

Supplementary Table 2. Key information of selected studies (N=30)

| Study No. | First author [reference] | Publication year | Publication language | General characteristics of the selected studies | | | | | Key outcomes of the study | | | | |
|-----------|--------------------------|------------------|----------------------|--|---|------------------------|---|--|------------------------------------|--|---|--|---------------------------|
| | | | | Research aim | Study design | IPV measure instrument | Participants | Participants' age (yr, mean±SD) and marital status n (%) | Research setting | IPV prevalence (%) | IPV-related variables | IPV-related adverse health outcome | Other results |
| R1 | Chan [25] | 2021 | English | To examine the effect of father involvement and IPV on the association between unintended pregnancy and postnatal depression | One prospective cohort study | C-AAS | 1,083 Adult pregnant women | Age: ≥ 18, 31.3±4.6 (90.7); Married, 982 (90.7); unmarried, 91 (8.5) | In 4 public hospitals in Hong Kong | During pregnancy: 14.3 | Women with unintended pregnancies more likely to experience IPV ($p < .01$), fear result from IPV ($p < .01$) | IPV during pregnancy was associated with lifetime (aOR, 1.74) and preceding year (aOR, 1.78) child physical maltreatment | Fear of perpetrator: 3.5% |
| R1 | Chan [26] | 2022 | English | To investigate the trajectory of IPV before, during, and after pregnancy To examine the predictive factors of these IPV-related categories | One longitudinal cross-sectional survey | C-AAS | 1,083 Adult pregnant women | Age: ≥ 18, 31.3±4.6 (90.7); Married, 982 (90.7); unmarried, 91 (8.5) | In 4 public hospitals in Hong Kong | Lifetime: 33.7 Pre-pregnancy: 24.6 During pregnancy: 14.3 Postdelivery: 14.3 | Risk factors: stress (aOR, 1.09) and depression (aOR, 1.07) during pregnancy Protective factor: partner emotional support (aOR, 0.66) and perceived good social support (aOR, 0.98) during pregnancy | IPV during pregnancy was associated with lifetime (aOR, 1.74) and preceding year (aOR, 1.78) child physical maltreatment | Fear of perpetrator: 3.5% |
| R2 | Chan [27] | 2012 | English | To investigate the impact of pregnancy violence on child maltreatment | One longitudinal cohort study | C-AAS | 487 Pregnant women (184 abused, 303 non-abused in the 2005 study) | Age: ≥ 18, 34.4±4.8 (Married/cohabited: 469 (96.3); divorced/separated, 18 (3.7) | In 7 public hospitals in Hong Kong | Preceding year: 20.7 | | IPV during pregnancy was associated with lifetime (aOR, 1.74) and preceding year (aOR, 1.78) child physical maltreatment | |
| R3 | Can [28] | 2011 | English | To discuss if pregnancy is a risk factor for IPV | One cross-sectional study | C-CTS2 | 2,225 Male partners | Age: ≥ 16, 50±13.2 (98.0); Married, 2,181 (98.0); cohabiting, 44 (2.0) | Communities in Hong Kong | Lifetime: 27.7 (phy, 17.9; sex, 13.6) Preceding year: 18.8 (phy, 11.9; sex, 9.1) | Risk factors: male partner was drug abused, alcohol abused, has depression and suicide ideation, had poor anger management, and experienced in-law conflicts | | |
| R4 | Chan [29] | 2019 | English | To examine the association between IPV against women before childbirth and cord blood telomere length in their newborn | One longitudinal cohort study | C-AAS | 774 Adult pregnant women | Age: ≥ 18, 31.05±4.5 (92.1); single/divorced, 60 (7.9) | In 1 public hospital in Hong Kong | Lifetime: 23.5 (phy, 3.5; psy, 23.3; sex, 1.8) One type, 18.9; 2 types, 4.3; 3 types, 0.4 | Psychological abuse and sexual abuse were significantly associated with the shorter newborns' telomere length | | |

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Supplementary Table 2. Continued

