DOMESTIC VIOLENCE AGAINST PREGNANT WOMEN
VIOLÊNCIA DOMÉSTICA CONTRA A MULHER GESTANTE
VIOLENCIA DOMÉSTICA CONTRA LA MUJER GESTANTE

Naiany Monise Gomes Ramalho¹, Josefa Danielma Lopes Ferreira², Carla Lidiane Jácome de Lima³, Thalys Maynnard Costa Ferreira⁴, Sayonara Lays Umbelino Souto⁵, Graciela Maria Carneiro Maciel⁶

ABSTRACT

Objective: to analyze the scientific publications on domestic violence against pregnant women. **Method:** integrative review, with searches in the MEDLINE, SCOPUS, LILACS and BDENF databases, using the descriptors in Portuguese and English, domestic violence, pregnant women and Nursing. A total of 536 articles were identified. After inclusion and exclusion criteria, we obtained 16 studies that composed the sample. The presentation of the results and final discussion was done in a descriptive way, in addition to simple statistics by percentage and presented in the form of figures. **Results:** of the studies included in the review, 18.8% were published in 2007. Regarding the type of study, 56.3% were cross-sectional studies. The types of violence most portrayed were sexual, physical and psychological. All studies reported the risk factors for violence against pregnant women. **Conclusion:** analyzing the studies, it was possible to identify a wide range of risk factors found in the literature and the lack of records on health care for pregnant women in situations of violence. **Descriptors:** Nursing; Domestic Violence; Pregnant Woman; Violence Against Women; Nursing Care; Risk Factors.

RESUMO

Objetivo: analisar as publicações científicas sobre a violência doméstica contra a mulher gestante. **Método:** revisão integrativa, com buscas nas bases de dados MEDLINE, SCOPUS, LILACS e BDENF, usando os descritores em português e inglês *violência doméstica, mulher grávida e Enfermagem*. Foram identificados 536 artigos. Após critérios de inclusão e exclusão, obtiveram-se 16 estudos que compuseram a amostra. A apresentação dos resultados e a discussão final foram feitas de forma descritiva, além de estatística simples por porcentagem e apresentados sob a forma de figuras. **Resultados:** dos estudos incluídos na revisão, 18,8% foram publicados em 2007. Quanto ao tipo de estudo, 56,3% foram estudos de corte transversal. Os tipos de violência mais retratados foram o sexual, o físico e o psicológico. Todos os estudos relatavam os fatores de risco para a violência contra a mulher gestante. **Conclusão:** analisando os estudos, foi possível identificar uma ampla gama de fatores de risco encontrados na literatura e a falta de registros sobre a assistência de saúde à mulher grávida em situação de violência. **Descritores:** Enfermagem; Violência Doméstica; Mulher Grávida; Violência Contra a Mulher; Cuidados De Enfermagem; Fatores de Risco.

RESUMEN

Objetivo: analizar las publicaciones científicas sobre la violencia doméstica contra la mujer gestante. **Método:** revisión integrativa, con búsquedas en las bases de datos MEDLINE, SCOPUS, LILACS y BDENF, usando los descriptores en portugués e inglés *violencia doméstica, mujer embarazada y Enfermería*. Se identificaron 536 artículos. Después de criterios de inclusión y exclusión, se obtuvieron 16 estudios que compusieron la muestra. La presentación de los resultados y la discusión final fueron hechas de forma descriptiva, además de estadística simple por porcentaje y presentados bajo la forma de figuras. **Resultados:** de los estudios incluidos en la revisión, el 18,8% fueron publicados en 2007. En cuanto al tipo de estudio, el 56,3%, fueron estudios de corte transversal. Los tipos de violencia más retratados fueron el sexual, el físico y el psicológico. Todos los estudios relataban los factores de riesgo para la violencia contra la mujer embarazada. **Conclusión:** analizando los estudios, fue posible identificar una amplia gama de factores de riesgo encontrados en la literatura y la falta de registros sobre la asistencia de salud a la mujer embarazada en situación de violencia. **Descriptores:** Enfermería; La Violencia Doméstica; Mujer Embarazada; Violencia Contra la Mujer; Atención de Enfermería; Factores de Riesgo.

