Available Online at www.ijcrr.in
International Journal of Contemporary Research and Review
ISSN 0976 – 4852
Research
CrossRef DOI: http://dx.doi.org/10.15520/ijcrr/2018/9/01/403
January, 2018|Volume 09|Issue 01|

Nurse's Perception on Non-Disclosure of Intimate Partner Violence by Pregnant Women: A Cross-Sectional Study

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Received 2017-11-25; Accepted 2017-12-22

Abstract:

Intimate Partner Violence (IPV) constitute physical, sexual, social or psychological harm by a current or former partner or spouse. Many researchers have observed that intimate partner violence is directly associated with negative maternal and neonatal health outcomes. The purpose of this study was to assess nurse's perception on non-disclosure of IPV by pregnant women. A mixed method was used to collect both quantitative and qualitative data. A demographic questionnaire was used to collect demographic data and a Likert scale was used to collect quantitative data. A structured interview schedule was used to gather qualitative data. 125 nurses and midwives were voluntarily recruited for this study. The results of this study showed that 52% (n=65) of the respondents had worked for more than 12 years and a majority (62.6%, n=77) were community health nurses. The nurses perceived that non-disclosure of IPV by pregnant was because of various barriers. Majority (n=86, 69.9%) agreed that the reason why they did not disclose IPV was because the abused survivor would still stay with the abuser after disclosure, and 66.7% (n=82) agreed that stigmatizing attitudes towards the IPV survivors from the society prevented disclosure. About 65.3% of the respondents agreed that survivors are not aware of their rights in regard to IPV reporting and that survivor's view IPV abuse as normal. The results from this study point to the need of addressing barriers that emanate from the survivors of IPV themselves if IPV screening is to be achieved.

Key words: Nurse, Perception, Non-disclosure, Intimate Partner Violence, Pregnant women, Screening

Introduction

Intimate Partner Violence (IPV) is defined as physical, sexual, social or psychological harm by current or former partner or spouse (Center for Disease Control (CDC), 2014). Globally, the

prevalence of IPV among women is 35% (WHO, 2014) and in Kenya, 49% of women reported experiencing violence in their lifetime; one in four had experienced violence in the previous 12 months while as many as 1:3 women of child bearing age in Kenya has ever experienced some form of domestic violence (Kenya National Bureau of Statistics (KNBS) and Inner-City Fund (ICF) Macro, 2010).

Many researchers have observed that intimate partner violence is directly associated with negative maternal and neonatal health outcomes. For instance, Ackerson and Subramanian, (2009) Abuya, et al (2012) and Jasen, et al (2003), reported the link between IPV and high risk of antepartum hemorrhage, intrauterine growth restriction and perinatal as well as neonatal death. The association between IPV and negative perinatal and neonatal health outcomes is supported by Davis (2008) who asserted that IPV is the leading cause of serious injury and death in the United States among women of childbearing age.

Screening for IPV in carefully selected venues within public health facilities where the majority of Kenyan women seek maternal health services, has the potential to improve health outcomes for women and their newborn. Screening in these facilitates promote early detection of violence and hence prompt interventions, which are important for the reduction of the adverse effects of IPV (Boinville, 2013). Despite the crucial benefits, support and recommendation for routine screening of IPV for all women in health care settings (Taft, 2013 and Shears, 2008) routine screening for IPV by health care providers is still low as reported by Stayton and Duncan (2005), Barnett, (2005) and Gutmani, et al (2007). Women survivors of IPV hesitate to disclose abuse to formal institutions including healthcare. Pertinent reasons hindering abused women from seeking sanctuary from formal networks include the perceived lack of confidentiality, inappropriate methods of inquiry from care providers, fear of retaliation from the abuser and stigmatizing attitudes from service providers (Okemwa et al 2009; WHO, 2005).

Nurses and midwives in particular are key in the provision of quality care during pregnancy. They provide perinatal care to include screening for different negative exposures during pregnancy (Nursing Council of Kenya-NCK, 2012). Survivors of IPV in pregnancy are likely to present to these nurses at some point during the pregnancy. This visit to the nurses provides an opportunity for disclosure and interventional that could prevent or reduce the adverse effects of IPV in pregnancy. It is therefore paramount to document the barriers associated no-disclosure of IPV by pregnant women from the perspective of nurses as a first step in achieving universal screening for IPV in pregnancy.

