

Psychological abuse: Obstetric care must delve deeper

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As domestic violence skyrockets amid COVID-19, women's health experts are calling for compulsory training of obstetric health



practitioners to ensure they can recognize the signs of coercive control for women in their care.

The recommendation follows new research by the University of South Australia and the University Melbourne that identifies the vital role that health professionals play in a woman's decision to stay or leave an abusive relationship.

Exploring <u>women's experiences</u> of coercive control during pregnancy, birth and post-delivery, the study showed that obstetric health practitioners—doctors, midwives, nurses and social workers—were in a unique position to offer empathy, support and information.

UniSA researcher, Dr. Fiona Buchanan, says a greater understanding of coercive control and <u>domestic violence</u> is essential for health practitioners working in pediatrics and obstetrics.

"Coercive control is a form of psychological entrapment, achieved through behavior that victimizes <u>women</u> through acts, words and gestures designed to isolate, frighten and demean them," Dr. Buchanan says.

"Disturbingly, women with children are three times more likely to experience domestic violence than women without children and, perhaps worse, is that the frequency and severity of domestic violence is twice as high for women during pregnancy. In this study, women said that they felt less isolated and distressed when others acknowledged it was happening—almost as if sharing the burden helped validate their worth and affirm their feelings. When concerned health practitioners empathized with their patients and provided information and support, this helped relieve some of this distress. This support was singularly important to women's perceptions of themselves and precipitated their decision to leave abusive partners."



In Australia, 25 percent of women have experienced <u>emotional abuse</u> from a current or previous partner. Disturbingly, one woman is killed every nine days as a result of domestic abuse.

Alarmingly, in the 2017-2019 NSW Domestic Violence Death Review Report, 99 percent of domestic violence-related homicides were characterized by coercive control, highlighting the immense dangers surrounding this form of psychological abuse.

Co-researcher Professor Cathy Humphreys from the University of Melbourne says <u>health professionals</u> hold a position of trust that enables them to offer first-line support. She says that there are key behaviors that are indicative of psychological abuse and control.

"During pregnancy, instances of overbearing behaviors or alternatively a lack of interest in antenatal care may indicate that a partner is using coercive control tactics," Professor Humphreys says.

"Signs of abuse could be limiting a woman's contact with doctors; refusing to come to scans and appointments; and even making a scene when a visit is running late. Similarly, a lack of support or self-focus by partners is also worrisome, with some women saying that their partners blamed them for having too long a labor. This damaging behavior also extends across motherhood, where partners may isolate women from family and friends, as well as criticize them on their mothering abilities. All these acts exemplify ways that partners shame and demean women, and all are important warning signals for health practitioners to look out for."

Professor Humphries says that health practitioners' responses either helped women to identify their partners' behaviors as abusive, or exacerbated women's feelings of isolation and helplessness.



"We must find ways to ensure that all obstetric <u>health</u> practitioners can identify <u>coercive control</u>, so that we can help women to act and protect themselves and their children from further abuse. There's no excuse for <u>abuse</u> and it's everyone's responsibility to prevent it."

More information: Fiona Buchanan et al, Coercive Control During Pregnancy, Birthing and Postpartum: Women's Experiences and Perspectives on Health Practitioners' Responses, *Journal of Family Violence* (2020). DOI: 10.1007/s10896-020-00161-5

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