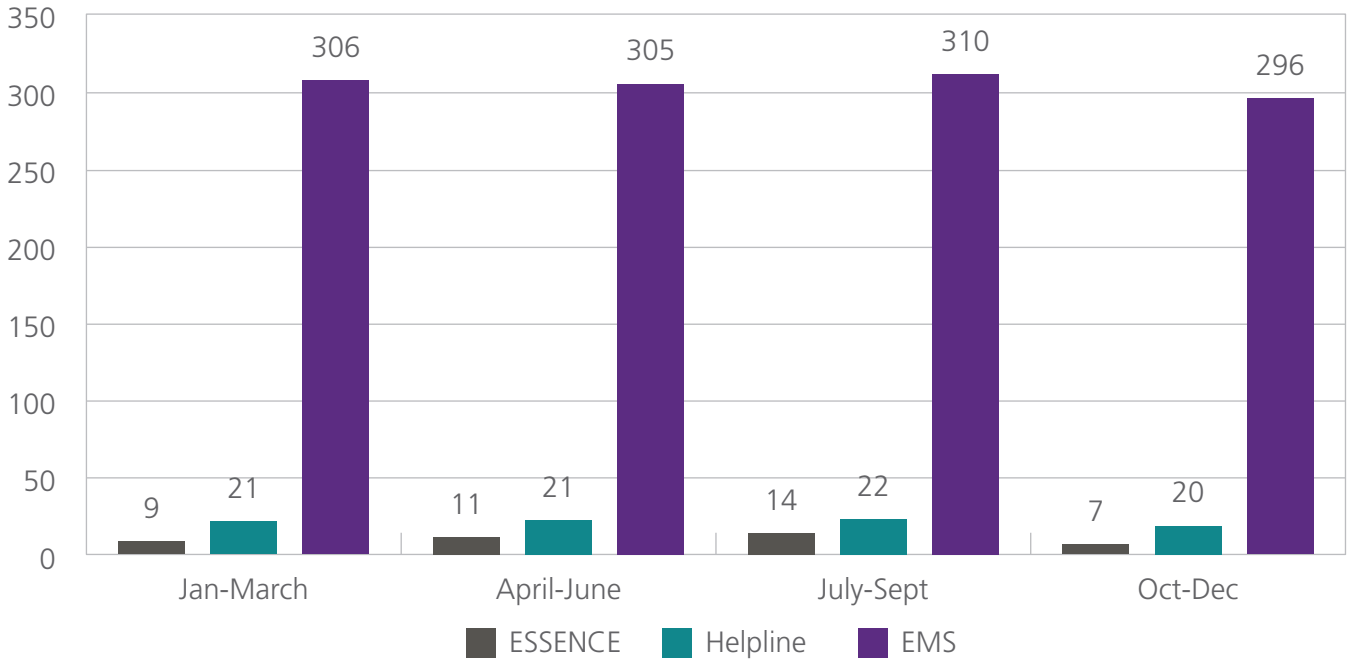
PREGNANCY-ASSOCIATED VIOLENCE IN RHODE ISLAND: the Data Landscape

Pregnancy-associated death is a death of a birthing person during pregnancy or within one year of pregnancy regardless of the cause. Data on pregnancy-associated morbidity and mortality related to violence is limited, as is data on intimate partner violence (IPV) in general. Intimate partner violence is a key psychosocial and environmental risk factor for the leading causes of pregnancy-associated mortality: homicide, suicide, and drug overdose.[1] Robust data systems are needed to establish a clear understanding of the magnitude of and risk factors for pregnancy-associated violence in the population. population. While Rhode Island has a diverse landscape of data sources, none of which capture the entire picture of violence nor IPV.

