

FACT SHEET



FSU Center for Prevention & Early Intervention Policy

Violence, Abuse and Adolescent Childbearing

Maltreatment of any kind has been increasingly implicated as a strong factor in adolescent pregnancy. *

REFERENCES

Parker, B., McFarlane, J., & Soeken, K., (1994). Abuse during pregnancy: Effects on maternal complications and birth weight in adult and teenage women. *Obstetrics & Gynecology*, 84, 323-328.

Gessner, B.D., & Perham-Hester, K.A. (1998). Experience of violence among teenage mothers in Alaska. *Journal of Adolescent Health*, 22, 383-388.

Covington, D.L., Justason, B.J., & Wright, L.N. (2001). Severity, manifestations, and consequences of violence among pregnant adolescents. *Journal of Adolescent Health* 28, 55-61.

Center for Impact Research (2000, February). *Domestic Violence and birth control sabotage: A report from the teen parent project*. Chicago, IL: Author.

Horon, I., & Cheng, D. (2001). Enhanced surveillance for pregnancy-associated mortality-Maryland, 1993-1998. *Journal of the American Medical Association*, 285(11), 1455-1459.

RESEARCH

There is growing evidence that pregnant adolescents are at increased risk for domestic violence. Pregnant teens that have been abused have significantly greater risk for poor weight gain, first or second trimester bleeding, and alcohol or drug abuse.

Abuse is related to late entry into prenatal care and low birth weight deliveries. Pregnancy provides a window of opportunity for abuse assessment and intervention.

One study revealed that 26% of mothers age 17 or younger, and 23% of 18- and 19-year-old mothers, experienced violence before, during, or after their pregnancies.

In a study of 192 pregnant teens, over 33% reported multiple incidents of violence during pregnancy. Among teens who reported physical violence, over 50% reported being injured in the abdominal area. While the majority of teens reported being battered by a current or former partner, about 25% reported a relative, including mother (9.6%), father (6.5%), and brother (6.5%).

Adolescents who reported severe prenatal violence were significantly more likely to deliver preterm than those reporting other violence or no prenatal violence.

In a study of 379 pregnant or parenting teens and 95 teenage girls without children, 62% of the girls aged 11-15 years and 56% of girls aged 16-19 years reported experiencing domestic violence at the hands of their partners. Moreover, 51% of the girls reported experiencing at least one instance where their boyfriend attempted to sabotage their efforts to use birth control.

In a study of 247 pregnant Maryland women who died between 1993 and 1998, homicide, the leading cause of pregnancy associated death, was responsible for 20.2% of all deaths. For women age 14 to 44 years that were not pregnant, the rate of death by homicide was 6.4%.

REFERENCES

Chang, J., Berg, C. J., Saltzman, L.E., & Herndon, J. (2005). Homicide: A leading cause of injury deaths among pregnant and postpartum women in the United States, 1991-1999. *American Journal of Public Health, 95*(3), 471-477.

Overpeck, M.D., Brenner, R.A., Trumble A. C., Trifiletti, L.B., Berendes, H.W. (1998). Risk factors for infant homicide in the United States. *New England Journal of Medicine, 339*(17), 1211-1216.

Surgeon General's workshop on Violence: Recommendations of Spouse abuse. Response 1986: 9(1), 19-21.

Alan Guttmacher Institute (1994). *Sex and America's teenagers* (p. 22). New York: AGI.

Stock, J.L., Bell, M.A., Boyer, D.K., & Connell, F.A. (1997). Adolescent pregnancy and sexual risk-taking among sexually abused girls. *Family Planning Perspectives, 29*(5), 200-203, 227.

Liederman, S. & Almo C. (2001) *Interpersonal Violence and Adolescent Pregnancy: Prevalence and Implications for Practice and Policy*. Center for Assessment and Policy Development. Available online (www.healthyteennetwork.org).

Stevens-Simon, C., & McAnarney, E.R. (1994). Childhood victimization: Relationship to adolescent pregnancy outcome. *Child Abuse & Neglect, 18*, 569-575.

Brindis, C., & Philliber, S. (2003) Improving Services for Pregnant and Parenting Teens. *The Prevention Researcher, 10* (4), 9-13.

* Stock, J., Bell, M., Boyer, K., & Connell, F. (1997). Adolescent pregnancy and sexual risk-taking among sexually abused girls. *Family Planning Perspectives, 29*(5), 200-203, 227.

RESEARCH

Women aged younger than 20 years of all races combined had the highest pregnancy-associated homicide ratio, and the ratio decreased as the woman's age increased. The risk among Black women aged younger than 20 years was nearly 5 times greater than that for White women aged younger than 20 years.

One study identified the most important risk factors for infant homicide were a second or subsequent infant born to a teen mother, a maternal age of less than 15 years, no prenatal care, or less than 12 years of education among mothers who were at least 17 years old.

A Surgeon General's workshop identified pregnancy as a high-risk period for battering and recommended that all pregnant women be screened for battering as part of routine prenatal assessments.

For some young people, having sex is not a voluntary choice. The youngest teenagers are especially vulnerable to coercive sex. Some 74% of women who had intercourse before age 14 and 60% of those who had sex before age 15, report having had sex involuntarily.

In a study of 3,055 adolescent girls, respondents who had been either sexually or physically abused were approximately twice as likely to have been pregnant as those who had no history of abuse. Those who experienced both sexual and physical abuse were about four times as likely to have had a pregnancy.

A review of recent research indicates that as many as two-thirds of adolescents who become pregnant were sexually and / or physically abused at some point in their lives.

Adolescents who have previously been sexually abused obtain less prenatal care, less weight gain, engage in more substance abuse, and give birth to smaller babies than do nonabused adolescents. They also report more stress and depression and less adequate social support.

Few of our current programs attempt to respond to the powerful impact of many of these factors. For example, although the prevalence and incidence of sexual abuse is relatively common and the experience of early sexual abuse is a predictor of early pregnancy, this factor is rarely acknowledged or addressed in programs for pregnant and parenting teens.