

Postpartum Mothers' Disclosure of Abuse, Role, and Conflict

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Experts evaluating evidence of the occurrence and effects of abuse before, during, and after pregnancy have called for research on the context within which violence occurs. This study elicited postpartum mothers' perceptions of roles and conflict in their abusive intimate relationships. Thirty newly delivered African-, Anglo-, and Hispanic-American abused mothers consented to be interviewed. While ethnicity, cultural norms, and economic issues framed their descriptions, more than half (57%) described their relationships as not abusive even though they reported experiencing behaviors defined as abuse on standardized abuse screening instruments. Several women found ways to take care of themselves within the abusive relationship. The concerns that these diverse abused postpartum mothers expressed can serve as a foundation for the development of culturally sensitive interventions.

In the United States, physical abuse affects from 3.9% to 8.3% of women during their pregnancy (Gazmararian et al., 1996). This abuse is an important health problem for women and their unborn children (Gazmararian et al., 1996, 2000; McFarlane, Parker, & Soeken, 1996). In addition to immediate threats to the health of the mother and fetus (Pearlman, Tintinalli, & Lorenz, 1990; Ribe, Teggatz, & Harvey, 1993), abuse of pregnant women has been associated with low birthweight (LBW; Murphy, Schei, Myhr, & Du Mont, 2001), which may result directly from trauma or indirectly from mechanisms stemming from the abusive environment (Curry, Perrin, & Wall, 1998; Murphy et al., 2001; Renker, 1999; Webster, Chandler, & Battistutta, 1996) such as poor nutrition, hyperemesis, bleeding during pregnancy, substance abuse (Kearney, Haggerty, Munro, & Hawkins, 2003), low weight gain, and smoking (Kearney, Munro, Kelly, & Hawkins, 2004).

Physical abuse before, during, and after pregnancy also is associated with other reproductive health problems, including HIV and other sexually transmitted diseases (Campbell, 2002; Maman, Campbell, Sweat, & Gielen, 2000); urinary tract infections (Muelleman, Lenaghan, & Pakieser, 1998); substance abuse (Amaro, Fried, Cabral, & Zuckerman, 1990; Martin, Kilgallen, Dee, Dawson, & Campbell, 1998); stress (Curry & Harvey, 1998); and

depression and other mental health symptoms (Campbell, Poland, Waller, & Agar, 1992; Martin et al., 1998).

Abuse in a relationship is most accurately viewed as a process rather than as a discrete event (Campbell, 2000; Gazmararian et al., 1996; Landenburger, 1989; Ulrich, 1991). Researchers have proposed that violence during pregnancy may represent a pattern that frames the pregnancy event (Gazmararian et al., 1996; Martin, Mackie, Kupper, Buescher, & Moracco, 2001). This study examined postpartum mothers' perceptions of roles and patterns of conflict in their abusive intimate relationships. The study was part of a larger study that investigated the influence of abuse during pregnancy on birthweight (Campbell et al., 1999; Torres et al., 2000). The goal of this analysis was to provide information to guide the development of culturally sensitive nursing interventions and prevention strategies for abused women during the postpartum period.

METHOD

Measures

Abuse was defined broadly as including emotional degradation, threats, and intimidation, as well as physical or sexual assault from an intimate partner, and was operationalized with the Index of Spouse Abuse (ISA: ISA-P, ISA-NP Hudson & McIntosh, 1981), and the Abuse Assessment Screen (AAS; Soeken, Parker, McFarlane, & Lominack, 1998).

INDEX OF SPOUSAL ABUSE (ISA)

The ISA is a 30-item self-report instrument that measures physical (ISA-P) and nonphysical (ISA-NP) abuse using weighted items (Hudson & McIntosh, 1981). Items, modified to address the current pregnancy, include emotional abuse, psychological threats, and coercive tactics. Scores range from 0 to 100, and higher scores indicate greater severity and increased frequency.

