

# Domestic violence against pregnant women

## Violência doméstica na gravidez

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### Abstract

**Objective:** To characterize domestic violence in pregnancy.

**Method:** Cross-sectional, exploratory and analytical study of domestic violence with 385 women who attended a public maternity. The Chi-square test of Pearson and Fisher exact test were used to verify associations and considering significant results  $p < 0.05$ . Data of the sociodemographic characteristics of women, partners and family members and items of "Abuse Assessment Screen-AAS" were collected.

**Results:** Domestic violence compromised 36.9% of women at some point in life and 34.6% during pregnancy. Prevalence rates were due to psychological (97.1%), physical (48.7%) and sexual (4.9%) violence and the partner was the main aggressor. The following variables were significantly associated with domestic violence: protestant religion ( $p = 0.0022$ ), lack of planning of pregnancy ( $p = 0.0196$ ), low family income ( $p = 0.0215$ ) and partner drinking habit ( $p = 0.0002$ ).

**Conclusion:** Domestic violence should be systematically investigated during pregnancy, with special attention to protestant pregnant women, women who did not plan their pregnancy and women whose partners are alcoholics.

### Resumo

**Objetivo:** Caracterizar violência doméstica na gravidez.

**Método:** Estudo transversal, exploratório e analítico da violência doméstica com 385 mulheres atendidas em maternidade pública. Testes de Qui-Quadrado de Pearson e Exato de Fisher foram utilizados para verificar associações e considerados significantes resultados  $p < 0,05$ . Dados das características sociodemográficas das mulheres, parceiros e familiares e itens do "Abuse Assessment Screen-AAS" foram coletados.

**Resultados:** A violência doméstica acometeu 36,9% das mulheres em algum momento da vida e 34,6% na gravidez. As prevalências foram para violência psicológica (97,1%), física (48,7%) e sexual (4,9%) e o parceiro foi o principal agente. Houve associação significativa da violência doméstica com religião protestante ( $p = 0,0022$ ), ausência de planejamento da gravidez ( $p = 0,0196$ ), baixa renda familiar ( $p = 0,0215$ ) e hábito do etilismo do parceiro ( $p = 0,0002$ ).

**Conclusão:** A violência doméstica deve ser investigada sistematicamente na gravidez, com atenção especial nas grávidas protestantes, sem planejamento da gravidez e as mulheres cujos parceiros são etilistas.

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## Introduction

Violence, in its general sense, is widely spread in all countries of the world and is a public health problem of serious dimensions. According to the World Health Organization, in more than 80 countries, it was found that worldwide, 35% of women suffer physical and or sexual violence by an intimate partner or sexual violence by a person with no emotional bond. Most cases of domestic violence occurs in their households.<sup>(1)</sup> The prevalence of domestic violence against pregnant women varies widely in the literature, from 1.2% to 66%. This variation is probably due to differences in methodologies used in empirical studies, in cultural aspects and definitions of domestic violence used in them, which makes it difficult to compare their results.<sup>(2,3)</sup>

Domestic violence can result in extensive harm to women's health, such as unwanted pregnancy, abortion,<sup>(4)</sup> low birth weight and prematurity.<sup>(5)</sup> Depression and post-traumatic stress syndrome<sup>(6)</sup> can be recorded as developments of domestic violence. When pregnant women are victimized by physical and sexual violence beyond mentioned complications, they have statistically significant chances to present vaginal bleedings and not having sexual desires.<sup>(7)</sup>

Health professionals have privileged conditions to detect the problem of violence against women. However, the registration of cases of violence against women in Brazil is scarce and unreliable. Problems are derived from fear of consequences of formal complaints.<sup>(7)</sup> The objective of this study was to characterize domestic violence in pregnancy.

## Methods

A cross-sectional, exploratory and analytical study was conducted, using frequency and characteristics of violence against women at some point in their life and during pregnancy. It was developed in a philanthropic maternity linked to the public health system, located in Sao Paulo, Brazil.

The study population consisted of 385 postpartum women who received delivery care in the insti-

tution. The biological fathers of the children were referred as "partners".

The inclusion criterion was to have had an intimate partner in the last 12 months, regardless of cohabitation. Refusal to participate in the study, for any reason, and having mental deficit were the exclusion criteria.

