

Domestic Violence and Pregnancy: A Fact Sheet

Background

Marriage/relationship education (MRE) programs are uniquely positioned to identify risk for abuse and to promote healthy and safe relationships. Domestic violence (DV) or intimate partner violence (IPV) is a pervasive and costly problem. The Centers for Disease Control and Prevention (CDC) estimates that 4.8 million episodes of IPV occur every year in the United States in women 18 years and older. IPV can occur regardless of race, age, ethnicity, income, religion, sexuality, and education.¹ This form of violence is particularly detrimental during pregnancy.

Intimate partner violence against pregnant women has both immediate and long-term consequences. Pregnant women who experience IPV are at significantly greater risk for pregnancy-related complications and poor birth outcomes. Moreover, abuse can escalate after the birth of the child, putting the mother and child at further risk. This makes interventions designed to educate pregnant women about healthy relationships important in any type of service for pregnant women.

The data clearly shows a strong correlation between IPV and unintended pregnancy. This Fact Sheet provides data discussing the relationship between IPV and unintended pregnancy, including reproductive coercion, and discusses the consequences of IPV during pregnancy. It also offers some intervention strategies that have been evaluated through randomized controlled trials.



Definitions

Intimate Partner Violence (IPV): Physical, sexual, or psychological harm by a current or former partner or spouse.²

Domestic Violence (DV): Another term for IPV.

Reproductive Coercion: A pattern of behaviors that includes pressure to become pregnant against one's will, active interference with birth control, acts of violence or violent threats about the decision to carry the pregnancy to term, and intentional exposure of a partner to a sexually transmitted infection (STI).³

Headlines/Trends

The data regarding IPV escalation during or after pregnancy are mixed. Some data sets—like the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance project of the CDC and state health departments—do not support the claim that IPV rises during this period. The sample consists of new mothers selected based on birth certificates (some states also oversample low birth-weight babies and stratify the data by race). The information is gathered through questionnaires and telephone surveys. However, clinic-based studies (where samples are taken from health care providers) report higher rates of IPV during pregnancy. These samples are typically made up of disadvantaged populations. Practitioners in the IPV field also refer to anecdotal evidence supporting the increase of IPV during pregnancy.

- Overall, at least 4-8% of women report violence against them by their romantic partners during pregnancy.⁴
- Homicide is the second leading cause of traumatic death for pregnant and recently pregnant women in the United States.⁵
- Rates of IPV during pregnancy are much higher for teens: 20-25% of pregnant teens reported physical or sexual abuse during pregnancy.⁶ Adolescent girls in physically abusive relationships were 3 times more likely to become pregnant than non-abused girls.⁷

Data

Unintended pregnancy and intimate partner violence:

Decades of research indicate that IPV and

unintended pregnancy are strongly associated; IPV increases a woman's risk of an unintended pregnancy and an unintended pregnancy increases the risk of IPV.

- Forty percent of pregnant women who have been exposed to abuse report that their pregnancies were unintended, compared to just 8% of non-abused women.⁸
- Women who had unintended pregnancies were 2 to 4 times more likely to experience violence compared to women whose pregnancies were intended.⁹

A growing body of research suggests that the strong association of IPV and unintended pregnancy is due, in part, to reproductive coercion. This type of abuse can have a huge impact on reproductive decision-making and women's health. In fact, the risk for unintended pregnancy doubles among those women reporting both partner violence and reproductive coercion. This is certainly not surprising, as women in abusive relationships are more likely to fear the consequences of resistance to such coercive behaviors.¹⁰

- Young women ages 15-20 who have been abused by a boyfriend are 5 times more likely to be forced into intercourse without a condom and 8 times more likely to be pressured to become pregnant.¹¹
- Approximately 1 in 5 young women ages 15-20 said she experienced pregnancy coercion and one in 7 said she experienced birth control sabotage.¹²
- Adolescent mothers who experienced physical abuse within three months after delivery were **nearly twice** as likely to have a repeat pregnancy within 24 months.¹³

Consequences of intimate partner violence during pregnancy:

Abused women who experienced the violence in the year prior to and/or during a pregnancy are 40-60% more likely than non-abused women to report high-blood pressure, vaginal bleeding, severe nausea, kidney or urinary tract infections, and hospitalization during pregnancy.¹⁴ They are also more likely to smoke tobacco; drink during pregnancy; use illicit drugs; experience depression, higher stress, and lower self-esteem; attempt suicide; and receive less emotional support from partners.¹⁵ Women who encountered IPV prior to or during pregnancy were also less likely to receive prenatal care.¹⁶

Women with a controlling or threatening partner are 5 times more likely to experience persistent symptoms of postpartum maternal depression.¹⁷ Among women who experienced abuse before and during pregnancy, the frequency of physical abuse increased during the postpartum period.¹⁸ Mothers who experienced IPV were more likely to have maternal depressive symptoms and report harsher parenting. Mothers' depression and harsh parenting were directly associated with children's behavioral problems.¹⁹

Infants born to women who are physically abused during pregnancy are

- at greater risk of death;²⁰
- 3 times more likely to have a low birth weight;²¹
- 30% more likely than other children to require intensive care upon birth;²² and
- 35-52% less likely to be breastfed.²³

Children of mothers who experience prenatal physical violence are at increased risk for

aggressive, anxious, depressed, or hyperactive behavior.²⁴ Children who experience childhood trauma, including witnessing abuse, are at greater risk of tobacco use, illicit substance abuse, obesity, cancer, heart disease, depression, and unintended pregnancy.²⁵

Findings from interventions during pregnancy:

Research indicates that integrating IPV and sexual assault assessment, education, and intervention strategies into programs for pregnant and parenting women is an effective way to reduce violence and to improve health outcomes for parents and children. For instance:

- A randomized controlled trial with African American women that tested an intervention delivered during prenatal care by a social worker or psychologist found that women who received the intervention were less likely to have recurrent IPV and preterm neonates, and had increased mean gestational age.²⁶
- In a randomized controlled trial, pregnant women who received 30 minutes of empowerment training by a midwife reported reduced psychological and minor physical abuse, higher physical functioning and improved role limitation due to physical and emotional problems.²⁷
- Another randomized controlled trial found that recently abused women who received a brief intervention in a reproductive health care setting reported a 71% reduction in pregnancy coercion compared to the control and were 60% more likely to end a relationship because it felt unhealthy or unsafe.²⁸

Many marriage/relationship educators work with expectant couples and teens who may be at risk for

IPV. Although this can be a very happy time in some couple relationships, MRE providers can benefit from working closely with an IPV professional to help assess for and teach about healthy relationships. This can help improve outcomes for women's health and infant/child health.

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Data Sources

(End Notes)

- 1 <http://www.ncjrs.gov/pdffiles1/nij/181867.pdf>
- 2 <http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/definitions.html>
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