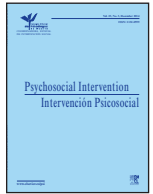




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Intimate partner violence during pregnancy: Women's narratives about their mothering experiences

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ABSTRACT

Intimate partner violence (IPV) is a significant public health issue and the most common form of violence against women worldwide. Pregnancy does not protect against this phenomenon, which may cause adverse health outcomes for both the mother and the newborn. The main aim of this study was to assess the impact of IPV on women's pregnancies. Thirty-five Spanish women (mean age = 44.23 years, $SD = 10.30$) who had suffered IPV were interviewed and asked to explain the violent incidents that they experienced, the mothering skills that they developed toward their children, and the difficulties that they experienced at delivery. The results showed that most of the participants continued to experience psychological and physical abuse during their pregnancy, whereas a few of the participants began to experience sexual abuse. As a consequence of IPV, some mothers suffered negative obstetrical outcomes at delivery. The negative effects of IPV on the women's mothering skills were especially remarkable.

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Violencia contra la mujer durante el embarazo: Narraciones de mujeres sobre sus experiencias maternas

RESUMEN

La violencia contra la mujer es un problema de salud pública y la manera más común de violencia hacia la mujer a nivel mundial. El embarazo no es un factor de protección ante tal fenómeno, ya que ser víctima de violencia puede generar efectos negativos tanto en la madre como en el recién nacido. El objetivo principal de este estudio fue evaluar el impacto de la violencia en el embarazo de las mujeres. Se entrevistó a 35 mujeres ($M = 44.23$ años, $DT = 10.30$) víctimas de violencia para que narraran los episodios de violencia que sufrieron durante el embarazo y las habilidades maternas que desarrollaron para con sus hijos e hijas y explicaran las posibles dificultades que padecieron durante el parto. Los resultados muestran que muchas de las participantes siguieron sufriendo violencia psicológica y física durante el embarazo, mientras que un número reducido de mujeres manifestó haber comenzado a experimentar también episodios de violencia sexual. Como consecuencia de la violencia, algunas mujeres padecieron consecuencias negativas al dar a luz. Es de destacar el impacto de la violencia en las habilidades maternas de las mujeres.

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Palabras clave:

Embarazo
Violencia contra la mujer
Dificultades durante el parto
Habilidades maternas
Estudio cualitativo

Intimate partner violence (IPV) is a significant social and public health problem that has a high prevalence in most societies. It represents a major threat to the health and well-being of women worldwide (García-Moreno, Heise, Jansen, Ellsberg, & Watts, 2005; Humphreys & Campbell, 2004) regardless of their ethnic origin, economic status, education, religion or profession (Jeanjot, Barlow, & Rozenberg, 2008). IPV includes physical, psychological, and sexual abuse (Heise, Ellsberg, & Gottemoeller, 1999; Krug, Dalhberg, Mercy, Zwi, & Lozano, 2002) and causes serious sequelae in affected women.

Pregnancy does not protect against this phenomenon. For more than two decades, it has been known that pregnant women are not immune to IPV. It is estimated that between 1.2% and 18.4% of pregnant women experience physical, psychological, and/or sexual abuse by a male partner (Bacchus, Mezey, & Bewley, 2006; Gazmararian et al., 1996; Janssen et al., 2003; Jeanjot et al., 2008; Martin, Mackie, Kupper, Buescher, & Moracco, 2001; Mattson & Rodriguez, 1999; Williams & Brackley, 2009). For example, Bacchus et al. (2006) found that the 16 women who participated in their qualitative research had been physically and psychologically assaulted during their pregnancy and that four had experienced sexual violence. Nevertheless, research has shown mixed findings

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concerning whether pregnancy is a risk factor for the onset of IPV and whether IPV increases in severity during pregnancy (Campbell, Poland, Waller, & Ager, 1992; Helto & Snodgrass, 1987; Hussain & Khan, 2008; McMahon & Armstrong, 2012). Although qualitative studies have suggested that pregnancy may contribute to the onset and/or the increase of IPV (Edin, Dahlgren, Lalos, & Hogberg, 2010; Hussain & Khan, 2008; Jeanjot et al., 2008; Williams & Brackley, 2009), other studies have suggested that IPV during pregnancy is a continuation of earlier violence and is likely to continue following the baby's birth (Campbell, Oliver, & Bullock, 1993; Edin et al., 2010; Heding, 2000; Martin et al., 2001).

When examining IPV during pregnancy, it is important to note that abuse against women can occur at the hands of not only the abusive partner but also in-laws or family members (Bacchus et al., 2006; Jeanjot, et al., 2008; Raj et al., 2011). For instance, Raj et al. (2011) found that more than 1 in 4 women in their study reported such abuse from their in-laws.