2023 Documented Intimate Partner Violence Cases



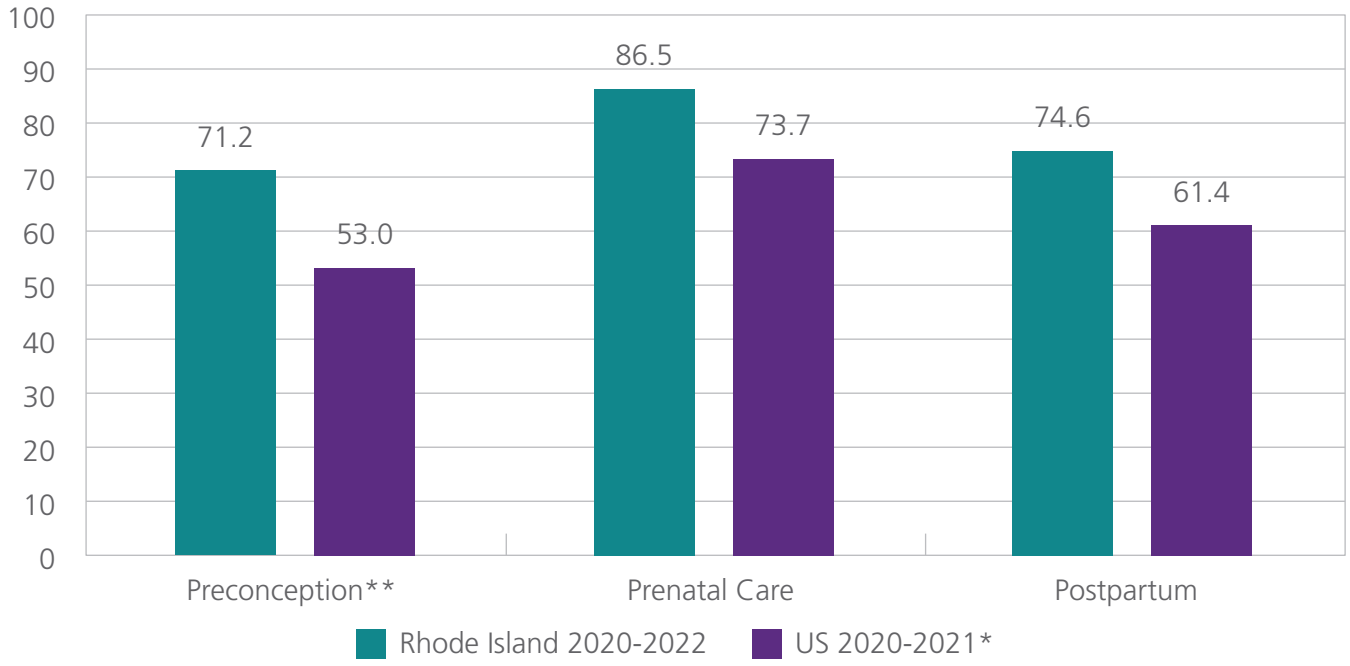
ESSENCE = Electronic Surveillance System for the Early Notification of Community-Based Epidemics Syndromic Surveillence Data; Helpline = Statewide Rhode Island Victims of Crime Helpline Data; EMS = Emergency Medical Services Data
Please see Page 3 for more information about the data programs displayed here

Data suggests that ESSENCE captures fewer cases of IPV than the helpline, while EMS captures significantly more—each with various risks of bias in reporting. While stories of IPV and pregnancy-associated violence in the state emerge with these data sources, the overall picture is still lacking due to the variation in data sources and their limitations including a lack of measuring pregnancy status. Measuring pregnancy-associated violence and IPV in general is also challenging for several other reasons: underreporting, stigma, lack of standardized reporting systems, the hidden nature of violence, limited access to healthcare, and other cultural and legal barriers.[2] Addressing these challenges requires improved screening and data collection methods.

Screening for Pregnancy-Associated Intimate Partner Violence

Screening for IPV during pregnancy is critical to ensure pregnant people receive appropriate care and support. This screening allows healthcare providers to identify and address IPV early in pregnancy, helping to prevent or mitigate the adverse effects of IPV on the health of the birthing person and the fetus.[2] Since 2012, the American College of Obstetricians and Gynecologists has advocated for routine IPV screening during pregnancy and postpartum.[3] In 2018, the US Preventive Services Task Force elevated their IPV screening recommendation for individuals of reproductive age from a grade I (insufficient evidence) to a grade B (recommended), endorsing universal screening across the nation.[4]

Percent of Birthing People Screened for IPV in Rhode Island and the US



** 41 states. Data source: Centers for Disease Control and Prevention (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS)*

*** Percent only of new mothers who had a healthcare encounter in the 12 months prior to conception, not all new mothers*

Please see Page 3 for more information about the data programs displayed here.

Data from the Rhode Island 2020-2022 PRAMS and a 41-state sample in 2020-2021 suggest that Rhode Island likely out-performs much of the country in screening birthing people for IPV at preconception, during prenatal care, and in the postpartum period.

Rhode Island's Family Home Visiting Program also has tremendous screening success, with nearly universal initial screening for IPV for primary caregivers enrolled for at least 6 months in 2023.

While Rhode Island continues to have IPV screening success, improvements are still needed in screening and data quality to better understand pregnancy-associated IPV prevalence and risk factors.