^{1,5} Nurses (egresses), Maurício de Nassau College. João Pessoa (PB), Brazil. E-mails: naianymonise@hotmail.com; sayonara_lays@hotmail.com; ^{2,6}Nurses, Master Professors in Nursing, Mauricio de Nassau College - João Pessoa Unit (PB). João Pessoa (PB), Brazil. E-mails: danielma_jp@hotmail.com; gra_maciel@hotmail.com; ³Nurse, Master in Nursing (egress), Post-Graduate Program in Nursing, Federal University of Paraíba / PPGENF / UFPB. João Pessoa (PB), Brazil. E-mail: carlalima2006@yahoo.com.br; ⁴Nurse, Professor, University Center of João Pessoa / UNIPÊ, Master's Degree in Nursing, Post-Graduation Program in Nursing, Federal University of Paraíba/PPGENF/UFPB. João Pessoa (PB), Brazil. E-mail: thalys_maynnard@hotmail.com

INTRODUCTION

Violence against women has been undergoing a process of growth and mobilization since the early 1970s. Including various manifestations, such as rape, physical, sexual, psychological and emotional aggression, can be mediated by intimate, familiar, unknown. It is defined as any act of violence that will result in physical, sexual, emotional and psychological harm or any act that results in suffering for the woman, including the threat.¹⁻²

Studies show that 23% of women are exposed to domestic violence. Every four minutes, a woman is raped in her own home by a person with whom she has a relationship of affection, and that 70% of crimes against women take place in the home, where the perpetrator is the husband or partner. More than 40% of violence results in serious bodily injury resulting from punching, kicking, kicking, burning, beating and strangulation.³

In Brazil, violence against women has been highlighted as one of the biggest problems to be tackled by public health and human rights organizations. After the creation of Law 11.340 / 2006 - popularly known as the Maria da Penha Law -, violence against women in Brazil gained greater visibility. And, then, this type of violence came to be marked as a specific crime.¹

Under the aforementioned Law, any characteristic of violence against women is considered a violation of human rights. Legally, it guarantees that, regardless of the place and how the woman was attacked, this action ceases to be private and becomes a state problem, where assistance must be provided.⁴

According to the Maria da Penha Law, the categories of violence against women are: physical, psychological, sexual, patrimonial and moral violence. Physical violence is characterized by any act that damages the integrity of the skin or bodily health. Psychological violence, however, is one that causes emotional loss and loss of self-esteem through threats, constraints, humiliation and isolation. Regarding sexual violence, the law defines as any act that constrains her to participate, to see or maintain sexual intercourse proper in an undesired way. With respect to property violence, it is any conduct that constitutes retention, partial or total damage of personal and work objects, property, values and rights or human resources and, in the case of moral violence,

involves any conduct that represents slander, defamation or injury.⁴

The pregnant women are not free of domestic violence. A prevalence of 1.2% to 66%, was observed, varying according to the different definition of violence, which makes it difficult to compare their results.⁵

Violence, whether physical, sexual or psychological, becomes even more severe during pregnancy, as it can lead to serious complications for the health of the woman, the fetus, and successively, the newborn, such as bleeding, pelvic pain, childbirth preterm births, abortions, increased risk of perinatal death, fetal trauma, and malnutrition of the newborn at birth.⁶

The literature reports that the increase in discussions between the couple, as a consequence of stress and life changes due to pregnancy, is cited as a factor that can provoke violence in the gestational period. Distrust in relation to paternity, increased financial responsibility, and physical and hormonal changes, of women, are also cited as factors that can trigger violence.⁷

Women who have partners who have a habit of drinking alcohol, those who have unplanned pregnancies, and those with a low monthly family income are at higher risk of domestic violence during pregnancy. It is widely understood that alcohol consumption is related to lower union, harmony and organization in the family environment, as well as high levels of domestic violence, which includes the need to add personal and family data in the prenatal consultation.⁵

Although violence among intimate partners during pregnancy is a universal event, which is understood by all social groups, violence during the gestational period reflects, mainly, in young women or adolescents. It is believed that these groups are repeatedly more victimized than older women because of their low age and are more insecure and defenseless in the situation to which they are subjected.⁸ In addition, violence during pregnancy can lead to situations of conflict important for the whole family, with possible consequences for the child's growth and development. Thus, physical violence may be closely related to the relationship between parents and children and the cultural issues of early childhood education.⁸

Health professionals, primarily, of Nursing, are directly in communication with most victims, as they seek support and treatment in health services. Faced with this, the chance to strengthen and build trusting bonds, which allow the reconstruction of concepts about

violence, is evident, with the purpose of reducing the rates of this aggravation, making possible the change of social reality.⁹

