

**Women's lived experiences of domestic violence during pregnancy
(1)**

Author

Baird, K

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In the first of a two-part article, **Kathleen Baird** considers the background to domestic abuse and introduces a study which examined the experiences of 11 women who experienced domestic violence during pregnancy

Women's lived experiences of domestic violence during pregnancy (1)

SUMMARY: This paper reports on a qualitative study, which explored women's experiences of domestic violence before, during and after pregnancy. During pregnancy the women were physically attacked, including blows and kicks to the pregnant abdomen; they were punched, slapped, kicked, bitten, pushed around, held by the throat, and attempts at strangulation occurred for two of the women. The women were sexually abused, experienced enforced isolation and financial hardship. They experienced extreme psychological distress, including depression before, during and after pregnancy. Feelings of vulnerability about themselves and their unborn babies were intensified by their partners' continuing violence and abuse. The findings from this research will support midwives to recognise the warning signs of domestic violence and abuse during pregnancy and to be able to offer an appropriate response.

Keywords Domestic violence and abuse, women's experiences, pregnancy

Author Kathleen Baird, senior midwifery lecturer in the family and maternity unit at Griffith Health Institute, Griffith University, Australia

Undoubtedly, experiencing domestic violence and abuse can lead to negative consequences in many spheres of life

Background

Domestic violence and abuse against women is a global public health issue (World Health Organization (WHO) and London School of Hygiene and Tropical Medicine (LSHTM) 2010). In most cases, domestic violence occurs within the context of a relationship of a cohabiting couple and includes physical, sexual and emotional abuse, as well as controlling behaviours. Undoubtedly, experiencing domestic violence and abuse can lead to negative consequences in many spheres of life, including educational achievement and

economic opportunities, increased uptake of risky health behaviours and reduced capacity to parent (WHO and LSHTM 2010).

The nature of domestic violence

The precise relationship between pregnancy and domestic violence remains unclear (Reilly et al 2010). However, what is known is that the consequences of domestic violence during pregnancy include a higher incidence of neonatal death, premature labour, low birth weight infants and miscarriage (Alio et al 2009; Shah and Shah 2010).

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Domestic violence is a broad concept, which includes many forms of physical violence, sexual violence, and a range of behaviours and acts that may be used in isolation or together to control the woman. Physical violence can include the use of physical force such as slapping, hitting, kicking, punching, hair pulling, biting, using knives and weapons, burning and scalding, all of which can result in serious injury or death. Psychological and emotional abuse comprises verbal threats, intimidation and coercion, isolation, deprivation of basic needs such as food, money, clothing, and the restriction of information, education, employment and social activities. Sexual violence incorporates behaviours such as rape, forced sexual contact and being forced to watch or take part in pornographic sexual activities (Harne and Radford 2008; Women's Aid Federation of England (WAFE) 2011).

Domestic violence and sexual abuse against women and young girls can lead to serious injury, disability and death as well as indirect health consequences such as psychological disorders like post-traumatic stress disorder, depression, sleep disorders, suicide, social withdrawal and eating disorders, self-harm and substance abuse. In comparison with non-abused women, women in abusive relationships report higher rates of sexually transmitted diseases, including human deficiency virus (HIV), unintended pregnancies, repeated abortions and gynaecological problems (Department of Health (DH) 2010; WHO and LSHTM 2010).

Experiencing domestic violence at any time in a woman's life can result in a multitude of harmful health problems. However, violence during pregnancy is of special concern, as the violence not only poses a threat to the woman but also to her fetus (Harne and Radford 2008). The risks to the fetus include preterm

birth, low birth weight and, at its worst, neonatal death (Sarkar 2008). Research findings suggest that pregnancy itself can act as a trigger for domestic violence or exacerbate ongoing existing violence (Valladares et al 2002; Webster et al 1996). A review examining prevalence rates of domestic violence during pregnancy since 1996, including both developed and developing countries as well as considering multiple forms of violence, found prevalence rates of physical violence to be between 0.9 per cent and 30 per cent, with 11 of the 18 studies reporting the rate of physical violence between 3.0 per cent and 10.9 per cent (Taillieu and Brownridge 2010).

