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Of women seeking assistance for partner abuse, those who report being beaten during pregnancy are at higher risk of further abuse and even murder

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Commentary

Implications for practice and research

- The benefits of integrating regular IPV screening procedures for pregnant women in clinical settings outweigh the cost of minimal time spent conducting assessments.
- Healthcare providers must be trained to conduct IPV assessments and provide treatment referrals.
- Future studies should use larger samples and compare shelter populations with general prenatal care.

Context

Existing literature demonstrates a robust association between IPV victimization during pregnancy and the following: continued risk for IPV victimization; mental and physical health problems among mothers; physical and developmental health problems for infants and children.^{1,2} Recent literature has also identified women's use of IPV as a significant health threat during pregnancy.^{3,4} While some literature demonstrates that screening alone is insufficient to mitigate women's IPV victimization during pregnancy, detection of IPV in healthcare settings remains critical to connect women with necessary intervention resources they may not otherwise gain access to.⁵

Methods

This study was conducted as part of a larger 7 year prospective study examining the effectiveness of shelter service utilization among 300 women. The present study compared demographic and IPV victimization characteristics among the subsample of women who had reported a pregnancy during the past four months (n=50). IPV victimization was assessed using two self-report measures: the Danger Assessment Scale (DAS) and the Severity of Violence Against Women Scale (SAVAWS). Analysis of variance was employed to

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Competing interests

None

compare characteristics among women who had experienced physical IPV victimization during their recent pregnancy (n=25) and those who had not (n=25). Effect sizes (partial eta-squared) were presented to facilitate interpretation of findings.

Findings

Participants in this study were, on average, approximately 26 years old, and had between one and two children, with an average age of approximately 5 years. Participants had been in their current romantic relationship for approximately 5 years. No statistically significant demographic differences emerged between IPV-victimized and non-victimized participants. Women who experienced abuse during pregnancy reported significantly greater threats of abuse, physical IPV victimization, and risk for murder compared to women who had not experienced IPV victimization during pregnancy.

Commentary

This study examined demographic and IPV victimization differences between community women using shelter services who had or had not experienced physical IPV victimization during a recent pregnancy. Findings from this study support the existing literature demonstrating the health risk posed to women who experience IPV victimization during pregnancy. Indeed, women in this sample who experienced IPV victimization during pregnancy demonstrated a substantially increased risk for continued IPV and greater severity of danger compared to their counterparts who had not experienced IPV victimization during pregnancy. These findings also emphasize that women with a variety of demographic characteristics may be vulnerable to IPV victimization during pregnancy.

Among the strengths of this study is its assessment of a clinically relevant population. Women utilizing shelter services are known to experience frequent and severe IPV of varying types (e.g. psychological, physical, sexual), and also demonstrate help-seeking behaviours, which provides researchers and clinicians with insights regarding how to improve resource access and utilization. This study also re-emphasises the great need for healthcare providers and administrators to implement rigorous screening to detect IPV among women during pregnancy.

Some limitations of this study should be considered. Namely, this study utilised a small sample and the generalizability may be limited. The assessment of IPV for inclusion in the subsample was limited and language was inconsistent with most current IPV assessments. Furthermore, women's use of IPV was not assessed. Future studies should replicate these findings in larger samples and compare samples in shelter populations versus prenatal care. These findings, in the context of the existing literature, suggest that training healthcare providers in IPV screening, screening for all forms of IPV and referring women to relevant resources presents minimal impact on healthcare providers' time and should be implemented widely.

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