**Issues in Domestic Violence: Special Populations**

**Introduction**

Case Vignettes

Andrew is a 45-year-old man, who has been in a 5-year relationship with David, an emergency room physician. Andrew’s work as an artist allows him to stay home and raise Chloe, the couple’s 5-year-old daughter. David routinely holds back funds that Andrew needs to run the household, and on several occasions David has punched Andrew, the most recent time in front of Chloe.

Robert and Beatrice are 70 and 68. They have been married for 45 years. They have recently been experiencing some financial stress, and Robert has been drinking. When he drinks, he becomes very angry, and often screams at Beatrice and calls her names.

Lauren and Brent, juniors in high school, have been dating since freshman year. Brent is very jealous of Lauren, and expects her to see him every day. He keeps close tabs on her. She has lost friendships as a result of defending Brent’s actions. When Lauren and Brent fight, it often becomes physical.

Latisha is a 35-year-old unmarried woman who is 5 months pregnant. She and her partner, Tony, have had tumultuous relationships for quite some time, and they can be physically aggressive towards one another. Despite the pregnancy she continues to drink heavily, which allows her to “forget.”

While on the surface there are differences between Andrew, Beatrice, Laura and Latisha, they share that they are victims of domestic or intimate partner violence. Domestic violence is “the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another” (The National Coalition Against Domestic Violence). Domestic violence affects individuals from every walk of life, whether gay or straight, young or old, married or unmarried. As these cases illustrate, domestic violence is often accompanied by emotionally abusive or controlling behavior, and thus is part of a systematic pattern of dominance and control. The terms “domestic violence,” and “intimate partner violence,” are synonymous, although the later is more inclusive.

While this is not an exhaustive list, Kurst-Swanger and Petocsky (2003), have identified some behaviors indicative of intimate partner violence. These include:

- Denying a person autonomy
- Isolating victims from family and friends
- Instilling fear through intimidation, threats and violence
- Manipulating behavior
- Unjustified jealousy
• Controlling financial resources

While domestic violence researchers have focused primarily on “traditional” marriages in which there is abuse, this does a disservice to many victims. It is important to recognize that intimate partner violence occurs in all types of partnerships.

This course will discuss the domestic violence in special populations including among gay and lesbian couples, among the elderly, and among teen dating relationships. The terms domestic violence and intimate partner violence will be used interchangeably throughout the text.

Upon completion of this course participants will:

**Educational Objectives:**

• Discuss prevalence and types of abuse among Gay, Lesbian, Bisexual and Transgender (LGBT) Relationships

• Discuss barriers to treatment and treatment recommendations for LGBT relationships

• Discuss domestic violence in later life, including factors that may play a role

• Describe why older men and women stay in abusive relationships

• Discuss violence among same sex partners

• Discuss teen dating violence, including contributing factors and prevention

• Discuss the physical and emotional consequences of intimate partner violence during pregnancy

**Domestic Violence in Gay, Lesbian, Bisexual and Transgender (LGBT) Relationships**

**Prevalence**

In our culture, intimate partner violence is often seen as something that occurs only in heterosexual cisgender (gender at birth and gender identity are the same) relationships. There are many misunderstandings about how LGBTQ, people experience intimate partner violence. Even fewer resources have look at how intimate partner violence affects transgender couples. LGBTQ survivors of
intimate partner violence face a host of barriers in attempting to seek safety and heal from abuse.

The National Violence Against Women survey found that 21.5 percent of men and 35.4 percent of women living with a same-sex partner experienced intimate-partner physical violence in their lifetimes, compared with 7.1 percent and 20.4 percent for men and women, with a history of only opposite-sex cohabitation. Similarly the CDC’s National Intimate Partner and Sexual Violence Survey (2013) found that the lifetime prevalence of rape, physical violence, or stalking by an intimate partner was 43.8 percent for lesbians, 61.1 percent for bisexual women, and 35 percent for heterosexual women, compared with 26 percent for gay men, 37.3 percent for bisexual men, and 29 percent for heterosexual men. This study did not include gender identity or expression.

