

## Violence against Pregnant Women

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### Abstract

Violence against pregnant is a problem that occurs in all social strata, bringing both very serious physical, psychological and social for maternal-fetal binomial consequences. This phenomenon has been described worldwide in recent days between 1% and 70%; These women say they have been abused physically, sexually or psychologically. This is most prevalent in developing countries such as Nicaragua has documented prevalence above 40%. America reports that this issue represents 20% of crimes in their country, reporting prevalence during pregnancy between 1% to 20% depending on how it is evaluated. Similarly studies reported in Canada, Spain, Ukraine, Rwanda reported a prevalence of approximately 30%. In reviewing, the causes of domestic violence are: Family dysfunction, physical functional sequelae and alterations in behavior, among others, there are significant gaps between the affected and the treating institutions such as the cost of care, psychological as guilt, shame and fear; social and stigmatization, culminating this as an obstacle to timely and adequate care of this phenomenon.

**Keywords:** Domestic violence; Violence in pregnancy; Violence against women

### Introduction

Violence against pregnant women is a problem present in all social strata of the world [1,2]. Over time its predominant presentation was domestic, generated in part repetitive patterns of behavior, generation to generation, making it a growing phenomenon, despite the creation of laws that protect women and the family, but, fearing, shame, economic or emotional dependence, not reported to instances support for. Entre 4% and 12% of women who have been pregnant reported being beaten during that period, more than 90% of cases by the father the unborn child and between one quarter and half of them had been kicked or punched in the abdomen [3]. The variation observed in the prevalence of violence within communities, countries and regions, or between them, shows that violence is not inevitable and can be prevented [4,5]. The victims of such violence are often well known to their attackers and in some societies in the world can be accepted as "normal" [3]. Most of the violent acts have as a consequence injuries, mental disorders, reproductive disorders, sexually transmitted diseases and other problems. The health effects can last for years, and sometimes consist of permanent physical or mental disabilities and even death. On the other hand in health systems do not have the information or the necessary expertise to handle such problems; it does not have the necessary information to which patients should be referred submit such conflicts.

### Objective

The aim of this review article is to provide an update on these issues, health personnel serving victims of violence during pregnancy, information and impact the health of the abused woman and the

product of gestation: the information used for this review was based on information obtained from various articles published in national and international journals.

### Justification

The consequences of violence against pregnant women, limit the personal fulfillment of the affected family economic planning modifies, alters intra-family relationships and become toxic environment for proper and comprehensive development for individuals. The prevalence of abuse during pregnancy varies between 4% and 25% depending on the population studied, definitions of violence, and the methods used to measure. The attitudes can and do change; the conditions of women can and must be improved; men and women can and must be convinced that intimate partner violence is not acceptable in a human relationship.

### Violence during pregnancy

Pregnancy is a stage that marks the life of a woman, is a vital experience and to some extent its full realization as such; that is where a path of expectations, doubts and endless emotions begins, with the physiological and psychological changes that arouse most concern [6]. The main maternal functions described in the literature are protecting your child stimuli traumatic, serve as a barrier against adverse stimuli, providing food, care, love, comfort, protection, welfare and pleasure born. Llama attention recently, according to some authors, that pregnancy is a factor that increases the risk of women to be assaulted, studies show that abuse of women is a common fact that you can start or worsen during pregnancy. In the international literature, the prevalence of abuse during pregnancy varies between 4% and 25% depending on the population studied, definitions of violence, and the methods used to measure it [7-9]. This phenomenon has been

described worldwide between 1% and 70%. Women say they have been abused physically, sexually or psychologically. This is most prevalent in developing countries [10-12]; others do not feel the same way, pregnancy itself may be the result of sexual abuse or denial of the use of contraceptive methods [12,13]. Between 4% and 12% of women who have been pregnant reported being beaten during that period, more than 90% of cases by the father of the unborn child and between one quarter and half of them had been kicked or punched in the abdomen [3]. Castro et al. indicate that pregnancy does not protect women from such violence, as has been documented that exercise and practice may even worsen in the perinatal period. Also they reported that 9.2% of women had an increase in violence, as they went from having no violence before pregnancy present during it, 7.7%, however, is in the opposite situation: had a decline in violence as being women suffering abuse before pregnancy stopped suffer during pregnancy, at least temporarily.

