The Prevalence of Domestic Violence Among Women Seeking Abortion

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Objective: **To determine the prevalence of self-reported abuse in a population of women aged 18 years or older seeking elective pregnancy termination, and to compare abused and nonabused women with respect to the primary reasons for pregnancy termination.**

Methods: **A self-administered questionnaire was returned by 486 women seeking outpatient abortion. The survey included demographic information, abuse screening, and items regarding partner involvement/awareness of the pregnancy, and abuse as a determinant of the abortion decision. One open-ended item asking the primary reason for pregnancy termination was included.**

Results: **The prevalence of self-reported abuse in this population was 39.5%. White women were significantly more likely to report any history of abuse than nonwhite women. Relationship issues were the only reason for pregnancy termination given more often by women with an abuse history than by nonabused women. Women with abuse histories were significantly less likely than nonabused women to inform the partner of the pregnancy or to have partner support for or involvement in the abortion decision.**

Conclusion: **The prevalence of abuse reported by women in this population suggests that many women seeking abortion services may have abuse histories. Abused women may have different reasons for pregnancy termination than nonabused women and may be more likely to make the abortion decision without partner involvement. When routine screening for abuse is included in abortion counseling, health providers have the opportunity for developing a safety plan and initiating appropriate referral. (Obstet Gynecol 1998;91: 1002–6. © 1998 by The American College of Obstetricians and Gynecologists.)**

Over the past several years, the problem of domestic violence has gained increasing attention from the media, social scientists, and health care professionals. Domestic violence is defined as the victimization of an individual by a current or past intimate partner. This may include physical, sexual, or emotional abuse. However, due to the difficulty inherent in screening for emotional abuse, this study focused on physical (including sexual) abuse. The actual incidence of abuse is difficult to determine but has been estimated conservatively at 3.4% of all women or approximately 2 million women per year.[1] One in four women will experience abuse by a male partner at some point in their lives.[2] Battered women comprise 22–35% of women seeking care in emergency departments for any reason; most are seen by nontrauma services. Similarly, in ambulatory care medicine clinics, 14% of women are abused, and twice as many have an abuse history.[3] Battered women account for approximately 25% of suicide attempts and 25% of women seeking psychiatric services.[3]

Studies[1] of abuse during pregnancy have variously reported its prevalence to range from 4 to 17%, depending on the population studied and screening method used. Prior abuse is the most predictive factor for abuse during pregnancy, with 87.5% of women abused during pregnancy reporting prior abuse.[4] Until recently, little attention has been directed toward the prevalence of abuse in the population of women in early pregnancy who seek abortion services. Whether fear of continuation or intensification of abuse influences a woman's decision to terminate a pregnancy is not known, although some research suggests that women in abusive relationships are more likely to consider termination.[5] A recent study[6] of women seeking pregnancy termination used a single screening interview and identified 31% of women with any history of abuse and 22% with a history of abuse in the preceding calendar year.

The purpose of this study was to investigate the prevalence of self-report of abuse, forced intercourse, and recent physical injury in a population of women 18 or older seeking elective pregnancy termination. We hypothesized that the issues of fear and control, central to abusive relationships, may influence prevention of

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unwanted pregnancies and decisions regarding pregnancy outcome. Accordingly, a disproportionate number of abused women may seek pregnancy termination. We attempted to determine whether the history of abuse was associated with the decision to terminate and whether the decision was made individually or jointly, or was forced by a third party.

Methods

Approval was obtained from the Institutional Review Board at the Bowman Gray School of Medicine before initiation of the study. To preserve complete anonymity for respondents, written consent was not obtained. Because all participants were legally consenting adults, consent to participate was considered implied by completing the questionnaire. A cover letter accompanying the questionnaire explained the voluntary and anonymous nature of the study and stated that the purpose of the study was to identify reasons for pregnancy termination and partner involvement in decision making. Community resource and referral information for women in abusive relationships was provided upon request at the end of the interview.

Between February 1, 1996, and September 1, 1996, a self-administered questionnaire was offered by clinic personnel to all women age 18 years or older who presented for pregnancy termination at a single urban outpatient setting. Women under age 18 were not included because of the requirement for parental consent in that age group. Six hundred questionnaires were provided to the clinic. Questionnaires were returned by 486 women. No record was kept of women declining to take or return the questionnaire. Pregnant females age 18 years or older seeking pregnancy termination who were able to read English were included. The male partner was absent during the administration and completion of the questionnaire.

Questions were administered in the following sequence: demographic information (age, race, relationship with the father of the pregnancy), a five-question abuse assessment screen modified from that of McFarlane et al,[7,8] items regarding partner knowledge of the pregnancy and involvement with the abortion decision, use of contraception, and one open-ended question regarding the primary reason for the abortion decision. The survey concluded with a direct question regarding abuse as a factor in the abortion decision.