While study of violence in LGBT continues to evolve, an important source of data is the National Coalition of Antiviolence Programs. NCAP’s reported prevalence data for 2010 underscores the need for clinicians to be aware of and responsive to intimate partner violence in LGBT couples. The following are some key findings:

- In 2010, NCAVP programs received 5,052 reports of intimate partner violence. While this represents an increase of 38.1% from 2009 (3,658 reports this was mainly due increased funding at the Los Angeles Gay & Lesbian Center (LAGLC) for their intimate partner violence programming.

- NCAVP documented six IPV murders/homicides in 2010 equal to the six documented murders/homicides in 2009. The majority of victims were women.

- The average age of murder/homicide victims increased. In 2009 the average age of the victims was 30, while in 2010 the average age was 39.

- Females accounted for nearly half (45.7%) of victims who reported to NCAVP member programs in 2010, while males accounted for more than a third (37%).

- 50.6% of survivors indicated they experienced intimate partner violence with a boyfriend/girlfriend or long-term partner, a decrease from 2009 (61.3%).

- More victims in 2010 (44.6%) were turned away from shelter than in 2009 (34.8)

- More than half of victims (55.4%) experienced physical violence from their abusive partners, a substantial increase from 2009 (36.5%). Less victims
called the police. In 2010 7.1% of victims called the police for support, a decrease from 2009 where 21.7% of victims called the police.

What makes these figures even more alarming is that LGBT domestic violence is vastly underreported, unacknowledged, and often reported as something other than domestic violence (National Coalition of Anti-Violence Programs, 2006). Gay men and women who are abused by a partner frequently report being afraid of revealing their sexual orientation or the nature of their relationship. Delaware, Montana and South Carolina explicitly exclude same-sex survivors of domestic violence from protection under criminal laws. Eighteen states have domestic violence laws that are gender neutral but apply to household members only. There are a number of additional barriers to reporting such abuse, and these will be discussed later in this material.

Nature of Abuse

In many ways, domestic violence in lesbian, bisexual and gay relationships is the same as in heterosexually-paired relationships. Some of these behaviors that are similar in heterosexual and GLBT relationships include (National Coalition of Antiviolence Programs, 2000):

- Verbal abuse, such as calling a partner names or belittling them in some way.
- Isolating a partner from their family or friends.
- Withholding money, shelter, food, clothing and/or medication from a partner as a means of controlling them.
- Interfering with a partner’s ability to obtain or keep employment, housing or any other benefit or service.
- Harming or attempting to harm a partner physically, or threatening to do so. Threats of harm may also extend to a partner’s family, friends, children and/or pets.
- Sexually assaulting or raping a partner.
- Threatening a partner with suicide or harm to self, if a partner tries to end a relationship or does not comply with an abuser’s demands.
- Stalking or otherwise harassing a partner.

While these types of abuse may be found in gay or straight relationships, there are some very specific forms of abuse that may be found in LGBT relationships. Some examples include (National Coalition of Antiviolence Programs, 2000):

- “Outing” or threatening to out a partner to friends, family, or employers.
- Reinforcing fears that no one will help a partner because he or she is lesbian, gay, bisexual or transgender, or that for this reason, the partner “deserves” the abuse.
• Justifying abuse with the notion that a partner is not “really” lesbian, gay, bisexual or transgender.
• Telling the partner that abusive behavior is a normal part of LGBT relationships, or that it cannot be domestic violence because it is occurring between same gender individuals.
• Portraying the violence as mutual or consensual.

Transgender individuals are disproportionately impacted by the violence in intimate partner relationships (National Coalition of Anti-Violence Programs, n.d.). According to the National Coalition of Anti-Violence Programs (2006), specific forms of abuse occur in relationships where one partner is transgender, including:

• Using offensive pronouns such as “it” to refer to the transgender partner
• Ridiculing the transgender partner’s body and/or appearance
• Telling the transgender partner that he or she is not a real man or woman or will never “pass” as a man/woman
• Denying the transgender partner’s access to medical treatment or hormones
• Hiding or throwing away hormones, clothing, binders, etc.

