



## Abuse in Pregnancy: Information and Strategies for Prenatal Education

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## Introduction

In this resource, abuse is the term used to describe the pattern of abuse experienced by a woman by her current or former intimate partner (including dating partners). It is an expression of power, control and domination through a range of ongoing and escalating behaviours (Society of Obstetricians and Gynaecologists of Canada [SOGC], 2005). This type of abuse is also known as intimate partner violence (Sinha, 2012). Literature on abuse during pregnancy often reports specifically on physical abuse (violence) and does not always include other aspects of abuse. Violence against women is a common public health issue, affecting 6-8% of pregnant Canadian women (SOGC, 2005). Three out of ten women (30.2%) who reported physical or sexual abuse during a two year period in Ontario said the abuse occurred during a pregnancy (Public Health Agency of Canada [PHAC], 2009). Pregnancy is a time when pre-existing physical abuse (violence) may get worse or for a minority of women, violence can begin (Taillieu, 2010).

Abuse during pregnancy causes harm to the woman and may also harm her fetus. During pregnancy, women who might not otherwise seek health care for abuse are likely to seek medical care for their pregnancy. Prenatal educators who are able to intervene in cases of abuse will help the woman, the fetus and any other children in the family.

This resource offers an overview of the issue, how and when to screen for abuse and what to do in case of a disclosure. Prenatal educators are not expected to be experts or to provide counselling. Prenatal education is an opportunity for health care providers to share information about abuse, identify women who are being abused and offer support and referrals to women and their families. It is recommended that all prenatal educators receive education about abuse, become knowledgeable about local resources and learn how to use screening and assessment tools. Prenatal educators should also work with their employers to ensure their own safety when working with families affected by abuse.

## What is abuse?

Abuse includes physical, emotional, sexual, verbal, social, financial and digital abuse. Through abuse, the perpetrator asserts power and control over the other partner. Although violence is found in same-sex and transgender partnerships, the overwhelming health burden of partner violence is borne by women at the hands of men (Krug, 2002). The following are examples of different types of abuse (PHAC, 2014).

### *Physical abuse*

- Pushing, shoving, hitting, slapping or kicking
- Destroying personal property
- Limiting mobility by tying her down or locking her in a room
- Using a weapon or other objects to threaten or hurt
- Denying access to a health care provider such as a doctor, midwife or dentist
- Taking away assistive devices for a disability such as a guide dog or a cane

### *Psychological or emotional abuse*

- Threatening to take the children away (threaten to leave with the children or make a report to child protective services)
- Stalking or harassing behaviour
- Controlling how a woman spends her time
- Isolating from family and friends
- Threatening to hurt a person or an animal she cares for





### **Verbal abuse**

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- Name-calling or other verbal means of attacking self-esteem
- Humiliating her in the presence of others
- Giving the silent treatment

### **Sexual abuse**

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- Denying sexual activity or forcing her into unwanted sexual acts
- Forcing a woman to continue a pregnancy or to have an abortion
- Infecting with a sexually transmitted infection

Note: Even if someone is married or engaged, a partner cannot force her to have sex.

### **Spiritual abuse**

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- Belittling her spiritual beliefs
- Not allowing her to attend the place of worship of her choice
- Forcing participation in religious activities/organizations

### **Financial abuse**

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- Limiting access to family finances
- Spending the family money

### **Digital abuse** (*National Domestic Violence Hotline, 2013*)

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- Verbal or psychological/emotional abuse perpetrated online
- Internet stalking
- Emailing inappropriate pictures and texts
- Constant texting as surveillance
- Phone tracking



## Impact of Abuse During Pregnancy

There are two victims when abuse occurs during pregnancy: the pregnant woman and the fetus. Abuse does not usually stop when a baby is born and typically increases during the postnatal period (Daoud, 2012; Charles, 2007). Abuse during pregnancy can result in negative physical, sexual, reproductive, emotional and behavioural outcomes. Examples include: physical injuries; internal bleeding; unwanted pregnancy; decreased self-esteem; maternal depression; and use of alcohol, tobacco and other substances (Registered Nurses' Association of Ontario [RNAO], 2005). Abuse is one of the leading causes of death among pregnant women (Taillieu, 2010). An abusive partner may physically target the pregnant woman's torso (area covered by a one-piece bathing suit) to inflict injury (Chambliss, 2008). This may be in order to hide the assault and target those body parts associated with pregnancy (breasts, genitalia and abdomen). Pregnancy complications for the fetus can include premature rupture of the membranes, rupture of the placenta, fetal hemorrhage or miscarriage (SOGC, 2005). Complications for the newborn can include preterm birth, low birth weight or stillbirth (SOGC, 2005). Exposure to abuse during childhood is related to long-term negative impacts on children's psychological, emotional and social well-being (Wathen, 2012).

