

The Prevalence of Intimate Partner Violence Among Women and Teenagers Seeking Abortion Compared With Those Continuing Pregnancy

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Abstract

Objective: To determine the prevalence of intimate partner violence (IPV) among women and teenagers seeking termination of pregnancy compared with those continuing with pregnancy.

Methods: All women who presented for elective termination of pregnancy at a family planning clinic between June 2001 and January 2003 were invited to participate. This study was conducted by means of face-to-face interviews with clinic nurses. The control group was composed of women who were continuing with pregnancy.

Results: In total, 1003 women were interviewed, including 350 at the family planning clinic (elective abortion [EA] group) and 653 women at the perinatal clinic (continuing pregnancy [CP] group). For women in the EA group, the probability of being a victim of IPV in the past year (including psychological, physical, and/or sexual abuse) was almost three times higher than for women in the CP group (25.7% vs. 9.3%, $P < 0.0001$), and the risk of being a victim of physical and/or sexual IPV in the past year was almost four times higher (7.1% vs. 1.8%, $P < 0.0001$). Women in the EA group had also more often been victims of violence in their lifetime (41.1% vs. 29.1%, $P = 0.0001$). The principal factors predictive of having been a victim of physical and/or sexual IPV in the past year were being single, separated, divorced, or widowed, and being in a relationship that was in difficulty or breaking down. In the multivariate analysis adjusted for confounding factors, age was rarely a significant factor.

Conclusion: The high prevalence rates of IPV among women seeking elective abortion justifies routine assessment for IPV during pre-abortion visits. Physicians have access to tools that will help them to identify IPV and to be proactive regarding this important issue.

Key Words: Intimate partner violence, elective abortion, pregnancy, teenagers

Competing Interests: None declared.

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Résumé

Objectif : Déterminer la prévalence de la violence exercée par le partenaire intime (VPI) chez les femmes et les adolescentes qui cherchent à obtenir une interruption de grossesse, par comparaison avec celles qui souhaitent poursuivre leur grossesse.

Méthodes : Toutes les femmes qui se sont présentées, entre juin 2001 et janvier 2003, dans une clinique de planification familiale afin d'obtenir une interruption volontaire de grossesse ont été invitées à participer à l'étude. Celle-ci a été menée au moyen d'entrevues directes avec des infirmières cliniques. Le groupe témoin était composé de femmes qui poursuivaient leur grossesse.

Résultats : Au total, 1 003 femmes ont été interviewées, dont 350 qui l'ont été à la clinique de planification familiale (groupe « interruption volontaire de grossesse » [IVG]) et 653, à la clinique périnatale (groupe « poursuite de la grossesse » [PG]). Dans le cas des femmes du groupe IVG, la probabilité d'avoir été victime de VPI (y compris la violence psychologique, physique et/ou sexuelle) au cours de l'année précédente était près de trois fois plus élevée que pour les femmes du groupe PG (25,7 %, par comparaison avec 9,3 %, $P < 0,0001$), tandis que le risque d'avoir été victime de VPI physique et/ou sexuelle au cours de l'année précédente était près de quatre fois plus élevé (7,1 %, par comparaison avec 1,8 %, $P < 0,0001$). Les femmes du groupe IVG avaient également été plus souvent victimes de violence au cours de leur vie (41,1 %, par comparaison avec 29,1 %, $P = 0,0001$). Les principaux facteurs permettant de prédire le fait que la patiente avait été victime de VPI physique et/ou sexuelle au cours de l'année précédente étaient le célibat, la séparation, le divorce ou le veuvage, ainsi que le fait de vivre une relation connaissant des difficultés ou se détériorant. Dans le cadre de l'analyse multivariée ayant fait l'objet d'une neutralisation des facteurs confusionnels, l'âge constituait rarement un facteur significatif.

