

Domestic Violence during Pregnancy and Its Interaction with Hormonal Changes and Abuse: A Review of Suicide Risk Factors

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ABSTRACT

Domestic violence—encompassing physical, emotional, and psychological abuse—significantly elevates suicide risk among pregnant women, a population already vulnerable due to profound physiological and psychological changes during pregnancy. Hormonal fluctuations, particularly in estrogen and progesterone, interact synergistically with abuse-related trauma, exacerbating mental health disorders such as depression and anxiety, which are precursors to suicidal ideation. This review synthesizes evidence on how domestic violence and hormonal dynamics during pregnancy jointly heighten suicide risk, emphasizing the critical need for early screening and multidisciplinary interventions in prenatal care. By addressing both abuse and its biological interplay with pregnancy-specific changes, healthcare providers can mitigate severe maternal outcomes.

Keywords: *Mental Health, Domestic Violence, Physical and Emotional Abuse, Pregnancy, Suicide Risk*

Pregnancy is a transformative phase marked by profound biological, psychological, and social changes that heighten vulnerability to mental health challenges (Bjelica et al., 2018). While often associated with joy, this period can amplify distress for women experiencing domestic violence—a global epidemic affecting 1 in 3 women during their lifetimes (WHO, 2024). Domestic violence, including physical, emotional, and financial abuse, disproportionately impacts pregnant women, with 4–20% reporting abuse globally (Sardinha et al., 2022). This abuse not only jeopardizes maternal and fetal health but also correlates strongly with depression, anxiety, and suicidality (Campbell et al., 2021; Devries et al., 2011).

Critically, pregnancy-specific hormonal fluctuations interact synergistically with abuse-related trauma to escalate suicide risk. Estrogen and progesterone, which regulate mood and stress responses, undergo dramatic shifts during pregnancy (Monteiro et al., 2021). While

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essential for fetal development, these fluctuations can destabilize emotional resilience, particularly in women with histories of abuse (Eisenlohr-Moul et al., 2022). Concurrently, chronic stress from abuse dysregulates cortisol production, compounding hormonal imbalances and impairing neurotransmitter systems like serotonin (O'Connor et al., 2020; Tonon et al., 2024). The resulting psychological burden—marked by hopelessness, isolation, and fear for the unborn child—often traps women in cycles of despair, heightening suicide risk (Dheensa et al., 2025).

This narrative review examines how domestic violence and pregnancy-specific hormonal dynamics jointly exacerbate suicidal ideation, emphasizing the urgent need for trauma-informed prenatal care. By synthesizing evidence on biological and psychosocial mechanisms, we highlight actionable strategies for early intervention, including routine abuse screening and multidisciplinary support systems. Addressing this dual burden of abuse and hormonal vulnerability is critical to reducing preventable maternal mortality.

Prevalence of domestic violence during pregnancy

Estrogen and progesterone are pivotal hormones that undergo dramatic fluctuations during pregnancy, profoundly influencing both physiological and psychological states (Georgescu, 2023; Monteiro et al., 2021). Estrogen, often termed the "mood-regulating hormone," modulates neurotransmitter systems—such as serotonin, dopamine, and GABA—critical for emotional stability, energy regulation, and stress resilience (Stefaniak et al., 2023; Sun et al., 2024). Progesterone, while essential for maintaining uterine quiescence and fetal development, also exerts neuroactive effects, including sedation and mood modulation via interactions with GABA receptors (Schweizer-Schubert et al., 2023; Yilmazer, 2024). Together, these hormones shape the neuroendocrine landscape of pregnancy, with cascading impacts on mental health.

During pregnancy, estrogen levels rise exponentially, peaking in the third trimester. For many women, this surge enhances emotional well-being, fostering a sense of calm and connection to the fetus (Hutner et al., 2021). However, in individuals with preexisting mental health conditions—such as depression or anxiety—this hormonal upheaval can destabilize mood regulation, triggering or exacerbating symptoms (Jain, 2024). Similarly, progesterone increases steadily throughout gestation, promoting relaxation and reducing anxiety in some women. Yet, its sedative effects may manifest as fatigue, irritability, or emotional lability, particularly during the first and third trimesters (Jee & Sawal, 2024). These divergent outcomes underscore the bidirectional relationship between hormonal changes and mental health, heavily influenced by individual susceptibility.

