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A Female's Perceptions and Experiences of Sexual and Financial Abuse by Intimate Partner Violence and their Impact on Mental and in Reproductive Health

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ABSTRACT

In this present article we study a woman's perceptions and experiences who suffered sexual violence from the opposite sex and its effects on health due to non-treatment of chronic mental disease and reproductive health problems. A qualitative study was conducted composed of an interview of a low-income Bulgarian economic migrant woman in a rural area. The results show that in the present case there is abusive relationship. Sexual coercion and nonconsensual sex are common. There was disagreement between a couple for negotiating safe life sex resulted in unwanted pregnancies and abortions. There was no access to health services treatment of chronic depression and first aid services after violence during pregnancy. Access to and use of health care services from a female immigrant was limited due to financial difficulties arising from the abusive relationship from a man.

KEYWORDS: *reproductive health; female; migrant; healthcare; services; access; sexual violence; depression*

INTRODUCTION

In recent years, there has been a growing interest in research on violence against female, and its impact on their health [1]. In 2016, the World Health Organization's (WHO's) Member States endorsed a plan of action globally to strengthen the role of the health system to address interpersonal violence, in particular against women, which includes improving the collection and use of robust data as one of its four strategic directions [2]. Domestic violence experienced by immigrant female is a public health problem. A survey conducted in collaboration with a community agency of a sample of 1,763 client files from 2006–2014 shows that 41% reported domestic violence and required multiple services. Separated and divorced women and women on visitor/temporary visas showed the highest risk [3].

Violence against female is an important problem with serious consequences for health. Intimate partner violence, domestic violence, sexual, physical, emotional violence, and different intensities of violence are all currently being reported and assessed. While domestic violence describes an array of violent actions taking place in a domestic setting, the term intimate partner violence refers abuse in the context of close relationships [4]. Violence in intimate partner considered victimization by spouses or ex-spouses, boyfriends or girlfriends, and ex-boyfriends or ex-girlfriends. A report conducted from the Bureau of Justice Statistics' National Crime Victim-ization Survey (NCVS), refers that in 2008 females age 12 or older experienced about 552,000 nonfatal violent victim-izations e.g. rape/sexual assault, robbery, or aggravated or simple assault by an inti-mate partner (a current or former spouse, boyfriend or girlfriend). According Hyman et al. in Canada, 8 % of female reported sexual or physical violence by an intimate partner, over 19 % experienced at least one episode of financial or emotional violence by a current or ex-partner during the last 5 year [5]. A review focused on violence against females in pregnancy in the USA and other developed countries showed that the reported prevalence of any type of abuse varies between 0.9 and 20.6 % [6]. In a survey conducted among South Asian Immigrant Men and Women in the United States shows that the most prevalent type of domestic violence victimization was physical violence (48%), followed by emotional (38%), economic (35%), verbal (27%), immigration-related (26%), in-laws related (19%), and ultimately sexual abuse (11%). Prevalence rates were higher for women than for men in each type of violence [7].

Sexual violence is directly correlated to sexual and reproductive health outcomes including gynecological problems [8], sexually transmitted infections [9] and unintended pregnancies [10]. Unplanned pregnancies are often the leading cause of induced abortion [11]. A study

conducted in India found that 26% of married female had experienced physical violence in the last 12 months of the study; and almost 15% of the total sample reported one or more incidents of forced sex [12].

Sexual abuse can have to a multitude of health effects, including reproductive, physical and psychological. All told, these result in a significant health burden. It has been reported that, although female who have been sexually abused are often attendees of health care system, they do not seek health care for the sexual violence itself necessarily. Female visiting health care system later may also not disclose the abuse spontaneously, and a high degree of suspicion is required in individuals with non-specific chronic conditions [13]. It has been reported, that female survivors have lower rates of preventive health care use and mental health service [14]. Additionally, victims survivors of sexual abuse are found to have a high reported number of neurologic-type and cardiopulmonary symptoms [15], e.g. palpitations, cardiac arrhythmias, shortness of breath, , asthma, hyperventilation, chest pain, choking sensation, numbness, weakness or faintness, fatigue, insomnia, frequent headaches, facial pain, chronic pain with back and fibromyalgia, migraines have been reported [16,17,18,19,20].

