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Intimate Partner Violence during Pregnancy: Impact on Women and Children: A Review

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ABSTRACT

Background: Intimate partner violence (IPV) is one of the major causes of anxiety, depression, and post-traumatic stress disorder and can have a negative impact on the mother during pregnancy. This review aims to understand the health consequences of IPV on maternal mental health so that effective interventions and policies can be developed and implemented to provide support to victims, promote gender equality, and prevent adverse maternal outcomes.

Methods: A systematic search was conducted as per the PRISMA guidelines. Computer database researches were conducted using the following databases: Google Scholar, Psych INFO, Medline, Scopus, Web of Science, and PubMed. The literature was screened by titles and abstracts and by applying keyword search. The following keywords were searched: women, violence, domestic violence, intimate partner violence, IPV, pregnancy, antenatal, conception, maternal health, child health, mental health, and maternal mental health. The literature search was done from 2014 to 2024.

Results: IPV not only poses adverse effects on the well-being of the victim but also disrupts the stability of the environment of the home. It impacts the health, nurturing care, and overall development of the child. Children born to mothers exposed to violence during pregnancy may have lower birth weights and experience higher rates of mortality, preterm births, and lower Apgar scores. The negative effects of IPV on child health also extend beyond the child's cognitive development, impacting the academic performance of their peers.

Conclusion: A vast majority of the incidents involving IPV go unreported due to fear, shame, stigma, or lack of awareness. This can affect the accuracy of the actual data of prevalence. In addition, societal norms, gender stereotypes, and male dominance may add to the effects of IPV, making it difficult for the victims to seek help.

Keywords: Partner violence, domestic violence, pregnant women, children

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Introduction

Pregnancy is an important period in a woman's life. It is imperative to maintain good physical, emotional, and mental health during this period. Until recently, only postpartum depression was discussed as a hindering factor to maternal mental health. However, now, the significance and impact of mental health are focussed upon starting from the pre-conception period and beyond to the conception, antenatal, intrapartum, and postnatal periods.

Maternal mental health during pregnancy significantly impacts the well-being of the mother as well as her child, developing in the womb. Research has also suggested a strong relation between maternal mental health and various maternal outcomes like preterm birth, low birth weight, and developmental problems in the child (Voit et al., 2022).

Intimate partner violence (IPV) is one of the major causes of anxiety, depression, and post-traumatic stress disorder and can have a negative impact on the mother during pregnancy (Dokkedahl, Kirubakaran, Bech-Hansen, Kristensen, & Elklit, 2022). Intimate partner violence (IPV) refers to behavior in an intimate relationship leading to physical, sexual, or psychological harm to the person experiencing it. It also includes aggressive physical, sexual, or psychological abuse and other intimidating and controlling behaviors like financial control and social isolation. These acts of violence can be done either by the current or the former spouse of the person. Both males and females can be victims of IPV. However, women are at a greater risk (Ahmadabadi, Najman, Williams, Clavarino, & d'Abbs, 2021). IPV can also lead to chronic pain, disturbance in sleep patterns, and substance abuse. Children exposed to IPV are at increased risk for emotional, behavioral, and developmental problems (Doroudchi et al., 2023). IPV can also negatively affect the mother-child relationship, making it difficult for mothers to provide the nurturing and support that their children need. The consequences of IPV are many, thereby, impacting the overall well-being of women and their children (Goodman, Watson, & Stubbs, 2016). Therefore, this review aims to understand the health consequences of IPV on maternal mental health, so that effective interventions and policies can be developed and implemented to provide support to victims, promote gender equality, and prevent adverse maternal outcomes.

Prevalence of Intimate Partner Violence

According to the World Health Organization (WHO), globally, about 1 in every 3 women have experienced either physical and/or sexual violence by their intimate partners or non-partner sexual violence in their lifetime.

IPV prevalence varies widely across countries and regions across the globe and is generally lower in high-income countries when compared to low- and middle-income countries (LMICs) (Goodman et al., 2016). As per WHO, the IPV prevalence for the year 2018, among women aged 15-49 years in high-income countries was estimated to be 23.2%, while in low- and middle-income countries it was 37.2%

Types of Intimate Partner Violence

Physical violence is the intentional use of physical force against a current or former intimate partner; includes shoving, choking, shaking, slapping, punching, burning, or use of a weapon, restraints, or one's size and strength against another person.

Emotional/Psychological violence refers to the conduct that causes fear, isolation, or powerlessness in a current or former intimate partner; includes verbal abuse, threats, intimidation, humiliation, stalking, or controlling behavior.

Sexual violence refers to any form of sexual coercion or unwanted sexual activity within an intimate relationship and includes rape, sexual assault, unwanted sexual touching, forced or abusive sexual contact, or pressurizing for sex.