Nursing care for battered women requires, nurses, to use mechanisms that are fundamental for the professional to achieve their proposed goal. Mechanisms which include observation, emotional care, therapeutic touch, body, common sense, leadership, humanitarian character, solidarity and sensitivity, technique and educational relationship. The use of these basic Nursing mechanisms allows a better care relationship, opening space for the victim to be able to explain the reasons that led to this situation. Nursing care should be planned to promote safe and humane care with respect and satisfaction of the victims in their particular and public needs.¹⁰

The choice of the theme of this work emerged from the joint reflection among the authors, based on listening to reports. These were fully experienced, received and heard during the Nursing care provided to women in the hospital routine, developed in sectors of public maternity hospitals during the supervised Nursing undergraduate course. It is evident that, although it is a subject much discussed, it is still of great relevance in the current society. Violence against women is proving more and more present in society, a problem that becomes even more delicate when the woman is pregnant, as well as causing damage to her own health, which also endangers the life of the fetus.

When considering the importance of health professionals and, above all, Nursing professionals in the identification of risk families and situations of domestic violence to pregnant women, as well as the performance and prevention of negative conclusions for the newborn, the following research question arose: What is the characterization of scientific publications on domestic violence against pregnant women?

OBJECTIVE

- To analyze the scientific publications on domestic violence against pregnant women.

METHOD

Integrative review, a method that offers, as the result, the current situation about the knowledge about the subject investigated and the practice of effective interventions in the health care performed by Nursing professionals. In order to verify methodological rigor, the following steps were

taken to carry out this study: problem identification with definition of the research question; establishment of criteria for inclusion and / or exclusion of studies for the search of scientific literature; definition of the information to be extracted from the studies; evaluation of studies; interpretation of results; and presentation of knowledge review / synthesis.¹¹

The search was carried out in four databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), SCOPUS, Latin American Caribbean Literature in Health Sciences (LILACS) and Specialized Bibliographic Database in the Nursing Area (BDENF). The descriptors used for cross-referencing were "domestic violence", "pregnant woman" and "Nursing", in Portuguese and English, according to the Health Sciences Descriptors (DeCS) and the Medical Subject Headings (MeSH), separated by the boolean operator "AND". In this way, we tried to amplify the context of the research.

In order to select the sample, the following inclusion criteria were adopted: publications in the form of an original article, with full text available free of charge, that dealt with domestic violence against pregnant women, published in the period 2006 to 2016, available in the languages Portuguese, Spanish and English. Theses, dissertations, articles not available in full, were excluded from the sample. Data collection took place from September to November 2016. The search and selection of the articles, were carried out by two reviewers independently, in order to give greater rigor to the search and inclusion of the articles.

The data search followed the reading procedures of titles, abstracts and complete articles, to identify if they contemplated the guiding question of this study. The data sampling process resulted in a total of 536 publications, of which 16 were selected to compose the review sample, as shown in figure 1, synthesis of the data extraction process.

Figure 1. Distribution of the publications found according to the inclusion and exclusion criteria and databases. João Pessoa (PB), Brazil, 2016.

To facilitate the analysis of the selected publications, a data collection form developed by the researcher was used, including items pertinent to the study, such as: year of publication; period and impact factor; qualis; country of origin; language in which it was published; research modality; type of study / approach; level of evidence; study scenario, type of violence addressed.

The selected articles were classified in relation to the level of evidence, where, in this review, a classification system was used, consisting of seven levels: Level I - evidence from systematic reviews or meta-analysis of relevant clinical trials; Level II - Evidence derived from, at least, one well-delineated randomized controlled trial; Level III - well-delineated clinical trials without randomization; Level IV - well-delineated

cohort and control case studies; Level V - systematic review of descriptive and qualitative studies; Level VI - evidence derived from a single descriptive or qualitative study and Level VII - opinion of authorities or report of expert committees.¹²

The presentation of the results and final discussion was done in a descriptive way, in addition to simple statistics by percentage, and presented in the form of figures.

RESULTS

For the characterization of the selected studies, each article received a code called the letter E (study), followed by the number, as shown in figure 2.