Specific Barriers for Transgender People

While LGBT people as a whole face barriers in seeking help, this is magnified in transgender people. Such barriers include:

• Inability to seek shelter placements due to a lack of trans-specific placements or exclusion from emergency housing
• Lack of competence in treating professionals/other helping individuals
• Loss associated with being outed as transgender

Case Vignette

Keliana, a 28-year-old transgender woman (M to F) and Jeanette have been in an exclusive relationship for the past two years. In the past three months, Jeanette’s behaviors have become increasingly erratic. Keliana would like to leave the relationship, but is fearful to do so because Jeanette has threatened to take action if Keliana leaves. She says that if Keliana leaves her she will call members of Keliana’s very religious family and let them know that the two have been lovers and tell them that Keliana is transgender. Jeanette has also threatened to out Keliana in the workplace.

There is a domestic abuse power wheel specific to LGBT couples experiencing intimate partner violence.
Barriers to Seeking Services

While it is undeniable that there is a need for LGBT men and women to seek services, there are barriers to doing so. Some of these barriers include:

- The belief that domestic violence does not occur in LGBT relationships
- Societal anti-LGBT bias (homophobia, biphobia and transphobia)
- Lack of funding for research into LGBT relationship abuse
- Fear that airing of the problems among the GLBT population will detract from progress toward equality or fuel bias.
- Lack of appropriate training regarding LGBT domestic violence for service providers
- Domestic violence shelters are typically female only, thus transgender people may not be allowed entrance into shelters or emergency facilities.

Factors that Increase Vulnerability in LGBT Relationships

Some of the factors that increase vulnerability to domestic violence in LGBT Relationships:

- Isolation of some LGBT individuals from families of origin
• Acceptance of violence in LGBT relationships from general population
• The “double closet,” need to hide sexual orientation status and need to hide the relationship abuse
• Co-Existent situations, such as low self-esteem and substance abuse
• Dismissal by police and some social service providers
• Impact of HIV in keeping couples together
• Lack of support from peers who would rather keep quiet

**Recommendations for Providers**

While there are a number of important issues in working with LGBT individuals who have been affected by domestic violence, the following recommendations are a few helpful ones (many excerpted from American Psychological Association recommendations):

• Increase their knowledge and understanding of working with these populations through continuing education, training, supervision, and consultation.
• Recognize the scope of the problem, and know that domestic violence is a “real” issue among same gender partners and couples in which one member is transgender.
• Understand the effects of stigma (i.e., prejudice, discrimination, and violence) and its various contextual manifestations in the lives of lesbian, gay, and bisexual and transgender people.
• Understand that same-sex attractions, feelings, and behavior are normal variants of human sexuality.
• Be knowledgeable about and respect the importance of lesbian, gay, and bisexual relationships and in couples in which one member is transgender. Recognize that domestic violence should not be an acceptable part of these relationships.

**Domestic Violence and Older Adults**

**Case Vignette**

*Frank and Emma have been married 50 years. While the marriage has been somewhat rocky for a number of years, it has worsened in the last several months. Recently Emma has started to develop memory problems, which have frustrated Frank. He often angrily tells her to “quit it” and calls her “stupid.” Their son David became concerned when he heard Frank asking Emma if she’d like him to “knock some sense into her.”*

It is often overlooked that intimate partner violence occurs throughout the lifespan. Domestic abuse in later life is a problem that has not received the attention it deserves. It is, however, a significant problem in older men and
women. The dynamics in this type of abuse are unique and require a specialized response from clinicians (Harris, 1996; US Department of Justice, 2005).

