

# Black Women's Maternal Health and Intimate Partner Violence

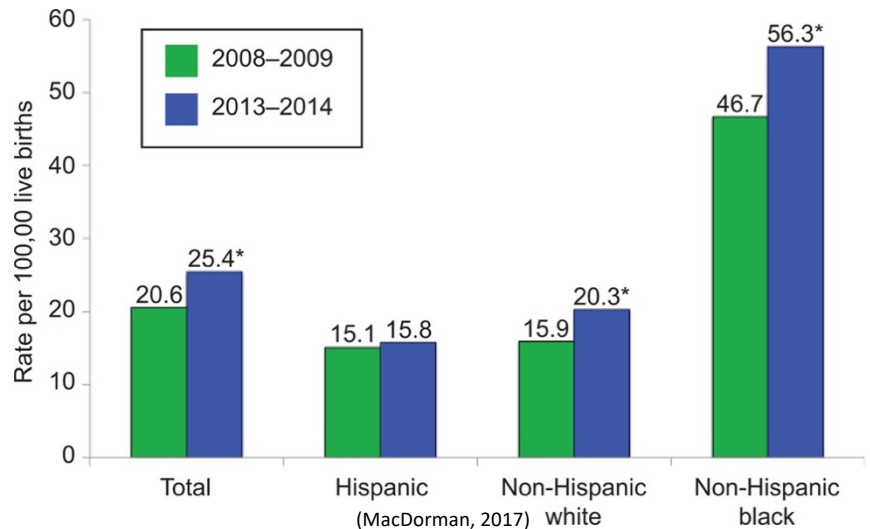
## Statistics, Opportunities, and Resources

### Threats to Black Women's Maternal Health

In the United States, **Black women are 2 to 6 times more likely to die from pregnancy complications than White women**, depending on where they live,<sup>i</sup> with disparities increasing over the last ten years.<sup>ii</sup>

Factors related to **systemic, institutional, and historical racism perpetuate poor maternal health and birth outcomes for Black women**, including lack of access to quality and equitable health care, education and housing, rates of poverty, and lifelong experiences of bias and discrimination.<sup>iii</sup>

- **Experiencing racism was significantly associated with greater odds of preterm birth (adjusted odds ratio, 1.29; 95% CI, 1.04–1.59).**<sup>iv</sup>
- These factors make Black women **more susceptible to post-partum depression,<sup>vi,vii</sup> having preterm birth and low birth weight babies,<sup>viii,ix,x</sup> maternal mortality,<sup>xi</sup> and other poor health outcomes.**<sup>xii,xiii</sup>



Learn more about Black Women's maternal health at <https://blackmamasmatter.org/resources/literature/>

### Disparities in Intimate Partner Violence and Health Outcomes

Likewise, intersections of racism and patriarchy are also connected to violence and safety: **Black women experience higher rates of intimate partner violence (IPV):**

- **43.7% of Black women have experienced physical violence from an intimate partner**, which is significantly higher than the national average of IPV experienced by women of all races (25%).<sup>xiv</sup>
- By race/ethnicity, **non-Hispanic Black women had the highest rate of dying by homicide (4.4 per 100,000 compared to 1.5 per 100,000 white women), at least 51.3% of which were IPV-related.**<sup>xv</sup>
- Reproductive coercion (RC) was strongly associated with race, where **37.1% of Black women had experienced RC compared to 18% of White women.**<sup>xvi</sup>

There are also racial disparities in the ways that IPV affects Black women's lives:

- **Health:** the psychological effects of IPV on Black women in some cases results in higher rates of depression, PTSD, and suicidality than white women who have experienced IPV.<sup>xvii, xviii</sup>
- **Seeking support:** Black survivors are less likely to seek health care (behavioral/physical) for injuries resulting from IPV compared with White survivors and more likely to seek support from friends or family, highlighting the lingering legacies of racism and discrimination in health care systems and the importance of culturally responsive and specific support systems.<sup>xix</sup>
- **Criminalization of Survival:** Though from a study done in 1991, [it is still relevant for today](#) that the ratio of Black women to White women convicted of killing their abusive husbands was nearly two to one.<sup>xx</sup> Black victims of IPV are disproportionately affected by mandatory arrest policies that result in dual arrest.<sup>xxi</sup>

