

Double attachement, violence conjugale et grossesse

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Cette étude visait à intégrer les théories du processus de la motivation afin de définir un cadre d'analyse pertinent qui pourrait servir à expliquer les réactions comportementales des femmes face à la violence conjugale pendant la grossesse. Pour analyser le phénomène, les auteures proposent le concept de double attachement. Cette notion désigne les mécanismes psychologiques et sociaux simultanés et bien souvent conflictuels qui amènent la future mère vivant aux côtés d'un conjoint violent à s'attacher, au fil des tâches développementales associées à son nouveau rôle, à l'enfant encore à naître et à son partenaire intime. Le concept de double attachement est l'aboutissement d'un processus inductif-déductif fondé sur l'expérience en milieu clinique, une recension de la documentation et des données qualitatives provenant de deux études sur la violence pendant la grossesse. Les auteures arrivent à la conclusion qu'il offre un cadre utile pour interpréter les réactions comportementales des femmes enceintes face à la violence. Elles suggèrent des avenues de recherche et d'intervention qui permettront de mettre au point des méthodes qui s'en inspirent.

Mots clés : grossesse, violence pendant la grossesse, violence conjugale

Double Binding, Abusive Intimate Partner Relationships, and Pregnancy

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The purpose of this study was to extend and integrate the process theories of abuse and becoming a mother in order to provide a contextually appropriate perspective for understanding women's behavioural responses to intimate partner abuse during pregnancy. Double binding is proposed as a construct for understanding intimate partner abuse during pregnancy. Double binding refers to the simultaneous and often conflicting psychological and social processes of binding-in to the unborn child and to the abusive intimate partner that women engage in as they perform the developmental tasks associated with becoming a mother while living with an abusive partner. This construct was developed through an inductive-deductive process using clinical experience, a literature review, and qualitative data from 2 studies of abuse during pregnancy. The authors conclude that double binding is a suitable lens through which to interpret pregnant women's behavioural responses to abuse. They offer suggestions regarding clinical practice and research to further develop appropriate interventions incorporating this construct.

Keywords: Pregnancy, motherhood, abuse during pregnancy, domestic violence

The purpose of this paper is to present a construct, double binding, that integrates the developmental process of becoming a mother with the process of being in an abusive relationship. The integration of these two theoretical perspectives is an important step in broadening our understanding of the behavioural dynamics exhibited by pregnant women in abusive relationships. Becoming a mother assumes a positive, supportive intimate partner relationship, yet pregnancy and being in an abusive relationship often coexist and present competing behavioural demands and social expectations for women. Consistent with the uniform definitions of intimate partner violence put forth by the Centers for Disease Control and Prevention (Saltzman, Fanslow, McMahon, & Shelley, 1999, pp. 11–13), for this study intimate partners included spouses, former spouses, and non-married partners, and abusive acts included physical violence, sexual violence, threat of physical or sexual violence, and psychological or emotional abuse (including coercive tactics) with prior physical or sexual violence or threat of physical or sexual violence.

Background

Between 3.0% and 18.4% of pregnant women report experiencing abuse by an intimate partner (Bacchus, Mezey, & Bewley, 2003; Neggers, Goldenberg, Cliver, & Hauth, 2004; Reichenheim & Moraes, 2004), although the actual incidence is unknown as significant barriers to disclosing abuse during pregnancy, such as fear of partner retaliation, fear of being reported to child protection services, and a desire to maintain a positive public perception of a normal family are common (Bacchus et al.; Lutz, 2005a, 2005b). Intimate partner violence during pregnancy has been associated with an increased risk of the woman being murdered (Campbell, 1999) or delivering a low-birth-weight infant (Curry, Perrin, & Wall, 1998; Lipsky, Holt, Easterling, & Critchlow, 2003; Murphy, Schei, Myhr, & DuMont, 2001). Also, intimate partner abuse may be responsible for many cases of pregnancy-associated mortality (Horon & Cheng, 2001; Krulewitch, Pierre-Louis, Leon-Gomez, Guy, & Green, 2001).

