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THE HISTORY OF VIOLENCE, PERSONAL CONTROL,
AND THE ADOLESCENT'S PERCEPTION
OF THE BIRTH EXPERIENCE

by

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December 12, 2021

ABSTRACT

THE HISTORY OF VIOLENCE, PERSONAL CONTROL, AND THE ADOLESCENT'S PERCEPTION OF THE BIRTH EXPERIENCE

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The University of Texas at Arlington, 2021

Faculty Mentor: Cheryl Anderson

The purpose of this secondary analysis was to explore the history of violence and a fear of loss of personal control during birth upon the adolescent's perception of the birth experience. Adolescent mothers (13-19 years old; N=303) from two postpartum units at a large county hospital provided data through the Impact of Event Scale, survey questions, and single item rating scales. Perception of a negative birth experience more likely characterized adolescents with either a history of violence or fear of loss of control at birth, reported high stress, single status, or cesarean birth. Black adolescents were most vulnerable to experiencing a negative birth, and more often reported significant risk factors. The negative impacts of these variables upon birth perception highlights the importance of early prenatal assessments, monitoring during birth, and postpartum follow-up, especially

for more at-risk ethnic groups. Study insights add to an evidence-based practice model aimed at promoting a positive birth perception for adolescents.

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CHAPTER 1

INTRODUCTION

1.1 Statement of Purpose and Research Question

The aim of this research study was to explore the history of violence and personal control upon the 13- to 19-year-old adolescent's perception of the birth experience. Published works, primarily researching adult patients, have shown the negative impact of violence and perceived loss of control on birth perception (Henriksen et al., 2014; Hollander et al., 2017). Among adolescents, the impact of these variables on the perceived birth experience is unexplored. Adolescent violence, however, is not rare and may include witness of violence in addition to personal experience. Women who are exposed to violence often feel a loss of control (Stark & Hester, 2018). During birth, a loss of personal control may be experienced by unexpected medical procedures or complications (Greenfield et al., 2019). Older adolescents from 17-19 years old may also perceive a loss of control during birth as significant to their perception of the birth experience (Anderson et al., 2020).

Thus, with a noteworthy number of adolescents reporting a history of violence, and potential concerns with losing control during birth, adolescents may be a potentially vulnerable population to perceive a negative birth experience (Fenimore et al., 2019). Ensuing stress related to violence or a feared loss of control supports the need to explore stress as a confounding variable. Given the limited information in the adolescent population, additional research is needed. Therefore, for the current study, the following

research questions were explored: 1) Do adolescents disclosing violence and/or a fear of loss of control at birth more often perceive a negative birth experience than adolescents without violent histories or fear of losing control at birth? 2) Is there a combined effect of history of violence and an adolescent's fear of lost control upon the adolescent's birth perception? 3) What is the contribution of selected confounding demographic variables upon birth perception?

CHAPTER 2

LITERATURE REVIEW

2.1 Violence in Adolescents

According to the World Health Organization (WHO), approximately 200,000 youths die by homicide worldwide each year (2021). A systematic review including 126 studies of adolescent homicides revealed that death of an adolescent by parents represented about 11% percentage of child homicides per year worldwide; however, 36.9% of adolescent homicides are perpetrated by their social contacts (Stöckl et al., 2017). While not generally resulting in homicide, a systematic review including 13 qualitative studies showed that 12-50% of violence among adolescents is perpetrated by a partner (Bekaert & SmithBattle, 2016). A systematic review examining adolescent dating violence revealed an overall prevalence of 20% for physical violence and 9% for sexual violence within romantic relationships (Wincentak et al., 2017). Globally, the WHO reported one in eight adolescents experienced sexual abuse per year (WHO, 2021).