A total of 27% women who had experienced violence during pregnancy were not before it. This would seem to support the hypothesis that pregnancy is a trigger of violence suffered by many women [14]. However, one must also consider that 24% of women who had experienced violence before pregnancy stopped having her during it, which it shows that for a similar proportion to previous pregnancy also functions as a protective factor against violence [7]. Psychological violence before and during pregnancy is the most frequently exercised, while physical and sexual decrease during pregnancy [15]. Contrary to this literature also shows the population studied the kind of violence more common in pregnant women is physical violence with 10.8% of respondents [16].

### Risk factors

In general the risk of some form of violence increases if living alone, if you live in a crowded environment and whether they have low socioeconomic status [17]. Pregnant teenagers have increased risk of physical and sexual violence compared to pregnant adults [9,18]. The observed association between history of violence in some (s) of pregnancies and the frequency and conjugal violence in the pre-pregnancy period tends to persist throughout coexistence and also manifests itself in forms more severe than among women who did not experience violence during previous pregnancies [7,9,15,19]. The low educational level of women compared to those with 6 or more years of primary education are 1.77 times more likely to suffer violence during pregnancy. Lack of access to education represents a greater vulnerability for women and a clear social disadvantage. The planning pregnancy and the desire of it decreases the risk of violent behavior during pregnancy, while those couples where none of its members wanted pregnancy have a 1.75 times higher risk of having violence [7,19] In a study published by Cervantes and colleagues found that the highest percentage of pregnant women with violence if planned their pregnancy (57.8%) [16]. The fact that women have had prior to the current partner translates a risk 1.82 times higher of having violence during pregnancy compared to those who did not have previously couple. And there equal presence of children for any of the fruit parts of another ratio increases from 1.65 to 1.82 the risk of violence during pregnancy than those who have not had children with another couple. The history of abuse during childhood pregnant woman or couple it presents a risk ranging from 1.82 to 3.32 more likely to presentation of violence during pregnancy. For women reported that their husbands or they physically punish their children or emotional abuse to perform these have a risk 1.74-1.88 times higher of suffering violence during pregnancy [7,19]. Those couples where the

man has a high alcohol consumption have a 3.2 times greater risk of violence than those where it was reported that the man did not consume alcohol [7,18,19] Women who performed some kind of paid work more often suffer violence in pregnancy than those dedicated exclusively to the home; a possible explanation about it is that man feel threatened in their exercise of power by the work of women [19]. When analyzing by suppliers institution health service, it was found that the prevalence was more high for women SSA (33%) than for IMSS (15%), which seems to establish an association between violence against woman and economically unfavorable conditions in various social strata [19,20].

Perpetrators of domestic violence often isolate "their" women and these have little personal care and lack of autonomous behavior and decision-making about when to become pregnant, responsible use of contraceptives, adequate intake during pregnancy, participation and collaboration with the medical and treatment and preparation for childbirth and motherhood. Unemployment as a risk factor for violence in pregnancy, social undervaluation of female strengthening of discriminatory behavior, low self-esteem and economic dependence, are other phenomena that is important to mention. [17] The identification of various risk scenarios is fundamental to the development of effective interventions for the prevention and treatment of violence against pregnant women step. Some bibliographies mention that interventions that combine microfinance with training on gender equality can be effective to reduce intimate partner violence [21].

### Impact on the health of pregnant woman and the fetus

Several studies concluded that violence against women during pregnancy is a significant development of postnatal depression determinant; the overall prevalence is slightly over 10% [9,14,18,22-24] anxiety factors directly affect the pairing maternal-fetal. Articles suggest that prenatal adverse stimuli, such as stress and anxiety in the mother, active in the embryo development in utero, causing health problems in the short and long term: premature birth with comorbid, low birth weight, impact on early neurodevelopmental and other diseases in adult stages from neurodevelopmental disorders to metabolic syndrome [19,24-27] are currently already cited violence as a complication of pregnancy more often than hypertension, diabetes or any other complications such as eclampsia, placenta previous, etc. Paradoxically, domestic violence is the kind of lesser-known violence, because it is hidden in the private space of the home, but apparently the most commonly related reason high risk of domestic violence during pregnancy is increasing stress you feel the father or partner over the impending birth. This stress is manifested in man as a frustration directed against the mother and her unborn child [17]. Studies report that women abused during pregnancy are 33.5 more likely to antepartum hemorrhage, more induced abortions and spontaneous abortions compared to women who had never been victims of violence by their partner [3,28], women who were abused in the previous year to get pregnant or during pregnancy fueronun 40-60% more likely to develop high blood pressure, severe nausea, and urinary tract infections during pregnancy than those who were not abused [17] the child stunting is related to the constant exposure of the mother to violence both physical or sexual partner [29] Women who experience violence have significantly shorter intervals intergenetic 12.1 months than those who have never been abused, it has also noticed a difference in the weight of newborns of approximately 454.6

g less compared with non-abused [24,30] the fetal abuse is that greatly distinguishes abused adolescents and pregnant adults, especially the ideas of rejection of the fetus and inadequate prenatal care.