**Experiencing IPV is associated with a variety of poor health outcomes** including: chronic pain, cardiovascular programs, GI disorders, injuries, asthma, cancer, depression, anxiety, sleeplessness, substance use disorder, traumatic brain injury, reproductive and sexual health problems, and much more.<sup>xxii, xxiii</sup> Similar to experiences of racism, IPV affects maternal health and birth outcomes. Pregnant women who have experienced IPV have higher rates of:

- Insufficient or inconsistent prenatal care,
- Poor nutrition and inadequate gestational weight gain,
- Substance use and increased prevalence of depression,<sup>xxiv</sup>
- Vaginal bleeding, placental abruption, high blood pressure or edema<sup>xxv</sup>
- Poor neonatal outcomes: low birth weight, preterm birth, and small for gestational age, and neonatal death.<sup>xxvi</sup>

### Opportunities to Promote Maternal Health and Safety for Black Women

Given the disparities of maternal health outcomes, IPV rates, and health outcomes of experiencing IPV, it is crucial that we learn from the community-based, public health models that show promise in promoting maternal health for Black women and explore integrated opportunities for IPV prevention and response:

- **Black Infant Health Programs:** a voluntary, group-based intervention focused on improving maternal and infant health outcomes by helping Black women build resilience, gain social support and improve skills for reducing stress. Learn more from the California Department of Public Health on [Black Infant Health Programs](#).
- **CenteringPregnancy:** group prenatal care and peer support. The visit schedule and content follow nationally recognized guidelines with flexibility and time to explore health and wellness topics that fit the group's needs. Learn more about the [CenteringPregnancy](#) models in [Boston](#) and [San Francisco](#).
- **Community health workers/promotoras:** community members are trained to work within their community to promote health and serve as a link to health providers. Learn more about how this model has promoted maternal health in [African American](#) and [Latinx](#) communities.
- **Doulas:** Community-based doulas are trained to provide peer support to pregnant women throughout pregnancy, birth, breastfeeding and early parenting. Learn more about [this evidence based strategy](#), how New York is working to [increase access to doula services](#) for Black pregnant women, and a women of color doula collective in [Oakland](#) that also provides services to incarcerated women.
- **Home visitation:** Voluntary programs where Public Health Nurse or paraprofessionals provide information and support on pregnancy and parenting in the family's home. Learn more about how home visitation improved birth outcomes and maternal health for Black women in [New York](#) and [Maryland](#).
- **Midwifery care, birthing centers:** Pregnancy, birth and post-partum care for low risk pregnancies, offering an alternative to traditional OB/GYN care.
- **Community based birth collectives/organizations:** Community specific support for pregnant women that coordinate care of the strategies listed above and often engage in education, local advocacy or organizing efforts, and in support of pregnant women of color. Learn more about one such group in [Austin](#).

In addition to individual and relationship level strategies to better support Black mothers, it is also critical to address structural racism and organizational barriers in healthcare that contribute to health disparities.

- Implicit bias training for all providers to learn about their own biases, as well as strategies to address them
- Workforce development to ensure that providers of color are recruited, hired, retained, and promoted.
- Provide patient-centered medical homes that are accessible and culturally responsive
- Collaborate with trusted community leaders and culturally relevant organizations when developing, implementing, and evaluating health programs
- Create quality improvement indicators that measure organizational efforts to reduce health disparities
- Work to eliminate barriers to maternal health for Black women outside of the health system.