Findings from several studies contribute to validity of the ISA. Researchers have demonstrated support for feasibility and construct validity, and for the tool's ability to discriminate between abused and nonabused women (Hudson & McIntosh, 1981). Other investigators found independent reliability and factor analysis support in African-American women (Campbell, Campbell, King, Parker, & Ryan, 1994) and for reliability and construct validity of the PAS (modified ISA) in an ethnically heterogeneous sample of women (Attala, Hudson, & McSweeney, 1994).

ABUSE ASSESSMENT SCALE (AAS)

The AAS is a brief screen that is used widely to determine abuse frequency, especially during pregnancy. The questions separate physical and emotional

abuse and ask about coercive tactics and the presence of fear as well as sexual abuse. Investigators have found that the structured questions of the AAS detect higher rates of domestic violence in prenatal patients than do routine social service interviews (Norton, Peipert, Zierler, Lima, & Hume, 1995). There is support for reliability and validity of the AAS with data from five ethnically heterogeneous studies (Soeken et al., 1998).

There also is support for accuracy of translation of the AAS. Pearce and colleagues (2003) used asymmetric translation and found 13 out of 16 Puerto Rican-American women who were bilingual to give identical responses to both the source and target versions of the AAS. These researchers used asymmetric translation of the AAS in which a bicultural bilinguist translated the English version to the target language, Spanish, and using the critique of an expert panel, a second bicultural, blinded bilinguist back-translated a second version to the source language, English. The original translator then examined all three versions and made final decisions regarding the target language versions. In our study both the AAS and the ISA were translated into the appropriate Spanish dialects (Mexican and Puerto Rican-American) and back-translated.

For purposes of this study we selected participants who experienced any abusive behaviors as indicated by the ISA or the AAS.

Participants

Study participants were 35 women invited because of their scores on the ISA (Hudson & McIntosh, 1981) or the AAS (Soeken et al., 1998). Five interviews subsequently were excluded from the final qualitative analysis because of missing information. All of the women selected or verbally indicated experience of nonphysical abuse (ISA-NP range, 1.21 to 52.35, $M = 10.54$); 19 of them “felt” they were emotionally abused; and 4 also said they were forced into sex (AAS). All but 4 reported experience of physical abuse (ISA-P range, 1.58 to 25.5, $M = 24.54$) or “ever” hit, slapped, kicked, or otherwise hurt by their partner (AAS). Women identified themselves as African-American ($n = 7$), Anglo-American ($n = 9$), or Hispanic-American ($n = 14$; of whom 13 self-identified as Puerto Rican-American and 1 as Mexican-American). Their mean age was 24 years (range 15 to 34 years). The women described themselves as middle class (including lower or upper middle ($n = 19$), working class ($n = 4$), or lower class ($n = 1$); 2 women identified themselves as poor. Five of the women had jobs and an additional 3 were in school; the remaining 22 did not work during their pregnancies. Nineteen women had been in the relationship for 1–5 years, 7 for 6–10 years, and 3 for 11–15 years; 1 had been in the relationship less than a year. Two of the women had separated from the father of the baby at the time of delivery, and 22 others said they had thought about leaving their partners.

Eighty percent of the women had talked to their families about what was happening in the relationship; only 3 reported that they had talked with no one. During their pregnancies, some of these women were encouraged by their partners to go to prenatal care; only 3 had been restricted from attending clinic appointments by their partners. Two of the women had talked with a doctor or nurse about the abuse in their lives.

Interviews

We interviewed women in the hospital at least 4 to 6 hours after delivery. Whenever possible, interviewers were matched for ethnicity with the study participant. All were nurses or nursing students who had 16–24 hours of training in the dynamics of intimate partner violence and in conducting interviews on sensitive topics with culturally diverse participants. Spanish-speaking interviewers were available at the maternity units of hospitals in Massachusetts and Florida. Women were paid \$15 for their participation. We interviewed participants after they had completed the quantitative measures (see Campbell et al., 1999; Torres et al., 2000), and we returned for the in-depth interview if the new mother was tired or needed to participate in scheduled care.