Data collection was conducted through a structured form that contained, in addition to sociodemographic characteristics of women, their families and partners, the items of the instrument "Abuse Assessment Screen-AAS", translated and validated for the Brazilian culture.

Data were analyzed using the R statistical software for Linux 2.1.1. Descriptive and multivariate analysis were performed to verify the presence of associations between characteristics of domestic violence suffered by women and sociodemographic characteristics related to victimized women, their families and aggressors. The chi-square test of Pearson and Fisher exact test were used to compare values of statistical significance (p) and we considered significant results  $p < 0.05$ .

The development of the study followed the national and international standards of ethics in research involving human subjects.

## Results

As for the women's characteristics, most were young, married, with 9 to 11 years of education, from the Catholic religion, residents in their own home, without a paid job, and the partner was the main family provider. Their partners had similar characteristics in terms of age and education, but most had a paid job.

As for pregnancy characteristics, the majority (58.2%) did not change the type of relationship with partner after the occurrence of pregnancy and among those that changed their relationship status, 68.3% got married. In 55.6% of cases, there was no planning of pregnancy, although couples were using some kind of contraceptive method (55.6%). Most partners (93.5%) and other family members (96.4%) accepted the pregnancy.

Data on the occurrence of domestic violence according to the moment, the type, the aggressor and the change in frequency of domestic violence with the advent of pregnancy are shown in table 1.

According to this table, we can verify that most women did not suffer domestic violence at some point in life (63.1%) or during pregnancy (65.4%). Of the 142 study participants, 36.9% had suffered domestic violence at some point in life, and almost

**Table 1.** Domestic Violence

Moment/Type/Aggressor/Increase with pregnancy	n(%)
Some moment in life (n1=385)	
No	243(63.1)
Yes	142(36.9)
Type (n2=142)	
Psychological	138(97.1)
Partner	68(49.3)
Someone from the woman's family	34(24.6)
Someone from the man's family	2(1.5)
Someone not from any family	34(24.6)
Physical	41(48.7)
Partner	20(48.8)
Someone from the woman's family	7(4.9)
Someone not from any family	14(34.2)
Sexual	7(4.9)
Partner	4(57.2)
Unknown	2(28.6)
Did not answer	1(14.2)
During pregnancy (n2=142)	
No	93(65.4)
Yes	49(34.6)
Type (n3=49)	
Psychological	35(71.4)
Partner	22(62.9)
Someone from the woman's family	8(22.9)
Someone not from any family	5(14.2)
Physical	17(34.6)
Partner	8(47.1)
Someone from the woman's family	5(29.4)
Someone not from any family	4(23.5)
Sexual	3(6.1)
Partner	3(100.0)
Frequency of violence during pregnancy (n2=142)	
Decreased	54(38.0)
Increased	36(25.3)
Remained the same	35(24.7)
Stopped	4(2.8)
Did not answer	13(9.2)

all (97.1%) reported having experienced psychological violence, nearly half (48.7%) suffered physical violence and seven women (4.9%) reported having experienced sexual violence. The main aggressors of the three types of violence suffered at some point in life were the partners, although some of them

(38.0%) have said that the frequency of violence decreased after pregnancy.

The associations between the occurrence of domestic violence during pregnancy and variables related to sociodemographic characteristics of the women, their partners and family members, which were statistically significant ( $p < 0.05$ ) (Fisher's exact test) were: the protestant religion ( $p=0.0022$ ), having a family income below R\$ 1,000.00 at the time of data collection ( $p=0.0215$ ), having an unplanned pregnancy ( $p=0.0196$ ), and partner with alcohol consumption habit ( $p=0.0002$ ). The other variables from women (age, years of education, number of children, having a paid job, type of relationship with partner, own home, rented house or borrowed housing and financial dependence), partners (years of education and acceptance of pregnancy) and other family members (approval of pregnancy) and their associations with victimization by domestic violence did not indicate the presence of statistical significance.

## Discussion

The limitations of this study are related to the cross-sectional design, which did not allow the establishment of cause and effect relationships. The results were limited to the sample studied, not allowing generalizations to other populations.

