
- ▶ 1989- ACOG Technical Bulletin
- ▶ 1991- ANA Position Statement
- ▶ 1992- AMA Diagnostic Guidelines
- ▶ 1992- APHA Position Paper

8

Part One: OVERVIEW & EPIDEMIOLOGY

Health Response to Domestic Violence

- ▶ 1994- AAFP Position Paper
- ▶ 1998- AAP Policy Statement
- ▶ 1999- APA Resolution
- ▶ 2000- AANP Statement and Resolutions
- ▶ 2002- WHO declares violence a worldwide public health issue

9

Part One: OVERVIEW & EPIDEMIOLOGY

Dating Violence

- ▶ 1 in 5 female high school students disclosed physical and/or sexual violence from dating partners
Silverman et al, 2003
- ▶ 25% of 8th and 9th graders disclosed dating violence
Foshee et al, 1996

6

DATE FROM: FAMILY PLANNING

60

Dating Violence and Teen Pregnancy

Adolescent girls who experienced physical or sexual dating violence were 6 times more likely to become pregnant than their nonabused peers

Silverman et al, 2001



DATE FROM: FAMILY PLANNING

61

Birth Control Sabotage

51% of young mothers on public assistance experienced birth control sabotage by a dating partner

Center for Impact Research, 2000

DATE FROM: FAMILY PLANNING

58

Unintended Pregnancy

Women with unwanted or mistimed pregnancies were 4 times more likely to be physically hurt by their husband or partner as women with intended pregnancies

Gazmararian et al, 1995



Physical Abuse During Pregnancy

Findings from a review study indicate:

- ▶ Prevalence ranges from 7.4% to 20.1% in studies that asked about violence more than once during personal interviews or asked later in pregnancy
- ▶ Maternal abuse occurs more frequently than gestational diabetes or preeclampsia

Gazmararian et al, 1996

Maternal PERINATAL PROGRAMS
93

Complications During Pregnancy

As maternal violence increased, the risk of the following complications increased:

- ▶ Pre-term labor and chorioamnionitis
Berenson et al, 1994
- ▶ Pre-term labor
Shumway et al, 1999

Maternal PERINATAL PROGRAMS
94

Complications During Pregnancy: Teens

- ▶ Pregnant teens who experienced abuse were more likely to miscarry than their nonabused peers
Jacoby et al, 1999
- ▶ Prenatal violence was a significant risk factor for pre-term birth among pregnant adolescents
Covington et al, 2001

Maternal PERINATAL PROGRAMS
95

Women who experience abuse around the time of pregnancy are more likely to:

- ▶ Drink during pregnancy
- ▶ Use drugs
- ▶ Experience depression, higher stress, and lower self-esteem
- ▶ Attempt suicide
- ▶ Receive less emotional support from partners

Amaro, 1990; Berntson et al., 1994; Campbell et al., 1997; Carry, 1998; Martin et al., 1998; McFurlane et al., 1996; Perham-Heister & Gesmer, 1997

PART SIX: PERINATAL PROGRAMS

96

Access to Prenatal Care

- ▶ Abused women were twice as likely as nonabused women to start prenatal care during the third trimester
McFurlane et al., 1992
- ▶ Older women and women with more financial resources who reported physical violence were more likely to delay entry into prenatal care than younger or less affluent nonabused women
Diets et al., 1997

PART SIX: PERINATAL PROGRAMS

98

Maternal Mortality

- ▶ Homicide is the leading cause of injury-related deaths among pregnant women
Horan & Cheng, 2001; Krulwich et al., 2001
- ▶ A significant proportion of all female homicide victims are killed by their intimate partners
Frye et al., 2000, Massachusetts, 2002

PART SIX: PERINATAL PROGRAMS

90

PARENTS BREASTFEEDING & NUTRITIONAL SUPPLEMENTS

113

Is Domestic Violence a Barrier to Breastfeeding?

Acheson (1995) reported an association between mothers who did not breastfeed and the experience of domestic violence



PARENTS BREASTFEEDING & NUTRITIONAL SUPPLEMENTS

115

Implications for Nutritional Supplement Programs

- ▶ Abusive partners may use tactics such as withholding food to control a victim
- ▶ Women in abusive relationships may not have control over what she and her children eat
- ▶ Poor compliance with dietary recommendations may be related to abuse

PARENTS FAMILY PLANNING

117

Rapid Repeat Pregnancies

Low income adolescents who experienced physical or sexual abuse were:

- ▶ 3 times (OR= 3.46) more likely to have a rapid repeat pregnancy within 12 months
- ▶ 4 times (OR=4.29) more likely to have a rapid repeat pregnancy within 18 months

