



Prenatal Exposure to Domestic Violence: Summary of Key Research Findings

Megan R. Holmes, PhD, MSW, LISW-S
June-Yung Kim, MA

Prevalence of Prenatal Exposure to Domestic Violence

Domestic violence (also known as intimate partner violence, or IPV) is a serious public health issue worldwide that affects individuals of all ages, but is most prevalent among women of reproductive age.¹ This human rights violation involves physical violence, sexual violence, stalking, and/or psychological aggression committed by a current or former intimate partner² and has significant adverse impact on health and well-being.^{1,3} Recent U.S. national prevalence estimates show that over one third of women (43.6 million) have experienced domestic violence at some point in their lifetime, with 31% exposed to physical violence, 18% to sexual violence, 10% to stalking, and 36% to psychological aggression.⁴

Between 3% and 6% of pregnant women in the United States experience a physical form of domestic violence, according to the U.S. Centers for Disease Control and Prevention's (CDC)

Prevalence Rates of Domestic Violence Reported among Pregnant Women

11-28%

of pregnant women reported experiencing
PHYSICAL ASSAULT
by an intimate partner during pregnancy

28%

36%

of pregnant women reported experiencing
**PSYCHOLOGICAL or
VERBAL ABUSE**
by an intimate partner during pregnancy

36%

20%

of pregnant women reported experiencing
SEXUAL VIOLENCE
by an intimate partner during pregnancy

20%

Pregnant Risk Assessment Monitoring System.⁵ Clinical studies, using more comprehensive domestic violence measures, yield higher prevalence rates among pregnant women, indicating that between 11% and 28% of the U.S. women experience physical assault, 36% experience psychological or verbal abuse, and 20% experience sexual violence by a current or former intimate partner.⁶

Economic Burden of Child Exposure to Domestic Violence

**\$2.2
BILLION
OHIO**

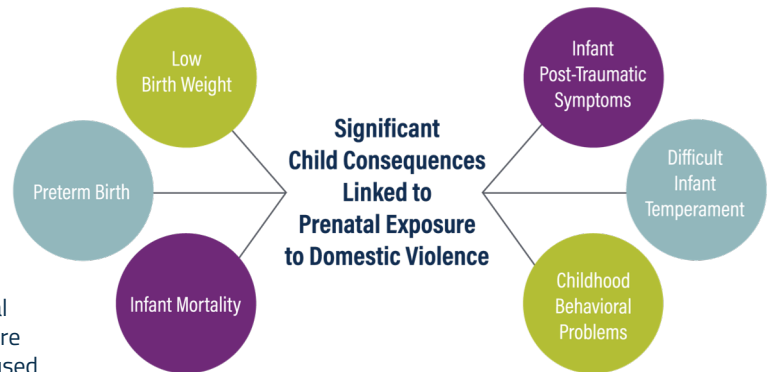
**\$55
BILLION
UNITED STATES**

Economic Burden of Domestic Violence

Domestic violence imposes a substantial economic burden to society at large in the form of increased healthcare costs, increased crime costs, and reduced productivity. The average annual cost of domestic violence is over \$5.8 billion each year (in 1995 U.S. dollars)⁷ and the lifetime costs derived from childhood IPV exposure are estimated at nearly \$50,500 per victim and over \$55 billion in total costs (in 2016 U.S. dollars).⁸ This equates to an annual cost of \$2.2 billion dollars to Ohio's economy.

Domestic Violence and Maternal Health

Women who experience domestic violence during pregnancy are twice as likely to miss prenatal care appointments or initiate prenatal care later than recommended,⁹⁻¹¹ twice as likely not to initiate prenatal care until the third trimester,¹² and are significantly more likely to miss three or more prenatal visits than nonabused women.¹³ Poor nutrition, inadequate gestational weight gain,¹⁴⁻¹⁶ and higher rates of smoking,^{17,18} alcohol use, and substance use¹⁹⁻²¹ have also been associated with experiencing domestic violence during pregnancy. Domestic violence during pregnancy and in the postpartum period has been associated with depression²²⁻²⁴ and post-traumatic stress disorder.^{25,26}



Perinatal Death

Domestic violence occurring during pregnancy is associated with an increased risk of perinatal death (fetal loss after 20 weeks gestation up to neonatal death occurring ≤ 28 days after delivery)²⁹ and neonatal death (deaths within the first month of life).³⁰ Women who have been hospitalized for a physical assault during their pregnancy are at higher risk—8 times the risk of fetal death and nearly 6 times the risk of neonatal death.³¹