One sector of intimate partner violence is economic violence [21]. Economic violence is often considered within the scope of psychological or emotional violence [22, 23]. But lately, scholars have begun to define economic abuse as a unique type of violence [22]. Economic abuse is a unique and mandatory form of control behavior that the abuser uses in an intimate relationship other than physical, sexual and psychological abuse [24]. In some surveys, it was determined that most of the husbands and the spouse used abuse against female and that women had serious health problems. It was determined that the most of female were nervous or have depression [25]. Therefore, it was found that many types of violence faced by female are based on economic violence [26]. Alcohol use by the intimate partner is also significantly associated with pregnant women's intimate partner violence. Alcohol use variables of female and spouses have been found to be effective in financial violence [27]. A survey has shown a significant positive association between recent injection drug use and financial violence of a non-intimate partner [28].

Immigrant's reproductive and sexual health needs are considered "particularly pressing" [29]. Extra-EU migrant female are less often screened for breast and cervical cancer, have less access to contraception and family planning and a lower uptake of gynecological health care [30] are more at risk of unintended pregnancies, pay fewer and later antenatal care visits [31] have poorer pregnancy.

It has been shown that immigrants not to know information about their rights and therefore to become more vulnerable to any type of violence. Specifically, many times, they depend either on their employers and agencies or on their husbands or male relatives to learn more in formations about their rights [31]. Third, migrant domestic workers have been shown from many surveys to be more vulnerable to exploitation than others [31,32] as well as due to lacking, guidelines, trade unions and information from authorities [32]. Restricted access to resources has also been linked with migrant domestic workers' reluctance to report incidents of violence and other human rights' illegalities to law enforcement agencies due to fear of deportation [31].

In this article, intimate partner violence describes physical violence directed against a female immigrant by a current boyfriend. The definition "intimate partner violence" can include sexual violence, financial violence and often also include psychological violence; these forms of violence often accompany physical abuse. However, inconsistencies in the definitions used in research, particularly with regard to inclusion or exclusion of sexual, financial and psychological abuse by male intimate partners, has resulted in most global quantitative studies on the causes of intimate partner violence focusing solely on physical violence. In this article we hope to provide information about female's perceptions and experiences of sexual and financial abuse by intimate partner violence and their impact on mental health in reproductive health.

METHODS

This case was collected during a study of a volunteer's experience using a "personal experience story" data collection method in a rural area. A case study was selected for its immigrant population and is representative of low-income immigrants of a rural area. We chose a qualitative study design and included a range of data collection methods to obtain a more comprehensive picture of intimate partner violence and the consequences in the female's mental and reproductive health.

For the first stage we interviewed a key informant. An interview was conducted with this informant to allow for greater exploration of the context, dynamics, and attitudes toward intimate partner violence. The interview was conducted in the medical care center of a social service of the informant and lasted 4 hours. The informant was long-term resident of this area and had lived there for 3 years. A semi structured interview consists of questions on the role of the female, her status in family and society, and contextual determinants of abuse was used to guide the discussion. Firstly, the issue of mental and reproductive health was probed and the issue of sexual abuse was probed toward the end of the discussion to allow the participant to feel comfortable.

Since the focus of this survey is on sexual abuse by an

intimate partner violence and health, themes relevant to the topic were selected for more in-depth thematic analysis.

CASE DESCRIPTION

(This case is from one of the author's clinical management cases in an island in Greece. Names and other identifying information have been changed to protect confidentiality).

Natalia is a 35-year-old adult female of Bulgarian origin, who has been living in a rural area in Greece as an economic immigrant for 3 years. During Natalia's an unscheduled visit in the medical care center of a social service belonging to the municipality of the area, we met her and she was very upset. She had just found out that all of her money her partner Giannis spent it for alcohol. Also, Giannis seems spent her money having fun with another woman while Natalia was working.

Natalia has an adult daughter. She was born when Natalia was only 14 years old. She never married the father of her child and her daughter bore her surname. Her daughter lives in Bulgaria with her mother. Natalia has to manage her mother's and her daughter finances. Natalia's partner spouse called Giannis, who was divorced and came from Greece, was generally in financial depended from Natalia. Natalia was in the habit of giving large sum of money from her salary to him without wanting it herself.

When she arrived at medical care office of a social service belonging to the municipality, of a remote rural area from the urban center of the prefecture, she presented headache, weakness and she hasn't slept for 2 days. The day before she fainted. She did not seek medical help. Also, seems to have symptoms of depression. There is no known disease from the nursing history. She states that she has never undergone a medical examination and has never visited a doctor. From the family history states that her father died at the age of 54 from sudden death, suffered from diabetes, hypertension and chronic depression. The 42-year-old brother suffered chronic mental disease about which she could not give us more information. From the social and economic history shows that he belongs to the low-income class. She smokes, does not use alcohol, sleeps 8 hours a day and she is underweight.

