

REVIEW ARTICLE ON “DOMESTIC VIOLENCE IN PREGNANCY”

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ABSTRACT

Violence against women is widely recognized as a serious public health problem. Pregnancy is a risk factor for increasing the violence, especially when it is related to socio economic conditions. Intimate partner violence (IPV) or domestic abuse is one of the most common forms of violence against women and includes physical, sexual and emotional abuse and controlling behaviors by an intimate partner. Intimate partner violence occurs in all settings and among all socioeconomic, religious and cultural groups. The overwhelming global burden of IPV is borne by women.

KEY WORDS: Domestic violence, pregnancy, physical abuse, sexual abuse, mental abuse

INTRODUCTION

The phenomenon of violence against women within the family in India is complex and deeply embedded. Women are subject to violence not only from husbands but also from members of both the natal and marital homes. Girls and women in India are usually less privileged than boys in terms of their position in the family and society and in terms of access to material resources. Marriage continues to be regarded as essential for a girl; control over a woman’s sexuality and its safe transfer into the hands of husbands who are assumed to own their wives is of primary importance. Systematic discrimination and neglect towards female children is evident in a declining sex ratio of 943 women to 1000 males (2011 census). Nevertheless, there are regional and community variations.

Crimes against women in India are high and have been rising. Even today the system to a large extent is patriarchal and we have been hesitant in admitting that crimes against women are occurring. Domestic violence against women forms a large part of all crimes against women. Domestic violence cases comprised over 43% of all crimes against women in 2011. It is ironical that while the patriarchal way of life preaches that women should stay within boundaries of their homes for their safety, a lot of crimes that are committed against women are reported from the very same confines of their homes. Moreover, people responsible for carrying out these crimes are generally their own relatives.

DEFINITION

Domestic violence also known as spousal abuse or intimate partner abuse occurs when one person is in an intimate relationship or marriage tries to dominate and control the other person. Domestic abuse that includes physical violence is called domestic violence.

Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of people around the world. The term intimate partner violence describes physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner.

Domestic abuse during pregnancy is a major public health concern with serious consequences for maternal and infant health. The British Journal of Obstetrics and Gynaecology reports that one in six pregnant women will experience domestic violence. Evidence also suggests that around 30% of domestic violence starts or worsens during pregnancy. Where abuse occurs during pregnancy, injury to the abdomen, breasts and genitals are common. It follows that domestic abuse is a factor in a significant proportion of maternal and perinatal mortality and morbidity.

Domestic violence and abuse are used for one purpose only: to gain and maintain total control over another person/ partner. An abuser doesn't play fair. Abusers use fear, shame, and intimidation to wear the partner down and keep the partner under his or her thumb. The abuser may also threaten the partner, hurt her or hurt those around her.

One in four women experience domestic abuse or domestic violence at some point in their lives. This may be physical, sexual, emotional or psychological abuse. 30% of this abuse starts in pregnancy and existing abuse may get worse during pregnancy or after giving birth. Domestic abuse during pregnancy puts the females and her unborn child in danger. It also increases the risk of miscarriage, infection, premature birth and injury or death of the baby.

TYPES OF DOMESTIC ABUSE IN PREGNANCY

Domestic violence during pregnancy is manifested by physical, sexual or emotional abusive acts as well as controlling behaviors. An especially concerning form of physical violence during pregnancy is when abusive partners target a woman's abdomen, thereby not only hurting the woman but also potentially jeopardizing the pregnancy.

1. **PHYSICAL ABUSE:** In this case, the abuser physically attacks his spouse or partner from time to time. This kind of abuse also builds up over time. What initially starts as slapping and punching may escalate into a situation where there is a threat to the victim's life. Physical abuse also involves behaviors like grabbing, kicking, choking, pinching and throwing things. An attacker may also be inclined to use weapons to assault his spouse. It is common for an abuser to cause irreparable damage or kill his victims in a fit of rage if the violence in the relationship is allowed to go unchecked.
2. **EMOTIONAL ABUSE:** Emotional or psychological abuse is another way for an abuser to gain control over his victim. The abuser may indulge in verbal abuse such as name calling, shouting, shaming and blaming the victim for something she did not do. The non verbal aspect involves

isolation, humiliation, intimidation etc. the abuse aims to make his partner lose her independence and self esteem. This makes the victim unable to leave the relationship because she feels she cannot live without the abuser. Emotional abuse is dangerous because it can go undetected for a long time. Since most of the abusive behavior happens at home, detection depends on the victim coming forward or confiding in someone.