Aim of the review: The main aim of the review was to understand the health consequences of IPV

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on maternal mental health. The objectives included:

1. To determine the prevalence of IPV in women of reproductive age.
2. To describe the impact of IPV on the mental health of women of reproductive age.
3. To identify the risks, and protective factors of mental health problems caused due to IPV

Methods

A systematic search was conducted as per the PRISMA guidelines (Page et al., 2021), as illustrated in Figure 1. Computer database researches were conducted using the following databases: Google Scholar, Psych INFO, Medline, Scopus, Web of Science, and PubMed. The literature was screened by titles and abstracts and by applying keyword search. The following keywords were searched: women, violence, domestic violence, intimate partner violence, IPV, pregnancy, antenatal, conception, maternal health, child health, mental health, and maternal mental health. Studies that were not written in English, did not focus directly on intimate partner violence and for which full text was not available were excluded. The literature search was done from 2014 to 2024.

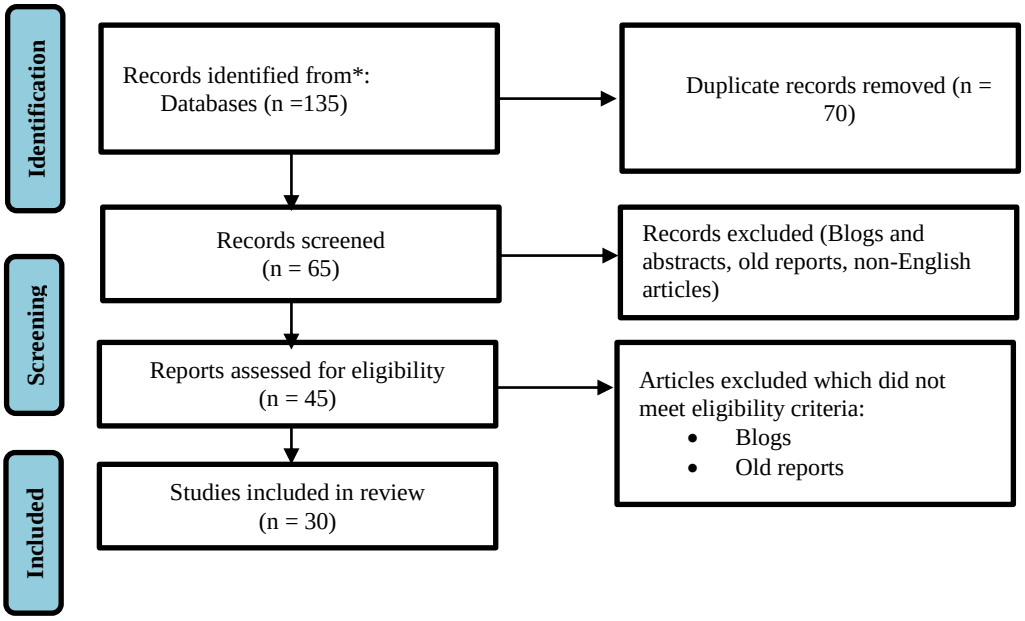

Figure 1. Prisma Flow Diagram (Page et al., 2021)

The inclusion criteria of studies were: (1) to include studies investigating IPV and maternal health; (2) studies on women of reproductive age; (3) studies including a qualitative perspective. In addition to this, the duplicate records were removed, and care was taken to screen the full-text articles to meet the inclusion criteria.

Results and discussions

Effects of IPV on maternal mental health outcomes

IPV generally involves physical violence. Physical violence encountered by pregnant women can lead to several injuries, which may have harmful effects on the health of the woman as well as the fetus in her womb. While the head injuries may lead to long-term damage to the nervous system, the physical trauma to the abdomen can also cause placental abruption, which may lead to hemorrhage, fetal distress, and preterm labor, leading to low birth weight outcomes for the newborn. There can also be an increased risk of Pregnant women who miscarriage or stillbirth (Afiaz, Biswas, Shamma, & Ananna, 2020). Physical violence experienced during pregnancy may lead to a poor quality of life coupled with

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everlasting pain and disability.

Apart from physical violence, IPV also includes psychological, emotional, sexual, financial, social, and spiritual abuse (DeKeseredy & Schwartz, 2011). As per the World Health Organisation, IPV is responsible for more mortalities and morbidities among women aged 15–44 years than cancer, malaria, traffic accidents, and war combined (de Silva de Alwis, 2011). Depression, post-traumatic stress disorder (PTSD), suicidality, alcohol abuse, drug abuse, self-harm, anxiety, and suicidal tendencies are some of the mental health conditions caused specifically due to IPV (Machisa et al., 2022). Multiple forms of abuse increase the severity of mental health problems (Bonomi et al., 2009).

In addition to physical violence, a lot of research has been carried out to find the association of IPV with post-traumatic stress disorder (PTSD) (Sabri, 2021). Literature shows that PTSD is one of the most prevalent disorders found in the victims of IPV (Johnson, Zlotnick, & Gonzalez, 2021).

