







# CONJUGAL VIOLENCE DURING PREGNANCY AND PUERPERIUM: WOMENS' DISCOURSE

## A VIOLÊNCIA CONJUGAL EXPRESSA DURANTE A GESTAÇÃO E PUERPÉRIO: O DISCURSO DE MULHERES

## VIOLENCIA CONYUGAL EXPRESADA DURANTE EL EMBARAZO Y EL POSPARTO : EL DISCURSO DE LAS MUJERES DEL PACIENTE

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### ABSTRACT

**Objective:** to know the experiences of conjugal violence during pregnancy and puerperium. **Method:** qualitative study carried out with 11 women who suffered conjugal violence during pregnancy and puerperium and are under judicial proceedings. After interviews, the data were systematized based on the discourse of the collective subject. The ethical criteria of National Health Council (*Conselho Nacional de Saúde-CNS*) Resolution 466/2012 were respected. **Results:** from the content of the discourses related to violence, the following central synthesis ideas arise: physical, sexual, psychological and moral and patrimonial. **Conclusion:** conjugal violence during pregnancy and puerperium is expressed in several ways, and abuses are often experienced by women before pregnancy and may manifest even in the puerperium. Such evidence may guide professional preparation for early recognition of prenatal care.

**Keywords:** Intimate Partner Violence; Violence Against Women; Pregnancy; Postpartum Period; Nursing.

### RESUMO

**Objetivo:** conhecer as expressões da violência conjugal vivenciada durante a gestação e puerpério. **Método:** trata-se de estudo qualitativo realizado com 11 mulheres em processo judicial que vivenciaram violência conjugal na gestação e puerpério. Após entrevistas, os dados foram sistematizados com base no discurso do sujeito coletivo. Respeitaram-se os critérios éticos da Resolução 466/2012 do CNS. **Resultados:** o conteúdo emanado nos discursos referentes às expressões da violência permitiu emergir as seguintes ideias centrais síntese: física, sexual, psicológica e moral e patrimonial. **Conclusão:** a violência conjugal no período gravídico-puerperal se expressa de diversas formas, sendo os abusos muitas vezes experienciados por mulheres antes da gestação e podendo se manifestar até mesmo no puerpério. Tais evidências poderão nortear o preparo profissional para o reconhecimento precoce do agravo no pré-natal.

**Palavras-chave:** Violência por Parceiro Íntimo; Violência Contra a Mulher; Gravidez; Período Pós-Parto; Enfermagem.

### RESUMEN

**Objetivo:** conocer las expresiones de violencia conyugal vividas durante el embarazo y el puerperio. **Método:** estudio cualitativo realizado con 11 mujeres en proceso judicial por violencia conyugal durante el embarazo y el período posparto. Después de las entrevistas, los datos se sistematizaron en función del discurso del sujeto colectivo. Se respetaron los criterios éticos de la Resolución CNS 466/2012. **Resultados:** el contenido que emana de los discursos sobre las expresiones de violencia permitió que surgieran las siguientes ideas centrales: física, sexual, psicológica y moral y patrimonial. **Conclusión:** la violencia conyugal en el período embarazo-posparto se expresa de varias maneras y el abuso que a menudo experimentan las mujeres antes del embarazo puede manifestarse durante el embarazo y en el posparto. Tales evidencias podrían ayudar en la preparación profesional para el reconocimiento temprano de dicho problema en la atención prenatal.

**Palabras clave:** Violencia de Pareja; Violencia contra la Mujer; Embarazo; Período Posparto; Enfermería.

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## INTRODUCTION

Conjugal violence interferes negatively in women's health, and may occur at any time in their lives, including in the gestational and puerperal period. In these phases, it can trigger illnesses and hamper the health and life of the fetus/newborn.<sup>1</sup> Such damage requires early identification by health professionals, especially those who work in prenatal and puerperal consultations areas.