When asked by the nurse why she has neglected her health, she states: "I am a domestic helper for an elderly couple, I am provided with accommodation at their home. I am not satisfied with the salary but I have an excellent relationship with my employers. During all the years I have been in your country. I have been in a relationship with a man 10 years older than me who drinks alcohol frequently. In the beginning our relationship was good without conflicts. I knew he was using alcohol. He was unemployed. I wanted to have company. I have no friends and relatives in Greece. After 3 months of relationship, he started asking me for money and when i wasn't not accepting to give it to him, he was hitting me. He was reacting to me by screaming profanities and calling my names. She reported that she stated she felt things were moving out of her control. She also stated that her frustration with him changed to fear. Giannis was becoming physically aggressive and she was afraid of him. When asked what she wanted to do she stated she would like to leave him, but did not have the funds to leave Greece and travel to another country on her own. I am not financially independent even though I work. I cannot afford to visit my family in my homeland. I do not have the ability to pay for bus tickets to go to the city to see a doctor. I feel that something is wrong with my health. I want to end the relationship with my partner and to see what happens to my health. I'm anxious, I think I have depressed. Many times, it crosses me mind to end my life. I have been pregnant three times but I have never managed to give birth to a child. As soon as my partner found out that I was pregnant, all three times he forced me to have an abortion beating me with kicks in my belly.

Primary Relationships

The lack of financial and emotional support experienced by Natalia was result of her previously failed relationships and the lack financial literacy. Natalia's salary became a way to be established a relationship with the opposite sex so no to feel lonely rather than to secure her means for living. This is a strategy to emotional support and ensure care. According to Fonseca et al. friendship and love are the pivotal elements of primary relationships. Loneliness and lack of financial literacy are significant risk factors for female [31,32]. Because of The geographical distance with her mother and her daughter, the death of her father and the absence of friends in Greece (their presence in Natalia's life could have been motivated by money rather than love), Natalia thought that couldn't have stopped the mistreatment situation that she was experiencing.

Physical Violence, Nonconsensual Sex, Contraceptive Use and Unwanted Pregnancy.

A serious issue emerging from the victim was violence during unwanted pregnancy. The experience of this victim that has an abusive relationship during unwanted pregnancy was reported. For this woman, sexual and physical abuse began three months after the start of their relationship with the perpetrator. She experienced frequent abuse from early months of their relationship, violence intensified during pregnancy. Natalia was physically forced to have sex. Giannis from the begging of their relationship did not want to pay to buy condoms, preferred to buy alcohol with this money. He used to use the traditional method of contraception but apparently it was not enough. Natalia never used birth control pills or any other method of contraception. She got three times pregnant that were accompanied from physical and sexual violence. In her interview, the victim described

how she lost her 4, 3, 4 - month-old unborn children when her intimate partner kicked her in all her body and especially in her stomach. Natalia in her first pregnancy from Giannis was seriously injured but received medical help without telling all the true about the incident because she was afraid her partner spouse. Five months after this incident, the participant was pregnant for second time and her spouse had refused to use contraception. Four months later, Natalia was pregnant again for third time. In all three pregnancies, Natalia suffered from physical and sexual abuse.

Economic Violence, Poor Health and Lack of Access to Healthcare Services

Giannis spent all Natalie's money to buy alcohol. He later learned that he was having an affair with another woman with whom I was spending her money for fun Natalia reported that the economic exploitation she was experienced seriously impeded her physical and psychological health. Specifically says that it was threatened her economic security and independence. It was limited her capacity to leave this abusive relationship, and this situation had bad mental health effects. Her financial resources were limited and she had financial dependence on the abuser. He had no money to access health services. She states that she did not have money to send to her mother and daughter in Bulgaria but also to go to the city to visit a doctor in a public hospital thus resulting in a deterioration of her state of health. I wanted to visit a psychiatrist away from the area where I live because I was afraid the stigma of mental disease. I thought to be, or actually is, a disadvantage because can lead to discrimination. She believed that she couldn't find a job. Employers would avoid me because they would think that she was unstable, violent or dangerous due to her mental illness.

