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Intimate partner violence during pregnancy: case report of a forensic psychiatric evaluation

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Intimate partner violence (IPV), also known as domestic violence, is defined by the World Health Organization¹ as “any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship.” While IPV may be perpetrated by women against men or in homosexual relations of both sexes, most cases (85%) consist of men victimizing women. This produces a worldwide problem with serious implications for women’s health and well-being.^{2,3}

Special populations of women are at increased risk of IPV, including pregnant women (especially in unplanned pregnancies), those living in low-income settings, rural women, and older, indigenous, military, and immigrant women. Within this context, a study on the prevalence of IPV among Japanese women noted that all those victimized before pregnancy continued to suffer violence during pregnancy.⁴ A prospective cohort study conducted by Silva et al. in Recife, state of Pernambuco, Brazil, found a high incidence of IPV in the postpartum period (9.3%), with predominance of psychological violence.⁵

Lévesque & Chamberland investigated IPV in the perinatal period in young women and warned about the difficulty these women experience in identifying themselves as victims and categorizing the acts of their partners as domestic violence. The fear of family separation and the

victims’ desire to protect their children contribute to the complexity of violence experienced during maternity.⁶

In addition to the sequelae experienced by non-pregnant women victimized by conjugal violence, IPV can have additional negative effects when perpetrated against pregnant women, increasing the risk of inappropriate antenatal care, poor weight gain, anemia, infections, bleeding, maternal depression, and suicidal ideation and suicide attempts.

We illustrate the aspects listed above with the case of a young couple from the Southern region of Brazil. The husband was an unemployed man with a criminal record who kept his wife (5 months along a planned pregnancy) under false imprisonment while causing her grievous bodily harm. A complaint to police was made by neighbors who noticed the false imprisonment. Although there was a previous history of domestic violence, the victim and the perpetrator minimized the aggressive acts to the police, judge, and forensic psychiatrists who evaluated the case. The victim did not report any concerns about the baby’s health or physical integrity during any of the psychiatric interviews. Surprisingly, both the wife and the husband attributed the responsibility of the facts to the victim, including in a handwritten letter by the wife, directed to the judge in the case, blaming herself for having received such treatment from her husband. Forensic psychiatric evaluation of the offender identified controlling behavior and narcissistic personality traits. He was considered fully capable of understanding the nature of his offense and of controlling his actions voluntarily.

This report demonstrates the pathological family dynamics common in such cases. Future research should focus on the motivational and psychopathological characteristics of perpetrators and victims alike, aiming at a more comprehensive knowledge of this type of criminal behavior, as well as preventive assistance through monitoring of high-risk groups. Professionals involved in antenatal and psychiatric care must remain vigilant of the possibility of IPV during pregnancy.

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Disclosure

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