The health care system can provide women with a safe environment in which to disclose about domestic violence. It is also well documented that women identify healthcare professionals as the professionals they trust with a disclosure (Feder et al 2006). However, for midwives to be able to do this, it is important that they receive specialist education to be able to ask the question in a sensitive manner and to be able to respond

appropriately to a disclosure from a woman.

The findings from this study clearly demonstrate that some women during pregnancy are experiencing horrific physical and psychological violence; this raises a number of questions for midwives, such as how can midwives create and provide a safe environment for women to disclose about their experiences of ongoing abuse and violence? The women in this study experienced varying forms of violence and abuse; however, for the purposes of this paper, the women's experiences of physical violence only will be highlighted.

Methods

The research employed a qualitative framework, underpinned by feminist and phenomenological values and philosophy. It was important to utilise an orientation which would allow the women who are marginalised and have often been denied, the opportunity to have their voices heard and acknowledged. It was also essential to capture the women's lived experience of the social world and the meanings that they ascribed to such experiences.

Using semi-structured interviews, data were collected from 17 interviews undertaken with 11 women who had been pregnant in the previous two years. The interviews focused on the participants' unique accounts, appreciating their different experiences and interpretations of living with domestic violence. Recruitment and interviews occurred in two women's support service agencies in the local area where the research was conducted. Both organisations provide support for women who are or have been victims of domestic violence. A total of 11 women participated in the interviews. Eight of the participants were currently residing in a women's refuge and three were participating in a women's support

How can midwives create and provide a safe environment for women to disclose about their experiences of ongoing abuse and violence?

programme after leaving the women's refuge. All the women had experienced domestic violence during their pregnancy in the previous two years. The ages of participants ranged from 21–38. Eight of the women were white British; one was black British; and two Indonesian, now residing in the UK. Two of the participants were married to their partners and nine were co-habiting. The participants came from a range of backgrounds with their occupations being diverse (See Table 1). The women varied in age, and the ages of their children ranged from eight weeks to 13 years. Their experiences of abuse ranged from sexual, emotional and controlling to extreme physical abuse. The length of time spent with an abusive partner varied from three to 15 years.

Data collection and analysis

In-depth interviewing allowed for the exploration of the breadth and nature of participants' experiences. All interviews were conducted by the primary researcher. Thematic analysis of the data was used to identify common themes. An analysis process was sought that would be sympathetic to and appreciate the narratives of the women. Thematic analysis was chosen in that it is ideal for identifying, analysing and highlighting themes within written data and as such it is considered as a foundational method for qualitative analysis (Braun and Clarke 2006).

Ethical considerations

Full NHS ethical approval was gained for the study. All the women interviewed were separated from their abusive partner. Informed consent was obtained from every participant prior to commencing any interview. The principle of ongoing negotiation was always respected. All the women's names have been changed to protect their anonymity.

Table 1 Biographical data of participants

| Education – highest level achieved | Children | Ages of children | Ethnicity | Types of violence experienced in relationship |
|------------------------------------|----------|---|---------------|--|
| Secondary school | 2 | 22 and 8 months | White British | Physical, verbal, sexual, controlling, emotional and financial |
| Secondary school | 3 | 13 and 11 years and 19 months | White British | Physical, verbal, controlling, financial and isolation |
| Secondary school | 1 | 2 years | White British | Physical, verbal, emotional and financial |
| Degree | 3 | 10 years and twins of 13 months | Indonesian | Physical, verbal, emotional, sexual, controlling and financial |
| Secondary school | 2 | 13 years (previous relationship) and 8 weeks | White British | Physical, verbal, emotional, controlling and financial |
| College | 2 | 2 years and 9 months | White British | Physical, verbal, emotional, controlling, sexual and financial |
| Degree | 2 | 5 years and 20 months | Indonesian | Physical and verbal |
| College | 1 | 2 years | White British | Physical, verbal, emotional, controlling, sexual and financial |
| Secondary school | 1 | 22 months | Black British | Physical, verbal and emotional |
| Secondary school | 4 | 12, 8, 5 years (previous relationships) and 14 months | White British | Physical, verbal, emotional and controlling |
| Secondary school | 1 | 13 months | White British | Physical, verbal, emotional, controlling and financial |

