

# Family Violence Prevention Fund

## The Facts on Reproductive Health and Violence Against Women

Violence against women is a health care problem of epidemic proportions and one that uniquely impacts women of reproductive age. Young women aged 16-24 are particularly at risk.<sup>i</sup> In addition to the immediate trauma caused by abuse, violence contributes to a number of chronic health problems, including depression, alcohol and substance abuse, and sexually transmitted diseases such as HIV/AIDS.<sup>ii</sup> Abuse often limits the ability of women to manage their reproductive health, and abuse during pregnancy has long-lasting effects for women, the developing fetus and newborns. Reproductive health care providers are well positioned to help victims of intimate partner violence by asking about abuse and offering support before the abuse becomes life threatening.

### Prevalence:

- Homicide is a leading cause of traumatic death for pregnant and postpartum women in the United States, accounting for 31 percent of maternal injury deaths.<sup>iii</sup> Evidence exists that a significant proportion of all female homicide victims are killed by their intimate partners.<sup>iv</sup>
- Each year, about 324,000 pregnant women in this country are battered by their intimate partners.<sup>v</sup> That makes abuse is more common for pregnant women than gestational diabetes or preeclampsia -- conditions for which pregnant women are routinely screened. However, few physicians screen pregnant patients for abuse.<sup>vi</sup>
- Women with unplanned pregnancies have a two to four times greater risk for violence than women whose pregnancies were planned.<sup>vii</sup>
- Homicide is the second leading cause of traumatic death for pregnant and postpartum women in the United States, accounting for 31 percent of maternal injury deaths.<sup>viii</sup> Evidence exists that a significant proportion of all female homicide victims are killed by their intimate partners.<sup>ix</sup>
- Young mothers are particularly vulnerable to domestic and sexual violence, with one study finding that 26 percent of new mothers between the ages of 13 and 17 experienced such violence in the three months after the birth of their child.<sup>x</sup>
- No fewer than a quarter of adolescent mothers experience intimate partner violence before, during, or just after their pregnancy, with some studies reporting rates of 50 to 80 percent.<sup>xi</sup>

### Consequences:

- Intimate partner violence is linked to adolescent pregnancy -- as many as two-thirds of young women who become pregnant as adolescents were sexually or physically abused at some point in their lives.<sup>xii</sup>
- Women who have been sexually abused are more likely to have had their partner stop them from using contraception and to have a partner refuse to use a condom to prevent disease.<sup>xiii</sup>
- Many young women who are victims of domestic violence experience birth control sabotage by their abusive partners. One study of 474 low-income adolescent mothers found that 66 percent of abused women had experienced birth control sabotage, versus 34 percent of non-abused women.<sup>xiv</sup>

- Pregnant women who are abused by their partners have a higher risk for tobacco, alcohol and illicit drug use, depression and suicide attempts, all of which have negative effects on the developing fetus.<sup>xv</sup>
- Violence is linked to a wide range of reproductive health issues including STD and HIV transmission, miscarriages, risky sexual health behavior and the exacerbation of other chronic health problems.<sup>xvi xvii</sup>
- Complications of pregnancy, including low weight gain, anemia, infections, and first and second trimester bleeding are significantly higher for abused women.<sup>xviii xix</sup>
- Women who experience violence are three times more likely to have a gynecological problem than non-abused women. These problems include chronic pelvic pain, vaginal bleeding, vaginal infection, painful menstruation, sexual dysfunction, fibroids, pelvic inflammatory disease, painful intercourse, urinary tract infection, and infertility.<sup>xx</sup>

### Identification:

- Reproductive health providers are in a unique position to screen for domestic and sexual violence; approximately 74 percent of reproductive age U.S. women receive at least one reproductive health care service annually.<sup>xxi</sup>
- Forty-seven percent of intimate partner homicide and attempted homicide victims were seen by health care professionals in the year prior to their deaths,<sup>xxii</sup> yet less than half of reproductive health care providers routinely screen for domestic violence or sexual assault.<sup>xxiii</sup>
- A recent study in Massachusetts found that 44 percent of victims of domestic violence talked to someone about the abuse; 37 percent of those women talked to their health care provider.<sup>xxiv</sup> Additionally, in different studies of abuse survivors, 70 to 81 percent of the patients studied reported that they would like their health care providers to ask them privately about domestic violence.<sup>xxv xxvi</sup>
- Recent clinical studies have proven the effectiveness of a two minute screening for early detection of abuse of pregnant women.<sup>xxvii</sup> Additional longitudinal studies have tested a 10 minute intervention that was proven highly effective in increasing the safety of pregnant abused women.<sup>xxviii</sup>
- A 1999 study published in *The Journal of the American Medical Association* found that only 10 percent of primary care physicians routinely screen for intimate partner violence during new patient visits and nine percent routinely screen during periodic checkups.<sup>xxix</sup>

<sup>i</sup> Rennison, Callie Marie and Sarah Welchans. 2003. *Intimate Partner Violence 1993-2001*. U.S. Department of Justice Bureau of Justice Statistics. Washington, DC. Retrieved January 9, 2004. <http://www.ojp.usdoj.gov/bjs/abstract/ipv01.htm>.

<sup>ii</sup> Coker, A., Smith, P., Bethea, L., King, M., McKeown, R. 2000. "Physical Health Consequences of Physical and Psychological Intimate Partner Violence." *Archives of Family Medicine*. 9.

<sup>iii</sup> Chang, Jeani; Cynthia Berg; Linda Saltzman; and Joy Herndon. 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.

<sup>iv</sup> Frye, V. 2001. Examining Homicide's Contribution to Pregnancy-Associated Deaths. *The Journal of the American Medical Association*. 285(11).

<sup>v</sup> Gazmararian JA; et al. 2000. "Violence and Reproductive Health; Current Knowledge and Future Research Directions." *Maternal and Child Health Journal*. 4(2):79-84.

<sup>vi</sup> Parsons, L., et.al. "Violence Against Women and Reproductive Health: Toward Defining a Role for Reproductive Health Care Services". *Maternal and Child Health Journal*, Vol. 4, No. 2, pg. 135. 2000.

<sup>vii</sup> Rabasca, Lisa. "More Research is Needed on Violence and Reproduction." *American Psychological Association Monitor*. Vol. 30, No. 8. September 8, 1999. available at <http://www.apa.org/monitor/sep99/pi1.html>.

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