

## Pregnant people - Key Literature

### Australia

**Australian Bureau of Statistics (ABS), *Personal Safety, Australia, 2016*, ABS cat no. 4906.0 (2016).**

This release presents information from the Australian Bureau of Statistics' (ABS) 2016 Personal Safety Survey (PSS). The survey collected detailed information from men and women about their experiences of violence since the age of 18, as well as experiences of current and previous partner violence, stalking, physical and sexual abuse and harassment, abuse before the age of 15, and general feelings of safety. The survey estimated that approximately one fifth of women who experienced violence from a current partner, and who were pregnant at some point in the relationship, experienced violence during their pregnancy. Further, approximately one half of women who experienced violence by a previous partner, and who were pregnant during the relationship, experienced violence during their pregnancy. See Tables 17-18, which highlight the link between pregnancy and experiences of violence.

**Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia (Report, 2018)*.**

This report usefully compiles and summarises current statistics on family violence, domestic violence and sexual violence from multiple sources. Its key points are:

- > women are at greater risk of family, domestic and sexual violence;
- > some groups of women are more vulnerable to all three types of violence (in particular, women who are Indigenous, young, pregnant, separating from a partner or experiencing financial hardship and women with disability);
- > children are often exposed to the violence;
- > the three types of violence are leading causes of homelessness and adverse health consequences for women and create significant financial cost; and
- > family violence is worse for Aboriginal and Torres Strait Islander people.

The report also identifies important gaps in the current research on family, domestic and sexual violence.

No or limited data is available on:

- > children's experiences, including attitudes, prevalence, severity, frequency, impacts and outcomes of these forms of violence;
- > specific at-risk population groups, including Indigenous Australians, people with disability, and lesbian, gay, bisexual, transgender and intersex (LGBTI) people, including those in same-sex relationships;

- > the effect of known risk factors, such as socioeconomic status, employment, income and geographical location;
- > services and responses that victims and perpetrators receive, including specialist services, mainstream services and police and justice responses;
- > pathways, impacts and outcomes for victims and perpetrators; and
- > the evaluation of programs and interventions.

**Boxall H & Morgan A 2021. [Who is most at risk of physical and sexual partner violence and coercive control during the COVID-19 pandemic?](#). *Trends & issues in crime and criminal justice* no. 618. Canberra: Australian Institute of Criminology.**

Abstract: In this study, data was analysed from a survey of Australian women (n=9,284) to identify women at the highest risk of physical and sexual violence and coercive control during the early stages of the COVID-19 pandemic.

Logistic regression modelling identified that specific groups of women were more likely than the general population to have experienced physical and sexual violence in the past three months. These were Aboriginal and Torres Strait Islander women, women aged 18–24, women with a restrictive health condition, pregnant women and women in financial stress. Similar results were identified for coercive control, and the co-occurrence of both physical/sexual violence and coercive control.

These results show that domestic violence during the early stages of the COVID-19 pandemic was not evenly distributed across the Australian community, but more likely to occur among particular groups.

**Campo, Monica, [Domestic and family violence in pregnancy and early parenthood: Overview and emerging interventions](#) (CFCA Practitioner Resources, Australian Institute of Family Studies, 2015).**

This practitioner resource contains information on risk factors for domestic and family violence for young women and women in pregnancy and early parenthood. It contains the following key points:

- > Women are at an increased risk of experiencing violence from an intimate partner during pregnancy.
- > If domestic and family violence already exists, it is likely to increase in severity during pregnancy.
- > Young women, aged 18–24 years, are more likely to experience domestic and family violence during pregnancy.
- > Unintended pregnancy is often an outcome of an existing abusive relationship.
- > Poor birth outcomes (such as low birth weight, premature birth) and post-natal depression are associated with domestic and family violence during pregnancy.

The long-term effects of exposure to domestic and family violence in utero are emerging.

**Meuleners, Lynn B, et al, 'Maternal and Foetal Outcomes among Pregnant Women Hospitalised due to Interpersonal Violence: A Population Based Study in Western Australia, 2002-2008' (2011) 11 *BMC Pregnancy and Childbirth* 70.**

A total of 468 pregnant women were hospitalised in Western Australia for an incident of interpersonal violence during the study period, and 3,744 randomly selected pregnant women were included as the comparison group. The majority of violent events were perpetrated by the pregnant women's partner or spouse. Pregnant Indigenous women were over-represented accounting for 67% of all hospitalisations due to violence and their risk of experiencing adverse maternal outcomes was significantly increased compared to non-Indigenous women. Pregnant women hospitalised for an incident of interpersonal violence sustained almost double the risk for adverse maternal complications than the non-exposed group. The overall risk for adverse foetal complications for pregnant women exposed to violence was increased two-fold.