Interviews were audiotaped and transcribed, except for the interviews of 2 participants who requested not to be taped. In these cases, the interviewer took notes as the woman spoke. As soon as possible after the interview, the interviewer recorded the women's responses to the questions from memory and notes.

The interview was designed by the research team to learn from each abused woman her perception of the roles and patterns of conflict in the relationship. The first question was, "Tell me a little bit about your relationship with your partner." Subsequent questions were designed to explore the woman's role expectations and conflict in decision making; the abuse (whether she considered herself abused, when it began, whether she was abused during pregnancy, whether she thought the abuse could have been prevented); her disclosure to others about the situation; whether the abuser kept her from clinic visits; whether she had thought about leaving, and what went through her head; and anything else she wanted the interviewer to know.

Analysis

We adapted and used the Reading/Listening Guide (Brown et al., 1988; Brown, Debold, Tappan, & Gilligan, 1991; Brown & Gilligan, 1992; Gilligan, Brown, & Rogers, 1990; Rogers, Brown, & Tappan, 1994; Ulrich, 1989) in which employing an interpretive frame based on a shared knowledge of culture (Packer, 1985) actions are understood in the context of the situation

(Mischler, 1979). The guide was developed and used with girls and women from diverse backgrounds in studies of roles and conflict in moral choice, but we used it with postpartum mothers from diverse backgrounds to study roles and conflict in decision making in their intimate relationships. An investigator trained by the originators of the method, provided materials and training for the research team. The guide outlined the process for reading and the use of worksheets to document inferences in the interviews. A team that included at least one ethnically matched reader read and interpreted each interview.

DEPENDABILITY AND CREDIBILITY

In the first reading, readers located themselves in relation to the woman by identifying personal bias and made brief written or audiotaped notes that acknowledged personal, social, and relational contexts that shaped their interpretations (Benhabib, 1992). Readers then focused on the woman's story in order to gain an overall understanding of the woman and discover a context within which to understand her responses. In the second reading, readers focused more closely on the woman's accounts of her roles and the conflicts in the intimate relationship. To accurately describe these women, the readers documented their inferences and kept them at a concrete level, close to the surface meanings of the woman's language. Readers documented their interpretations on audiotape or worksheets that clearly differentiated inferences from data and left a trail of evidence of their analysis. As an example, we outline a segment from this part of the analysis.

One reader was interpreting the woman's answer to the question, "How do you and your husband make a decision when you disagree about something?" The woman answered, "He gets mad, he loses control if I disagree with him. . . . Sometimes I do what I want to." The reader first made a concrete interpretation very close to the woman's words and then made a more abstract inference. The reader documented the interpretations adjacent to the data from the woman to show two levels of abstraction:

Level 1: She seems to think that he gets mad to control her because she reports that she sometimes does what she wants in spite of his anger.

Level 2: She is resisting his control.

Finally, readers developed a summary of the analysis for each woman.

Readers then discussed their analyses with (a) reading partner(s). Disagreements in interpretations were resolved by checking the text of the interview. Identical agreement in interpretation was not required.

One example was a team member's reading of an interview with a woman who identified herself as Puerto Rican-American. The reader,

self-identifying a Puerto Rican-American background, clarified that, although she could not speak for another person or other Puerto Rican-American persons, she could be a personal voice that could speak fairly for the culture. Interpreting the interview, she emphasized the tendency of this woman to evade questions about the self because of values supporting family above other allegiances (*familismo*). She added that the woman's primary value was the family unit and such a woman would desire to avoid reflecting on that family to outsiders. In fact, in this kind of social world, such families might form networks around themselves to keep outsiders from intruding. Although these characteristics are neither limited to Puerto Rican American women nor apply to every Puerto Rican-American woman, such feedback helped shape interpretation of data from an individual woman. We kept each woman's meanings in her story and her salient issues from our summaries uppermost as we prepared a matrix of generalizations for the woman.

