VOCAL
Victims Of Crime Assistance League Inc NSW

Domestic Violence & Pregnancy

Domestic violence often continues during pregnancy and in most cases occurring for the first time. It may become targeted to abdominal and genital areas. The 1996 Australian Bureau of Statistics (ABS) survey, Women's Safety Australia found that 23% of women had experienced either physical or sexual abuse in their lifetime. Of the women who reported abuse, 42% were abused when pregnant; 20 % of them for the first time.

A Queensland study of over 1000 women presenting to an antenatal clinic found that almost a third (29.7%) had experienced abuse. In 80% of these cases, the male abuser was an intimate partner or ex-partner. Nearly 9% of women experienced abuse in their current pregnancy; 20% said they first experienced abuse while pregnant.

The severity of abuse the women reported was very concerning:

- 23.5% were slapped, pushed or shoved
- 13.2% kicked bitten or hit with fist
- 12% damage to property or pets
- 5.8% serious threats to life
- 5.6% choked strangled
- 3.7% hurt with knife or gun
- 4.7% ticked all categories

Mahoney and Williams (1998) note studies that suggest the timing of male intimate partner rape often correlates with women having been in hospital, most often because of childbirth. Women in Bergen 's study (1996) described partners insisting on having intercourse soon after they have given birth in spite of doctor's advice to abstain.

VOCAL
Victims Of Crime Assistance League Inc NSW

Dynamics of abuse during a woman's childbearing years

Often, women abused during their childbearing years are abused in ways that are linked to reproduction (including sexuality, conception, pregnancy, childbirth and parenting).

Before pregnancy the abuser may control a woman's decisions and choices around conception by: sexually assaulting her; coercing her to have sex or refusing to engage in sex; refusing to use, or not allowing her to use, contraception (which could result in a forced pregnancy); forcing her to use contraception (which could prevent her from becoming pregnant); refusing to use protection to prevent the transmission of sexually transmitted diseases. This is of particular concern in situations where the abuser is known to be engaging in high-risk behaviours, such as having sex with multiple partners and/or using intravenous drugs (Martin & Younger-Lewis, 1997; Madsen, 1996).

Once a woman is pregnant, the abuser may: force her to have an abortion; injure her with the intent of causing her to lose the baby; injure her so that she has a miscarriage; force her to continue an unwanted pregnancy. (Martin & Younger-Lewis, 1997).

For a small number of abused women, becoming pregnant serves to decrease or stop the abuse. Consequently, these women may try to stay pregnant to try and protect themselves from abuse (Bohn & Parker, 1993; Saskatchewan Institute on Prevention of Handicaps, 1997). Although this may work in a small number of cases, often the abuse begins again after the birth of the baby. Also, for most women, pregnancy actually serves to intensify abuse (Stewart & Cecutti, 1993; Searle, n.d.). The reality is that pregnant women are at risk of being abused. Pregnancy is also a dangerous period for the children of abused women (Saskatchewan Institute on Prevention of Handicaps, 1997).

- During pregnancy, the abuser may:
- start, continue or change the pattern of abuse (e.g. abuse may escalate; physical assaults may focus on a pregnant woman's abdomen, genitals, breasts)
- control, limit, delay or deny her access to prenatal care
- use the pregnancy as a weapon in emotional abuse by: refusing sex on the grounds that her pregnant body appears unattractive to him; deny that the child is his; refuse to support her during the pregnancy or during the birth; financially abuse her by refusing her access to money to buy food and supplies; threaten to leave her or report her to child welfare authorities as an unfit mother; force her to work beyond her endurance during pregnancy. (Ferris et al., n.d.; Lent, 1991; Bohn & Parker, 1993; Modeland, et al., 1995; Salber & Taliaferro, 1995; Martin & Younger-Lewis, 1997).

During labour and birth, the abuser may:

- try to control decision making around the use or non-use of pain medication and/or other interventions
- demand that doctors restore the woman's vagina to the way it was before the birth
- make negative comments about the baby's gender when it is born
- Insist on being allowed into the delivery room, and later describe with revulsion to family and friends the process, thereby demeaning the woman (VOCAL).

After the baby is born, the abuser may:

- increase the amount of abuse
- begin using the mother's relationship with her baby as part of the abuse by: denying access to her newborn baby; not helping out with the baby; blame her because the infant is the "wrong" sex; make her feel bad for time she spends with the baby; put down her parenting ability;

threaten to abduct the baby; tell her she will never get custody of the baby; make her stay at home with the baby; make/threatening to make false child abuse accusations against her; withhold money (e.g. for supplies for the baby); blame her for the baby's crying or other problems; neglect the child if left with him (Stewart, 1994; Martin & Younger-Lewis, 1997).

- disempowering the mother about decisions related to the baby: forbidding or forcing religious or cultural practices (e.g. circumcision); forbidding or forcing her to breastfeed.

It is believed that in domestic violence relationships when the woman is forbidden from breastfeeding, it is often because of their partners' jealousy of the unique and close relationship that breastfeeding affords the woman and her baby (Townsend, n.d.).

VOCAL
Victims Of Crime Assistance League Inc NSW

Impacts of Abuse on the Pregnant Woman & Foetus

Much has been written about the serious physical and psychological effects of abuse on victims. Clearly, women who are abused during pregnancy (and their unborn baby) can suffer any or all of the known impacts of abuse, including serious physical and/or psychological trauma and death.

According to the literature, abuse during pregnancy can have direct and indirect effects. Many different complications and adverse pregnancy outcomes are linked to abuse. Some are the direct consequences of violence (eg. due to physical trauma). Other effects are indirect and may stem from complex and interrelated factors, such as stress, substance abuse, suicide attempts, depression, inadequate prenatal care, and histories of obstetrical and gynaecological complications (Bohn & Parker, 1993).

Research has shown that pregnant women who experience severe physical trauma to their abdomen may suffer adverse pregnancy outcomes, including:

- placental abruption (separation)
- preterm labour and delivery
- foetal death (independent of an abruption)
- previa death in utero
- spontaneous abortion