

Family Violence Prevention Fund

The Facts on Reproductive Health and Violence Against Women

Violence against women is a costly and pervasive problem, and women of reproductive age – in particular, those ages 16 to 24 – are at greatest risk. Violence limits women's ability to manage their reproductive health and exposes them to sexually transmitted diseases. Abuse during pregnancy can have lasting harmful effects for a woman, the developing fetus and newborns.

- On average, almost 500 women (483) are raped or sexually assaulted each day in this country.¹
- One in five Boston public high school girls report physical or sexual abuse by a dating partner.²
- According to the World Health Organization, six to 59 percent of women in countries around the world experience sexual violence (being physically forced to have sex against their will, having sex because they were afraid of what their partners might do, or being forced to do something sexual that was humiliating or degrading) from an intimate partner some time in their lives.³

Contraception:

- Some women have trouble getting prompt access to emergency contraception – a safe, effective back-up birth control method that can prevent pregnancy when taken within days of unprotected intercourse.
- A study of 474 adolescent mothers on public assistance found that 51 percent, and two in three of those who experienced domestic violence at the hands of their boyfriends, experienced some form of birth control sabotage by a dating partner.⁴

Teen and Adult Unintended Pregnancy:

- As many as two-thirds of adolescents who become pregnant were sexually or physically abused some time in their lives.⁵
- Some 25 to 50 percent of adolescent mothers experience partner violence before, during, or just after their pregnancy.⁶
- Forty percent of pregnant women who have been exposed to abuse report that their pregnancy was unintended, compared to just eight percent of non-abused women.⁷

Sexually Transmitted Infections:

- Violence is linked to a wide range of reproductive health issues including STD and HIV transmission, miscarriages, risky sexual health behaviour and more.⁸
- Women disclosing physical violence are nearly three times more likely to experience a sexually transmitted infection than women who don't disclose physical abuse.⁹

- One in three adolescents tested for sexually transmitted infections and HIV have experienced domestic violence.¹⁰

Violence during Pregnancy:

- Homicide is the second leading cause of traumatic death for pregnant and recently pregnant women in the U.S., accounting for 31 percent of maternal injury deaths.¹¹
- Women experiencing abuse in the year prior to and/or during a recent pregnancy are 40 to 60 percent more likely than non-abused women to report high-blood pressure, vaginal bleeding, severe nausea, kidney or urinary tract infections and hospitalization during pregnancy and are 37 percent more likely to deliver preterm. Children born to abused mothers are 17 percent more likely to be born underweight and more than 30 percent more likely than other children to require intensive care upon birth.¹²
- Few doctors screen their patients for abuse,¹³ even though up to one in 12 pregnant women are battered¹⁴.
- Women who were screened for abuse and given a wallet sized referral reported fewer threats of violence, assaults or even harassment at work.¹⁵

¹ National Crime Victimization Survey: Criminal Victimization, 2005. U.S. Department of Justice, Bureau of Justice Statistics. Retrieved September 2006. Available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/cv05.pdf>

² Silverman JG, Raj A, Mucci LA, Hathaway JE. Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight control, Sexual Risk Behavior, Pregnancy and Suicidality. *JAMA*. 2001;286(5):572-579.

³ Garcia-Moreno C. 2005. Multi-Country Study on Women's Health and Domestic Violence Against Women. World Health Organization. Geneva, Switzerland. Countries studied include: Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand and the United Republic of Tanzania. Available at http://www.who.int/gender/violence/who_multicountry_study/en/

⁴ Domestic Violence and Birth Control Sabotage: A Report from the Teen Parent Project. 2000. Center for Impact Research. Chicago, IL. Available at <http://www.impactresearch.org/documents/dvandbirthcontrol.pdf>

⁵ Leiderman, Sally and Cair Almo. 2001. *Interpersonal Violence and Adolescent Pregnancy: Prevalence and Implications for Practice and Policy*. Center for Assessment and Policy Development and the National Organization on Adolescent Pregnancy, Parenting, and Prevention. Available at <http://capd.traininghelpdesk.com/pubfiles/pub-2001-10-01.pdf>

⁶ Ibid.

⁷ Hathaway JE; Mucci, LA, Silverman JG, Brooks DR, Mathews R, Pavlos CA, Health Status and Health Care Use of Massachusetts Women Reporting Partner Abuse. *American Journal of Preventive Medicine*. 2000; 19(4); 318-321.

⁸ Violence Against Women: Effects on Reproductive Health. *Outlook* 20(1). 2002. Available at http://www.path.org/files/EOL20_1.pdf.

⁹ Coker, AL, Smith PH, Bethea L, King MR, McKeown RE. Physical Health Consequences of Physical and Psychological Intimate Partner Violence. *Archives of Family Medicine*. 2000; 9 451-457.

¹⁰ Decker, MR, Silverman, JG and Raj, A; 2005 *Pediatrics*: Vol. 116 No. 2 August 2005, pp. e272-e276

¹¹ Chang J, Berg C, Saltzman L, Herndon J. 2005. Homicide: A Leading Cause of Injury Deaths Among Pregnant and Postpartum Women in the United States, 1991-1999. *American Journal of Public Health*. 95(3): 471-477.

¹² Silverman, JG, Decker, MR, Reed, E, Raj, A. Intimate Partner Violence Victimization Prior to and During Pregnancy Among Women Residing in 26 U.S. States: Associations with Maternal and Neonatal Health. *American Journal of Obstetrics and Gynecology* 2006; 195(1): 140-148.

¹³ Parsons, L., et.al. 2000. Violence Against Women and Reproductive Health: Toward Defining a Role for Reproductive Health Care Services. *Maternal and Child Health Journal*. 4(2): 135.

¹⁴ Gazmararian JA, Petersen R, Spitz AM, Goodwin MM, Saltzman LE, Marks JS. Violence and reproductive health: current knowledge and future research directions. *Maternal and Child Health Journal* 2000;4(2): 79–84.

¹⁵ McFarlane, Judith M.; Groff, Janet Y.; O'Brien, Jennifer A.; Watson, Kathy; 2006. *Nursing Research*. 55(1):52-61