

Review on the Domestic Violence and Its Effect on Pregnant Women

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ABSTRACT

Domestic violence is reported by around one in four women and is associated with significant psychological and social impairment including alcohol and drug dependence, suicide attempts, depression and post traumatic stress disorder. The direct victims are mainly women, but the impact on children is being increasingly recognized. In this review we are looking at the prevalence cum effects of such violence on pregnant women.

Keywords: Domestic, violence, pregnancy and depression.

INTRODUCTION

Pregnancy when coupled with domestic violence is a form of intimate partner violence (IPV) where health risks may be amplified. Abuse during pregnancy, whether physical, verbal or emotional, produces many adverse physical and psychological effects for both the mother and fetus. Domestic violence during pregnancy is categorized as abusive behavior towards a pregnant woman, where the pattern of abuse can often change in terms of severity and frequency of violence. Abuse may be a long-standing problem in a relationship that continues after a woman becomes pregnant or it may commence in pregnancy [1]. Although female-to-male partner violence occurs in these settings, the overwhelming form of domestic violence is perpetrated by men against women [2]. Pregnancy provides a unique opportunity for healthcare workers to screen women for domestic violence though a recent review found that the best way in which to do this is unclear [3]. Reducing domestic violence in pregnancy should improve outcomes for mothers and babies though more good quality studies are needed to work out effective ways of screening pregnant women.

Domestic violence is a pattern of abusive behavior by a current or former spouse or intimate partner that's used to exert power and control over another person and it's against the law. Intimate partner

violence may begin or intensify during pregnancy, when having a baby triggers unexpectedly negative emotions in a woman's partner (from anger to jealousy to being trapped). In some cases, unfortunately, those emotions play out against the mother and her unborn baby. Domestic violence is reported by around one in four women and is associated with significant psychological and social impairment including alcohol and drug dependence, suicide attempts, depression and post traumatic stress disorder [3]. The direct victims are mainly women, but the impact on children is being increasingly recognized [2]. As domestic violence may result in fatalities, most commonly of the woman although also of the perpetrator, it is an important public health issue. Domestic violence may commence or escalate in pregnancy and the pattern of violence also appears to alter, with pregnant women being more likely to have multiple sites of injury and to be struck on the abdomen. However, some women experience a decreased level of violence, with the result that they try to remain pregnant in order to protect themselves [2].

The risk of moderate-to-severe violence appears to be greatest in the postpartum period²⁴. A number of studies of women attending accident and emergency departments with physical injuries due to domestic violence, suggest that they are

more likely to be pregnant than women attending with accidental injuries [4]. It is difficult to estimate the prevalence of domestic violence in pregnant women. Women are generally reluctant to disclose experiences of domestic violence because of shame and fear of retaliation, which means that estimates of the prevalence are likely to underestimate the extent of the problem. Women are often accompanied by their partner throughout the consultation process, his presence acting as a further deterrent both for the health professional to make the necessary enquiries and for the woman to admit to her partner's violence [5].

Causes of Violence in Pregnancy

Domestic abuse can be triggered by pregnancy for a number of reasons. Pregnancy itself can be used a form of coercion and the phenomenon of preventing an intimate partner's reproductive choice is referred to as reproductive coercion. Studies on birth control sabotage performed by males against female partners have indicated a strong correlation between domestic violence and birth control sabotage [6]. Pregnancy can also lead to a hiatus of domestic violence when the abuser does not want to harm the unborn child. The risk of domestic violence for pregnant women is greatest immediately after childbirth [7]. Domestic violence can increase a woman's chances of becoming pregnant and the number of children she has, both because the woman may be coerced into sex and because she may be prevented from using birth control [7]. A correlation has been shown between large families and domestic violence [7]. Whereas previously it was thought that having many children and the resultant stress of large families increased likelihood domestic violence, it has been shown that the violence commonly predates the births.

Birth control sabotage

Birth control sabotage, or reproductive coercion, is a form of coercion where someone manipulates another person's use of birth control weakening efforts to prevent an unwanted pregnancy [8].

Replacing birth control pills with fakes, puncturing condoms, and threats and violence are examples of prevention of an individual's attempt to avoid pregnancy. Pregnancy-promoting behavior of abusive male partners is one method of domestic violence and is associated with unwanted pregnancy, particularly in adolescents [9]. Reproductive coercion itself is a form of domestic violence because it results from unwanted sexual activity and hinders a woman's ability to control her body. Forced pregnancy can also be a form of financial abuse when a woman becomes trapped in a relationship because the pregnancy has led to economic dependence for new mothers [10]. Unintended pregnancies are 2 to 3 times more likely to be associated with abuse than intended pregnancies [9]. Research among adolescent populations shows females who experience IPV use condoms at low rates and are fearful of negotiating the use of condoms [10]. In a study of sexually experienced women 15-19 in Uganda, surveys found that fourteen percent of women's first sexual intercourse had been coerced. Of those fourteen percent, the women were far more likely to be having unprotected sex without the use of modern contraceptives and to have had unintended pregnancies within the last six months compared to women who had not been sexually coerced [11]. In Egypt, over 80% of rural women believe that beatings are sometimes justified and one of the most common reasons given as a just cause for beatings is refusing a man sex [12]. This affects the ability of women to protect themselves from unwanted sexual contact and the consequences of sexual intercourse, such as pregnancy and sexually transmitted infections [13]. A study conducted by the Center for Impact Research on young mothers classified birth control sabotage into two categories: verbal and behavioral. Verbal sabotage is verbal or emotional pressure not to use birth control, or pressure to become pregnant [14]. Behavioral sabotage is the use of force to prevent the