As a consequence, public health and professional efforts have been directed at implementing routine screening for abuse during pregnancy. Protocols endorsed by the March of Dimes and the Family Violence Prevention Fund are founded on the research-based empowerment model developed by McFarlane and Parker (1994) for all women experiencing violence. This model includes a private face-to-face assessment, review of the cycle of violence, assessment of the woman's increased risk for danger, and discussion of the woman's options whether she decides to stay or leave. Actions if she stays include calling the police or obtaining an order of protection; actions if she leaves include assembling essential items to take such as important documents, car keys, and clothing. However, neither this protocol nor the few intervention studies designed to reduce the prevalence of abuse during pregnancy (Curry, Durham, Bullock, Bloom, & Davis, 2006; McFarlane & Wiist, 1997; Parker, McFarlane, Soeken, Silva, & Reel, 1999) explicitly consider the unique contextual circumstances imposed by pregnancy. While we unequivocally support the importance of screening pregnant women for abuse and offering pertinent education and information, we also believe that in order to design interventions that meet the needs of pregnant women experiencing abuse, a theoretical understanding of the interacting and competing behavioural processes is needed.

Developing Our Construct

An inductive and deductive approach that integrated clinical experience, two separate studies, and a re-examination of the literature was used to develop the construct of double binding. While the first author (KL) was

publishing her dissertation data on women's experiences of abuse during pregnancy, she realized for the first time that our current approach to abuse screening and intervention does not take into account the normal maternal process of becoming a mother. At the same time, the other authors asked KL to consult with them on the analysis of qualitative data they had collected as part of a larger intervention study (Curry et al., 2006; Libbus et al., 2006). During the resultant consultation, the construct of double binding emerged, which is the two internal opposing forces encountered by pregnant women in abusive relationships: becoming a mother and being in an abusive relationship. Clinically, the construct made enormous sense to all of the authors, who collectively have well over 50 years of nursing experience with pregnant women. At this point, the literature on maternal role attainment and process theories of abuse were critically re-examined. The next step was a presentation, given by MAC, of the construct to members of the Nursing Research Consortium on Violence and Abuse, who supported its conceptual integrity. Following that, KL and MAC each systematically examined the existing qualitative data from two studies for exemplars of the construct. We then read all of the selected exemplars from both of the studies and reached agreement on their appropriateness. We chose those exemplars that best fit the construct of double binding. Exemplars were subsequently organized according to the tasks of becoming a mother. Those exemplars and the organization were then shared with all of the authors, all of whom had been involved with data analysis in the original studies and the analytic discussion regarding double binding. Although there were other examples that fit the construct, only those that best illustrated the different tasks of pregnancy and the construct of double binding were included. While some data appeared to contradict the construct of double binding, overall the construct seemed to fit well with the majority of the interview data.

In the remainder of the paper, we will first review the theories of becoming a mother and the process theories of being in an abusive relationship, then briefly describe the methods used and the findings of two qualitative studies, and, finally present exemplars that support the construct of double binding.

Becoming a Mother

Mercer recently proposed that the term "becoming a mother" replace the term "maternal role attainment" in order to more accurately reflect the dynamic process that women engage in during pregnancy and motherhood (Mercer, 2004). The term is used here to describe the multiple biological, psychological, social, and transitional changes (Mercer, 1986;

Rubin, 1984) that women experience during pregnancy. Rubin was among the first to recognize the cognitive work that pregnant women perform in the process of becoming a mother from the perspective of the women experiencing it (Rubin). Her theory includes four maternal tasks: (1) seeking and ensuring safe passage for mother and infant, (2) securing and ensuring acceptance of the pregnancy and the new family member by significant others, (3) binding-in to the child, and (4) giving of oneself to the dependent, valued child. Binding-in to the pregnancy is the process that a woman undergoes as she realizes that she will become a mother; it is characterized by ensuring safe passage for herself and the unborn child. Part of seeking safe passage for the child is the task of promoting social acceptance of the child, beginning with the acceptance of the child by its father. Consequently, the quality of the mother's relationship with the father of the baby influences all of her maternal tasks, but most significantly whether and how he accepts and supports the pregnancy and the developing child. Incorporated into the father's acceptance of the baby is the maternal dream of having an ideal, loving, supportive family, and home.

