RESEARCH ARTICLE

The Mental Well-being of Adolescent Mothers Affected by Intimate Partner Violence: Challenging the Barriers of Gender Inequity

Danielle F. Washington

School of Nursing, York University, Toronto, Canada

This is an invited and peer-reviewed (single -anonymized) article
Published online: 5 December 2023
INYI Journal **13**, 18-26 (2024)

ISSN: 1929-8471
DOI: https://doi.org/10.25071/1929-8471.113

Abstract: Introduction: The postpartum period is considered a period of increased risk for intimate partner violence (IPV) for new mothers, specifically for adolescent women. Both the mother and her baby are at risk for poor health and mental health outcomes. **Methods:** Literature was reviewed focusing on the influence of IPV and the mental health effects on adolescent women, aged 10-19 years old, within their postpartum stage. ProQuest Nursing & Allied Health Database, PubMed, Scholars Portal Journals, and APA PsycInfo were searched for studies published worldwide between 2010 – 2020. The key search terms were intimate partner violence, mental health, adolescent mothers, young mothers, pregnancy and postpartum. **Findings:** The effects of IPV on adolescent mothers' mental health during the postpartum period included low parenting moral, sleeping difficulties, increased stress levels, suicidal ideation, suicide attempts, depression, obsessive-compulsive disorder and post-traumatic stress disorder. Gender inequality was identified as a primary risk factor for IPV. Gender roles influence the social decisions made by young adults, impacting their well-being. **Discussion and Conclusion:** Experiencing IPV during the postpartum phase contributes to negative mental health outcomes. It is important to confront unequal gender relations in early adolescence, with a focus on eliminating IPV and improving adolescent mothers' mental well-being. Gender transformative health promotion interventions to challenge the barriers of gender inequity related to IPV are considered, with a focus on education and advocacy.

Keywords: adolescent mothers; gender inequity; gender transformative health promotion; intimate partner violence; mental health; postpartum.

Corresponding author: Danielle F. Washington
School of Nursing, York University, Health, Nursing and Environmental Studies, 104 Scholars Walk, Toronto, ON M3J 1P3
E-mail: dfw@yorku.ca
https://orcid.org/0009-0006-6929-8070

Introduction

Among the most common forms of violence women experience is intimate partner violence (IPV). IPV is described as the actions by an intimate partner or ex-partner, causing physical, sexual, or psychological harm (World Health Organization [WHO], 2021). Both a violation of human rights and a public health concern, IPV affects one in three women globally and is linked to major health problems such as injuries, unplanned pregnancies, suicide, and homicide (WHO, 2021). Notably, pregnancy represents a high-risk period for victims of IPV, with the possibility for increasing severity and occurrences of violence, posing a risk both to the woman and her fetus (American College of Obstetricians and Gynecologists [ACOG], 2020). IPV can occur before, during, and after pregnancy (Islam et al., 2017), resulting in an array of negative health outcomes for the mother and fetus (Trabold et al., 2013), including spontaneous abortion, fetal injury, fetal death (Deshpande & Lewis-O'Conner, 2013), and postpartum mental health issues (Desmarais et al., 2014). Though violence against women impacts individuals of all ages (Stuckless et al., 2015), evidence indicates that girls in their adolescence, defined by WHO (2020) as a phase in life that falls between the ages of 10-19 years, are at the greatest risk of experiencing physical and sexual IPV (Stöckl et al., 2014). Understanding the consequences of IPV on adolescent mothers' mental health during the postpartum period is crucial, especially considering the health impacts of IPV that are widely acknowledged to occur after pregnancy.

Methods

We provide a synthesis of the existing literature on the impact of IPV on adolescent mothers' mental well-being during their postpartum period, up to one year following the birth of their baby. Through this review, a deeper understanding of the factors associated with adolescents' experiences of IPV prompted the need to outline gender transformative health promotion interventions that focused on challenging the barriers of gender inequity in the areas of nursing education and nursing advocacy.

