Intimate Partner Violence Among Hispanic Pregnant Women

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About the Author:
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Introduction

It is estimated that anywhere from 6.6% to 42% of women are victims of domestic abuse, or intimate partner violence (Keeling, 2004). Even more shocking, 20% of pregnant women are abused. Abuse during pregnancy may be more common than preeclampsia, gestational diabetes, and placenta previa (Wiist, 1998). Women who are abused while pregnant have an increased risk of complications for both themselves and their infant, including "low weight gain, anemia, infections, and first and second trimester bleeding" (McFarlane, Wiist, & Watson, 1998, p. 740). While the exactly mortality rates are unknown for intimate partner violence during pregnancy, "homicide is the leading cause of death for urban pregnant women" (McFarlane et al., 1998, p. 201). Demographically, minority women are at increased risk for intimate partner violence, especially Hispanic women. Younger mothers are more at risk, as research found that the average age of abused pregnant women is 24 (Wiist, 1998). Clearly Hispanic pregnant women are a population at risk for abuse, but the effects reach far beyond the abuse victims. The psychological impact on this population is immeasurable, and society must also bear the healthcare costs for treatment of the physical injuries. This report will examine the characteristics of these women, as well as possible interventions for helping this at-risk population.

Determinants of Health

The incidence of intimate partner violence increases in pregnancy and the first year postpartum. There is an increased risk for serious harm during these times, because pregnant women are in a physiologically vulnerable state. Women abused during pregnancy tend to have

lower birth weight babies (weighing less than 2500 grams), and have a higher incidence of miscarriage (Keeling, 2004).

Domestic abuse has many negative effects. Low self-esteem, depression, and emotional disturbances can all result from repeated abuse (Mattson, 1999). These psychological effects can intensify during pregnancy, because abuse tends to escalate during this time period contributing to emotional stress already associated with pregnancy. These stressors are prevalent in the Hispanic population, especially those members who have recently immigrated or undergoing acculturation. These include "daily hassles, chronic unresolved stress, role strains, and stressful transitions" (Mattson, 1999, p. 408). Social and familial support, a positive protector against abuse, is also in flux at this time, leading Hispanic pregnant women to experience less support (Charles, 2007).

Women who are cohabitating with their abusers are at greater risk for rapidly escalating violence during pregnancy (Charles, 2007). The presence of a gun, or easy access to a firearm in the environment is also associated with higher levels of abuse in pregnant women. In one study with Hispanic pregnant women who reported abuse, 31.8% of their abusers (N=66) had access to a gun (McFarlane et al., 1998).

Pregnant women who are abused also report significantly higher rates of tobacco, alcohol, and illicit drug use (McFarlane, Wiist, & Watson, 1998). The use of these drugs during pregnancy negatively impacts the fetus, compounding the previously mentioned complications that can already occur with abuse.

The sociocultural implications of abuse in pregnant Hispanic women are vast. As mentioned previously, the stress of acculturation presents the opportunity for abuse due to the social isolation and changing family roles. However, the acceptability of abuse lies deeper in the

Hispanic culture, with Latinas believing in *marianismo*, or martyrdom. Hispanic women "feel it is their lot in life to suffer," and therefore they very easily fall into the role of abuse victim. Hispanic men abuse their pregnant partners as a way to physically control the tenuous situation of cultural assimilation and the added stress of pregnancy. During assimilation, there is a value shift in the roles of men and women within the family, as Hispanic women obtain equal rights with their male partners (Mattson, 1999). This creates tension in the relationship with her partner, sparking the potential for abuse that escalates during pregnancy.

Many of the abused Hispanic women are in a lower socioeconomic status, and access to quality healthcare is therefore impeded. Healthcare clinics many times recognize this and provide prenatal care, and screening for intimate partner violence at these clinics.

Interventions

Primary interventions for this public health concern include education regarding intimate partner violence and the negative effects on both mother and infant. This could be done at prenatal classes and home visits. The nurse can provide a list of community resources for battered women, including the names and phone numbers of local shelters. Secondary interventions include screening Hispanic pregnant women at all prenatal visits with questionnaires and assessment scales, an intervention mandated by the Joint Commission on Accreditation of Healthcare Organizations (2007). An additional secondary intervention would be treatment of the injuries sustained by the pregnant abused woman. Tertiary interventions are aimed at minimizing the negative sequelae after abuse has occurred. The most vital of these interventions is providing an immediate safe environment, in the form of shelters or halfway houses, for women escaping abusive situations. To ensure more long-term changes, family members need to be contacted to provide a permanent living situation, removed from the abuser.

Role of Population-Health Nurse

The primary role of the population-health nurse is in assessment of the surrounding community. The population-health nurse is well suited to assess the access to firearms in the community, as well as observe the incidence of violence in the area. The nurse can also facilitate access to low-cost healthcare for pregnant Hispanic women, by providing resources and contact information about prenatal clinics in the area. While on home visits, the nurse can also educate this population about how to avoid and minimize intimate partner violence during this vulnerable time. Finally, the population-health nurse should connect with Hispanics who have recently immigrated to the area and conduct a family assessment. The nurse can observe the family coping patterns, and anticipate those families that might not cope effectively with the stressors of relocation and pregnancy. However, it is ultimately the responsibility of all healthcare providers to assess for intimate partner violence and take an active role in helping this population prevent injury and violence, and ensure maternal and infant wellness.

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