A Handbook for Health and Social Service Professionals Responding to Abuse During Pregnancy

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A Handbook for Health and Social Service Professionals Responding to Abuse During Pregnancy was prepared by **Jamieson, Beals, Lalonde and Associates, Inc.** for the Family Violence Prevention Unit, Health Canada.

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This publication may be provided in alternate formats upon request.

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FOREWORD

Purpose of this handbook

The purpose of this handbook is to provide an educational resource for health and social service professionals who are providing services to women who are abused during pregnancy. The information contained in this handbook will help professionals to identify and appropriately respond to the needs of women who are abused during pregnancy. Health and social service professionals are not alone in their effort to provide care and support for abused women. In many communities, there are other resources and sources of support that, together, can make a difference.

Prevalence

It is clear that violence against women is a serious problem in Canada. The 1993 Violence Against Women Survey conducted by Statistics Canada found that 29% of women who had ever been married or lived in a common-law relationship had been abused by a male partner (Rodgers, 1994). More than half (56%) of women who reported experiencing wife assault in the 12 months prior to the survey were between the ages of 18 and 34 (Rodgers, 1994)—a period that coincides with the main childbearing years (moreover, the survey found that the rate of wife assault among young women aged 18 to 24 years is four times the national average (Rodgers, 1994)). According to the survey, *21% of the women who reported experiencing violence by a marital partner—approximately 560,000 women—reported that they had been assaulted during pregnancy* (Statistics Canada, 1993a).

Further estimates of abuse during pregnancy vary. For example, a recent clinical-based study in Ontario found that 6.6% of pregnant women are abused during pregnancy (Stewart and Cecutti, 1993). According to estimates cited by the Society of Obstetricians and Gynaecologists of Canada, the incidence of violence in pregnancy may range from 4% to 17% (SOGC, 1996). A 1996 review article in the *Journal of the American Medical Association* found that the prevalence of violence during pregnancy reported in the literature ranges from 0.9% to 20.1%, with the majority of studies reporting prevalences of between 3.9% and 8.3% (Gazmararian et al., 1996). These figures may significantly underestimate the problem, as many women do not report their experiences of violence (SOGC, 1996).

The problems associated with violence are confounded for women who live in disadvantaged or isolated circumstances (e.g., women who live in rural or remote locations, recent immigrant and refugee women, and women with disabilities) because they face additional obstacles to seeking assistance (Day, 1995).

Family violence in Aboriginal communities is of widespread concern. Although there are no national-level statistics on the extent of violence that Aboriginal women experience in their personal relationships, the Report of the Royal Commission on Aboriginal Peoples (RCAP) noted that two studies conducted in Ontario and one study conducted in Alberta in the early 1990s reported that 48% to 91% of Aboriginal women have experienced violence within their personal relationships (Royal Commission on Aboriginal Peoples, 1996a). A 1993 study of Aboriginal people living in urban centres found that 70% of the women in the study had been victims of violence—primarily inflicted by spouses, partners or boyfriends (La Prairie, 1995).

Abuse during pregnancy—an under-recognized problem

Pregnant women are regularly screened for a range of health problems. Unfortunately, the vast majority of cases of abuse remain undetected. A Canadian study of prenatal patients found that only 2.8% of those who had been abused during pregnancy told their health care providers about the abuse (Stewart and Cecutti, 1993). Paradoxically, pregnant women have a higher risk of experiencing violence during pregnancy than they do of

experiencing problems such as pre-eclampsia, placenta previa or gestational diabetes—health concerns for which they are routinely screened (Modeland, Bolaria, and McKenna, 1995; Petersen et al., 1997).

Many different professionals provide services and support to women, including health professionals working in a variety of clinical and community health care settings, and social service providers working in health care, child welfare, social services and mental health agencies. Often, these professionals work alongside one another on multidisciplinary teams. Although health and social service professionals may see abused women every day, they may lack the screening or assessment knowledge, skills or tools to recognize these cases. According to a Canada-wide survey of a sample of 963 family physicians and general practitioners published in 1994, 98.7% of respondents believe they are failing to identify cases of woman abuse. Of these, more than one-half (55.3%) estimate that they fail to identify 30% or more of all cases of abuse (Ferris, 1994).