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| | | | | Research aim | Study design | IPV measure instrument | Participants | Participants' age (yr, mean±SD) and marital status n (%) | Research setting | IPV prevalence (%) | IPV-related variables | IPV-related adverse health outcome | Other results |
| R5 | Chan [30] | 2009 | English | To quantify in-law conflict level and to examine correlates of in-law conflict and violence against pregnant women | One cross-sectional study | C-AAS | 3,245 Chinese pregnant women | Age: ≥ 18, 30.8±4.9 Married/cohabiting, 3,156 (97.3); single/divorced/separated, 87 (2.7) | In 7 hospitals in Hong Kong | Preceding year: 9.1 (emo, 6.7; phy or sex, 2.5) | Risk factors: in-law conflict, chronic illness, dependence on social support, unplanned pregnancy, number of children, receipt of social security, indebtedness, alcohol, were strongly associated with preceding year abuse Protective factor: women were well-educated, first-time pregnancy | | |
| R5 | Tiwari[31] | 2007 | English | To report the prevalence and type of IPV victimization and examine socioeconomic influences on IPV | One cross-sectional study | C-AAS | 3,245 Chinese pregnant women | Age: ≥ 18, 30.8±4.9 Married/cohabiting, 3,156 (97.3); single/divorced/separated, 87 (2.7) | In 7 hospitals in Hong Kong | Preceding year: 9.1 (psy, 6.7; phy and/or sex, 2.5; psy and phy/sex, 1.4) During pregnancy: 6.5 | | | |
| R5 | Tiwari [32] | 2008 | English | To assess the impact of psychological IPV on mental health | One longitudinal cohort study | C-AAS | 3,245 Chinese pregnant women | Age: ≥ 18, 30.8±4.9 Married/cohabiting, 3,156 (97.3); single/divorced/separated, 87 (2.7) | In 7 hospitals in Hong Kong | Last year: 9.1 (psy, 6.7; phy and/or sex, 2.5; both psy and phy/sex, 1.4) | | Psychological abuse increase the risk of postnatal depression (aOR, 1.84), self-harming thinking (aOR, 3.50), psychological and physical abuse lead to poor mental-related quality of life | Fear of perpetrator: psy abuse, 12.6%; phy or sex, 23.8% |

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Supplementary Table 2. Continued

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| R6 | Chen [33] | 2022 | English | To identify categories of IPV from pre-pregnancy to 3 years after childbirth To investigate risk and protective factors associated with the different categories | One longitudinal cross-sectional study | C-AAS | 340 Adult pregnant women to attend their first-time prenatal care | Age: ≥ 18, 31.30±4.26 Married, 315 (92.6); divorced/separated, 25 (7.4) | In 1 hospital in Hong Kong | Before pregnancy: 22.9 During pregnancy: 13.5 4-week PD: 14.7 3-yr PD: 11.8 Violent relationship, 11.8; decreased violent relationship, 20.6; nonviolent relationship, 67.6 | Risk factors: receiving social security assistance (aOR, 6.44), adverse childhood experiences (aOR, 1.25), perinatal depression (aOR, 1.06), stress (aOR, 1.12), anxiety (aOR, 1.29) Protective factor: father involvement, family support, better mental health in HRQoL (aOR, 0.96) | | |
| R7 | Lau [34] | 2005 | English | To identify the prevalence and nature of violence in Hong Kong To explore the risk factors associated with abuse during pregnancy | One retrospective cross-sectional study | C-AAS/ C-CTS2 | 1,200 Chinese postnatal mothers | Age: 18–47/abused, 28.67±6.58; non-abused, 20.30±5.08 Married, 1,134 (94.5); single/cohabiting, 66 (5.5) | In 1 hospital in Hong Kong | During pregnancy: 11.2 Preceding year: phy, 4.1; psy, 8.8; sex, 5.5; injury, 2.0 Two types, 11.2–33.6; 3 types, 8.2–16.4; 4 types, 8.2 | Risk factors: women younger than 25, born in Hong Kong, was single or cohabiting, poor partner relationship, partner was underemployment, need financial support exclusively by partner, small size of residence, and an unplanned pregnancy | | |
| R7 | Lau [35] | 2007 | English | To examine IPV and postnatal depression as potential correlates of breastfeeding | One correlational cross-sectional study | C-AAS/ C-CTS2 | 1,200 Chinese postnatal mothers | Age: 18–47/abused, 28.67±6.58; non-abused, 20.30±5.08 Married, 1,134 (94.5); single/cohabiting, 66 (5.5) | In 1 hospital in Hong Kong | During pregnancy: 11.2 (AAS) Preceding year: phy, 4.1; psy, 8.8; sex, 5.5; injury, 2.0 | | No IPV during pregnancy (aOR, 1.84) more likely to initiate breastfeeding | |
| R7 | Lau [36] | 2008 | English | To understand the types of IPV during pregnancy and to examine its effect on HRQoL | One retrospective cross-sectional study | C-AAS/ C-CTS2 | 1,200 Chinese postnatal mothers | Age: 18–47/abused, 28.67±6.58; non-abused, 20.30±5.08 Married, 1,134 (94.5); single/cohabiting, 66 (5.5) | In 1 hospital in Hong Kong | During pregnancy: 11.2 Preceding year: phy, 4.1; psy, 8.8; sex, 5.5; injury, 2.0 One type, 5.3; 2 types, 3.5; 3 types, 1.5; 4 types, 0.9 More than one type, 5.9 | | Women who had experienced different types of IPV were associated with lower scores in the majority of the domains of the SF-36 | Perpetrator: husband, 81.3%; boyfriends, 8.0%; ex-husband, 0.7%; ex-boyfriends, 11.3% |

