Prenatal Exposure to Domestic Violence: Summary of Key Research Findings

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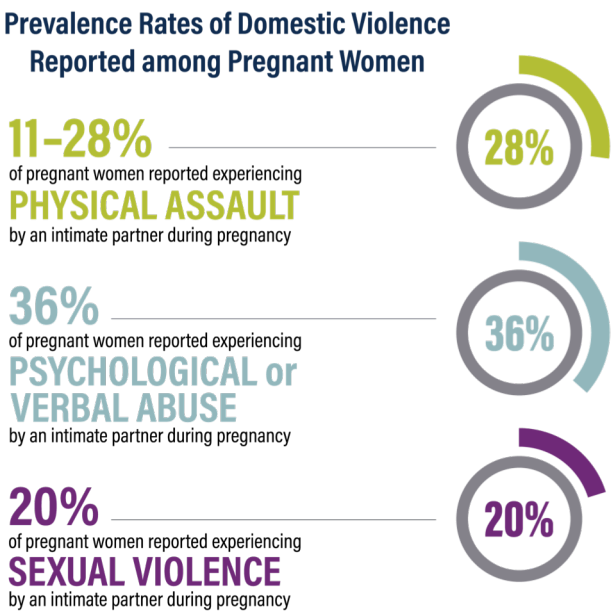
Prevalence of Prenatal Exposure to Domestic Violence

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 partner[2] 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) 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 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.

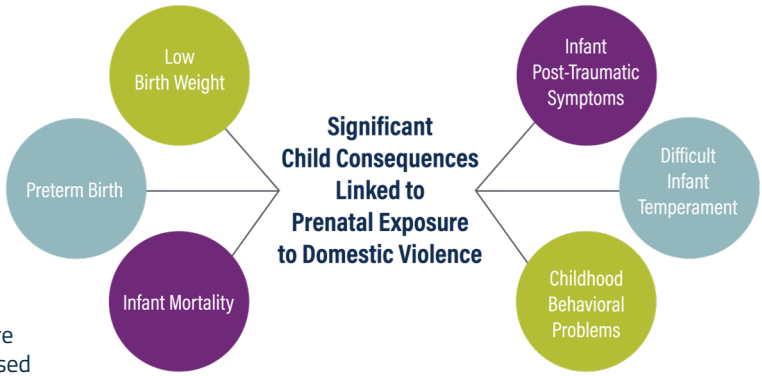
Domestic Violence and Maternal Health

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 use[19-21] have also been associated with experiencing domestic violence during pregnancy. Domestic violence during pregnancy and in the postpartum period has been associated with depression[22-24] and post-traumatic stress disorder.[25,26]

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]



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.

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]

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