Infant Post-Traumatic Symptoms

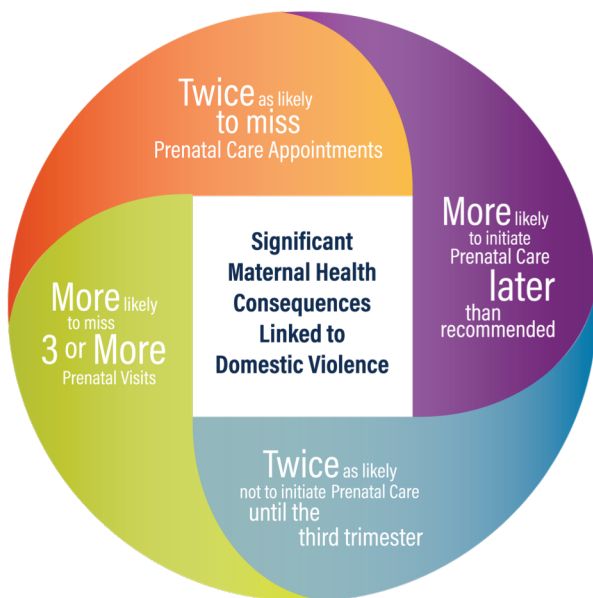
Prenatal domestic violence exposure is associated with increased levels of trauma symptoms (being easily startled, repeating the same action without enjoyment), while considering cumulative risk and postnatal domestic violence exposure.³²

Difficult Infant Temperament

Infants with prenatal exposure to domestic violence are twice as likely as their nonexposed counterparts to be considered as having a difficult rather than easy temperament (being withdrawn, slow to adapt, and a general negative mood).³³

Childhood Behavioral Problems

Prenatal exposure to domestic violence is related to more externalizing behaviors (physical aggression, disobeying rules, cheating, stealing, or destruction of property) and internalizing symptoms (anxiety or depression) during middle childhood compared with nonexposed children.³⁴ If the child continued to experience domestic violence exposure throughout his or her lifetime, the child continued to have increased externalized behavior problems and internalizing symptoms.



Prenatal Exposure to Domestic Violence and Child Outcomes

Low Birth Weight and Preterm Birth

Women who experience domestic violence during pregnancy have a higher risk of preterm birth and delivering low birth weight neonates.^{27,28} Low birth weight and preterm birth are leading causes of neonatal morbidity and mortality.⁶



Implications for Policy and Practice

Implementation of Trauma-Informed Care

Medical professionals have called for system-level change to train physicians and nurse practitioners in the implementation of domestic violence screening tools^{35,36} and referral to community-based subsequent care (e.g., counseling, mental health support, other health and social services).³⁷ Such system-wide change should include training in the application of trauma-informed care with patient interactions to reduce potential revictimization during screening and enhance the likelihood of preventative care engagement.

Continuity of Community-Based Services

To improve and restore domestic violence-exposed children's health and development, intervention effectiveness for domestic violence could be improved by establishing continuity of services that extends beyond clinic settings for vulnerable mothers, including collaboration among service providers; linkages between health, justice, and social systems; and long-term follow-up for advocacy and peer support.^{38,39} Community-based interventions, such as home visiting programs/nurse-family partnerships (home-based nurse visitation program for at-risk mothers and their infants), and parent engagement models such as Triple P (parent-child engagement program to develop strategies for parenting), show positive effects on children exposed to domestic violence.⁴⁰

Prenatal Preventive Education for High-Risk Mothers and Fathers

Prenatal education about adverse developmental outcomes associated with prenatal domestic violence exposure should be implemented as primary prevention for high-risk women (e.g., those with lower prenatal care visits and/or prenatal substance use). Fatherhood programs engaging all men and especially high-risk groups (e.g., teenagers, men with histories of domestic violence perpetration) will serve as a critical inlet for the prevention and intervention of domestic violence.⁴¹

Megan R. Holmes, PhD, is an Associate Professor of Social Work and Founding Director of the Center on Trauma and Adversity in the Jack, Joseph and Morton Mandel School of Applied Social Science at Case Western Reserve University. Email: mholmes@case.edu

June-Yung Kim, MA, is a Doctoral Candidate and Predoctoral Fellow at the Center on Trauma and Adversity in the Jack, Joseph and Morton Mandel School of Applied Social Science at Case Western Reserve University.