## Who is most likely to experience violence in an intimate relationship?

### **Risk Factors:**

Although abuse can occur in all age groups and across the social strata, there are certain factors and conditions that are correlated with partner violence and elevate risk (Janssen, 2003; Sinha, 2013; Taillieu, 2010):

- Pre-pregnancy violence
- Pregnancy
- Young women (under 25 years of age)
- Use of drugs and alcohol by perpetrator and/or woman
- Women who are single or parenting on their own (i.e. not in a common-law or legal marriage)
- Women recently separated or in the process of ending a relationship
- Women of First Nations descent
- Women with disabilities
- Lesbian, bisexual and transgendered women
- Women with low socioeconomic status



# Impact of Abuse

## *Impact on Women's Mental Health*

Abuse has been associated with mental health problems for women. The most common mental health impacts are depression, anxiety disorders and specifically posttraumatic stress disorder (PTSD) (Jordan, 2010; Rose, 2010; Wathen, 2012). Other mental health impacts are poor self-esteem, sleep disorders, eating disorders, phobias and panic disorders, substance dependence, antisocial personality disorders and psychosis (Wathen, 2012).

## *Impact on the Mental Health of Infants*

The direct and indirect impact of abuse in the family has a negative effect on infants. Exposure to abuse is considered to be a form of maltreatment. Rates of child maltreatment are highest among infants under 1 year (Trocme, 2010). Infants can be directly injured while being held during physical violence and also when young children try to intervene to stop physical abuse (Infant Mental Health Promotion [IMHP], 2012). Infants are also impacted indirectly due to their dependence on their primary caregivers to provide emotional support during times of stress. When the primary caregiver is involved in the stressful event, the child's source of comfort (caregiver) is also a source of fear and distress (caregiver who is being abused). This repeated pattern can result in disorders of attachment which may contribute to behaviour problems in later childhood. Infants and young children who experience repeated violence in the home have reduced capacity to regulate their emotions and behaviour because they don't have adequate emotional security (IMHP, 2012).

## *Impact on the Mental Health of Children*

Outcomes for older children who witness abuse in the home include an increased risk of psychological, social, emotional and behavioural problems. Mental health concerns such as mood and anxiety disorders are more common as well as substance use and school-related problems for older children and adolescents (Wathen, 2012). A secure attachment with a non-violent parent or other caregiver can provide an important protective factor for children exposed to abuse (Holt, 2008).





## Strategies to Incorporate Information about Abuse in Prenatal Education

During prenatal education, the topic of abuse can be raised in different ways, depending on the setting.

### **Resources**

Always have up-to-date resources about where women can access help and information (shelters, helplines) for abuse. Display posters and educational materials about abuse in both public and private areas. Provide resources where women can access them in safe, private locations such as in the women's washrooms or on a table to the side. Some agencies provide their resource lists and information in other formats such as panty-liners. Avoid giving brochures on abuse with other general prenatal information. Each woman is in the best position to decide if it is safe for her to take the materials about abuse.

### ***Prenatal classes for Pregnant Women Only***

A prenatal class for pregnant women only may be a safer atmosphere in which to bring up the topic of abuse during pregnancy. Note that abuse also happens in same-sex relationships, so partners should not be present during a discussion about abuse.

- Provide short succinct information. Extensive detail may cause discomfort in the class. It could result in a discussion debasing men.
- Include a definition of abuse and how it manifests itself during pregnancy.



- Provide information about the potential impacts of abuse on fetal and child development.
- Encourage the women to discuss abuse with their primary health care providers as a risk factor to their health and their fetus' health and/or to talk to someone they trust.
- Keep the group together. This topic requires a direct approach. Small group activities do not work well.
- Have resources and information including online resources available.
- Consider inviting a local guest speaker who is an expert in the area of abuse.
- Invite participants to approach the educator if they have individual questions or consider providing an email address to communicate one-on-one after the class.