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Supplementary Table 2. Continued

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| R8 | Leung [37] | 2002 | English | (1) To compare the prevalence of DV among abortion seeking patients with other general gynecology patients; (2) to see if a follow-up interview (6 weeks after abortion) can improve the abuse disclosure rate; (3) to see if the abused victims accept a direct referral to their gynecologist/social workers for help | One prospective cross-sectional study | C-AAS | 501 Patients (245 seeking abortion patients, 256 general gynecology patients) | Age: pregnancy termination, 27.0±8.0, non-pregnancy termination, 37.7±12.1 Married, 307 (61.28); unmarried, 192 (38.32) | In 1 hospital in Hong Kong | Lifetime (phy, emo, sex): 27.3 (phy or emo, 23.7; emo only, 9.8; phy only, 8.6; both emo and phy, 5.3) Preceding year: phy, 6.1; sex, 9.8 | Risk factors: have a low monthly family income, partner is a manual worker or unemployed | The abortion seeking group had a significantly higher prevalence of abuse and tended to suffer more severe physical abuse (27.3% of victims' decision for termination of pregnancy had been affected by their abusive experience) | Abortion seeking group: Physical abuse perpetrator: boyfriends, 33.3%; husbands, 13.3% Sexual abuse perpetrator: boyfriends and husbands were equal (45.8% vs. 50.0%) Help-seeking: 18.8% of participants with recent abuse would like to reveal abuse to their gynecologists and/or social workers | |
| R9 | Leung [38] | 2005 | English | To evaluate the impact of IPV on the baseline quality of life among different groups of patients | One retrospective cohort study | C-AAS | 1,614 Obstetric or gynecological patients (abortion-seeking group, 300; infertility patients, 500; general gynecology patients, 300; obstetric antenatal care patients, 514) | Age: NA Married, 1,350 (83.6); single/cohabiting, 264 (16.4) | In 1 hospital in Hong Kong | Lifetime: 7.2 (abortion-seeking group and obstetric antenatal care patients, 11.5) | | The mean QoL scores among the abused victims were significantly lower in the physical health, social relationship, environment, and psychological health domains | | |
| R10 | Leung [39] | 2002 | English | To study the relationship between DV and postnatal blues/depression in a Chinese community | One prospective cohort study | C-AAS | 838 Postdelivery women | Age: abused, 29.2±5.4; non-abused, 29.9±5.0 Married, 815 (97.3); single/divorced, 23 (2.7) | In 1 hospital in Hong Kong | Lifetime: 17.1 Last year: 16.6 (sex, 1.7) Current pregnancy: 10.4 All abuse were verbal and/or sexual | Risk factors: pregnancy was more likely to be unplanned in the abused group | The abused group had significantly higher SDSS and EPDS scores | Perpetrator: husband/boyfriends, 27.9%; mother-in-law, 26.7%; employer/colleague, 20.9% Fear perpetrator: 3.2% | |

