

UNIVERSITY OF AUCKLAND

Intimate Partner Violence in Asian Mothers – an
overview from the Growing Up in New Zealand
study



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SCHOLARSHIP IMPACT REPORT

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Summary

This research project explores how Asian mothers in New Zealand experience relationship conflict during pregnancy, 9 months after the birth of their child and Intimate Partner Violence when their child is 54 months.

The scholarship has given me an opportunity to experience what the research journey is like for which I am grateful. Collaboration between researchers who are experts in their field can be powerful and seeing it drive new ways of thinking has been an eye-opening aspect of working in a research team. In this process I have been challenged to think both logically and creatively.

I sincerely thank the Growing Up in New Zealand team for their support and for allowing this valuable research experience to happen. In particular I'd like to thank Dr. Caroline Walker for her guidance over the summer and Harrison Kim for his statistical support.

Input

The Faculty of Medical and Health Sciences has generously donated \$6000 to allow me to complete this project over summer. The project was made possible also by the funders and researchers working on the Growing Up in New Zealand Study which allows the data to be available for use in my analysis.

Research Activity

Introduction

Conflict is commonly experienced in intimate relationships and can be both physical and non-physical, including acts such as verbal abuse (1). Not all relationship conflict is negative, however ongoing and unresolved conflict can lead to and predict Intimate Partner Violence (IPV) (2). Similarly to conflict, IPV encompasses violence that is both physical and non-physical in nature. This includes sexual abuse, psychological abuse and various controlling behaviours (3).

Intimate partner violence occurs across all cultures and levels of society and is an issue that also exists in New Zealand. Population based studies show that over half of New Zealand women have experienced some form of IPV in

their lifetime (4). New Zealand is a very multicultural country and there is significant variation in the IPV prevalence between ethnic groups (5). 11.8% of the population identify as Asian (6), however data around the types of conflict and IPV that Asian women in New Zealand experience is limited.

This project explores the proportion of Asian mothers who experienced relationship conflict during pregnancy and at 9 months and compares between these two time points. It also explores the proportion of Asian mothers who experienced aspects of IPV at 54 months. We hypothesised that Asian mothers will experience low levels of conflict and IPV compared to other ethnicities and that levels of conflict are likely to be higher at 9 months compared to pregnancy.

Methods

Study design:

This project uses data collected in the Growing Up in New Zealand Study, which is conducted by researchers at the Centre for Longitudinal Research – He Ara ki Mua at The University of Auckland. This longitudinal study has been following 6853 children, along with their mothers and fathers, since their birth in 2009-2010 (see Appendix A for further details).

Data on relationship conflict collected during pregnancy and at 9 months as well as data on IPV collected at 54 months was used in the analysis. Mothers were also asked which ethnic group they identified most strongly with (self-prioritised ethnicity). Of the 6822 mothers, 1003 (14.7%) mothers identified their main ethnicity as Asian and data from this cohort was used.

Measures:

Relationship conflict was measured in the antenatal and 9 month questionnaire using selected questions from the Resilience in Stepfamilies Study. Intimate Partner Violence was measured in the 54 month questionnaire using selected questions from the WHO Multi-country Study on Women's Health and Life Events Questionnaire. Specific questions were selected to be included in the Growing Up questionnaires as per expert advice. The conflict questions explored physical and verbal conflict and the IPV questions explored physical and psychological violence in the relationship (see Appendix B for list of questions).

Mothers were categorised as having experienced conflict or violence if they indicated that they experienced at least one act of conflict or violence in the previous four weeks regardless of how often they experienced it.

Statistical analyses:

Descriptive analysis was used to identify and report the proportion of women who experienced relationship conflict during pregnancy and 9 months and the proportion who experienced IPV at 54 months. All analyses were completed using SAS software.

Research Output(s)

Overall, antenatal and 9 month interview data was available for 6375 mothers. Of these mothers, 1113 (17%) experienced physical conflict and 4351 (68%) experienced verbal conflict during pregnancy and/or 9 months. Of the 6074 mothers who participated in the 54 month interview, 228 (3.8%) had experienced physical violence and 1891 (31%) had experienced psychological violence in the previous four weeks.

Table 1: Proportion of mothers who experienced conflict by ethnicity

Ethnicity	N	Physical Conflict		Verbal Conflict		
		Pregnancy n (%)	9 Months n (%)	Pregnancy n (%)	9 Months n (%)	54 Months n (%)
European	3608	191 (5.3%)	250 (6.9%)	2237 (62%)	2441 (68%)	2045 (57%)
Māori	950	166 (17%)	184 (19%)	631 (66%)	607 (64%)	414 (44%)
Pacific	1001	259 (26%)	253 (25%)	629 (63%)	640 (64%)	418 (42%)
Asian	1003	175 (17%)	186 (19%)	542 (54%)	630 (63%)	463 (46%)
Other	241	21 (8.7%)	15 (6.2%)	125 (52%)	142 (59%)	96 (40%)

Table 2: Proportion of mothers who experienced violence at 54 months by ethnicity

Ethnicity	N	Physical Violence n (%)	Psychological Violence n (%)
European	3608	67 (1.9%)	1074 (30%)
Māori	950	41 (4.3%)	269 (28%)
Pacific	1001	48 (4.8%)	241 (24%)
Asian	1003	69 (6.9%)	257 (26%)
Other	241	3 (1.2%)	50 (21%)

Figure 1 and 2 show the proportion of Asian mothers who experienced conflict. The majority (69%) of Asian mothers did not experience any physical conflict whereas only 20% did not experience any verbal conflict. Verbal conflict was commonly experienced and for over half of Asian mothers it persisted between pregnancy and 9 months post-partum.

