Injury Outcomes in African American and African Caribbean Women: The Role of Intimate Partner Violence

Authors: Jocelyn C. Anderson, PhD(c), MSN, RN, Jamila K. Stockman, PhD, MPH, Bushra Sabri, PhD, LMSW, ACSW, Doris W. Campbell, PhD, RN, FAAN, and Jacquelyn C. Campbell, PhD, RN, FAAN, Baltimore, MD, La Jolla, CA, and St Thomas, US Virgin Islands

CE Earn Up to 8.5 CE Hours. See page 93.

Introduction: Intimate partner violence has been linked to increased and repeated injuries, as well as negative long-term physical and mental health outcomes. This study examines the prevalence and correlates of injury in women of African descent who reported recent intimate partner violence and control subjects who were never abused.

Methods: African American and African Caribbean women aged 18 to 55 years were recruited from clinics in Baltimore, MD, and the US Virgin Islands. Self-reported demographics, partner violence history, and injury outcomes were collected. Associations between violence and injury outcomes were examined with logistic regression.

Results: All injury outcomes were significantly more frequently reported in women who also reported recent partner violence than in women who were never abused. Multiple injuries were nearly 3 times more likely to be reported in women who had

experienced recent abuse (adjusted odds ratio 2.75; 95% confidence interval 1.98-3.81). Reported injury outcomes were similar between the sites except that women in Baltimore were 66% more likely than their US Virgin Islands counterparts to report ED use in the past year (P = .001). In combined-site multivariable models, partner violence was associated with past-year ED use, hospitalization, and multiple injuries.

Discussion: Injuries related to intimate partner violence may be part of the explanation for the negative long-term health outcomes. In this study, partner violence was associated with past-year ED use, hospitalization, and multiple injuries. Emergency nurses need to assess for intimate partner violence when women report with an injury to ensure that the violence is addressed in order to prevent repeated injuries and negative long-term health outcomes.

Key words: Intimate partner violence; Injury; Health care utilization

Intimate partner violence (IPV) is a major public health and social problem. The most recent Centers for Disease Control and Prevention population survey found that nearly 1 in 3 women had reported physical, sexual, or stalking abuse by an intimate partner in their lifetime.¹ Women of African descent have been found to be

Jocelyn C. Anderson is PhD Candidate, Johns Hopkins University School of Nursing, Baltimore, MD.

Doris W. Campbell is Co-Administrative Core Director and Visiting Professor, Caribbean Exploratory Research Center, University of the Virgin Islands, St Thomas, US Virgin Islands.

Jacquelyn C. Campbell is Anna D. Wolf Chair and Professor, Johns Hopkins University School of Nursing, Baltimore, MD.

This research was supported by a subcontract with the NIMHD Caribbean

disproportionately affected by IPV.^{1,2} Studies using community samples and large nationally representative samples have consistently reported higher rates of IPV among African American and Hispanic women compared with their white counterparts.³ Studies have also found a high prevalence of IPV among black women in Caribbean countries.^{4,5} IPV is a

For correspondence, write: Jocelyn C. Anderson, PhD(c), MSN, RN, 525 N. Wolfe St. Baltimore, MD 21205; E-mail: jocelyna@jhu.edu.

J Emerg Nurs 2015;41:36-42. Available online 24 April 2014

0099-1767

Copyright © 2015 Emergency Nurses Association. Published by Elsevier Inc. All rights reserved.

http://dx.doi.org/10.1016/j.jen.2014.01.015

Jamila K. Stockman is Assistant Professor, Division of Global Public Health, Department of Medicine, University of California, San Diego, La Jolla, CA.

Bushra Sabri is Postdoctoral Fellow, Johns Hopkins University School of Nursing, Baltimore, MD.

Exploratory Research Center of Excellence, University of the Virgin Islands, P20MD002286, National Institutes of Health. J. C. Anderson is currently funded by NIMH F31-MH100995. J. K. Stockman is currently funded by NIDA K01-DA031593, NIMH R25-MH080664, R25-MH080665, and NIMHD L60-MD003701.

