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Women's Domestic Abuse Risk Rises After Childbirth

By Charnicia E. Huggins

NEW YORK – At-risk women may be less likely to suffer emotional or physical abuse during pregnancy, but the risk goes up following delivery – at least for those faced with some type of family or social adversity while pregnant – a team of UK researchers reports.

And, their study found, the more adversity cited by the expectant mother, the more likely she is to report experiencing some type of abuse.

“The number of family based problems that are experienced during pregnancy are associated with an increased likelihood of reporting both physical and emotional cruelty by an intimate partner, both during pregnancy, and up to 33 months after the birth of the child,” study author Dr. Erica Bowen, of the University of Bristol, told Reuters Health.

Each year up to one out of every nine women experiences domestic violence. Women of prime childbearing age have the highest risk of victimization, but experts disagree about whether pregnant women are at high risk of domestic violence – and whether obstetric visits are the best time to screen for abuse.

“There is currently some debate about the ethics of asking women during antenatal screening about their experiences of victimization,” Bowen explained. “The results of this study provide information about the family context within which victimization may occur, and as a result, might increase the awareness of healthcare professionals of the risks associated with these contexts.”

She added, “This is not to say that these characteristics will absolutely identify the next victim, but it may help healthcare professionals identify high risk situations and as a result increase monitoring of women (during) pregnancy.”

Bowen and her team analyzed information from a long-term study of 7,591 pregnant women seen over a two-year period. The women completed questionnaires at 18 weeks of pregnancy, as well as at 8 weeks, 8 months, 21 months and 33 months after their delivery about whether their partner had inflicted any physical or emotional cruelty upon them.

They also answered separate questions to determine their level of family adversity, including whether they were younger than 20 years old at their first pregnancy, whether they had inadequate housing or financial difficulties, if they or their partner had been in trouble with the police and whether they had depression or anxiety.

A total 11 percent of the women reported experiencing physical or emotional cruelty after delivery, in comparison to 5 percent who said they experienced such abuse while pregnant.

Also, half of the study group reported no social adversity, while 29 percent of the other half reported one adversity and 12 percent reported two adversities. None of the women said they experienced more than six adversities, the report indicates.

Altogether, women who reported experiencing physical or emotional cruelty while pregnant also reported more social adversity during their pregnancy, the researchers report in this month's issue of BJOG: an International Journal of Obstetrics and Gynaecology.

And, "The higher the number of problems experienced, the higher the increased risk," according to Bowen.

For example, women who reported experiencing only one adversity during pregnancy were nearly three times more likely than their peers to say they had experienced physical cruelty and twice as likely to report experiencing emotional cruelty at 33 months postpartum. Those who reported five adversities during pregnancy were more than 14 times more likely to report physical cruelty at 33 months postpartum and 6 times more likely to report emotional cruelty.

Bowen and her colleagues conclude that "it is evident from the data presented that although pregnancy appears not to be a sensitive period per se for domestic violence victimization, levels of social adversity identified during pregnancy are important for predicting future victimization."

"Therefore," they write, "screening during pregnancy is important and should include a variety of social, individual and relationship factors."

SOURCE: BJOG, August 2005.

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