We found that some women experienced conflict during pregnancy but not at 9 months and vice versa. 12% of women who did not experience physical conflict during pregnancy did so at 9 months and 18% of mothers who did not previously experience verbal conflict during pregnancy did so at 9 months. Overall it was more common to experience conflict at 9 months compared to pregnancy.

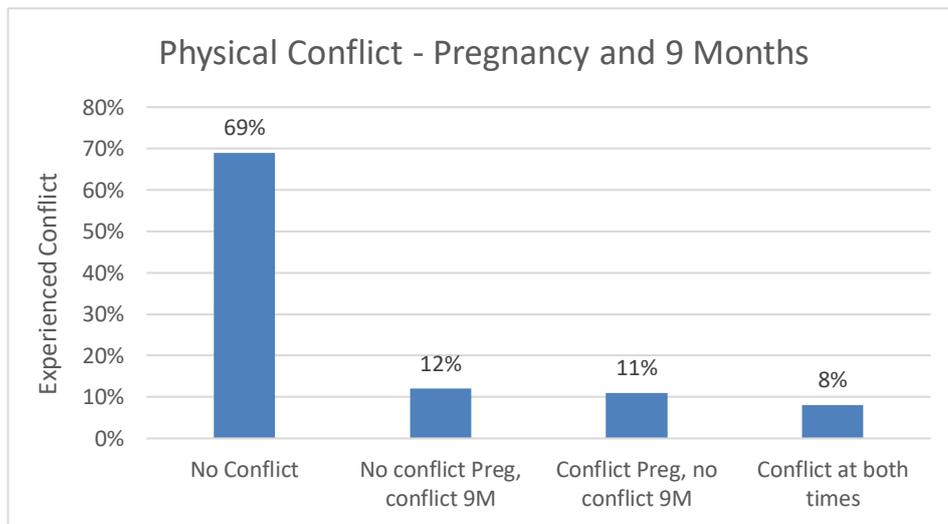


Figure 1: When physical conflict was experienced by Asian mothers (Preg = during pregnancy and 9M = at 9 months)

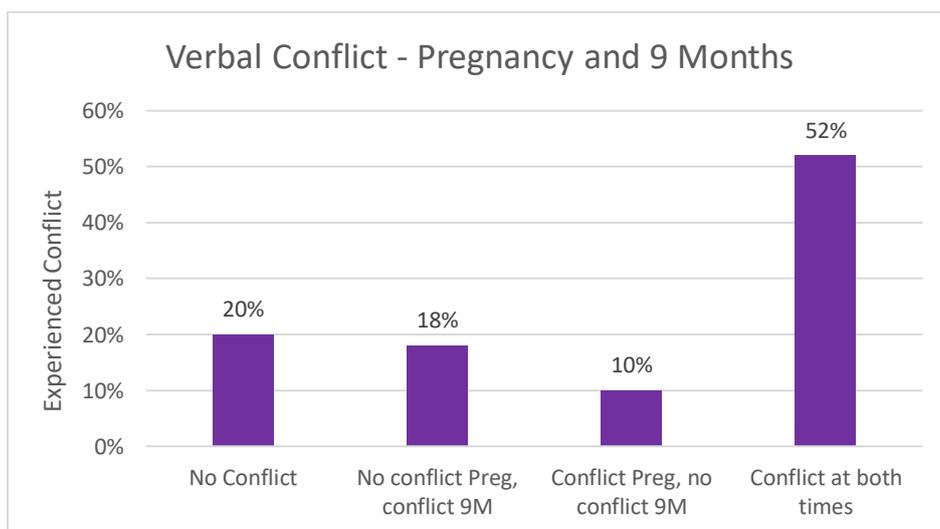


Figure 2: When verbal conflict was experienced by Asian mothers (Preg = during pregnancy and 9M = at 9 months)

Of all ethnicities, Asian mothers reported the highest rate of physical violence at 54 months with 69 (6.9%) mothers experiencing physical violence in the previous four weeks. Whereas the proportion of Asian mothers who experienced psychological violence (26%) was slightly lower than European (30%) and Māori (28%) mothers.

Research Outcome(s)

Conflict and violence was not limited to specific ethnicities, rather it was experienced by mothers of all ethnicities.

Relationship Conflict:

Physical conflict was highest amongst Pacific mothers during both pregnancy and at 9 months, followed by Māori and Asian mothers who experienced similar rates of physical conflict at these two time points. Asian mothers experienced slightly less verbal conflict compared to Māori, Pacific and European mothers during pregnancy and at 9 months but experienced slightly more verbal conflict than these ethnic groups at 54 months.

