

# Domestic Violence Against Pregnant Women: The Role of Healthcare Professionals

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**D**omestic violence can be defined as a pattern of intentionally coercive and violent behaviour towards an individual with whom there is, or has been, an intimate relationship. This behaviour can be used to establish control of an individual and can include physical and sexual abuse, psychological abuse with verbal intimidation, progressive social isolation or deprivation and economic control.<sup>1</sup>

## HOW EXTENSIVE IS DOMESTIC VIOLENCE?

Domestic violence is becoming an increasingly important public health issue. It is estimated that women are 6 times more likely than men to experience violence committed by an intimate partner. The lifetime prevalence of physical violence in the general female population in the United States is 10 to 15% with 9% being severe violence.<sup>2</sup>

Domestic violence against pregnant women is a particularly important problem. The reported

prevalence of domestic violence during current pregnancy varies between different populations, from 4 to 17%.<sup>3-8</sup> For example, using a three question Abuse Assessment Screen, the prevalence of physical or sexual abuse during pregnancy was found to be 17%.<sup>6</sup> In another study, 7.2% of participants said that they had experienced physical abuse in their current pregnancy.<sup>8</sup> Moreover, 11 to 41% of antenatal attendees in American studies had experienced domestic violence at some point in the past.<sup>3,5,9,10</sup> A local study of pregnant women reported a 17.9% lifetime prevalence for domestic violence and found that 4.3% of pregnant women had suffered from domestic violence during their current pregnancy.<sup>11</sup>

Domestic violence is equally common among women wishing to continue or terminate a pregnancy. A survey of women seeking outpatient abortion reported a 39.5% prevalence of domestic violence.<sup>12</sup> Another study found that 31% of women seeking termination of pregnancy had a history of abuse.<sup>12</sup>

Furthermore, rape-related pregnancy was closely linked with domestic violence.<sup>14</sup>

## DOMESTIC VIOLENCE AND ON-GOING PREGNANCY

It has been suggested that domestic violence often commences or escalates during pregnancy and the pattern of violence also alters, with pregnant women more likely to have multiple sites of injury and to be struck on the abdomen.<sup>15</sup> Another study, however, found that non-pregnant women reported a slightly higher prevalence of abuse.<sup>16</sup> This issue remains controversial.

The abused pregnant woman tends to book late for antenatal care. Abused women are twice as likely as non-abused women to not seek prenatal care until the third trimester.<sup>6</sup> Moreover, domestic violence during pregnancy has been associated with a variety of adverse perinatal outcomes, including miscarriage, premature birth and low birthweight, foetal injury, premature labour, chorioamnionitis, maternal infections and poor

weight gain.<sup>15</sup> Women assaulted during pregnancy are twice as likely to have preterm labour and chorioamnionitis.<sup>8</sup> In addition, there have been cases of foetal death due to placental abruption resulting from domestic violence.<sup>17</sup> The risk of moderate-to-severe violence appears to be greatest during the postpartum period.<sup>18</sup> Apart from physical injury, victims of domestic violence during pregnancy may suffer long term mental health problems such as depression and suicidal tendency. Nevertheless, the extent to which domestic violence during pregnancy may contribute to postpartum depression has not been well studied.

### DOMESTIC VIOLENCE AND ABORTION

Pregnant women with unplanned or unwanted pregnancies may consider abortion. Victims of domestic violence are more likely to describe their pregnancy as unwanted or unplanned. Unintended pregnancy is, in fact, a risk factor for domestic violence. Unwanted or unplanned pregnancies increase the stresses on a relationship and thus the risk of domestic violence. Physical violence is significantly more common in women with unwanted pregnancy than in those with intended pregnancy (12.1% vs. 3.2%) and the former are 4 times more likely to experience physical violence actually during their pregnancy

than the latter.<sup>19</sup> The victims of an abusive relationship are also more likely to consider termination of pregnancy and are less likely to inform their partners or to have their partners' support in this decision.<sup>12</sup>

### RISK FACTORS FOR DOMESTIC VIOLENCE DURING PREGNANCY

The table shows the risk factors for domestic violence during pregnancy. Those with unplanned or unwanted pregnancies are more likely to experience violence. So too are teenage mothers: those under age 18 are twice as likely to experience violence during and after pregnancy.<sup>20</sup>