A search of published literature between 2010 – 2020 was performed in November 2020 from the following databases: ProQuest Nursing and Allied Health, PubMed, Scholars Portal Journals, and APA PsycInfo. The key search terms included: intimate partner violence, mental health, adolescent mothers, young mothers, pregnancy and postpartum. Articles were included if they were: (i) quantitative, qualitative, reviews or mixed methods studies (ii) published in peer reviewed journals and written in English; and (iii) focused on intimate partner violence and the mental health effects on adolescent mothers within their postpartum stage.

Findings

Nine studies that provided an overview of the mental health effects of IPV experienced by adolescent mothers during the postpartum period were reviewed; these included one review and eight empirical studies. Four studies used a quantitative design (Agrawal et al., 2014; Malta et al., 2012; Shamu et al., 2016; Thomas et al., 2019), and four studies were mixed methods (Desmarais et al., 2014; Islam et al., 2017; Rose et al., 2010; Trabold et al., 2013). Studies were conducted in Europe (Malta et al., 2012; Rose et al., 2010), Africa (Shamu et al., 2016), North America (Agrawal et al., 2014; Alhusen et al., 2015; Desmarais et al., 2014; Thomas et al., 2019; Trabold et al., 2013) and Asia (Islam et al., 2017).

The review found depression as the most common mental health problem as a result of IPV during postpartum (Agrawal et al., 2014; Alhusen et al., 2015; Desmarais et al., 2014; Islam et al., 2017; Malta et al., 2012; Rose et al., 2010; Shamu et al., 2016; Thomas et al., 2019; Trabold et al., 2013). Shamu et al. (2016) found 21.6% of postpartum mothers who experienced IPV reported suicidal thoughts and 4% reported attempted suicide. Furthermore, IPV during the postpartum period increased stress levels (Agrawal et al., 2014; Desmarais et al., 2014; Malta et al., 2012) as well as post-traumatic stress disorder (Rose et al., 2010; Trabold et al., 2013). Women who experienced IPV compared to those who did not, had higher levels of anxiety (24% vs. 12%) and higher perceived stress (24% vs. 14%) (Malta et al., 2012). In addition, low parenting morale (Malta et al., 2012) and poor maternal-child bonding, negative self-perceptions, poor sleep, and poor parenting abilities (Trabold et al., 2013) were also reported by adolescent mothers who experienced IPV during postpartum. Fear of condom negotiation also increased for young mothers affected by emergent IPV (Agrawal et al., 2014) while

sexual coercion was associated with symptoms of obsessive-compulsive disorder (Desmarais et al., 2014). The findings of these studies provide evidence that intimate partner violence has adverse effects on adolescent mothers' mental health, particularly during their postpartum period.

Discussion

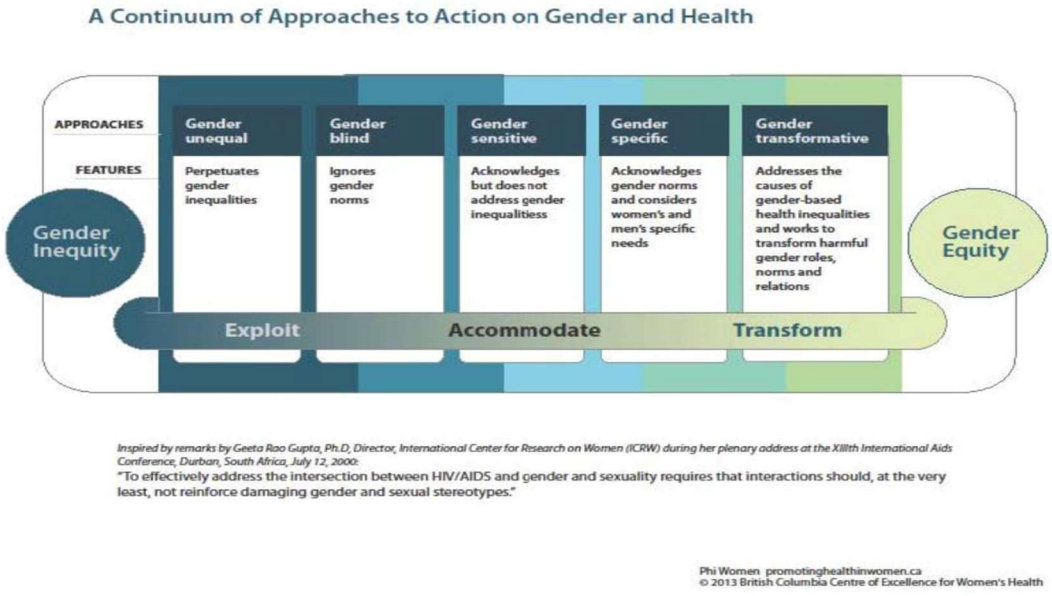
Adolescent mothers' experiences with IPV after childbirth have been closely linked to mental health issues. Importantly, the causes of IPV are more complex and often the result of individual, familial, community, and societal factors (Alhusen et al., 2015).

