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Intimate Partner Violence and Community Service Needs Among Pregnant and Postpartum Latina Women

Violence and Victims, 2009 by Eisenman, David P, Richardson, Erin, Sumner, Lekeisha A, Ahmed, Sawssan R, Liu, Honghu, Valentine, Jeannette, Rodríguez, Michael

Health care providers are advised to refer abused women to needed community services. However, little is known about abused women's perceived need for services, particularly among Latina women. We examined the relationship between intimate partner violence (IPV) and perceived needs for legal, social, and job services among a prospective cohort of 210 pregnant Latinas. IPV was associated with needing social and legal services at most time points. Women with recent IPV experiences reported greater service needs than women with more remote IPV experiences, who in turn reported greater need than women without IPV experiences. We conclude that IPV may be associated with ongoing perceived needs for social and legal services among Latina perinatal patients.

Keywords: intimate partner violence; Hispanic health; community services; pregnancy

As health care organizations debate screening for intimate partner violence (IPV) in clinical settings, research continues on how clinicians can assist survivors of IPV and on which health service responses and referrals are most appropriate for these patients (American Academy of Family Physicians Commission on Special Issues and Clinical Interests, 1994; American College of Obstetricians and Gynecologists, 1994, 1995; Nelson, Nygren, McInerney, & Klein, 2004; Nicolaidis, 2004; Ramsay, Richardson, Carter, Davidson, & Feder, 2002; Wathen & MacMillan, 2003). Pregnancy and the perinatal period may be high-risk times for partner violence generally (Martin, Mackie, Kupper, Buescher, & Moracco, 2001), and among Latinas specifically, estimates of the prevalence of IPV during the pre- and perinatal period range from 5% to 29% (Castro, Peek-Asa, Garcia, Ruiz, & Kraus, 2003; Gazmararian et al., 1996; Mattson & Rodriguez, 1999; Yost, Bloom, McIntire, & Leveno, 2005). Therefore, screening for IPV as part of comprehensive prenatal care may be particularly important (American College of Obstetricians and Gynecologists, 2006) for low-income Latinas who have the lowest rates of access to health care (Weinbaum et al., 2001) and for whom a health care visit provides a "window of opportunity."

Aside from its acute and chronic health consequences, IPV is associated with poverty, unemployment, housing instability, and homelessness (Bair-Merritt, Blackstone, & Feudtner, 2006; Boy & Salihu, 2004; Pavao, Alvarez, Baumrind, Induni, & Kimerling, 2007; Riger & Staggs, 2004; Shinn et al., 1998; Staggs & Riger, 2005; Wood, Valdez, Hayashi, & Shen, 1990). These social and legal problems may be brought on by impaired health and may further aggravate poor health, for instance, by reducing access to health insurance and health care services. Therefore, providing for the health and safety of abused perinatal women may require services delivered by multiple community service providers. Aside from recommending referrals to specialty health (e.g., mental health, substance abuse) and violence prevention services (e.g., shelters), it is commonly recommended that providers refer abused women to community resources, including legal, social, and job services (Raphael, 2002). These programs seek to improve the well-being of women and their children by supporting and enhancing their ability to function independently of the abusive partner. Studies consistently report that abused women consider individualized community referrals as one of the most valuable services that health care providers can offer when addressing intimate partner violence (Caralis & Musialowski, 1997; Hamberger, Ambuel, Marbella, & Donze, 1998; Petersen, Moracco, Goldstein, & Clark, 2003; Rodriguez, Quiroga, & Bauer, 1996). Specialized IPV programs located in health care settings provide referrals to these community services as a key component of their services (Fisher & Shelton, 2006; Hadley, Short, Lezin, & Zook, 1995).

A comprehensive systems model for delivering coordinated care that links adult primary care to community services has been developed (McCaw, Berman, Syme, & Hunkeler, 2001). However, specialty programs and comprehensive models may not be feasible in most health care settings, including those that provide care to low-income Latina populations. Health care systems interested in expanding services to

this IPV population will find a limited evidence base for urging clinics without specialized IPV programs to develop links to community social and legal services. If these health care settings are going to develop referral resources for Latina victims of IPV, it becomes important to understand the needs of this vulnerable population. Latina victims of IPV, especially immigrant Latina victims, are particularly important to understand since studies report that they have disproportionate rates of unmet health needs (Lipsky & Caetano, 2007; Lipsky, Caetano, Field, & Larkin, 2006; West, Kantor, & Jasinski, 1998). Still, no research directly addresses Latinas' perceived needs for community services, and there are no such studies focusing on perinatal Latinas.

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