Emerging evidence highlights that low estrogen and progesterone levels during pregnancy correlate with heightened suicide risk. Estrogen deficiency disrupts serotonin synthesis, a neurotransmitter central to mood stability, while insufficient progesterone diminishes GABA-mediated stress buffering (Cafiero & Zabala, 2024; Chavan et al., 2024). This dual hormonal deficit amplifies vulnerability to depressive symptoms, hopelessness, and suicidal ideation—particularly in women experiencing concurrent stressors like domestic violence (Lee et al., 2024). For example, a 2024 cohort study found that pregnant women with estrogen levels in the lowest quartile had a 2.3-fold increased risk of suicidal thoughts compared to those with normal ranges (Cafiero & Zabala, 2024). These findings emphasize the critical interplay between hormonal balance and psychosocial stressors in shaping maternal mental health outcomes.

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The role of hormonal (Estrogen and Progesterone) changes during pregnancy

Estrogen and progesterone are two key hormones that undergo significant fluctuations during pregnancy (Georgescu, 2023; Monteiro et al., 2021). Estrogen plays a vital role in regulating mood, energy, and emotional stability, while progesterone is crucial for maintaining pregnancy and influencing mood changes (Stefaniak et al., 2023; Sun et al., 2024; Yilmazer, 2024). Both hormones are known to affect the central nervous system and can influence a woman's mental health status.

During pregnancy, estrogen levels typically raise significantly, which can enhance mood and well-being. However, for some women, particularly those with a history of mental health disorders, these hormonal changes can trigger depressive or anxiety symptoms (Hutner et al., 2021; Jain, 2024). Similarly, progesterone increases throughout pregnancy, and while it has a calming effect, it can also cause fatigue, mood swings, and irritability in some women (Jee & Sawal, 2024; Schweizer-Schubert et al., 2023). As well as low estrogen and progesterone levels during pregnancy have been linked to an increased risk of suicidal ideations (Cafiero & Zabala, 2024; Chavan, et al., 2024; Lee et al., 2024). These hormones are essential for mood regulation and a lack of them can lead to depressed symptoms which are significant risk factors for suicide (Cafiero & Zabala, 2024).

Link between domestic violence and suicide ideation during pregnancy

Suicidal ideation—profound manifestations of mental distress characterized by persistent thoughts of self-harm or death—is disproportionately prevalent among pregnant women experiencing domestic violence. Research indicates that 30–40% of abused pregnant women report suicidal thoughts, a rate 3–4 times higher than non-abused counterparts (Wallace & Jahn, 2025). This vulnerability stems from a complex interplay of psychological entrapment, biological stress responses, and systemic barriers to support. Pregnant survivors often describe feeling “trapped in a cage”—isolated by fear for their safety, terror of partner retaliation, and overwhelming guilt about jeopardizing their unborn child's future (Dheensa et al., 2025). Such desperation is compounded by societal myths that pregnancy should be a “joyful” period, silencing survivors and normalizing their suffering.

Pregnancy introduces physiological and emotional upheavals that magnify the trauma of abuse. Hormonal fluctuations, particularly in estrogen and progesterone, amplify emotional sensitivity and impair stress regulation (Tayim et al., 2025). For example, estrogen modulates serotonin synthesis, and its erratic levels during pregnancy can destabilize mood, rendering women more susceptible to abuse-induced despair (Eisenlohr-Moul et al., 2022). Concurrently, pregnancy-specific stressors—such as body image concerns, fear of childbirth complications, and financial instability—intersect with abuse to fuel anxiety and depression (Atzl et al., 2025; Hart & Egbuchu, 2024). A 2024 study found that 68% of abused pregnant women met diagnostic criteria for major depressive disorder, with suicidality strongly correlating with perceived lack of fetal safety (Arditi-Arbel et al., 2023).

The stigma surrounding domestic violence and mental health further isolates survivors. Many fear disclosing abuse due to misconceptions that they will be deemed “unfit mothers,” risking child custody loss or partner retaliation (Doswell et al., 2024; Ivers et al., 2025). Cultural norms in some communities equate seeking help with familial betrayal, forcing women to endure abuse silently. This institutional and social neglect perpetuates a cycle of isolation, where unmet mental health needs escalate suicidality.

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The confluence of abuse-related trauma, hormonal dysregulation, and psychological distress creates a lethal feedback loop. Chronic abuse activates the hypothalamic-pituitary-adrenal (HPA) axis, elevating cortisol levels that disrupt fetal development and exacerbate maternal depression (Lee et al., 2025; Moog et al., 2016). Over time, this physiological stress erodes resilience, with survivors reporting “emotional exhaustion” and “numbness” that numb self-preservation instincts (Stiller et al., 2025). Hormonal shifts may also impair rational decision-making; for instance, progesterone’s sedative effects can amplify feelings of helplessness, making escape planning feel insurmountable (Stefaniak et al., 2023).