Conclusion : Les taux élevés de prévalence de la VPI chez les femmes cherchant à obtenir une interruption volontaire de grossesse justifie le recours systématique à une évaluation de la VPI au cours des consultations préavortement. Les médecins ont accès à des outils pouvant les aider à identifier la présence de VPI et à agir de façon préventive à l'égard de cet important problème.

INTRODUCTION

Intimate partner violence (IPV) is widely recognised as a major social and public health issue. IPV includes psychological, verbal, physical, and sexual abuse, as well as economic deprivation or financial abuse. It does not result from loss of control; rather, it is a way chosen to dominate and assert power over another person. It can be experienced at any age, in either a marital or an extramarital relationship. Violence is a significant cause of morbidity and mortality for women, and women experiencing violence have an increased incidence of substance abuse, mental disorders, chronic physical disorders, and sexual complaints.¹

Many studies have shown that prevalence rates for violence among pregnant and adolescent women appear to be greater than in non-pregnant women; Canadian surveys of violence against women have found an annual prevalence of 8%, and in a sub-group of women who were abused during pregnancy, 40% reported that the abuse began during pregnancy.² Studies on this topic in the United States have indicated that the prevalence of domestic violence during pregnancy ranges from 0.9% to 20.1%,³ and women with unplanned pregnancies were four times more likely to be a victim of physical violence (12.1% vs. 3.2%).⁴ Parker et al. reported that 21% of adolescent females and 14% of adult women report experiencing domestic violence during pregnancy.⁵ In Canada, the prevalence of physical abuse before pregnancy ranges from 8.5% to 10.9%; during pregnancy, it varies between 5.7% and 6.6%.^{6,7} Indeed, pregnant women are at greater risk of being victims of domestic violence than they are of developing hypertension, preeclampsia, gestational diabetes, or other prenatal complications for which screening is routine and well-organized.^{3,8}

Women who seek termination of pregnancy seem to be particularly at risk of physical abuse; most pregnancies in these women are unplanned. One study in the US identified a 7.8% rate of physical or psychological abuse during pregnancy, and a prevalence of 21.6% in the previous year⁹; another described an overall rate of psychological, physical, and sexual violence (including lifetime abuse) of 39.5%.¹⁰ In a study conducted in an abortion clinic in British Columbia, the reported rates of physical and sexual violence during the preceding year were 8.3% and 7.1%, respectively; 8.3% of women said that they were afraid of their partners.¹¹ A study of 1145 women presenting to abortion clinics in Ontario showed that more than one quarter of them (26.4%) reported significant conflict in their relationship with the man involved in their pregnancy, 19.5% reported having been physically abused at least once by a male partner, and 27% reported that they had experienced sexual abuse or sexual violence in the past.¹²

The objective of this study was to determine the prevalence of intimate partner violence in women seeking termination of pregnancy and to compare it with the prevalence in women who continued with pregnancy.

METHODS

All women who presented for voluntary termination of pregnancy at the Rimouski family planning clinic between June 2001 and January 2003 were invited to participate in this study. We opted to administer the questionnaires during patients' face-to-face interviews with the clinic nurses (private interview and anonymous questionnaire) rather than offer the women a questionnaire to complete, given the higher rates of disclosure of violence discovered in studies that used the former interview technique.¹³ The control group comprised pregnant women who chose to continue their pregnancy; all women who met with the perinatal nurse for their routine interview, usually during the first trimester, were invited to participate in the study. The two nurses at the family planning clinic and the perinatal nurse had been given training in routine assessment and intervention for victims of IPV, as well as in interviewing participants using the questionnaire. Flyers on the subject of IPV and available resources were given to all participants after the interview. Women who were identified as victims of IPV were offered follow-up with the family planning clinic's social service professional, as well as more detailed verbal explanations of various subjects related to IPV (types of violence, cycle of violence, escalation, and protection scenario).

The study questionnaire was adapted from the Abuse Assessment Screen, a previously validated screening instrument frequently used in studies of IPV (Appendix). A section on sociodemographic data was added to the questionnaire, as well as a question on psychological violence.