Conjugal violence in pregnancy and puerperium has already been the object of interest of scholars worldwide.<sup>1,2</sup> In Tanzania, a study of 500 women in puerperium demonstrated a percentage of violence during pregnancy (18.8%) and, also, after delivery (9%).<sup>2</sup> Despite the significance of the findings, they do not inference about the problem experience before pregnancy.

Other investigations advance in this perspective, such as one carried out in Sweden with pregnant women, which reported that history of previous domestic violence is an important risk factor for experiencing it during pregnancy.<sup>3</sup> In Brazil, a study in *São Paulo* also showed the existence of this event before pregnancy, which lasted throughout the pregnancy-puerperal period.<sup>4</sup> The production of knowledge on the theme reveals that pregnancy and puerperium are sometimes aggravating and sometimes mitigating factors of conjugal violence. Research carried out in the Province of the North and Rwanda found that, during pregnancy, in general, violence tends to intensify.<sup>5</sup>

Despite the lack of consensus whether pregnancy is or not an aggravating factor to suffer violence, it is necessary to consider all possible consequences of the phenomenon. Considering that violence is associated with headache, sexually transmitted infections (STIs), decreased libido, anxiety, depression and suicidal ideation,<sup>6,7</sup> other diseases may arise when such experience occurs during the gestational period, such as chronic pain, gastric, dietary and sleep patterns disorders, dyspareunia, hypertensive pregnancy syndromes, uterine contractions, premature placental detachment (PPD), bleeding, hemorrhage, waters break and early premature delivery. It may also occur problems involving the fetus/newborn, sometimes implying premature births, cyanosis at birth, low weight and fetal death.<sup>8,9</sup>

Although the literature records these implications of conjugal violence for the mother-child binomial, health professionals find it difficult to recognize the phenomenon and investigate during care, especially in prenatal and puerperal consultations.<sup>10</sup> In view of this, it is necessary to sensitize professionals to identify the various expressions of violence in pregnant women, in order to avoid obstetric complications that endanger the life of women or fetus/newborn. In this sense, we outlined the following objective: to know conjugal violence during pregnancy and puerperium.

## METHODS

This is a research linked to the matrix project entitled "Reeducation of men and women involved in criminal proceedings: strategy to combat conjugal violence", under funding of the *Fundação de Amparo à Pesquisa do Estado da Bahia* (FAPESB) in partnership with the *Secretaria de Segurança Pública do Estado da Bahia* (SSP).

The research had a qualitative approach and was carried out in the 1<sup>st</sup> and 2<sup>nd</sup> Courts of *Justiça pela Paz em Casa*, located in Salvador, Bahia, Brazil. The audience studied consisted of 11 women who were in judicial proceedings in these Courts and met the following inclusion criterion: to have a history of conjugal violence during pregnancy and/or puerperium. Although no temporal criterion was determined about the experience of violence during pregnancy and/or puerperium, all participants reported previous history and were not pregnant or puerperal at the time of the interview. The exclusion criterion adopted was that women show unstable emotional state, subjectively evaluated by the researcher and psychologist linked to the anchor project. Although it was an exclusion criterion, there were no losses due to emotional instability.

The approach with the participants occurred from reflective activities in the Courts room, while waiting for hearings. On these occasions, women were invited to participate in a reflective group made possible by the Anchor Project, which aimed to promote a space of reflection for women with a history of conjugal violence, in order to subsidize empowerment for a life free of violence. Subsequently, women who met the inclusion criteria were invited to collaborate with the research. In total, there were two reflective groups: the first had the participation of 10 women, among whom three met the inclusion criterion; and the second had 12 participants, eight of whom show a profile that allow them to collaborate with the research. Thus, 11 women participated in the study, with no refusals.

Once they agreed to participate, we applied semi-structured interview. It contained objective questions that characterized the participants (age, religion, education, relationship length, number of pregnancies and abortions and numbers of children born alive), followed by the inquiry: tell me about your experience of violence in the conjugal relationship during pregnancy and after childbirth.