Therefore, the ideal suggested by the binding-in process becomes a goal for pregnant women even with the wide variations in family structure and complex or hazardous social conditions. The appearance of a welcoming, stable, and loving environment for the infant may conceal a partner's abuse and project optimism about the family's future, a future that is in reality threatened. For women who are in abusive relationships, the process of binding-in to the child involves trying to maintain the appearance of a secure relationship and doing whatever is necessary to be a good mother. Although women negotiate the maternal tasks of pregnancy in a style that is unique to each pregnancy (Mercer, 2004), how the context of abuse affects women's achievement of these tasks has not been considered. While a few studies have reported the negative effects of marital ambivalence, conflict (Porter & Hsu, 2003), and role strain (Mercer, 1986) and the positive effects of the husband being a good father (Paris & Helson, 2002) on becoming a mother, the effects of abuse have not been measured. Furthermore, most studies on becoming a mother have been limited to married, cohabiting couples.

Similarly, pregnant women's decisions regarding abusive relationships have not been considered in the context of the developmental tasks of becoming a mother. Thus, little is known about how a woman executes these maternal tasks and becomes a mother while making decisions about her relationship with an abusive intimate male partner who jeopardizes the family unit and the safety of the woman and the unborn child.

Process Theories of Intimate Partner Violence

For women in abusive relationships, another process of binding occurs. According to Landenburger's (1989) process theory of abuse, all women experience an initial, or binding, phase and may or may not progress to the phases of enduring, disengaging, and recovering. The process of binding refers to the period when the woman begins to realize that there is something wrong with the relationship but believes that the abusive behaviour can be fixed. Women often initially believe that the abuse is their fault and that they have the power to change their partner's behaviour. They feel that they can construct a loving relationship — that is, they bind to the relationship. As a woman becomes more certain that she is in an abusive relationship, she still desires a loving relationship with her partner, without the abuse; this desire continues to bind her to the relationship. Wishing for this loving relationship, overlooking warning signals, working on the relationship, and wondering what it is about her that provokes the abuse are components of binding.

In the enduring phase the woman perceives herself as putting up with the abuse. The good in the relationship is valued and is used as a mechanism for blocking out the abuse. This phase is marked by placating, feeling responsible, covering up the abuse, and shrinking one's self. During the disengaging phase the woman begins to identify with other women in similar situations. This phase consists of labelling the relationship as abusive, seeking help, reaching a breaking point, reclaiming a sense of self, and leaving or considering leaving. The final stage, recovery, is a time of readjustment after leaving the abuser, which continues until the woman regains balance in her life. This phase is marked by struggling for survival, grieving for the relationship, and searching for meaning. Campbell and Campbell (1996) postulate that during pregnancy most women will probably be in the binding or enduring phases; because the relationship is likely to be new, they want to make it work, and they want to believe that things will get better when the baby is born. Other researchers describe similar process stages of abusive relationships (Dienemann, Campbell, Landenburger, & Curry, 2002; Merritt-Gray & Wuest, 1995). A limitation of Landenburger's model is that it is based on data from women who left their abusive relationship, whereas not all women leave an abusive relationship.