Factors associated with IPV include individual factors of the abuser such as excessive drinking and frequent disputes with partners, sexual coercion, controlling behaviour and gender inequality (Reis et al., 2015; Stöckl et al., 2014). According to WHO (2020), violence has a strong gender component, with girls experiencing increased sexual or physical violence from their partners. As a result, the importance of fostering gender transformative health promotion is critical.

Gender Transformative Health Promotion and Gender Inequalities

Gender transformative health promotion (GTHP) concentrates on the dual goals of advancing health and gender equity (Centre of Excellence for Women's Health, 2020). GTHP requires assessing how multiple factors and experiences intersect with gender in women's lives, to create conditions of risk, vulnerability, or protection (Pederson et al., 2014).

Figure 1: A Continuum of Approaches to Action



Note: A Continuum of Approaches to Action. From Centre of Excellence for Women's Health. (https://bccewh.bc.ca/webinars-and-courses/courses/gender-transformative-health-promotion-course/unit-3-approaches-to-integrating-gender-in-health-promotion/gender-transformative/). Copyright 2013 by British Columbia Centre of Excellence for Women's Health.

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Figure 2: Gender Transformative Health Promotion Framework

Note: A Framework for Gender Transformative Health Promotion for Women. From Centre of Excellence for Women's Health. (https://cewh.ca/webinars-and-courses/courses/gender-transformative-health-promotion-course/unit-1-what-is-gender-transformative-health-promotion/framework-for-gender-transformative-health-promotion/). Copyright 2013 by British Columbia Centre of Excellence for Women's Health.

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Notably, gender relations of power are one of the most significant socioeconomic determinants of health and form the basis of gender inequality (Sen & Östlin, 2007). It is important to note that gender roles influence the decisions young adolescents make regarding sexual and inter-personal relationships, which can have an ongoing effect on their health and well-being (WHO, 2021).

Some health conditions are the consequence of how societies socialize women and men into gender roles, supported by norms related to masculinity and femininity, and power relations that accord privileges to men, yet, undesirably affecting the health of girls, women, boys, and men (Sen & Östlin, 2007). Boys are positioned at risk through the reinforcement of negative gender stereotypes, which inspire risk-taking behaviours and make them prone to violence (WHO, 2020). Thus, it is important to challenge gender norms with multi-level interventions, as these actions will influence the most intimate personal relationships, in addition to influencing adolescent mothers' sense of self and identity (Sen & Östlin, 2007).

The framework for GTHP is a conceptual tool, illustrating how health promotion may contribute to gender transformation to enhance both health and gender equity (Centre of Excellence for Women's Health, 2020). [Figure 1: The continuum of approaches to action on gender and health]. The GTHP framework demonstrates how several elements interact with health promotion to either improve women's health and social outcomes or, via a feedback loop, maintain societal structures and health systems built on discriminatory norms and practices (Centre of Excellence for Women's Health, 2020). [Figure 2: Gender Transformative Health Promotion Framework].

