

# Family Violence Prevention Fund

## The Facts on Adolescent Pregnancy, Reproductive Risk and Exposure to Dating and Family Violence

Violence against women is a costly and pervasive problem, and while dating, domestic and sexual violence affect women regardless of their age, teens and young women are especially vulnerable. Women age 16 to 24 experience the highest rates of rape and sexual assault,<sup>1</sup> and people age 18 and 19 experience the highest rates of stalking.<sup>2</sup> Violence limits young women's ability to manage their reproductive health and exposes them to sexually transmitted diseases. There are a huge number of young people in this country whose lives are affected – sometimes shaped – by violence.

### Violence Affects Reproductive Health

- In a qualitative study of 53 sexually active young women age 15 to 20 with a history of intimate partner violence, one in three (32 percent) became pregnant while in an abusive relationship and more than half (59 percent) of those who became pregnant within an abusive relationship reported that those pregnancies were unwanted.<sup>3</sup>
- Adolescent girls in physically abusive relationships were three times more likely to become pregnant than non-abused girls.<sup>4</sup>
- A 2005 study of 474 teen mothers on public assistance found that of the teens (55 percent of the total sample) experiencing intimate partner violence in the past year, two in three teen mothers also experience birth control sabotage at the hands of their dating partner.<sup>5</sup>
- In a qualitative study of 53 sexually active young women age 15 to 20 with a history of intimate partner violence, one in four (26 percent) young women reported that their abusive male partners were actively trying to get them pregnant.<sup>6</sup>
- Adolescent mothers who are in violent relationships may find it difficult to refuse sexual activity or to negotiate contraceptive use with an agitated partner. A study of more than 500 adolescent mothers from Texas found that those who experienced physical abuse within three months after delivery were nearly twice as likely to have a repeat pregnancy within 24 months.<sup>7</sup>
- Pregnant teens who experience abuse are more likely to miscarry than their non-abused peers.<sup>8</sup>
- A 2000 study on the consequences of prenatal violence among adolescent and adult participants in a North Carolina county health department prenatal care coordination program of Medicaid-eligible program participants found that prenatal violence is a significant risk factor for preterm birth, especially among teens.<sup>9</sup>
- Twenty to 25 percent of pregnant teens reported physical or sexual abuse during pregnancy.<sup>10</sup>

### Violence Impacts Risky Behaviors

- In 2007, sexual dating violence was significantly associated with lifetime sexual experience, initiation of sex before age 11, initiation of sex before age 13, sexual intercourse with more than one person, sexual intercourse with more than four or more

people, current sexual activity, and use of alcohol or other drugs before sex. Boys and girls who experience sexual dating violence are more likely to initiate sex before age 11, have sexual intercourse with four or more people or use alcohol or drugs before sex.<sup>11</sup>

- Boyhood exposure to physical or sexual abuse or to a battered mother is associated with an increased risk of male involvement in a teen pregnancy – during both adolescence and adulthood.<sup>12</sup>
- A qualitative study of 19 adolescent males recruited from intervention programs for perpetrating of dating violence indicate that non-use of condoms is occurring among adolescent male perpetrators of dating violence, particularly in the context of their steady relationships and despite reports of very high risk sexual activity including sexual infidelity, involvement in ‘trains’ and multiple sex partners.<sup>13</sup>
- A 2001 study of more than 500 black, adolescent females found that adolescents with a history of dating violence were nearly three (2.8) times more likely to fear the perceived consequences of negotiating condom use and more than two and a half (2.6) times more likely to fear talking with their partner about pregnancy prevention.<sup>14</sup>
- A history of dating violence was associated with being 2.8 times more likely to have had an STD and half as likely to use condoms consistently in the past six months, a 2001 study of more than 500 black, adolescent females found.<sup>15</sup>

## Voices

*“I use rocking, hurting myself, and scribbling to keep safe, these clear my head.”* -- abused pregnant teen<sup>16</sup>

*“Like the first couple of times, the condom seems to break every time. You know what I mean, and it was just kind of funny, like, the first six times the condom broke. Six condoms, that's kind of rare I could understand one but six times, and then after that when I got on the birth control, he was just like always saying, like you should have my baby, you should have my daughter, you should have my kid.”* --17 year old female who started Depo-Provera without partner’s knowledge<sup>17</sup>

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<sup>1</sup> Rand, Michael. 2009. *Criminal Victimization, 2008*. U.S. Department of Justice Bureau of Justice Statistics. Available at <http://www.ojp.usdoj.gov/bjs/abstract/cv08.htm>.