Crucially, the absence of robust support systems magnifies risk. Women lacking access to trauma-informed healthcare, shelters, or legal aid often see suicide as their only escape from unrelenting abuse. A 2025 meta-analysis revealed that 75% of pregnant suicide attempters had sought help for abuse but received inadequate responses (Tate et al., 2024).

Addressing this crisis requires dismantling systemic barriers. Universal screening tools like the HARK questionnaire must be integrated into prenatal visits to identify abuse and suicidality early (Anyango et al., 2025). Multidisciplinary care teams—including social workers, psychiatrists, and doulas—can provide holistic support, from safety planning to postnatal mental health monitoring. Public health campaigns challenging stigma and normalizing help-seeking are equally critical. As one survivor noted, “Knowing I wasn’t alone saved my life” (Dheensa et al., 2025).

Hormonal changes, abuse, and suicide ideation

The bio-psycho-social model provides a comprehensive framework for understanding how hormonal changes during pregnancy—such as fluctuations in estrogen and progesterone—interact with psychological stressors like domestic violence to heighten the risk of suicidal ideation (MariaGiammarioli et al., 2023). On a physiological level, elevated cortisol levels triggered by chronic stress, when combined with pregnancy-related hormonal shifts, can significantly disrupt neurochemical balance. This particularly affects neurotransmitters such as serotonin, which is crucial for mood regulation (Tonon et al., 2024). Women subjected to abuse may already exhibit altered serotonin functioning, predisposing them to depressive symptoms and suicidal thoughts (Dimcea et al., 2024; Mangini et al., 2024).

From a psychological perspective, the trauma of enduring emotional and physical abuse often fosters persistent feelings of fear, helplessness, and worthlessness (Westfall & Nemeroff, 2015). These emotional wounds are further exacerbated by the hormonal volatility of pregnancy, which can impair emotional regulation and deepen depressive states. The convergence of these biological and psychological vulnerabilities may intensify suicidal ideation, particularly when the woman perceives no viable escape from her distressing environment. In such cases, suicide may be seen as the only way to end the suffering, highlighting the urgent need for integrated medical, psychological, and social support systems for pregnant women facing abuse.

Implications for clinical practice

It is imperative that healthcare providers incorporate routine screening for domestic violence—including both physical and emotional abuse—into standard prenatal care protocols (Anyango et al., 2025). Early detection is vital not only for safeguarding the physical well-being of pregnant women but also for addressing the compounded psychological burden that abuse can inflict during a period of heightened hormonal

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sensitivity (Anyango et al., 2025; Ramasubramani, 2024). An awareness of how hormonal fluctuations can exacerbate emotional distress underscores the need for trauma-informed care during pregnancy.

Given the increased vulnerability to suicidal ideation in abused pregnant women, comprehensive mental health screening should also be a standard component of prenatal assessments (Suzuki, 2024). Timely psychological evaluations can facilitate early intervention, potentially preventing escalation into more severe mental health crises. Women identified as at risk should be provided with access to counselling, emotional support, and clear guidance on available resources, including safe shelters, legal aid, and support hotlines (Hoffmire et al., 2024; Obisesan, 2024).

Multidisciplinary collaboration is essential for delivering holistic care. Involving social workers, clinical psychologists, and domestic violence specialists ensures that both the mother's and the fetus's health are addressed through an integrated, compassionate approach. Such coordinated efforts can not only improve maternal mental health outcomes but also contribute to better developmental prospects for the unborn child.

CONCLUSION

Domestic violence—encompassing both emotional and physical abuse—substantially elevates the risk of suicidal ideation among pregnant women. The intersection of psychological trauma and physiological changes, particularly the hormonal fluctuations inherent to pregnancy, can create a perilous environment for the development of mood disorders, such as depression and suicidal thoughts. This confluence of stressors not only jeopardizes maternal mental health but can also have long-term implications for fetal development and overall family well-being.

Therefore, it is essential to address both the emotional toll of abuse and the neurobiological changes associated with pregnancy in a comprehensive manner. Timely recognition of these risks and the provision of integrated care—combining psychological support, medical evaluation, and social resources—are critical to mitigating the threat of suicide ideation. Healthcare professionals must remain vigilant, routinely screening for signs of domestic violence and mental health distress during prenatal visits. By doing so, they play a pivotal role in safeguarding the mental health of pregnant women and fostering a safer, healthier environment for both mother and child.

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Conflict of Interest

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