Health and social service professionals—a critical source of care and assistance

Professionals in the health and social service sectors are uniquely positioned to identify and respond to abused women. For example, abused women may come into more frequent contact with the health care system than with other systems of support because of their abuse-related injuries and other health concerns. The health care system is also a point of early intervention because abused women may seek medical help before they turn to the police or the courts (Searle, n.d.). As well, it is a likely first point of contact for abused immigrant or refugee women who may be mistrustful of involving police (e.g., they may have experienced the police to be, or perceive them to be, agents of oppression), as well as for rural women who may not be comfortable turning to local authorities who know the abuser. In many northern and remote communities, nurses (and sometimes health care teams) are among the first to whom a woman may turn. The quality of medical care that an abused woman receives is a predictor of whether she will follow through with referrals to legal, social and health care agencies (Walker-Hooper, 1981).

Abused women may have contact with social service professionals for a variety of reasons related to their personal well-being or that of other family members. This contact can help an abused woman take the first step to stopping the abuse.

The literature concerning abuse during pregnancy has increased in the past decade, and the knowledge base about this complex problem is growing, but there are still many important avenues for future research (Petersen et al., 1997; Gazmararian et al., 1996). Research on abuse during pregnancy is particularly limited in terms of exploring the diverse circumstances, experiences and needs of women who are abused during pregnancy. Nonetheless, there are some general approaches and practical strategies that can be considered.

The dynamics around abuse are particularly complex during pregnancy. For some abused women, pregnancy may motivate them to ask for help (Searle, n.d.). Even women who do not see their own suffering as a priority may seek help because of the baby (American College of Obstetricians and Gynecologists, 1993). Pregnancy may be the only time when women who are being abused have frequent, ongoing contact with professionals who can help them (Bohn and Parker, 1993). Most pregnant women routinely see physicians and nurses for prenatal care—and may not otherwise; therefore, it is an important time for intervention. At the same time, however, a woman's fear for her own safety and her emotional connection to the abuser may preclude her from disclosing abuse. To health and social service professionals, the signs of abuse may be diverse and conflicting. Other issues—such as whether there are other children involved—must also be considered.

Consequently, it is vital that health and social service professionals are as well equipped as possible to provide assistance and to refer women to other sources of support. For many reasons, professionals should not expect to address this issue on their own. In most communities across Canada, a combination of community agencies, and hospital and government health services now offer services for abused women (Hanvey and Kinnon, 1993). Increasingly, health and social service professionals are working together across disciplines to coordinate services and improve the response to abused women in their community.

A handbook of this type is not intended to function as a set of guidelines for practice. Rather, it is intended to demonstrate the scope of the problem and to point to some potential strategies for developing an effective response. Professionals are encouraged to consider the material in this handbook as a set of suggestions and examples for developing the specific tools they need. It is hoped that this handbook will add insight to the problem of abuse during pregnancy and serve as a starting point for further discussion, collaboration and action.

Where to get more information

More information on issues related to abuse is available from the National Clearinghouse on Family Violence, Health Canada.

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Liz Hart Wanda Jamieson

PRINCIPLES UNDERLYING THIS HANDBOOK

There are many reasons—moral, ethical and legal—to try to identify and assist abused women and their children.

- **Legally**, it is important to identify and address abuse experienced by women during pregnancy for two reasons: certain forms of abuse such as physical abuse, sexual abuse, criminal harassment and threats of violence are all criminal offences under Canada's *Criminal Code*. Moreover, there are certain legal obligations[1] to report all alleged or suspected cases of child abuse or neglect.
- **Ethically**, responding to abuse helps to prevent further abuse. It also saves women's and children's lives and reduces the health and social service system costs associated with abuse.
- **Morally**, abuse is wrong. No woman deserves to be abused.

Failing to identify and respond to abused women means:

- not developing a clear understanding of the scope of this problem;
- failing to address the root causes of many health and psychosocial problems;
- continuing to mislabel and misdiagnose women who are seeking help, further reducing their credibility and potentially exhausting their energy and strength;
- failing to prevent more women from dying as the result of serious injury, homicide or suicide;
- allowing children to remain at risk of developmental problems, injury, illness and death;
- providing less than optimal medical or social services.

Consequently, this handbook is based on the following principles:

- Women and children have the right to live violence-free lives.
- Abuse is related to the misuse of power and control.
- Abuse occurs in many different forms.
- Women have the right to make choices to disclose abuse and/or accept help and this must be respected.
- There is no excuse for violence against women in any culture; at the same time, understanding and respecting different social and cultural perspectives and contexts is essential to creating an effective response.
- Pregnant women who are abused face a number of unique circumstances that need to be considered.

A great deal of coordinated support is needed in order to help abused women address their situation, including any decisions and plans they may need to make to end the abusive relationship. Health and social services professionals are a vital source of support and assistance throughout this process.

[1] Reporting child abuse and neglect is not mandatory in the Yukon (Federal-Provincial Working Group on Child and Family Information, 1994).