There are a number of factors that make it difficult to get an accurate picture of the scope of domestic violence in older adults. Probably the biggest factor is that intimate partner violence is often studied in conjunction with other types of elder abuse. While intimate partner violence and domestic violence share many similarities, there are differences as well. There is often not a universally agreed upon definition of what constitutes either intimate partner abuse or elder abuse. Due to these factors, and the general lack of research in this area, it is impossible to estimate prevalence.

**Age versus vulnerability:** Some definitions of intimate partner/elder abuse are based solely on the age of the victim. These vary from state to state, with a range of 60 to 70 as the age threshold for individuals who are victims. Many abuse in later life programs for older victims, however, identify individuals who are age 50 and older as those who are eligible to receive their support and services. Another type of definition of elder abuse includes the vulnerability of the older adult as a factor in determining whether the individual is a victim of elder abuse. In the example in the case vignette, for example, Emma’s dementia would be indicative of one such vulnerability.

**Forms of abuse:** The forms of elder abuse identified and defined by most states laws include physical, sexual and emotional abuse, neglect, and financial exploitation. Some definitions also include abandonment.

Abuse in later life may include physical, sexual, or psychological abuse, neglect, financial exploitation, or stalking of an older adult. The phrase “Abuse in Later Life” is often used by domestic violence and sexual assault advocates who work with older victims.

Older victims come from a variety of racial and ethnic groups and all economic levels. Many older victims are active members of the community. Some older victims are frail and live with significant health issues, physical disabilities, and/or cognitive limitations.

**Gender.** Abuse in later life affects older women more often than older men, although some men may be victims. Although older women often experience more significant violence and are more apt to change their lives to stay safe or accommodate the abuser, some older men are also victims of abuse, neglect, and exploitation.

**Dynamics.** In later life, another dynamic that is important to note is the length of the relationship. Spousal or partner relationships may sometimes be new, following the death of a previous partner. In these relationships there is not a history, and perpetrators will rarely disclose that violence had also been present in a prior relationship.
Another type of intimate partner abuse is late-onset abuse. In this situation long-term relationship that had not been abusive previously becomes so in later life. What is significant about late-onset abuse is that a medical or mental health condition may have led to aggressive or violent behavior (more later). In other there where there has been ongoing abuse, medical or mental health conditions are likely not present (US Department of Justice, 2005).

What causes abuse in later life?

Like other forms of domestic violence, many cases of abuse in later life involve dynamics of power and control. Even if physical abuse is not present, the threat of harm is often enough to persuade the older person to capitulate to the abuser's demands. The types of abuse seen in later life include physical abuse, emotional and psychological abuse, threats of physical violence or abandonment, isolating the individual from family and friends, limiting the victim's use of the telephone, denying the person finances to manage their needs, breaking assistive devices, and denying health care. The abusing partner can be very persuasive, and often try to convince family, friends, and professionals that they are only trying to help.

Many issues co-occur with abuse in later life including anger, stress, caregiver issues, medical conditions, mental health issues, substance abuse, or prior poor relationships. While these do not cause the abusive behavior, they can present the catalyst that may result in the violence. It is important that clinicians intervene to support resolution of these underlying problems and do not focus only on the abuse.

Because of the strong connection between caregiving and domestic violence, it is important to look at this in terms of domestic abuse. Many theories of domestic abuse in later life center on the stress of caring for a physically or mentally impaired partner. Certainly providing care for an ill or frail older person can be stressful, but there are many instances in which caregivers do not become abusive. Research has borne out the idea that caregiver stress is not a primary cause of elder abuse (www.ncall.us.)

In older adults it is important to consider that violent behavior may occur as a symptom of some medical or mental conditions or as a side effect of combinations of medications. These conditions include various dementias (Alzheimer's, Vascular Dementia, Lewy body disease, and other degenerative dementias.) Alzheimer's disease and related disorders account for more than 90% of dementia cases in the elderly. Delirium is another medical condition that can account for violent behavior. Medication side effects should also be considered.

