

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

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Abstract

While studies show that women are at heightened risk for violence during pregnancy, there is a gap in understanding the realities of pregnant immigrant women who experience intimate partner violence (IPV). This paper presents a review of the research on IPV of pregnant immigrant women, and examines specific ethical dilemmas that may emerge while conducting research in this field. We also discuss specific practices and examples in the literature to overcome these ethical challenges and offer suggestions for addressing these issues in culturally safe and appropriate ways.

Keywords: Intimate partner violence; research; pregnant immigrant women; ethical challenges.

Introduction

According to 2013 figures, 232 million people, or 3.2 per cent of the world's population, were international migrants (OECD-UNDESA, 2013). Global migration has continued to rise despite the recent economic and financial crisis, with the number of international migrants increasing by approximately 53 million (65%) in the global North in 2013. Women comprise 48% of all international migrants (OECD-UNDESA, 2013). Immigrants represent approximately 21% of the total Canadian population and are the highest proportion among the G8 countries. They are also the fastest growing segment of the Canadian population (Statistics Canada, 2010). In 2011, Canada had a foreign-born population of 6,775,800 people. The proportion of immigrant women in Canada is also increasing. According to the 2006 Canadian Census, immigrant females comprised 3.2 million or 20% of Canada's total female population, and this number is expected to increase to 27% by 2031 (Robles Urquijo & Milan, 2011).

Intimate Partner Violence and Immigrant Women

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).

Some research suggests that immigrant women do not report higher rates of IPV than other women (Ammar, Orloff, Dutton, & Aguilar-Hass, 2005). In fact, two studies found that odds of IPV victimization among recently settled immigrant women were significantly lower than longer-term immigrants and Canadian-born women (Brownridge, & Halli, 2002; Hyman, Forte, Du Mont, Romans, & Cohen, 2006). Ahmad et al. (2005) found no significant difference between Canadian-born and Canadian immigrant women in terms of physical abuse, although immigrant women reported higher rates of emotional abuse. The representativeness of these studies has been questioned however, in that only English or French-speaking women were included, potentially excluding immigrant and refugee women who do not speak either of these languages and who may be at heightened risk for IPV (Hassan et al., 2011). Also a recent review by Hassan et al. (2011) concluded that immigrant women from developing countries report a higher prevalence of IPV compared to those from developed countries or Canadian-born women.

Studies uncovered that certain populations may experience higher levels of IPV, such as women who are less educated and less empowered (Jewkes, Penn-Kekana, & Levin, 2002), those with limited economic resources (Jewkes, 2002; Kasturirangan, Krishnan, & Riger, 2004), and who occupy subordinated positions compared to men (Abu-Ras, 2007; Chang, Shen, & Takeuchi, 2009; Krantz & Garcia-Moreno, 2005; Thapa-Oli, Dulal, & Baba, 2009). A number of immigrant women share some of the aforementioned characteristics, often with additional cultural and linguistic challenges (Ahmed et al., 2004; Lindenberg, Solorzano, Vilaro, & Westerbrook, 2001; Tsai et al., 2004). Some studies suggest that women from particular ethnic groups experience higher rates of partner abuse compared to the majority population (Klevens, 2007; Menjivar & Salcido, 2002; Raj & Silverman, 2002). Further, some

researchers found that established patterns of IPV persist 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). The high rates of women's migration globally and in Canada specifically, matched with their greater vulnerability to IPV, warrants further research. Ethically grounded and culturally safe research should be conducted with the objectives of understanding, preventing and treating IPV among immigrant women.

Intimate Partner Violence in Pregnancy

While women and girls are at heightened risk for violence throughout their lifespan in Canada and globally (Walsh et al., 2007), IPV during pregnancy is of particular concern because of its increased "prevalence, adverse health consequences and intervention potential" (World Health Organization [WHO], 2011, p. 1). International prevalence estimates of IPV during pregnancy range from 1% to 28%, with the majority of sites ranging between 4% and 12% (Devries, 2010; Garcia-Moreno Jansen, Ellsberg, Heise, & Watts, 2005). International clinical studies have yielded higher prevalence rates of 11% to 40% (Campbell, Garcia-Moreno, & Sharps, 2004; Shamu, Abrahams, Temmerman, Musekiwa, & Zarowsky, 2011).

In Canada, 21% of women reported being abused by an intimate partner during pregnancy (Johnson, 1996; Rodgers, 1994). Pregnancy is considered a high-risk time for the onset of physical or sexual abuse by a male partner. Forty percent of women who were assaulted during their pregnancy reported that physical began during their pregnancy (Rodgers, 1994). Another Canadian study found that approximately 64% of women victims of IPV reported an increased threat of abuse by their partners during pregnancy (Health Canada, 2005).