Understanding violence as a complex and intimate theme, we chose to apply the interview only by researchers who followed-up the reflective groups, which allowed establishing close bonds, necessary to welcome and comfort women. It is noteworthy that all researchers have extensive experience with the conduction of reflective groups of women in situations of violence and with research in the area, and even though had previous training for data collection.

Data were collected between June and August 2017, in private rooms of a public school located near the 1<sup>st</sup> Court and in the 2<sup>nd</sup> Court facilities. The interviews were recorded and transcribed in full and had an average duration of one hour. The data, systematized and organized using the collective subject discourse (CSD), made it possible to construct synthesis-discourses that represent the community. After organizing and discussing the results, they were based on and/or confronted with the national and international literature on the topics gender, women's health, conjugal violence, public policies, among others directed by the data. Regarding the anonymity of the members, the women's discourses were identified by M1, M2, M3, etc.

It is worth mentioning that the project contemplated the ethical aspects of Resolution 466/2012 of the National Health Council (*Conselho Nacional de Saúde-CNS*), approved by the Ethics Committee under Opinion 039699/2014 and CAAE on 877.905/2014, and it is a part of a master's thesis aimed at knowing conjugal violence experienced by women during pregnancy and puerperium.

## RESULTS

The collective discourse was organized based on the interview of 11 women who were an average age of 39 years old; the youngest was 23 years old and the oldest 56 years old. Of them, five participants completed high school and declared to practice a Protestant religion. Regarding reproductive health, seven experienced induced or spontaneous miscarriage and all had children, an average of two.

For two women, the violence began during pregnancy and, among the nine who reported suffering violence before this phase, only in one case the woman understands that pregnancy contributed to minimize physical aggression, although this did not occur for the other forms of violence expression. Regardless of intensity or typology, according to all interviewees, conjugal violence also persisted in the puerperium.

The forms of conjugal violence experienced during pregnancy-puerperal period revealed in the study were physical, sexual, psychological and moral and patrimonial.

### ICS 1A – PHYSICAL VIOLENCE

The women's discourse signals the experience of physical aggression during pregnancy and after childbirth, expressed through hangings, punches, kicks, pushes and slaps, including the use of objects, such as the bed ballast. It calls the attention draws the violence directed to the face and womb.

*In pregnancy, he beat me, too. Just when I found out I got pregnant, he tried to hang me. [...] hit me in the face*

*and head! He once took the ballast out of bed and hit me. [...] he punched me in the eye, kicked my back and I fell over my belly. He hit me again, he gave me a hard blow in the belly! He also pushed a huge gate into my belly. I begged him not to hit my belly and say I was going to kill him if he did it [crying]. After pregnancy, he beat me too. [...] I had just aborted and he arrived drunk wanting to have sex, but as I didn't want to, he kicked me in the back!* (M2; M4; M5; M6; M7; M8; M9; M11).

### ICS 1B – SEXUAL VIOLENCE

Based on the women's discourse, it is clear that the interviewees experienced conjugal rape during pregnancy. These experiences marks are recurrent coercions, even in periods of sexual abstinence, such as in the puerperium and after abortion, when they are forced to have sex with their spouses.

*Even pregnant I felt compelled to have sex, just to avoid fights, because he said it was my duty. He came from work dirty and stinking, sometimes drunk, and wanted to have sex with me. It's hard for a pregnant person to bear it! Sometimes I gave in so much he insisted. In the early hours, if I went to sleep, he always forced, including anal sex. So I'd rather stay up all night. After I gave birth, he wanted sex. [...] tried to force me when the stitches hadn't even fallen. I had aborted and he came drunk looking for me and, even against indications, I had to have sex with him. He did all this and I didn't understand it was violence* (M1; M4; M7; M8).

### ICS 1C – PSYCHOLOGICAL AND MORAL VIOLENCE

During the gestational and puerperal period, women also suffered psychological abuse by their intimate partner. In relation to this expression, the discourses denote manifestations of threats, verbal aggressions and control by the spouse.