The recognized significance of violence among adolescents has led to much study in the area. A meta-analysis for risk markers of adolescent dating violence reported that teens of lower socioeconomic status had an increased likelihood of experiencing violence (Spencer et al., 2020). A separate systematic review of 228 studies including adults and adolescents found that being a member of a minority group, especially being African American, was a risk factor for intimate partner violence (IPV)(Capaldi et al., 2012). Whereas African American adolescents have been reported to be at increased risk for physical abuse, Alleyne-Green et al. (2012) noted Hispanic adolescents are most at risk for psychological abuse. A third systematic review revealed violence

(all types) as the third leading cause of death for Hispanic adolescents in the United States (Fenimore et al., 2019).

2.2 Adolescent Pregnancy and Violence

Women reporting IPV often tend to misread, or underestimate, the threat of violence (Pointet et al., 2021); therefore, illustrating that how a person perceives, and is subsequently affected by, a traumatic event, varies between individuals. Pregnant adolescents have been found to normalize abuse and blame themselves for the violent event (Bekaert & SmithBattle, 2016), which may support the recognized link between IVP and reproductive coercion leading to an unplanned pregnancy (Samankasikorn et al., 2019). 75% of adolescent pregnancies annually are unintended (Cornell et al., 2015). In 2017, 18.8 per 1000 adolescents gave birth, and in the United States (Cornell et al., 2015). Cornell and colleagues (2015) found that, unlike their adult counterparts, 60% of adolescents reporting an unplanned pregnancy also reported having witnessed violence within the past two years. Notably, connections between race/ethnicity, income, violence, and unplanned pregnancy exist and will be explored further below.

2.3 Impact of Violence and Control on the Perceived Birth Experience

Reports of violence and fearing a loss of control, potentially contributing to underlying stress, may impact a woman's birth experience and perception of the event. (Greenfield et al., 2019; Henriksen et al., 2017). However, perceptions of any event depend on sociocultural factors, individual personal characteristics, developmental characteristics, the nature of an event, previous traumatic experience, and many other connecting characteristics (Center for Substance Abuse Treatment, (SAMHSA 1970; Pointet et al., 2021)). Birth perception correlates with a history of abuse, loss of control and ultimately a fear of childbirth (FOC), primarily among adults, (Henriksen et al., 2017). An expecting mother's sexual assault history contributes to unplanned cesarean births

and childbirth complications which have the potential to impact birth perception (Berman et al. 2021). Women who have experienced child abuse or a rape event prior to birth often request an elective cesarean birth because of the fear of birth (Henriksen et al., 2014; Lukasse et al., 2010). Desiring an elective cesarean birth can be perceived to maintain some personal control over the birth experience (Greenfield et al., 2019).

2.4 Theoretical Framework

Feelings of lost control during birth may parallel the loss of control experienced within a violent relationship because violence between partners or family members is often about power and control (Giordano et al., 2016). Perceptual control theory, as applies to a violent relationship or birth, serves as the framework for this paper. Violence within an individual's life have the potential to affect how the birth experience is perceived by altering the amount of control perceived during labor (Mohd Arifin et al., 2014). In perceptual control theory, four main concepts define the model: social and physical environment, input function, comparator, and output function (Robinson, 2007). For this study, the social and physical environment provides the background, a history of violence. The input function translates information from the environment to perceptual signals. Hence, an environment of violence leads to a perceptual signal, wherein, life experiences may be perceived through a different lens, fueled by these external forces not in the individual's control. The comparator assesses the difference between a reference signal (or what is standard or usual, such as non-violence) and the perceptual signal. Finding a discrepancy, an error signal is created. The output signal translates the error signal into a specific action (or set of actions taken with another life event, such as birth) capable of leading to changes in control. Hence, actions are taken at birth to maintain control of the birth event. These actions may include the choice to have a cesarean birth or increased involvement in the birth process. If perception of increased control,

however, is not achieved, there can be an increased feeling of loss of control, and potential perception of a negative birth experience (Hollander et al., 2017).