Women subjected to abuse during pregnancy also have higher rates of suicidal thoughts and attempts compared to other women who have faced fewer forms of abuse (Gazmararian et al., 2000; 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).

Significant adverse health impacts related to IPV during pregnancy include heightened morbidity and mortality (Horon, & Cheng, 2001), however, very little is known about the impact of IPV on pregnant immigrant women, (Van Hightower, Gorton, & DeMoss, 2000). 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, Sheryl (2010) suggested 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 including verbal threats and insults related to their lack of permanent immigration status, which is, in turn, they equated to their value as human beings. A number of immigrant women in Kallivayalil's (2010) study reported coercive impregnation and forced abortions by their partners as a form of control and abuse. 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). 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. A case study of a 33 year-old pregnant Moroccan immigrant woman found that her experience of physical assault by her husband was a consequence of his repeated workplace discrimination in post-migration to Canada (Hassan et al., 2011). Hispanic women (Jasinski & Kantor, 2001) and Latino migrant and seasonal farm worker women (Van Hightower, Gorton, & DeMoss, 2000) were also more likely to be at risk of minor assault during pregnancy by their male partners compared to non-minority women.

Research Challenges

While research on immigrant women's experiences of IPV during pregnancy is emerging, further study is necessary to inform the development of population-specific preventive and interventive practices, techniques and policies. Most notably, this type of research is important to promote 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, 2001). The sensitivity of conducting 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 are often less able to disclose their experiences of abuse because of language issues (Murdaugh, Hunt, Sowell, & Santana, 2004). Madriz (1998) asserts that language is an essential ingredient for cross-cultural research and helps increase participation rates and the success of the study. For instance, one woman in Madriz's (1998) study stated, "I would not have come if we were going to speak English. I speak very little English. Besides, it makes me shy" (p.123). In cross-cultural research, bicultural and bilingual researchers and/or research assistants are essential in overcoming linguistic and cultural barriers (Ahmad et al., 2004; Lindenberg et al., 2001; Tsai et al., 2004). Some researchers recommended the use of language assistants often referred to as cultural brokers (Tsai et al., 2004), professional interpreters (Esposito, 2001), professional and certified translators (Esposito, 2001; Tsai et al., 2004), or bilingual facilitators (Lindenberg et al., 2001) for conducting cross-cultural research. Other researchers found this problematic and argue that as the interpreter or translator is typically only involved with the research for a short-time period, she may not understand the particular sensitivities of the particular study (Edwards, 1998; Tsai et al., 2004). Adamson and Donovan (2002) advise that it is beneficial to have fewer interpreters but more frequent involvement from the interpreters in research on ethnic minority group to augment qualitative data. A training and induction process is recommended to help the interpreter understand the sensitivity of the research topic and confidential nature of the interview (Edward, 1998). Ryen (2002) however, stresses that a bicultural research assistant is more proficient than interpreter or translator. Employing research assistants with diverse linguistic abilities or the use of professional interpreters for the research participants may be used to overcome the linguistic 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 that cultural differences in defining and understanding IPV may present major challenges 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, Noone, & 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). Liamputtong (2008) stresses that methodological and ethical challenges are predominant in conducting cross-cultural research. To address these various challenges as a starting point, researchers must be very familiar with the ethical issues of the immigrant cultures they propose to study in order to better mitigate the various risks related to the research (Birman, 2005). Studies conducted within ethnically diverse populations should encompass cultural norms so that the research might be of benefit to participants and their communities and not cause any harm (Liamputtong, 2008). Taking this into account, the literature suggests that cultural competency can be maintained by building rapport with research participants and developing trusting, long term relationships with research participants; this requires the researcher to remain in or with cultural communities for extended periods of time (Liamputtong, 2008; Meadows et al., 2003).