Three dependent variables were analyzed in this study: victims of lifetime abuse (who answered yes to question 1); victims of intimate partner violence within the last year (who answered yes at least once to at least one of questions 2, 3, and 5 [question 4 is included in question 3], indicating if it was their partner or ex-partner); and victims of physical and/or sexual intimate partner violence within the last year (who answered yes to questions 3 or 5, indicating if it was their partner or an ex-partner). Simple associations between sociodemographic variables and dependent variables were first measured with the chi-square test for each variable individually (univariate analysis). Subsequently, the joint effect of each variable for which a simple association had been detected was measured using logistic regression models (multivariate analysis). All statistical tests were performed with a threshold for significance of 5%.

RESULTS

Two women who chose abortion and two who chose to continue their pregnancies refused to participate. In total, 1003 women were interviewed, including 350 at the family planning clinic (elective abortion [EA] group) and 653 women at the perinatal clinic (continued pregnancy [CP] group). The demographic characteristics of participants are presented in Table 1. Women in the EA group differed on all points from the CP group: they were younger, more often single or in a relationship that was in difficulty or breaking down, were less educated, and had lower incomes. They were more likely to have had a previous abortion, and their current pregnancy was more likely to be unplanned.

The prevalence of different types of violence is shown in Table 2. Women in the EA group were at significantly greater risk of having been victims of most types of abuse measured, including lifetime abuse, and of psychological, physical, and sexual abuse in the past year, and they were also more likely to express fear. The prevalence of physical abuse during pregnancy was similar in each group. In most cases, partners and ex-partners were responsible for the violent actions. Of women who identified their partners and/or ex-partners as the perpetrators of the acts of violence, women in the EA group were at higher risk, with a prevalence ratio of 1.41 for lifetime abuse, 2.75 for IPV in the past year, and 3.88 for physical and/or sexual IPV in the past year. The distribution of domestic violence variables is shown in Figure 1.

Factors predictive of having been a victim of physical and/or sexual IPV in the past year (odds ratio) are shown in Table 3. Single women and women who were separated, divorced, or widowed were at significantly higher risk of having experienced abuse in the past year, particularly among the CP group. The other principal predictive factors were being in a relationship that was in difficulty or that was breaking down, the number of pregnancies, and having planned the pregnancy and being in the EA group.

Concerning the variable "pregnancy planned," 50% of the 12 women who had planned their pregnancy and were seeking termination had been victims of physical and/or sexual IPV in the past year; this figure contrasts with 5.6% among the 337 women whose pregnancy had not been planned and who were seeking termination. The trend was reversed for the group who continued their pregnancy (Table 4).

Because there were few young adolescents in each group, we included them with young women aged 18–19 years to increase the statistical strength of the analyses related to the variable "patient's age." In the group of women seeking elective abortion, those under 20 years of age had less often been victims of lifetime abuse and of IPV (psychological,

physical, or sexual) in the past year than older women, but there was no significant difference regarding the variable physical and/or sexual IPV in the past year. Women under 20 years of age who continued their pregnancies had more often been victims of lifetime abuse than their older counterparts and than women under 20 who sought elective abortion (50% vs. 26.9%). In the group pursuing pregnancy, the prevalence of domestic abuse in the past year (psychological, physical, or sexual) and of domestic physical, and/or sexual abuse in the past year were higher in women under 25 years of age than in older women (Figure 2 and Tables 5, 6, and 7). In the multivariate analysis adjusted for confounding factors, association with age was rarely significant.

