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DISCUSSANT

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This presentation is a courageous exploration of difficult and sensitive issues relating to violence against women during pregnancy.

It makes a number of useful contributions:

- The paper raises a series of questions, and explores the issues.
- It challenges us to professional reflection and debate, rather than showing us just one path.
- The paper reflects the complexity of the problem yet urges the need to address it.

DEFINITION

The paper raises concerns about the definitions used in the debate. The fact that there are diverse definitions of violence lead to confused responses, especially about incidence, understandings and debates. Myths associated with pregnancy and violence further obscure the real issues.

The research presented here has made its definition clear and chosen to use a broad definition of violence, where the perpetrator has intent to harm, and causes fear in the subject.

LITERATURE

There is an extensive survey of the relevant literature which identifies that:

- there is a wide range of incidence (4%-21%, 2.1%-28%), with the differences being largely attributable to differences in definition;
- there is a pattern in the nature of the violence, usually blunt trauma to multiple sites, often abdomen, breast, genital areas. Sexual assault is also often associated with violence in pregnancy;
- there is often an association with substance abuse and teenage pregnancy;
- violence often occurs in late second or third trimester of pregnancy;
- there is association with significant health risks for the baby – miscarriage, low birth weight, small head circumference, delayed development;

- there are also significant health risks for the mother with uterus rupture, ante partum haemorrhage, and death.

This study has taken a supportive approach by conducting a social support and safety survey, rather than only asking questions about violence. The results of 25% reporting some violence are consistent with the literature. Most of those reporting (65%) declined assistance or services which raises issues for us to consider. Most did not wish to leave their relationship, but wanted the violence to stop.

Most women reported they would not normally reveal the violence to a health professional but found it possible to tell in the context of research. This challenges us as social workers who think we are easy to talk to.

ADDITIONAL QUESTIONS

The system is presently failing to assist women and babies.

Is leaving the only option we offer? Are we (the system) more scary than a violent partner?

We know that when safety is compromised, serious outcomes result to both mother and baby, and there are significant cost implications to the system.

We need some lively professional debates about the juxtaposition of the social work value of client self determination and most workers' preference, which would be to see women leave and be safe.

We need to explore the place of our values, feelings and frustrations – as well as empowerment, empathy and judgement.

CONCLUSIONS

This is an important study exploring the current incidence and nature of violence experienced in Victoria by pregnant women. It is useful for reflecting women's own perceptions of violence and their views regarding action.

It will be a valuable catalyst to generate debate about options and future policy directions. ♦