As in other populations, use of drugs and alcohol may intensify situations and cause escalation into abuse. Alcohol abuse and alcoholism are common but under recognized problems among older adults. One third of older alcoholic
persons develop a problem with alcohol in later life, while the other two thirds grow older with the medical and psychosocial sequelae of early-onset alcoholism. Physiologic changes related to aging can alter the presentation of medical complications of alcoholism (Rigler, 2000). Substance abuse among those 60 years and older (including misuse of prescription drugs) currently affects about 17 percent of this population. By 2020, the number of older adults with substance abuse problems is expected to double (Hazeldon, 2012). Mental health clinicians should include a screening for these disorders when working with older adult perpetrators.

Case Vignette
Mary and John, both in their 70s, have been married for 51 years. Mary is seeking counseling due to depression. In assessing Mary, Dr. Cox asked about relationships and supports. Mary tearfully reports that her husband John had always been her biggest supporter, but lately it seemed like he was “a different person.” He has seemed “distracted,” and has been short-tempered, often raising his voice when he becomes frustrated with something, and these outbursts often seem to be directed at Mary. When Dr. Cox asks if Mary and John have seen their physician recently, Mary says that they have not, and agrees to schedule appointments for them both.

Domestic Violence Wheel for Older Adults

National Clearinghouse on Abuse in Later Life (NCALL)
Examples of Types of Abuse in Older Adults

The National Clearinghouse on Abuse in Later Life (NCALL) lists the following types of abuse in older adults:

- Physical Abuse: Slaps, hits, punches; creates hazards, bumps and/or trips; forces unwanted physical activity; pinches, pulls hair and twists limbs; restrains
- Sexual Abuse: Makes demeaning remarks about parts of one’s body/age-related changes, rough with intimate body parts during caretaking, forces sex acts that make victim feel uncomfortable; takes advantage of physical/mental illness in order to force sexual activity
- Psychological Abuse: Withholds affection; engages in crazy-making behavior publicly humiliates or behaves in a condescending manner
- Emotional Abuse: Humiliates, demeans, ridicules; yells, insults, calls names; degrades, blames
- Threatening: Threatens to leave and never see elder again; threatens to divorce or not divorce; threatens to commit suicide; threatens to institutionalize abuses or kills pet
- Targeting Vulnerabilities: Takes or moves walker, wheelchair, glasses, dentures; takes advantage of confusion; makes victim miss medical appointments
- Neglect: Denies or creates long waits for food, heat, care or medication; does not report medical problems; understands but fails to follow medical, therapy or safety recommendations
- Denies Access to Spiritual Events/Traditions: Denies access to ceremonial traditions or church; ignores religious traditions; prevents from practicing traditional ceremonies/events
- Using Family Members: Misleads family members about extent and nature of illnesses/condition; excludes or denies access to family
- Ridicules Cultural Values: Makes fun of a person's culture, racial background, sexual preference or ethnic background
- Isolation: Controls what victim does, whom they see, and where they go
- Financial Exploitation: Takes over accounts and bills and spending without permission; abuses a power of attorney

Why do victims stay?

As with domestic violence in people younger than 60, many older victims choose to remain in the relationship. Some of the reasons for this are similar to younger victims, but some are age-related. Victims sometimes stay in violent relationships because: (National Center on Elder Abuse, 2005; US Department of Justice, 2005).

- Fear of the unknown of fears of being alone
- Economic dependence
• Fear of institutionalization
• Values and culture that frown upon separation
• Shame and guilt
• Not wanting to leave behind cherished possessions or pets
• Medical conditions and disabilities
• Fear of loss of autonomy

Mandated reporting

Please be aware of your state’s mandated reporting laws, and whether elder abuse is a mandated reporting issue. In many states elder abuse is a specific area that mandated reporters must disclose. In others elders may be encapsulated under rules to report abuse that occurs to “vulnerable” or “incapacitated” individuals.

