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Title: Abuse during Pregnancy among African American & Afro-Caribbean Women.

Objective: Intimate Partner Violence (IPV) occurs in a relationship where one partner uses physical, emotional, or sexual abuse to control the other. IPV is “a serious criminal, social, and medical problem that has profound effects on a person’s health, wellbeing, and development,” (Morgan 2005 p 176). Moreover, evidence indicates that women are particularly vulnerable to domestic violence during pregnancy (O’Reilly 2007). The goal of this study is (1) to determine what factors place African American women at risk for IPV during pregnancy (2) to identify pregnancy outcomes related to IPV and (3) to compare the results between Afro-Caribbean women residing in the U.S. Virgin Islands (USVI).

Significance: In the United States an estimated 1.3 million women are abused annually and, on average, three women are murdered each day by an intimate partner. Alarmingly, women who are assaulted during pregnancy have a threefold increased in risk of being murdered. While the first incidence of abuse may occur during pregnancy; women who were abused prior to pregnancy are even more likely to be abused during pregnancy (McFarlane, Campbell, Sharps, & Watson, 2002). The pattern of abuse surrounding the time of pregnancy varies widely, with studies indicating that IPV may increase or decrease during pregnancy, although the factors affecting these fluctuations are unclear. Some studies show that pregnancy can “trigger abuse and intensify its frequency or severity,” (Jeanjot, Barlow, & Rozenberg, 2008 p 557). Several studies speculate that violence may increase during pregnancy due to economic pressure, body changes, less frequent sexual relations, and the woman’s higher vulnerability (Jeanjot, Barlow, & Rozenberg, 2008). The biopsychosocial stresses of pregnancy may also complicate the relationship, leading to frustration and consequently violence. Throughout pregnancy the man may become jealous of the fetus from the woman’s shift of affection to the baby. Furthermore, the abuse may represent his conscious or subconscious effort to end the pregnancy (Lindgren, 2001). This is supported by observations that the body parts most commonly targeted typically shift to the head, breasts and genitalia, and the gravid abdomen (McFarlane et al., 2002). Effects of abuse during pregnancy include abdominal trauma, fetal fractures, abortion, adruptio placentae, premature rupture of the membrane, and

premature labor and delivery. There is also an increased risk for small gestational weight, intrauterine growth retardation, and urinary and genital infections as well (Jeanjot Barlow & Rozenberg 2008).

While women have the opportunity of routine interaction with healthcare providers during pregnancy, only 41% of abused woman report IPV to their healthcare providers. Healthcare providers often underestimate the rate of abuse and studies indicate few asked their patients about IPV regularly (Jeanjot Barlow & Rozenberg 2008). The failure of healthcare providers to recognize and identify patients at risk for or currently experiencing IPV put women in further danger (Walton-Moss & Campbell, 2002). Reasons healthcare professionals that did not screen for IPV indicated a number of causes, including lack of time, inadequate training or knowledge, discomfort with the subject, and feeling incapable of helping their patients. Many victims admit they were never asked about domestic violence and wished they had been interviewed about their private life (Jeanjot Barlow & Rozenberg 2008). All pregnant women should be screened for domestic violence with the focus for identification of those who are risk. Previous research indicates African American females have a higher prevalence of intimate partner violence (IPV) compared to females of other ethnic groups (Raiford & Wingood 2007), and despite the increased risk of abuse during pregnancy there are few studies examining the demographic factors associated with higher risk of abuse during pregnancy in African American and Afro-Caribbean women. This knowledge would assist healthcare providers in the identification of those at risk, thus result in potential early intervention.

Project Design: This study is an adjunct to a funded study, “Abuse Status and Health Consequences for African American and Afro-Caribbean Women” (ACAAWS) (P20 MD 002286, J. Campbell, PI). The parent study uses a case-control design comparing the experiences and health consequences of abused women in USVI and in inner city Baltimore. Data for the parent study will be collected via an Audio Computer Assisted Self Interview (ACASI) and medical record review with women who consent to participate in the study. Interviews are conducted by research assistants in Baltimore, MD and the USVI. My proposed adjunct to the main study includes the addition of birth outcomes to the medical record reviews as well as questions about abuse during pregnancy to the quantitative and qualitative interviews. Data will be collected in June 2010. A sample of 8-10 cases (participants who have experienced violence)

and 8-10 controls (participants who have not experienced violence) from each site in the parent study (n=32-40) will be asked to answer additional qualitative questions. These participants will be selected to ensure a diverse representation in terms of diversity in age, education, race/ethnicity, marital status, and prior history of IPV during pregnancy. Each participant who completes the in-depth interview will receive an incentive of 20\$, which will be covered by the parent study budget. I will conduct or observe 2-3 interviews in the USVI of pregnant women and also assist with the medical records review on birth outcomes. Once all data has been collected, I will work with the other members of the team on the qualitative analysis, aggregating the results from each site specific to pregnancy and analyzing them for similarities and differences using NVIVO qualitative software and combining the results with the quantitative data from these participants (information about abuse during pregnancy).

Background: Although I have limited research experience I have been accepted into the *Undergraduate Research Honors Program* at JHU SON, beginning the spring 2010 semester, in part due to my high academic standing (3.94 GPA). I will be taking an undergraduate research course as part of my program, attending the Research honors Seminar and will have access to use to research faculty and resources through this program at JHU SON. I will also become part of the ACAAWS study team and attend research team meetings.

Results: The results of this study will be used to identify the factors associated with IPV and the pregnancy outcomes. This information may then be used to educate and train healthcare providers in screening and preventing IPV during pregnancy.

Presentation: The results of this study will be presented to the JHU SON faculty and students through a poster presentation in the spring 2011 semester. A research report will be accessible to the broader network of health professionals involved in IPV through a co-authored manuscript (with other members of the ACAAWS team) to be submitted to a peer review journal and a Regional Nursing Research conference.

Budget: Poster creation expenses: 85\$

Data collection in the USVI (approximately 2-3 qualitative interviews and medical record reviews):

Plane Fare- 500\$

Lodging: \$150 per night 7 nights=\$900

Data Analysis: NVIVO software \$240

Presentation of Poster & Results: Southern Nursing Research Society Feb 2011

Conference fee: 275\$

Plane Fare- 200\$

Lodging: \$300 (\$100 a night for 3 nights)

Evaluation: The research project will be evaluated by the research faculty, the academic coordinators of the Undergraduate Honors Research Program at JHU SON, and self evaluation. The evaluation criteria include (1) successful completion of data collection, (2) successful completion of data analysis, (3) presentation of research at a conference in the field of public health or nursing, (4) the ability to situate this project within the knowledge base of nursing and public health, and make a significant contribution to the literature in these fields. In addition, this research report will be critiqued through the journal peer review process and conference abstract selection process.

Originality: A link between IPV and pregnancy has been recognized in prior research; however there is little research on IPV during pregnancy in Afro-Caribbean women. Therefore, this study will uniquely examine the common risk factors associated with IPV and the pregnancy outcomes in African American and Afro-Caribbean women.

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McFarlane, L., Campbell, J., Sharps, P., & Watson, K. (2002). Abuse during pregnancy and femicide: Urgent implications for women's health. *Obstetrics and Gynecology*, 100, 27-35

Morgan, J. (2005). Tackling domestic violence during pregnancy. *British Journal of Midwifery*, 13(3), 176-181.

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