Transferability

We used case descriptions of individual women to enhance our understanding of the context in which each was speaking.

FINDINGS

These newly delivered women wanted to talk about sensitive issues in their intimate relationships even at this intense time in their lives. They spontaneously related stories of their experiences and gave detailed, concrete answers to the researcher's questions. Further, women from diverse backgrounds had a similar interest in discussing what was or was not abuse. Only half of the women thought they were abused, but almost all recognized the hurts in their relationships. Several described how they took care of themselves in their intimate relationships.

Explaining Their Relationship

More than half (57%) of these women did not interpret what was happening to them as abuse, though they reported behaviors on the part of their partners that would qualify as domestic violence by all common definitions. In the words of the women, the partner was "hurting me," "calling me names," "just . . . demanding," "not being respectful at that time," or "not allowing me to go anywhere or have friends." As one woman put it with a laugh, "It's an everyday thing"; another woman, however, thought it was not abuse because it "didn't happen all the time." Some of the women's explanations appeared contradictory, but when examined closely, these contradictions represented the complexities of the women's particular situations. Three women explained:

It wasn't abusive because of the infrequency of the abuse. This woman was an African-American woman who described the couple's decision making and her partner's expectations of her. The interviewer then asked, "Some people would label that kind of behavior . . . as emotional abuse. Is it, how would you, what would you call it?" The woman answered that even though she did not experience her partner as abusive now, she kept herself open to the idea that her partner had an abusive side. She said,

No, because he doesn't do it all the time. He's not always like that. . . . He never tries to fight me . . . 'cuz, I don't know, I haven't pushed him to that limit yet. Which I would never like to think how he really is. So, I don't want to push him to where he would have to be with the abusive side.

It's not abuse, because it's normal. One Anglo-American woman said, "[I] don't view it as abuse, it's just normal." The interviewer then asked, "If you don't want to call it abuse, how would you label it? Would you call it anything?" The woman answered, "I, I don't know. I'm so used to it, to me it's normal and I don't view it as, it's just normal." The interviewer asked her if she ever talked to anyone about what was happening in the relationship and the young mother answered that her "girlfriends know how he is, but . . ." When asked how her friends responded, she included herself within the group's response saying, "We laugh at him. We joke about it." She then continued, "Well, you know, it's just my problem, we know how he is We don't say much, we just go out, what are they gonna say? They're his friends, too." She added later that even her mother had not intervened: "She knows how he is but doesn't say anything to him."

She did not take abuse, because she stood up to him. Other women thought it was not abuse because they were strong enough to stand up to their partners. An African-American woman said,

I wouldn't call it abuse. Well, it would depend . . . like verbal stuff like that, it depends on how . . . to me, it depends on how weak you are, how much you can handle what you would consider abuse. You, if you're not strong, can't stand up for yourself, then you're gonna take it as abuse, cause all you're gonna do is think about it all day long and cry and worry about it. If you're gonna stand, if you're strong enough to stand up, then I don't think you would consider it abuse.

She went on to explain, "It's common knowledge . . . beating the shit out of a woman" is not abnormal if [one] grew up in the projects [low-income housing], "it is natural." This young woman finished by explaining that she did not see "abuse" in her relationship as severe, in comparison with the beatings she had heard about all her life.

In a seeming contradiction, this woman revised her initial statement that she was not abused to say that it was “not severe [abuse].” The woman’s mention of abuse in the projects provided a glimpse of a set of conditions in which, in her own childhood, abuse had been frequent. The woman insisted that her situation now was clearly different from that in the “projects” because it is less severe.