2.5 Significance of Research

This research project allowed for an examination of adolescent birth perception impacted by a history of violence, fear of a loss of control and selected demographic variables, including background variables of stress and unplanned pregnancy. It is suggested that traumatized adolescents may be confronted with memories and reminders of past violent events during their labor, thus, altering the perception of the birth experience (Halvorsen et al., 2013). Furthermore, stress and the additional fear of loss of control due to an unexpected pregnancy or birth events such as maternal or infant complications may further alter the birth perception. This research study offers insight into the birth experience perception and provides important information related to the care of childbearing adolescents.

As shown with previous research, violence in the childbearing adolescent population has been well studied for its effects. Risk factors that influence perception of a woman's birth experience have been reviewed; however, limited information exists regarding the effects of violence and the importance of control and selected demographic variables, either independently or combined, upon the adolescent's birth perception, thus, the need for additional work.

Understanding the impact of these variables on an adolescent's birth perception allows for further development and implementation of nursing interventions and practices that may help promote a more positive perception of the birth experience. This research provides insight into which prenatal practices healthcare providers can strengthen to provide more comprehensive, routine assessments and targeted education and planning of care for identified high-risk adolescents to promote positive birth experience.

CHAPTER 3

METHODOLOGY

3.1 Study Design

This research project was a secondary analysis of data from a longitudinal, descriptive, Institutional Review Board (IRB) approved study consisting of adolescents ages 13 to 19. The primary goal of the parent study was to explore the birth experience and mental health of these adolescents over a nine-month postpartum period. Both qualitative and quantitative data were collected.

3.2 Sample

The parent study used convenience sampling to recruit 303 adolescents. Of the total sample, many adolescents were single and Hispanic (63.3%). Over 20% experienced or witnessed violence and 40% feared a loss of control during birth. Pregnancies were reported as unplanned by 65.4% of adolescents. Overall, about 30% indicated moderate to severe stress (see Table 1 for additional sample characteristics) (Anderson & Connolly, 2018).

3.3 Setting

Data for the parent study were collected on two postpartum units at a large county hospital in Fort Worth, Texas. This hospital delivers approximately 5000 babies per year serving primarily, low income, ethnically diverse patients.

3.4 Measurements

Data in the parent study was collected via rating scales, single item questions and the Impact of Event Scale (IES). The variable of control was measured via one question: Were you ever afraid you would lose control during labor and delivery? Violence (child abuse, IPV, or other past life traumas) was measured by three survey questions: Personal history of child abuse? History of or current abuse by partner? Any past life experiences that were very traumatic to you? Written comments by adolescents (N=128) provided additional data regarding violence (including witnessing) and fear of loss of control at birth.

Demographic variables of unplanned pregnancy, age, ethnicity, mode of birth (vaginal or cesarean), and newborn complications were assessed via single questions in a researcher-designed demographic sheet. For measurement of the main confounding variable of stress, the IES was used. The IES is a 15- item Likert scale question format comprised of two subscales: seven questions that measure intrusion and eight questions that measure avoidance (Horowitz et al., 1979). The IES asks questions related to these two concepts by requesting responses of “not at all,” “rarely,” “sometimes,” or “often.” The scoring for the IES indicated subclinical stress (0-8), mild stress (9-25), moderate stress (26-43), and severe stress (44+). The IES has been regarded as a reliable and valid measurement as a screen for acute stress as well as posttraumatic stress and posttraumatic stress disorder (PTSD) following childbirth (Furuta et al., 2016; Horowitz et al., 1979).

The dependent variable perception of the birth experience was measured via a single rating scale with 1 being “great” to 10 being “awful/traumatic”. A score of 6 or above was considered traumatic (Sorenson & Tschetter, 2010). Single item rating scales have been suggested to be reliable (Youngblut & Casper, 1993).

