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Violence During Pregnancy

by Heather Boerner

October is Domestic Violence Awareness Month — a time to raise awareness about the risks and prevalence of intimate partner violence.

When Dr. Sujatha Reddy sees new patients, she always asks them the same questions: Do you ever feel unsafe at home? Have you ever been hit, punched, or kicked by a member of your household? Have you been hit recently?

While the answers to those questions are usually in the negative, new evidence shows that it continues to be important for health care providers to ask them. One recent study proves what Reddy, an OB/GYN in Atlanta, GA, already knows — violence during pregnancy can cause severe health problems for both the woman and a newborn, and that those health effects can last for years to come.

"Direct trauma, of course, can cause serious physical problems for the woman and the fetus," says Reddy. "But more often, I see emotional abuse in relationships. The extreme stress associated with abusive relationships can also cause problems. It's not healthy for any pregnancy."

Violence and Health

Several studies have shown that intimate partner violence (IPV) exacts a toll on women's health long after the violence has ended, with complications including chronic pain, gastrointestinal problems, heart problems, and poor sexual and reproductive health in general. But a study in the July 2006 issue of the *American Journal of Obstetrics and Gynecology* got specific about the ways in which violence before and during pregnancy affects women, pregnancy, and the health of newborns.

Dr. Jay Silverman, assistant professor of society, human development, and health and director of Violence Prevention Programs at the Harvard University School of Public Health, led a team of researchers who analyzed data from more than 118,000 women from 26 states. They found:

- Women who experienced violence in the year prior to pregnancy and/or during pregnancy were 40 to 60

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percent more likely than non-abused women to report high-blood pressure, vaginal bleeding, severe nausea, kidney infection or urinary tract infection, and hospitalization during pregnancy.

- Women who experienced violence were 37 percent more likely to deliver preterm.
- The newborn children of women who experienced violence were 17 percent more likely to be born underweight.
- Because of increased risks for preterm birth and low birth weight, newborns of women who experienced violence were 30 percent more likely to require intensive care than other children.

Researchers suggest a number of reasons why IPV prior to and/or during pregnancy can have such negative consequences.

“The physical and emotional trauma from recent abuse may relate to biologic mechanisms affecting the endocrine system, immune system, or [a woman's] physical health at levels that we don't yet fully understand,” Silverman says. Researchers suspect that abuse-related stress, depression, and a higher incidence of sexual assault and sexually transmitted infections among abused women may also play a role.

And of particular note, the study found that women who experienced violence in the year prior to pregnancy, or before *and* during pregnancy, had greater health problems than women who experienced violence during pregnancy alone. Such findings have prompted researchers to suggest even more widespread screening for IPV.

“Obviously, we need to take this information and be screening all women of reproductive age, not wait until a woman becomes pregnant,” Silverman says. “Pregnancy is not the only — or perhaps not the most critical — period for the fetus or the woman.”

Screening for Violence

Screening for IPV can be difficult —because health care providers are unsure of the best way to do it and because women in abusive relationships tend to avoid discussing the relationship until they are ready to leave. Indeed, a study published in the December 2005 issue of *Perspectives on Sexual and Reproductive Health* surmised that pregnant women who refused to talk to researchers at all about abuse were experiencing the most serious violence.

The question of how to ask pregnant women about abuse — and how to get truthful answers — is the subject of a recent study in the *Journal of the American Medical Association*. In it, researchers found that women preferred written screening to talking face-to-face with health care providers about their experiences with abuse. Women even preferred audio taped surveys to talking to their providers in person.

“There seems to be emerging evidence that direct questioning by clinicians is less favored by women compared with self-report versions, whether delivered by computer, audiotape or written

questionnaire," state the authors of the study.

Next Steps

Such findings leave the health care community with a lingering question: How do health care providers help their patients confront the physical and emotional effects of intimate partner violence if they can't talk to them?

Reddy says she assumes women don't want to talk directly to health care providers for the simple fact that they aren't ready to leave the relationship yet and are afraid they'll be pressured to do so.

Silverman puts the question in a larger context. "Do we know which modality best relates to people actually receiving assistance [for IPV]? That's a big question," he says. "We desperately need intervention studies to figure out what's most effective, what leads people to become safer. That's a big black box right now."

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Heather Boerner is a freelance health writer based in San Francisco.

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