The five-question abuse assessment screen included the following questions in sequence: 1) Have you ever been physically abused by your partner or someone close to you? 2) Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone? 3) Since you have been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone? 4) Was this pregnancy the result of forced or voluntary sex? and, 5) Was your first intercourse forced or voluntary? Women were classified as having a history of abuse if they answered yes to questions 1, 2, 3, 4, or 5. If women answered no to all five questions, they were classified as having no history of abuse. Two of the authors independently reviewed and categorized the responses to the open-ended question. The first two responses given by individuals who provided more than one reason were included.

Data were entered into a computerized database using Excel (Microsoft Corp., Redmond, WA). Abuse was examined as a dichotomy (0 for never abused, 1 for ever abused), and significance of association with the abuse variable was examined using the χ^2 statistic. Fisher exact test was used for variables with small expected cell frequencies. Because multiple tests were conducted in identifying factors associated with abuse, the criterion level of significance was set using a simple Bonferroni adjustment (0.05/number of comparisons). The criterion for statistical significance was set at $P < .003$ (0.05/18).

Results

The median age of women who returned questionnaires was 25 years. There were 226 (46.5%) white respondents, 223 (45.9%) blacks and 37 (0.08%) Asians, Hispanics, and others of unspecified ethnicity. Table 1 summarizes the demographic characteristics of the study population and results of the questionnaire comparing those with any abuse history and nonabused women.

Overall, 192 (39.5%) women identified themselves as having any history of abuse. Twenty-nine women identified as abused denied a history of abuse in response to the first screening question but answered yes to one of the other four screening questions. Sixteen of these women admitted to a history of forced intercourse at first coitus. White women were significantly more likely to report any history of abuse than black or other nonwhite women.

Abused and nonabused women were compared for other demographic and psychosocial characteristics as well. No difference was found between abused and nonabused groups regarding relationship status with the father of the pregnancy. Also, use and mode of contraception did not differ between abused and nonabused women. However, abused women were significantly less likely than nonabused women to inform the partner of the pregnancy, less likely to have partner support for the abortion decision, and less likely to involve the father of the pregnancy in the abortion

Table 1. Characteristics of Sample Population Comparing Abused and Nonabused Women

		Abused (n = 192)	Nonabused (n = 294)	
Median age		25 y	24 y	P
Race	Black	70 (36.5)	153 (52.0)	.001*
	White	109 (56.8)	117 (39.8)	
	Hispanic/Asian/ other	13 (6.8)	24 (8.2)	
Relationship with father of pregnancy	Cohabiting (married or unmarried)	62 (32.3)	112 (38.1)	.013
	Unmarried or not cohabiting	113 (58.9)	175 (59.5)	
	Unknown/single/ other	17 (8.9)	7 (2.4)	
Use of contraception	Condom	31 (17.6)	49 (19.0)	.685
	Oral contraceptives	16 (9.1)	29 (11.2)	
	None	129 (73.3)	180 (69.8)	
Partner knowledge of pregnancy	Yes	146 (78.5)	248 (89.2)	.002*
	No	40 (21.5)	30 (10.8)	
Partner support for abortion decision	Yes	116 (61.1)	220 (76.7)	<.001*
	No	19 (10.0)	30 (10.5)	
	Does not know	46 (24.2)	28 (9.8)	
	Does not care	9 (4.7)	9 (3.1)	
Partner participation in decision	Yes	82 (42.9)	188 (64.6)	<.001*
	No	100 (52.4)	93 (31.6)	
	Partner forced	4 (2.1)	2 (0.7)	
	Other	5 (2.6)	9 (3.1)	

Significance level $P < .003$.
Data are presented as median or n (%).
* Significant.

decision (Table 1). Nonparticipation in the abortion decision may occur for one of two reasons: 1) the partner may be aware of the pregnancy but excluded from the decision, or 2) the partner may be unaware of the pregnancy. When partner participation in the decision was reexamined excluding women whose partner did not know about the pregnancy, 79 of 146 (54.1%) abused women and 179 of 248 (72.2%) nonabused women decided with their partner ($P < .001$).

The primary reasons for choosing pregnancy termination were compared for abused and nonabused groups (Table 2). Timing of the pregnancy was mentioned most commonly as the reason for pregnancy termination by abused and nonabused women and did not differ significantly for the two groups. The second most common reason offered by abused and nonabused groups involved financial concerns. Relationship issues were significantly more likely to be stated as the primary reason for abortion by women with an abuse history than nonabused women. This was the only significant difference between women with and without an abuse history. Involvement with drugs or alcohol by either partner was offered as a reason for abortion by five women with an abuse history but by none of the nonabused women. Other common reasons offered for pregnancy termination revealed no significant differences between abused and nonabused groups. These reasons included age, career goals, emotional issues, family pressure, medical concerns, teratogen exposure, marital status, and desire to remain childless.