Suggested Citation

Holmes, M. R. & Kim, J. Y. (2019). Prenatal Exposure to Domestic Violence: Summary of Key Research Findings. Case Western Reserve University. Cleveland, OH. Available from: <https://case.edu/socialwork/traumacenter/sites/case.edu/traumacenter/files/2019-04/PrenatalDV.pdf>

References

1. Breiding, M. J., Basile, K.C., Smith, S. G., Black, M. C., & Mahendra, R. (2015). *Intimate partner violence surveillance uniform definitions and recommended data elements*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
2. Centers for Disease Control and Prevention. (2018). *Intimate partner violence: Definitions*. Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>
3. Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
4. Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (2018). *National Intimate Partner and Sexual Violence Survey: 2015 data brief*. Atlanta, GA: National Center for Injury Prevention and Control Centers for Disease and Control and Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>
5. Centers for Disease Control and Prevention. (1997). *PRAMS 1996 surveillance report*. Atlanta, GA: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.
6. Bailey, B. A. (2010). Partner violence during pregnancy: Prevalence, effects, screening, and management. *International Journal of Women's Health*, 2, 183–197.
7. National Center for Injury Prevention and Control. (2003). *Costs of intimate partner violence against women in the United States*. Atlanta, GA: Centers for Disease Control and Prevention.
8. Holmes, M. R., Richter, F. G. C., Vortuba, M. E., Berg, K. A., & Bender, Anna E. (2018). Economic burden of child exposure to intimate partner violence in the United States. *Journal of Family Violence*, 1–11.