Data Systems	Description	Measures Pregnancy Status	Demographics Collected	Context	Organization
Emergency Medical Services (EMS) Data	These data include all ambulance runs that meet the definition of IPV based on case narratives and provider impressions.	No	Age, Sex, Race/Ethnicity, Homelessness Status	These cases only include those who intentionally called emergency services. Many may call emergency services but will not disclose the IPV circumstances. Also, some other violent cases or falls could be miscategorized as IPV cases.	Center for Emergency Medical Services, Rhode Island Department of Health (RIDOH)
Pregnancy Risk Assessment Monitoring System (PRAMS) Data	This annual survey is intended to capture maternal attitudes, behaviors and experiences before, during, and after pregnancy.	Yes	Age, Race/Ethnicity, Education, Insurance Type, Marital Status	This may be an underestimate due to social desirability bias in self-reports.	Center for Health Data and Analysis and Public Health Informatics, RIDOH
Evidence Based Family Home Visiting Data	This program provides prenatal support and services for infants and toddlers in the home. Among other health issues, families are screened for IPV.	Yes	Age, Gender, Sex, Race/Ethnicity, Sexual Orientation	This screening is for all participants who enroll in Evidence Based Family Visiting and must be completed within six months of enrollment.	Center for Perinatal and Early Childhood Health, RIDOH
Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) Syndromic Surveillence Data	These data identify potential cases using emergency department (ED) visit data reported from Rhode Island's 10 acute care hospital EDs. Syndromic surveillance data relies on chief complaint and discharge diagnosis data to identify visits of interest. In the case of IPV, a diagnosis of physical, sexual, or psychological violence often needs to be paired with a word term suggestive of an intimate partner in order to identify a case.	No	Facility Name, Visit Date, Patient Age, Sex, Race/Ethnicity, ZIP Code, Chief Complaint, Discharge Diagnosis	These data only capture cases who end up in the ED, thus these cases are likely to be more severe. The vast majority of IPV cases will not end up in the ED, and those who do may not disclose the IPV circumstances due to social desirability or fear of retaliation. Syndromic surveillance data are considered preliminary and should be interpreted along with complementary data sources.	Center for Health Data and Analysis and Public Health Informatics, RIDOH
Hospital Discharge Data (HDD)	These data only capture cases who ended up in the hospital (emergency department and/or inpatient hospitalization).	No	Facility Name, Visit Date, Visit Type (emergency department, inpatient), Patient Age, Sex, Race/Ethnicity, Admission Status, Principal or First Reported Diagnosis, Discharge Date/Length of Stay, Insurance Status	Similar to ESSENCE, HDD does not include cases who were seen outside of the ED/hospital setting. HDD include discharge diagnosis codes, however, do not include any triage/visit notes, making it difficult to identify IPV-related cases.	Center for Health Data and Analysis and Public Health Informatics, RIDOH
Statewide RI Victims of Crime Helpline Data (Helpline)	These data included here only capture patients in the hospital who are seeking help for IPV, not all individuals who contacted the helpline.	No	Gender, Age, Race/Ethnicity, Primary Language	There may be others in the hospital who do not want to seek this help, feel unsafe seeking this help, or are unwilling to disclose their circumstances.	Blackstone Valley Advocacy Center, Day One, and the RI Coalition Against Domestic Violence
Pregnancy and Postpartum Death Review Committee (PPDRC)	This multidisciplinary review board examines pregnancy-associated deaths, defined as those who were pregnant or within one year of pregnancy when they died.	Yes	Age, Sex assigned at birth; Gender Identity/Pronouns; Race/Ethnicity; Birth Country; Language; Relationship Status; Any history of IPV?; Education; Employment/Occupation; Health Insurance; Veteran status; Homelessness or unstable housing; Enrollment in programs (e.g., WIC, Family Visiting…); DCYF involvement; Has PCP?	These deaths may or may not be associated with violence. Non-fatal cases of pregnancy-associated violence are not reviewed.	Center for Maternal and Child Health, RIDOH

Recommendations to improve screening and data quality:

- Add a measure for pregnancy/postpartum status across data systems when possible
- Leverage multiple data sources and understand data limitations to get the most accurate understanding of IPV and pregnancy-associated violence
- Improve data systems by regularly assessing data quality, coverage, and adding sociodemographic attributes when possible
- Universal screening for IPV, from preconception through the postpartum period, using verbal screening with open-ended questions, standardized questionnaires, or computer-assisted self-interviews[2]
- Universal training for healthcare providers working with pregnant and/or birthing people to help create a safe environment for disclosing sensitive information and to identify unspoken signs of IPV

Training to effectively identify perinatal IPV and other practical guidance such as implementing screening protocols, safety planning, and referrals is offered by Sojourner House for healthcare professionals and other allied healthcare providers. To access the training, please reach out via a request form at sojourn-erri.org/education-training/. Given the data landscape in Rhode Island, we must enhance screening efforts and improve data quality to better intervene in pregnancy-associated violence and IPV.

References

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This publication was supported by the Office of the Assistant Secretary for Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $300,000 with 100 percent funded by Office on Women's Health/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by Office on Women's Health,/OASH/HHS, or the U.S. Government.

For more information, please visit the Rhode Island Department of Health Violence and Injury Prevention Program website, https://health.ri.gov/programs/detail.php?pgm_id=18