3.5 Procedures

For the parent study, data was collected 48 to 72 hours after birth on two postpartum units by research assistants enrolled as either graduate or undergraduate nursing students. Unit secretaries provided the data collectors with names of adolescents meeting the inclusion/exclusion criteria: they were between the ages of 13-19 and spoke, read, and wrote in English or Spanish. Data collectors introduced themselves and provided study details to the adolescent. Following consent, surveys were completed with data collectors in the room as privately as possible without parents or partners.

3.6 Data Analysis

Chi square and ANOVA were used to determine differences in demographic variables, control, and disclosures of violence. Adolescents disclosing and non-disclosing violence and fear of loss of control were compared for differences in birth perceptions using ANOVAs. The joint effect of history of violence and control upon perception of the birth experience was determined via a factorial ANOVA. Chi square and Pearson's Product Moment Correlation Coefficients were used to determine associations between variables.

CHAPTER 4

RESULTS

4.1 Research Results

Missing data in the parent study describing variables explored for the current paper yielded 284 adolescents. First time analysis of available data revealed that over 20% of these adolescents reported a history of violence and over 40% feared a loss of control during birth. One in three adolescents, however, reported stress, which was found to be a significant confounder, $F = 7.52(1)$, $p = .007$. Adolescents with higher stress levels were more likely to perceive a negative birth experience. Further, both a history of violence, $F(1) = 5.006$; $p = .026$, and fearing a loss of control, $F(1) = 6.930$, $p = .009$, independently contributed to the adolescent's perceived birth experience. Violence and stress were found to correlate, $r = .152$, $p = .012$, but neither violence and control, nor stress and control, were found to be significant relationships. Reporting both violence and fearing a loss of control did not produce an accumulative, significant effect upon perception of the birth experience, $p = .448$.

Black ethnicity also significantly impacted birth perception, $F = 11.0999$, $p = .001$. Black adolescents were more likely to perceive a negative birth experience than White or Hispanic adolescents, but demographic differences may have influenced this result. Black adolescents were more likely receive a cesarean section, $r = .148$, $p = .012$, and report high stress, $r = .278$, $p = .027$. Independently, both cesarean birth, $r = .128$, $p = .03$, and stress, $r = .156$, $p = .009$, variables correlated with the perceived birth experience. Of interest,

Hispanic adolescents were less likely to receive a cesarean section $r = -.175, p = .017$. Marital status was also found to correlate with the perceived birth experience, $r = .136, p = .02$. 20.1% of Hispanic adolescents were married which statistically makes them more likely to be married. Additional demographics of unplanned pregnancy, noted by most adolescents, and newborn complications were not found to impact the perception of the birth experience or significantly correlate with stress levels, fearing a loss of control, or violence (see Table 1 for Sampling Characteristics by violence and fearing loss of control).

Table 4.1: Sample Characteristics

Variable	Primary Study N=303 ¹ n %	Adolescents reporting violence n=57(20.1) n %	Adolescents reporting fear of lost control n=116(40.8) n %	Adolescents reporting fear loss of control in birth + violence n=24(11.8) n %
Age Mean/SD	17.86(1.38)	18.09(1.39)	17.85(1.33)	18.25(1.45)
Unplanned pregnancy	187(65.4)	37(67.3)	73(63.5)	16(66.7)
Reported a cesarean birth	65(22.2)	13(23.2)	20(17.2)	5(20.8)
Single status	247(83.7)	47(83.9)	97(83.6)	21(87.5)
Ethnicity/race***				
White	31(10.7)	10(17.9)	5(4.5)	2(8.3)
Black	75(26.0)	20(35.7)	25(22.3)	10(41.7)
Hispanic	183(63.3)	26(46.4)	82(73.2)	12(50.0)
Newborn complications	92(30.6)	21(36.8)	34(29.6)	10(41.7)
IES scores**	18.34(15.54)	21.98(17.69)	19.86(15.62)	25.46(19.74)
Mean/SD				
0-8	95(33.7)	14(25.9)	33(29.7)	5(20.8)
9-25	100(35.4)	19(35.20)	42(37.9)	9(37.5)
26-43	65(23.1)	14(25.9)	28(25.2)	6(25.0)
44+	22(7.8)	7(13.0)	8(7.2)	4(16.7)
Childbirth rating: M/SD	5.14(2.92)	4.52(3.00)	5.98(2.69)	5.17(3.14)