#### THREATS

The threats experienced by women in pregnancy and puerperium range from the expulsion of their residence to even death, and this intimidation is sometimes related to the rejection of the child by the spouse.

*[...] I was already with the big belly when he threatened to push me off the bike because I disagreed with him. That was the first time he intimidated me. He threatened me because he didn't accept the child and say he was going to kill me. He always told me to leave*

*the house, but I wasn't going to. I was almost six months pregnant. [...] He caused me so much annoyance that I had premature delivery (M1; M7; M9).*

## VERBAL AGGRESSION

The discourse shows that, with the intention of depreciating the woman and diminishing her self-esteem, the spouses continue to offend them individually or in public even during pregnancy and puerperium. It is noteworthy that some aggressions are as injuries and defamation.

*He called me fat. He cursed at me for whatever reason. He said I wasn't a good mother and didn't take good care of my kids. He put myself down! [...] He told everyone that I betrayed him, that I was going out with other people. He said I kept looking at men on the street. He screamed that I had a "wormy" vagina for the neighbors to hear. He kept exposing me, saying that all the neighbors had ever had anal sex with me. He kept doing this when I was pregnant and also after childbirth. It hurt me! (M1; M2; M4; M7; M8; M9; M10; M11).*

## CONTROL

The discourse shows that in the gestational and puerperal period the spouse maintains control of the women's actions, including limiting their right to come and go. According to the statements, this behavior isolates them from family and friends, weakening them in a stage of life they need much support.

*I've always lived tense, oppressed. He wanted me to do everything he told him to do. He didn't want me to have friends either. That's why I lived isolated. I couldn't go anywhere, even my mother's house! I went out just to do prenatal care. [...] he closed the door kept the key in his hand so I wouldn't leave. I already attacked him screaming, "I want to get out". To make matters worse, he'd go out and left me alone, pregnant. I was very angry, because in the maternity I could only discharge with a relative, but he wouldn't let anyone go there, not even my mother. He didn't go either! At home, I couldn't get any help either. [...] he wouldn't allow it, to make me feel bad. I felt alone (M1; M2; M4; M7; M8; M9; M10; M11).*

## ICS 1D - PATRIMONIAL VIOLENCE

The discourse shows that even during pregnancy or in the puerperium period, women experiences patrimonial violence, expressed by the destruction of their material goods and

subtraction of documents. It also reveals the deprivation of basic and economic resources necessary for their and their child support.

*[...] even pregnant and with the children very little, he told me to choose between food and energy and, just for whim, he left us in the dark. We could only use the TV light. He also broke things I bought, hid my credit card, photocopied my id. He once put my clothes all outside and put fire on them, just because I went to my mother's house. Since I didn't work and depended on him, he started leaving me without money. When I arrived from the hospital, after eight days, I sought justice to see the child support, because during a month he didn't give any [financial] assistance. I had to support my son alone (M1; M5; M7; M8).*

## DISCUSSION

The women's discourse about conjugal violence experienced during pregnancy and puerperium reveals the diversity of expressions in which this phenomenon is manifested, such as physical aggression. Regardless of the pregnancy-puerperal cycle phase, the study revealed that women experienced hangings, pushes, slaps, punches and kicks. Another Brazilian research and a study developed in Bangladesh corroborate the occurrence of these events during pregnancy and recognize slaps and pushes as main aggressions in this period.<sup>1,11</sup>

According to the results of investigations in Bangladesh that support the relationship between physical violence and the delay in the beginning of prenatal follow-up,<sup>1</sup> physical injuries can make these women to stay distant from health care services, Shame and fear of attending prenatal consultations with marks on the face are among the reasons.<sup>1</sup> In this case, humiliation symbolism<sup>12</sup> involved in beating on the face make women vulnerable and causes they do not care of themselves and the child.