As the woman revealed more about her background and examined the problem, she also affirmed her own strength in the situation: If she was strong enough to “stand up [to it],” it was not abuse. In her judgment, if she did not feel degraded, was not crying and worrying (which she felt was how someone who is abused would be affected), then she was not degraded or abused. The behaviors from her partner were not abusive because she stood up for herself and hit back. This same woman compared her thinking with that of a White friend who would think what was happening was severe. The woman also compared herself with her sister, explaining that worse had happened to her sister, who “had the shit beat out of her.” For this woman, abuse was part of the environment, and the way she responded as well as severity defined whether it was abuse.

Abuse was not the main issue for some women. Several of the women were determined to “get ahead,” “go to college,” or to “become a lawyer or other type of professional.” Whether the woman’s partner had given her any financial help was for these women more important than being abused. Similarly, other women said that the existence of the relationship was more important than the presence of abuse, if there was any abuse.

Satisfied with the relationship. For some women, even if there was abusive behavior, they were reluctant to label it. The interviewer asked, “Now, a lot of people will call what is happening to you abuse. Do you think of yourself as being abused?” One woman who identified herself as Puerto Rican-American, said, “If I haven’t left the situation then it doesn’t bother me that bad.” The woman went on to supply reasoning that suggested her motivation. The woman “never had a family . . . was bounced from home to home”; she wanted her kids to have what she never had. A similar notion was expressed by a woman who called herself Anglo-American; she said, “I’m too happy to think that [I’m abused].” This woman then implied abuse, however, by saying she was strong enough to leave. In what seemed to be a contradiction she added that she was weak at first but “he toughened her, . . . ‘cuz she left so many times.”

LIVING WITH ABUSE AND WHAT THAT MEANT FOR HER

Many of the women who labeled their partners’ behaviors as abusive mentioned their own coping strategies, such as “accepting one’s own feelings [about the abuse]” and “watching him.” A woman who identified herself

as Puerto Rican-American was “just waiting for if and when there’ll be a change.” This woman said that other people supported her and that she should just leave, but she kept thinking, “How will I pay the bills?”

A few women had analyzed both their relationships and their abuser’s motivation. Two of these women, who were both Puerto Rican-American, had asked themselves why their partners were abusive. One woman concluded it was “his problems . . . [his] drinking and cheating on her.” The other woman said she knew she was abused and her partner knew what he was doing.

Reflecting a different experience, an Anglo-American woman said that it was her own and her partner’s common experience of abuse that brought them together. The woman, referring to herself and her partner, said, “We’ve just been through it. And, we’ll see. I was abused by my ex-boyfriend for 6 and a half years and everything else. . . . If you have a partner that went through it [being abused], it helps, we help out a lot with each other.” She then said that she felt very loving and loved in her present situation.

Role and Conflict in Decision Making

Regardless of whether these women interpreted what was happening in their relationship as abuse, “it” existed alongside their role expectations—the way the couple conducted themselves in their roles, and the way they made decisions in conflict. Role and conflict were part of the context within which women cared for themselves in their relationship.

ROLE EXPECTATIONS

Women spoke of their partners’ expectations of them and of their efforts to meet these or said that they did not meet the expectations. An Anglo-American woman said that her partner’s expectations of her “were just what he needed, for her to be at home, have dinner, a clean house, clean clothes and, well, friendship too.” The woman added, “He’s not barbaric, that’s just what he needs.” The woman said that she could prevent his name calling “If she would just stay at home and listen to him.” Half of the women thought their partners had this kind of traditional expectation and 11 of the women thought they had met the partner’s expectations or (6) sometimes met them.

A Puerto Rican-American woman said she did not meet her partner’s expectations, however, because she did not want to: “They’re too much and that is when he gets mad.” He expected her to call for his doctor’s appointments, to go with him, to speak for him, to help him in any way she could. She said that she did everything for him. Eight other women also thought they had not met their partner’s expectations. Another Puerto Rican-American said she tried to meet his expectation even when she was

“uncomfortable with what he wanted her to do.” The woman added that she did anything he wanted because she loved him.

