

## Domestic Violence and Pregnancy

Domestic violence (DV), also referred to as intimate partner violence, includes physical, psychological, verbal, sexual, spiritual, and financial abuse and aggression that is committed by a spouse, common-law partner, or romantic partner. DV affects people of all ages, all financial conditions, in both rural and urban settings, and every cultural and educational background. In terms of violent crime in Canada, DV is relatively common – in 2017, 30% of all police-reported violent crime in Canada was related to DV. Reported rates of DV are often underestimates, as DV frequently goes unreported. Possible reasons for a reluctance to report DV include stigma or shame around DV, and fear of the abuser.

While DV can affect both men and women, victims of DV are predominantly female, particularly in terms of police-reported DV between opposite-sex partners. According to Statistics Canada, DV is the most common type of violence experienced by women in their childbearing years. Although research on the rates of DV during pregnancy is varied, research suggests that DV continues during pregnancy for at least 10% of women who are already experiencing DV.

Research shows that very few physicians routinely screen for DV. Many physicians only screen when they identify a physical injury, meaning that less visible signs of DV are overlooked, such as mental health issues, increased need for medical attention, and impaired daily functioning. It has also been found that some physicians refrain from screening because they lack knowledge on how to approach the subject of domestic and family violence, or that they do not know what to do if a woman screens positive. This resource was created to provide an introductory guide on some of these issues.

### Signs of DV during pregnancy

- Physical injuries
- Unwanted pregnancy or termination of pregnancy
- Sexually transmitted infections (STIs)
- Substance use
- Suicide attempts
- Inadequate/delayed prenatal care
- Frequent hospital or clinic visits, especially when presenting with varied or unexplainable injuries or symptoms
- History of abuse in family of origin
- Controlling partner behaviours

### Effects of DV during pregnancy

DV during pregnancy has been linked to a great number of harmful effects for both the woman and the fetus during pregnancy and in the postpartum period. Women who experience DV during pregnancy are more likely to report having experienced more severe forms of violence, more frequent violence, and an increase in adverse health consequences, compared to women who experience DV outside of pregnancy.

### Effects on the pregnant woman

- Physical: violence-related injuries, premature labour, vaginal bleeding, severe nausea, gastrointestinal disorders, poor sexual and reproductive health (e.g., STIs, kidney infections, urinary tract infections), and weakened immune system due to long-term stress
- Mental: anxiety, depression, isolation, post-traumatic stress disorder, substance use (e.g., tobacco, alcohol, recreational and illicit drugs)
- Can also contribute to loss of economic security due to loss of employment or home if leaving the abusive situation

### For More Information

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## Effects on the fetus

- Direct physical trauma from violence, including injuries and miscarriage
- Premature labour and delivery
- Effects of maternal behaviours (e.g., increased substance use, decreased food intake, maternal stress, and maternal depression are associated with delayed prenatal growth, prematurity, low birth weight, and compromised physical health)

## Postnatal effects

- Decreased likelihood of breastfeeding initiation and increased likelihood of early breastfeeding cessation
- Maternal mental health issues are associated with increased likelihood of difficulties in parenting and maternal-child bonding
- Exposure to violence in the home is associated with an increased risk of aggression, emotional disorders, and hyperactivity
- Increased risk of child abuse, which is associated with later risk-taking behaviours in adolescence and adulthood

## What can be done?

Eliminating violence against women is an important public health objective. Pregnancy is an opportune time to take action because the majority of women in Canada utilize the healthcare system at some point during their pregnancies. Research indicates that women are willing to talk to doctors about abuse and are more likely to disclose if clinicians ask about it.

The use of a screening tool often results in more positive screens than simply asking a woman if she has been abused, as she may not see her experience as “abuse”. A non-judgemental and trusting relationship with the woman being screened is more important to facilitating disclosure than which tool is used.

The Society of Obstetricians and Gynaecologists of Canada (SOGC) recommends the following screening tools:

- Abuse Assessment Screen (AAS) <http://bit.ly/AbuseAssessmentScreen>
- Partner Violence Screen (PVS) <http://bit.ly/PartnerViolenceScreen>

The following are recommendations to help health and allied healthcare providers working with pregnant women experiencing abuse.

- Train to recognize signs of abuse during pregnancy and what to do if someone screens positively. For more information, visit: <https://pathssk.org/wp-content/uploads/2011/04/PATHS-Handbook-for-Healthcare-Professionals-Revised-Feb.-20126.pdf>.
- Screen for domestic violence frequently.
- Be aware of organizations offering support services in your area (e.g., financial assistance, housing, counselling). For more information and links, visit The Provincial Association for Transitional Housing at <https://pathssk.org/>.
- Encourage women to have an emergency safety plan, including a code word to use with family and friends if emergency help is needed. For more information, visit: <http://www.rcmp-grc.gc.ca/en/intimate-partner-violence-and-abuse>.
- Support women whether they choose to stay with or leave their partners. This will help to reduce feelings of isolation.

It is important to remember that women experiencing DV often do not have easy options if they are trying to leave an abusive relationship. When pregnant, women experiencing DV are more likely to contact crisis lines, crisis centres, women’s centres, transitional houses, victim services, or a counsellor or psychologist. Women want the abuse to stop, but need assistance. Health and allied healthcare providers can provide information and resources to help women experiencing DV access the support and resources they need.

## Select References

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*Additional references available upon request.*