### Important Resources

**Black Mamas Matter Alliance** Black women-led cross-sectoral alliance that centers Black mamas to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice. Organizers of Black Women’s Maternal Health Week. <https://blackmamasmatter.org/>

**Sista Midwife** Directory for Black women seeking birth supports <https://www.sistamidwife.com>

**National Black Doula Association** Directory for Black doulas by region <https://blackdoulas.org/doula-directory-1>

**National Birth Equity Collaborative** National organization that seeks to reduce Black maternal and infant mortality through research, family centered collaboration, and advocacy. <http://birthequity.org>

**Black Women Birthing Justice** Collective of African-American, African, Caribbean and multiracial women who are committed to transforming birthing experiences for Black women and transfolks. <https://www.blackwomenbirthingjustice.org>

**UJIMA** UJIMA The National Center on Violence Against Women in the Black Community seeks to create a world where Black women and girls live free from violence. <https://ujimacommunity.org>

**Black Women’s Health Imperative** Dedicated to improving the health and wellness of our nation’s 21 million Black women and girls – physically, emotionally and financially. <https://www.bwhi.org/>

**Black Women’s Blueprint** National organization working towards a world where women and girls of African descent are fully empowered and where gender, race and other disparities are erased with a focus on sexual violence and economic empowerment. <https://www.blackwomensblueprint.org>

For more information on the connections between maternal & child health and intimate partner violence visit: <https://www.futureswithoutviolence.org/home-visitation/>



## References

- <sup>i</sup> Flanders-Stepans MB. Alarming racial differences in maternal mortality. *J Perinat Educ*. 2000;9(2):50–51. doi:10.1624/105812400X87653
- <sup>ii</sup> MacDorman MF, Declercq E, Thoma ME. Trends in Maternal Mortality by Sociodemographic Characteristics and Cause of Death in 27 States and the District of Columbia. *Obstet Gynecol*. 2017;129(5):811–818. doi:10.1097/AOG.0000000000001968
- <sup>iii</sup> Lu MC, Kotelchuck M, Hogan V, Jones L, Wright K, Halfon N. Closing the Black-White gap in birth outcomes: a life-course approach. *Ethn Dis*. 2010;20(1 Suppl 2):S2–76.
- <sup>iv</sup> Bower KM et al. Experiences of Racism and Preterm Birth: Findings from a Pregnancy Risk Assessment Monitoring System, 2004 through 2012 Women's Health Issues, Volume 28, Issue 6, 495 - 501
- <sup>v</sup> Stepanikova I, Kukla L. Is Perceived Discrimination in Pregnancy Prospectively Linked to Postpartum Depression? Exploring the Role of Education. *Matern Child Health J*. 2017;21(8):1669–1677. doi:10.1007/s10995-016-2259-7
- <sup>vi</sup> Heldreth CM, et al. and Community Child Health Network (CCHN) (2016). Childhood Racism Experiences and Postpartum Depressive Symptoms in African American Mothers. *Journal of Social and Clinical Psychology*: Vol. 35, No. 10, pp. 840-864. <https://doi.org/10.1521/jscp.2016.35.10.840>
- <sup>vii</sup> Heldreth CM, et al. and Community Child Health Network (CCHN) (2016). Childhood Racism Experiences and Postpartum Depressive Symptoms in African American Mothers. *Journal of Social and Clinical Psychology*: Vol. 35, No. 10, pp. 840-864. <https://doi.org/10.1521/jscp.2016.35.10.840>
- <sup>viii</sup> Giurgescu C, McFarlin BL, Lomax J, Craddock C, Albrecht A. Racial discrimination and the black-white gap in adverse birth outcomes: a review. *J Midwifery Womens Health*. 2011;56(4):362–370. doi:10.1111/j.1542-2011.2011.00034.x
- <sup>ix</sup> Chae DH, Clouston S, Martz CD, et al. Area racism and birth outcomes among Blacks in the United States. *Soc Sci Med*. 2017;199:49–55. doi:10.1016/j.socscimed.2017.04.019
- <sup>x</sup> Slaughter-Acey JC, Talley LM, Stevenson HC et al. *J Urban Health* (2018). <https://doi.org/10.1007/s11524-018-0291-1>
- <sup>xi</sup> Howell EA (2018). Reducing disparities in severe maternal morbidity and mortality. *Clinical Obstetrics and Gynecology*, 61, 387–399.
- <sup>xii</sup> Prather C, Fuller TR, Marshall KJ, Jeffries WL. The Impact of Racism on the Sexual and Reproductive Health of African American Women. *Journal of Women's Health* (15409996). 2016;25(7):664-671. doi:10.1089/jwh.2015.5637.
- <sup>xiii</sup> Chae DH, Clouston S, Martz CD, et al. Area racism and birth outcomes among Blacks in the United States. *Soc Sci Med*. 2017;199:49–55. doi:10.1016/j.socscimed.2017.04.019
- <sup>xiv</sup> Black MC, Basile KC, Breiding MJ, et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2011. Available at: [www.cdc.gov/ViolencePrevention/pdf/NISVS\\_Report2010-a.pdf](http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf)
- <sup>xv</sup> Petrosky E, Blair JM, Betz CJ, Fowler KA, Jack SP, Lyons BH. Racial and Ethnic Differences in Homicides of Adult Women and the Role of Intimate Partner Violence — United States, 2003–2014. *MMWR Morb Mortal Wkly Rep* 2017;66:741–746. DOI: <http://dx.doi.org/10.15585/mmwr.mm6628a1>.
- <sup>xvi</sup> Holliday CN, McCauley HL, Silverman JG, et al. Racial/Ethnic Differences in Women's Experiences of Reproductive Coercion, Intimate Partner Violence, and Unintended Pregnancy. *J Womens Health (Larchmt)*. 2017;26(8):828–835. doi:10.1089/jwh.2016.5996
- <sup>xvii</sup> Bryant-Davis T, Chung H, Tillman S, Belcourt A. From the margins to the center: Ethnic minority women and the mental health effects of sexual assault. *Trauma Violence Abuse* 2009;10:330–357.
- <sup>xviii</sup> Stockman JK, Hayashi H, Campbell JC. Intimate Partner Violence and its Health Impact on Ethnic Minority Women [corrected] [published correction appears in *J Womens Health (Larchmt)*. 2015 Mar;24(3):256]. *J Womens Health (Larchmt)*. 2015;24(1):62–79. doi:10.1089/jwh.2014.4879
- <sup>xix</sup> Stockman JK, Hayashi H, Campbell JC. Intimate Partner Violence and its Health Impact on Ethnic Minority Women [corrected] [published correction appears in *J Womens Health (Larchmt)*. 2015 Mar;24(3):256]. *J Womens Health (Larchmt)*. 2015;24(1):62–79. doi:10.1089/jwh.2014.4879

