



## CLINICAL ARTICLE

## Partner, workplace, and stranger abuse during pregnancy in Germany

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## ARTICLE INFO

## Article history:

Received 25 March 2010

Received in revised form 3 June 2010

Accepted 13 July 2010

## Keywords:

Intimate partner violence

Pregnancy

Prevalence

Maternal health outcomes

Sociodemographic correlates

## ABSTRACT

**Objective:** To investigate the prevalence, perpetrators, sociodemographic correlates, and health impacts of psychological, physical, and sexual abuse during pregnancy among women attending a maternity ward in Germany. **Methods:** A written questionnaire was given to pregnant women in a maternity ward of a university hospital in Munich. Abuse during pregnancy was assessed using the Abuse Assessment Screen. **Results:** Of 552 women, 401 completed the questionnaire for a response rate of 72.6%. The prevalence of psychological, physical, or sexual abuse during pregnancy by any perpetrator was 6.7% ( $n = 27$ ); the main perpetrators were women's partners and work colleagues. After controlling for the effect of age, psychological, physical, or sexual abuse during pregnancy was significantly associated with a history of abuse, low education level of the woman and the father of her child, short relationship duration, unintended pregnancy, financial problems caused by the pregnancy, having more than 3 children, and insufficient social support. Women who reported abuse during pregnancy were significantly more likely to smoke and to have adverse maternal health outcomes. **Conclusion:** Psychological, physical, or sexual abuse during pregnancy was experienced by 1 in 15 women who attended a maternity ward in Munich and adversely affected maternal health outcomes.

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## 1. Introduction

Abuse of women, especially during pregnancy, is widely recognized as a threat to human rights and to have serious health consequences [1]. The WHO multi-country study found prevalence rates for physical partner violence during pregnancy of between 1% and 28%, with the majority ranging from 4% to 12% [2]. Prevalence rates are likely to be underestimates because women are reluctant to report abuse, especially in intimate relationships. Most studies have focused on physical and sexual abuse, and relatively little attention has been given to psychological abuse of women, despite several studies showing that psychological abuse is associated with adverse maternal and mental health outcomes [3,4]. Several direct and indirect associations have been established between physical and sexual abuse during pregnancy and adverse perinatal health outcomes, such as low birth weight, preterm labor and delivery, smoking, and inadequate nutrition [5–8].

Little attention has been given to abuse during pregnancy in Germany, although several studies have examined the effect of abuse on women's health, namely the national representative study on living situation, health, and security of women in Germany [9], and the SIGNAL emergency room survey in Berlin [10]. A clinical study

examined the effect of lifetime experiences of violence on maternal health [11], but it did not look at abuse during pregnancy in particular.

The aim of the present study was to investigate the prevalence of abuse during pregnancy, and the perpetrators, sociodemographic correlates, and health effects on women attending a maternity ward in Germany.

## 2. Materials and methods

The survey was conducted from September 7, 2007 to November 28, 2008, in a maternity ward of the Department of Obstetrics and Gynecology at Ludwig-Maximilians University, Munich—a large, economically prosperous city in Germany. Ethical approval for the study was granted by the Social Science Division of the University of Oxford and the ethical commission of the Medical Faculty of the Ludwig Maximilians University in Munich.

All women who gave birth during that time were eligible to participate if they were at least 18 years old, spoke German well enough to complete the written questionnaire on their own, and could talk to the researchers privately. Translation of the questionnaire into other languages was not considered feasible because of the lack of a dominant language of non-German speakers.

At 1 to 7 days after delivery, researchers approached all eligible women and informed them about the study if they could be met alone in their rooms. In this maternity ward, rooms are occupied by a maximum of 2 patients. A later date was arranged if the woman was unwell or preoccupied with her infant. The study had the neutral title

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“Well-being during pregnancy” to ensure the safety of the participants. While handing over the questionnaire and the informed consent sheet, the researchers stressed the safety precautions, such as completing the questionnaire alone and placing it into a specially prepared box or giving it to a nurse in a sealed envelope. Women were encouraged to ask questions and the voluntary nature of the study was underlined, namely that participation would not affect treatment and would not be followed up.

The informed consent sheet provided written information on the project, stressed that participation was voluntary, and explained data management and confidentiality. Each survey participant also gave written informed consent to link the questionnaire information to data from their medical file. To assure the anonymity of the medical data, only one author (DS), a medical doctor, could link the 2 sources of information. The questionnaire contained phone numbers for violence services in and around Munich and encouraged distressed participants to call the free 24-hour psychological support or pastoral service in the clinic. In the last section of the questionnaire, women were encouraged to leave their contact details if they were interested in a qualitative follow-up. Six women who experienced abuse during pregnancy were interviewed in-depth by one author (HS) about their experiences, at a place and time that was convenient for them.

The questionnaire was pre-tested in a homeless women's shelter in Munich—housing women who have experienced partner violence—with 10 women who went through the questions and explained how they understood the questions and what remained unclear.

The self-administered survey started with questions on the socio-demographic characteristics of the women and the father of their child and was followed by questions related to their pregnancy. A modified version of the Abuse Assessment Screen (AAS) [12] was used to inquire about psychological, physical, and sexual abuse during pregnancy, and physical and sexual violence before pregnancy, using the questions: “Have you been emotionally abused during pregnancy, for example constantly controlled, severely insulted, blackmailed or threatened?”; “Have you been hit, slapped, kicked or otherwise physically hurt by someone while you were pregnant?”; and “Has anyone forced you into sexual activities during pregnancy?” The answer options were “Never,” “Once,” and “More than once.” Women were also asked by whom and in which pregnancy trimester they had experienced each form of abuse. A paragraph before the AAS forewarned women about the sensitivity of the questions, assured them that many women experience these events, and reconfirmed the confidentiality of their responses.

