

Domestic Violence Coupled with Pregnancy

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Brief Report

Domestic violence (also known as domestic abuse or family violence) is any form of violence or abuse that occurs in a domestic environment, such as a marriage or cohabitation. Domestic violence is frequently used interchangeably with intimate partner violence, which is done by one of the persons in an intimate relationship against the other person and can occur in heterosexual or same-sex couples, as well as between former spouses or partners. Domestic violence, in its fullest sense, also includes violence against children, parents, or the elderly [1]. Physical, verbal, emotional, economic, religious, reproductive, or sexual abuse can take many forms, ranging from subtle, coercive forms to marital rape and other serious physical abuse, such as choking, beating, female genital mutilation, and acid baths. Domestic violence frequently occurs when the abuser believes they have a right to it, or that it is acceptable, justifiable, or unlikely to be reported. It has the potential to create an intergenerational cycle of violence in children and other family members who may believe that such violence is appropriate or permitted.

Many people do not see themselves as abusers or victims because they may view their experiences as out-of-control family conflicts. There may be a cycle of abuse in abusive relationships, in which tensions grow and an act of violence is performed, followed by a period of reconciliation and peace. When pregnancy is combined with domestic violence, it is a form of intimate partner violence (IPV) in which health concerns may be exacerbated. Abuse during pregnancy, whether physical, verbal, or emotional, has a wide range of negative health and psychological consequences for both the mother and the foetus [2]. Domestic violence during pregnancy is defined as violent behaviour directed at a pregnant woman, with the pattern of abuse frequently changing in terms of severity and frequency. Abuse in a relationship can be a long-standing issue that continues after a woman becomes pregnant, or it can start during pregnancy. Pregnancy can cause domestic abuse for a variety of reasons. Pregnancy can be used as a kind of coercion, and the phenomena of interfering with an intimate partner's reproductive decision is known as reproductive coercion. Studies on male-on-male birth control sabotage against female partners have found a strong link between domestic violence and birth control sabotage. Domestic violence can increase a woman's chances of becoming pregnant and having more children, both because she may be coerced into sex and because she may be prevented from using birth control.

There is a link between large families and domestic violence. Birth control sabotage, also known as reproductive coercion, is a type of coercion in which someone manipulates another person's usage of birth control, thereby diminishing efforts to avoid an undesired pregnancy. Replacing birth control pills with counterfeits, puncturing condoms, and threatening and violent behaviour are all examples of a person's attempt

to avoid conception. One form of domestic violence is abusive male partners' pregnancy-promoting conduct, which is linked to unplanned pregnancy, particularly in teens [3]. Domestic violence is defined as reproductive coercion when it arises from unwanted sexual intercourse and impairs a woman's ability to manage her body. Violence during pregnancy can have a number of negative consequences for both the mother and the child [4]. A violent pregnancy is deemed high risk because verbal, emotional, and physical abuse all have negative health outcomes for both the mother and the foetus. Miscarriage, late prenatal treatment, stillbirth, premature birth, foetal harm (including bruising, broken and fractured bones, knife wounds, and low birth weight) have all been linked to violence during pregnancy. Violence during pregnancy also increases the mother's risk of mental health problems, suicidal ideation, worsening of chronic illness, injury, substance misuse, anxiety, stress, chronic pain, and gynaecological disorders.

Certain women are more likely than others to be assaulted while pregnant. Women who have been mistreated prior to becoming pregnant are more likely to experience violence during their pregnancy. Abuse is not limited to a single socioeconomic or demographic category of women, nor is it limited to a specific stage of a woman's reproductive life. As household income rises, so does the rate of physical violence during pregnancy. Younger women are statistically more vulnerable to reproductive coercion, which may be owing to less relationship experience and, in the case of minors, less access to doctor's appointments and emergency contraception [5]. Adolescents are especially vulnerable, and teenage pregnancy is associated with higher incidence of domestic violence.

References

1. Campbell JC. "Health consequences of intimate partner violence". *Lancet*. 359(2002):1331-1336.
2. Gluckman PD, Hanson MA. "Living with the past: evolution, development, and patterns of disease". *Science* 305 (2004):1733-1736.
3. Patel, Vikram, Atif Rahman, K. S. Jacob, and Marcus Hughes. "Effect of maternal mental health on infant growth in low income countries: new evidence from South Asia." *Bmj* 328 (2004): 820-823.
4. Valdez-Santiago, Rosario, and Luz Helena Sanin-Aguirre. "Domestic violence during pregnancy and its relationship with birth weight." *Salud Publica Mex* 38(1996): 352-362.
5. Patel, Vikram, and Martin Prince. "Maternal psychological morbidity and low birth weight in India." *Br. J. Psychiatry* 188(2006): 284-285.

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