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<sup>xx</sup> Allard SA. (1991). Rethinking Battered Woman Syndrome: A Black Feminist Perspective. *UCLA Women's Law Journal*, 1. Retrieved from <https://escholarship.org/uc/item/62z1s13j>

<sup>xxi</sup> McCormack PD, Hirschel D. (2018). Race and the Likelihood of Intimate Partner Violence Arrest and Dual Arrest. *Race and Justice*.

<sup>xxii</sup> Black MC. Intimate partner violence and adverse health consequences: implications for clinicians. *Am J Lifestyle Med*; 2011;5(5):428-439.

<sup>xxiii</sup> Breiding MJ, Black MC, Ryan GW. Chronic disease and health risk behaviors associated with intimate partner violence—18 U.S. states/territories, 2005. *Ann Epidemiol* . 2008; 18:538–544.

<sup>xxiv</sup> Alhusen JL, Ray E, Sharps P, Bullock L. Intimate partner violence during pregnancy: maternal and neonatal outcomes. *J Womens Health (Larchmt)*. 2015;24(1):100–106. doi:10.1089/jwh.2014.4872

<sup>xxv</sup> Silverman JG, Decker MR, Reed E, Raj A. Intimate Partner Violence Victimization Prior to and During Pregnancy Among Women Residing in 26 U.S. States: Associations with Maternal and Neonatal Health. *American Journal of Obstetrics and Gynecology*. 2006;195:140-148.

<sup>xxvi</sup> Alhusen JL, Ray E, Sharps P, Bullock L. Intimate partner violence during pregnancy: maternal and neonatal outcomes. *J Womens Health (Larchmt)*. 2015;24(1):100–106. doi:10.1089/jwh.2014.4872