Questions on the prevalence and health consequences of partner violence were analyzed using descriptive statistics. The  $\chi^2$  test, Fisher exact tests, independent sample *t* tests, and odds ratios adjusted for women's age at the time of delivery were used to assess the association between women's abuse status and sociodemographic characteristics and health effects.  $P < 0.05$  was considered statistically significant. The survey data were analyzed using STATA version 11 (StataCorp LP, College Station, TX, USA).

### 3. Results

Of 552 women given the questionnaire, 401 women completed it for a response rate of 72.6%. Medical file information was missing for 29 women: 28 women who did not report abuse and 1 woman who reported abuse during pregnancy. Hospital summary statistics of women giving birth in the hospital during the study period showed that women who did participate were older and more likely to have been pregnant before than women who did not participate. The mean age at delivery of the 401 participants was  $33 \pm 5.4$  years (range, 18–50 years). Although information on nationality was missing for 35 women, 308 (76.8%) women were of German nationality. There were 287 women (71.6%) in full or part-time employment before pregnancy; 214 women (53.4%) had completed at least 13 years of education

(equivalent to German Abitur); and 295 women (73.6%) were married. Of the 58 women who were not of German nationality, 19 (32.8%) were of Mediterranean origin, 5 (8.6%) were from the Middle East or Africa, 25 (43.1%) were from Eastern Europe, 5 (8.6%) were from another European country, and 2 (3.4%) were from elsewhere (information was missing for 2 [3.4%] women).

Twenty-seven (6.7%) of the 401 women reported physical, sexual, or psychological abuse during pregnancy: 9 (2.2%) reports of physical abuse, 3 reports (0.7%) of sexual abuse, and 21 reports (5.2%) of psychological abuse.

Most of the perpetrators of physical, sexual, and psychological abuse were the women's bosses or work colleagues ( $n = 12$ ; 44.4%), followed by partners and ex-partners ( $n = 9$ ; 33.3%), and strangers ( $n = 3$ ; 11.1%), and family members ( $n = 2$ ; 7.4%); 1 woman did not provide information on the identity of the abuser. Abuse in the workplace was, with 1 exception, only psychological and started during pregnancy. Women perceived it as highly stressful and encountered situations such as bullying and pressure to quit their job. Psychological abuse by partners included threats of violence as well as degrading and humiliating behaviors.

When only physical and sexual abuse, but not psychological abuse, were examined, women's partners and ex-partners comprised the majority of perpetrators ( $n = 5$ ; 50%), followed by strangers ( $n = 4$ ; 40%), and someone at work ( $n = 1$ ; 10%).

Women who reported sexual violence during pregnancy named only partners or ex-partners as the perpetrators. Two of the women who reported sexual abuse during pregnancy also reported physical abuse during pregnancy. The in-depth interviews revealed that for these two women, the physical and sexual abuse during pregnancy often occurred at the same time; for example, when they were physically abused by their partner because they did not want to have sex.

Physical and sexual abuse during pregnancy occurred primarily in the first trimester in 5 women (50%); 3 women (30%) also reported abuse in the second trimester of pregnancy, and 2 women (20%) did not answer the question.

Previous experience of physical and sexual abuse was more frequent among the 27 women who reported physical, sexual, or psychological abuse during pregnancy than among the remaining 374 women who did not report abuse during pregnancy (14 [51.9%] vs 52 [13.9%]; odds ratio [OR] 6.7; 95% confidence interval [CI], 3.0–14.9;  $P < 0.001$ ). In total, 16.5% of women reported physical and sexual abuse before pregnancy by any perpetrator.

Women who reported physical, sexual, or psychological abuse during pregnancy were less likely to have finished 13 years of education than women who did not report abuse during pregnancy (6 [22.2%] vs 208 [55.6%]; adjusted OR 4.0; 95% CI, 1.5–10.6;  $P < 0.001$ ). The same association was found for the fathers of the children with regard to education (5 [18.5%] vs 218 [58.3%] including 2 and 1 cases of missing information, respectively; adjusted OR 5.6; 95% CI, 2.0–15.8;  $P < 0.001$ ). The duration of the relationship of the woman with the father of the child, assessed by how long the woman believed they had been/were a couple, was more likely to be under 2 years among women who reported abuse during pregnancy than for women who did not report experiencing abuse during pregnancy (8 [29.6%] vs 21 [5.6%]; including 2 and 13 cases of missing information, respectively; OR 6.9; 95% CI, 2.7–18.0;  $P < 0.001$ ). Women with more than 3 children were also more likely to report physical, sexual, or psychological abuse during pregnancy than women with fewer than 3 children (3 [11.1%] vs 23 [6.1%] including 1 and 28 cases of missing information, respectively; OR 5.1; 95% CI, 1.3–20.5;  $P < 0.02$ ). Women who reported abuse during pregnancy were less likely to have intended their pregnancy than were women who did not report abuse (17 [63.0%] vs 79 [21.1%]; adjusted OR 6.9; 95% CI, 2.9–16.6;  $P < 0.01$ ), and more likely to have financial problems (5 [18.5%] vs 12 [3.2%]; OR 7.3; 95% CI, 2.3–23.0;  $P < 0.005$ ), and no support from family and friends during pregnancy (7 [25.9%] vs

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