Results

All of the women in this study talked of their experiences of abuse, disclosing their own stories. Several of the women talked about how their feelings of vulnerability about themselves and their unborn babies were intensified by their partners' continuing violence and abuse. All the women interviewed experienced some form of domestic violence

during their pregnancy. This was to varying degrees and included many different types of abuse, ranging from emotional and controlling abuse and sexual abuse to severe physical violence.

Physical violence and abuse during pregnancy and the postnatal period

Not all the women experienced physical abuse >>



during the actual pregnancy: of the 11 women interviewed, eight were subjected to physical violence during their pregnancy, and the remaining three women experienced physical violence in the postnatal period. Nonetheless, all the women gave accounts of being fearful of their partner during their pregnancy, regardless of whether physical violence was actually inflicted then. Other types of abuse were present and were very much visible in their relationship, including controlling

behaviour, verbal, emotional and sexual abuse.

The physical violence experienced during pregnancy and in the immediate postnatal period included strangulation, burning with bleach and other cleaning agents, bone fractures and broken teeth. Some of the men used weapons including knives to threaten the women. In most instances, the perpetrator used their fists and feet to physically abuse the women. In this sample of 11 women, three women suffered a spontaneous miscarriage

following a violent attack by their partner. The women frequently talked about the regularity of verbal abuse and abusive name-calling. Alarming threats to 'kill' occurred frequently for the majority of the women.

The women talked openly about their experiences of physical violence and abuse before, during and after the birth of their baby. Only two of the 11 women had experienced physical violence by their partner before their pregnancy, with a continuation and an increase in the severity of physical violence during their pregnancy. Six of the participants were subjected to physical violence for the first time during their pregnancy and the remaining three participants experienced the first incident of physical violence in the postnatal period. All the women who were physically abused either before or during the pregnancy also experienced physical abuse in the postnatal period.

None of the women interviewed experienced physical violence at the start of their relationship; they all appeared to be emotionally and physically attracted to their partner. However, they all told a similar narrative. As the relationship progressed, the violence began to move stealthily into the relationship.

One participant, Lisa, experienced physical violence prior to her pregnancy as well as other types of abusive behaviour, including emotional and controlling behaviour supported by extreme verbal violence. She stated that there was an escalation in the physical violence during her pregnancy, becoming more frequent and more brutal:

It got worse after I was pregnant: he became much more physical, and it was as if being pregnant didn't make any difference to him. (Lisa).

Lisa in fact endured many physical assaults

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during her pregnancy, with several visits to hospital as a result of her injuries, yet at no time was she ever asked whether her injuries were a result of domestic violence.

For some of the women, the physical attacks became more extreme, increasing in frequency and brutality:

Previously he had always been very careful where he hit...it was always to the body...Then the violence got much worse; I would regularly have a black eye, split lip, broken fingers. He just stopped thinking about the consequences. (Julia).

Many of the women in the study did not disclose about the violence and abuse for many years and several of the women did not feel they could disclose to their midwife. They were embarrassed and felt a great deal of shame. This is not unusual: many women feel a sense of personal responsibility at being caught

up in an abusive relationship (Harne and Radford 2008).

It is important for midwives and other healthcare professionals to understand that living with the daily intimidation of domestic abuse can also cause long and lasting psychological effects, including fear (Barnett et al 2005). There is an assumption that women will be safe once they leave the violent relationship, but this is not correct. Most homicides occur when the woman tries to leave the relationship (Hague and Malos 2005; Walker 2009a; Walker 2009b).

Next time

The first part of this article has focused on the background, aims, methodology and some of the results of this study. Part two will consider practice recommendations for midwives. [ipm](#)

Kathleen Baird is senior midwifery lecturer in the family and maternity unit at Griffith Health Institute, Griffith University, Australia

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