Discussion

Researchers in a number of studies have attempted to define the optimal method of screening for abuse during pregnancy. A 1991 study of an obstetric population by McFarlane et al[8] determined that a personal interview incorporating four abuse assessment screening questions increased identification of abuse over voluntary reporting from 7.3% to 29.3%. A more recent study by Norton et al[9] demonstrated that a personally administered structured five-question abuse assessment screening tool at the first prenatal visit resulted in a higher detection of violence in all categories than a standard interview (41% versus 14% for any history of abuse). Our study used a five-question abuse assessment screening tool, but due to financial and logistic constraints, personal interview was not conducted. On the basis of our knowledge from these earlier studies, we believe the prevalence of abuse detected in our study population may have been higher if personal interviews had been conducted. Nonetheless, the 39.5% prevalence of abuse history in this population is higher than that in most published reports and is similar to the prevalence estimate reported by Norton et al.[9]

Nonrandom selection also may have biased our results. The questionnaire was given to a nonrandom, nonconsecutive group of patients. Some individuals were not offered participation because of reduced staff-patient ratios on certain days. However, we have no

Table 2. Reasons for Abortion

	Abused (n = 192)	Nonabused (n = 294)	P
Timing	65 (33.9)	121 (41.2)	.100
Financial	54 (28.1)	71 (24.1)	.327
Relationship issues	31 (16.1)	20 (6.8)	.001*
Career/Education	25 (13.0)	56 (19.0)	.600
Emotional	19 (9.9)	16 (5.4)	.063
Unmarried	10 (5.2)	14 (4.8)	.824
Age	9 (4.7)	17 (5.8)	.600
Medical	8 (4.2)	10 (3.4)	.105
Never want children	5 (2.6)	14 (4.8)	.230
Drug use	5 (2.6)	0 (0)	.005
Family pressure	3 (1.6)	3 (1.0)	.597
Teratogen exposure	2 (1.0)	11 (3.7)	.071

Data are presented as n (%).
* Significant.

evidence of specific biases introduced through this procedure. It is not known whether abused women are more or less likely than nonabused women to agree to complete a self-administered questionnaire regarding abuse history. However, in light of other studies that underscore the difficulty in eliciting this information at all, abused women may be less likely to volunteer to participate. Abused women also may have been selected out of our sample population due to the requirement that the male partner be absent during administration and completion of the questionnaire. Abusive males frequently accompany their partners to medical visits because of the issues of control and domination central to these relationships. The most likely result of all of the factors contributing to possible bias in this study is an underestimate of the true prevalence of abuse in this population.

There is no way to ascertain clients' motivation for participating in any study. The cover letter and questionnaire were possible sources of bias. The cover letter stated the purpose of the study was to examine reasons for pregnancy termination and the level of partner participation in the women's decision to abort. A statement explaining that abuse is a common problem in women was included to explain the presence of the abuse assessment questions. It is possible this influenced participation. The sequence of questions was designed to reduce bias from the inquiry regarding abuse as a factor in the decision. The open-ended question concerning the major factor in deciding on pregnancy termination preceded the direct abuse question. Several lined spaces intervened for answering the open-ended question.

In this study, the finding that white women were more likely than nonwhite women to report an abuse history was similar to the findings of both Berenson et al[10] and McFarlane et al.[7] Nonwhite abused women may be less likely to terminate an unwanted pregnancy and, therefore, may be under-represented in this population. Nonwhite women may be less likely to report abuse when queried in this particular manner. Nonwhite women may also be less likely to experience abuse. This persistent differential by race should be investigated by further studies of abortion populations.

Our study confirms the value of an abuse assessment screening tool in identifying abused women. This is demonstrated by the fact that 29 of 192 women (15.1%) identified as abused by our multiple question screening tool did not identify themselves as "abused" when asked directly. The information was elicited only by the more specific, behavior-oriented questions that followed the initial query, suggesting that a women's subjective interpretation of the nature of abuse may limit reporting of abuse.

Although five women with an abuse history reported drug or alcohol use by the partner as a reason for abortion and none of the nonabused women reported this reason, the numbers were too small to accurately assess this variable. Drug and alcohol use has been reported as a significant risk in pregnancy for abused women.[11–14]

This study suggests that a past or present abusive relationship does influence a woman's decision to terminate a pregnancy. The abusive relationship in the study sample appeared to affect the reason for the abortion decision and the dynamics of the decision-making process. Because reproductive decisions may be influenced by the abusive male partner,[15–18] some abused women may attempt to reclaim control by eliminating the partner from the abortion decision. In this study, women with abuse histories seemed to have relationships characterized by little communication with their partners. This pattern appeared to be perpetuated in subsequent relationships regardless of whether the current partner was abusive. Whatever the motivation, past and ongoing abuse apparently affect the process.

Domestic violence is a common health problem. Health care providers for women should be aware of the potentially high prevalence of past or present abuse in women seeking pregnancy termination. Systematic identification of a history of abuse, using behavior-based questions, among women seeking abortion services allows providers the opportunity to provide information about safety and referral for counseling during the time women are interacting with abortion services.

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