¹Missing data- total sample and group data * $p < .05$; ** $p < .01$; *** $p < .001$

CHAPTER 5

DISCUSSION

5.1 Research Discussion

Findings showed independent connections between violence and birth perception and fear of a loss of control and birth perception, suggesting that both variables are of equal importance to the adolescent's perception of the birth experience. While there is a gap in the literature related to adolescent pregnancy describing the impact of violence and control, these variables have been shown to influence birth perception in recent studies primarily among adults (Henriksen et al., 2017; Hollander et al., 2017). Therefore, current study findings suggest an equal impact of study variables on women of all ages.

Fear of loss of control during birth can be influenced or created from a history of violence and subsequent previous loss of control in one's personal life prior to pregnancy or birth. The birth event may in fact remind the laboring woman of her previous violent experience and lost control (Giordano et al., 2016). For instance, women who were previously sexually assaulted reported birth made them feel they were "back in the rape." (Halvorsen et al., 2013). While a history of violence and fearing loss of control at birth did not show an accumulative effect on the perceived birth experience, the independent nature of the variables, especially violence, may suggest a layer of added stress upon the adolescent.

As an important confounder, stress independently impacted the perceived birth experience and potentially reflects adolescent emotions when faced with a pregnancy

(unplanned or planned) and birth. However, other factors unknown to the researchers could have contributed to the adolescent's stress during labor such as quality of support. Qualitative data from the parent study reflected several of the adolescents' expressed disappointments that the "father of the baby was not in the delivery room" thus, proposing a perceived lack of support by the teen (Anderson et al., 2020). Further, this study's findings indicated the importance of marital status upon the perception of the birth experience; however, the quality of the marital relationship was unknown to researchers.

Ethnicity was also found to have a significant statistical impact on birth perception; however, both stress and cesarean birth correlated with Black ethnicity and the perceived birth experience. Yet, current literature has shown that Black women are at higher risk for pregnancy complications or stressful events during birth, such as for cesarean births (Huesch & Doctor, 2015).

The independent significance of cesarean birth upon birth perception was also noted. Qualitative data attained within the primary study contained comments from several adolescents regarding a previous traumatic birth and a fear of having a cesarean section. Cesarean section is considered a life-threatening event which qualifies as a negative, stressful trauma during labor which can cause intrusive memories (Horsch et al., 2017). Researchers have recognized the connections between cesarean birth, negative birth experience and posttraumatic stress further supporting the importance of this risk factor (Dekel et al., 2017).

5.2 Practice Implications

Reflecting this study's findings, practice implications for nurses stress the importance of comprehensive assessments prenatally and postpartum. Identification and

trending of interpersonal violence throughout current and previous prenatal visits allows for needed referrals and followed up prior to birth. This is considered the first and most important step in the process of protecting patients against violence (Alshammari et al., 2018). A possible indication of violence, or other mental health concerns such as PTSD, is an assessment of a fear of birth or preference for a cesarean section. Being nervous is normal for pending birth, but if the woman exhibits an extreme fear of childbirth the nurse should assess for past traumas including past or current abuse (Henriksen et al., 2014). Studies have shown correlations between the perceived reasons of premature motherhood with fear of childbirth and connecting violence (Asnong et al., 2018).

Assessments can begin in adolescent wellness clinics prior to a pregnancy. Thus, by trending domestic violence prior to pregnancy through nursing documentation there is the possibility of less chance of the adolescent experiencing an unplanned pregnancy. If an adolescent is found to have a history of sexual abuse, the nurse should take extra care to always gain consent prior to any physical assessment (Association of Women's Health, Obstetric and Neonatal Nurses, 2017). This extra precaution will allow for reduction of the adolescent's stress prenatally and during the birthing process.