Double Binding

Double binding refers to the simultaneous and often conflicting psychological and social processes of binding-in to the unborn child and the abusive intimate partner that women experience as they engage in the developmental tasks associated with becoming a mother while living in

an abusive partnered relationship. The tasks of ensuring safe passage for herself and the baby and securing and ensuring acceptance of the pregnancy by the baby's father and significant others are inextricably linked with the realities of being abused by the baby's father. Binding-in to the abusive partner by working harder on the relationship, ignoring warning signs, and hoping that things will get better may be a way of coping with this internal conflict. A consequence of double binding is the sense of living in two separate worlds (Lutz, 2005a, 2005b). One life is public, reflecting the pregnancy, the other private, reflecting the abuse. The public life represents the external, idealized view of the woman's life, pregnancy, and family. The private life represents the reality of abuse that the woman comes to recognize but does not wish to publicly acknowledge.

Qualitative Studies

Methods used to collect the original qualitative data in each of the studies will be summarized. Detailed descriptions can be found elsewhere (for the first study, Lutz, 2005a, 2005b; for the second, Libbus et al., 2006). Both studies were conducted in accordance with methods approved by the Institutional Review Boards associated with the research sites and academic institutions.

Study 1: Women's Experiences of Abuse during Pregnancy

The purpose of this study was to generate a theoretical understanding of women's experiences of intimate partner abuse during pregnancy using a grounded theory method, dimensional analysis (Schatzman, 1991). Twenty-one in-depth interviews were conducted with a convenience sample of 12 ethnically and sociodemographically diverse women over a 1-year period. Participants were English-speaking women who screened positive for physical or sexual abuse on the Abuse Assessment Screen (McFarlane & Parker, 1994) or reported experiencing emotional abuse by an intimate male partner during a current ($N = 5$) or previous ($N = 7$) pregnancy. Each participant experienced emotional abuse and some form of physical abuse during pregnancy or postpartum. Their ages ranged from 18 to 43 at the time of the interview. See Table 1 for demographics.

Data were collected through in-depth audiotaped interviews that lasted about 2 hours. Consistent with the grounded theory method, interview questions evolved to clarify concepts and conceptual linkages and to allow for theoretical sampling. A grounded theory of living two lives emerged from the data. Living two lives was a result of disparities between the two concurrent phenomena of abuse and pregnancy.

Table 1 *Demographic Characteristics*

Variable	Study 1 (N=12)		Study 2 (N=18)	
	Mean	Range	Mean	Range
Age	29.7	18–43	26.7	16–34
Number of pregnancies	3.1	1–9	2.8	1–7
Number of children	2.0	0–5	1.1	0–4
	Number	%	Number	%
<i>Race</i>				
Caucasian	6	50	9	50
Black	4	33	6	33
Hispanic	–	–	2	11
Arab American	2	17	–	–
Bi-racial	–	–	1	5
<i>Marital status during abuse</i>				
Married	6	50	6	33
Single	3	25	12*	67
Divorced	3	25	–	–
<i>Educational status</i>				
College graduate	6	50	2	11
Some college	3	25	5	28
High school or GED	1	8	10	56
Less than high school	2	17	1	5
*Of these women, five (28%) were single and living with their partner and seven (39%) were single and not living with their partner. In the first study, women were classified by marital status alone.				

Pregnancy provided the impetus for reinvesting in the partnered relationship and constructing a family. Few women left their abusive relationship during pregnancy; they left only under certain circumstances, such as increasing violence.

Study 2: An Intervention Study for Abused Pregnant Women

Those enrolled in a larger randomized clinical trial of a nursing case-management intervention for pregnant abused women (Curry et al., 2006) who screened positive for current intimate partner abuse on the Abuse Assessment Screen (McFarlane & Parker, 1994) were invited to take part in the qualitative arm of the study (Libbus et al., 2006). Eighteen ethnically and sociodemographically diverse women ranging in age from

16 to 34 completed a total of 43 in-depth face-to-face interviews. See Table 1 for demographics. Interview data were collected using a semi-structured interview guide developed in collaboration with Landenburger to incorporate pivotal features of her process theory of abuse described earlier (Landenburger, 1989, 1993). Women completed up to four interviews, two during pregnancy and two following delivery. Most women completed multiple interviews; six completed all four, one completed three interviews, five completed two interviews, and six completed one interview. The interviews lasted from 1 hour to over 2 hours. The majority of the women became trapped and endured violent relationships if they believed that remaining with the partner was in the best interests of their unborn child. Fears about reporting the violence, chaos, instability, and lack of personal and community resources contributed to the women's decision to remain in the abusive relationship.