The consequences of IPV during pregnancy may be devastating. A growing body of research has documented that IPV heightens women's risk for maternal health problems, such as pregnancy complications and labor complications (Chambliss, 2008; Ellsberg, Janse, Heise, Watts, & Garcia-Moreno, 2008; Leone et al., 2010; World Health Organization, 2005), increased risk for miscarriage (El Kady, Gilbert, Xing, & Smith, 2005; Lipsky, Holt, Easterling, & Critchlow, 2004), poor mental health (Ansara, Cohen, Gallop, Kung, & Schei, 2005; Campbell, Moracco, & Saltzman, 2000; Gottlieb, 2008), placental abruption (Leone et al., 2010; Lewis, 2007), increased rates of prematurity (Bailey, 2010), intrauterine growth restrictions (Janssen et al., 2003), low gestational weight gain (Moraes, Amorim, & Reichenheim, 2006), and infant and child mortality and morbidity, including low infant birth weight and poor infant health (Altarac & Strobimno, 2002; Bailey, 2010; Berenson, Wiemann, Wilkinson, Jones, & Anderson, 1994; Campbell & Lewandowski, 1997; Coker, Sanderson, & Dong, 2004; Gazmararian et al., 1996; Huth-Bocks, Levendosky, & Bogat, 2002; Lipsky, Holt, Easterling, & Critchlow, 2003; Sarkar, 2008; Shah & Shah, 2010; Yost, Bloom, McIntire, & Leveno, 2005). Coggins and Bullock's (2003) qualitative study indicated that 50% of the women in their study had suffered spontaneous abortions or miscarriage.

Furthermore, concerns have been raised regarding women's mothering under circumstances of IPV (Bhandari, Bullock, Anderson, Danis, & Sharps, 2011; Haight, Shim, Linn, & Swinford, 2007; Lapierre, 2010; Levendosky & Graham-Bermann, 2000; Levendosky, Lynch, & Graham-Bermann, 2000; Peled & Gil, 2011; Seeman, Jasinski, & Bubriski-McKenzie, 2013) as the quality of maternal care has been demonstrated to be an important factor that influences on how children are affected by the violence (Cox, Kotch, & Everson, 2003; Hazen, Connelly, Kelleher, Barth, & Landsverk, 2006; Levendosky & Graham-Bermann, 2001; Levendosky, Huth-Bocks, Shapiro, & Semel, 2003). IPV victims are less sensitive and responsive during interactions with their children, often due to psychological difficulties (Hay, Pawlby, Angold, Harold, & Sharp, 2003; Lyons-Ruth, Wolfe, Lyubehik, & Steingard, 2002; Pianta & Egeland, 1990). Nevertheless, little research has described the parenting abilities of IPV victims, and the available studies have found mixed results. Several studies have found that IPV victims' parenting capacities are as effective as non-victims' parenting abilities (Peled & Gil, 2011; Seeman et al., 2013; Whiteside-Mansell, Bradley, McKelvey, & Fussell, 2009) and that these parents may even compensate their children for the parents' IPV (Letourneau, Fedick, & Willms, 2007; Levendosky et al., 2003). However, other studies have shown that the stress that IPV causes to victims may lead to elevated physical and psychological symptoms and the reduced effectiveness of victims' mothering skills (Haight et al., 2007; Lapierre, 2010; Levendosky & Graham-Bermann, 2000). In extreme cases, abused mothers are more likely to be abusive toward their children than non-abused mothers (Huth-

Bocks, Levendosky, Theran, & Bogat, 2004; Taylor, Guterman, Lee, & Rathouz, 2009). With regard to this last problem, Haight et al. (2007) found that mothers described their mothering skills as compromised due to IPV, especially during assaults by their abusive partners, when the mothers yelled at or even hit their children.

The Present Study

The literature review shows that pregnant women are not immune to IPV and may suffer various negative effects, such as obstetric risks and difficulties with their mothering skills. However, limited qualitative work has focused on women's experiences of IPV during pregnancy and mothering in the context of IPV (for exceptions, see Bacchus et al., 2006; Edin et al., 2010; Helton, McFarlane, & Anderson, 1987; Lapierre, 2010; Levendosky et al., 2000; Peled & Gil, 2011; Seeman et al., 2013). Furthermore, some findings regarding the trajectory of IPV during pregnancy and the impact of IPV on mothering skills remain inconclusive. Using semi-structured interviews, the current study explores 35 women's beliefs and perspectives concerning their experiences of IPV during pregnancy. The main aims of the current study are as follows: 1) to assess the trajectories of IPV during pregnancy by examining whether IPV changes during pregnancy or remains similar to IPV before the pregnancy, 2) to examine whether IPV episodes during pregnancy cause difficulties during labor, and 3) to determine whether IPV affects women's experiences of mothering.

Method

Study Design

The qualitative research design provides a space for women's voices to be articulated and heard (Bevan, 2014; Maynard, 1994; Reinhartz, 1992; Skinner, Hester, & Malos, 2005) and has the potential to enable silenced women to tell their own stories in their own voices (Davis & Srinivasan, 1994). For this purpose, we followed Krueger's (1991, cited in Valles, 1997) classification and developed an interpretative research conducting 35 individual semi-structured interviews with female victims of IPV.

Participants

The participants were 35 women who were recruited from six different agencies for victims of violence, such as shelters, social services, associations, and support groups for women who had experienced IPV in Bilbao and San Sebastian (Basque Country, Spain). These agencies are responsible for individual and group interventions with women who were abused by their partners in both localities and aim to help women end their violent relations and heal from the effects of these relations.

This qualitative study included women who met the following criteria: at least 18 years old, suffered IPV in at least one prior relationship, and had children. At the time of the interviews, the interviewees ranged from 26 to 60 years old (mean age = 44.23 years, *SD* = 10.30) and had between one and five children, who were aged 1 to 39 years old (mean age = 16.45 years).

The participants were diverse in nationality, educational level, employment status, religion, and health conditions. Table 1 describes their socio-economic characteristics.

Procedure

After the study was approved by the Basque government authorities, by the Ethics Committee at the University of Deusto and by the coordinators at the various IPV services, workers contacted the women who had received support from these agencies at some

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