

**Title:** Assessment for Intimate Partner Violence in the Perinatal Period: When, Where, and What Next?

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**WP Number:** 10-15

### **Research Question:**

The best time during the perinatal period (pregnancy, childbirth, or the postpartum period) to respond to questions about violence, from a woman's perspective, is unknown. We compared disclosure rates among women attending maternity care services at Richmond General Hospital during the prenatal period, hospitalization for delivery, and a postpartum home visit.

### **Importance:**

Violence perpetrated against women is associated with a multitude of physical (injuries, infection, chronic pain) and mental (depression, substance abuse, posttraumatic stress syndrome) health problems. Women experiencing violence during pregnancy have a threefold increase in risk for antepartum hemorrhage, preterm delivery, and intrauterine growth restriction and an eightfold increase in perinatal death. Studies have shown that 50–60 percent of men who batter their wives also batter their children. A study of immigrant and refugee women in Canada showed that among those experiencing violence, only 12 percent disclosed to a physician. This low rate of disclosure may result from both the unwillingness of care providers to ask women about violence and women's reluctance to disclose as they are not aware of available resources to support their choices. There have been no Canadian studies of prevalence of violence during pregnancy among immigrant women and none among Chinese women. Pregnancy imparts both a unique opportunity and unique challenges with respect to assessment for violence exposure because women present for care accompanied by their partners. It is therefore important to measure which time and which approach during pregnancy and childbirth is most conducive to women's ability to disclose and ask for help.

### **Research Findings:**

We assessed 321 antenatal questionnaires from women registered to give birth at Richmond General Hospital which asked a question about exposure to physical, emotional, or sexual violence. Among these, 6.2 percent indicated that they had experienced violence. Among 330 women asked during their hospital admission for delivery, 10 percent expressed that they were afraid of their partner but none disclosed current abuse. Among women visited at home, none disclosed violence.

### **Implications:**

It is clear from our study that women are more comfortable disclosing violence in the antepartum period using paper forms, even although these were not anonymous, compared to in speaking in person with a nurse. A new national Canadian survey on intimate partner violence has reported that 5.7 percent of women experience violence in the year preceding pregnancy. Among 60 percent of this group, violence ceased during pregnancy and the early postpartum period and later resumed. Our findings support maternity health provider assessment for violence after the initial postpartum (eight weeks) period. It may be more acceptable for women to disclose using a paper-based assessment rather than an interview.