PARTNER AND FAMILY VIOLENCE AND ELECTIVE ABORTION

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Abstract

Objectives. To analyze the role of family and partner violence among women seeking an Elective Abortion (EA).

Methods. An unmatched case-control study was carried out in the Trieste Maternity Hospital, including all consecutive EAs (445) and live births (438). With an anonymous questionnaire, we collected information on current and past violence (psychological, physical and sexual).
Results. Compared to post-partum women, EA women were significantly more likely to report any type of current violence and psychological violence in childhood. Taking into account relevant social factors, current family violence was strongly associated with EA. Partner violence and violence in childhood became non significant after adjustment.

Conclusion. These results highlight the role of violence in the lives of women seeking an abortion; making EA less accessible could have serious implications for them. Professionals should be able to recognize violence among women seeking an EA and be prepared to support them.

INTRODUCTION

Violence is one of the most important health risk factors for women. Studies considering the role of violence in women's reproductive health have shown that IPV negatively affects sexual risk taking, contraceptive use, unplanned pregnancy, risk of sexually transmitted disease and sexual function,[1] Moreover, violence during pregnancy may compromise maternal and infant health. [2]

Fewer studies have analyzed the relationships between violence and an Elective Abortion (EA). Current violence limits the woman's agency concerning sexual intercourse and contraception, making an unwanted pregnancy more likely; a victim of violence may be more likely to terminate an unwanted or mistimed pregnancy than another woman, either by choice or forced by the aggressor.[3]

The prevalence of IPV among women seeking an abortion is high. A study in the USA [4] found that 39.5% of these women had a history of IPV. Rates are higher among women with repeat terminations. The few studies comparing prevalence of violence in EA as compared to other patients show a higher prevalence among EA women.[5] A limitation of these latter studies lies in the fact that social factors usually characterizing women with an EA are not controlled, making difficult to disentangle the respective role of these factors and of violence in the path leading to an EA. Other shortcomings are: most studies include only physical and sexual IPV, neglecting psychological violence; only violence by a partner is considered, while the perpetrators of violence against women during pregnancy and postpartum may be also other relatives

The present study aims to analyze the role of partner and family violence in the lives of women seeking an EA, comparing them with women giving birth and controlling for relevant socio-demographic variables, and hopes to overcome some of the aforementioned limits.

METHOD

An unmatched case-control study was carried out in the only Maternity Hospital in Trieste (Italy). The cases comprised all consecutive elective abortions (445) occurring from March 2006 to July 2007. The unmatched control group included all consecutive live births (438), occurring from March 2006 to August 2006 in the same hospital.

Verbal informed consent was obtained from each participant; they were given a letter with information about support resources. The response rate was 93% among cases and 93% among controls. The study was approved by the Ethics Committee of the hospital.

Questions and Measures

Besides socio-demographic information, we asked questions about current and past violence. We included three questions to evaluate psychological, physical and

sexual violence during the last 12 months, adapted from the Abuse Assessment Screen Questionnaire, asking the woman in each case to identify the aggressors. Similar questions were asked concerning violence in childhood or adolescence.

Statistical analysis

After a descriptive analysis of the sample, we fitted a logistic regression model that adjusted for social factors known to be associated with both violence and EA – namely, education, employment, economic problems, living alone, number of children, and nationality - in order to estimate the associations between violence and elective abortion vs. childbirth. We did not include women's age in the final model, as it was strongly correlated with the number of children. Adjusted Odds ratios (OR) and 95% confidence intervals (CI) were the measures of association obtained after fitting this model.

RESULTS

Description of the sample

Compared to post-partum women, EA patients were more likely be younger, with more children, non-Italians, living alone, to have a low education, financial problems, and to lack regular employment. The social characteristics of the EA and the post-partum samples correspond to Italian national data.[6]

Women seeking an EA were more likely to report any kind of violence: 11% in the EA group and 2,5% among post-partum women reported psychological violence by a partner in the last 12 months were ($p < 0.001$); 5.5% vs 1.1% respectively experienced physical or sexual violence ($p < 0.001$); 6.2% among EA patients and 1.1% among post-partum women reported current family violence, mostly psychological ($p < 0.001$).

Also the percentages of women with violence in childhood were higher among women seeking an EA ($p < 0.01$).

Multivariate results

The adjusted odds of Elected Abortion were significantly higher, 4.57 (1.56-13.41, p=0.006), among women who experienced family violence during the last 12 months, as compared to those who did not experience it. Women experiencing current partner psychological violence were 2.26 times more likely to have an EA compared to women without this violence, with this association almost reaching statistical significance (p=.106).

Current physical and sexual partner violence and violence in childhood were no longer significantly associated with EA after adjustment. Education, employment, financial problems, living alone, nationality and number of previous live births all increased the probability of EA.

DISCUSSION

Results from this study are unique in showing the role of violence in the lives of women seeking an EA. In addition, it is the first study on violence and abortion carried out in Italy, and one of very few in Southern Europe.

Compared to women giving birth, EA women were significantly more likely to have experienced any type of violence by a partner or ex-partner and by other relatives in the last 12 months, and psychological violence in childhood. Taking into account social factors, current violence, mostly psychological, perpetrated by family members was still associated with EA status. Interestingly, the magnitude of odds ratio was higher among women with family violence (4.57) than for women with partner psychological violence (2.26) or physical/sexual violence (1.92).

These results are particularly striking as psychological violence and violence by relatives have been neglected in previous studies. Yet, psychological violence – being called names, humiliated, denigrated, controlled - may have a strong negative effect on women's health. The less significant role of partner violence in the abortion decision could be explained in several ways: when other social circumstances are favorable, a woman may hope that the pregnancy will improve the relationship and put an end to the violence. Another hypothesis is that forcing the pregnancy and then impeding the abortion represent an abusive man's strategy to control the woman. Among the EA-seeking women interviewed in this study, 2% of those without partner violence, 7% of those with psychological violence and 13% of those with physical or sexual violence answered that the conception had occurred because "the partner wanted her to become pregnant" (p=.002); 10.6% of those without partner violence, 10.7% of those with only psychological violence and 25% of those with physical or sexual violence said they had been pressured not to have an abortion (ns). While the small numbers impose caution in interpreting these data, they suggest that the more seriously victimized women may experience problems in obtaining an abortion.

Many women who seek an EA live in difficult personal and social circumstances, in which violence often has a central role. In this context, they may seek abortion as a last resort, a rational and at times empowering choice when they evaluate that safe parenting is precluded.[7] In other cases women may be forced under threat of violence by their partners – or other relatives- to terminate the pregnancy. In such circumstances, laws and policies that make abortion less accessible by increasing costs and waiting time and undermining confidentiality can have life threatening implications for the women involved. [8]

In most countries, women seeking an EA interact with a variety of health providers: social workers, psychologists, nurses, family doctors, anesthesiologists, and gynecologists. It is imperative that these professionals be adequately informed and trained to be able to listen to,

support, and help women seeking an elective termination who may be victims of partner or family violence.

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