Exemplars of Double Binding

Qualitative data from both studies suggest that the inextricably linked and yet conflicting realities of being pregnant and experiencing abuse by the baby's father made the developmental task of becoming a mother extraordinarily challenging. The maternal process of binding-in to the baby and seeking safe passage for the woman and the baby was fraught with difficult choices. For a few women this meant leaving the abuser, but for the majority it meant binding-in to the relationship with the baby's father in order to achieve safe passage for mother and baby and to secure his acceptance of the pregnancy in order to realize the goal of being part of a "normal" family. To protect the participants, the names used in the exemplars are aliases.

Ensuring Safe Passage for Self and Baby

Binding-in to the father of the baby provided some women with the tangible and emotional support needed to seek safe passage. Janice presented an example of tangible support:

Another reason I don't want to leave is because right now he's supporting us... I can't go back to school or get a job. I have to take care of the baby, you know. And if I ever did leave him, I wouldn't have anything to fall back on. So that's one reason I want to stick it out, because he's trying for us... I have [thought of leaving] but then I wouldn't have any way to let my baby have a good future.

The women's desire for emotional support from their partners was compelling: "Well, behind my decision to stay with him is just the fact that somebody wants me and loves me" (Sarah); "I don't want to do it

alone, either. Who wants to do it alone, because it's a lot of stress? ...a lot of people, believe it or not, want somebody to lean on" (Anne).

I didn't want to be alone during pregnancy. My last pregnancy I felt like I was alone, even though I was married, because [my husband]...was so detached from the pregnancy. He didn't hold my son until he was 6 months old. So...I didn't want to be alone. That reflected my attitude. I was a huge wreck when I first became pregnant. I mean, I was awful... I wasn't very nice. And then when things... [began to get worse]...and it was just — it was bad — and then I realized that it was best for both me and the baby just to get out of it. But I didn't want to be alone, I didn't want that at all... I tried everything, because I wanted that family. I wanted us to be together, and so I could put up with a lot.... I think you do put up with a lot. Every woman wants that family when they are pregnant, you know, they don't want to be alone. (Tammy)

Securing and Ensuring the Father's Acceptance of the Pregnancy

The desire to secure the father's acceptance of the pregnancy and his involvement in the baby's life was another reason for binding-in to him. As Martha explained:

I think...everything that's been going on, as far as not getting along, arguing a lot, I think it kind of made me think about we're going to have a child together and do I want to just have this child, you know, with a father that's not around. I think it made us try to work harder at staying together. Sometimes I go, "Maybe I should leave, maybe I should stay"... I was like that before, but now, since I'm pregnant, I'm leaning more [towards] staying together.

To Jana, pregnancy was both a sign that she should not end the relationship and a beacon of hope that things would change and the family would have a future:

I think that the pregnancy was like a sign...of how you are supposed to be married to that person, that you're not meant to be independent. I think that having left so many times and then to have to come back, after a while I began to feel defeated and, like, it was hopeless. And I think that those feelings are probably more...pronounced during pregnancy, but also I think that there is this almost family inclusion kind of thing that happens when you're pregnant that's sort of, like, something new maybe to you...maybe the future will be different, and just this whole emphasis on family that really detracts from any thoughts of leaving.