Chronic Management of Chronic Depression

Natalia reported that has anxiety, sadness, many times cried for no reason, she didn't not sleep at night. she felt tired. she had tachycardia and headaches. She said that it is a daily struggle that lasts two years. She has had depressive symptoms for a long period of time. she had lost her interest in the things she used to love and now she weighed 10 kg less since the begging of the first symptoms of depression. We recommended Natalia to speak with a mental health professional was the best way to find out exactly what diagnosis best matches her symptoms, as well as what the best treatment options are. We made an appointment for her with the psychiatrist with which our structure cooperates. Natalia diagnosed with chronic depression. She had experienced nearly continuous symptoms of depression for over two years. She met the requirements to be officially diagnosed with chronic depression. Appropriate medication was given by the psychiatrist and started a large-scale individual psychotherapy with the psychologist of our structure. The social service helped to end her relationship with Giannis without fearing for her life. In particular, Natalia before the intervention, presented with a higher level of total anxiety and depression in comparison to the intervention, suggesting that the psychotherapy schema in combination with medication were efficient. In a meeting we had with her psychiatrist, she told us the following '' From the family history was found that her father had chronic depression. That fact increased the chance Natalia to diagnose with depression. Her life events like the failed relationships with her intimate partners, the financial support of her family, loss her father and the three abortions increased the chances to cause a depressive episode. Also, the prolonged loneliness or lack of social support led to depressive symptoms.

CASE ANALYSIS

The limitations of this research are as follows: The present research is based on one case and not on a sufficient sample number. Due to the social sensitivity associated with the issue there was difficulty in identifying cases of women experiencing sexual violence and wanting to report in detail on unwanted pregnancies, abortions experienced and the psychological problems they face as a result of these situations.

In the present survey we have dialed several interrelated subjects associated with sexual, physical, financial abuse and female's mental and reproductive health.

The codifications under discussion relate to the forms of violence encountered in the case under consideration, the features of the relationship under consideration, characteristics of both the perpetrator and the victim of violence, the potential impact that abuse has on mental and reproductive health, reasons for staying in an abusive relationship but also the reasons that, in the end, lead to seeking help.

First, the relationship between the perpetrator and the victim will be clarified. Specifically, in the study case that we study the person who abuses the victim is her partner with whom she has been in a relationship for the last 3 years. As for the forms of violence that are encountered, it is the psychological, the sexual, physical and economic violence. Regarding the period of violence, it is observed that the first violent behaviors took place at the beginning of the relationship. Impression can be caused by the fact that despite Giannis being violent Natalia chose to continue her relationship with the perpetrator even though they were not married and I had no children. This may explain by the fact that she was alone in Greece, she felt lonely and did not want to be alone. At the same time, it is characteristic of her reference to the interview she gave us in which she states "I stayed with him hoping he would change". The victim is in an abusive situation, possibly accustomed to the routine of violence and affected believing that it was her fault and she was looking to find where she was doing the wrong thing and to correct it. Especially if we

take into account that the victim has had failed relationships with partners in the past, so it is very likely that this has contributed to the view that Natalia believed that she has a part of responsibility for the failure of the relationship. Regarding the time relationship between pregnancy and the violent events the following are observed. In Natalia's case the problems started before the pregnancy and continued and during the cycle and after the miscarriage. This probably happens, because Natalia's partner feels that he is starting to lose the control of the victim but also of her body, as well as her attention, so reacts with verbal and physical violence, trying to put the victim under his control again. It is possible that abuse situations intensify during the pregnancy. A study shows 19% prevalence of moderate or severe violence during the prenatal period, compared with 25% during the period of up to 6 months after childbirth [32]. Forced sex can also result in unwanted pregnancies, and a survey with 4008 females in the USA showed that, over a 3-year period, the national rape-related pregnancy rate was 5.0% per rape among victims aged 12–45 years, producing over 32,101 pregnancies nationally among female from rape each year. In this survey, 50% of the female underwent an elective abortion, whereas 12% had a spontaneous miscarriage [33]. Giannis drink alcohol and possible use other substances, He was angry, initially because the victim was spending too much time caring for the elderly couple he worked for and did not give all the attention on him, the violence increased when Natalia got pregnant. Beyond the effect of alcohol and possibly some other substance on the aggression of Giannis, alcohol and substance users have become accustomed to a substance-dependent model, which It shifts in time and in their relationships. It is likely that there is a direct correlation with substance use and the manifestation of violent behavior. The existence of use in victims can also be explained by its theory chemical avoidance, which aims to alleviate the perpetrators' violent experiences [34].