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Supplementary Table 2. Continued

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| R11 | Leung [40] | 1999 | English | To study the incidence of DV | One cross-sectional study | C-AAS | 631 First-time antenatal care pregnant women | Age: abused, 28.1±5.5, non-abused, 29.6±5.2. Married, 589 (93.3); single/divorced, 42 (6.7) | In 1 hospital in Hong Kong | Life time: 17.9 Last year: 15.7 (sex, 9.4; threats of abuse, 4.1) Current pregnancy: 4.3 (1-3 times, 14.8; ≥ 5 times, 7.4) | Risk factors: being ethnically Chinese, was Hong Kong permanent resident, unplanned pregnancy, having partners who were unemployed or manual workers | Perpetrator: husband (86.9% of all victims, 77.8% during pregnancy, 96.6% sex) | Help-seeking: 2% of victims want to reveal to medical social worker; no victim want to reveal to obstetricians |
| R12 | Leung [41] | 2001 | English | To see whether the pregnancy outcome would be affected even if the nature of violence is not physical injury | One cohort study | NA | 584 Pregnant women | Age: NA Marital status: NA | In 1 Hospital in Hong Kong | Preceding years: 15.9 Last year: 5 | No obstetric differences between the abused and non-abused group | Experimental group had higher physical functioning, improved role limitation, less psychological abuse, less minor physical violence, lower prenatal depression scores, and more bodily pain | |
| R13 | Tiwari [42] | 2005 | English | To evaluate the effectiveness of an empowerment intervention in reducing IPV and improving health status | One RCT | C-AAS/CTS form research | 110 Adult Chinese pregnant women | Age: ≥ 18/ experimental, 30.0±5.1, control, 30.1±5.2 Married, 100 (90.9); single/divorced, 10 (9.0) | In 1 hospital in Hong Kong | | | | |
| R14 | Tiwari [43] | 2007 | English | To assess the measurement accuracy and the utility of the C-AAS | One cross-sectional study | C-AAS/CTS2 | 257 Chinese women (100 pregnant and 157 non-pregnant) | Age: 36.2±8.1 Married, 235 (91.4); unmarried, 22 (8.6) | In 1 hospital and a community center in Hong Kong | | Age difference between the couple and the woman's need for financial assistance was associated with IPV | Specificity of C-AAS: > 89%; sensitivity, 36.3%–65.8%; positive predictive values, > 80%; negative predictive values, 66%–93% | |

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| R15 | Guo [44] | 2004 | English | To examine patterns of physical and sexual abuse before, during, and after pregnancy | One cross-sectional study | SDQ | 12,044 Mothers with 6 to 18-month children | Age: NA Marital status: NA | In 32 communities in North China (Henan, Liaoning, Shanxi, Tianjin province) | Lifetime: 12.6 (emo, 5.6; sex, 8.0; phy 3.5) Pre-pregnancy (mean, 12 months): 9.1 (emo, 1.9; sex, 5.8; phy, 3.9) During pregnancy: 4.3 (emo, 1.5; sex, 2.8; phy, 1.1) After delivery (mean, 11 months): 8.3 (emo, 2.5; sex, 4.9; phy, 3.2) Abuse by period: before pregnancy only, 3.2; during pregnancy only, 0.6; after delivery only, 2.5, before and during pregnancy 0.5, before and after pregnancy 2.5, during and after pregnancy 0.5, in all three periods 2.8. Types of abuse: emo only, 10.5; sex only, 41.7; phy only, 19.8; emo+sex, 3.6; emo+phy, 6.2; phy+sex, 10.5; emo+phy+sex, 7.7 Frequency: 1–2 times, 36.6; ≥ 3 times, 63.4 Phy severity: minor, 80; severe, 20 | Risk factors: woman has a low-level education, was alcohol abuser, was violence witness, poor couple relationship, married for a long time, living in extended family or living alone, husband was blue-collar worker, has low income, or drug abuse, abuse happened before pregnancy Risk factors of postpartum abuse: abuse before and during pregnancy | Perpetrators: husbands Reaction to physical abuse: hit back, 44.6%; never hit back, 11.2% Help-seeking: don't tell anyone, 34.0%; tell family member, 32.4%; tell friends, 24.9% |
| R16 | Hou [45] | 2020 | English | To explore the contribution of IPV to perinatal depression | One longitudinal cohort study | C-CTS2S | 813 Pregnant women in 13 gestational weeks | Age: ≥ 18, 20–46; 30.78±4.39 Marital status: NA | In 2 hospitals in Changsha City and Yiyang City, Hunan province, Mainland China | Last year: 11.07 (phy, 4.55; psy, 9.23; sex, 2.34) | Victims had higher EPDS scores than non-victims at all time points The decreasing slope for victims' postnatal depression trajectory was slower than non-victims | |