Teen Dating Violence

When we think of intimate partner violence, teens are another population that often are overlooked. Unhealthy relationships often start as an early pattern, and can last a lifetime. Consider the following scenario:

Case Vignette

Anna, a 23-year-old college student is seeking counseling at the student-counseling center. She presents as anxious and tells the intake counselor that she has been “a mess” since the end of her last relationship. Anna reports that when she first met Brent, she thought he was “different,” but that he “just likes all the others.” She describes a pattern of abuse that began early in the relationship. When asked about prior relationships, Anna described a 5-year relationship that began in high school and lasted until her sophomore year of college. She described her former boyfriend Connor as “controlling” and “jealous,” and shared that he would often follow her to know her whereabouts. Connor would also hack into her social networking site. She feels that much of her anxiety began during those years and as a result of those experiences.

Teen dating violence is defined as the physical, sexual, or psychological or emotional violence within a dating relationship, as well as stalking. It can occur in person or electronically and may occur between a current or former dating partner (CDC).

Just how prevalent is teen dating violence? A 2011 CDC nationwide survey found that 23% of females and 14% of males who ever experienced rape, physical violence, or stalking by an intimate partner, first experienced some form of partner violence between 11 and 17 years of age. A study by Vagi, Olsen, Basile, et al., (2015) found approximately 10% of high school students surveyed
reported physical victimization and 10% reported sexual victimization from a dating partner in the 12 months before they were surveyed.

Another factor to consider is that of cyber-victimization in intimate partner violence, an increasing reality given teen and young adults who have frequent access to technologies. This is an emerging area of study. Wolford-Clevenger, Zapor, Brasfield, et al. (2016) looked at partner cyber abuse among a college student sample. The research concluded that cyber abuse is prevalent among college students and occurs concurrently with other partner abuse forms and depressive symptoms. Similarly Marganski and Melander looked at cyber violence in a sample of 540 college students who reported being in a dating relationship in the past 12 months. The researchers found that intimate partner cyber aggression and victimization occurred in nearly three quarters of respondents, who reported having experienced some form of it in the past year. Analyses also indicated that such aggression may be part of a larger violence pattern in which these students experienced in-person psychological, physical, and sexual partner violence victimization experiences.

Despite the prevalence of teen dating violence, it is rarely reported to authorities, rather teens confide in peers, who are not equipped to help them handle the situation. Zwicker (2002) conducted a survey of female high school students. When asked who they would talk to if someone they dates was attempting to control them, insulted them, or physically harmed them, 86% percent said they would confide in a friend, while only 7% said they would talk to police. In another survey conducted on behalf of the Claiborne Foundation (2005), only 33% of teens who were in an abusive relationship ever told anyone about the abuse. The prevalence of dating violence in teen relationships is similar to that of opposite gender relationships (Halpern et al., 2004).

Consequences of dating violence

One of the biggest overall influences for teens are relationships, dating and otherwise. Teens that are exposed to healthy relationship behaviors experience positive emotional affects. Conversely, unhealthy, abusive or violent relationships can cause negative effects.

Violent relationships in adolescence can have serious ramifications for victims. Teens who are victims are more likely to be depressed and do poorly in school. Many teens that are abused will continue to be abused in their adult relationships. Teens experiencing teen dating violence are also at higher risk for substance abuse, eating disorders, risky sexual behavior, and suicide (Silverman et. al, 2001). The severity of violence among intimate partners has been shown to increase if the pattern has been established in adolescence (Field & Strauss, 2001).

Why does teen dating violence happen?
Violence is related to certain risk factors. According to the CDC, the risks of having an unhealthy relationship increase for teens who:

- Believe it's okay to use threats or violence to get their way or to express frustration or anger.
- Use alcohol or drugs.
- Can't manage anger or frustration.
- Hang out with violent peers.
- Have multiple sexual partners.
- Have a friend involved in dating violence.
- Are depressed or anxious.
- Have learning difficulties and other problems at school.
- Don't have parental supervision and support.
- Witness violence at home or in the community.
- Have a history of aggressive behavior or bullying.