Effects of IPV on child health outcomes

IPV not only poses adverse effects on the well-being of the victim but also disrupts the stability of the environment of the home. It impacts the health, nurturing care and the overall development of the child. Children born to mothers exposed to violence during pregnancy may have lower birth weights and experience higher rates of mortality, preterm births, and lower Apgar scores (Jofre-Bonet, Rossello-Roig, & Serra-Sastre, 2024; Laelago, Belachew, & Tamrat, 2017). The negative effects of IPV on child health also extend beyond the child's own cognitive development, impacting the academic performance of their peers (Howell, Barnes, Miller, & Graham-Bermann, 2016). Additionally, children who are exposed to IPV may suffer from various psychological and behavioral issues (Dessimoz Künzle, Cattagni Kleiner, & Romain-Glassey, 2022). They may resort more to aggressive behavious may also become dysregulated. Moreover, IPV can also impact a child's cognitive development as well as their academic performance (Howell et al., 2016; Savopoulos et al., 2023).

It is very important to understand the mechanism through which IPV affects a child's health. Research suggests that living in a constant state of fear and a stressful environment can have a huge impact on the serotonergic system of the brain, thereby reducing the hippocampal volume (McEwen, Nasca, & Gray, 2016; Overfeld et al., 2020). Exposure to IPV during early childhood may also increase the risk of depression and poor parenting in adulthood (Gondek et al., 2023).

The literature suggests that IPV has a significant negative impact on a child's health. Therefore, appropriate interventions to protect the vulnerable children from the harmful consequences of IPV must be developed.

Other long-term physical and mental health problems on women

IPV has also been found to be associated with the occurrence of persistent chronic pain in the victims of violence. The most common pains that have been experienced by victims include pain in the pelvis (As-Sanie, Clevenger, Geisser, Williams, & Roth, 2014), abdomen (Bo et al., 2020), back (Wuest et al., 2008), chest (Coll-Vinent et al., 2019), and neck (Shields, Corey, Weakley-Jones, & Stewart, 2010) Migraines and headaches are also commonly seen (Cripe, Sanchez, Gelaye, Sanchez, & Williams, 2011).

Research has established a connection between persistent pain with certain specific psychological factors (Melzack, 1990). Neuroimaging studies have demonstrated that the regions of the brain that get activated by painful stimuli are the same regions that are involved in emotional and behavioral responses (Baliki & Apkarian, 2015). The pain may stem from a composite stress reaction to physical or psychosocial trauma experienced during childhood and/or adulthood (Chapman, Tuckett, & Song, 2008). Chronic pain is also reported to be present in women even long after leaving their abusive partners. The pain is also reported to extend beyond the usual locations

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to cause swollen and painful joints (Uvelli et al., 2023; Wuest et al., 2008).

Other than chronic pains, IPV has also been found to be associated with cardiovascular diseases (Chandan et al., 2020; El-Serag & Thurston, 2020).

Management of IPV

Managing incidents of intimate partner violence (IPV) is important in addressing this grave public health problem. Effective collaborations among various stakeholders at different levels is essentially the foremost step to begin with. It is generally easy to implement interventions at the individual level, when compared to assessing complex programs. As understood by the literature review, violence is categorised into different types, with each type causing varied impacts on the woman experiencing it. Moreover, each form of IPV is associated with specific factors and calls for different management strategies, based upon the requirements of the situation. For example, the management strategy needed for a woman who is sexually assaulted by her alcoholic spouse differs considerably from that required for a woman who is psychologically abused by her spouse. Therefore, different need-based approaches of management of IPV should be developed and implemented. One shoe fits all approach will not work.

Primary healthcare providers are generally the first point of contact for the victims of violence and abuse and are well-suited to aid in early detection of the same. Most of the times, women may avoid to disclose the episodes of abuse, due to social reasons. In such cases, specifically, the healthcare professionals can identify women affected by IPV and intervene to disrupt the cycle of abuse by providing support, preventive strategies, and referrals, if required.

Future directions and conclusions

A vast majority of the incidents involving IPV go unreported due to fear, shame, stigma, or lack of awareness. This can affect the accuracy of the actual data of prevalence. In addition, societal norms, gender stereotypes, and male dominance may add to the effects of IPV, making it difficult for the victims to seek help.

Implementing comprehensive prevention programs that focus on education and awareness will help to address the issue significantly. Also, providing access to victim support services, like counseling, legal assistance, and financial aid, will help the victims further. It is also imperative to strengthen collaborations among various stakeholders, like the law enforcement, social services, healthcare providers, and other civil society organizations. Advocating for policies and legislation that support victims' rights, promote accountability for perpetrators, and streamline legal processes to ensure timely access to justice. Last but not the least, it is very important to prioritize data collection and carry out research to gain a better understanding of the prevalence of IPV and various determinants associated with it, so that effective advocacy and intervention strategies can be framed and implemented.

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Conflicts of interest

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Ethical considerations

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Code of Ethics

Not applicable.

Authors' contributions

The authors confirm their contribution to the paper as follows: Study conception and design, R.A.; literature search,R.A., F.F.; interpretation, R.A.; manuscript preparation, R.A., F.F. All authors read and approved the final manuscript.

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