### ***Prenatal Classes for Couples***

Discussing the topic of abuse in a class for couples is extremely challenging and is not recommended. It could result in debasement of either men or women and couples who are in an abusive relationship may stop attending for fear of being exposed. There may also be a partner who will want to talk in great detail about abuse during pregnancy. An abusive, controlling partner may want to focus on this in order to deflect attention from his/her own behaviour. If there are 2 facilitators, separate groups for pregnant women and their partners can be used for one class or a portion of one class. If the participants can not be separated into groups, rather than discussing abuse, a general discussion about healthy relationships, adjustment to parenthood, and stress management may be more appropriate topics.

### ***Individual Prenatal Visits***

During individual prenatal visits, prenatal educators can discuss and ask directly about abuse in private with the pregnant woman. Abusers are not likely to benefit from a general discussion about abuse. In fact, these conversations could alienate the perpetrator and put the woman in danger.



## Identifying Cases of Abuse

Questions regarding abuse should only be asked when a client is alone so as not to compromise her safety (Ontario Woman Abuse Screening Project, 2010). It is good practice, when you have the time and privacy to do so, to do a brief screen with prenatal clients. Simply asking a client if she has been abused may not work as she might not perceive the way she is being treated by her partner as “abuse” (Cook, 2008). The use of screening tools tends to result in more cases of abuse being identified than general questions about abuse. There are many screening tools available including the Abuse Assessment Screen (AAS), Woman Abuse Screening Tool (WAST) and the Partner Violence Screen (PVS). A trusting, non-judgemental and respectful relationship between the client and the practitioner is more important to facilitating disclosure than which tool is used (SOGC, 2005).

- Remind the client about the confidentiality of your conversation and explain your duty to report (see page 11).
- Introduce the topic by explaining why you are bringing it up. “Because we know that violence against women is so common and because there is help available, I ask all my clients about violence or any abuse in their relationships. May I ask you a couple of questions?” If a woman says “No”, respect her decision (Perinatal Partnership Program of Eastern and Southeastern Ontario, 2004; RNAO, 2012).
- If the woman agrees, ask specific questions about violence and abuse. See the Antenatal Psychological Health Assessment below for one example.
- Women should be asked in each trimester about abuse since women may not disclose abuse when asked the first time and because violence can begin later in pregnancy (SOGC, 2005).

Below is an example of a screening tool (the Antenatal Psychological Health Assessment):

1. Within the past year, or since you have become pregnant, have you ever been hit, slapped, kicked or otherwise physically hurt by someone?
2. Are you in a relationship with a person who threatens or physically hurts you?
3. Has anyone forced you to have sexual activities that made you uncomfortable?

### Non-Disclosure of Abuse

Victims of abuse may be reluctant to disclose abuse because of stigma, shame or fear (Spangaro, 2009). If a woman does not disclose abuse, the prenatal educator should offer information about the prevalence and impact of abuse and tell her about services available in the community (RNAO, 2005). If you document patient/client interactions, make a note of the non-disclosure including any specific reasons for suspicion of abuse according to professional guidelines.

### Disclosure of Abuse

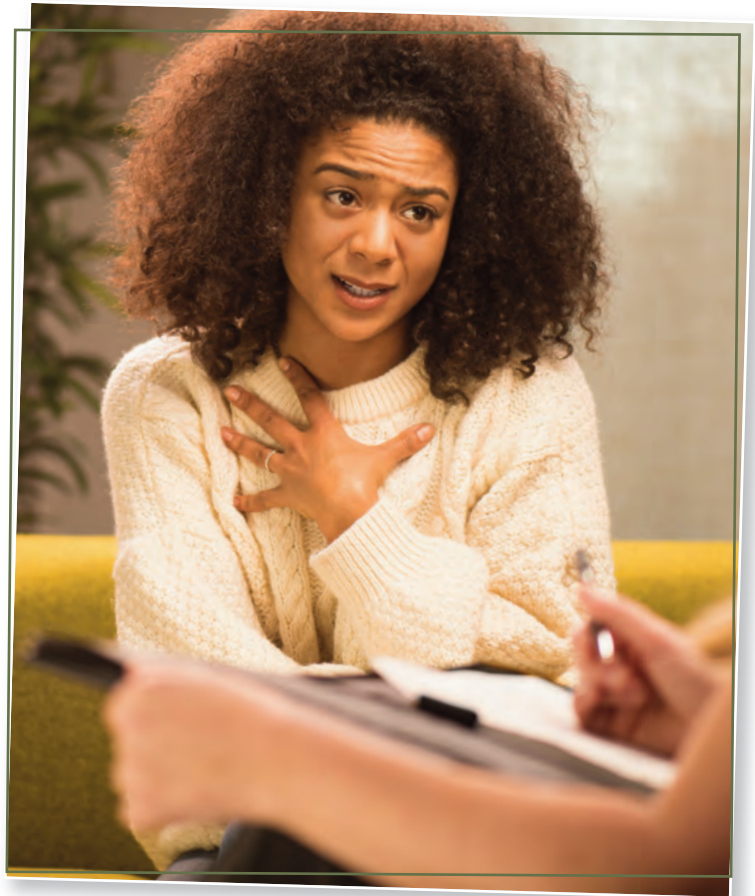
Women are more likely to disclose abuse if they feel comfortable and trust the person asking. If a woman discloses abuse (RNAO, 2005):