The pregnant woman and assaulted were at 5.11 times more risk of addiction to snuff, alcohol and drugs. The long-term psychological domestic violence during pregnancy can have a severe detrimental effect on the psychological development of children, who probably will witness domestic violence consequences after birth [17,31]. The incidence of deaths and abdominal trauma was statistically increased in the groups of family violence during pregnancy when compared with patients without this condition, regardless of comorbidity [15,31]. In this regard, several studies have reported that intimate partner violence during pregnancy is not detected and adequately staffed, particularly in low-income countries. The health service providers identified several reasons that lead problems detection and care for mental health during pregnancy, including the lack of official noted lineaments to guide this work, time constraints and lack of training [32,33].

### Maternal and violence

According to WHO criteria and ICD-10, violence during pregnancy or postpartum is considered a cause related to maternal death, but indirectly, this can occur through different mechanisms such as abdominal traumas that produce obstetrical complications in turn can become lethal, psychological stress and controlling actions of men over women [24,34,35]. Studies in New York City, Chicago and North Carolina, show that in urban and rural societies deaths of pregnant by violence intimate partner ranging from 25% to 69% depending on the site studied, citing some texts that these women are more than seven times the risk of perinatal death compared to non-abused women [17,28].

### Strategies for protection against violence on pregnant woman

WHO it proposes attached to the promotion of gender equality and human rights; develop programs for the primary prevention of violence and intimate partner violence, using reproductive health services as an entry point to locate and support women who are victims of violence by their partner, and refer them to other support services, working to strengthen and sensitize legal and judicial systems to the particular needs of women who are victims of violence. Establishes data collection systems to monitor violence against women, as well as attitudes and beliefs that perpetuate and monitor multi-sectoral action plans to address violence against women. Enlist the support of social, political, religious and other leaders to oppose violence against women [3].

### Conclusion

Suffered violence during pregnancy is considered a phenomenon that undermines the integrity of women and affects the direct and indirect participants of these actions, leading to poor health consequences, family disruption and social group. Violence during pregnancy be considered a growing problem, difficulties with socio-cultural and ideological causing not have precise data, despite the research that we know that these acts are hidden in most cases. The aftermath of these son multiples, individual and social actions, short and long term. Is necessary who provide care in the area of health bear

in mind the risk factors for prevention of this problem or failing that a comprehensive response to timely detection or likely presence of violence during pregnancy is articulated and with this promote empowerment and resilience of those affected, in order to break vicious cycles of abuse and repeated behavior generation to generation.

### References

1. Bailey BA (2010) Partner violence during pregnancy: prevalence, effects, screening, and management. *Int J Womens Health* 2: 183-197.
2. Devries KM, Kishor S, Johnson H, Stöckl H, Bacchus LJ, et al. (2010) Intimate partner violence during pregnancy: analysis of prevalence data from 19 countries. *Reprod Health Matters* 18: 158-170.
3. WHO (2005) The WHO multi-country study on women's health and domestic violence against women.
4. Fact Sheet No. 239 (2016) Intimate partner violence and sexual violence against women.
5. WHO (2013) Global and regional estimates of violence against women: prevalence and effects of domestic violence and non-spousal sexual violence in health.
6. Alcolea F, Mohamed D (2008) Guide pregnancy care, University Hospital Lavandera, national institute of health management. INGESA.
7. Castro R, Ruiz A (2004) Prevalence and severity of violence against pregnant women, Mexico. *Public RevSaúde* 38: 62-70.
8. Henales M, Sánchez C, Carreño J, Espíndola (2007) Clinic Guide psychological intervention for women with domestic violence. *Inst Perinatol Human Reproduction, domestic Mexico* 21: 88-99.
9. Campo M (2015) Domestic and family violence in pregnancy and early parenthood. Overview and emerging interventions. CFCA Practitioner Resource.
10. Alam S, Hadley SM, Jordan B (2007) The clinical implications of screening for violence against women. *Contraception* 76: 259-262.
11. Doubova SV, Pámanes GV, Billings DL, Torres AL (2007) Partner violence against pregnant women in Mexico City. *Rev Saude Publica* 41: 582-590.
12. Pérez MR, López GE, León A (2008) Violence against pregnant women: a challenge to detect and prevent damage in newborn. *Acta Pediatr Mex* 29: 267-272.
13. Rodrigues T, Rocha L, Barros H (2008) Physical abuse during pregnancy and preterm delivery. *Am J Obstet Gynecol* 198: 171.e1-171.e6.
14. Castro F, Place JM, Hinojosa N, Billings DL (2014) Intimate partner violence during pregnancy and postnatal depression: prevalence and association among Mexican women.
15. Collado SP, Villanueva LA (2007) Relationship between domestic violence during pregnancy and the risk of low birth weight in newborns. *Ginecol Obstet Mex* 75: 259-267.
16. Cervantes P, Delgado EG, Nuño MO, Sahagún MN, Hernández J, et al. (2016) Prevalence of familial violencia intra in embarazadas de 20-35 years of family medicine unidad de. *Rev Med Inst Mex Seguro Soc* 54: 286-291.
17. Sánchez NP, Galván H, Reyes HU, Reyes GU, Reyes KL (2013) Factors associated with abuse during pregnancy. *Bol Clin Hosp Infant Edo Son* 30: 8-15.
18. Galicia IX, Martínez B, Ordoñez DM, Rosales HA (2013) Relationship between fetal abuse, violence and depressive symptoms during pregnancy teenage and adult women: A pilot study. *Psicología y Salud* 23: 83-95.
19. Cuevas S, Blanco J, Juárez C, Palma O, Valdez R (2006) Violence and pregnancy in users of health services in highly deprived states in Mexico. *Public Health Mexico* 48.
20. Castro R, Peek-Asa C, Ruiz A (2003) Violence against women in México: A study of abuse before and during pregnancy. *Am J Public Health* 93: 1110-1116.
21. Kim JC, Watts CH, Hargreaves JR, Ndhlovu LX, Phetla G, et al. (2007) Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa. *Am J Public Health* 97: 1794-1802.

