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Violence before pregnancy and the risk of violence during pregnancy

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Abstract

Objective: To investigate the relationships among different forms of violence before and during pregnancy.
Material and methods: An anonymous questionnaire (adapted NorAQ) was given to 1269 women after childbirth.
Results: The response rate was 80% (n = 1018). Different forms of violence were experienced by 46.9% of the women; 9.2% reported violence in pregnancy. Suffering from the consequences of violence was reported by 43.8% of the women; sexual (76.6%) and psychological (54.1%) ranked the highest. Past experience of any form of violence increased the risk of violence in pregnancy, violences experienced in adulthood even more than that in childhood [odds ratio (OR) 4.2, 95% confidence interval (CI) 2.7–6.5 vs. OR 1.9, 95% CI 1.2–2.9]. The onset of violence during pregnancy is rare. Violence was most frequently exerted by the intimate partner.
Conclusion: Healthcare systems have access to most women of reproductive age, thus they have the unique opportunity to identify and adequately manage violence against women and its consequences.

Keywords: Health care abuse; intimate partner violence; physical abuse; pregnancy violence risk; psychological abuse; sexual abuse; violence.

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Introduction

Violence before and during pregnancy accounts for numerous adverse outcomes [1–6]. In the 1990s, the incidence of women reporting abuse during pregnancy was 4%–8% and this figure mostly represents under-reporting to health care providers [1]. In the USA, it is estimated that 324,000 pregnant women are abused each year [5]. A recent meta-analysis indicates that women who have experienced intimate partner violence during pregnancy are at an increased risk of having pre-term birth, low birth weight or fetal growth restriction. Violence and abuse take many forms, and are frequently defined as intimate partner violence or domestic violence [6]. This pertains to an assaultive and coercive behavior that may include physical, psychological and sexual abuse. Also, one should consider health care abuse, defined by the patients' subjective experiences, characterized by being devoid of care, where patients suffer and feel the loss of their value as human beings [7]. Data from the first national survey on violence within the private sphere and partners relationship in Slovenia in 2010 reported about 5.5% of the victims of violence were during pregnancy [8, 9].

The aim of this study was to investigate the relationship between violence before and during pregnancy.

Patients and methods

During a 3-month period in 2014, we approached 1269 women during their post-partum stay in the maternity hospital at the University Medical Centre, Division of Obstetrics and Gynecology, Ljubljana, Slovenia. The only pre-requisite was that the woman should be able to speak the Slovenian language. After explaining the study objectives and obtaining an informed consent, we gave her an anonymous questionnaire. We used the NorVold Abuse Questionnaire (NorAQ) [10], which includes questions concerning the experiences of abuse among women, and has been validated with good reliability and specificity. The questionnaire was translated and adapted to the Slovenian population. The questionnaire investigates psychological, physical and sexual violence and abuse by health care providers.

A total of 1018 (80.2%) women completed the anonymous questionnaire. After completion, the women put it into a specially marked box located in the maternity ward. For this reason, we do not know who refused and why they refused to complete the questionnaire.

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We counted the frequencies of the types of abuse (psychological, physical, sexual and that inflicted by healthcare providers). We also counted the number of individuals suffering an abuse (one or more). This information was stratified by the period during which violence was experienced (childhood, adulthood, pregnancy, at "anytime"). We then inquired whether women currently feel the consequences of a past abuse, and estimated the risk of the past experience of violence (childhood and/or adulthood) for the occurrence of violence during pregnancy. Additionally, we examined how often a particular type of violence occurred for the first time during pregnancy and how often the pregnant women were victims of their intimate partner.

The study was approved by the National Medical Ethics Committee of Slovenia (No. 64/11/13).

Results

The mean maternal age was 30.9 ± 4.6 years, 488 (47.9%) were primiparous; 473 (46.6%) were married and 530 (52.2%) were living with a permanent partner; 66 (6.5%) reported that they had infertility treatment and 73 (7.1%) had twin gestations. In 746 (73.8%) the pregnancy was wanted and planned, in 262 (25.9%) the pregnancy was wanted but unplanned, and in only three of the women (0.3%), the pregnancy was considered unwanted and unplanned (leaving seven cases with missing data). University level education was reported by 322 women (31.6%).

Table 1 shows the type of abuse by period of occurrence. The numbers in the summary column and row are not totals because women may have been abused in different periods or may have suffered more than one type of abuse during a given period. About half of the women (46.9%) experienced some kind of violence at some point in time during childhood (23%), adulthood (25%) or pregnancy (9.2%). The period of pregnancy was associated with the lowest incidence of abuse. Psychological abuse ranked first among the types of abuse (psychological 26.1%, physical 22.2%, in health care system 16.1% and sexual 7.6%); psychological abuse during childhood (14.8%) and adulthood (14.1%) were reported significantly more often than that during pregnancy (3.2%). The same trend was observed for physical abuse (childhood 22.4%, adulthood 9.5%, in pregnancy 1.0%) and sexual abuse (childhood 6.1%, adulthood 2.0%, pregnancy 0.0%).