- Believe the woman.
- Reassure the woman that she is not alone and help is available.
- Name the abuse (identify what she is experiencing is abuse).
- Assess immediate health needs. If a recent sexual assault has occurred, refer for sexual assault care.



- Assess immediate safety. If the threat of danger is high, ask permission to consult with local police for a consultation.
- Explore her immediate concerns/needs and help her determine a plan of action.
- With the woman's consent, refer to appropriate resources (see list below).
- Offer a list of services related to abuse of women.
- Document the intervention according to professional guidelines.

Prenatal educators need to be aware that the woman's greatest risk of severe abuse and/or homicide usually occurs around the time of leaving the relationship (SOGC, 2005). Leaving the relationship may not be a safe option for the woman and she can still increase her safety while remaining in the relationship by creating a safety plan. You can assist a woman with safety planning by asking her if she feels safe now and helping her to develop a safety plan in case of an emergency. Request the woman's permission to report the disclosure of abuse to her primary health care provider (family physician, obstetrician, nurse practitioner or midwife). It is a woman's decision whether she wants to report violence/abuse to the police.



### ***Reinforce Key Messages***

- Violence is never warranted. The abuse is not her fault.
- Abuse impacts the developing fetus.
- The safety of the mother and children is always the most important issue.
- She is not responsible for changing her partner's behaviour.
- Apologies and promises will not end the abuse.
- The violence affects children both directly and indirectly.
- It is a crime to physically or sexually abuse or to stalk a partner.

## Duty to Report

In Ontario, it is mandatory to report to child protection services when there is direct or indirect exposure to abuse between adults in the home of children under the age of 16. As a prenatal educator, you are required to inform the child protection agency in your community if you suspect abuse and there are children in the household.

In order to assist you in maintaining a trusting relationship with your clients, ensure that you have advised them of your duty to report suspected abuse if there is a child under the age of 16 years in the home. This works well as a general statement given at the beginning of the prenatal class series or during an introductory visit.

For example, you could say: “At [organization name], we have a responsibility to keep children safe. I want you let you know that I have a professional duty to report any concerns about a child’s health and safety to child protection services.” Check with your organization for any specific requirements in wording etc. regarding explaining your duty to report. You may have to reinforce this obligation before asking questions about abuse.



## Leaving an Abusive Relationship

Leaving an abusive relationship is a process that generally takes place over a period of time. Some women never leave. Leaving a relationship is the most dangerous time for a woman and ending a relationship does not mean that the violence and harassment ends (SOGC, 2005). Ongoing intrusion of a former partner may impact a woman’s health for years after they leave the abusive relationship (Wathen, 2012). One Canadian survey found that 49% of women who experienced physical abuse (violence) related to a previous relationship said that the violence continued or started after the relationship ended (AuCoin, 2005). A third (34%) of these women reported violence increased after separation (AuCoin, 2005). A woman does not need to leave to get help. The prenatal educator’s role is to inform the woman of her options but the woman herself must make the final decision about actions she will or won’t take (for example leaving or not leaving an abusive relationship).