The assessment of stress should also be ongoing throughout pregnancy and postpartum. Stress interventions utilized by nurses include breathing techniques and distraction. These interventions have been found to be successful in laboring women (Amiri et al., 2019). Nursing actions during the labor process should include comprehensive assessments and allowing the woman a much control as possible during the birth process. For the adolescent, the nurse's role may include giving control back, through effectively communicating any changes to the original birth plan set in place and allowing

decision making by the teen when possible. Effective communication will keep the adolescent involved and allow them to feel some personal control, hence, lowering stress and hopefully generating a more positive birth perception. Good communication can go a long way to making the woman feel more in control of her birth experience even when there are unexpected changes (Cook & Loomis, 2012). These nursing actions have the potential for improving the birth perception of all women and preventing future mental health issues associated with a negative birth experience, such as postpartum depression or PTSD.

5.3 Limitations and Research Recommendations

Findings are limited due to the use of available data with preset sampling methods, settings, research procedures, and choice of measurement tools. Data collected reflected the population of the chosen setting with primarily Hispanic women, thus producing a sampling bias. White and Black adolescents were underrepresented. Additionally, the IES was administered only in the postpartum period, and it was unknown if adolescent stress was ongoing prior to or during pregnancy. Lastly, while the current study found several findings to be statistically significant, there is caution in the interpretation of results due to sampling and lack of clinical significance, thus, additional research is needed.

Recommendations for future research include studies which focus on the prenatal period to determine how factors that take place throughout the entirety of the pregnancy may play a role on the individual's perceived birth experience. Further research should explore additional confounders outside this study's current scope of research such as quality of supports or length of labor. Risk factors including ethnicity, mode of birth, and current stress could be explored with larger samples. Additionally, other population groups

including younger adolescents, 10-15 years of age, and ethnicities other than Hispanics should be further explored due to sampling bias present within this study.

Additionally, different forms of trauma or interpersonal violence may play a different role in how violence affects perception of the birth experience. For example, does sexual abuse create a more negative perception of the birth experience for women than experiencing physical child abuse or witnessing of abuse? Sexual abuse was not asked specially within this study. Coping mechanisms were also unexplored in how they may help or hinder perception of the birth experience. Additional qualitative research could also provide insights into this research area. Within the qualitative data collected in the parent study, there was a specific adolescent who reported that her mother said the patient was not allowed pain medication during labor because she needed to “not open her legs again.” (Anderson et al., 2020). Without additional probing and comments, original researchers were unable to determine if this was considered an example of perceived fear of losing control, a form of abuse by the adolescent, or neither.

CHAPTER 6

CONCLUSION

6.1 Research Conclusion

In conclusion, this research study found that violence and a fear of a loss of control produce a negative effect on the adolescent's birth perception. Additional variables of stress, cesarean birth, marital status, and ethnicity also influenced the adolescents' perception of birth. With continued research, these findings can add to the evidence-based nursing practices surrounding care of adolescents and aid in promoting a positive perception of the birth experience for adolescents. The potential vulnerability of Black adolescents to perceive birth as negative suggests the need for future research targeting this childbearing ethnic group. Recognizing the role these risk factors play on how an adolescent perceives her labor, nurses can effectively plan early assessments and interventions prenatally and during labor to create a safe environment during the birthing process, thus, hopefully producing more positive birth perceptions.

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BIOGRAPHICAL INFORMATION

Whitney Lewis graduated with an Honors Bachelor of Science in Nursing and a minor in Anthropology from the University of Texas at Arlington. Throughout her college career, she studied women's health, midwifery, cultural medical practices, and mental health. All these projects throughout the years helped her prepare for this project and for that she is grateful. Starting February 2022, she will be working as a pediatric critical care nurse at Cook Children's Hospital in Fort Worth, Texas, and she looks forward to moving into the realm of children and experiencing life after birth and labor.