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The degree of suffering among pregnant women with a history of violence, help-seeking, and police reporting

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ABSTRACT

Objectives: To explore the degree of self-reported suffering following violent incidents and the prevalence of police reporting as well as other help-seeking behaviour among women in early pregnancy with history of violence.

Study design: A cross-sectional design. 1939 pregnant women $\geq$ 18 years were recruited prospectively between March 2012 and September 2013 in south-west Sweden. Of those, 761 (39.5%) reported having a history of violence, and they comprised the cohort investigated in the present study. Descriptive statistics, Chi-square analysis, and T-test were used for the statistical calculations.

Results: More than four of five women (80.5%) having a history of emotional abuse (n = 374), more than half (52.4%) having history of physical abuse (n = 561), and almost three of four (70.6%) who experienced sexual abuse (n = 302) reported in the early second trimester of their pregnancy that they still suffered from their experience. Of those women who had experienced emotional, physical, and sexual abuse, 10.5%, 25.1%, and 18.0%, respectively, had never disclosed their experiences to anyone. At most, a quarter of the abused women had reported a violent incident to the police.

Conclusions: All midwives and other actors who meet women with experience of abuse need to have increased knowledge about the long-term consequences of all types of abuse. Increased routine questioning of pregnant women about history of violence would help to prevent experiences of violence from affecting pregnancy and childbirth negatively and facilitate the provision of help and support.

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Introduction

Violence against women is a widely recognised public health issue as well as being a violation of human rights [1]. In the United Nations Declaration on the elimination of violence against women, such violence is defined as: "*any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life*" [2]. According to the Swedish penal code, domestic violence is a criminal act [3].

Pregnancy is a period in women's lives when many women experience increased stress and feelings of vulnerability [4]. Research has also found this to be a period when many women experience violence, mainly in the home and from their domestic partner [5]. A systematic review and meta-analysis found the overall prevalence of domestic violence against women during pregnancy in developed countries to be 13.3% [6]. However, regardless of when the violence occurred and who the perpetrator was, experiences of emotional, physical, or sexual victimization during a woman's life span can cause additional stress during pregnancy and have a serious impact on a pregnant woman's wellbeing [7,8]. In addition, such experiences can bring about a series of other consequences including, but not limited to, the increased risk for post-partum depression [9].

Experiences of physical, psychological or sexual violence during pregnancy have been linked to distress, which may, for example, lead to preterm birth [10]. In addition, experiences of sexual abuse in adult life have been found to be associated with extreme fear of childbirth [11], which in turn, may be associated with prolonged labour and the need for a caesarean section [12]. Also, pregnancy and childbirth have been found to function as a trigger for painful

Abbreviations: ANC, Antenatal Care; EPDS, Edinburgh Postnatal Depression Scale; NORAQ, NorVold Abuse Questionnairel; SOC-13, Sense of Coherence Scale -13 (short form); DSM IV, Diagnostic and Statistical Manual of Mental Disorders.

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memories for women who have been subjected to sexual violence at some time during their lifetime [13,14]. Memories of abuse can complicate prenatal care because victims of abuse seek to avoid certain situations known to trigger memories of abuse and thereby disturb delivery [15]. Women with childhood experiences of sexual abuse suffer a number of consequences and more often report risk behaviours such as drug and alcohol dependence [16], which may affect pregnancy [17]. Sexual abuse in both childhood and adulthood and violence from an intimate partner are associated with post-traumatic stress disorder, depression, and anxiety [18]. Mental health issues, such as depression, may also negatively affect pregnancy outcomes and disturb the interaction between mother and child [9]. To summarize, experiences of violence, regardless of when it occurred and who the perpetrator was, may have a number of implications for pregnancy, childbirth, and post- and prenatal care.

Although having knowledge about women's violent experiences and their potential effects on pregnancy and birth has been identified as being essential for caregivers in maternal and infant care settings [19], not all of the involved personnel routinely ask the pregnant woman about her eventual violent experiences [20]. The most common reason for health care providers not to ask women about their experiences of domestic violence is lack of time [19,21], or the midwife's own reluctance, due to fear of the perpetrator and the presence of the partner [21]. At the same time, a Cochrane review shows that when professionals at the Antenatal Care (ANC) ask pregnant women about their experiences, they tend to disclose their situation [22]. A recently published study from six European countries revealed that one in ten pregnant women suffered severely from earlier experiences of abuse [23].