use of birth control, or to have unprotected sexual intercourse.

Domestic violence can be prompted by or intensified by pregnancy, but in some cases domestic violence ends during pregnancy because the abuser makes a conscious effort to not harm the fetus [12].

Decreased violence

Domestic violence does not always increase during pregnancy and can even lead to a hiatus in violence. This phenomenon can provide protection for both the woman and child [16]. Because this can lead to decreased violence, some women use pregnancy as a means of protection against domestic abuse. Since abuse generally restarts after the pregnancy ends, women may get pregnant intentionally to prevent violence [16]. However, since women who have been abused before getting pregnant are more likely to experience violence during pregnancy, this is not a reliable means of protection.

Increased violence

Although pregnancy can be a protective period for some women, either in terms of a hiatus of pre-existing violence, for others it is a risk period during which abuse may begin or escalate. Women with violent partners have a hard time protecting themselves from unintended pregnancy and sexual violence can directly lead to pregnancy [17]. Studies consistently indicate that domestic violence is more common in large families [18]. However, international studies show that 25% of women are abused for the first time during pregnancy [8]. In one study conducted by Campbell et al., women were asked to speculate on why they thought they were abused during their pregnancies. The answers were categorized into four categories [16]:

- Jealousy towards the unborn child
- Anger towards the unborn child
- Pregnancy specific violence not directed toward the child
- "Business as usual."

Effects of Pregnancy Violence

There are many dangerous effects that violence during pregnancy can cause for

both the mother and child. A violent pregnancy is considered high risk because verbal, emotional, and physical abuse all lead to adverse health consequences for both the mother and fetus [20]. Violence during pregnancy has been associated with miscarriage, late prenatal care, stillbirth, and preterm birth, fetal injury (including bruising, broken and fractured bones, stab wounds and low birth weight [17]. Violence during pregnancy also leads to additional risks for the mother such as increased mental health problems, suicide attempts, worsening of chronic illness, injury, substance abuse, anxiety, stress, chronic pain, and gynecological problems [12]. Women battered during pregnancy were more frequently and severely beaten throughout the course of their relationship compared to women who were not abused during pregnancy [16]. IPV also accounts for a large portion of maternal mortality. Homicide is the second leading cause of injury related deaths in pregnant and post-partum women in the United States and a study conducted in hospital in India found that 16% of all deaths during pregnancy were a result of partner violence [18]. Studies have also found a correlation between domestic violence and increased use of abortion [19]. Pregnant abused women are less likely to report abuse or leave their abuser because of added financial and housing security concerns.

Risk factors for violence in pregnancy

Violence during pregnancy is associated with serious levels of violence before pregnancy and predicts both severity of injury to the woman from abuse and violent behaviour outside the home by the perpetrator. Certain factors in the man such as inadequacy, jealousy, or controlling and suspicious behaviours are associated with spousal violence. Domestic violence in pregnancy is also highly correlated with the male partner's use of injectable drugs [4]. [9] found that better education in the woman was associated with a higher risk of domestic violence, which may serve to redress the balance of power within the relationship

and bolster the man's self esteem and controls. This finding has not been replicated in other studies, however, in which the violence tends to be associated with low social class, poor education and other indicators of social deprivation [10]. Women assaulted during pregnancy are more likely to be divorced or separated and to be of greater parity. They are more likely to report a history of psychiatric treatment, to have attempted suicide and

to report a higher consumption of tobacco and alcohol [1]. Higher rates have been found in teenagers, late bookers and women with unwanted or mistimed pregnancies. Protective factors include being older, having access to a confidante and social support from Domestic violence during pregnancy is also cited as a risk factor for the eventual homicide of the violent partner [7].

CONCLUSION

Domestic violence represents a serious threat to the physical and emotional health of women and their children both before and after birth. A number of studies document increased rates of miscarriage, premature birth and low birth weight, fetal injury and fetal death, premature labour and chorioamnionitis, maternal infections and poor weight gain.

However, if confounding factors are controlled for, this negative association may not hold. As well as the direct detrimental effects of repeated violence in pregnancy, battered women may be prevented by their partners from seeking or receiving proper antenatal or postnatal care.

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