

**If you need help, please call...**

**National Domestic  
Violence Hotline**

1.800.799.SAFE or 1.800.799.7233  
1.800.787.3224 (TTY)  
www.ndvh.org

**National Dating Abuse Helpline**

Call or visit website for hours of operation.  
1.866.331.9474  
1.866.331.8453 (TTY)  
www.loveisrespect.org

Hotlines provide crisis intervention,  
information, referrals and safety planning.  
All hotlines are toll-free, confidential and  
anonymous and most operate 24 hours a day  
365 days a year.

**Se habla Español**



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**The Nevada Network Against  
Domestic Violence (NNADV)...**

...is a statewide organization that was  
formed in 1980 to work toward the elimi-  
nation of domestic and sexual violence  
against all persons and the empower-  
ment of women and children.

NNADV helps Nevada's communities  
respond creatively and effectively to the  
needs of domestic violence victims by  
providing information to service providers  
in the fields of domestic and sexual  
violence. In addition, NNADV provides  
education and advocacy to the general  
public and actively educates legislators  
on issues of concern to Nevada families.



**Nevada Network Against  
Domestic Violence**

250 South Rock Blvd. Suite 116  
Reno Nevada 89502

Phone: 775.828.1115 or  
800.230.1955 statewide  
Fax: 775.828.9911  
Website: www.nnadv.org

**A program in your area:**



**Nevada Network Against  
Domestic Violence**

**Pregnancy &  
Intimate  
Partner  
Violence**



Pregnancy should  
be a time of hope  
with thoughts of  
raising the next  
generation and growing a healthy ba-  
by, but abuse during pregnancy is  
more common than most people think.

NNADV wishes to acknowledge the information  
and research provided by the  
Futures Without Violence organization  
www.futureswithoutviolence.org

# Pregnancy & Intimate Partner Violence

## How common is intimate partner violence (IPV) among pregnant women?

Violence against women is a costly and pervasive problem, and women of reproductive age—in particular those ages 16 to 24—are at the greatest risk. The Centers for Disease Control & Prevention (CDC [www.cdc.gov](http://www.cdc.gov)) defines IPV as “physical, sexual, or psychological/emotional violence or threats of violence that are inflicted on a pregnant woman.”

Every year in the U.S. more than 300,000 pregnant women experience some kind of violence involving an intimate partner, and about one-quarter of women report having been sexually or physically assaulted by a spouse, partner, or boyfriend at some point in their life. (CDC)

## Signs a pregnant woman has been or is being abused may include:

- A pregnancy conceived through sexual assault, marital rape, or inability to negotiate contraceptive use;
- A delay in seeking pre-natal care and/or a reluctance or refusal to attend pre-natal education or receive post-natal care;
- Unexplained bruising or damage to her breasts, abdomen, or genitals resulting in serious consequences for the mother, fetus, and newborn; and
- A refusal to support her financially during pregnancy and refusing to provide access to money to buy food, supplies, or forcing her to work beyond what is reasonable for her current endurance.

## If I am being abused, what are the risks to my health and the health of my baby?

Women experiencing abuse in the year prior to and/or during a recent pregnancy are 40 to 60 percent more likely than non-abused women to report high blood pressure, anemia, vaginal bleeding, severe nausea, kidney or urinary tract infections, hospitalization during pregnancy and are 37 percent more likely to deliver preterm.

Violence is linked to a wide range of reproductive health issues including STD and HIV transmission and miscarriages. Also, abused pregnant women have higher rates of depression, suicide attempts, tobacco, alcohol, and illicit drug use, all of which have negative effects on the developing fetus.

Source: “The Facts on Reproductive Health and Violence Against Women.” Futures Without Violence, (formerly Family Violence Prevention Fund), [www.futureswithoutviolence.org](http://www.futureswithoutviolence.org).

## There is help, if you are being abused...

If you recognize any of the behaviors relating to pregnancy and intimate partner violence, there is help available. There are people in your community (advocates & health care professionals) that can offer support and assistance.

No one deserves to be hurt physically, emotionally, or sexually. Abuse is not your fault! You are not alone.



Call the National Hotline to locate a community-based advocacy program in your area and ask to speak with an advocate. All services are premised on support, empowerment, options and safety for you and your unborn baby. For a list of programs, visit the NNADV website.

Brochure developed 5/12/2011

## If you are health care professional, you can make a difference...

Approximately 74 percent of reproductive age women in the U.S. receive at least one reproductive health care service annually which is an excellent opportunity to screen for domestic and sexual violence.

Health care providers can help victims of IPV by asking about abuse, believing her, offering support before the abuse becomes life threatening and referring women to victim-advocacy organizations. These interventions may significantly reduce the odds of abuse.



**Clinical studies have proven the effectiveness of a private, confidential 2-minute screening for early detection of abuse in pregnant women. Other studies have tested a 10-minute intervention that was proven highly effective in increasing the safety of pregnant, abused women.**

Screening may include simple, direct questions:

- Because violence is so common in many people’s lives, I’ve begun to ask all my patients about it routinely.
- Are you in a relationship with a partner that has ever hurt you physically, used verbal demands or threats? Forced you to have sex against your wishes, or were you made to do things sexually you did not want to do?
- Did someone cause these injuries? Who?

In combination with a complete medical history, noting behavioral and physical clues that may relate to abuse, the health care professional may have enough information to discuss safety planning and make appropriate referrals to advocacy organizations. For more information on screening tools, contact the NNADV office.