

# **Prevalence of Domestic Violence Among Pregnant Women in East Jerusalem**

**By**

**Fida' Saleem Isma'l Abu-Ali**

**B.Sc. in Nursing Science from Al-Quds university , college of health  
profession / West Bank.**

**A thesis submitted in partial fulfillment of requirements for Master  
degree of Public health.**

**School of Public health**

**Al-Quds university**

**January 2004**

**Al-quds university**

Al-quds university

2004

Public Health

## Prevalence of Domestic Violence Among Pregnant Women in East Jerusalem

By

Student Name: Fida' Saleem Isma'l Abu-Ali

Supervisor : Dr. Ayesha Al- Rifai.

Master Thesis submitted and accepted , Date: 25/1/2004.

The names and signature of the examining committee members are as follows:

1- Dr. *Ayesha AL-Rifai* Head of the Committee

Signature.....



2- Vartouhi Kokayan Internal Examiner

Signature.....



3- Dr. May Keileh External Examiner

Signature.....



Al-Quds University

2004.

## Abstract

This baseline survey was undertaken to establish an estimate of domestic violence among Palestinian women in East Jerusalem. The survey was conducted among pregnant women attending antenatal care clinics at Makassed hospital within the period 25/11/2003- 15 /12/2003 . A convenient non probability sample of 460 pregnant women were surveyed, to achieve objectives which include ;estimating the prevalence of threats and actual acts of physical and sexual abuse during pregnancy, testing the association between experience of domestic violence and participants demographic & socio-economic factors & the acceptability of the women to disclose information of domestic violence for intervention by professionals.

The study was a confidential inquiry where an internationally developed, locally modified questionnaire was employed as the data collection instrument . A total of 500 pregnant women attending the antenatal care clinic at Makassed hospital during November 2003 were invited to the participate. Turned off by 40 women, the researcher ended up with 460 participants indicating the response rate of 92%.

The study revealed the prevalence of domestic violence to be (19.6%) among the surveyed. Domestic violence was highest in the age group 20-29 years and the husbands were the main perpetrators. Punching and slapping were the most common pattern of violence. Of those who experienced domestic violence ( 2.2%) had forced sex, (10 %) had physical abuse and (7.4 %) experienced psychological abuse .

The physical symptoms experienced most often by women were; labor pain ( 15.2 % ) , low back pain and general weakness (14.3%, each ) & headache ( 12.7%) . As for psychological symptoms experienced by participants. These were; diminished sexual desire ( 14.3%) , loneliness ( 14.5%), anger ( 12.9%) , sense of manipulation (12.2%), and bulimia ( 12.9%).

The study concluded that pregnant women in East Jerusalem are subject to various forms of domestic violence. Demographic variable of most influence included ; age of the battered women, family size, and employment status of the husband.

It also pointed out that health settings are not equipped with appropriately trained staff who can identify cases of domestic violence and address their needs. Therefore , it recommends training of staff, sensitization of the community and educating the public with the emphasis being placed on adolescents and the newly married of both sexes.

## Table Of Content:

<b>Chapter one</b>	
1.1	Introduction..... 1
1.2	Problem Statement..... 3
1.3	Significance of the problem..... 4
1.4	Purpose of the study ..... 5
1.5	Objective ..... 5
1.6	Assumptions..... 6
1.7	Limitation of the study ..... 6
1.8	Definition of terms ..... 7
1.9	Clinical Setting of the study..... 9
1.10	Summary ..... 12
 <b>Chapter Two: Literature Review</b>	
2.1	Gender-based violence ..... 13
2.2	Gender-based violence definition ..... 13
2.3	Gender violence throughout a women’s life ..... 15
2.4	The impact of gender-based violence on women’s health..... 16
2.5	The global magnitude of gender-based violence ..... 17
2.6	Prevalence of domestic violence during pregnancy..... 20
2.7	Health consequences resulted from domestic violence ..... 21
	2.7.1. Physical abuse and domestic violence ..... 22
	2.7.2. Sexual abuse and domestic violence..... 26
2.8	Factors associated with domestic violence ..... 27
	2.8.1. Age..... 27
	2.8.2. Prenatal care visits..... 28
	2.8.3. Substance abuse ..... 29
	2.8.4. Depression , anxiety and smoking ..... 30
2.9	Palestinian context ..... 31
	2.9.1. Palestinian gender norms and domestic violence ..... 31
	2.9.2. Palestinian studies on domestic violence ..... 32
 <b>Chapter Three :Conceptual Framework</b>	
3.1	External factors..... 38
3.2	Internal factors..... 38
 <b>Chapter Four : Methodology :</b>	
4.1	Research design..... 41
4.2	Target population and sampling..... 41
4.3	Instrument ..... 41
4.4	Pilot testing ..... 42
4.5	Ethical Considerations..... 42
	4.5.1. Official approach ..... 42
	4.5.2. Informed consent..... 42
	4.5.3. Cultural sensitivity and consideration ..... 42