Jacoby et al, 1999

Part 5 of PERINATAL PROGRAMS

Postpartum Escalation of Abuse

Among women who experienced abuse before and during pregnancy, the frequency of physical abuse increased during the postpartum period



Stewart, 1994

73

Part 5 of PERINATAL PROGRAMS

Parenting Skills

- ▶ Mothers who were victimized by a partner were more likely to have maternal depressive symptoms and report harsher parenting
- ▶ Mothers' depression and harsh parenting were directly associated with children's behavioral problems

Dubowitz et al, 2001

77

Domestic Violence: A Risk Factor for Child Abuse

Families with domestic violence were twice as likely to have a substantiated case of child abuse compared to families without domestic violence

Rumm et al, 2000

Part 5 of PERINATAL PROGRAMS

100

Strategies for Perinatal Programs

- ▶ Inquire routinely at pregnancy tests and at least once every trimester and at postpartum visits
- ▶ Target education and resources to pregnant adolescents
- ▶ Integrate domestic violence into training for perinatal providers
- ▶ Make the connection between domestic violence and perinatal health

PART SIX PERINATAL PROGRAMS

102

Strategies for Perinatal Programs

- ▶ Include information on domestic violence as part of client education and parent resource packets
- ▶ Ask mothers about domestic violence in private during home visits
- ▶ Incorporate domestic violence into perinatal protocols

PART SIX PERINATAL PROGRAMS

103

Defining Success

- ▶ Our job is not to "fix" domestic violence or to tell victims what to do
- ▶ We can help victims by understanding their situation and recognizing how abuse can impact health and risk behaviors
- ▶ Success is measured by our efforts to reduce isolation and to improve options for safety

PART SIX PERINATAL PROGRAMS

106

PERINATAL PROGRAMS

Promising Practices: Pregnancy & Domestic Violence Project
St. Clair County, Illinois

A multi-site, collaborative project between a community health center, a county public health department, and private obstetric practices:

- ▶ Provides training
- ▶ Improves data collection
- ▶ Increases identification and referrals for domestic violence

109

PERINATAL PROGRAMS

Promising Practices: Perinatal Partnership Against Domestic Violence in Washington State

- ▶ Collaborative project between the health department and the domestic violence coalition
- ▶ Developed perinatal curriculum on domestic violence
- ▶ Created training teams of perinatal providers and domestic violence advocates

110



The D.C. Healthy Start Project
“House Parties:” A Culturally Appropriate Model
for Psychosocial Support for African American
Women

Patricia Parker
Senior Outreach Specialist
D.C. Healthy Start Project
May 12, 2004



HEALTHY START CLIENT

- *African American*
- *22-25 years of age*
- *Single*
- *Unemployed*
- *High school or GED*
- *History of or at risk for depression*
- *Obese or at risk for obesity*



HEALTHY START CLIENT cont'd

- *Smoker*
- *3 or more prior pregnancies*
- *1-2 children*



THE HOUSE PARTY CONCEPT



HOW TO MAKE IT WORK!
("it takes a village")

- *Program should be client-driven*
- *Accessibility (including enabling services)*
- *Staff committed to making it work*
- *Partnerships*



HOUSE PARTY SESSIONS

- *How to Manage Anger*
- *Yoga and Meditation*
- *Healthy Parenting Skills*
- *Pampering*
- *Create Your Own Action Plan*
- *Family Violence (future session)*



FOLLOW-UP AND LINKAGES

- *DC Healthy Start Case Management*
- *Department of Mental Health*
- *Medical Providers*
- *Community-Based Organizations*
(i.e. Domestic Violence Programs/Family Strengthening Collaboratives)



FUTURE DIRECTIONS



CONTACT INFORMATION

*Patricia Parker, RN
Senior Outreach Specialist
(202) 645-7139
p.parker@dc.gov*

*Diane L. Davis, MGA, RN
Project Director
(202) 645-4184
diane.davis@dc.gov*



DC HEALTHY START PROJECT

- 1 of original 15 projects funded in 1991*
- Goal: to reduce infant mortality*
- Core services/activities*



CASE PRESENTATION FORMAT

- *Demographics*
- *Case Management Assessment*
- *Critical Incident*
- *Intervention(s)*



HEALTHY START CLIENT (A)

Demographics:

- *32 year old female*
- *Originally from the Caribbean*
- *4 children*
- *Single*
- *Employed*



HEALTHY START CLIENT (B)

Demographics

- *22 year old*
- *African American*
- *1 child (four pregnancies)*
- *Unemployed*
- *Married*



Health Resources and Services Administration

Questions and Answers

Please fill out the Evaluation at the end of this webcast.

Please visit "www.mchcom.com" for an archive of this event and others.