DISCUSSION

Routine assessment for intimate partner violence, especially among pregnant women, has been recommended by a number of organizations, including the Society of Obstetricians and Gynaecologists of Canada in 1996 and again more recently in their Intimate Partner Violence Consensus Statement.¹ To our knowledge, this study is the first that was designed to compare women seeking abortion with women continuing pregnancy. It is also the first profile concerning IPV for pregnant women and teenagers in Quebec. The risk of being a victim of IPV in the past year (including psychological, physical, and/or sexual abuse) was almost three times higher for women in the EA group than for women in the CP group, and the risk of being a victim of physical and/or sexual intimate partner violence in the past year was almost four times higher. These women have also more often been victims of lifetime violence. This situation can be partly attributed to the demographic characteristics of women in the EA group, who were more often separated, divorced, or widowed and more often in a relationship that was in difficulty or breaking down (corresponding to the major predictive factors listed in Table 3). We can also presume that a woman who is victim of IPV might have less control over choice of contraceptive method, and even less so in a context of sexual abuse, thus leading to a greater proportion of unplanned or unwanted pregnancies and women seeking a termination of pregnancy.

Of the 466 women with unplanned pregnancies, 337 (72%) sought elective abortion. Several earlier studies on the prevalence of domestic abuse in a context of prenatal visits had listed unplanned pregnancy among the risk factors for abuse; in one of these, the risk of violence in a sub-group of women with unplanned pregnancies was four times higher.³ In our study, the prevalence of domestic abuse among women who continued their pregnancy was indeed much higher for those whose pregnancy had been unplanned than for women whose pregnancy was planned (7.8% vs. 0.4%).

Table 1. Comparative sociodemographic data for women who had elective abortions (EA) versus those who continued their pregnancies (CP)

Sociodemographic data	EA Group		CP Group		Statistics
	n	%	n	%	χ^2
Woman's average age	25.3		28.0		$P < 0.0001$
Civil status					$P < 0.0001$
Single	189	54.0	62	9.5	
Married	20	5.7	139	21.3	
Common law	104	29.7	441	67.5	
Separated	27	7.7	5	0.8	
Divorced	9	2.6	6	0.9	
Widow	1	0.3	0	0.0	
Level of education					$P < 0.0001$
Primary	79	22.6	69	10.6	
Secondary (regular)	116	33.1	117	17.9	
Secondary (professional / adult)	43	12.3	89	13.6	
College	79	22.6	187	28.6	
University	33	9.4	191	29.2	
Personal income					$P < 0.0001$
Less than \$999	51	14.6	42	6.4	
\$1000 to \$9999	91	26.0	88	13.5	
\$10 000 to \$19 999	128	36.6	188	28.8	
\$20 000 to \$29 999	43	12.3	134	20.5	
\$30 000 to \$39 999	25	7.1	115	17.6	
\$40 000 to \$49 999	6	1.7	56	8.6	
\$50 000 and over	6	1.7	30	4.6	
Number of pregnancies					$P < 0.0001$
1	143	40.9	253	38.7	
2	72	20.6	214	32.8	
3	67	19.1	108	16.5	
4	39	11.1	36	5.5	
5	14	4.0	26	4.0	
6	8	2.3	11	1.7	
7	3	0.9	4	0.6	
8	3	0.9	0	0.0	
9	1	0.3	0	0.0	
10	0	0.0	1	0.2	
Previous elective abortions					$P < 0.0001$
0	243	69.4	555	85.0	
1	79	22.6	75	11.5	
2	21	6.0	18	2.8	
3	5	1.4	2	0.3	
4	1	0.3	1	0.2	
5	1	0.3	2	0.3	
Average age of partner	28.1		30.9		$P < 0.0001$
Age of the pregnancy					$P < 0.0001$
5 to 9 weeks	241	69.9	89	13.6	
10 to 14 weeks	104	30.1	493	75.5	
15 to 26 weeks	0	0.0	47	7.2	
27 to 36 weeks	0	0.0	24	3.7	
Pregnancy planned					$P < 0.0001$
Yes	12	3.4	522	80.2	
No	337	96.6	129	19.8	$P < 0.0001$
State of the couple					
Stable	211	60.3	619	94.8	
In difficulty	27	7.7	12	1.8	
Separating	45	12.9	19	2.9	
Separating eventually	9	2.6	1	0.2	
Does not apply	58	16.6	2	0.3	

Missing values have been removed from the totals.