When asked about their expectations, 7 of 30 women wanted their partners to work and bring home money and 2 of the 30 said their male partner wanted them to work. Many of the women wanted the partner to help around the house (5), to be more mature and accept responsibility (4), or be supportive to her and the kids (4). Slightly more than half (16) of the women said their partner had not met their expectations, but about a quarter (7) said they did not have any expectations of him, and the remaining women (7) thought he had met them.

CONFLICT IN DECISION MAKING

When asked, “How are decisions made in your family? How do you and your husband (partner) make a decision when you disagree about something?” the largest group of women (12) said their partner made decisions unilaterally, while in 5 cases the woman made the decisions and in another 5 both partners participated in joint decision making. Three women reported that they and their partners had separate areas where they made decisions, that they knew each other’s “guidelines,” or they argued until they compromised. One woman said they decided together, “but usually he decides.” Another woman said there was “never any resolution [of a disagreement]” and then added, “He would help me more now that I’m working full time.” Surprisingly, one woman who had said she was not abused also said, “[I] knew how far I could push and I didn’t want to push him to the abusive side.”

Women sometimes indicated their dominance in the relationship. An Anglo-American woman said,

I’m usually the dominant one. I usually put my foot down and stick with it and he usually gives in to me. Before, at the beginning of the relationship it was totally him. It was all him. But, after, I’ve changed him. And, I’m stronger. After I lived through the first 2 years with him, were the worst, but for the last 3 years, they’ve been great.

TAKING CARE OF HERSELF IN THE RELATIONSHIP

Women talked to us about how they took care of themselves in their relationships and told brief stories about how they interacted with their partner to further their own goals. Their responses demonstrated a consciousness of the situations they were in, whether they called it abuse or not.

Negotiating for what she wanted. An Anglo-American woman said that she did not think she was abused. She said she negotiated with her partner

to get what she wanted. The woman reported telling him “[She] was bored and might leave,” and explained that she said these things so he would allow her to get a job outside the home. She then used this income to pay for counseling.

Giving in to protect herself. A second Anglo-American woman said she felt abused and it was more like “emotional, mental abuse.” The woman said she gave in to her partner because she thought “he might have hit her if she pushed too far.” Six women reported time out or separation after there was hitting.

Cannot afford to be abused. When asked what the partner expected of her, an African-American woman answered, “To be there, to hold him, to cook for him, just everything. To go around saying I’m his.” The woman continued, “I expect him to progress more and take more responsibility. . . . I can’t afford to, ya know, get cut and get messed up and just be in a shelter somewhere with two kids.” This woman wanted to become a lawyer and she was aware of and concerned about the economic cost she would suffer if she were abused.

Making the decisions as long as it doesn’t get her into trouble. A Puerto Rican-American woman said that she made her own decisions unless it would get her in trouble. When the couple had a disagreement, they first asked others what they thought and if the persons they consulted agreed with either her or her partner, the couple picked the “right one [decision].” The woman expected her partner to be faithful to her and that meant being there when she needed him. The woman mentioned in passing that she had been depressed and added that her partner was not there for her when she was depressed. She said she gave him what he wanted, which was respect, and made sure he got what he wanted and did what he wanted to do. This woman had thought of leaving many times. She ended by saying she kept herself within the boundaries of not “making trouble.”

DISCUSSION

These women’s willingness to discuss problems in their intimate relationships testifies to the possibilities for intervention in the postpartum period. The women were aware of what was going on in their relationships even if they did not label their partner’s behavior as abusive. Although many ($n = 17$) did not define their relationships as abusive, they were ambivalent about the partner’s behaviors, and the overwhelming majority ($n = 24$) were troubled to the point where they had thought about leaving him. Women’s interpretations of their experiences are fundamental to understanding their health. These diverse women’s interpretations can thus contribute to the development of culturally sensitive interventions.

Women at Risk

Women's insistence that they are not abused should not be discounted or ignored. Since these women may be at risk for serious injury, it is essential to assess for abuse in several different ways (both written or computerized and verbally) and in culturally appropriate language.