Securing and ensuring the father's acceptance of the pregnancy also allowed the women to achieve the appearance of a "normal" family. As Raina put it, "I always wanted somebody that we could sit at home on

Friday or Saturday nights and watch movies, talk, eat popcorn, and play board games, and I'm happy because...that's what adults do." However, achieving this goal sometimes meant having to choose between having the father of the baby involved or gaining the acceptance of significant others, particularly family members. Sadly, for some women it meant losing the support of their own mother during pregnancy. Rachel's experience was not uncommon:

And then my mother — and I love my mom so much; she has helped me so much — and she wants me, she sees that I hurt, she wants to help me. And so she said she would help me move out with the condition that he'd never move in. I can't promise her that because I feel so controlled by things that he says or does, so I couldn't promise that to her. So I told her I couldn't accept it because I couldn't. She said that it would hurt our relationship, that I couldn't bear to do that to her. So, I mean, I have people that want to help me with the condition that he's out of the picture, but he'll never totally be out of the picture because he'll have contact with his children and with me.

A way of circumventing this choice was to maintain secrecy or silence about the abuse. Nancy's solution was to not let her mother know: "She suspected but she wasn't sure. When I did come around, it was just like she knew that we had been fighting. I just didn't want her to see me." [Question: But you never told her?] "No." Susan explained that by not telling people about the abuse, a woman could delay making the decision about staying or leaving until she was ready to do so:

I didn't talk to my mom about it, or my parents, because...I thought they might just get on a plane and get out here and inflame everything more, and I didn't know what I wanted to do, so I was afraid to talk to people about it because I didn't know what to do...and then I'm going to have to make a decision, and I'm not ready yet. I'm too stressed out. And I remember when I was thinking about getting a divorce when I was pregnant, my dad — one of the only words of wisdom that my dad has ever given me that I thought was worth very much — but he said, "This probably isn't the time to be making big decisions." I just kept coming back to that, you know, this probably is not the time to be making big decisions. Because the last thing I wanted to do was do something and feel like it was the wrong thing or second-guess myself or whatever.

Some participants had never revealed the abuse to anyone other than the researchers. One woman said, "I never talk to anyone and I don't think I ever will, because...some things are just too painful to talk about." Maintaining secrecy about the abuse did not come without a cost, however:

Most of my friends that I talk to are very critical. They want to save me... I have a really good friend at work, really good friend, and she said, "Don't tell me any more. I don't want to know." My sister is the same way. So I don't feel like I can really talk to anybody... that's a stress even more, because you can't release any of it. (Rachel)

Binding-in to the Child

For many of the women, binding-in to the child occurred in a different manner from what might be considered typical behaviour, such as attending childbirth classes, stopping smoking, or seeking information about breastfeeding. Binding-in for the women who were abused during pregnancy was often focused on meeting basic needs, such as finding stable housing and procuring baby supplies in the absence of financial support from the baby's father. Another significant act of binding-in was protecting the fetus from the abuse. The few participants who did leave their abusers during pregnancy felt compelled to do so in order to protect their unborn child or their other children, sometimes fearing for their own lives or those of their children. In these instances, the breaking point ranged from a physical assault to the abusive partner's requesting a DNA test before agreeing to buy baby equipment, causing the woman to view the intimate relationship from a different perspective and preventing further binding-in to the abusive partner. For the women who remained with the baby's father, protecting the fetus often meant seeking ways to reduce the violence or modifying one's own response to the violence. "I don't think it's worth getting upset and angry about," said Nina. "I've got to worry about this baby, and it's not going to do any good with everything else that I have going on with me and carrying this baby." Similarly, Rose, who had physically fought back in the past, had changed her response during pregnancy:

Well, he would make me mad, you know, call me names and build up my anger so bad that I would just slap him in the face, but now that I'm pregnant, I won't... I don't want to be touched, because I'm afraid, like, the baby, you know, something will happen, so I have kept my hands to myself and I feel like I've grown up a lot more.