Differences in cultural and social aspects of domestic violence increased the risk of under notification. Domestic violence is very much influenced by the cultural customs of each community and, therefore, any strategy to be adopted is capable of solving the problem of universal form.<sup>(8)</sup>

Although domestic violence is influenced by cultural and social aspects, this study highlights the importance of health professionals forward efforts to identify and respond to domestic violence suffered by women attended at prenatal services.<sup>(6)</sup>

The study participants and their partners were mostly young, married, catholic and with high school education, housewives and financially dependent on partners, who were the main providers of families. Although 27.5% of them were adoles-

cents, they were not more frequently victimized by domestic violence, when compared to adults.

The pregnancy was not, for more than half (58.2%) of couples, reason to change the type of bond. Among those who have changed the type of bond after pregnancy, its strengthening through marriage prevailed in 68.3%.

Regarding the use of contraceptive methods at the time of pregnancy, 44.4% were not using, and the majority (55.6%) had not planned pregnancy. The establishment of the marital bond as a result of unplanned pregnancy can cause exhaustion to the people involved. Despite the occurrence of unplanned pregnancy in about half of women, most partners (93.5%) and other family members (96.4%) accepted the fact.

A total of 36.9% and 34.6% of women, respectively, were victims of domestic violence at some point in life and during pregnancy. This proportion was higher compared to the results of research carried out in London, in which the proportion of women who had suffered some kind of domestic violence throughout life was 23.5%.<sup>(9)</sup>

Unlike other studies,<sup>(10)</sup> pregnancy was not a protective factor for domestic violence. The literature is not consistent as to reduce violence when a woman becomes pregnant.<sup>(11)</sup> Results of studies conducted in 19 countries (African, Latin American, Asian and European) identified the occurrence of high levels of violence perpetrated by partners, but victimized women not necessarily reported high rates of violence during pregnancy. This indicates that cultural factors may be important determinants of denouncing violence perpetrated by partners during pregnancy.<sup>(11)</sup> Previous studies have also indicated that the violence from a partner could start during the first pregnancy.<sup>(12)</sup>

Regarding the type of domestic violence suffered by women, the psychological showed higher frequency, similar to the study in southeastern Nigeria.<sup>(13)</sup> Physical violence in this sample was higher than in other parts of the world.<sup>(14)</sup>

Regarding the aggressor of domestic violence, the partner was cited as the main, followed by family member. This result shows that domestic violence against women represents a present problem in most societies.<sup>(7,9)</sup>

Women whose partners had the habit of consuming alcohol, protestants, those with unplanned pregnancy and those with family income less than R\$ 1,000.00 had significantly higher risk ( $p < 0.05$ ) to suffer domestic violence during pregnancy. It is known that the consumption of alcohol is related to less cohesion and smaller organization in the family environment, and the high levels of domestic violence,<sup>(8,12)</sup> fact that indicates the need to include data on personal and family habits in health history in prenatal care. Special attention should be directed to the perception of fear of woman trying to hide the partner's drinking problem. Given the situation of fear and economic dependence, most women seek for help from family or friends, but others remain silent.<sup>(15,16)</sup>

Being protestant represented a significant risk to domestic violence, making it essential that religious affiliation is identified in prenatal care. The existence of an intimate relationship between religiosity and conservative behavior in the sexual sphere has been demonstrated.<sup>(16-18)</sup>

This study confirms the importance of an approach by health professionals to track domestic violence and identify pregnant women at risk of domestic violence perpetrated by the partner.<sup>(19)</sup> This measure is important subsidy to reduce the risk of women being victimized by their partners and morbidity related to pregnancy, emotional stress, as the sum of these factors matters to ensure a more positive perinatal outcome.<sup>(20)</sup>

## Conclusion

Given the obtained scenario and the negative impact that domestic violence causes, we should systematically investigate domestic violence in primary health care, with particular attention directed to protestant pregnant women, who did not plan a pregnancy and those whose partners have drinking habit.

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## Collaborations

Okada MM and Hoga LAK contributed to the project design, implementation of the research and drafting the manuscript. Borges ALV collaborated with the implementation of the research and writing of the manuscript. Hoga LAK; Albuquerque RS and Belli MA collaborated with the relevant critical review of the intellectual content and final approval of the version to be published.

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