22. Valentine J, Rodriguez M, Lapeyrouse L, Zhang M (2011) Recent intimate partner violence as a prenatal predictor of maternal depression in the first year postpartum among Latinas. *Arch Women's Mental Health* 14: 135-143.
23. Ludermir A, Lewis G, Valongueiro S, Araujo T, Araya R (2010) Violence against women by their intimate partner during pregnancy and postnatal depression: a prospective cohort study. *The Lancet* 376: 903-910.
24. World Health Organization (2013) Violence against women by intimate partners.
25. Herrera L, Catasús C (2010) Population and Health in Middle America: 8.
26. Colombo G, Ynoub R, Veneranda L, Iglesias M, Viglizzo M (2006) Domestic violence against women through pregnancy, childbirth and postpartum: the gaze of a public service professionals maternity and obstetrics. *Revista Argentina de Sociología* pp: 73-98.
27. Shah PS, Shah J (2010) Maternal exposure to domestic violence and pregnancy and birth outcomes: a systematic review and meta-analyses. *J Womens Health (Larchmt)* 19: 2017-2031.
28. Janssen PA, Holt VL, Sugg NK, Emanuel I, Critchlow CM, et al. (2003) Intimate partner violence and adverse pregnancy outcomes: a population-based study. *Am J Obstet Gynecol* 188: 1341-1347.
29. Chai J, Fink G, Kaaya S, Goodarz D, Wafaie F, et al. (2016) Relationship between intimate partner violence and child growth deficiency: results of 42 demographic and health surveys. *Bull World Health Organ* 94: 331-339.
30. Núñez HP, Monge R, Gríos C, Elizondo AM, Rojas A (2003) Physical, psychological, emotional, and sexual violence during pregnancy as a reproductive-risk predictor of low birthweight in Costa Rica. *Pan Am J Public Health* 14.
31. Cepeda A, Morales F, Henale M, Méndez S (2011) Family violence during pregnancy as a risk factor for maternal and newborn complications of low birth weight. *Human Perinatología Reprod México* 25: 81-87.
32. Place J, Billings D (2011) Detecting intimate partner violence and postpartum depression: neglected issues in pregnancy and women's health. *J Global Health* 1: 27-30.
33. De Castro F, Place J, Allen B, Rivera L, Billings D (2014) Detection of and care for perinatal depression in Mexico: Qualitative and quantitative evidence from public obstetric units. Documento de trabajo.
34. González-Pacheco I, Romero-Pérez I, Sámano-Sámano R, Torres-Cosme JL, Sánchez-Miranda G, et al. (2010) Maternal death from the perspective of violence género. *Perinatol Reprod Hum* 24: 60-66.
35. Walker D, Campero L, Hernández B (2007) Studies on maternal mortality and violence: implications for public health prevention Mexico 49: 234.