Study Methods:

The study was conducted at the largest maternity hospital in Kenya. The nurses were sampled from antenatal ward, labor ward and maternity theatre. A mixed method was employed to collect both quantitative and qualitative data. A demographic questionnaire was used to collect demographic data and a Likert scale was used to collect quantitative data. A structured interview schedule was used to gather qualitative data where nurses were asked to explain their responses from the Likert scale. 125 nurses and midwives were voluntarily recruited for this study. The nurses were explained about the purpose of the study at their weekly departmental meeting. Thereafter, eligible nurses were invited through memos that were posted 3 weeks prior to the commencement of the study on the hospital's notice boards. The purpose of the memos was to create awareness and to give opportunity to all interested and eligible nurses to participate. The nurses were interviewed after completing their shift and data collection was for a period of 8 weeks. For quantitative data frequencies and percentages were computed. For qualitative themes were grouped, coded and analyzed. The study was approved by the University of Nairobi - Kenyatta National Hospital Ethics and Research Committee. All participants were recruited voluntarily and were required to sign a consent form prior to participating in the study.

Results:

The results of the study showed that majority (52%, n=65) of the respondents had worked for more than 12 years in their area of specialty while a few (4%, n=5) had worked for 2 years and below as illustrated by Figure 1 below

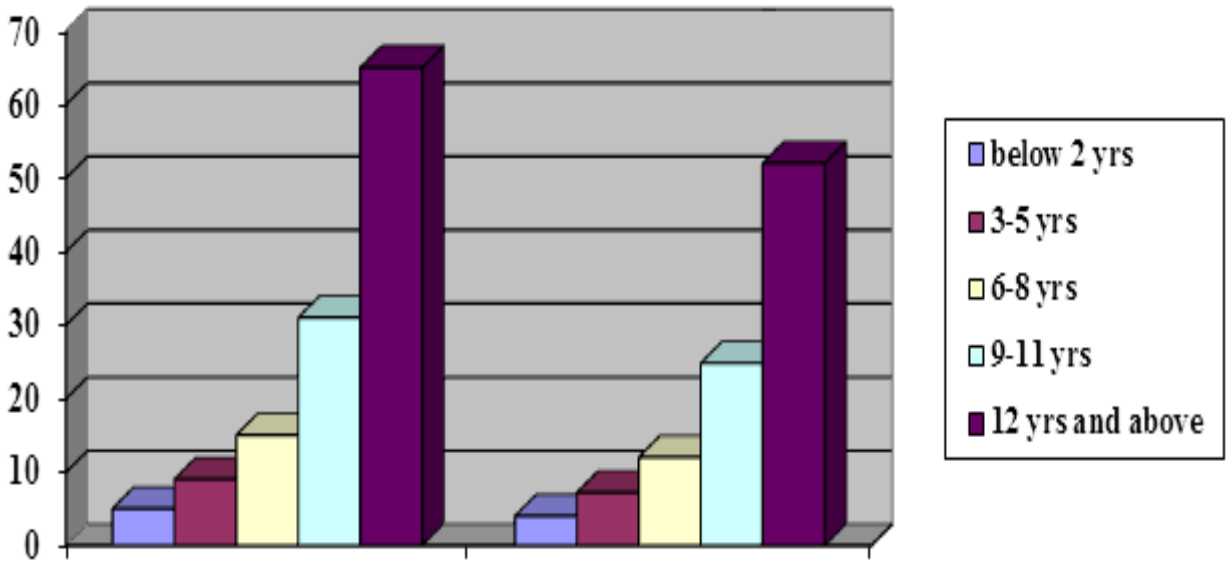

Figure 1: Respondents Distribution of years of practice

The study results showed that majority (62.6%, n=77) of the respondents were community health nurse, 29.3 % (n=36) were midwives and none was psychiatric or sick child nurse as illustrated by Table 1 below.

Table 1: Distribution of Respondents area of specialization:

Nurses area of Specialization	**n**	**Percentage (%)**
General nurse	10	8.1
Midwife	36	29.3
Community health nurse	77	62.6
Psychiatric nurse	0	.0
Sick children's nurse	0	.0
Total	**123**	**100%**

The respondents perceived different barriers that hinder pregnant women from disclosing IPV to health care providers. Majority (n=86, 69.9%) agreed that abused survivor would still stay with the abuser, and 68% (n=83) agreed that survivors are unwilling to disclose history of IPV in their medical history. 66.7% (n=82) of the respondents agreed that stigmatizing attitudes to the IPV survivors from the society and 65% (n=80) agreed that survivors deny battering as a cause of physical injury even if they have a physical injury associated with IPV as barriers. Nurses also perceive that IPV survivors fear of retaliation from the abuser if they report IPV (64.2%, n=79). About 65.3% (n=81) of the respondents agreed that survivors are not aware of their rights in regard to IPV reporting and that survivor's view of IPV abuse as normal (65.3%, n=81) as other barriers. This is illustrated by table 2 below.