In ethno-cultural studies on IPV, researchers who are less familiar with or have a poor understanding of cultural norms could cause unexpected harm to a cultural group (Fontes, 2004). Hence, while it is difficult for researchers to have a complete understanding of the all the cultural subtleties of their chosen ethnic group and subject of study (Yick, 2007), it is imperative for them to have an in-depth knowledge of "social, familial, cultural, religious, historical and political backgrounds" (Jackson & Mead Niblo, 2003, p. 24). Some investigators recommend establishing a community advisory board (CAB), which consists of community members often referred to as "cultural insiders" who have extensive knowledge of the community and their own cultural norms and beliefs, history and language (Birman, 2005; Small et al., 1999a, b; Strauss et al., 2001; Molzahn, Starzomski, McDonald, & O'Laughlin, 2005). As Birman (2005) asserts, "cultural insiders who have the additional advantage over outsiders because they have facility with the language and culture that allows them access to the cultural community, which can be extremely difficult to gain even by sensitive and knowledgeable outsiders" (p. 172). Therefore, it is important to engage cultural insiders to any extent possible when conducting research with ethnically diverse communities (Birman, 2005). The use of a CAB or cultural insiders helps to maintain discussion regarding ethical, logistical and cultural concerns that may arise during the research process (Yick, 2007). Yick (2007) suggests that a CAB can also function as a consultant or an "accountability group" during research and can work collaboratively with researchers regarding addressing ethical concerns within the cultural context of the understudied ethnic-groups. For example, in their study with immigrant women, Small et al. (1999 a/b) established a CAB to assist them to select bicultural researchers, translate study tools, develop training plans, and with the interpretation of study data. They described the CAB as a precious resource that promoted the success of their ethno cultural research. Birman (2005) advises that a study has a greater potential for success if multiple cultural insiders are dynamic and prominent members of the research team. Research assistants and support from counselors from the same culture may also be useful; again the ability to maintain confidentiality of the participants in this situation is paramount.

Researchers must be mindful that survivors of IPV may feel vulnerable during the interview process, as they may recall upsetting memories, humiliation, experience an increased risk of trauma while recounting experiences, or encounter feelings of numbness and fear or a sense of danger (Warshaw, Brashler, & Gill, 2009; WHO, 2001). Additional factors to consider is potential 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 complex realities and their potential impact within the context of the research may limit the accuracy and meaning of a given study. Questions on country of origin and pre-migration history are highly relevant.

Researchers should have proper training so that they are sensitive and experienced enough to gauge a participant's level of distress throughout the interview procedure, and be able to terminate an interview session in a positive manner if necessary (Ellsberg, 2002; WHO, 2001). They should also be trained to continuously probe to assess the question "is it a safe time to talk?" throughout the whole interview process (Parker, Ulrich, & Nursing Research Consortium on Violence and Abuse, 1990). Investigators should spend time with study participants in order to better understand their verbal and non-verbal cues, and 'check in' with participants if unsure whether they are in a positive emotional state to proceed with an interview or other data gathering process. In addition, researchers need to collaborate with professional therapeutic communities and potential support providers such as existing medical, mental health, social and educational services and other community resources prior to beginning an interview process on IPV in order to create short-term support networks to refer the distressed women to, if necessary (Urquiza, 1991; WHO, 2001; Yick, 2007). In addition, researchers must be mindful to refer immigrant women to linguistically appropriate and culturally sensitive services, when appropriate (Yick, 2007).

Women who have experienced violence may have heightened risk of retaliatory violence or fear of revictimization for participating in a study (Grauerholz, 2000; Langford, 2000; WHO, 2001). In order to mitigate the risks of further victimization, it is critical to ensure that participants are no longer in abusive situations and are assessed as being free from IPV prior to their engagement as research participants. This can be accomplished through various recruitment methods or through the use of screening instruments. Hassan et al. (2011) however, caution that screening instruments for IPV may not be effective among immigrant populations. As participants may not feel comfortable to disclose that they are still living with or in a relationship with an abusive partner, additional precautions should always be considered while working with this population.

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 also influence the risk of repeat IPV (Perez & Johnson, 2008; Stith, Smith, Penn, Ward, & Tritt, 2004). Researchers could minimize these risks by being very selective in participant recruitment process such as narrowing sampling criteria and creating explicit prescreening process. As Yick (2007) advises, conducting research on IPV "requires a continual evaluation of the direct benefits for research participants, safe guarding participants' physical and emotional/ psychological welfare, while maintaining research integrity" (p. 282). Researchers must ensure that any past or potential perpetrator will not be able to locate a victim due to their participation in a study and that safety will be paramount through the course of their participation (Fontes, 2004).

An immigrant woman may perceive a lack of privacy or have concerns about confidentiality that will hinder her from disclosing her history of abuse (Bacchus, Mazey, & Bewley, 2003; Postmus, 2004). Therefore, maintaining privacy and confidentiality is extremely important in creating a research environment where experiences of IPV may be disclosed. The WHO (2001) recommends that all research team members should receive specialized training and on-going support, which includes a detailed and rigorous emphasis on maintaining confidentiality. In addition, training should be given to "provide a mechanism for field workers to confront and overcome their own biases, fears and stereotypes regarding abused women" (WHO, 2001, p. 19). Interviews should take place only in private settings and participants should have the right to relocate and reschedule the interview when necessary (WHO, 2001). Fontes (2004) recommends that the researcher could minimize risks by organizing a variety of interview settings. As an exemplar, Ellsberg and Heise (2002) report that interviews conducted in Zimbabwe and Nicaragua often took place in the outdoors while women were washing clothes by the riverside. Meanwhile, other members of the research team provided sweets, foods, crayons and coloring books for the participant's children to keep them occupied during the interview process. Interviews can also take place in neutral study settings (e.g., physician's office) without causing any suspicion (Schwartz, 2000).