Table 2 shows the number of women who reported consequential suffering following abuse. The data indicate that childhood and adulthood abuse had the same effect on current suffering, whereas violence during pregnancy – the most recent event – was more often reported to result in consequential suffering. Generally, about 40% of the women who experienced violence some time during childhood, adulthood or pregnancy, state that this event causes consequential emotional suffering. Sexual abuse was the most frequent cause of long-term suffering (76.6%).

Table 3 shows the estimated risk of experiencing violence during pregnancy in a woman with past history of abuse during childhood or adulthood. Any type of abuse that occurred at any time in the past increased the risk of experiencing abuse during pregnancy. The more recent event (i.e. abuse during adulthood rather than during childhood) increases this risk. Sexual abuse in adulthood increased the risk of abuse in pregnancy by 5.6 times and psychological abuse by 3.3 times.

Table 1: Type of abuse by the period of abuse in 1018 women.

Type of abuse	Period of abuse			
	Childhood	Adulthood	Pregnancy	Anytime[a]
Psychological	151 (14.8)	144 (14.1)	33 (3.2)	266 (26.1)
Physical	228 (22.4)	97 (9.5)	10 (1.0)	297 (22.2)
Sexual	62 (6.1)	20 (2.0)	–	77 (7.6)
Healthcare	27 (2.7)	103 (10.1)	59 (5.8)	164 (16.1)
Abused women[a]	326 (23.0)	255 (25.0)	94 (9.2)	477 (46.9)

Data are shown as n (%).
[a]Numbers are not totals because women may have been abused in different periods or may have suffered more than one type during a given period.

Table 2: Consequential suffering from the past abuse incident.

Type of abuse	Period of abuse			
	Childhood	Adulthood	Pregnancy	Anytime[a]
Psychological	83 (54.9)	85 (59.0)	23 (69.7)	144 (54.1)
Physical	74 (32.4)	54 (55.7)	10 (100.0)	116 (39.0)
Sexual	47 (75.8)	16 (80.0)	–	59 (76.6)
Healthcare	5 (18.5)	15 (14.5)	4 (40.0)	23 (14.0)
Abused women[a]	145 (44.4)	113 (44.3)	31 (32.9)	209 (43.8)

Data presented as n (%). Percentages were calculated per total recorded violence of particular type.
[a]Numbers are not totals because women may have been abused in different periods or may have suffered more than one type during a given period.

Table 3: Odds (95% confidence interval) of experiencing any kind of violence during pregnancy in women who had a history of violence during childhood or adulthood (vs. no history).

Type of violence	During childhood	During adulthood
Psychological	1.9 (1.1, 3.1)	3.3 (2.1, 5.4)
Physical	1.6 (1.0, 2.6)	2.3 (1.3, 4.1)
Sexual	1.5 (0.7, 3.3)	5.6 (2.2, 14.5)
Healthcare	2.9 (1.1, 7.4)	3.4 (2.0, 5.8)
Any kind	1.9 (1.2, 2.9)	4.2 (2.7, 6.5)

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Table 4 shows the first violent incident before or during pregnancy. It appears that the onset of violence during pregnancy is very rare: psychological violence in 2%, physical violence in 0.5%, and violence in the health care system in 4.6% of the women.

Table 5 details the intimate partner violence before and during pregnancy. The data indicate that the intimate partner was involved in 38.9%, 66%, and 15% of the psychological, physical and sexual abuse events before pregnancy; and in 27.3%, 70% and 0% during pregnancy.

Table 4: First violent incident before or during pregnancy.

Type of violence	Anytime before pregnancy	During pregnancy		OR (95% CI)
		No	Yes	
Psychological	No	752 (98.0)	15 (2.0)	0.3 (0.1, 0.5)
	Yes	233 (92.8)	18 (7.2)	
Physical	No	721 (99.3)	5 (0.7)	0.4 (0.1, 1.4)
	Yes	287 (98,3)	5 (1.7)	
Sexual	No	941 (100)	–	–
	Yes	77 (100)	–	
Healthcare	No	854 (95.4)	41 (4.6)	0.3 (0.1, 0.5)
	Yes	105 (85.4)	18 (14.6)	

Data presented as n (%). Statistics are shown as odds ratio and 95% confidence interval.

Table 5: Violence from intimate partner before and during pregnancy.

	Intimate partner violence		OR (95% CI)
	No	Yes	
Before pregnancy			
Psychological			
No	867 (99.2)	7 (0.8)	0.01 (0.005, 0.03)
Yes	88 (61.1)	56 (38.9)	
Physical			
No	919 (99.3)	6 (0.7)	0.003 (0.001, 0.01)
Yes	33 (34.0)	64 (66.0)	
Sexual			
No	996 (99.8)	2 (0.2)	0.01 (0.002, 0.07)
Yes	17 (85.0)	3 (15.0)	
During pregnancy			
Psychological			
No	977 (99.2)	8 (0.8)	0.02 (0.01, 0.06)
Yes	24 (72.7)	9 (27.3)	
Physical			
No	1001 (99.3)	7 (0.7)	0.003 (0.0006, 0.01)
Yes	3 (30.0)	7 (70.0)	
Sexual			
No	77 (100)	0 (0.0)	–

Data presented as n (%) and statistics are shown as odds ratio and 95% confidence interval.