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| R17 | Zou [46] | 2015 | English | To investigate the effects of DV on their infant's development in China | One cohort study | C-AAS | 223 Mothers (DV 86, non-violence 137) and infants | Age: abused, 27.76±2.74; non-abused, 27.24±2.96 Marital status: NA | In 1 hospital in Hunan province, Mainland China | During pregnancy: 11.3 (psy, 7.0; psy+sex, 3.9; psy+phy, 0.5) | Child of victims had higher Vein Glu, GABA, cortisol level and higher score in the distractibility of the RITO The Vein Glu and GABA were positively correlated with infants' mood | |
| R17 | Zhang [47] | 2012 | English | To investigate the prevalence of DV and postnatal depression, and to explore the relationship between DV and postnatal depression | One prospective cohort study | C-AAS | 846 Postdelivery women | Age: abused, 28.0±3.0; non-abused, 28.0±3.0 Marital status: NA | In 1 hospital in Hunan province, Mainland China | During pregnancy: 11.3 (psy, 7.0; psy+sex, 3.9; psy+phy, 0.5) | Psychologic violence during pregnancy was a risk factor for postnatal depression (aOR, 4.032) | |
| R17 | Zhang [48] | 2013 | Chinese | To explore the relationship between some psychological factors and DV during pregnancy | One case-control study | C-AAS | 86 Abuse pregnant women and 137 non-abused pregnant women | Age: abused, 27.76±2.74; non-abused, 27.24±2.96 Marital status: NA | In 1 hospital in Hunan province, Mainland China | During pregnancy: 11.3 (psy, 7.0; psy+sex, 3.9; psy+phy, 0.5) Risk factors: husband smoking, high family income, woman's acceptance of violence, witness to violence, unexpected pregnancy abortion history, poor social support | | |
| R18 | Wu [49] | 2022 | English | To establish the prevalence of IPV among pregnant women in Shenzhen during the COVID-19 pandemic To explore the association between IPV and prenatal anxiety and depression | One cross-sectional study | C-AAS | 3,434 Pregnant women | Age: 28.97±4.57 Married, 3,188 (92.83); unmarried/divorced/widowed, 246 (7.16) | In hospitals from 10 administrative areas in Shenzhen, Mainland China | During pregnancy: 2.2 (mental, 1.6, phy, 0.6; sex, 0.2) | IPV victims were more likely to develop prenatal anxiety (OR, 4.207) and prenatal depression (OR, 3.864) | |