Fontes (2004) recommends that, if outsiders interrupt interviews, interviewers should revert to a neutral topic (such as questions on women's general health) in order to protect the confidentiality and privacy of participants. Moreover, to avoid any risk caused from an abusive partner or ex-partner, researchers should indicate on any study materials of that the research focuses on women's health (Fontes, 2004; WHO, 2001). Alternatively,

the interview could be framed around life experiences or family relations (WHO, 2001). Correspondence with women can be made from neutral phone numbers and emails, and researchers should be cautious of leaving messages that may endanger a participant. Participants can be provided with a neutral or toll free contact, or be given particular times to connect with the study team. Further, researchers should not leave messages on a participant's phone or email without first confirming that there are no safety concerns (Parker, Ulrich, & Nursing Research Consortium on Violence and Abuse, 1990; Schwartz, 2000). Accordingly, researchers should inform participants that privacy and confidentiality will be maintained, and also offer to conduct the interview session in a private room and arrange childcare facilities when required.

As noted, Canada is becoming increasingly ethnically diverse; the foreign-born population is growing four times faster than the non-immigrant population (Statistics Canada, 2010). For immigrant women, IPV has been documented as a complex issue that requires greater understanding and culturally appropriate interventions. North American research, for example, has confirmed that IPV is one of the most frequently reported victimization compared to other general victimization experienced by immigrant women (Davis & Erez, 1998). Increasingly, studies of immigrant communities show that post-migration changes in gender relations act as a catalysts for marital conflict and IPV (Guruge, 2010; Hyman, Guruge & Mason, 2008). Guruge (2010) outlined that "the connections between factors occurring in the pre-migration period (e.g., trauma), border-crossing (e.g., detention, uncertainty, illegal travel), and post-migration contexts (e.g. gender role pressures from the Diaspora community or the racism experienced in Canadian society at large)" are all associated in understanding IPV in the post- migration context (p. 238).

IPV is one of the leading causes of adverse physical health issues for women. Abuse also had a devastating impact on a women's self-esteem (Hampton, Oliver, & Magarian, 2003). For example, a study by Gill (2004) with immigrant women documented that women who are living with many forms of abuse have lower self-esteem and higher levels of depression and anxiety compared to others who have faced fewer forms of abuse. Violence may escalate during pregnancy. One study estimated a three-fold increase in femicide for those who experienced violence while being pregnant (McFarlane, Campbell, Sharps, & Watson, 2002). Krulewitch, Roberts and Thompson (2003) found that homicide was approximately two times higher for pregnant women compared to non- pregnant victims. 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). Researchers need to develop deeper knowledge about ethnic, cultural, language, and religious differences in order to offer comprehensive approaches to this population of women and their families. Collaborative services need to be established which include culturally specific and/or inclusive counselors and therapists, professional interpreters, and other services that support gender, religious, and culturally specific needs. In addition, ethical research is necessary, which includes culturally safe, methodologically rigorous and appropriate approaches that benefit immigrant women and their communities. Culturally safe and bilingual researchers and research assistant are strong assets in this work. Research, prevention and intervention are needed in order to understand, intervene and treat IPV among pregnant immigrant women.

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Biography

Fatema Begum is an MSW student, Faculty of Social Work, University of Calgary. She has had a longstanding interest in and commitment to improving the lives of marginalized women. She has a BSW and MSW from the University of Dhaka, Bangladesh, where she has taught for four years in the area of domestic violence, human rights and social justice and also has extensive experience in crisis intervention counselling.

Christine A. Walsh is a professor Faculty of Social Work, University of Calgary. As an educator, researcher and activist she conducts emancipatory forms of research in collaboration with marginalized populations affected by poverty, homelessness and violence. She has a keen interest in the ethical and methodological challenges inherent in these forms of research with vulnerable populations.

Liza Lorenzetti is an instructor, researcher and PhD candidate in the Faculty of Social Work, University of Calgary. As a social work practitioner and activist for the past 25 years, her work in the area of social change has focused on gender-based violence, racism and poverty, as well as decolonization, and peace-building. Liza firmly believes in the interconnectedness of all oppressions and the importance of doing one's own personal work as the root for social change. She is passionate about preserving and enhancing civic engagement, social responsibility, and the "commons" – our public spaces for inquiry, acts of kindness, resource sharing and democratization.