Preparing appropriate interventions in support of GTHP requires an effective planning tool. The GTHP planning tool recognizes and values the diverse perspectives of health promotion practitioners (Centre of Excellence for Women's Health, 2020). Using this tool to highlight the issue of IPV and ask targeted questions about the mental health of adolescent girls, will serve to facilitate an intersectional analysis by healthcare providers, promoting a complexed approach to IPV inquiry, review, and identification (Centre of Excellence for Women's Health, 2020).

The tool will further allow a closer analysis of IPV within the adolescent female population, highlighting the differential issues and needs among the girls. Pederson et al. (2014) recognize that the planning process must focus on generating approaches that keep clear of reproducing harmful gender norms or stereotypes and alternatively, empower women and men to reach their full health potential. [Figure 3: Planning Gender Transformative Health Promotion Interventions].

Figure 3: Planning Gender Transformative Health Promotion Intervention

Note. Planning Gender Transformative Health Promotion Interventions. From Centre of Excellence for Women's Health. (https://cewh.ca/webinars-and-courses/courses/gender-transformative-health-promotion-course/unit-2-creating-gender-transformative-health-promotion-interventions/planning-tool-for-creating-gender-transformative-health-promotion-interventions/). Copyright 2013 by British Columbia Centre of Excellence for Women's Health.

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Integrating Gender in Health Promotion Interventions

Gender transformative health promotion interventions are: evidence-based; equity-oriented, action-oriented, women-centred, culturally safe, trauma-informed, harm-reduction oriented, and strengths-based (Centre of Excellence for Women's Health, 2020). It is pivotal to identify early and effective interventions that are necessary to reduce the negative health effects of IPV, in addition to sensitizing societal tolerance to nonfatal violence against women (Reis et al., 2015). Hence, we considered nursing education and advocacy interventions that are gender transformative to challenge the barriers of gender inequity related to IPV in the following section.

Recommendations: Nursing Education and Advocacy Interventions

a) Education

Building capacity involves an increase in awareness and training on the growing risks of alternative types of violence against women and girls (Khanlou et al., 2020). Nearly 80% of individuals diagnosed with depression develop symptoms of the illness during adolescence, yet many cases are overlooked and remain untreated (WHO, 2020). Furthermore, abusive men are often very controlling, and for many women, contact with primary care providers may be the sole option for seeking help and for implementing effective interventions (Reis et al., 2015). It is important to add training of health-care providers in intimate partner violence and sexual assault to the curriculum of basic professional education and, at minimum, as continuing education to healthcare providers who frequently encounter women (WHO, 2013). The minimum training should incorporate learning on how to: provide first-line support to women exposed to IPV, identify situations of violence, diagnose IPV and, provide appropriate clinical care (WHO, 2013). Particularly, disclosure or diagnosis of domestic violence requires considerable skills (Stuckless et al., 2015), therefore service providers should be sensitized and educated (Reis et al., 2015).

Pregnancy and the transformation to motherhood can be a highly vulnerable period for adolescent girls and young women, thus it is imperative to identify women who are struggling with issues of both violence and depression co-occurring (Trabold et al., 2013). Early awareness and sequential care of pregnant women impacted by IPV can introduce more positive short and lasting mental health outcomes, including the advancement of mental strength and the rectifications of mental distress (Rose et al., 2010). As there is no list of typical symptoms of IPV, survivors can exhibit diverse negative impacts of physical, sexual, and psychological aggression (Reis et al., 2015). Thus, a comprehensive understanding of the associations between IPV profiles and mental health is required to adjust prevention and intervention strategies for young pregnant and parenting couples (Thomas et al., 2019).

