

"A Silent Suffering: The Alarming Rise of Domestic Violence during Pregnancy"

Nader Aghakhani ^a, Alireza Nikoonejad ^b, Fariba Hosseinzadegan ^{c*}

^a Food and Beverages Safety Research Center, Food & Drug Vice Chancellor, Urmia University of Medical Sciences, Urmia, Iran

^b Department of Infectious Disease, School of Medicine, Boali Sina Teaching Hospital, Qazvin University of Medical Sciences, Qazvin, Iran

^c Department of Nursing, School of Nursing and Midwifery, Urmia University of Medical Sciences, Urmia, Iran

ARTICLE INFO

ABSTRACT

Letter to the Editor

Article History:

Received: 24 Feb 2024

Revised: 06 May 2024

Accepted: 10 May 2024

*Corresponding Author:

Fariba Hosseinzadegan

Email:

f.hosseinzadegan62@gmail.com

Tel: +98 9144710551

Citation: Aghakhani N, Nikoonejad AR, Hosseinzadegan F. "A Silent Suffering: The Alarming Rise of Domestic Violence during Pregnancy". Journal of Social Behavior and Community Health (JSBCH). 2024; 8(1): 1252-1254.

Keywords

Pregnant woman, domestic violence , abuse

Dear Editor.

Domestic violence is a main cause of disability and mortality among women and has a detrimental impact on the physical, sexual, or mental well-being of victims. It often involves actions aimed at dominating and manipulating one's partner from any ethnic background, age group, educational level, or income level (Aghakhani et al., 2015).

In addition, it is a common health problem among pregnant women that poses a threat to maternal and fetal health. Pregnancy conditions may be exacerbated by domestic violence. Victims often employ several psychological and behavioral approaches to inhibit or stop the problem. In fact, in the face of increasing violence, they often exhibit some efforts to care for themselves and their children (Bhandari, Bullock, Anderson,

Danis, & Sharps, 2011).

There are several warning signs that healthcare providers should consider during routine screenings for domestic violence. These signs may include unexplained injuries or bruises, particularly in uncommon areas such as the face, neck, or breasts. Other signs to watch for are delays in seeking care for injuries, a pattern of repeated hospitalizations, chronic pain or physical symptoms that are hard to explain, mental health issues like depression and anxiety, a history of violence or abuse in past relationships, financial problems or control over finances by a partner, isolation from friends and family, restrictions on communication with others, and pregnancy complications such as preterm labor, low birth weight, or miscarriage (Lin, Lin, Chang, & Wu, 2022).

Domestic violence can be related to numerous issues within familial and social relationships,

Copyright: © 2024 The Author(s); Published by Journal of Social Behavior and Community Health. This is an open-access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

affecting behaviors and future generations. As a result, any information regarding this type of violence is valuable for healthcare professionals including physicians, nurses, and midwives. Unfortunately, obtaining this information is difficult due to stigma and a lack of appropriate assessment tools and standardized questionnaires for data collection. Screening tools such as HITS (Hurt, Insult, Threaten, and Scream) can provide privacy without necessitating specific details (De Marchis et al., 2021).

Coping is a crucial strategy for managing violence involving efforts to address the problem through ongoing intellectual and behavioral changes. Therefore, health professionals should consistently offer sources of support for victims. This includes empowering them by raising awareness of their rights, which are fundamental elements of professional social work practice. Health professionals should also ensure that victims feel safe and comfortable during these screenings (Yusof, Azman, Singh, & Yahaya, 2021).

Some steps they can take include creating a safe and confidential environment, using open-ended questions that allow patients to share their experiences in their own words, providing information on common signs to look out for and resources available for survivors, and offering emotional support for counseling or therapy to help patients feel heard and supported throughout their journey (Van Gelder et al., 2020).

In both public and private work settings, such as emergency departments, healthcare professionals may be at risk of violence from perpetrators of domestic violence. Therefore, it is recommended to provide specialized training in healthcare settings to identify and prevent risky situations. Increasing video surveillance and alarm systems in public facilities or private medical offices is also proposed to ensure safety and prevent assaults.

Additionally, healthcare policymakers should be encouraged to facilitate violence reporting and implement training courses on proper and effective

communication during emergencies. This approach will help prevent and manage this kind of threat (Volonnino et al., 2024).

Domestic violence is a significant cause of disability and mortality among pregnant women, with negative impacts on their physical, emotional, and mental well-being. Healthcare providers should be vigilant for warning signs such as unexplained injuries, delays in seeking care, mental health issues, and pregnancy complications. Coping strategies are crucial for addressing the issue, and healthcare professionals should provide support, raise awareness of rights, and ensure victims feel safe and comfortable during screenings. Creating a safe environment, using open-ended questions, providing information, and offering emotional support for victims are essential steps in addressing domestic violence. Specialized training and increased security measures are recommended in healthcare settings to prevent violence. Healthcare policymakers should promote violence reporting and communication training for managing emergencies.

Acknowledgment

Thanks to guidance and advice from dear colleagues in this study.

Conflict of interest

The authors declared no conflict of interest.

Funding

Not applicable.

Ethical considerations

All ethical considerations have been observed.

Code of ethics

Not applicable.

Authors' contribution

F.H., and N.A., contributed to the study design; F.H., and A.N., contributed to the literature search; F.H., N.A., A.N., supervised the study, analyzed the data and wrote the final draft of the manuscript. All authors read and approved the final manuscript.



Open access policy

JSBCH does not charge readers and their institutions for access to its papers. Full-text downloads of all new and archived papers are free of charge.

References

- Aghakhani, N., Nia, H. S., Moosavi, E., Eftekhari, A., Zarei, A., Bahrami, N., & Nikoonejad, A. R. (2015). Study of the types of domestic violence committed against women referred to the legal medical organization in Urmia-Iran. *Iranian journal of psychiatry and behavioral sciences*, 9(4).
- Bhandari, S., Bullock, L. F., Anderson, K. M., Danis, F. S., & Sharps, P. W. (2011). Pregnancy and intimate partner violence: How do rural, low-income women cope? *Health care for women international*, 32(9), 833-854.
- De Marchis, E. H., McCaw, B., Fleegler, E. W., Cohen, A. J., Lindau, S. T., Huebschmann, A. G., . . . Gottlieb, L. M. (2021). Screening for interpersonal violence: missed opportunities and potential harms. *American journal of preventive medicine*, 61(3), 439-444.
- Lin, C.-H., Lin, W.-S., Chang, H.-Y., & Wu, S.-I. (2022). Domestic violence against pregnant women is a potential risk factor for low birthweight in full-term neonates: a population-based retrospective cohort study. *PLoS one*, 17(12), e0279469.
- Van Gelder, N., van Rosmalen-Nooijens, K., A Ligthart, S., Prins, J., Oertelt-Prigione, S., & Lagro-Janssen, A. (2020). SAFE: an eHealth intervention for women experiencing intimate partner violence—study protocol for a randomized controlled trial, process evaluation, and open feasibility study. *BMC public health*, 20, 1-8.
- Volonnino, G., Spadazzi, F., De Paola, L., Arcangeli, M., Pascale, N., Frati, P., & La Russa, R. (2024). *Healthcare workers: heroes or victims? Context of the Western world and proposals to prevent violence*. Paper presented at the Healthcare.
- Yusof, M. M., Azman, A., Singh, P. S. J., & Yahaya, M. (2021). A qualitative analysis of the coping strategies of female victimisation after separation. *Journal of human rights and social work*, 1-7.