**Ogbo, Felix Akpojene, John Eastwood, Alexandra Hendry, Bin Jalaludin, Kingsley E Agho, Bryanne Barnett and Andrew Page, 'Determinants of Antenatal Depression and Postnatal Depression in Australia' (2018) 18(49) *BMC Psychiatry* (online).**

This article considers the causes of antenatal and postnatal depression in Australia. The results of the study indicate that a history of intimate partner violence, both physical and psychological, is associated with depressive symptoms (p 3). Further, IPV was one of the 'strongest risk factors for antenatal depressive symptoms' (p 5).

**Taft, Angela, 'Violence in Pregnancy and After Childbirth' (Issues Paper No 6, Australian Domestic and Family Violence Clearing House, 2002).**

While this Australian issues paper is directed to health practitioners it provides a helpful literature review of violence against women during pregnancy. It focusses primarily on Australian publications. This overview of the literature notes that severe violence may be inflicted during pregnancy and that patterns of violence may change in pregnancy. Some studies report escalation or commencement of violence during pregnancy, others point to decreased violence during pregnancy.

**Walsh, Deborah, 'The Hidden Experience of Violence During Pregnancy: A Study of 400 Pregnant Australian Women' (2008) 14(1) *Australian Journal of Primary Health*.**

This study recruited and interviewed 400 women from the Royal Women's Hospital Antenatal clinic in Melbourne, measuring indicators of physical and psychological abuse. It found that 20% of participants reported experiencing violence during their pregnancy (p101), and 6% reported violence increasing during their pregnancy, although most women reported violence and abuse remained the same throughout the pregnancy.

**Burch, Rebecca, and Gordon Gallup, 'Pregnancy as a Stimulus for Domestic Violence' (2004) 19(4) *Journal of Family Violence* 243.**

In this study 258 men who were attending a domestic violence prevention and treatment program were interviewed about the history of domestic abuse. For those men in the study who admitted abusing their current partner when she became pregnant, the frequency and severity of abuse increased. Eight men admitted they abused a previous partner while she was pregnant and, similarly, frequency and severity of abuse increased towards a pregnant previous partner (p245). Sixty-eight men in this study refused to answer questions in relation to abuse during pregnancy. The data were analysed to determine the relationship between female reproductive status and violent incidents. Both the frequency and severity of male initiated violence against women were twice as high when they were pregnant.

**Carrie Purcell et al., 'Women's experiences of more than one termination of pregnancy within two years: a mixed-methods study' (2017) 124 *BJOG* 1983-1992.**

The fact that some women undergo more than one termination of pregnancy (TOP) is often perceived as a concern for TOP provision, policy and research in the UK and internationally. Using a mixed-method design, this study examined the characteristics and experiences of women in Scotland who sought more than one TOP within two years. Results identified key differences between women seeking more than one TOP within two years and those reporting no previous TOP, or previous TOP beyond the preceding two years. Women seeking more than one TOP within two years experienced issues relating to contraception, intimate partner violence (IPV), life aspirations and socio-economic disadvantage. These challenges and vulnerabilities were underpinned by gender and socio-economic inequalities.

**Chibber, Karuna et al, 'The Role of Intimate Partners in Women's Reasons for Seeking Abortion' (2014) 24(1) *Women's Health Issues* e131.**

Using baseline data from the [Turnaway Study](#), a longitudinal study among women (n = 954) seeking abortion at 30 U.S. facilities between 2008 and 2010, this study reports findings that 8 per cent of women reported abusive partners as the reason for seeking an abortion, due to concerns the abuse would continue after childbirth (thus effecting the child) and that having a child would inhibit the women leaving the relationship (p e134). Some women also referred to being pressured to get an abortion, and others, being forced to become pregnant. The article goes on to note on p e136 however, that only a small percentage of women 'identified having abusive partners as a reason for seeking abortion. Importantly, those identifying abusive partners as a reason for seeking abortion did not describe their partner as threatening or physically hurting them as a way of forcing them to have an abortion. Instead, their descriptions suggest that the women independently decided to seek abortions, perceiving this as their best option to end abusive

relationships’.

**Cliffe, Charlotte, Maddalena Miele and Steven Reid, ‘Homicide in pregnant and postpartum women worldwide: a review of the literature’ (2019) 40(2) Journal of Public Health Policy 80-216**

This study reviewed the international literature on maternal homicide, and found that pregnancy-associated homicide is an important contributor to maternal mortality, with rates comparable to suicide. Women murdered during the perinatal period constitute a highly vulnerable group as they are younger, unmarried and more likely to be from minority ethnic groups. Reported worldwide rates of maternal homicide range from 0.97 to 10.6 per 100,000 live births. Rates are highest in the US in comparison to other jurisdictions. Evidence suggests that women who are pregnant may have an increased risk of being a victim of homicide, compared to non-pregnant women. Studies reporting homicide in other jurisdictions do not report as consistently high numbers in the perinatal period, which may be because a lack of data and reliance on national reporting systems which differ significantly by country in method and accuracy.