4.6	Data collection .....	43
4.7	Response Rate .....	43
4.8	Data analysis.....	43

**Chapter Five :Findings and Data Analysis**

5.1	Analytical Area number one: Demographic Data & Background Information	44
5.2	Analytical Area number Two: Pregnant Women Health.....	56
5.3	Analytical Area number Three : Violence Experience Assessment.....	67

**Chapter Six : Discussion, Conclusion and Recommendations**

6.1	Discussion.....	75
6.2	Conclusion and Recommendations.....	79

References.....	81
-----------------	----

Appendices .....	88
------------------	----

# Chapter one.

## 1.1.Introduction :

Every day, obstetric care providers treat clients experiencing domestic violence, the experience of which can have both dramatic and subtle impacts on maternal, fetal morbidity and mortality (Mayer & Liebschutz ,1998). Domestic violence is recognized as a major public health concern and violation of human rights (Population Reports, 1999).

Pregnancy may increase the risk of violence(Bohn ,1990 ). Several studies have found that women attending accident and emergency departments with physical injuries due to domestic violence are more likely to be pregnant than women attending with accidental injuries(Stark et al,1979).

Physical injury, mental health problems, and complications of pregnancy are some of the health consequences that result from violence inflicted on women by their male partners or former partners. On the other hand, domestic violence is also associated with other abusive experiences that may occur during adulthood ( Coid ,2001). Because domestic violence is common, serious, and often not identified, domestic violence is reported by up to one in four women in Britain (Mooney , 1993). A recent British government publication recommended that health professionals should consider routinely asking all women, or selected groups of women, about a history of domestic violence (manual for health care professionals,2000).Also in the U.S.A. the American Medical Association recommended screening all women presenting to primary care ( American Medical Association ,1992). Prevalence estimates of physical abuse during pregnancy range from about 1 to 20%, with the majority of estimates being between 4 and 8% (Gazmararian ,1996).

Between 11 and 41% of pregnant women attending antenatal clinics in American studies had reported a history of domestic violence, and 4-17% reported domestic violence during the current pregnancy ( Amaro ,1985; Helton et-al,1987; Amaro et-al ,1990; Norton et- al ,1995).

Estimates of prevalence vary according to the screening method used, the number of times the woman is questioned, and whether she is asked on repeated occasions.( McFarlane et-

al, 1992; Gielen et-al 1994 ). The use of structured screening questions by staff significantly improves detection rates in a clinical population (McFarlane et-al, 1992; Norton et-al, 1995 ).

It is claimed that it is not known whether screening for domestic violence in primary care is acceptable to women. But some evidence, mostly from studies, indicates that women want to be asked about domestic violence (Richardson et al, 2002). A total of 771 women had participated in semi-structured interviews. Which were conducted in women's homes and general practitioner's surgeries. Eighty - six women who were screened found it acceptable & the result is acceptable to women if conducted in a safe, confidential environment by a trained health professional who is empathic and non-judgmental. The effectiveness of routine inquiry to elicit a history of domestic violence is influenced by factors such as the lack of time, confidential consulting time, the continuity of care, training and the availability of resources (Bacchus, 2002).

Women may need protection from violence . It is important that there are provisions to accommodate this need. There should be a greater awareness of the problem, improved identification techniques, and education about the available social and legal interventions, by estimating the prevalence of domestic violence during pregnancy. Thus, we can see that the two lives will be protected.

## 1.2. Problem Statement.

Many of the pregnant women who attend the antenatal outpatient clinic at "Al-Makassed Hospital, are recognized to have obstetric complications. The antenatal outpatient clinic does not screen routinely during the prenatal care visits for detection of domestic violence among pregnant women, specially those who have & face obstetric complications. This is due to socio-cultural sensitivity of the matter. Exposure of pregnant women to domestic violence has immediate and lasting effects. Whether it was physical violence or sexual violence, because it has immediate effects on the pregnancy such as blunt trauma, hemorrhage, uterine rupture, miscarriage /stillbirth, and preterm labor, and other effects as stress, substance abuse, delayed or no prenatal care & stress.

There are few studies on domestic violence in the Palestinian society, with little evidence about the relationship between these complications & exposure to domestic violence during pregnancy. This indicates that there is a need to look into this relationship and the extent to which it affects the woman's personal & family life, especially that reluctance to disclose this matter is evident in the Palestinian society. Doing so, demographic factors are to be taken into account.

