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facts on

Intimate Partner Violence and Pregnancy

Intimate partner violence (IPV) refers to behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm. While IPV can occur between partners of any gender or sexual orientation, most often women are victims of IPV and men are the perpetrators. Women are also more likely to experience severe forms of IPV, such as being choked or sexually assaulted. While violence affects women regardless of culture, social class, age, or ethnicity, Canadian women who are Indigenous, are of a sexual minority, have disabilities, are young, and/or live in rural areas are overrepresented as victims of IPV.

In 2019, 84,664 Canadian women over the age of 15 (536 reports per 100,000 people) reported incidence of IPV to the police. Saskatchewan had the highest police-reported IPV rate among the provinces at 1,175 reports per 100,000 people, more than double the Canadian rate. These rates are likely underestimations due to factors such as stigma, shame, fear of court system intervention, and lack of trust in the criminal justice system.

Although IPV can occur and have significant adverse effects on women at any time in life, it is most prevalent during the reproductive years. IPV may begin, intensify, or increase in frequency during the prenatal period. An estimated 25% to 50% of women who experience IPV report experiencing the first instance of violence during pregnancy, with the risk being higher when the pregnancy is unplanned or unwanted. It is believed that the increased physical, emotional, social, and economic demands during the prenatal period are associated with increased vulnerability to violence during this time.

IPV during pregnancy is one of the biggest health risks during the prenatal period and is more common among pregnant women than gestational diabetes or preeclampsia. The physical and psychological effects on the mother and child can be long lasting and often intergenerational, with the likelihood of future perpetration of violence and victimization being increased among people exposed to violence in childhood.

Risk factors for victimization and perpetration

Risk factors are similar for both victimization and perpetration of IPV. While these risk factors may be associated with IPV, they are not causes for the behaviour.

- **Individual**: young age, short-term relationships, substance use disorders (particularly alcohol), unplanned pregnancy, low education, personal history of abuse or witnessing IPV, low income, unemployment, lack of social support, low self-esteem
- **Relationships**: marital difficulties (e.g., separation, divorce), poor quality relationships
- **Community**: poverty, poor social cohesion, unemployment, social inequality
- **Societal**: traditional gender roles, structural violence (e.g., systemic racism, xenophobia, homophobia, transphobia), general acceptance of violence for conflict resolution

Effects of IPV on the Mother

- **Psychological**: prenatal and postnatal depression; anxiety; post-traumatic stress disorder; suicidal behaviour; substance use - typically used as a coping mechanism
- **Physical health**: reduced immune function; infections (e.g., urinary tract infections, kidney infections, sexually transmitted infections); gestational

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diabetes; physical injury; maternal homicide

Effects on the fetus

- Direct physical trauma from violence, including injuries and miscarriage
- Pre-term birth, low birth weight, small for gestational age, premature rupture of membranes
- Prenatal death and other negative effects of maternal experiences (e.g., maternal infections, maternal stress, poor nutrition, and maternal coping strategies such as substance use)

Postnatal effects of IPV

- Avoidance or decreased likelihood of breastfeeding
- Delayed mother-infant bonding (attachment) and difficulties parenting
- Increased risk for developmental problems, especially externalizing behaviours (i.e., difficulties controlling emotions and behaviours) related to psychological stress and anxiety during the pregnancy
- Increased likelihood of child being perpetrator or victim of violence later in life

What can be done?

Primary prevention approaches for IPV include educational efforts that promote healthy relationships, conflict resolution, and a change in attitudes and behaviours before any violence occurs. This includes school-based programs, bystander education and empowerment, engaging boys and men as allies for prevention, and creating protective environments by increasing support staff and resources in high-risk areas.

Pregnancy offers a window of opportunity for IPV detection and intervention because women often have repeated contact with healthcare providers who they may develop trust with, increasing the likelihood of disclosing abusive situations. Pregnancy is also a time when women may feel particularly motivated to protect themselves and their developing baby from harm.

The VEGA (Violence, Evidence, Guidance, and Action) Project[1] developed evidence-based guidance and educational resources to assist Canadian healthcare and social service providers to recognize and respond to family violence. These resources were developed in collaboration with 22 national organizations, including the Society of Obstetricians and Gynaecologists of Canada and the Royal College of Physicians and Surgeons of Canada.

VEGA states that identification of IPV through case-finding is recommended. Healthcare and social service providers should ask about IPV when potential indicators are present, including:

- **signs and symptoms directly related to IPV exposure** (e.g., injuries, depressive or post-traumatic stress symptoms, chronic pain)
- **behavioural indicators or cues from abused adults** (e.g., repeatedly cancelling visits, increased use of health services, deferring to a partner during a visit, offering an implausible explanation for physical injury) and/or indicators that suggest an abusive partner (always present, answering for partner, other controlling behaviour)
- **specific evidence-based risk indicators** (e.g., alcohol/drug misuse, recent separation, financial strain, expressing traditional gender norms)

VEGA highlights perinatal care and mental health and addictions care as contexts in which to particularly consider assessment for IPV (e.g., at assessment and subsequently as needed). Upon detection of IPV during pregnancy, VEGA[2] recommends that women who have disclosed IPV be offered brief to medium duration counselling and advocacy/ support.

For more information and references, view *Intimate Partner Violence During Pregnancy: A Narrative Literature Review*[3] at: https://skprevention.ca/resource-catalogue/pregnancy/intimate-partner-violence-ipv-during-pregnancy-a-literature-review/.

Available Supports

For services for people experiencing violence and abuse, visit https://abuse.sk.211.ca/.

For information about shelters, counselling and support centres, and programs for people who use violence, visit www.pathssk.org/get-help-now.

Women who have experienced abuse from a current or past partner can visit www.ihealapp.ca and download the iHEAL app on their phone to find personalized ways to stay safe and be well.

Select References

1. VEGA Family Violence Project. (2015 – 2020). https://vegaproject.mcmaster.ca/home/
2. VEGA Family Violence Project. (2019). Intimate partner violence systematic review summary. https://vegaproject.mcmaster.ca/app/uploads/2022/11/vega-ipv-systematic-review-summary.pdf
3. Saskatchewan Prevention Institute. (2024). Intimate partner violence during pregnancy: A narrative review. https://skprevention.ca/resource-catalogue/pregnancy/intimate-partner-violence-ipv-during-pregnancy-a-literature-review/

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