Table 2: Distribution of nurse's perception on barriers associated with non- disclosure of Intimate Partner Violence by pregnant women:

Barriers associated with non-disclosure of IPV by Pregnant women	**Strongly disagree**		**Disagree**		**Agree**		**Strongly agree**	
	n	**Percent**	**n**	**Percent**	**n**	**Percent**	**n**	**Percent**
Pregnant women survivors with psychosocial issues are difficult to screen	12	9.7	48	38.7	59	47.6	5	4.0
Pregnant women survivors with difficult personalities are difficult to screen	13	10.5	44	35.5	59	47.6	8	6.5
Abused survivor would still stay with the abuser	8	6.5	18	14.6	***86***	***69.9***	11	8.9
Survivors deny battering as a cause of physical injury even if they have a physical injury associated with IPV	9	7.3	18	14.6	***80***	***65.0***	16	13.0
IPV survivors fear of retaliation from the abuser if they report IPV to the nurse	5	4.1	23	18.7	***79***	***64.2***	16	13.0
Survivors are unwilling to disclose history of IPV in their medical history	9	7.4	10	8.2	***83***	***68.0***	20	16.4
Survivors are not aware of their rights in regard to IPV reporting	8	6.5	15	12.1	***81***	***65.3***	20	16.1

Factors associated with non-disclosure of IPV by Pregnant women	**Strongly disagree**		**Disagree**		**Agree**		**Strongly agree**	
	n	**Percent**	**n**	**Percent**	**n**	**Percent**	**n**	**Percent**
Survivors do not comply with IPV management to include screening	6	4.8	28	22.6	69	55.6	21	16.9
Survivors view of IPV abuse as normal	7	5.6	21	16.9	***81***	***65.3***	15	12.1
Survivors play a role in eliciting abuse	10	8.1	44	35.5	59	47.6	11	8.9
Stigmatizing attitudes to the IPV survivors from the society and so they fear to report IPV	6	4.9	12	9.8	***82***	***66.7***	23	18.7

Nurses had different explanation why they perceived pregnant women don't disclose IPV even when they are suffering from it. This is illustrated by the following quotations from the nurses. *"The abused women would still stay with abuser especially when he is the only bread winner of the family and so even if you screen you are not helping much" (Nurse 7).* Another nurse explained that: *"Most pregnant women denials to have been abused even if they have physical marks since most of them don't want to expose their husbands" (Nurse 3).* Nurse 4 noted that *"Some fear to be battered more if their husbands learn that they reported them to the nurse especially when their husbands' are accompanying them to the hospital."*

Other explanations from the nurses included: *"Women especially those not educated are not aware that it's wrong for their husband to beat them" (Nurse 14)* while others thought that culture has a hand in non-disclosure as one noted: *"Some women from some culture view abuse as normal especially when their culture encourages and Condones the abuse" (nurse 10).*

Discussion:

The results of this study revealed that nurses perceived different barriers that hinder pregnant women from disclosing IPV to health care providers. The nurses reported that survivors of IPV would still stay with the abuser, and therefore are unwilling to disclose history of IPV in their medical history. Stigmatizing attitudes to the IPV survivors from the society and fear of retaliation from the abuser also hindered disclosure of IPV by pregnant women. Other nurses reported that survivors deny battering as a cause of physical injury even if they have a physical injury associated with it and some survivors are not aware of their rights in regard to IPV reporting while others view of IPV abuse as normal.

This finding support findings from Okemwa, et al 2009, WHO, 2005 and Sheila, et al 2012. The literature from these studies found that nurses perceived that pregnant women with psychosocial issues and/or difficult personalities are difficult to screen. They also found that nurses perceived that abused survivors would stay with the abuser anyway and fear of retaliation from the abuser survivors as barriers hindering pregnant women from disclosing IPV. On the other hand, the nurses noted that pregnant women do not mention abuse in their medical history, and that survivors are not aware of their rights in regarding to reporting IPV.

Okemwa et al (2009) and WHO, (2005) also reported that women survivors of IPV hesitate to disclose abuse to formal institutions including healthcare. Pertinent reasons hindering abused women from seeking sanctuary from formal networks include the perceived lack of confidentiality, inappropriate methods of inquiry from care providers, fear of retaliation from the abuser and stigmatizing attitudes from service providers. However, the findings from this study did not reveal these.

Sheila, et al (2012) results also agrees with this study results that the pregnant women would deny battering as a cause of injury. Women feared repercussions of being identified and they would not mention abuse in their medical history. The pregnant women are also not aware of their rights regarding IPV reporting.

Conclusion:

The nurse perceived different barriers that hindered pregnant woman from disclosing IPV. These barriers include; survivors with difficult personalities are difficult to screen and that abused survivor would still stay with the abuser. Other includes; survivors deny battering as a cause of physical injury even if they have a physical injury associated with IPV and IPV survivors fear of retaliation from the abuser if they report IPV to the nurse. Survivors are unwilling to disclose history of IPV in their medical history and that survivors are not aware of their rights in regard to IPV reporting and that survivor's view of IPV abuse as normal.

Acknowledgement:

This study was funded through the "Mental Health research for better health outcomes", a project funded from the National Institute of Mental Health (NIMH) through award number 4R25MH099132. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or the National Institute of Mental Health.

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