Table 2. Detailed distribution of rates of violence

	Elective abortion (350)		Continuing pregnancy (653)		<i>P</i>
	%	n	%	n	
Q-1					
Victim of lifetime abuse	41.14%	(144)	29.10%	(190)	0.0001*
Q-2					
Psychological abuse past year (total)	36.57%	(128)	19.60%	(128)	< 0.0001*
partner/ex-partner	25.43%	(89)	9.20%	(60)	< 0.0001*
parent	2.60%	(9)	3.10%	(20)	
stranger	2.30%	(8)	0.90%	(6)	
others	6.20%	(22)	6.30%	(41)	
Q-3					
Physical abuse, past year (total)	7.71%	(27)	2.30%	(15)	< 0.0001*
partner/ex-partner	5.71%	(20)	1.50%	(10)	0.0002*
parent	0.30%	(1)	0.20%	(1)	
stranger	0.90%	(3)			
others	0.30%	(1)	0.60%	(4)	
Q-4					
Physical abuse during pregnancy (total)	1.14%	(4)	1.23%	(8)	1.000*
partner/ex-partner	0.86%	(3)	0.80%	(5)	1.000*
parent	0.30%	(1)			
others			0.50%	(3)	
Q-5					
Sexual abuse, past year (total)	4.30%	(15)	0.60%	(4)	< 0.0001*
partner/ex-partner	3.20%	(11)	0.50%	(3)	0.0003*
others	1.10%	(4)	0.20%	(1)	
Q-6					
Fear (total)	12.03%	(42)	7.20%	(47)	0.0140*
partner/ex-partner	8.60%	(30)	4.90%	(32)	
parent	0.90%	(3)	1.80%	(12)	
stranger	0.30%	(1)			
others	1.70%	(6)	0.20%	(1)	
Variable: "Intimate partner violence in the past year"	25.71%	(90)	9.34%	(61)	<i>P</i> < 0.0001*
Variable: "Physical and/or sexual intimate partner violence in the past year"	7.14%	(25)	1.84%	(12)	<i>P</i> < 0.0001*

*Calculated using Fisher exact test

However, this association was reversed among women who had sought abortions. It is interesting to note that the prevalence of physical and/or sexual IPV in the past year is similar for women with an unplanned pregnancy in each group studied. In the analysis of the factors predictive of being a victim of physical and/or sexual IPV in the past year, only having a planned pregnancy in the EA group was significant, with an odds ratio of 16.05. Of the eight women who had been victims of physical and/or sexual IPV in the past year and who had planned their pregnancy, six sought termination. We can hypothesize that these women, once pregnant, decided not to bring a child into the world under conditions of violence.

Rates of physical abuse during pregnancy were similar in each group (1.14% in the EA group and 1.23% in the CP group), and were lower than those reported by Muhajarine⁷ (adjusted rate of physical violence during the second and third trimesters of pregnancy 4.5%) and Stewart⁶ (physical abuse during pregnancy 6.6%). Notably, our interviews with all women in the EA group and with 89.1% of women in the CP group were conducted in the first trimester; the prevalence of violence during pregnancy for the CP group might have been higher if the interviews had been repeated later in pregnancy.