Women's view of their situation is the context for their management of their role in the relationship and the conflict situations they experience with the partner. Their interpretation may keep them in a situation that makes them more vulnerable to postpartum depression and in a relationship that potentially is dangerous and even lethal (Dietz, Rochat, Thompson, Berg, & Griffin, 1998). One of the women in the study reported that her partner had threatened to kill her if she left him; her response was to say, "[He] was only kidding." While this woman's husband may have been joking, threats to kill are an important risk factor for intimate partner homicide (Campbell et al., 2003) and must be taken seriously. Women whose situation is like that of the women in this study need to be taught the potential risk of serious injury or even death.

Resilience and Strength

Women's descriptions of taking care of themselves in their relationships suggest their resilience and strength (Campbell, Rose, Kub, & Nedd, 1998; Humphreys, 2001, 2003), but a word of caution is needed here. Humphreys found that among daughters of battered women, resilience was not static. Similarly, in our study the existence of resilience at one point in time did not preclude the need for intervention at another time. One postpartum mother reported telling her abusive partner "last year" that she would leave if things did not change. Later in her interview, the woman commented that she would not leave [now] because she "wasn't strong enough." We know little about how such women fare emotionally and physically, over time, in abusive relationships. Certainly the active coping by the young women in this study contrasts with helplessness and depression Walker (1984) described in an early study of battered women. Yet there is some consensus that abuse in a relationship is a process that goes on (Gazmararian et al., 1996). It is important to note that the situations some of these women depicted may represent the beginning stage of a relationship that is abusive, that is, the stage when women commonly do not label violent relationship behaviors as abuse (Campbell, Rose, et al., 1998; Landenberger, 1989; Merritt-Gray & Wuest, 1995). These were relatively young women, and 20 had been in their relationships no more than 5 years. Providers who are trained to intervene could empower these women to interrupt the abuse process early, while their resilience is high and while they still feel strong, or to at least increase their understanding of potential risks in their situations.

Awareness of Conflict

Women's awareness of the conflicts in their relationships and their recognition that they were being hurt emotionally or physically suggest that the immediate postpartum period is an opportune moment for interventions from caregivers. The fact that these women, from several different ethnic groups, decided to disclose uncomfortable and even hurtful intimate relationships suggests a desire to discuss these issues with a caring nurse and a capacity and readiness for intervention even at this eventful time in their lives (Drauker, 1998; Egan, 1975; Rogers, 1965; Saleebey, 1994).

Cultural Sensitivity

We sought to enhance our sensitivity to cultural issues throughout the research process through our diverse team and through training in cultural issues (Campbell, Campbell, Torres, Ryan, King, & Lea, 2003). Ethnically matched nurses or nurse graduate student interviewers, who were sensitive to women's needs for care, listened to the women while protecting their privacy and confidentiality. During our interpretation of the interviews we engaged in dialogue with one another in order to avoid an ethnocentric stance. We found that when there were differences in interpretations, research team members culturally close to the participant were able to help us; all learned from this, and we were able as a group to move forward. We learned from this process the importance of focusing on each woman as a person of integrity rather than assuming differences related to our own particular experiences or stereotypes. We agreed with Meleis (1996) that it is outside the scope of the study to claim differences that are generalizable beyond women similar to those in our study; the danger is stereotyping. Therefore, based on these participants' descriptions of abuse we do notice some similarities and differences between ethnic groups.

The majority of women saw themselves as middle, low middle, or of the lower class, but women from different ethnic groups revealed different attitudes and issues. While most women carried a wish or expectation for economic support from their partner and their vulnerability to poverty if they should leave the relationship, the stories of African-American women carried a strong expectation that the partner would provide economic support. And one practical speaking African-American woman who had educational goals said she could not afford to be abused, to have to sit in a shelter with her children. Other similarities were that even though most thought they were not abused, most had confided in someone and reflected to the interviewer how important the reaction of the confidant was to them. The majority of the women across ethnic groups reported that their abusive husbands wanted them to fulfill a traditional female role in the relationship.