**Moore, Ann M, Lori Frohwirth and Elizabeth Miller, ‘Male Reproductive Control of Women Who Have Experienced Intimate Partner Violence in the United States’ (2010) 70 *Social Science and Medicine* 1737.**

This article provides a concise overview of the literature, establishing a variety of reproductively coercive behaviours men may engage in, pre-, during, and post-pregnancy. The article goes on to discuss findings from interviews with 71 women aged 18-49, who reported a history of IPV. Findings include that 53 respondents (74%) experienced male reproductive control, including ‘pregnancy-promoting behaviours’ (e.g. sabotaging contraception, forced sex), abuse during the pregnancy, and attempts to influence the pregnancy outcome.

**Nesari M., Olson J.K., Vandermeer B., Slater L., Olson D.M., ‘Does a maternal history of abuse before pregnancy affect pregnancy outcomes? A systematic review with meta-analysis’ (2018) 18(1) *BMC Pregnancy and Childbirth* 404.**

The study aims to examine the connection between maternal histories of abuse before pregnancy and the risk of pre-term delivery and low birth weight. An analysis of 16 articles demonstrated that women who were abused prior to pregnancy have an increased risk of pre-term birth and low birth weight, with the highest level of risk associated with victims of childhood abuse. The authors suggest that possible explanations for these findings include: 1) cumulative life stress; 2) associated high risk behaviors including smoking, drug or alcohol abuse; 3) decreased family support; and 4) decreased prenatal care. The authors suggest that greater care should be taken to identify maternal history of abuse before pregnancy, and to use this information to inform risk assessment for adverse pregnancy outcomes.

**Roberts, Sarah CM, et al, 'Risk of Violence from the Man Involved in the Pregnancy After Receiving or Being Denied an Abortion' (2014) 12 *BMC Medicine* 144.**

Using data from the Turnaway Study, a longitudinal study among women seeking abortion at 30 U.S. facilities between 2008 and 2010, this study explored whether the risk of intimate partner violence decreased after having an abortion. It found that: 'Among women seeking abortion, having an abortion was associated with a reduction over time in physical violence from the MIP [man involved in the pregnancy], while carrying the pregnancy to term was not. Terminating an unwanted pregnancy may allow women to avoid physical violence from the MIP, while having a baby from an unwanted pregnancy appears to result in sustained physical violence over time' (p148).

**Vivienne, Elizabeth, 'Custody Stalking: A Mechanism of Coercively Controlling Mothers Following Separation' (2017) 25(2) *Feminist Legal Studies* 185-201.**

This study adds to the literature in relation to post-separation violence by introducing the new concept of 'custody stalking'. Custody stalking is a parents's use of custody and/or child protection proceedings to obtain care time with children far in excess of their involvement prior to separation (p 187). Elizabeth views custody stalking as a specific pattern of coercive control, derived from the unique insights former partners have about how to torment women (p 187). The study was conducted through interviews with 12 mothers who had experienced domestic violence (p 190). The study found that custody stalking causes grief, damages psychological wellbeing and has a detrimental effect on their mothering relationships. However, the losses experienced by mothers in this study are described as 'culturally invisible' (p 187-8)

**Williams, Corrine M, Ulla Larsen and Laura A McCloskey, 'Intimate Partner Violence and Women's Contraceptive Use' (2008) 14(12) *Violence Against Women* 1382.**

This article provides a very relevant review of the literature in this area, including studies establishing an association between intimate partner violence, unintended pregnancies, and abortions (pp1382-1385). In doing so, the article provides an overview of some of the behaviours women's abusive partners engage in, such as forcing or preventing women from having children, refusing to use contraception, and women not having control over the timing of sexual intercourse (p1384). It goes on to explore contraceptive use by 225 abused and nonabused women, finding that 'Women experiencing physical and emotional abuse were more likely to report not using their preferred method of contraception in the past 12 months compared with nonabused women (OR = 1.9; 95% CI = 1.0 to 3.7)' [abstract].

**World Health Organisation (WHO), [Fact sheet: Violence against women](#), 9 March 2021.**

This fact sheet, based on data collected by the WHO, states that intimate partner violence and sexual violence can lead to unintended pregnancies, induced abortions, gynaecological problems, and sexually transmitted infections. WHO studies confirm that women who have experienced partner violence are twice

as likely to have an abortion as compared to women who have not experienced partner violence. This fact sheet notes that intimate partner violence in pregnancy also increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight babies.