In the EA group, the prevalence of physical abuse in the past year was 7.7%, for sexual abuse in the past year was

Figure 1. Prevalence of Intimate Partner Violence (IPV) Variables

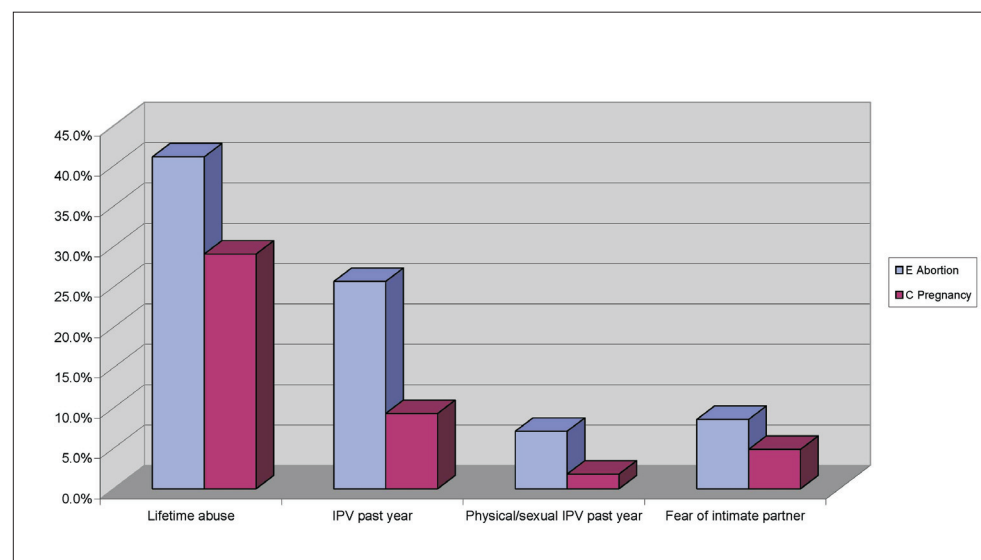
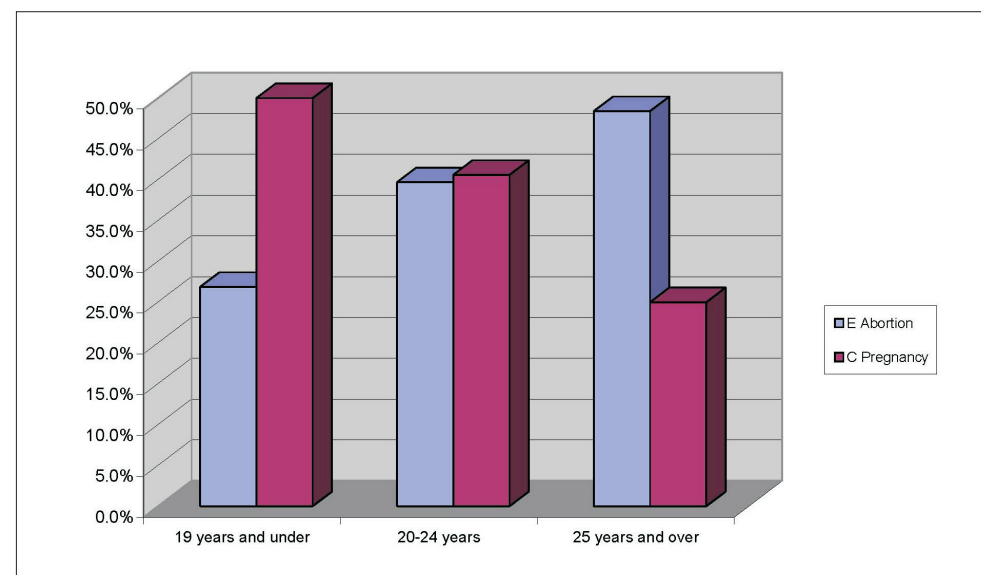


Figure 2. Lifetime Abuse Prevalence, by Patient's Age



4.3%, and 8.6% reported being afraid of their partner or ex-partner. These rates are comparable to those found in a study undertaken at a Vancouver abortion clinic.¹⁰ Prevalence rates for lifetime abuse in the EA group (41.4%) and the CP group (29.1%) were similar to those obtained in abortion clinics in the United States (39.5%)⁹ and in England (35.1%).¹⁴