Cod.	Author/ Title/ Journal/ Year	Qualis	Impact Factor*
E1	Doubova AS, Gonzalez VP, Billings DL, Arreola LPT. Couple violence in pregnant women in Mexico City. Journal of Public Health. 2007. ¹³	A2	1.283
E2	Malikzadegan Z, Jahanfar S. The Prevalence of Domestic Violence Among Pregnant Women Who Were Attended in Iran University of Medical Science Hospitals. Journal of Family Violence. 2007. ¹⁴	B1	0.767
E3	Olavarrieta CD, Paz F, Abuabara K, Ayala HBM, Kolstad K, Palermo T. Abuse during pregnancy in Mexico City. International Journal of Gynecology and Obstetrics. 2007. ¹⁵	B1	1.674
E4	Jeanjot I, Barlow P, Rozenberg S. Domestic Violence During Pregnancy: Survey of Patients and Healthcare Providers. Journal of Women's Health. 2008. ¹⁶	B1	2.032
E5	Karmaliani R, Irfan F, Bann CM, Mcclure EM, Moss N, Pasha O, Goldenberg RL. Domestic violence prior to and during pregnancy among Pakistani women. Acta Obstetricia et Gynecologica Scandinavica. 2008. ¹⁷	A2	2.191
E6	Hammoury N, Khawaja M, Mohfoud Z, Afifi RA, Madi H. Domestic Violence against Women during Pregnancy: The Case of Palestinian Refugees Attending an Antenatal Clinic in Lebanon. Journal of Women's Health. 2009. ¹⁸	B1	2.032
E7	Manzolini P, Nunes MAA, Schmidt MI, Pinheiro AP, Soares RM, Giacomello A, Arehmer M, Buss C, Hoffman JF, Ozcariz S, Melere C, Manenti CN, Camey S, Ferri CP. Violence and depressive symptoms during pregnancy: a primary care study in Brazil. Social Psychiatry and Psychiatric Epidemiology. 2010. ¹⁹	A1	2.513
E8	Stockl H, Watts C, Mbwapbo JKK. Physical violence by a partner during pregnancy in Tanzania: prevalence and risk factors. Reproductive Health Matters. 2010. ²⁰	B2	1.221
E9	Silva EP, Ludermir AB, Araújo TVB, Valongueiro AS. Frequency and pattern of intimate partner violence before, during, and after pregnancy. Journal of Public Health. 2011. ⁷	A2	1.283
E10	Arslantas H, Adana F, Ergin F, Gey N, Biçer N, Kiransal N. Domestic Violence During Pregnancy in an Eastern City of Turkey: A Field Study. Journal of Interpersonal Violence. 2012. ²¹	B2	1.579
E11	Audi CAF, Corrêa MAS, Santiago SM, Escamilla RP. Adverse health events associated with domestic violence during pregnancy among Brazilian women. Midwifery. 2012. ²²	A1	1.861
E12	Viellas EF, Gama SGN, Carvalho ML, Pinto LW. Factors associated with physical aggression in pregnant women and negative outcomes in the newborn. Journal of Pediatrics. 2013. ²³	B1	2.062
E13	Cengiz H, Kanawati A, Yeldiz S, Suzen S, Tombul T. Domestic violence against pregnant women: A prospective study in a metropolitan city, İstanbul. Journal of the Turkish German Gynecological Association. 2014. ²⁴	B3	-
E14	Mauri EM, Nespoli A, Persico G, Zobbi F. Domestic violence during pregnancy: Midwives' experiences. Midwifery. 2015. ²⁵	A1	1.861
E15	Okada MM, Hoga LAK, Borges ALV, Albuquerque RS, Billi MA. Domestic violence in pregnancy. Acta Paulista de Enfermagem. 2015. ⁵	A2	0.298
E16	Tavoli Z, Tavoli A, Amirpour R, Hosseini R, Montaziri A. Quality of life in women who were exposed to domestic violence during pregnancy. BMC Pregnancy and Childbirth. 2016. ²⁶	B1	2.180

Source: LILACS, BDNF, SCOPUS, 2006-2016.
* Journal Citation Reports® (JCR) published by Thomson Reuters, 2015.
Figure 2: Distribution of selected articles for the integrative review. João Pessoa (PB), Brazil, 2016.

Of the 16 articles selected, it was observed that the average of publication in the adopted period was one to two articles per year, and, in 2007, three articles (18.8%) were published. It should be noted that, in the year 2006, no publication was found that met the criteria of this study. In relation to journals, the Journal of Public Health, the Journal of Women's Health and Midwifery had more publications, two (12.5%) each. Of these, ten (76.9%) were international and three (23.1%) were

nationals. In terms of the language of publications, 12 (75.0%) articles were published in English; one (6.2%), in Spanish and three (18.8%) in Portuguese, according to figure 1.