Many women across ethnic groups were analytical in their approach to understanding what was happening to them, yet against this background of similarities we noted differences in their interpretations of the partner's behavior. Only 1 of the 7 African-American women said she was abused. African-American women who had thought about leaving said she and her partner had a great relationship; another said she loved him. Two out of the 7 Anglo-American women defined themselves as abused. Others gave reasoned explanations of the partner's behavior; one woman said, "[He] always thinks there is an ulterior motive." Latino-American women slightly more often thought they were abused (5 out of 14) and explained the behavior as characteristic of men. Surprisingly all but one in the Latino group had thought about leaving.

IMPLICATIONS

The most important implication for professionals now is that women may want to talk about sensitive problems in their intimate relationships even when there is limited time, even in an inpatient setting with many visitors and little privacy, even when they do not actually define the behavior of their partners as abusive, and even during the emotionally and physically intense immediate postpartum period.

Many of the women of all groups resisted labeling the partner's behavior as abusive. Although helping women move to this interpretation can galvanize action (Landenberger, 1989), interveners must also proceed cautiously toward this outcome with all women, and especially so with women from group-oriented cultures. Women generally had similar concerns about economic issues or about being hurt in the relationship, yet their responses to those concerns were colored by their particular context and practices within their ethnic group. This picture suggests the importance of keeping oneself open to individual differences while responding to her concerns with respect and culturally appropriate language and approaches. Group-level approaches instead of individually focused approaches were more effective for group-oriented cultures (Hassouneh-Phillips, 2001). The fact that most women had disclosed what was happening and reported in some detail the impact the feedback had on them suggests to us as it has to other researchers (Haj-Yahia, 2000) the need for referral to culturally appropriate services as women discuss their issues.

The research process itself taught us to listen and learn from individual women in collaboration with a multiethnic team. Just as the process was useful for research, it also could offer a model for practice. When we were able to process in multiethnic teams what women were telling us and the sensitive issues they brought up, we found greater understanding of another's world; that is, why a young African-American woman would say she could

not afford to be abused, or why a young Hispanic-American woman who had considered leaving her intimate partner might feel isolated within her own community. That kind of practice offers a way for professionals who are open to communicating and understanding women from different ethnic groups to become more culturally appropriate.

We need interventions that are “user friendly” for women with differing values and cultural backgrounds, women who resist labels like “abuse,” and women in a variety of settings. Assessment strategies and interventions must be appropriate to age, culture, and ethnicity as well as specific to the stage in an abusive relationship. For example, when abuse is at a beginning stage of development, and has started only recently, women are just beginning to feel and think about what is happening to them. Screening and assessment tools may need to be modified to use language to which these women can relate.

The ASA is a brief clinical tool that has been widely and successfully used in prenatal care settings with many different ethnic groups (Soeken et al., 1998; Wiist & McFarlane, 1998). This tool could be used with every woman in the immediate postpartum setting. Three of the questions describe abusive behavior without attaching the label of abuse or violence, but the last question might be modified to include the word “hurt,” since several of the women used that word to describe their experiences while resisting the label of abuse. Therefore, the last question would read, “Are you afraid of *and/or being hurt* by your husband or partner or anyone listed above?” A promising brief, brochure-driven nursing intervention for abuse during pregnancy (Parker, McFarlane, Soeken, Silva, & Reel, 1999) available through the March of Dimes (McFarlane, Parker, & Cross, 2001) or the Nursing Network on Violence Against Women International website (<http://www.nnvawi.org>) has been tested successfully in prenatal settings. This intervention could be adapted easily for the immediate postpartum period and tested for efficacy as a first step in developing the evidence-based practice so needed in the field of domestic violence (Chalk & King, 1996). The door appears open to discussion of abuse issues with young African-, Anglo-, and Hispanic-American women even during the postpartum period when we use culturally appropriate language when we approach individuals.

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