Low socioeconomic status and unemployment of the mother are further risk factors for domestic violence.<sup>10</sup> Those who are single, separated or divorced are more likely to experience abuse.<sup>8,10</sup> So too are those who have received less than 12 years of education; are living in crowded conditions;<sup>19</sup> or have a history of cigarette smoking, alcohol or illicit drug use during pregnancy.<sup>8,10</sup> Moreover, certain male partner characteristics eg. alcohol use, are associated with a higher risk for domestic violence. History of alcohol abuse by the male partner has been cited as the strongest predictor for acute injury arising from domestic violence among women admitted to the emergency department.<sup>21</sup>

### WHO SHOULD SCREEN FOR DOMESTIC VIOLENCE DURING PREGNANCY?

Identifying the victims of domestic violence should be the responsibility of every healthcare professional who may encounter such women, particularly obstetrician-gynaecologists as well as physicians working in the emergency department and primary healthcare setting. Obstetrician-gynaecologists, as the primary care providers for women, have the opportunity to screen for domestic violence during antenatal visits or abortion counseling. Abused pregnant women may seek help from their primary healthcare physician, with whom they already have an established rapport. It is estimated that 10 to 30% of women seeking routine primary care may report a history of domestic violence.<sup>1</sup> Obstetrician-gynaecologists and primary healthcare physicians are more likely to encounter victims of more subtle but chronic abuse eg. emotional or verbal abuse. Those with frank acute physical injuries from domestic violence are more likely to present to the emergency department, when the woman is either seeking treatment for acute injuries or simply seeking refuge from abuse. In fact, the American College of Obstetricians and Gynecologists, the American Medical Association and the American College of Emergency Physicians have all

called for routine screening of women to prevent, identify and care for victims of violence.

### UNIVERSAL VS. SELECTIVE SCREENING

According to a questionnaire survey of domestic violence screening practices among the Fellows of the American College of Obstetricians and Gynecologists, only 39% routinely screened for domestic violence during the first prenatal visit and the majority only screened when they suspected a patient was being abused.<sup>22</sup> A number of 'red flags' for domestic violence have been identified, including: (1) chronic vague complaints that have no obvious physical cause, (2) injuries that do not match the explanation of how they were sustained, (3) a partner who is overly attentive, controlling or unwilling to leave the woman's side, (4) physical injury during pregnancy, (5) a history of attempted suicide or suicidal thoughts and (6) delay between injury and the seeking of treatment. However, experience shows that probing into abuse only when there are obvious signs of injury is generally insufficient. More battered women present with vague medical complaints eg. chronic pain, headaches, sleep disturbance and depression, than with physical trauma.

There are no 'profiles' that can reliably predict who is likely to be

#### TABLE. Risk Factors

Unwanted/unplanned pregnancy
Teenage pregnancy
Lower socioeconomic class
Lower educational level
Unemployment
Single/separated/divorced
Cigarette smoking
Alcohol use
Illicit drug use
Alcohol/drug abuse by male partner

a victim of abuse, thus selective screening may miss a significant number of cases. This is why the American College of Obstetricians and Gynecologists, the American Medical Association and the American College of Emergency Physicians recommend routine screening for domestic violence. Routine screening for domestic violence against pregnant women may be performed at prenatal visits or during abortion counseling.

#### HOW TO SCREEN

Use of structured questionnaires such as the Abuse Assessment Screen (see figure) increases the detection rate of domestic violence during pregnancy up to 7 times.<sup>6,10</sup> The Abuse Assessment Screen consists of 5 simple questions that identify whether there has been any abuse in a past or current pregnancy. Answering "yes" to question 2, 3 or 4 indicates abuse.

Using this questionnaire a 17% prevalence rate was found for domestic violence against pregnant women, this figure is higher than that found in studies using alternative screening methods. The questionnaire is simple, takes only a few minutes to complete and can therefore be used in a busy clinic.

Interviews conducted by a healthcare provider have been shown to detect more physical violence during pregnancy, than self-reported questionnaires.<sup>23</sup> The interview should be conducted in a private setting, with only the healthcare provider and the participant present, since fear of the attacker and embarrassment may result in under-reporting of violence.

Repeating the interview during pregnancy eg. in each trimester, may increase the disclosure of abuse as trust is established between the patient and the clinician.<sup>6</sup> This is particularly relevant in obstetric practice where pregnant women are frequently attending clinics.

