

Lockdowns increase domestic violence and potential harm to fetuses

September 9 2020, by Beth Duff-Brown



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One in four women in this country have experienced some form of physical violence by an intimate partner. And that's before the COVID-19 pandemic created domestic hothouses for additional

potential abuse due to anxiety over job losses, pent-up children and economic woes.

Looking globally, the U.N. Population Fund estimates that six months of lockdown could result in an additional 31 million cases of violence against [women](#) and girls. And as lockdowns in low- and [middle-income countries](#) have left some 47 million women unable to use modern contraceptives, the UN projects 7 million [unintended pregnancies](#) will result from the pandemic.

New research by Stanford Health Policy's Maya Rossin-Slater suggests troubling outcomes for many of those pregnancies.

Rossin-Slater, a faculty fellow at the Stanford Institute for Economic Policy Research (SIEPR), has been studying the effects of prenatal exposure to violent crime on infant health, using New York City crime records that are linked to birth records data. She and her colleagues found that in-utero assault significantly increases the incidence of adverse birth outcomes.

Babies born to mothers who experience an assault are more likely to weigh much less and be born prematurely, they found. And poor health at birth has lasting consequences on children's long-term health and well-being—and even affects the health of those children's children.

"Lower-income pregnant women are more likely to be domestic violence victims than their more advantaged counterparts, and COVID-19 likely amplifies this disparity through the shelter-in-place orders," said Rossin-Slater, an assistant professor of medicine. "And then, the children of women who experience this violence are as a result also at a disadvantage—and this disadvantage may affect them throughout their life and even into their own children's life."

Her research was conducted before the COVID-19 pandemic disrupted virtually every American household. But Rossin-Slater believes the pandemic may have increased cases of assault against pregnant women.

"Shelter-in-place orders, while critical for curbing the pandemic, have far-reaching consequences on families that can exacerbate health disparities," she said. "One channel through which this happens is domestic violence."

Rossin-Slater said several studies have shown the orders have been associated with an increase in 911 domestic-violence calls and incidents in which police have been called to the scene. And there are likely many more cases that are not captured in the data.

Rossin-Slater and her colleagues, Janet Currie of Princeton University and Michael Mueller-Smith at the University of Michigan, released their findings in a NBER working paper last year; an updated version has since been accepted by the Review of Economics and Statistics.

The research team also calculated the collateral economic damage of assaults on pregnant women.

They estimated that the annual social cost of violence during [pregnancy](#) in the United States is \$3.8 billion to \$8.8 billion. Those costs result from the increased rate of adverse birth outcomes, which in turn lead to a higher rate of infant mortality, increased medical costs at and immediately following birth, increased costs associated with childhood and adult disability, decreases in adult income, and reductions in life expectancy.

"Measuring the social cost of crime—and especially [violent crime](#)—is crucial for policy debates about the judicial system and programs that impact criminal behavior more broadly," the authors concluded.

The researchers linked children's birth records with reported crimes in their mothers' homes in the NYC boroughs of the Bronx, Brooklyn and Queens. They focused their analysis on mothers residing in single-family homes, and analyzed NYPD criminal complaints reported between 2004 and 2012.

Since women who are assaulted during pregnancy are different from women who are not in a myriad of ways, comparing the outcomes of the two groups cannot isolate the causal effect of assault from the influence of other disadvantages associated with being in a violent relationship. Therefore, the researchers used several research methods to obtain an estimate of the causal impact of violent assault during pregnancy.

In one strategy, they compared the birth outcomes of women who had a reported assault in their home during nine months of pregnancy to those who had an assault in the first 10 months following the estimated due date. Women who are assaulted after pregnancy are arguably similar to those who have an assault during pregnancy (and the researchers showed this to be the case in their data), but the key difference between them is that assault after the pregnancy cannot influence the birth outcomes of the children. Thus, women with an assault after pregnancy can serve as a control group.

Comparing these two groups, the researchers found that assault during pregnancy leads to increases in the rates of very [low birth weight](#) (less than 3.3 pounds) and low Apgar scores of 61 and 46 percent, respectively. The Apgar score is based on the doctor's observation of a newborn's skin tone, heart rate, reflexes, muscle tone and respiration, and is the first test given to newborns just moments after delivery.

In another research design, they compared two pregnancies of the same mother, where one was affected by assault and the other was not.

"Across all methods, the results indicate that exposure to [assault](#) during pregnancy causes a deterioration in newborn health," the authors concluded. "Our results imply that interventions that reduce violence against [pregnant women](#) can have meaningful consequences not just for the women (and their partners), but also for the next generation and society as a whole."

More information: Janet Currie et al. Violence While in Utero: The Impact of Assaults during Pregnancy on Birth Outcomes, *The Review of Economics and Statistics* (2020). [DOI: 10.1162/rest_a_00965](#)

Provided by Stanford University

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