**Attitudes about violence/contributing factors**

Teen dating violence does not happen in a vacuum. It can be traced to attitudinal factors and beliefs that many adolescents and adults alike have about relationships. First, many adults do not recognize the teen relationships can be violent, or believe that physical or emotional violence can be attributed to a lack of “maturity.” There is also the societal tendency to blame the victim. Lavoie (2003) conducted a qualitative study of teens. She found that the teens' explanatory models still attribute part of the responsibility to victims and is caused by: provocation by the girl; the victim’s personality type; the girl’s need for affection; communication problems; and peer group influence. The teens also pointed out the influence of pornography. Jackson et al. (2000) also found that many high school students (77% of female and 67% of males) endorse some form of sexual coercion, including unwanted kissing, hugging, genital contact, and sexual intercourse. Clearly educational efforts are needed.

**Prevention**

Working with teens who have experienced abuse is similar to other populations. It is helpful, however, to implement prevention strategies that will enable us to stop teen violence before it begins. Prevention programs focus on strategies that promote healthy relationships. The teen years are ones in which learning the skills of relationships, whether friendships or romantic, are crucial. The ultimate goal of prevention programs is to avert patterns of dating violence that can last into adulthood. Prevention programs change the attitudes and behaviors linked with dating violence.

One example is Safe Dates, a school-based program. The goals of this program
are to:

- Raise students’ awareness of what constitutes healthy and abusive dating relationships.
- Raise students’ awareness of dating abuse and its causes and consequences.
- Equip students with the skills and resources to help themselves or friends in abusive dating relationships.
- Equip students with the skills to develop healthy dating relationships, including positive communication, anger management, and conflict resolution.

**Intimate Partner Violence and Pregnancy**

Intimate partner violence is also a significant problem among partners in which the female partner is pregnant. Intimate partner violence during pregnancy is associated with adverse newborn outcomes, including low birth weight and preterm birth. This material will discuss the physical and psychological consequences of intimate partner violence during pregnancy.

**Prevalence**

Intimate partner violence is significant problem worldwide, with rates varying by country and maternal risk factors. A review of 18 studies, both domestic and international (including studies from Canada, China, England, Hong Kong, Mexico, Pakistan, Peru, Thailand and the U.S.) found that 1% to 30% of pregnant women experienced physical violence during pregnancy, with most estimates being between 3% and 11% (Taillieu & Brownridge, 2010). Although these estimates of the prevalence of physical violence during pregnancy vary widely, perhaps due to differences in reporting systems and definitions of domestic violence, it is clear that a significant number of women experience physical violence during pregnancy.

**Risk Factors**

With the scope of the problem, it is helpful to try to isolate (and thus remediate) risk factors. Many of the studies suggest that the strongest factor is that abuse during pregnancy is not an isolated occurrence but rather something that had predated the pregnancy (Castro, Peek-Asa & Ruiz A., 2003). One review on this topic found that 60% to 96% of women who experienced violence during pregnancy also experienced violence before pregnancy (Taillieu & Brownridge, 2010).

There are other social, economic, cultural, biological and environmental factors contribute to violence toward women during pregnancy.
Economic/urban residence disadvantage has consistently been identified as a risk factor for violence during pregnancy (Karaoglu et al., 2006; Goodwin, et al., 2006). While women from higher income groups experience violence, they may be less likely than others to disclose their abuse (Campbell, Garcia-Moreno, & Sharps, 2004). Low educational levels in the woman and her partner are also factor associated with physical abuse during pregnancy (Bohn, Tebben, & Campbell, 2004; Karaoglu et al., 2006). Young pregnant women, or those who are not married are also more likely than those who are older to be abused. National survey reports suggest a nearly double risk of pregnancy intimate partner violence for women under 20. (Saltzman et al., 2003; Bohn, Tebben, & Campbell, 2004). Other predictors associated with increased risk include racial and ethnic background, especially minority status (Bohn, Tebben, & Campbell, 2004). In the United States, Native American and African American women have an especially increased incidence of violence during pregnancy, but this may be due to factors previously noted and stressors associated with minority status (Field & Caetano, 2004).

