ETHICAL CHALLENGES: RESEARCH ON INTIMATE PARTNER VIOLENCE EXPERIENCES OF PREGNANT IMMIGRANT WOMEN

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Abstract

In this paper we review research on intimate partner violence (IPV) of pregnant immigrant women, examine specific ethical dilemmas that may emerge while conducting research in this area, and offer suggestions for addressing these issues in culturally safe and appropriate ways.

Violence against women has been identified as a serious worldwide problem that knows no racial, ethnic, or class boundaries (Bachman, 2000). Recognizing its importance and severity, the United Nations Declaration on the Elimination of Violence Against Women declared that "violence against women constitutes a violation of the rights and fundamental freedoms of women" (United Nations General Assembly, 1993, p. 2). While immigrant women do not report higher rates of IPV than other women (Ammar, Orloff, Dutton, & Aguilar-Hass, 2005), some studies suggest that women from certain ethnic groups experience higher rates of partner abuse compared to the majority population (Klevens, 2007; Menjivar &Salcido, 2002; Raj & Siverman, 2002). Some researchers have found that established patterns of IPV persists upon immigration and can be exacerbated by the stresses of the immigration process, patriarchal attitudes, cultural conflict, and lack of language skills (Erez, 2000; Raj & Silverman, 2002). In addition, immigrant women may live in fear of deportation and feel at the mercy of their partner to gain legal status (Family Violence Prevention Fund, 2007). Immigrants are the fastest growing segment of the Canadian population (Statistics Canada, 2010), and thus attention to IPV in this population is warranted.

In Canada, approximately 64% of women victims of IPV reported an increased threat of abuse by their partners during pregnancy (Health Canada, 2005). The psychological impacts of IPV for pregnant immigrant women are severe, including guilt regarding their pregnancy status, low-self esteem, anxiety, depression or PTSD (Kallivayalil, 2010). They also have higher rates of suicidal thoughts and attempts compared to other women who have faced fewer forms of abuse (Gill, 2004). IPV during pregnancy can lead to miscarriages, premature labor and delivery, and gynecologic disorders (Carbone-Lopez, Kruttschnitt, & Macmillan, 2006; Tufts, Clements, & Wessell, 2010).

The significant adverse health effects linked with IPV during pregnancy are well documented, however, very little is known about the impact of IPV on pregnant immigrant women, in particular (Van Hightower, Gorton & DeMoss 2000), as much of the research on IPV during pregnancy does not provide data on specific sub-populations. Ethnic differences in pregnancy-related violence and victimization have been subjected to some investigation (Jasinaski, 2004) and abuse during pregnancy has been linked to immigration and resettlement barriers (Smith, 2004). For example, a 33 year-old pregnant Moroccan immigrant woman stated her experience of physical assault by her husband was a consequences of his repeated workplace discrimination in post-migration to Canada (Hassan et.al., 2011). Sheryl (2010) documented that pregnant immigrant women without permanent immigration status, are vulnerable to financial abuse, as they are often without income and some of their partners are unwilling to pay for their health care needs during pregnancy and childbirth. In addition, women are at heightened physical and psychological risks, including verbal threats and insults related to their lack of permanent immigration status, which is, in turn, equated to their value as human beings. A number of immigrant women in Kallivayalil's study (2010) reported coercive impregnation and forced abortions by their partner as a form of control and abuse. Wiist and McFarlane (1998) found that 30% of Spanish-speaking immigrant women reported threats of death and 18% were threatened with a gun or knife. Hispanic women (Jasinski & Kantor, 2001) and Latino migrant and seasonal farm worker women (Van Hightower, 2000) were more likely to be at risk of minor assault during pregnancy by their male partners.

While research on immigrant women's experiences of IPV during pregnancy is emerging, further study is necessary in order to inform the development of population-specific preventive and interventive practices, techniques and policies. Most notably, this type of research is important to

promote the wellbeing and social justice for this highly marginalized and vulnerable population. However, violence against women is considered both a sensitive and contested social issue, which raises significant ethical and methodological challenges (WHO, 2011). The sensitivity of the research in this area "sharpens ethical dilemmas [and] tends to reveal the limits of existing ethical theories" (Lee & Renzetti, 1990, p. 522). Researchers must take steps to mitigate the various challenges related to increased language and cultural barriers for disclosure of abuse, vulnerability to trauma related to recall and heightened risk for revictimization among this population.

Immigrant women often less able to disclose their abuse because of language issues (Murdaugh, Hunt, Sowell, & Santana, 2004). Employing research assistants with diverse linguistic abilities and the use of professional interpreters for the research participants may be used to overcome this barrier. The ability to protect the confidentiality of women participants within their ethno-cultural communities, however, must be considered for these strategies to be effective.

Researchers have suggested cultural differences regarding issues of IPV, may present a major challenge for conducting research with immigrant populations. For instance, in some cultures IPV is considered a private matter (Hathaway, Willis, & Zimmer, 2002), which should be kept within the family (Shoultz, Phillion, & Tanner, 2002), other cultures do not recognize IPV as serious enough to warrant investigation (Zink, Jacobson, Regan, & Pabst, 2004), and some IPV survivors may feel responsible for the abuse (Lutz, 2005). Research assistants and support from counselors from the same culture may be useful; again the ability to maintain confidentiality of the participants in this situation is paramount.

Survivors of IPV may be vulnerable during the interview process as they may recall upsetting memories, humiliation, experience an increased risk of trauma while recounting experiences, and encounter feelings of numbness and fear or a sense of danger (Warshaw, Brashler, & Gill, 2009; WHO, 2001). In addition, it is imperative to account for trauma related to immigrant women's pre-migration and transit experiences prior to resettlement, which may be related to systemic factors such as war, forced-migration and the vulnerability of statelessness (Lorenzetti & Este, 2010). The negation of these realities and complex factors within a research context may limit the accuracy and meaning of a given study. To mitigate these risks it is important that participants are no longer in

abusive situations and are assessed as being free from IPV. Questions on country of origin and pre-migration history are highly relevant. We further advance that IPV survivors should be connected with counselling professionals to receive support, if necessary, during the research process.

A considerable body of research has documented a significant and positive relation between prior abuse (e.g., severity and frequencies of prior abuse) and the risk of re-victimization of IPV (Kuijpers, Leontien, Van Der Knaap, & Winkel, 2012; Perez & Johnson, 2008). Victim-related factors such as psychological difficulties, resilience, and avoidant attachment also influence the risk of repeat IPV (Perez & Johnson, 2008; Stith, Smith, Penn, Ward, & Tritt, 2004). Researchers could minimize this risk by being very selective in participant recruitment process such asnarrowing sampling criteria and creating explicit prescreening process.

The lack of privacy and concerns about confidentiality hinder immigrant women from disclosing their vulnerability (Bacchus, Mazey, & Bewley, 2003; Postmus, 2004). Therefore, maintaining privacy and confidentiality is vital and extremely important in creating an environment where experiences of IPV may be disclosed. Accordingly, the researcher may inform the participant that privacy and confidentiality will be maintained and also conduct the interview session in a private room, which includes an arrangement for child, care facilities.

While considerable ethical challenges are evident in studying IPV among pregnant immigrant women these are not insurmountable. Importantly, ethically-centered research in this area responds directly to the United Nations call for promoting research, collecting data and assembling statistics related to violence against women (United Nations General Assembly, 1993, Article 4).

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