3. **SEXUAL ABUSE:** Sexual abuse refers to a situation in which one partner is forced to take part in unwanted, unsafe or degrading sexual activity. Sexual abuse is considered the hidden form of abuse since victims rarely speak up. This type of abuse is common in relationships where a partner is also being physically abused. Sexual abuse is divided into five categories. Any of these acts constitute sexual violence, whether attempted or completed. Additionally, all these acts without the victim's consent, including cases in which the victim is unable to consent due to being too intoxicated (eg: incapacitation, lack of consciousness or lack of awareness) through their voluntary or involuntary use of alcohol or drugs.
 - **Rape or penetration of victim:** This includes completed or attempted, forced or alcoholic/ drug facilitated unwanted vaginal, oral or anal insertion. Forced penetration occurs through the perpetrator's use of physical force against the victim or threats to physically harm the victim.
 - **Victim was made to penetrate someone else:** This includes completed or attempted, forced or alcoholic/ drug facilitated incidents when the victim was made to sexually penetrate a perpetrator or someone else without the victim's consent.
 - **Non physically pressured unwanted penetration:** This includes incidents in which the victim was pressured verbally or through intimidation or misuse of authority to consent or acquiesce to being penetrated.
 - **Unwanted sexual contact:** This includes intentional touching of the victim or making the victim touch the perpetrator, either directly or through the clothing on the genitalia, anus, groin, breast, inner thighs or buttocks without the victims consent.
 - **Non contact unwanted sexual experiences:** This includes unwanted sexual events that are not of a physical nature that occur without the victim's consent. Eg include unwanted exposure to sexual situations (eg pornography), verbal or behavioural sexual harassment; threats of sexual violence to accomplish some other end; and/ or unwanted filming, taking or disseminating photographs of a sexual nature of another person.

CAUSES OF DOMESTIC VIOLENCE IN PREGNANCY

1. INDIVIDUAL FACTORS:

- Young age
- Low level of education
- Witnessing or experiencing violence as a child
- Harmful use of alcohol and drugs
- Personality disorder
- Acceptance of violence

2. RELATIONSHIP FACTORS

- Conflict or dissatisfaction in the relationship
- Male dominance in the family
- Economic status
- Man having multiple partners
- Disparity in educational attainment i.e. where a woman has a higher level of education than her male partner

3. COMMUNITY AND SOCIETAL FACTORS

- Gender inequitable social norms
- Poverty
- Low social and economic status of women
- Weak legal sanctions against IPV within marriage
- Weak community against IPV
- Broad social acceptance of violence as a way to resolve conflict
- Armed conflict and high levels of general violence in society

PREGNANCY AS A TRIGGER FOR PERPETRATOR JEALOUSY AND CONTROL

Traditional attitudes towards gender roles, such as the belief that men should control and dominate a relationship and household, or that women should perform domestic duties and be always emotional and physically available to men, are linked to perpetration of domestic in pregnancy.

Pregnancy has been identified as a time of greater autonomy and self awareness for women and as such pregnancy may symbolize “autonomous control over her body and her independence from her partner”. Since control is a significant aspect of domestic and family violence, violent or abusive men may find pregnancy threatening and seek to re exert control over their partners. Women’s preoccupation with their baby and their lesser physical and emotional availability during pregnancy may limit their ability to perform expected traditional caring and homemaker roles, leading to an increase in violence. Sexual violence and coercion have been identified as features of domestic violence during pregnancy and post partum pregnancy may limit a perpetrator’s assumed entitlement and free access to his partner’s body. Women have described physical and sexual violence and an increase of jealous and possessive behavior, as well as accusations of infidelity, by their partners during pregnancy.

CONSEQUENCES

Domestic violence during pregnancy has been found to be associated with fatal and non fatal adverse health outcomes for the pregnant woman and her baby due to the direct trauma of abuse to a pregnant woman’s body as well as the physiological effects of stress from current or past abuse on foetal growth and development.

