DOMESTIC VIOLENCE DURING PREGNANCY

Overview

Domestic violence is gradually being acknowledged as one of the most severe threats to women’s health. However, we still need to divide the group of “women affected by violence” into smaller sub-groups in order to understand the multiplicity of reasons behind that violence. Pregnant women affected by violence are an important part of this larger group.

The Center for Disease Control defines domestic violence during pregnancy as “Physical, sexual, or psychological/emotional violence, or threats of physical or sexual violence that are inflicted on a pregnant woman.” In a household survey, it was found that pregnant women are 60.6% more likely to be beaten than women who are not pregnant. Violence is cited as a pregnancy complication more often than diabetes, hypertension or any other serious complication. (“Battering and Pregnancy” Midwifery Today 19: 1998).

Looking at Domestic Violence During Pregnancy

The most common reason given for the increased risk of violence during pregnancy is that the father/male partner feels a greater sense of stress over the impending birth. The stress manifests itself as frustration, which is directed back at the perceived source: the mother and her unborn child. The underlying causes of the stress experienced by the father are unclear and more research is needed to deepen our understanding of them, so that we can find more effective ways to detect women at risk.

Pregnant adolescents (ages 13-17) in particular have an elevated risk of violence from their partners. There is a lack of attention to the causes behind this elevated risk, although there is a growing attempt to put the issue of teenage pregnancy and violence onto the regular sex education curriculum in the US. (“Nearly 10 percent of Teenage Mothers Experience Violence while Pregnant”, Family Planning Perspectives 31: 1999).

Women are four times more likely to suffer increased abuse as a result of an unintended or unwanted pregnancy. What this data ignores is that the pregnancy itself can also be a result of domestic violence, in the form of sexual abuse, marital rape or denial of access to birth control. (Heise, L. “Reproductive Freedom and Violence Against Women: What are the Intersections?” The Journal of Law, Medicine and Ethics 27: 1993).

Domestic violence during pregnancy is a focused attack that puts not just one, but two lives at risk. “Unlike other domestic violence, where the head is usually attacked, batterings of pregnant women tend to be directed at breasts, abdomen or genitals.” (Bewley C. “Coping with domestic violence during pregnancy” Nursing Standard 8: 1994).

Physical Effects of Violence During Pregnancy

- Insufficient weight gain
- Vaginal/Cervical/Kidney infections
- Vaginal Bleeding
- Abdominal Trauma
- Hemorrhage
- Exacerbation of chronic illnesses
- Complications during labour
- Delayed prenatal care
- Miscarriage
- Low birth weight
- Ruptured membranes
- Abruption placenta
- Uterine infection
- Fetal bruising, fractures and hematomas
- Death

Consequences of Domestic Violence During Pregnancy

Aside from the physical consequences mentioned above, domestic violence during pregnancy can have a number of psychological consequences. Pregnant women who are abused by their partners have a higher risk for conditions like stress, depression and addiction to tobacco, alcohol and drugs. The damage caused to unborn children by addictive drugs has been well documented, but the effects of conditions like depression are somewhat more difficult to isolate. These can include a general loss of interest on the part of the mother in her or her baby’s health, both during the pregnancy and after the child is born (“Abuse of Pregnant Women and Adverse Birth Outcome.” Journal of the American Medical Association 267: 1992).

The long-term psychological consequences of violence during pregnancy can have a severely detrimental effect on a child’s psychological development. The child will probably have to witness domestic violence after it is born. Moreover, the man who abuses his partner is also likely to abuse his children (Ibid.)

Addressing the Problem

Though not many attempts have been made to address the issue of domestic violence during pregnancy as separate from domestic violence as a whole, some projects are underway in the USA and Europe:

♦ The most comprehensive effort comes from the Reproductive Health Information Source at the Centre for Disease Control in Atlanta. Their online pages feature a number of articles and a powerpoint slideshow for the presentation of domestic violence during pregnancy. http://www.cdc.gov/nccdphp/drh/wh_definviol.htm

♦ Professor Kristin Briggs at the University of Texas has developed a site devoted to violence during pregnancy, on which she examines numerous aspects of the problem. http://uts.cc.utexas.edu/~kbriggs/battering/index2.html

♦ The Baylor Community Care Program and CoMadres in Dallas run a course to train lay health promoters in recognizing and responding to violence during pregnancy. http://www.baylor.edu/~Charles_Kemp/lay_health_promoter.htm

♦ The University of Geneva’s Department of Obstetrics and Gynecology has also produced a slide show to facilitate presentations about domestic violence during pregnancy. http://matweb.hcuge.ch/matweb/endo/Fellowsfiles9PGC/Domesticviolenceinpregnancyfichiers/navigationbar.htm

Online Resources


♦ Westside Pregnancy Resource Centre http://w-cpc.org/pregnancy/violence.html