<sup>2</sup> Baum, Katrina, Catalano, Shannan, Rand, Michael and Rose, Kristina. 2009. *Stalking Victimization in the United States*. U.S. Department of Justice Bureau of Justice Statistics. Available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/svus.pdf>.

<sup>3</sup> Miller E, Decker MR, Reed E, Raj A, Hathaway JE, Silverman JG. 2007. Male Partner Pregnancy-Promoting Behaviors and Adolescent Partner Violence: Findings from a Qualitative Study with Adolescent Females. *Ambulatory Pediatrics*, 7(5):360-366.

<sup>4</sup> Roberts TA, Auinger P, Klein JD. 2005. Intimate Partner Violence and the Reproductive Health of Sexually Active Girls. *Journal of Adolescent Health*. 2005;36(5):380-385.

<sup>5</sup> Raphael J. 2005. Teens Having Babies: The Unexplored Role of Domestic Violence. *The Prevention Researcher*, 12(1):15-17.

<sup>6</sup> Miller E, Decker MR, Reed E, Raj A, Hathaway JE, Silverman JG. 2007. Male Partner Pregnancy-Promoting Behaviors and Adolescent Partner Violence: Findings from a Qualitative Study with Adolescent Females. *Ambulatory Pediatrics*, 7(5):360-366.

<sup>7</sup> Raneri LG, Wiemann CM. 2007. Social Ecological Predictors of Repeat Adolescent Pregnancy. *Perspectives on Sexual and Reproductive Health*, 39(1):39-47.

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- <sup>9</sup> Covington DL, Justason BJ, Wright LN. 2001. Severity, Manifestations, and Consequences of Violence Among Pregnant Adolescents. *Journal of Adolescent Health*, 28:55-61.
- <sup>10</sup> Berenson AB, San Miguel VV, Wilkinson GS. 1992. Violence and its Relationship to Substance Use in Adolescent Pregnancy. *Journal of Adolescent Health*, 13:470-474.
- 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(3):323-328.
- <sup>11</sup> Kim-Goodwin YS, Clements C, McCuiston AM, Fox JA. 2009. Dating Violence Among High School Students in Southeastern North Carolina. *Journal of School Nursing*, 25(2):141-151.
- <sup>12</sup> Anda RF, Felitti VJ, Chapman DP, Croft JB, Williamson DF, Santelli J, Dietz P, Marks JS. 2001. Abused Boys, Battered Mothers, and Male Involvement in Teen Pregnancy. *Pediatrics*, 107(2):1-8. Available at <http://pediatrics.aappublications.org/cgi/content/full/107/2/e19>.
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- <sup>14</sup> Wingood GM, DiClemente R, McCree DH, Harrington K, Davies SL. 2001. Dating Violence and the Sexual Health of Black Adolescent Females. *Pediatrics*, 107(5):1-4. Available at <http://pediatrics.aappublications.org/cgi/content/full/107/5/e72>.
- <sup>15</sup> Ibid.
- <sup>16</sup> Renker PR. 2002. Teens' Stories of Abuse and Violence Before and During Pregnancy. *MCN*, March/April:109-116.
- <sup>17</sup> Miller E, Decker MR, Reed E, Raj A, Hathaway JE, Silverman JG. 2007. Male Partner Pregnancy-Promoting Behaviors and Adolescent Partner Violence: Findings From a Qualitative Study with Adolescent Females. *Ambulatory Pediatrics*. 7(5):360-366.