The major questions of this study are the followings :-

1. What is the prevalence of domestic violence among pregnant women in East Jerusalem ?
2. Is there a relationship between individual factors such as age, socio-economic, demographic factors and exposure to physical and sexual violence?
3. Is screening for domestic violence in primary health care settings acceptable to pregnant women?

### 1.3. Significance of the problem:

Domestic violence is recognized as a major public health concern and violation of human rights (Population Reports, 1999). The incidence of domestic violence contrasts the little emphasis that has been placed on it until recently. Berenson , Wiemann, Wilkinson, Jones, and Anderson's recent study of women of reproductive age revealed that 11 %- 25% have been physically assaulted (1994). An average day in the United States yields 65 deaths and 6,000 physical injuries due to interpersonal violence (Mercy, et. al., 1993).

If physical abuse were instead a bacterial or viral disease with a prevalence rate this high, research funding would be abundant in an attempt to isolate the infectious agent and to effect a cure. For example, contrasting AIDS to domestic violence, there were 700,000 cases of AIDS in 1992, and billions of dollars were spent on research and development of vaccines, and on education to prevent the disease. One person out of every hundred is HIV-infected in the United States, yet the rate of domestic violence is about 1 in 10. The prevalence of domestic violence directed against women is twice that of AIDS. There is no comparison in the level of funding in prevention of the two afflictions, and in no way it commensurate with the prevalence.

This is due to many reasons, politics chiefly among them, but is primarily due to the orientations with which the two problems have been studied. AIDS is obviously in the domain of the biological, medical and health sciences. Yet, until recently domestic violence was considered the realm of criminology, and therefore was addressed only retrospectively, and consequently, inadequately.

So ,domestic violence is considered a persistent, troubling, and often devastating societal and clinical problem, affecting the lives of many women specially during pregnancy and their families .

Domestic violence is violence between intimate partners. It is not just hitting and fighting or an occasional argument; "it is chronic abuse of power" . The abuser tortures and controls the victim by calculating threats, intimidation and physical violence. Domestic violence is acknowledged widely as a significant problem. During pregnancy, women need care and support. She needs immunization, extra diet and also optimum rest. The Government should have special program to help pregnant mothers. Folic acid and iron tablets are distributed to her

free of cost. . On the other hand ,the incidence of domestic violence is largely hidden because of the nature of crime and it's underreporting. The problem has attracted the interest on the international stage resulting in organization of the World Congress on Human Rights in Vienna in 1994 and the World Conference of Women in Beijing in1995. As a human right violation, domestic violence requires intervention by state and voluntary organizations (Poonacha and Pandey, 2000). Domestic violence during pregnancy is a worse episode of women's life. It dose not only affect mother's health but also damages fetus' health that in the mother's womb.

In spite of the growing recognition of domestic violence among pregnant women and progress made in recent years, still there is lack of basic information on the magnitude of the problem, the understanding of its root causes, and the factors that may be protective , as studies have shown Palestinian women consider reproductive health the highest priority health issue, but unfortunately no studies have been published related to domestic violence among Pregnant Women , this prevalence study was performed as the first step to study this important public health issue in Palestine.

#### 1.4.Purpose of the study:

To determine the prevalence of domestic violence among pregnant women attending the antenatal clinic at Al-Makassed Hospital during 2003.

#### 1.5.Objectives:

1.To estimate the prevalence of threats and actual acts of physical and sexual abuse during pregnancy.

2.To test the association between experience of domestic violence and demographic factors such as; age , sex.....) & socioeconomic factors & the experience of domestic violence.

3.To assess the acceptability of the women to screen for domestic violence by general practitioners or practical nurses in a health care facility.

#### 1.6.Assumptions:

1. The administration of Al-Makassed hospital will allow the researcher to conduct the study in the gyn & obstetric clinic.
2. Attitudes ,beliefs, cultural values will influence the findings.
3. The instruments used to measure the outcomes at this study is valid.
4. The pregnant women will cooperate & agree to participate in this study .
5. Professional staff at the outpatient clinic will cooperate and play a positive role in the completion of the data collection phase of this study.
6. Hospital administration & other interested health institutions will utilize the results of this study in future planning for an integrative approach in primary health care.

#### 1.7.Limitation of the study:

1. Lack of financial support.
2. Pregnant women refusal to participate due to cultural factors and sensitivities.
3. Time limitations due to reasons related to the researcher herself.

## 1.8. Definition of terms:

**Pregnant** : is containing unborn young within the body .

(“Blackwell’s dictionary of nursing, 1992)

**Pregnancy** :is the state of having a developing embryo or fetus within the body ;the state of conception to delivery of the fetus.( Blackwell’s dictionary of nursing ,1992).

