



PRAMS and . . .



Physical Violence & Reproductive Health

Physical violence during pregnancy is associated with short- and long-term adverse health outcomes for both mother and infant. Approximately 4%–8% of American women experience violence during their pregnancy, and homicide is one of the leading causes of injury-related death in pregnancy.^{1,2} Gynecological and other health problems, including sexually transmitted infections such as HIV, are a few of the associated effects of violence during pregnancy.³

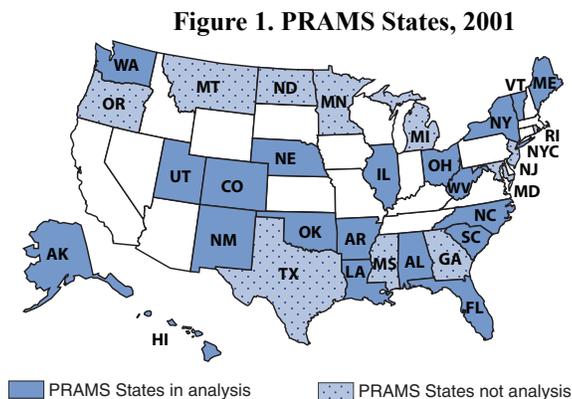
The reduction of physical abuse is a *Healthy People 2010* objective. The target is to reduce the number of assaults by a current or former intimate partner to 3.3 per 1,000 people aged 12 years or older.⁴

PRAMS and Self-Reported Physical Violence by a Partner

In 1996, PRAMS* began collecting data on self-reported physical violence from women who had recently delivered a live infant. This information can be used to identify trends and risk factors for physical violence around the time of pregnancy.

In 2001, 20 states had data on self-reported physical violence available for analysis (Figure 1). The analyses presented here are based on responses to the following survey questions:

- During the 12 months before you got pregnant, were you physically hurt in any way by your husband or partner?
- During your most recent pregnancy, were you physically hurt in any way by your husband or partner?



PRAMS Data on Self-Reported Physical Violence by a Partner

Prior PRAMS analyses have shown physical violence to be associated with unintended pregnancy and late entry into prenatal care.^{5,6}

In 2001, the prevalence of self-reported physical abuse in the 12 months prior to pregnancy was 3.0%–8.6% in PRAMS states (Table 1). The prevalence of physical abuse was slightly lower during pregnancy for all states except New York, and ranged from 2.8%–6.5%.

These rates suggest that women may experience violence in pregnancy as often as conditions regularly screened for in prenatal care, such as gestational diabetes and pre-eclampsia.

Table 1. Prevalence of physical abuse by husband or partner before and during pregnancy in 20 PRAMS States, 2001

State	During 12 months prior to pregnancy % (CI)*	During pregnancy % (CI)*
HP 2010 Goal	0.33	0.33
Alabama	7.5 (5.9–9.0)	5.8 (4.4–7.2)
Alaska	7.4 (5.9–8.9)	5.0 (3.8–6.2)
Arkansas	8.6 (6.9–10.3)	6.5 (4.9–8.0)
Colorado	3.6 (2.6–4.6)	3.1 (2.1–4.0)
Florida	3.9 (2.7–5.0)	2.9 (1.8–3.9)
Hawaii	5.0 (4.2–5.9)	4.0 (3.3–4.8)
Illinois	5.1 (4.0–6.2)	3.7 (2.8–4.7)
Louisiana	8.2 (6.8–9.7)	6.2 (5.0–7.5)
Maine	3.4 (2.2–4.6)	2.8 (1.7–3.9)
Nebraska	5.0 (4.1–6.0)	3.7 (2.8–4.5)
New Mexico	6.0 (4.8–7.2)	5.4 (4.3–6.6)
New York†	3.0 (1.8–4.2)	3.0 (1.8–4.2)
North Carolina	5.1 (3.7–6.5)	4.1 (2.8–5.3)
Ohio	5.4 (4.0–6.9)	4.5 (3.1–5.8)
Oklahoma	5.5 (3.7–7.2)	4.1 (2.6–5.7)
South Carolina	4.9 (3.2–6.6)	3.1 (1.8–4.5)
Utah	4.0 (2.9–5.1)	3.2 (2.2–4.2)
Vermont	4.0 (2.8–5.2)	3.1 (2.1–4.2)
Washington	3.9 (2.6–5.2)	2.8 (1.7–3.8)
West Virginia	6.2 (4.6–7.8)	3.8 (2.6–5.0)
Aggregate PRAMS	4.9 (4.5–5.2)	3.8 (3.5–4.1)

*95% Confidence interval.

†Data do not include New York City.