1. **HOMICIDE:** Homicide is the most extreme consequence of intimate partner violence. Intimate partner violence during pregnancy is a risk factor for women’s increased risk if being killed by an intimate partner. Pregnancy significantly increased women’s risk of becoming a victim of

intimate partner homicide and that men who abuse their partners during pregnancy seem to be particularly dangerous and more likely to commit homicide

2. **REPRODUCTIVE HEALTH:** Non fatal health outcomes associated with intimate partner violence during pregnancy include maternal and newborn health outcomes. Women reporting abuse during pregnancy have higher rates of intrauterine growth retardation and preterm labour than women not experiencing abuse, which can lead to low birth weight and other neonatal risks. Experiencing intimate partner violence during pregnancy has also been associated with women's increased risk of miscarriage and abortion, increased risk of antepartum hemorrhage and perinatal death. Abuse during pregnancy can also lead to short and long term health consequences for pregnant women, including maternal mortality.
3. **NEGATIVE HEALTH BEHAVIOURS:** Intimate partner violence during pregnancy is significantly associated with a number of adverse health behaviors during pregnancy, including smoking, alcohol and substance abuse and delay in prenatal care, even after controlling for other mediating factors.
4. **PHYSICAL AND MENTAL HEALTH:** Injuries from intimate partner violence during pregnancy include broken bones, cuts, burns, hemorrhages, broken teeth and persistent headaches. While intimate partner violence may frequently be focused on the abdomen during pregnancy, pregnant abused women also report that their partners targeted other body parts, such as their buttocks, breasts, genitals, head and neck and extremities. Direct blows into the abdomen during pregnancy are especially concerning since they can cause some of the negative reproductive health outcomes. An abused woman lives in fear, unable to predict when the next attack will come. She may become isolated from friends and family, and increasingly dependent on her abuser. In these circumstances it can be very hard to make sense of what is really happening. Over time her self esteem may be worn down. She may start to believe her abuser's insults. She may blame herself for the abuse, or deny that it is taking place. She may ignore it, hoping that her partner the man she loves – will change.

Physical, sexual and psychological intimate partner violence during pregnancy are associated with higher levels of depression, anxiety and stress as well as suicide, lack of attachment to the child and lower rates of breastfeeding. It also has consequences into the postpartum and later periods with increased levels of anxiety even after six months of birth of the baby.

PREVENTION

Violence against women by partners during pregnancy is a major public health concern. It can cause physical and psychological harm to women and may lead to pregnancy complications and poor outcomes for babies. It is not clear what sort of intervention best serves women and infants during pregnancy and after giving birth to ensure their safety. Interventions that might work include counseling and psychological therapy to give women more confidence and to encourage them to make plans to avoid abuse. Referral to social workers, shelters and other community based resources may also help.

DISCUSSION

The prevalence of domestic violence varies widely, with approximately 15 – 17% of women worldwide experiencing some form of violence at the hands of their husbands or male partners. South Asian countries report some of the highest rates of physical domestic violence. The most recent Indian National Family Health Survey (NFHS 3, conducted in 2005/2006), a nationally representative survey of women of reproductive age, estimated that 35% of married women had experience physical violence perpetrated by their current or former spouses. Domestic violence represents a significant public health problem in resource poor countries. Domestic violence may lead to increased perinatal or neonatal morbidity and mortality directly through physical trauma or indirectly through increased stress on the mother during pregnancy. Alternatively, women who experience violence may be exposed to other controlling behaviors that limit their access to healthcare, thereby limiting their ability to seek care for themselves or their children.

CONCLUSIONS

Given the undeniable impact of domestic violence as a public health problem, understanding the relationship between experience of violence and negative health outcomes is critical for the development of appropriate prevention strategies and maternal health services that are responsive to the needs of women experiencing violence. Levels of maternal and child morbidity and mortality remain high in India despite decades of programmatic efforts to improve the health of these populations. Continued efforts to reduce levels of domestic violence through channels such as public education, legal reform, and community action, as a means to reducing morbidity and mortality among both these groups.

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