**Physical Health Consequences**

Victims of Intimate partner violence during pregnancy often present in medical settings. While clinical presentation for women who are abused during pregnancy may vary, such medical presentations may include abdominal pain or vaginal bleeding, preterm labor, continued high-risk behaviors (smoking, alcohol, etc.), or late entry into the healthcare system. Intimate partner violence leads to increased risks of trauma for mother and infant (Goodman, 2009).

Intimate Partner Violence during pregnancy is associated with many negative consequences to the developing fetus. Teens and adults who are subjected to violence may enter the healthcare system later than non-abused women, resulting in delayed prenatal care. One study found that abused women were 1.8 times more likely to delay prenatal care as compared with non-abused counterparts (McFarlane et al., 2005). Women who are victims may also engage in poorer self-care practices, including inadequate care utilization, poor nutrition, and smoking. All of these may lead to fetal complications and poor newborn outcomes. The effects of smoking during pregnancy have been researched heavily, and what is interesting is that negative outcomes are not limited to infants who are heavily exposed in utero. 11.5% of babies born to light smokers (fewer than six cigarettes/day) were LBW, more than 50% higher than the LBW rate for births to nonsmokers (Martin et al., 2003).

Physical abuse is particularly problematic during pregnancy. Violence involving abdominal trauma can lead to premature labor, rupture of membranes, placental abruption, and ruptured uterus, all of which lead to preterm birth or death. The effects of premature birth are often long lasting; premature infants, especially those of low birth weight, may experience cognitive deficits, motor delays
including cerebral palsy, academic difficulties, language delays, and increased rates of attention problems, behavioral difficulties, and psychological problems (Kilbride, Thorstad, & Daily, 2004). Intimate partner violence during pregnancy is associated with threefold increase in risk of pregnancy loss (Lipsky et al., 2003).

There is an established link between substance use (especially problem drinking) and domestic violence. While it is difficult to state specifically how many women are affected, we are well aware of the adverse health consequences of alcohol and pregnancies. Studies suggest that only 5-10% of pregnant substance abusers receive help for addictions during pregnancy. Many studies have confirmed a link between prenatal alcohol and drug exposure and adverse newborn outcomes including prematurity and low birth weight. Children born to these women may exhibit alcohol, tobacco and other drug withdrawal syndromes (Goodman, 2009).

**Mental Health Consequences**

Pregnancy violence has been associated with many mental health factors as well. Women who experience violence either during or outside of pregnancy were found to have a ninefold increase in risk for a mood or anxiety disorder (Smith et al., 2014) and are significantly more likely to be hospitalized for psychological reasons (Lipsky et al., 2004). Additionally other studies have shown that 45% of women experiencing violence were found to have posttraumatic stress disorder with stress in pregnancy associated with both preterm birth and low birth weight. Although study is still needed one area of interest has been the relationship between elevated levels of the neurochemical cortiotrophin releasing hormone (CRH) and miscarriage/preterm labor (Kalantaridou et al., 2007).

Another mental health consequence of intimate partner violence among pregnant women is the risk of developing PTSD symptoms. There have been a number of studies that point to the risk of depression and PTSD among non-pregnant women (e.g., Basile et al., 2004), and while some further study is needed among pregnant women results of initial studies suggest that PTSD is another negative outcome of pregnancy violence. For example Rodriguez et al. (2008) compared a sample of 210 pregnant Latina women with and without reported pregnancy violence. The researchers found that significantly more women exposed to intimate partner violence were positive for depression than women who were not (41% vs 18.6%). Significantly more women exposed to intimate partner violence were positive for PTSD than women who were not (16% vs 7.6) and a history of trauma were independently associated with PTSD, whereas higher income was associated with decreased risk of PTSD.

These studies indicate a need for increased screening of pregnant women who may be exposed to domestic violence.
REFERENCES


National Center on Elder Abuse (2005). Domestic violence: Older women can be victims too.