* The Pregnancy Risk Assessment Monitoring System (PRAMS) is part of a CDC initiative to reduce infant mortality and low birth weight. PRAMS is an ongoing state-level, population-based surveillance system that monitors selected maternal experiences and behaviors before, during, and after pregnancy. Each state uses the same standardized mail/telephone method to survey mothers who recently gave birth to a live infant. Responses are then weighted to be representative of all women who gave birth in each state during that year.



PRAMS Data (continued)

Among the 19 states with multi-year data on violence during pregnancy, only South Carolina reported a statistically significant decline in prevalence between 1996 and 2001 (Table 2). Arkansas reported a statistically significant increase in the prevalence of pregnancy violence between 1997 and 2001. All states reported physical violence rates consistently 8- to 18-fold above the *Healthy People 2010* goal of 3.3 assaults per 1,000 people.

Overall, younger women, women who received the Medicaid benefit during their pregnancy, black women, and those with fewer than 12 years of education were more likely to report physical violence during their most recent pregnancy than women with other sociodemographic characteristics (Table 3). These groups also had the highest frequencies of reporting physical violence by a husband or partner in 2001 compared to the reference groups.

Table 2. Prevalence of physical abuse by husband or partner during pregnancy, 1996–2001

State	1996 (%)	1997 (%)	1998 (%)	1999 (%)	2000 (%)	2001 (%)	P value for trend*
Alabama	5.3	4.3	3.8	3.9	4.9	5.8	0.41
Alaska	5.7	4.1	3.9	4.1	5.2	5.0	0.89
Arkansas		4.5	5.5	5.8	7.3	6.5	0.03†
Colorado			2.8	3.3	2.3	3.1	0.91
Florida	4.1	4.2	4.1	3.9	4.3	2.9	0.23
Hawaii					4.7	4.0	0.27
Illinois‡		3.6	4.1	3.5	3.5	3.7	0.82
Louisiana			5.2	5.4	4.5	6.2	0.43
Maine	2.9	3.0	2.5	2.1	2.3	2.8	0.54
Nebraska					3.0	3.7	0.24
New Mexico§			6.6	6.3	6.6	5.4	0.32
New York¶	3.6	3.9	2.4	4.3	2.6	3.0	0.40
N. Carolina†		4.6	4.2	3.2	3.8	4.1	0.70
Ohio				4.3	3.6	4.5	0.89
Oklahoma	5.6	4.8	5.1	3.8	4.2	4.1	0.13
South Carolina	4.7	5.6	3.9	4.9	3.0	3.1	0.02†
Utah				2.1	2.4	3.2	0.13
Washington	3.7	2.4	3.5	3.2	3.2	2.8	0.69
West Virginia	4.4	5.2	4.7	4.2	3.2	3.8	0.10

*Based on a test for linear trend using logistic regression that accounts for sample size for each year of data.

†P value is statistically significant at <0.05.

‡1997 data represent June–December births.

§1998 data represent July 1997 through December 1998 births.

¶Data do not include New York City.

†1997 data represent July–December births.

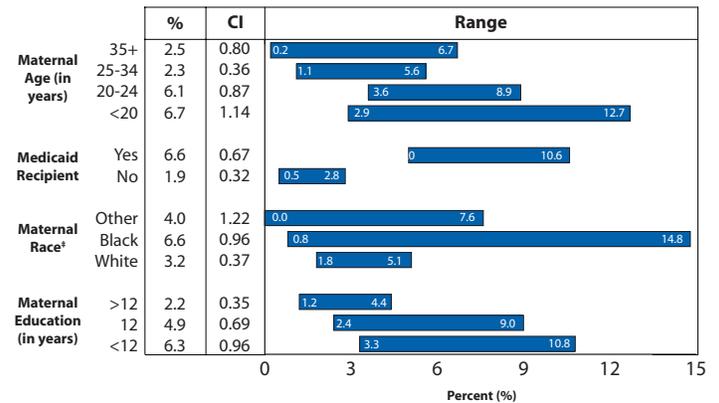
Recommendations

Screening for violence provides an opportunity for a woman and her clinician to develop a plan to prevent further assault and injury. Intervention on behalf of women experiencing violence during pregnancy cannot occur until these women are identified.

PRAMS data show that self-reported physical violence among women before and during pregnancy has not abated.

The American College of Obstetricians and Gynecologists recommends that physicians screen all pregnant patients at their first prenatal visit, at least once per trimester, and at their postpartum checkup.⁷ This series of screenings will help to avoid missed opportunities in cases when abuse begins after the first prenatal visit, or when a woman is not prepared to disclose the information early in the pregnancy.

Table 3. PRAMS states’* combined prevalence of physical violence by husband or partner during pregnancy among 2001 participants, by selected demographic characteristics



*Refer to Table 1 for state list

‡States reporting <60 respondents were not included in this analysis to ensure reliability

Sources of Information

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