The study also reveals physical aggression with the intention of reaching the woman's womb. A study that analyzed ER medical records of a hospital in Brazil shows that most of the aggressions during pregnancy have the abdomen as the target of violence.<sup>12</sup> This reality may be linked to the spouse rejection of the child, as identified by a research in Ethiopia that analyzed 422 women and, of these, 22.98% reported that aggressions were directed to the womb in order to reach mother and fetus.<sup>13</sup> As a consequence, there are risks for miscarriages, fetal losses or premature births.

The discourse also identifies conjugal violence expression in the field of sexual relations, with a socially shared perception that women are obliged to sexually satisfy the spouse. This reality supports conjugal rape in our country, even if there is a specific legislation that criminalize, among other forms, conjugal sexual violence.<sup>14</sup> It is an alert the fact that, despite

Law 11,340/2006, known as *Maria da Penha* Law, one of the most complete in the world, the abuses Brazilian women suffer, resemble those committed in Eastern cultures that have little laws about women's rights. In Delhi, Indians marriage ends up legalizing sexual assaults, understood as the right of husbands.<sup>15</sup> A report that consolidates 82 laws on sexual violence in different locations of the world showed that in 11 countries it is legal, and in four of them rape is allowed to husbands.<sup>16</sup>

Men believe they have power over their companion, and the discourse refers to their insistence and use of physical force to consolidate abuses, even without the women's desire and/or consent. The discourse also focuses on the physical, hormonal and psychological transformations proper to pregnancy.<sup>17</sup> It is worth noting that sexual abuse persists even when women are in post-abortion and childbirth situations, evidencing the disrespect of the spouse for the convalescence period. In the case of the puerperium, it is recommended that the woman does not have sex, because she is vulnerable to infection, dehiscence of sutures of the cesarean section and the perineum, in addition to possible lacerations of the vaginal path. Such damage is related to the decrease in estrogen levels in the postpartum period, during which the puerperal woman has fine epithelium and reduced lubrication.<sup>17</sup> Another situation that deserves to be highlighted in the context of sexual violence in conjugal relationships refers to the vulnerability of women to sex without using contraceptive methods, exposing them to unwanted pregnancy and STIs. It is also known that pregnancies resulting from conjugal rapes may incite triggered abortions.<sup>9</sup>

Experiencing sexual abuse in conjugal relationships is still associated with psychoemotional problems, such as: difficulty of having social life, posttraumatic stress disorder and severe depression. Still concerning this emotional damage, the study reports the intimidations women suffered in their daily conjugal routine, including death threats. In line, a study conducted in Mexico shows that women threatened with firearms also expressed mental illness.<sup>18</sup>

Psychological damage comes not only from threats, but also from verbal aggressions, name-calling and insults that diminish women's self-esteem. It is noteworthy that some of these offenses reach their honor and reputation and constitute a crime of injury and defamation. The Brazilian Penal Code considers them crimes against honor, defamation (art. 139) is defined as the act of spreading untrue information that insults someone's reputation, while injury (art. 140) is any name-calling directed to a person to offend their dignity. In Brazil, since the creation of the *Maria da Penha* Law, this type of aggression has been considered moral violence, thus being differentiated from psychological violence.<sup>14</sup> However, other countries still maintain this inseparable classification, because of the proximity between the offense to morale and the psychological elements

associated with this conduct.<sup>19</sup> Research conducted in 173 countries revealed that 127 of them have a law to protect women in cases of domestic violence. Of these, 97 refer to physical and sexual abuse and in 122 countries legislation mention psychological violence.<sup>19</sup> Thus, it is perceived that the injury in their moral form is not evident, and cases are generally judged as emotional violence.