9. Subramanian, S., Katz, K. S., Rodan, M., Gantz, M. G., El-Khorazaty, N. M., Johnson, A., & Joseph, J. (2012). An integrated randomized intervention to reduce behavioral and psychosocial risks: Pregnancy and neonatal outcomes. *Maternal and Child Health Journal*, 16(3), 545–554.
10. Chambliss, L. R. (2008). Intimate partner violence and its implication for pregnancy. *Clinical Obstetrics and Gynecology*, 51(2), 385–397.
11. Cha, S., & Masho, S. W. (2014). Discussions about intimate partner violence during prenatal care in the United States: The role of race/ethnicity and insurance status. *Maternal and Child Health Journal*, 18(6), 1413–1422.
12. Goodwin, M. M., Gazmararian, J. A., Johnson, C. H., Gilbert, B. C., Saltzman, L. E., & PRAMS Working Group. (2000). Pregnancy intendedness and physical abuse around the time of pregnancy: Findings from the pregnancy risk assessment monitoring system, 1996–1997. *Maternal and Child Health Journal*, 4(2), 85–92.
13. Dunn, L. L., & Oths, K. S. (2004). Prenatal predictors of intimate partner abuse. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 33(1), 54–63.
14. Beydoun, H. A., Tamim, H., Lincoln, A. M., Dooley, S. D., & Beydoun, M. A. (2011). Association of physical violence by an intimate partner around the time of pregnancy with inadequate gestational weight gain. *Social Science & Medicine*, 72(6), 867–873.
15. Kearney, M. H., Haggerty, L. A., Munro, B. H., & Hawkins, J. W. (2003). Birth outcomes and maternal morbidity in abused pregnant women with public versus private health insurance. *Journal of Nursing Scholarship*, 35(4), 345–349.
16. Kearney, M. H., Munro, B. H., Kelly, U., & Hawkins, J. W. (2004). Health behaviors as mediators for the effect of partner abuse on infant birth weight. *Nursing Research*, 53(1), 36–45.
17. Bailey, B. A., & Daugherty, R. A. (2007). Intimate partner violence during pregnancy: Incidence and associated health behaviors in a rural population. *Maternal and Child Health Journal*, 11(5), 495–503.
18. Anderson, B. A., Marshak, H. H., & Hebbeler, D. L. (2002). Identifying intimate partner violence at entry to prenatal care: Clustering routine clinical information. *Journal of Midwifery & Women's Health*, 47(5), 353–359.
19. Caetano, R., McGrath, C., Ramisetty-Mikler, S., & Field, C. A. (2005). Drinking, alcohol problems and the five-year recurrence and incidence of male to female and female to male partner violence. *Alcoholism: Clinical and Experimental Research*, 29(1), 98–106.
20. El-Bassel, N., Gilbert, L., Wu, E., Go, H., & Hill, J. (2005). Relationship between drug abuse and intimate partner violence: A longitudinal study among women receiving methadone. *American Journal of Public Health*, 95(3), 465–470.
21. Gilbert, L., El-Bassel, N., Chang, M., Wu, E., & Roy, L. (2012). Substance use and partner violence among urban women seeking emergency care. *Psychology of Addictive Behaviors*, 26(2), 226–235.
22. Chambliss, L. R. (2008). Intimate partner violence and its implication for pregnancy. *Clinical Obstetrics and Gynecology*, 51(2), 385–397.
23. Connelly, C. D., Hazen, A. L., Baker-Ericzen, M. J., Landsverk, J., & Horwitz, S. M. (2013). Is screening for depression in the perinatal period enough? The co-occurrence of depression, substance abuse, and intimate partner violence in culturally diverse pregnant women. *Journal of Women's Health*, 22(10), 844–852.
24. Agrawal, A., Ickovics, J., Lewis, J. B., Magriples, U., & Kershaw, T. S. (2014). Postpartum intimate partner violence and health risks among young mothers in the United States: A prospective study. *Maternal and Child Health Journal*, 18(8), 1985–1992.
25. Hellmuth, J. C., Jaquier, V., Swan, S. C., & Sullivan, T. P. (2014). Elucidating posttraumatic stress symptom profiles and their correlates among women experiencing bidirectional intimate partner violence. *Journal of Clinical Psychology*, 70(10), 1008–1021.
26. Woods, S. J., Hall, R. J., Campbell, J. C., & Angott, D. M. (2008). Physical health and posttraumatic stress disorder symptoms in women experiencing intimate partner violence. *Journal of Midwifery & Women's Health*, 53(6), 538–546.
27. Shah, P. S., & Shah, J. (2010). Maternal exposure to domestic violence and pregnancy and birth outcomes: A systematic review and meta-analyses. *Journal of Women's Health*, 19(11), 2017–2031.
28. Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet*, 359(9314), 1331–1336.
29. Coker, A. L., Sanderson, M., & Dong, B. (2004). Partner violence during pregnancy and risk of adverse pregnancy outcomes. *Paediatric and Perinatal Epidemiology*, 18(4), 260–269.
30. Yost, N. P., Bloom, S. L., McIntire, D. D., & Leveno, K. J. (2005). A prospective observational study of domestic violence during pregnancy. *Obstetrics and Gynecology*, 106(1), 61–65.
31. El Kady, D., Gilbert, W. M., Xing, G., & Smith, L. H. (2005). Maternal and neonatal outcomes of assaults during pregnancy. *Obstetrics & Gynecology*, 105(2), 357–363.
32. Lannert, B. K., Garcia, A. M., Smagur, K. E., Yalch, M. M., Levendosky, A. A., Bogat, G. A., & Lonstein, J. S. (2014). Relational trauma in the context of intimate partner violence. *Child Abuse & Neglect*, 38(12), 1966–1975.
33. Quinlivan, J. A., & Evans, S. F. (2005). Impact of domestic violence and drug abuse in pregnancy on maternal attachment and infant temperament in teenage mothers in the setting of best clinical practice. *Archives of Women's Mental Health*, 8(3), 191–199.
34. Martinez-Torteya, C., Bogat, G. A., Levendosky, A. A., & Von Eye, A. (2015). The influence of prenatal intimate partner violence exposure on hypothalamic-pituitary-adrenal axis reactivity and childhood internalizing and externalizing symptoms. *Development and Psychopathology*, 28(1), 55–72.
35. World Health Organization. (2013). *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*. Retrieved from <https://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>
36. World Health Organization. (2014). *Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook*. Retrieved from <https://apps.who.int/iris/handle/10665/136101>
37. Young-Wolff, K. C., Kotz, K., & McCaw, B. (2016). Transforming the health care response to intimate partner violence: Addressing "wicked problems." *The Journal of the American Medical Association*, 315(23), 2517–2518.
38. Miller, E., McCaw, B., Humphreys, B. L., & Mitchell, C. (2015). Integrating intimate partner violence assessment and intervention into healthcare in the United States: A systems approach. *Journal of Women's Health*, 24(1), 92–99.
39. O'Doherty, L. J., Taft, A., Hegarty, K., Ramsay, J., Davidson, L., & Feder, G. (2014). Screening women for intimate partner violence in healthcare settings: Abridged Cochrane systematic review and meta-analysis. *British Medical Journal*, 348, g2913.
40. Moffitt, T. E. (2013). Childhood exposure to violence and lifelong health: Clinical intervention science and stress-biology research join forces. *Development and Psychopathology*, 25(4pt2), 1619–1634.
41. Pfitzner, N., Humphreys, C., & Hegarty, K. (2017). Research review: Engaging men: A multi-level model to support father engagement. *Child & Family Social Work*, 22(1), 537–547.