As for Qualis, the 13 journals presented this stratification, being: two - A1; three - A2; five- B1; two - B2 and one - B3; already the greatest impact factor was attributed to Social Psychiatry and Psychiatric Epidemiology, with 2,513.

As far as the places where the studies were carried out, five (31.3%) were in different States / regions of Brazil. Regarding the type of study nine (56.3%) were of the cross-sectional type. On level of evidence of the studies, 14 (87.5%) are classified in level VI. Regarding the study scenarios, five (31.3%)

were performed in hospitals (public, private, university / teaching) with women who were hospitalized at the time of the investigation. On the type of violence most mentioned in the studies that make up the sample, (Figure 3), were sexual, physical and psychological, the last two always correlated in the studies.

Cód.	Origin	Type of study/approach	Level of evidence	Study scenario	Type of violence
E1	Mexico City, Mexico	Secondary, descriptive / quantitative	VI	Family Medicine Unit	Physical, sexual and psychological
E2	Tehran, Iran	Descriptive and Cross-sectional	VI	University Hospitals	
E3	Mexico	Descriptive / Quantitative	VI	Public hospitals	Physical, sexual and psychological
E4	Brussels Belgium	Descriptive / Quantitative	III	Maternity	
E5	Pakistan	Observational prospective	VI	City of Hyderabad	Physical and sexual
E6	South Lebanon	Cross-sectional / quantitative	VI	Polyclinic of Sidon	Physical, sexual and psychological
E7	Rio Grande do Sul, Brasil	Descriptive / Quantitative	VI	Basic health Unit	Physical, sexual and verbal
E8	Tanzania	Cross-sectional	VI	To home	Physical and sexual
E9	Pernambuco Brazil	Prospective	IV	Family Health Unit	Physical, sexual and psychological
E10	Kars, northeastern Turkey	Cross-sectional	VI	To home	Physical and sexual
E11	São Paulo Brazil	Cross-sectional	VI	Primary Care Unit	Physical, sexual and psychological
E12	Rio de janeiro Brazil	Cross-sectional	VI	Hospital	Physical, sexual, psychological, moral and patrimonial
E13	Istanbul	Cross-sectional	VI	Department of Obstetrics and Gynecology	Physical, sexual and psychological
E14	Monza and Brianza, northern Italy	Phenomenological-hermeneutic / Qualitative	VI	Hospital San Gerardo	Physical
E15	São Paulo Brazil	Cross-sectional, Exploratory and Analytical	VI	Public Maternity	Physical, sexual and verbal
E16	Lorestan, Iran	Cross-sectional	VI	Universitary hospital	-

Figure 3. Distribution of studies about domestic violence against pregnant women, according to the characteristics of the articles. João Pessoa (PB), Brazil, 2016.

DISCUSSION

The analysis of the studies that made up the review sample made it possible to identify the scientific evidence regarding women who suffered violence during pregnancy, the consequences and types of violence that most affect pregnant women.

In recent years, violence against pregnant women has been in evidence. Many studies have now brought the prevalence of types of violence against women, and, above all domestic violence, masked by society, has had so much visibility. In this review, studies show that the prevalence of psychological violence against pregnant women, often associated

with physical and sexual abuse, was the most frequently reported, which coincides with data from other studies.^{5-6,13}

A cohort study of 960 women between the ages of 18 and 49, before, during and after gestation enrolled in the Family Health Program of the city of Recife (PE) between 2005 and 2006 revealed that 298 (31.1%) reported that they had experienced physical, psychological or sexual violence during gestation.⁷ This fact was also portrayed in other studies, such as a cross-sectional study of quality of life, performed with pregnant women in a university hospital in Lorestan (Iran), showing that violence is closely associated with physics. In this study, 149

women (64.8%) reported violence during pregnancy (76 physical and 73 psychological)^{14,19,26}

Another study says that during pregnancy, physical violence decreased and psychological violence increased, where data from the studies cited show that the gestational period did not keep the woman protected from violent situations and that the type of violence suffered was modified. This data corroborates another survey conducted in public hospitals in Mexico City where 1,314 women, who sought prenatal care, between July 2000 and January 2003, were interviewed.⁷ Of these, 71% reported that abuse and severity of aggression increased during gestation.¹⁵ This fact indicates that cultural factors may be important determinants of partner violence reported during pregnancy. Although psychological violence does not leave visible signs like physics, one can not fail to consider its gravity and its consequences for the woman, both in pregnancy, and in the puerperium.