b) Advocacy

Advocacy is a powerful tool for gender transformative health promotion and can be used to reconsider the structures, norms, attitudes, and behaviours that support inequities in health (Centre of Excellence for Women's Health, 2020). Violence and gender-based aggression are considerable mental health concerns, requiring multi-sectorial responses for both intervention and prevention to be effective (Reis et al., 2015). According to WHO (2021), the health sector can advocate to make violence against women unacceptable and make certain that it is addressed as a public health issue. Equally important, advocating for additional resources is necessary to strengthen the prevention of intimate partner and sexual violence (Reis et al., 2015). Existing screening tools do not comprehensively assess intimate partner violence, thus, advocating for comprehensive IPV screening as a national standard in prenatal care is appropriate (Thomas et al., 2019). Nurses should also be mindful of wider community resources for young mothers who are experiencing IPV (Bekaert & SmithBattle, 2016). Therefore, seeking ways to include diverse professional perspectives and enhancing community participation in addressing IPV in diverse communities is critical (Alhusen et al., 2015). [Table 1: Future Suggestions: Advocacy and Education].

Table 1: Future Suggestions: Advocacy and Education

1.	Engage men as allies in the effort to promote the benefits of gender-equitable relationships for the whole community and promote positive male role models (Centre of Excellence for Women's Health, 2020)
2.	Work with boys and men through innovative programs for the transformation of harmful masculinist norms, high risk behaviours, and to prevent intimate partner violence (IPV) against women and girls (Sen & Östlin, 2007)
3.	Change norms and practices that harm women's health by challenging gender stereotypes and adopting multilevel strategies (Sen & Östlin, 2007)
4.	Assist communities in understanding and challenging the social norms that sustain inequalities between men and women (Centre of Excellence for Women's Health, 2020)
5.	Ensure that organizations at all levels work more effectively to promote gender equality and equity (Sen & Östlin, 2007)
6.	Advocate for women-centered and trauma-informed interventions, which embrace harm reduction approaches (Pederson et al., 2014).
7.	Engage in a dialogue with elected officials who are responsible for health or women's issues (Centre of Excellence for Women's Health, 2020)
8.	Build social media campaigns to raise awareness and encourage supporters to act; create, circulate, and/or sign petitions (Centre of Excellence for Women's Health, 2020).
9.	Employ preventive measures that foster conflict mediation and seek social and gender equity (Silva et al., 2015)
10.	Facilitate women finding safety from violence (Pederson et al., 2014)
11.	Distribute information and support national initiatives focusing on women's rights and violence prevention (Reis et al., 2015).
12.	Make active choices reflecting content, messaging, and decision-making processes during the implementation of an intervention (Tannenbaum et al., 2016).
13.	Promote gender equity in parenting and education by engaging young people in conversations about self-perceptions of gender norms (World Health Organization, 2020).

Note: Summary of Approaches to Gender Transformative Health Promotion Interventions to Challenge the Barriers of Gender Inequity related to IPV

Conclusion

Violence against women is a significant public health and social issue. Intimate partner violence is widespread among women of reproductive age and may contribute to negative mental health outcomes during pregnancy and beyond (Thomas et al., 2019). Because adolescence is a particularly vulnerable time for future health, it is imperative to address unequal gender relations which can have a detrimental effect on health during this time (WHO, 2020; 2021). Gender transformation aims to advance gender roles and relations toward gender equity and, while achieving gender equity may never be entirely possible, it is important to remember that gender transformation is a continuous process (Centre of Excellence for Women's Health, 2020). Accordingly, gender transformative health promotion strategies will be supported in bettering the lives of girls, boys, women, and men by replacing unhealthy gendered practices with positive health opportunities (Pederson et al., 2014). The impact of intimate partner violence on adolescent mothers' mental health during postpartum is an important issue. Our hope is that the suggested nursing education and advocacy interventions can be used in the future to actively address the barriers of gender inequality relating to intimate partner violence, further supporting youth engagement in healthy and positive behaviours.

Acknowledgements: The author is thankful to her PhD Supervisor, Dr. Nazilla Khanlou.

Ethical approval: Not applicable.

Funding: None.

*The author has no conflict of interest to disclose.

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ISSN 1929-8471