In summary, the data collected from women who experienced abuse during pregnancy challenge traditional notions of specific behavioural responses during the process of becoming a mother. For many of these women, the process of becoming a mother occurred not through drastic shifts in behaviour or attitude, but in subtle, often incremental changes not readily discernible to others and not necessarily interpreted as "true" maternal behaviour.

Discussion

The results of this study should be interpreted cautiously, as they are limited by the methodology of the study, which included extracting exemplars representing an a priori construct and a small sample size. However, the integration of existing process theories of intimate partner violence and becoming a mother into the construct of double binding may provide a more contextually appropriate lens for investigating and intervening with women who experience abuse during pregnancy. Incorporating the developmental tasks of becoming a mother in future studies of violence during pregnancy would further enhance our understanding of the processes that result in women's behavioural choices regarding their intimate relationships and their health behaviours during this time. For example, the literature typically refers to women who remain in violent relationships as facing barriers to leaving, such as fear of the perpetrator, limited financial options, or lack of community resources (Cloutier et al., 2002). While we realize that these are solid reasons for not leaving, we believe that for many pregnant women there are equally compelling reasons for remaining in an abusive relationship, reasons that are grounded in the desire to be a good mother and to provide a stable and loving home and family for the baby. The construct of double binding offers a developmentally relevant perspective for considering some of these other factors, such as ensuring safe passage for the woman and the baby, securing and ensuring acceptance of the pregnancy by the father and significant others, maintaining an outward appearance of a "normal family," and binding-in to the baby.

The construct of double binding provides an opportunity to design appropriate clinical interventions for women who experience intimate partner violence during pregnancy. While we support current recommendations regarding education and intervention, we believe that protocols could be more responsive and appropriate to the needs of pregnant women who are abused by their partners. For example, recommendations concerning abuse disclosure should include the acknowledgement that pregnant women have good reasons for wanting to maintain privacy concerning their abuse experiences and that the information will be safe (within the confines of reporting laws) and their public image protected.

Education should include the recognition that pregnancy can add to women's conflict about whether to stay in an abusive relationship and that the decision is usually made with the baby's best interests in mind. A review of a woman's choices should include an evaluation of the importance to her of the abusive partner's acceptance of the pregnancy and his role in providing support. If she chooses to stay with her partner,

then strategies will have to be developed to address her material and emotional needs. The focus should be on helping the woman to take care of herself and the baby, with or without the partner's support. Recognizing and reinforcing maternal behaviours, even subtle behaviours such as decreasing smoking, making healthy nutritional choices, or choosing to avoid confrontation with the abusive partner may constitute important means of support for a woman who is struggling to do what is best for her baby and her family. The extent to which a woman has kept the violence a secret from family and friends, particularly from her mother, should be taken into account. Ways must be found to help the woman stay safe within the abusive relationship, such as by protecting the fetus by choosing not to fight back. We also recommend that the woman's risk for homicide be evaluated using the Danger Assessment (Campbell, 1999) and that other options be explored, such as calling the police or obtaining an order of protection. If the woman's choice is to leave the abusive partner, we recommend that, in addition to providing safety planning and referrals for community domestic violence resources, an evaluation of her needs for pregnancy-specific support be carried out.

Recommendations for research include additional studies specifically designed to test the strength of the construct of double binding. Development and evaluation of abuse screening and intervention protocols for pregnant women that incorporate the construct of double binding are also needed. We strongly recommend that these protocols be developed with and evaluated by women who have experienced abuse during pregnancy. We also recommend that a variety of screening, education, and intervention approaches be considered, including confidential computer-assisted interviews, secure Web-based programs, and inclusion of information regarding pregnancy violence in popular literature and patient-education materials. Finally, we suggest that researchers focused on theoretical issues related to pregnancy and motherhood, such as attachment or maternal role attainment, begin to incorporate double binding and other violence-related constructs into their work. Likewise, researchers focused on violence during pregnancy should explore theoretical issues relevant to this developmental period.

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