When surveyed about who practices violence / aggressor, all articles in the sample are unanimous in correlating violence to the intimate partner or ex-partner, and another study still mentions a close family member and, rarely, the employer or multiple perpetrators.¹⁶ Studies evidence that violence occurred before gestation, as well as during and after.^{7,17} It is well known that women who experience violence before and during pregnancy may have a greater chance of intercurrents such as sexually transmitted diseases, increased blood pressure levels, vaginal bleeding, diabetes and urinary tract infection.⁶

Among the risk factors for women to experience violence, according to the authors, a recent Iran study showed that women with lower schooling (on average less than eight years of schooling) and living in low-income families reported more violence during pregnancy than women with satisfactory education, and this data is also referenced by other authors.^{18,20,26} Other risk factors are: age (adolescents or young adults); low family income; family agglomeration; non-pregnant abortion; unemployment; financial problems; interpersonal conflicts; psychological problems; jealousy; abuse of alcohol and other drugs.^{5,16,19-24}

With regard to the child, the consequences of physical violence during pregnancy were low birth weight, maternal fetal shock, prematurity, and neonatal and postnatal deaths.²²⁻²³ In addition to the above consequences, for women, the studies portray high degree of depression, anxiety, psychological trauma, abdominal trauma, oppression and fear, rupture of the uterus and placental abruption, often linked to abortion induced by aggression.^{16,19-20}

Stress during pregnancy can lead to victims of chronic diseases (hypertension, asthma and cardiovascular diseases) and acute conditions (gastrointestinal tract infections, gynecological infections, psychological stress) as well as poor reproductive health. It may also contribute to the development of women's sense of isolation, limit access to health care services, unhealthy lifestyle behaviors (drug and / or alcohol abuse), and inadequate maternal nutrition, with detrimental health effects of the mother and the fetus.²²

In the studies analyzed in this review, there were no clear data on the health care provided to pregnant women in situations of domestic violence, but they are a public health problem and believe that improved education and economic autonomy can empower these women. They also argue that it is important to identify the causes of domestic violence in order to identify ways to improve the health of women at risk.^{22,24}

The professionals involved in the identification and management of violence emphasize the importance of an interdisciplinary approach, a fact reported by a study with midwives in a hospital in northern Italy, where they feel they are unprepared to identify violence and adequately manage the situation because of the lack of information.²⁵ This study further states that midwives would like to be trained, so that they can feel empowered to deal with violence and meet the needs of battered women.

Authors say they should address domestic violence with preventive and curative actions to protect and improve women's health. This system should take psychological, social, legal measures, interventions that address religious needs, as well as psychological counseling. This measure represents an important contribution to reducing the risk of women being victimized by their partners and of pregnancy-related emotional stress, the sum of which is important in order to ensure a more positive perinatal outcome.^{5,25}

To deal with this problem, health professionals must include, in their practices, the tracking, counseling, reception and reference to the support network for pregnant women in situations of violence. In addition, in the investigated institutions and in the health services, in general, the tracking and professional performance in violence against women would be facilitated if there was a systematization for detection and adequate conducts in these cases, something that should be pressed as a proposal to change the realistic-care scenario.^{6,27}

CONCLUSION

The objective of this study was to show a high prevalence of psychological violence perpetrated by the intimate partner during pregnancy, as well as the various factors related to socioeconomic, demographic and women's health conditions.

Regarding the limitations pertinent to the sample of this study, it is possible to cite the lack of records in the bases on which health care is directed to the abused pregnant woman, as well as the preventive measures that can be adopted to attend this woman to the condition of violence in the gestational period.

The contribution of the study to Nursing is to emphasize the importance of identifying and developing research that shows the care that is worked on the assistance that the health and Nursing team can provide to pregnant women in situations of violence.

Given the above, it is necessary to elucidate, with the development of new studies, the relationship between domestic violence in the gestational period, so that women are monitored retrospectively and prospectively, also correlating with their perception of violence.

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Corresponding Address

Josefa Danielma Lopes Ferreira
Rua José Targino de Castro, 30
Cidade dos Colibris.
CEP: 58073-187 – João Pessoa (PB), Brazil