### Key messages

- Be supportive.
- Believe her and do not judge her.
- Provide information and give her time to make her own decisions.
- Do not insist that she leave her partner or put her down for staying with her partner.
- Share information about how abuse can escalate over time.
- Ask the woman to consider making a personal safety plan as a first step to protecting herself and her children. Ask her if she feels safe right now and what you can do to help. Encourage her to develop a plan about who she can ask for help and where to go in an emergency. Refer to community agencies, including the nearest woman’s shelter, [www.sheltersafe.ca](http://www.sheltersafe.ca) or the Assaulted Women’s Helpline, for detailed safety planning.
- Provide her with resources, emergency telephone numbers and information in her preferred language.



## List of Local Resources

Keep an updated record of your local abuse resources such as:

1. Telephone number for local woman abuse program
2. Address and telephone number of the local hospital
3. Local police and/or OPP telephone number
4. Assaulted Women's Helpline
5. 24 hour crisis line
6. Telephone number for a local women's shelter
7. Local sexual assault/domestic violence treatment centre
8. Child protection services' telephone number
9. Telephone number for the local public health unit programs and services, including a referral to Healthy Babies Healthy Children, a home visiting program for families with children prenatal until transition to school. This program provides information and support to women living with abuse during pregnancy and after the baby is born.
10. Name and telephone numbers of counselling service providers who have experience with abuse/trauma issues.
11. Name and number of a multicultural and an Aboriginal service organization
12. In communities that do not have a program for abused women or a shelter, provide a list of provincial and national resources.
13. Link to online information about how to develop a safety plan such as Sheltersafe ([www.sheltersafe.ca](http://www.sheltersafe.ca)) which also provides information on computer safety after visiting sensitive websites.



# Provincial and National Resources for Abused Women

## **Assaulted Women's Help Line**

A crisis line for assaulted women across Ontario with simultaneous translation in 150 languages.

1-866-863-0511

416-863-0511 (Greater Toronto Area)

1-866-863-7868 (TTY)

[www.awhl.org](http://www.awhl.org)

## **Fem'aide**

Ontario telephone helpline for Francophone women dealing with violence. (in French only)

1-877-336-2433

1-866-860-7082 (ATS)

[www.femaide.ca](http://www.femaide.ca)

## **Ontario Network of Sexual Assault/Domestic Violence Treatment Centres**

Provides a directory of the 35 hospital-based sexual assault and domestic violence treatment centres across Ontario. [www.satcontario.com/en/home.php](http://www.satcontario.com/en/home.php)

## **Sheltersafe.ca**

A national online resource connecting women and their children to local help and support for domestic violence. Women do not have to be shelter residents to access shelter services.

[www.sheltersafe.ca](http://www.sheltersafe.ca)

## **Talk 4 Healing**

A culturally safe support helpline, including for abuse, for Aboriginal women and their families living in Northern Ontario (Manitoba border to Muskoka). Available in English, Ojibway, Oji-Cree and Cree.

1-855-554-4235 [www.talk4healing.com](http://www.talk4healing.com)

## **Victim Support Line**

Provides Ontario victims of crime with information and referral to local services.

1-888-579-2888

## **Resources**

**You and Your Baby... Handout.** Perinatal Partnership Program of Eastern and Southeastern Ontario with the support of Best Start Resource Centre, 2014

[www.beststart.org/resources/anti-violence/abuse/H05-E\\_abuse\\_PF\\_Eng\\_2014.pdf](http://www.beststart.org/resources/anti-violence/abuse/H05-E_abuse_PF_Eng_2014.pdf)

**You and Your Baby Deserve to Be Safe.** Best Start Resource Centre, 2013

[www.beststart.org/resources/anti-violence/abuse/H03-E\\_abuse\\_bro\\_rev\\_2013.pdf](http://www.beststart.org/resources/anti-violence/abuse/H03-E_abuse_bro_rev_2013.pdf)

**Abuse Often Starts or Gets Worse During Pregnancy.** Best Start Resource Centre, 2014

[http://www.beststart.org/resources/anti-violence/abuse/H02-E\\_abuse\\_poster\\_EN\\_2014.pdf](http://www.beststart.org/resources/anti-violence/abuse/H02-E_abuse_poster_EN_2014.pdf)

## **Training for Health Care Professionals**

Free online education for Ontario health care professionals is available at

[www.dveducation.ca](http://www.dveducation.ca)





## Conclusion

Violence and abuse against women is not a private matter; it is a public health issue and human rights concern. Having a conversation with women about abuse during pregnancy reinforces that it has serious consequences and that there is help available. By providing education and referring women who disclose abuse, prenatal educators assist in reducing the risk to the women, their future children and any other children in the family.

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