#### WHAT TO SCREEN

Domestic abuse includes not only violence or sexual abuse but psychological torment as well. In fact, psychological abuse may be the more prevalent form of abuse presenting to obstetrician-gynaecologists or primary healthcare physicians. Threats to harm possessions, children or other family members are common. In Hong Kong

53.6% of cases of abuse against women involve psychological abuse.<sup>24</sup> The Abuse Assessment Screen centres on physical and sexual forms and although psychological abuse is much more difficult to screen for, it would be reasonable to include a few more questions to identify whether it is present. Appropriate questions to ask may be whether the partner has been keeping the woman from contacting family or friends (ie. social isolation) or destroying her personal possessions, threatening to harm her children or family members.

**HOW CAN WE HELP?**

Follow-up visits should be arranged whenever domestic violence is suspected or identified regardless of the victim's current health status. Medical documentation is an important issue as medical records may be required for future legal proceedings. Accurate, detailed and complete information should be recorded describing the violence and injuries as well as the date, the perpetrator and any complications of the incident. Strict confidentiality should be emphasised.

The treatment and care of abused women should include:

- Acknowledging the abuse
- Assessing the danger to the woman and her foetus and discussing safety planning
- Discussing the pattern of abuse

- Anticipating and respecting the partial denial
  - Reassuring the woman that abuse is not her fault
  - Informing her that no one deserves to be abused
  - Reminding the woman of her legal rights
  - Referring to community resources and
  - Allowing the woman to decide which support services and options are safe for her situation.
- Cards with telephone numbers of

refuges and various community resources may be helpful.

It is most important to empower victims, so that they know where and how they can seek help when they want to. The woman's decisions should be respected and she should never be pressed into making these during the consultation. Follow-up appointments are necessary to assess readiness to accept change and emotional responses to the violence. A team approach to help should involve

1. Have you ever been emotionally or physically abused by your partner or someone important to you?	Yes / No
2. Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone? If Yes, by whom? (circle all that apply) Husband   Ex-husband   Boyfriend   Stranger   Others   Multiple Total no. of times _____	Yes / No
3. Since you have been pregnant, have you been hit, slapped, kicked or otherwise physically hurt by someone? If Yes, by whom? (circle all that apply) Husband   Ex-husband   Boyfriend   Stranger   Others   Multiple Total no. of times _____ Mark the area of injury on a body map. Score each incident according to the following scale: 1 = threats of abuse, including use of weapons 2 = slapping, pushing; no injuries and/or lasting pain 3 = punching, kicking, bruises, cuts and/or continuing pain 4 = beaten up, severe contusions, burns, broken bones 5 = head, internal or permanent injury 6 = use of weapon, wound from weapon	Yes / No
4. Within the last year, has anyone forced you to have sexual activities? If Yes, by whom? (circle all that apply) Husband   Ex-husband   Boyfriend   Stranger   Others   Multiple Total no. of times _____	Yes/No
5. Are you afraid of your partner or anyone listed above?	Yes/ No

Figure. Abuse Assessment Screen Questionnaire.

appropriate referral to social workers, clinical psychologists and various government and voluntary organisations that provide shelters, legal support and social services.

Of fundamental importance is raising the awareness of healthcare professionals to domestic violence, particularly that against pregnant women. Current education programmes are inadequate and according to a survey among the Fellows of American College of Obstetricians and Gynecologists, only 30% received training on domestic violence during medical school and 37% during their residency. One quarter were unsure of their ability to screen for domestic violence.<sup>22</sup> Moreover, there is little information on domestic violence in medical texts: only 37% of physician texts mention this topic.<sup>25</sup> Screening for domestic violence will require reinforcement of undergraduate and postgraduate education.

## CONCLUSION

Domestic violence, particularly that against pregnant women, is becoming an increasingly important public health issue, and is probably under-reported. Routine screening for domestic violence at antenatal visits and during abortion counseling is recommended. Pregnancy is the only time that healthy women come into frequent contact with healthcare providers.

Assessment for abuse during pregnancy must be standard care for all pregnant women. For many women who have been abused, healthworkers are the main, and often the only, point of contact with public services which may be able to offer support and information. Physicians are ethically obliged to inform themselves about the manifestations of domestic violence, to screen for such events and to offer as much help to the victims as possible.

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