	Recent IPV, n = 380; n (%)	No IPV, n = 358; n (%)	OR	95% CI	P value
Hospitalized for injuries	113 (32)	68 (18)	2.01	1.42-2.84	<.001
Taken/went to the emergency department	195 (55)	166 (45)	1.46	1.09-1.96	.011
Injuries requiring surgery	51 (14)	25 (7)	2.09	1.27-3.46	.004
Injuries requiring stitches	60 (17)	27 (7)	2.45	1.51-3.98	<.001
Broken bones	34 (9)	11 (3)	3.10	1.55-6.22	.001
Facial injuries (eg, black eye or bloody nose)	82 (23)	16 (4)	6.46	3.65-11.45	<.001
Other bruises on the body	137 (38)	23 (6)	10.69	6.44-17.75	<.001
Eye injuries	59 (16)	17 (5)	3.70	2.11-6.48	<.001
Head injuries with loss of consciousness	35 (10)	5 (1)	7.21	2.79-18.61	<.001
Head injury with damage to the ear	24 (7)	5 (1)	4.76	1.80-12.62	.002
Dental injuries	56 (16)	35 (9)	1.70	1.08-2.67	.022
Broken or dislocated jaw	18 (5)	4 (1)	4.45	1.49-13.28	.007

TABLE 1

CI, Confidence interval; IPV, intimate partner violence; OR, odds ratio.

significant contributor to negative health outcomes among women, including physical injuries.⁶ The most extreme consequence of IPV is death at the hands of a current or expartner, which accounts for nearly half of all female homicide victims.^{7,8} A national intimate partner femicide study revealed that 41% of the women who were killed by partners had been seen in the health care system in the year before they were killed, and the majority of those were seen in emergency departments.⁹ In 2003, the National Center for Injury Prevention and Control reported that IPV results in nearly 2 million injuries, more than 555,000 of which required medical attention and more than 145,000 of which required hospitalizations.¹⁰ Injuries from IPV can range from minor to severe, such as injuries to the head and attempted strangulation injuries.¹¹ African American women are at increased risk for head injuries because of their exposure to severe violence coupled with inadequate health care access.¹² Thus understanding risk factors associated with injuries is critical because injuries have been associated with high direct costs of medical and mental health care and indirect costs of lost productivity.¹⁰ To gain a greater understanding of the burden of IPV and associated injury outcomes on women of African descent, this study was designed to (1) examine differences in injury prevalence by recent (past 2 year) experiences of IPV and (2) assess the associations between IPV and injury outcomes, including hospitalization and ED visits among women of African descent, in Baltimore, MD, and the US Virgin Islands (USVI).

Methods

STUDY DESIGN

A multisite, case–control study of abuse and associated physical and mental health outcomes was conducted in Baltimore, MD, and St Thomas and St Croix, USVI. Ethical review was conducted by the Institutional Review Boards at the Johns Hopkins University, the University of the Virgin Islands, and the National Institute on Minority Health and Health Disparities. A Certificate of Confidentiality was obtained to protect sensitive participant information. (See Tables 1 and 2.).

RECRUITMENT

Between 2009 and 2011, women were recruited from family planning, prenatal, and primary care clinics in Baltimore, MD, and the USVI. Women were approached in the waiting room and asked if they would like to participate in a "women's health, safety, and clinic use study." Interested women were assessed for eligibility in private clinic rooms before providing written consent. Women were eligible to participate if they self-identified as being of African descent, were between the ages of 18 and 55 years, and reported having an intimate relationship within the past 2 years. Women who spoke English or Spanish were invited to participate in the USVI, Download English Version:

https://daneshyari.com/en/article/2609830

Download Persian Version:

https://daneshyari.com/article/2609830

Daneshyari.com