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| R19 | Wu [50] | 2005 | English | To investigate the prevalence, type, and severity of DV, and determine the factors related to DV | One cross-sectional study | SDQ | 1,215 Abortion seeking women | Age: 27.4±5.6 Married, 932 (76.7); single, 277 (22.8) | In 8 hospitals in North China (Tianjin, Liaoning, Henan, Shaanxi province) | Lifetime: 22.6 (phy, 7.8; emo, 3.0; sex, 18.1) Before current pregnancy: 21.7 (phy, 7.5; emo, 2.8; sex, 17.3) During current pregnancy: 7.0 (phy, 1.8; emo, 1.3; sex, 4.9) After pregnancy: 0.8 Experienced continuous violence: 28.4 One type, 77; 2 types, 16.1; 3 types, 4.4 | Risk factors: many times induced abortion, have bad relationship with partner | Reaction to physical violence: never retaliated, 15%; retaliated every time, 23.1% Help-seeking: not telling anyone, 49.4%; tell friends, 27.2%; tell family members, 26.1% |
| R20 | Yu [51] | 2018 | English | To examine the associations among IPV during pregnancy, prenatal depression, and adverse birth outcomes | One cohort study | C-AAS | 797 Third-trimester pregnant women | Age: 27.4±4.2 Marital status: NA | In 3 hospitals in Hubei province, Mainland China | During pregnancy: 18.32 (psy, 14.3; phy, 2.1; economic, 2.0; sexual, 0.3) | IPV was significantly associated with prenatal depression and adverse birth outcomes (neonatal asphyxia, PTB, and LBW) | Fear perpetrator: 5.41% |
| R21 | Zheng [52] | 2020 | English | To explore the prevalence and association between family factors and DV | One cross-sectional survey | C-AAS | 813 Third-trimester adult pregnant women | Age: ≥ 16, 28.98±4.52 Married, 728 (89.5) | In 14 urban communities of Hengyang City, Hunan province, Mainland China | During pregnancy: 15.62 (phy, 0.98; men, 11.07; sex, 0.86) Two types, 3.08 debt (OR, 2.17), family dysfunction (OR, 2.01) | Risk factors: tensions with mother-in-law and other family members (OR, 2.85), medium household debt (OR, 2.17), family dysfunction (OR, 2.01) | Fear perpetrator: 5.41% |
| R22 | Zeng [53] | 2021 | Chinese | To investigate the IPV prevalence, and to explore the IPV correlates | One cross-sectional survey | C-AAS | 510 Postpartum women | Age: < 35, 455 (89.2%); ≥ 35, 55 (10.8%) Marital status: NA | In 1 hospital in Hunan province, Mainland China | Lifetime: 22.2 Pre-pregnancy: 13.3 (phy, 3.5; men, 10.8; sex, 1.2) During pregnancy: 8.8 (phy, 0.6; men, 8.2; sex, 0.0) | Adverse pregnancy history was the risk factor for IPV before pregnancy (OR, 2.941) Subjective social support was the protective factor of pregnancy during pregnancy (OR, 0.803) | |

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| R23 | Zhu [54] | 2016 | English | To estimate the IPV during pregnancy in 2 cities of Anhui; to investigate the association of spontaneous PTB with IPV during pregnancy | One cross-sectional survey | Question list generated by WHO. | 928 Third-trimester pregnant women | Age: NA Marital status: NA | In 2 hospitals in Anhui province, Mainland China | During pregnancy: 31.3 (phy, 7.0; psy, 28.8; sex, 2.3) | Risk factors: be younger (women, <25; partner, <30), woman less educated, unwanted pregnancy, inadequate communication, partner drinking or smoking before pregnancy | Psychological violence plus physical or sexual violence was significantly associated with spontaneous PTB (aOR, 2.31) | |
| R24 | Zhong [55] | 2013 | Chinese | To investigate the effects of DV on the temperament and behavior of preschool offspring | One cohort study | C-AAS | 196 Mothers with preschool children | Age: NA Marital status: NA | In hospitals and communities | During pregnancy: 20.4 | Lower breastfeeding rate, lower consistency of parenting Children have a higher score for affective symptoms and overall difficulty, lower score for the nature of emotion | | |
| R25 | Huang [56] | 2008 | Chinese | To understand the current situation of maternal DV in Shanghai | Cross-sectional study | SDQ | 200 Postpartum women | Age: 19–38, 25.96±3.27 Married, 199 (99.5); single, 1 (0.5) | In 1 hospital in Shanghai, Mainland China | Lifetime: 5.0 Before pregnancy: 3.0 During pregnancy: 2.5 After pregnancy: 1.0. All were mental violence | Cognition on DV: poorly understood in 3 questions: "does rape exist in couples," "can the life value achieve when the women cannot be pregnant," and "is the husband cursing wife a kind of DV." Help-seeking: 1) seeking help from parents, 2) calling the police, 3) temporarily leaving partner | | |
| R26 | Liu [57] | 2016 | Chinese | To investigate the prevalence and influential factors of pregnancy DV in Shenzhen | Cross-sectional study | SDQ | 7,820 Postpartum women | Age: 19–43, 28.92±6.78 Marital status: NA | In 8 hospitals in Shenzhen, Guangdong Province, Mainland China | Perinatal IPV: 11.57 (psy, 5.87; phys, 3.57; sex, 2.14) | Risk factors: low family income, partner has low-level education, partner was alcoholic, women was a manual worker | | |