There are also indications that few women report their violent experiences to the police [24] and therefore do not receive the support they need to handle their experiences [25]. Research on reporting behaviour has consistently shown [26] that victims often make a rational choice of reporting a crime or not to the police based on factors such as the type of crime [27], their relation to the perpetrator [28], the presence of alcohol consumption, and the fear of being further victimised [29]. For crimes where clear-up rates are generally low, such as domestic violence, one reason for not reporting an incident to the police is the lack of confidence in the ability of the police to deal with domestic violence [28]. By not reporting experiences to the police or seeking other professional help, many women continue to suffer from their experiences and bring their unresolved issues into their pregnancy, which can negatively affect the pregnancy, delivery, and early postpartum period.

Based on this background, the *aim* of this study was to explore the degree of self-reported suffering following violent incidents and the prevalence of police reporting as well as other help-seeking behaviour among women in early pregnancy with a history of violence.

Methods

The study has a cross-sectional design. The material used originated from a project entitled *Pregnant Women and New Mothers' Health and Life Experience* where a cohort of 1939 pregnant women was recruited in *early pregnancy*, i.e. in gestational week 13 (mean, 12.8, SD 5.11) [30]. Recruitment and data collection were performed prospectively between March 2012 and September 2013. *Inclusion criteria* were pregnant women ≥18 years, registered at an ANC, and who understood and could write Swedish or English. The participants were fully informed about the nature of the study and received extensive verbal and written information from their midwife. If the partner accompanied the pregnant woman to the ANC appointment, he/she was also invited to participate in a parallel study about "*Becoming and New Fathers'/Partners' Health and Lifestyle*". The studies were completely independent of each other. The women were guaranteed confidentiality and it was left entirely up to them if they wished to disclose to their midwife that they were living in a violent relationship. If any of the participants came forward and asked for help, professional help was offered. The questionnaire was completed in an area within the ANC, which was as private as possible. The women was separated from the partner but the facilities for privacy varied between the different ANC's. Among the 1939 participating women, 761 (39.5%) reported in their early second trimester that they had a history of violence. This dataset was available for analysis for the present study. The recruitment and setting, which was multicultural, is described in more detail elsewhere [30].

Questionnaire

All of the data used was based on a self-administered questionnaire including 122 questions, among which a selection of questions was used for the current study. The main instrument was the NorVold Abuse Questionnaire (NorAQ) [31]. The abuse variables in NorAQ have previously shown good reliability, validity, and specificity (ibid). NorAQ measures the emotional, physical, and sexual abuse of the victim as a child (<18 years) and later as an adult (≥18 years). Every type of violence is defined according to Swahnberg et al. [31], and there are three questions for the level of emotional as well as physical abuse and four questions related to sexual violence [31]. It is enough to have experienced one level of violence to be regarded as being exposed to one type of violence. A *history of violence* was defined as emotional, physical, or sexual abuse occurring during childhood (<18 years), adulthood (≥18 years) or both, regardless of the level of abuse or relation to the perpetrator. The current study used the following three questions (one for each type of violence, i.e. emotional, physical, sexual) to measure the level of current suffering from violent experiences: "*How much do you suffer now from the consequences of the emotional, physical, or sexual abuse?*" The questions were answered by ticking off a number between 1–10 on a Likert-scale that best corresponded to how much the participant regarded she suffered at present and where 1 meant "not suffering at all" and 10 "suffering terribly". For the questions about current suffering from earlier abuse, the test–retest reliability ranged from 91% to 95% [31]. The next question was "*Have you ever sought help for the suffering you experienced because you have been subjected to emotional, physical, or sexual abuse?*" This was to be answered by Yes or No. The following question appeared at the end of the NorAQ-instrument, and was not asked in relation to each type of violence: *"Have you ever reported an instance of abuse to the police?*" The answer alternatives were: No, Yes (once) or Yes (several times). Thus, the answer may refer to any experience of abuse.

Sense of Coherence Scale (SOC-13)

The short form of the SOC-13 was used. This measures views on life, stress management, and the use of one's own resources to maintain and improve health. The SOC-scale instrument is reliable, valid, and cross-culturally applicable with acceptable face validity [32]. A Strong SOC (high score) is a significant predictor of good psychological health [33].

Edinburgh Postnatal Depression Scale (EPDS)

The EPDS measures common symptoms of depression and is intended to screen for the risk of depression, postpartum, but can also be used during pregnancy [34]. The EPDS is validated for

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