At the outset, we hypothesized that teenagers who sought abortion were at greater risk of being victims of violence (physical, sexual, and psychological abuse). Instead, we observed the opposite in the EA group, with the prevalence of different types of abuse increasing with age (Tables 5, 6, and 7). Instead, the CP group of women under 20 had the highest prevalence of lifetime abuse. In the multivariate analysis adjusted for confounding factors, the association

between age and abuse was rarely significant. The reported association between age and prevalence of abuse is variable, with some studies reporting a higher prevalence of physical abuse among younger women,^{6,15-17} and others finding no association.^{7,18,19}

Our study has certain limitations. Underreporting is the first bias that can be identified in a study on the prevalence of IPV. We attempted to weaken this bias by opting for direct interviews, which have been shown to increase reporting rates.¹³ The second question used on the Abuse Assessment Screen (on psychological abuse) was not validated, unlike the five other questions. For this reason, we performed our analyses, including the multivariate analysis to determine the odds ratio, using the variable "physical and/or sexual IPV in the past year." Finally, the variable "lifetime abuse"

Table 3. Odds ratios for factors predictive of having been a victim of physical and/or sexual abuse in the past year (multivariate analysis)

Demographic variable	Elective abortion	Continuing pregnancy
19 years old and under*	0.24 (0.04–1.51)	
20–24 years old*	0.44 (0.10–1.87)	
25–29 years old*	0.72 (0.17–3.03)	
30–34 years old*	0.06 (0.01–0.77)	
Single†	3.02 (0.72–12.62)	21.29 (1.94–233.36)
Separated-divorced-widowed†	6.65 (1.22–36.26)	25.72 (1.15–573.36)
2nd pregnancy‡	8.44 (1.95–36.60)	2.78 (0.35–21.91)
3rd pregnancy‡	4.58 (0.96–21.85)	11.76 (1.45–95.11)
4th pregnancy‡	6.17 (1.30–29.40)	7.58 (0.82–70.02)
Pregnancy planned§	23.36 (4.85–112.59)	0.275 (0.05–1.55)
Pregnancy unplanned	0.04 (0.01–0.21)	3.64 (0.65–20.41)
Couple having difficulties¶¶	4.57 (1.08–19.35)	10.72 (1.29–89.07)
Couple separating¶¶ (include separating eventually)	4.39 (1.42–3.56)	8.49 (1.48–48.69)

Data presented according to odds ratio estimates (95% Wald confidence limits).

*reference category is "over 35 years old"

†reference category is "married/common-law"

‡reference category is "1st pregnancy"

§reference category is "pregnancy unplanned"

||reference category is "pregnancy planned"

¶¶reference category is "stable couple"

Data in bold are statistically significant.

Table 4. Prevalence of domestic physical and/or sexual abuse in the past year, according to whether or not the pregnancy was planned

	Victim of domestic physical and/or sexual abuse in the past year		
	Elective abortion (25)	Continuing pregnancy (12)	<i>P</i>
Pregnancy planned (534)	50% (6/12)	0.4% (2/522)	< 0.0001*
Pregnancy unplanned (466)	5.6% (19/337)	7.8% (10/129)	0.40
Statistical tests	<i>P</i> < 0.0001*	<i>P</i> < 0.0001*	

*Calculated using Fisher exact test

does not include women who answered "no" to the first question (lifetime violence) and "yes" to the other questions (psychological, physical, or sexual abuse within the last year). Therefore, it is possible that women who were abused but did not consider themselves to be may not have been accounted for in the analyses. However, after examining the questionnaires, we found that only five women from the EA group and four from the CP group provided this pattern of answers; this would not have significantly changed the total number of positive responses to the first question.

Women who are abused during pregnancy are more likely to be depressed and suicidal and to experience pregnancy

complications and poor outcomes, including maternal and fetal death.¹ Certain risk factors identified in this study could be used as indicators (single, separated/divorced/widowed, unplanned pregnancy, relationship in difficulty or breaking down), but there is no typical portrait of women who are victims of violence.