Looking at when this conflict was experienced, we found that Asian mothers experienced higher rates of both physical and verbal conflict at 9 months compared to during pregnancy. This aligns with previous studies which suggest that women generally experience higher rates of interpersonal conflict and violence in the postpartum period compared to pregnancy (7).

Intimate Partner Violence:

The first and only study in New Zealand that examines the Asian-specific prevalence of IPV was published by Fanslow et al in 2010. They found that Māori women reported the highest rates of IPV and Asian women reported the lowest lifetime prevalence of IPV with 2.9% of Asian women reporting physical violence in the previous 12 months (5). Although physical violence in this study was also measured using questions from the WHO Multi-country study, our results do not mirror their findings. We found that Asian women experienced the highest rates of physical violence with 6.9% of Asian women experiencing physical violence in the past 4 weeks. There may be several reasons for this difference. Firstly it is thought that Asian women, particularly Chinese and Indian women, tend to under-report IPV (8). Fanslow et al acknowledge underreporting as a possibility as it has been suggested that Asian women sometimes feel pressured by their community or family to conceal family violence in fear of bringing dishonour to the community (5). Secondly, this difference could also be due to their study including women who have ever been in a relationship rather than mothers

specifically, which make up the population in our study. These two groups may potentially have a different prevalence of IPV.

Psychological and emotional violence is the most common type of IPV that is reported by New Zealand women, with 17.2% having experienced it in the previous 12 months (4). We also found that psychological violence was widely experienced by mothers of all ethnicities, however the prevalence overall was higher than previously found. Although Asian mothers did not report the highest levels of psychological violence, just over 1 in 4 Asian mothers had experienced it in the previous 4 weeks. This is higher than was found in studies done in New Zealand and internationally. In a study of psychological violence in 3245 Chinese women, 6.7% reported having experienced psychological violence in the previous year (9). The higher levels of psychological violence amongst mothers in our study may suggest that psychological violence is even more widespread amongst New Zealand women than previously thought.

Future Impact

This study is one of the very few studies that examines how Asian women in New Zealand experience relationship conflict and intimate partner violence. The Growing Up in New Zealand cohort captures the diversity of families having children in New Zealand as it includes participants of varying ethnicities and levels of socioeconomic status (10). Therefore we hope our findings will be generalisable to Asian mothers living in New Zealand.

Information on the prevalence of IPV impacts the provision of health and specialist IPV services (4). In particular in New Zealand there has been a focus on reducing family violence through utilisation of primary health care (11). Information about the prevalence of IPV in Asian women may support and guide these services. For example, knowing that Asian women can experience high levels of physical violence may draw attention to the need for Asian-specific services in primary care.

Furthermore if the different types of IPV, such as psychological violence, are not identified then a large number of abuses may go undetected (9). Therefore further studies are needed to better understand the types of IPV Asian women in New Zealand experience and when it is experienced. Further research into the risk and protective factors for IPV are also needed to get a more complete understanding about how Asian women experience IPV. This may also help in designing IPV services that are specific for the Asian population.

Looking ahead, it may also be necessary to explore how Asian men, and men in general, in New Zealand experience relationship conflict and IPV. As although victims of IPV are most commonly women, it is increasingly being recognised that men can also be victims of abuse and the experience of IPV is not only limited to women (12).

Appendices

Appendix A: Methods (Recruitment and Data Collection)

All pregnant women with an expected delivery date between 25th April 2009 and 25th March 2010, living within the regions covered by the Auckland, Counties-Manukau and Waikato District Health Boards were invited to take part in the Growing Up in New Zealand study.

Data was collected antenatally as well as postnatally when the child was 9 months, 24 months, 31 months, 45 months, 54 months and 72 months of age. At the time of the 4.5-year (54 month) interview, 94% (6,413) of these children completed the data collection wave. The interviews of mothers and their partners were conducted separately, both face-to-face using Computer Assisted Personal Interview (CAPI) as well as over the telephone using Computer Assisted Telephone Interview (CATI). The characteristics of the study is described in more detail elsewhere (10).

Appendix B: Methods (Questionnaire)

Mothers were asked how often acts of conflict and violence occurred from the options of – all the time, extremely often, very often, quite often, not very often, almost never and never.

Conflict: during the past four weeks how often did you

Physical Conflict

- Push and shove each other when arguing
- Throw things at each other when arguing
- Break things when arguing

Verbal Conflict

- Raise your voices when arguing
- Yell at each other when angry
- Swear at each other when angry

Intimate Partner Violence: during the past four weeks how often do the following things happen in your relationship

Physical Violence

- Your partner slaps you or throws things at you that could hurt you?
- Your partner pushes or shoves you or pulls your hair?
- Your partner hits you with a fist or something else that could hurt you?

Psychological Violence

- Your partner insults you or makes you feel bad about yourself?
- Your partner belittles you or humiliates you in front of other people?
- Your partner does things to scare or intimidate you on purpose?

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