*Maria da Penha* Law also contemplates as psychological violence acts of men control over women that culminate in social isolation,<sup>14</sup> forms also experienced by those interviewed in the pregnancy-puerperal cycle. The control exercised by the spouse prevents pregnant and/or puerperal women to share important moments of this period with family, friends and neighbors. Social and especially, family support, is important, mainly to reduce the frequency of violence and women victimization, providing psychological support to face the situation.<sup>20</sup>

Regarding patrimonial violence, the interviewees declare destruction of material goods, such as clothing and accessories, in addition to the documents subtraction. The subtraction of documents, such as identity card, is symbolic and aimed at the mischaracterization of women as a political and social being, limiting them to perform various activities and contributing to their isolation. Also in this scenario, the discourse unveiled the deprivation of basic and economic resources necessary for women and children subsistence. In view of the nutritional demands of pregnant women, food deprivation can reverberate in fetal health, such as low birth weight. In this regard, the Brazilian Law no. 11,804/08 of Food of Pregnancy provides that women should "receive sufficient amounts to cover additional expenses for the period of pregnancy and due to it, from conception to childbirth, including regarding food special feeding", among other expenses. The law also mentions that the father, considering the contribution of the pregnant woman, should support food. This provision for food is among the rights of the unborn child, which, after childbirth, should become child support.<sup>21</sup>

However, we perceived that the experience of patrimonial violence in the puerperium can direct to the lack of provision of the support of the children, including the non-compliance of court orders by partners, being the woman financially helpless to meet the basic needs of the child. In Brazil, a study reveals the difficulty of men in complying with food expenses of their children,<sup>22</sup> deprivation that can hamper the children growth and healthy development.

Regardless of its expressions, conjugal violence, even when the woman is not pregnant, leads to problems such as nervousness, anxiety, sleeping difficulties, depression and desire to die.<sup>18</sup> However, we should consider that feeling threaten during pregnancy and/or puerperium may corroborate deeper psychic illness. This is because, in this cycle, women can experience periods of doubt about themselves, crises of trust,



anxiety about fetal abnormalities and childbirth, emotional fluctuations, ambivalence, discouragement and sadness.<sup>23</sup>

All these feelings inherent to the pregnancy-puerperal cycle together with conjugal violence and other stressful events of the period – unplanned pregnancy, rejection of the spouse and financial crises – can even contribute to suicide attempts of pregnant and/or puerperal women, also affecting the health of the fetus/newborn. In Egypt, symptoms of anxiety and depression were widely reported in a sample of 376 pregnant women and significantly associated to partner violence.<sup>24</sup>

Considering the implications of the phenomenon in pregnancy and/or puerperium for both women's and fetus/newborn health, it is necessary health professionals recognize the problem, especially as a condition that also occurs in the pregnancy/puerperal period, requiring a more sensitive performance for its identification. It is noteworthy the difficulty of professionals in dealing with violence, according to a study in Norway, with midwives who claim that, although they know the existence of a protocol to investigate conjugal violence in prenatal consultations, they do not put it in practice, fearing that women assume they suffer violence.<sup>25</sup> We stand out the performance of nurses and physicians in the field of primary health care, as privileged professionals in the process of recognizing the phenomenon due to their close relationship with women in the context of primary health care.

## FINAL CONSIDERATIONS

Conjugal violence in the gestational and puerperal period, expressed in physical, patrimonial, psychological, moral or sexual forms, triggers obstetric problems with implications for the life and health of women and fetus/newborn.

In view of the findings, the research points out the need for active search for women who have never attended prenatal consultations or stopped appearing, since their absence in the health service is one of the indications of a history of conjugal violence, either by the isolation promoted by the spouse, either by their shame of physical marks. In these cases, it is necessary to pay attention that, together with the repercussions inherent to the problem, women will be more vulnerable to obstetric complications, because they do not perform systematic follow-up for the integrity of the mother and son health conditions.

Although this study is limited because it does not quantify expressions and establish cause-effect relationship between these expressions, we believe that it contributes to the importance of directing professionals to the suspicion of this experience among women, mainly due to the severity involved in a period of generation of another being. Thus, the findings may support academic or service education for the problem recognition, an essential condition for women in situations of

violence care and, consequently, prevention and coping with this phenomenon. These training processes should prioritize professionals who act in spaces of interaction with pregnant and puerperal women, where childcare is inserted.

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