One study has shown that women who had been given advice during their pregnancy on how to ensure their safety in situations of violence were subsequently able to reduce their exposure to violence.⁵ Larger studies should continue to evaluate effective strategies and preventive measures. But while waiting for definitive studies before attempting

Table 5. Prevalence of lifetime abuse, by patient's age

Patient's age	Victim of lifetime abuse		
	Elective abortion	Continuing pregnancy	<i>P</i>
19 years and under	26.9% (18/67)	50% (9/18)	0.11
20–24 years	39.7% (50/126)	40.6% (58/143)	0.98
25 years and over	48.4% (76/157)	25% (123/492)	0.000001
Statistical tests	<i>P</i> = 0.01	<i>P</i> = 0.0002	

Table 6. Prevalence of intimate partner violence in the past year, by patient's age

Patient's age	Victim of intimate partner violence in the past year		
	Elective abortion	Continuing pregnancy	<i>P</i>
19 years and under	16.4% (11/67)	11.1% (2/18)	0.726*
20–24 years	22.2% (28/126)	18.2% (26/143)	0.50
25 years and over	32.5% (51/157)	6.7% (33/492)	< 0.0001
Statistical tests	<i>P</i> = 0.022	<i>P</i> = 0.0002	

*Calculated using Fisher exact test

Table 7. Prevalence of physical and/or sexual intimate partner violence in the past year, by patient's age

Patient's age	Victim of physical and/or sexual intimate partner violence in the past year		
	Elective abortion	Continuing pregnancy	<i>P</i>
19 years and under	4.5% (3/67)	5.6% (1/18)	0.621*
20–24 years	6.4% (8/126)	5.6% (8/143)	0.997
25 years and over	8.9% (14/157)	0.6% (3/492)	< 0.0001*
Statistical tests	<i>P</i> = 0.453	<i>P</i> = 0.0002	

*Calculated using Fisher exact test

interventions, we must not ignore the ability of victims themselves to find solutions. Simple identification of the problem and a supportive relationship with a physician may help women to leave a dangerous situation or to reduce harm to themselves and their children.²⁰

Training programs on assessment and interventions for victims of IPV should be easier to access and adapted to the needs of different health professionals, including physicians. The instrument used in this study and adapted from the Abuse Assessment Screen includes only six questions to ask the patient when her partner is not with her; it is quick and easy to use. Other tools are easily accessible, including the IPV Assessment Toolkit¹ available on the SOGC website. Flyers on IPV are available in French and English

from the websites of the Family Planning Clinic in Rimouski,²¹ the Peel Committee Against Woman Abuse,²² and the Metropolitan Action Committee on violence against women and children.²³

CONCLUSION

Putting an end to violence against women and children is everyone's responsibility. Given the high prevalence rates of intimate partner violence among women seeking elective abortion, we believe that assessment for IPV during pre-abortion visits is justified, as it is during prenatal routine visits. Physicians and all other health care providers now have access to tools that enable them to be proactive on IPV.

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Appendix

We are doing a study on domestic violence. Domestic violence is a frequent problem: it is estimated that one in four women will be physically abused during her lifetime. It can start and become worse during a pregnancy.

With this study, we hope to be able to improve services for abused women.

This questionnaire is anonymous and your answers will stay confidential.

Do you agree to fill it out with me ? Yes No

Questionnaire

Have you ever been emotionally or physically abused by your partner or someone important to you? Yes No

Within the last year, has someone said or done something to humiliate you or to hurt your feelings? Yes No

If yes, who? partner ex-partner relative stranger other

Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone? Yes No

If yes, by whom? partner ex-partner relative stranger other

Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone? Yes No

If yes, by whom? partner ex-partner relative stranger other

Within the last year, has anyone forced you to have sexual activities? Yes No

If yes, who? partner ex-partner relative stranger other

Are you afraid of your partner or anyone you listed above? Yes No

If yes, who? partner ex-partner relative stranger other