Natalia, who has been abused, reports that she has depression. She has never visited a psychiatrist and has never received mental medication. She started losing weight, when the first violent episodes by Giannis began. Emotionally it seems to be yet child. She has become underweight. A survey 18 conducted with female who were sexually violated showed that they were significantly more likely to think that they were fat, had sudden weight changes including substantial weight loss, and anorexia. Eating disorders and unhealthy eating habits associated with sexual abuse include fasting, vomiting overeating and abusing diet pills [35,36].

It has been said that the financial dependence of victims of violence on perpetrators [37], often contributes to the victim remaining in the abusive relationship. Natalia was working and the perpetrator "started spending her money on alcohol and fun with another woman who apparently had an affair "Natalia found it out after a long time because she was working and was living in the house of the elderly couple who took care". The victim cannot leave the area and find another home, as the money to rent a house far away from Giannis was not enough.

In the context of interconnected psychiatry, a referral was made for the patient by the nurse of the medical care department of the social service for psychiatric and psychological assessment and monitoring. Natalia has not been officially diagnosed with a chronic psychiatric illness. Natalia was referred by the nurse of our service to a psychiatrist and she was diagnosed with chronic depressive disorder starting in the last 2 years for which the patient has never been medically supported. The trigger for her situation was the discovery that her partner was having an affair with another woman and was spending her salary to have fun with her. The patient was diagnosed with Chronic Major Depressive Disorder, and Panic Anxiety Disorder, as the symptoms identified had the intensity, frequency, and daily duration or effects on the functionality and mental well-being required. There were also problems in her relationship with her partner and loneliness related to the lack of friends in Greece and the geographical distance she had with her daughter and mother.

Female who has experienced sexual and physical intimate partner abuse are at a higher risk of experiencing health problems, especially mental, than those facing physical abuse alone [38,39], longstanding health consequences as well as increasing the risk of intimate partner abuse. Female's experiences of violence have been established association with depression [40,41] Female 's experience of violence – likely to continue over an extended period of time – along with other adverse reproductive events and circumstances increases their risk of depression, rather than their experience of terminating a pregnancy [41,42].

Looking Natalia's family, in which case the existence of a psychic disease. Her father had depression which was never overcome and turned into chronic severe depression. The brother was suffering from a mental illness about which he did not know more details. There is an inherited predisposition in the case of Natalia as far as mental illness is concerned. She takes medication and the choice of the medication by the psychiatrist was made based on the type of depression, the current clinical picture, the self-destructive behavior, the patient's age and the history of chronic depression. The antidepressant medication in combination with an antipsychotic and anxiolytic drug was intended to reduce depressive symptoms, such as decreased activity, sleep disturbance, speech and movement disorders, to alleviate the patient's impulsive thinking about future self-destructive behavior as well as to reduce their risk for future relapse. In addition to depressive symptoms, at the beginning of treatment, he showed evidence of passive behavior, intense anxiety and psychosomatic symptoms. A

loss-oriented treatment strategy was followed and problem-solving, goal-setting, reaction-blocking, cognitive-distortion, cognitive dysfunctional, reviving experiences from childhood and training in the skills of assertive behavior, expression of emotions was used. The treatment was completed in 70 sessions over an 18-month period, which took place on a weekly basis, lasted 45 minutes and were under the supervision of an experienced psychotherapist. At the end of the sessions, six booster sessions (follow-up) were performed, one year after the end of the main sessions. At the last booster session was mentioned the maintenance and generalization of the therapeutic effect was noted. Surveys has been conducted on mental-health interventions for sexual-abuse victims, however, as this is limited, we can draw on survey into treatment of mental-health problems general. A numerous of different approaches have been used, and some attempts have been made to assess the effectiveness of these interventions [43, 44]. Female experiencing intimate partner abuse use a disproportionate share of health care services, visiting more often the emergency departments, primary care facilities, and mental health agencies than no abused female [45, 46,47].

CONCLUSION

Sexual and financial abuse can lead to health mental problems. Healthcare providers, doctors, nurses ect have to be educated and sensitized to the various health problems that may result and how to manage them. In conclusion, abuse against female is a phenomenon that must be investigated. Violence against female can be strongly related to unwanted pregnancy and related to pregnancy termination. Finally, international and national efforts can more effectively address female's risk of abuse and unplanned pregnancy and pregnancy termination and the resultant threats to female's health, safety.

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