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| R27 | Liu [58] | 2003 | Chinese | To investigate the incidence rate of IPV and its influence on psychosomatic health of mothers and infants | Cross-sectional study | The questionnaire of DV on pregnant women compiled by Women and Children Health Center of Pecking University | 3,025 Mothers of infants aged 6–18 months | Age: NA Marital status: NA | In 8 districts of Tianjin City, Mainland China | Any time: 10.5 (one type, 8.2; ≥ two types, 2.2) | Risk factors: women younger than 25, was less educated, has low income | The abused women had more poor sleeping, bad emotions, and poor life confidence Infants in abused group had more sleeping problem, bad emotion, more aggressive | |
| R28 | Ye [59] | 2005 | Chinese | To investigate the incidence of DV during pregnancy and its health hazards to victims | Cross-sectional study | SDQ | 1,438 Women waiting for delivery or attending postpartum follow-up | Age: NA Marital status: NA | In 4 hospitals in Guangzhou and Shenzhen Cities, Guangdong province, Mainland China | During pregnancy: 6.4 (psy, 4.5; phy, 1.5; sex, 0; psy+phy, 0.4) 42 days postpartum: 17.4 | Risk factors: pregnant women older than 35, unfree love marriage, unintended pregnancy, woman has incorrect perception of IPV, partner has drinking, gambling behavior | Stress, anxiety, insomnia, depressed skin injury, vaginal bleeding, and PTB | |
| R29 | Ye [60] | 2005 | Chinese | To investigate the current situation of DV among pregnant women, and to analyze its causes and influencing factors | Cross-sectional study | SDQ | 1,397 Women waiting for delivery or attending postpartum follow-up | Age: NA Marital status: NA | In 5 hospitals in Henan province, Mainland China | During pregnancy: 16.8 Postpartum: 33.7 | Risk factors: unintended pregnancy, partner has risk behavior (drinking, smoking, gambling, drug abuse...), woman has incorrect perception of IPV | Stress, anxiety, insomnia, depressed Physical injury (skin injury, fracture) Adverse obstetric outcomes (vaginal bleeding, stillbirth, placental abruption, PTB) | |
| R30 | Fan [61] | 2006 | Chinese | To investigate the current status of DV among women during pregnancy and postpartum in China; to analyze the reasons and possible factors which will lead to DV | Cross-sectional study | SDQ | 2,835 Pregnant or postpartum women | Age: NA Marital status: NA | In hospitals in Henan and Guangdong provinces, China | During pregnancy: 11.5 (Henan, 16.8; Guangdong, 6.4) During postpartum: 26.1 (Henan, 33.7; Guangdong, 17.4) | Risk factors: low-level education, low family income, low-income occupation, poor living status | | |

aOR, Adjusted odds ratio; C-AAS, Chinese version of the Abuse Assessment Screen; CTS2, the Revised Conflict Tactics Scale; CTS2S, Short Form of the Revised Conflict Tactics Scale; DV, domestic violence; EPDS, Edinburgh Postnatal Depression Scale; Glu, glutamate; GABA, gamma-aminobutyric acid; HRQoL, health related quality of life; IPV, intimate partner violence; LBW, low birth weight; NA, not available; psy, psychological violence; phy, physical violence; PTB, preterm birth; RITO, Revised Infant Temperament Questionnaire; SDQ, self-designed questionnaire; sex, sexual violence; SDSS: Stein Daily Scoring System.