Altogether, the odds of intimate partner violence during pregnancy were very low.

Discussion

Domestic violence before and during pregnancy is recognized as a significant public health problem. Violence is experienced irrespective of age, economic status, education, race, religion, ethnicity or sexual orientation [5]. In simple terms, it may occur to anyone, including to our pregnant women. There is a substantial amount of literature to document the ill-effects of abuse during pregnancy [1–6]. In this study, however, we focused on the interrelationship between the experience of any kind of abuse during pregnancy and the past experience of violence. In our study population – that qualifies as a random sample – as many as 46.9% of the women experienced any type of abuse sometime before or during pregnancy.

The analysis indicates the following observations. Firstly, pregnancy was associated with a significantly reduced incidence of abusive events compared to the periods of childhood or adulthood. This might be explained by the shorter duration of pregnancy as compared to the entire life period before pregnancy. An alternative explanation might be that pregnancy is, in a way, a sanctuary against violence, as evidenced by no case of sexual abuse reported during pregnancy. Apparently, the responders to the anonymous questionnaire, the women ready to participate in the study were those who had not been victims of the severest forms of violence during pregnancy and we know of at least one case with a significant intimate partner violence that did not take part in the study.

Secondly, a substantial long-term effect was reported by 43.8% of the women who experienced violence some time during childhood, adulthood or pregnancy, indicating that such an event undoubtedly causes consequential emotional suffering.

Thirdly, the data indicate that violent events during childhood and adulthood increase the risk of experiencing a violent event during pregnancy. Our study, as many others, underlines the importance of access to the history of abuse in the perinatal settings [1–5]. Past psychological abuse and abuse in the health care system significantly increase the risk of the respective type of abuse in pregnancy. However, pregnancy itself seems to protect women against physical and sexual abuse. Also, the onset of violence during pregnancy is very rare; the intimate partners that exerted violence before pregnancy appear to stop during pregnancy. Similar findings have been reported

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in other studies [1, 11]; however, rather opposite findings were reported in others whereby violence increased in pregnancy harming both the mother and fetus [11, 12] and further increased after delivery [13]. Two percent of our women considered themselves to be at high risk of experiencing a violent event within a month after discharge.

Fourthly, the most frequent abuser is a person that the woman knows. Also during pregnancy, the most frequent psychological and physical abuser is the intimate partner [1, 11], followed by the ex-partner, other men, father, brother and stepmother. Psychological violence in adulthood and pregnancy is also exerted by the intimate partner, but to a larger extent also by persons that the woman knows: a father or some other woman (higher position at work, co-worker or ex-intimate partner).

As a rule, physical abusers are men. Our results show that some intimate partners stopped being psychologically and/or physically abusive during pregnancy. The women in our analysis did not report on sexual abuse in pregnancy, neither was it exerted before pregnancy by the current intimate partner.

These robust statements should be considered within the proper perspective. A difference might exist between the forensic definition of violence and the woman's subjective perception of a violent event. Also, the same event might be considered violent by one individual and not by another. This subjective difference is of importance regarding abuse within the healthcare system, as some remarks from a caregiver can be misinterpreted as abusive whereas the same remarks might be considered constructive. Regardless, it appears that women consider their experience as having a continuous long-lasting effect, indicating that the bad experience related to abuse must be of special importance. After all it is well known that childhood abuse is associated with psychological consequences that persist into adulthood affecting developmental processes such as the ability to create and maintain interpersonal relationships, earlier developmental deficits and different personality structuring and consequent reaction to stress [14].

Our data come from roughly 80% of the responders. The design of our study ensuring total anonymousness was expected to provide truthful replies. However, we can only speculate on the reasons as to why 20% of the women did not complete the questionnaire. On the one hand, it is possible that the objective of the study was considered irrelevant to those who had never experienced any kind of abuse. On the other hand, it is equally possible that the questionnaire revived painful memories related to the abuse, hence the personal decision to circumvent the questionnaire.

As we are unable to change the history of abuse, the practical conclusions from this study mainly relate to what we are able to do, i.e. to reduce abusive experiences within the health care system [15]. With regard to our profession, this means to reduce abuse within the healthcare environment during pregnancy; 58% of our responders might have benefited from an intervention [15, 16]. Hence, our study calls for a focused evaluation of abuse within the healthcare system in order to identify the risk factors that would help to eradicate this preventable abuse. Because our study group comes from Slovenia, the generalization of our findings and suitability to different populations may be questioned. Indeed, more studies from different countries are required for comparison.

Nevertheless, the fact that the healthcare system has access to the majority of women of reproductive age through reproductive healthcare services offers a unique opportunity to identify, prevent, and adequately manage (multidisciplinary team approach) violence against women and its consequences.

Author's statement
Conflict of interest: Authors state no conflict of interest.
Material and methods: Informed consent: Informed consent has been obtained from all individuals included in this study.
Ethical approval: The research related to human use has been complied with all the relevant national regulations, institutional policies and in accordance the tenets of the Helsinki Declaration, and has been approved by the authors' institutional review board or equivalent committee.

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