**Prevalence** : in statistics the total particular of new cases of specific disease at particular point in time or during a specific period of time . ( Blackwell’s dictionary of nursing,1992)

**Prevalence rate** :the number of cases present in a given geographical area or community at one time divided by the population of an area at the same time .( Blackwell’s dictionary of nursing,1992)

**Violence** : unwarranted, extremely rough physical force or action exerted with the intent to injury or destroy oneself or another person .rape is considered a form of violence .

Blackwell’s dictionary of nursing,1992).

**Domestic violence** :is “a pattern of coercive behavior designed to exert power and control over a person in an intimate relationship through the use of intimidating, threatening, harmful, or harassing behavior. (Meuer et al, 2000).

Domestic violence (DV) can be defined broadly as economic control and physical, sexual, verbal, emotional, and psychological abuse used by adults or adolescents against their current or former intimate partners ( Domestic Violence Advisory Council,1998).

**Gestation** : In mammals , the length of the time from conception to birth .(Taber’s dictionary , 1996).

## الملخص التنفيذي

أجريت هذه الدراسة لفحص العنف الأسري بين السيدات الفلسطينيات الحوامل شرقي مدينة القدس للكشف عن مدى انتشار هذه الظاهرة بين الأسر الفلسطينية . و قد أجريت هذه الدراسة في مستشفى المقاصد- قسم العيادات الخارجية - في الفترة الممتدة بين الخامس والعشرين من شهر تشرين الثاني إلى منتصف شهر كانون الأول ( 2003). حيث تم جمع البيانات من خلال توزيع استبانه صممت خصيصا لغرض هذه الدراسة بين النساء اللواتي يراجعن العيادات الخارجية في مستشفى المقاصد . وبلغ عدد المشاركات 460 سيدة.

أما أهداف الأطروحة فهي لمعرفة نسبة حدوث العنف الأسري ما بين اعتداء جسدي وجنسي خلال فترة الحمل. ولفحص مدى ارتباط التعرض للعنف الأسري وبين العلاقات الديموغرافية لهن ، ولفحص مدى تقبل السيدات الحوامل في المجتمع المحلي لدراسة العنف الأسري وتدخل الجهات المعنية لحل هذه القضايا. وقد تخلفت عن المشاركة 40 سيدة لعدة أسباب، ليصل عدد المشاركة الفعلية لهؤلاء السيدات 460 سيدة بمعدل استجابة %92.

أما أهم النتائج التي توصلت إليها هذه الأطروحة هو أن السيدات الحوامل في المجتمع الفلسطيني يتعرضن للعنف الأسري بنسبة ( 19.6%) وكانت نسبة الفئة العمرية ( 29-21) سنة هي الفئة الأكثر تعرضا للعنف الأسري في مجتمعنا الفلسطيني و كانت نسبة حدوث العنف الجنسي (2.2%)، ( 7.4 %) تعرضن للعنف النفسي، (10%) تعرضن للعنف الجسدي بين السيدات الحوامل في المجتمع الفلسطيني.

كانت أكثر الأعراض التي واجهتها السيدة الحامل عقب التعرض للعنف هو ( 15.2% ) شعرن بآلام المخاض و ( 14.3% ) بكل من الآلام أسفل الظهر وضعف عام في الجسم ، ( 12.7% ) السيدات اللواتي يشعرن بصداع ، أما بالنسبة للأعراض النفسية فقد كانت ( 14.3 % ) من السيدات شعرن بفقد الرغبة الجنسية والاهتمام الجنسي ، ( 14.5% ) بالوحدة ، (12.9%) بالغضب ، و(12.9%) شعرن بازدياد الرغبة والإفراط في الأكل . نستنتج من هذه الدراسة أن السيدات الحوامل شرقي القدس يتعرضن لجميع أشكال العنف وأن العوامل الديموغرافية مثل ( العمر، عدد أفراد الأسرة ، وعمل الزوج ) هي العوامل المؤثرة والتي لها علاقة مباشرة في التعرض لأشكال العنف للمرأة الحامل .

ونشير أيضا إلى أن المؤسسات الصحية غير مؤهلة بشكل عام بكادر لديه الخبرة، كي يتعرف ويتعامل مع هذه الحالات التي هي بحاجة إلى عناية خاصة لذلك نوصي بتدريب كافة الكوادر لإحداث توعية صحية للرجل والمرأة على حد سواء لمخاطر العنف الأسري.

لذلك يجب الأخذ بعين الاعتبار عمل مسح روتيني للسيدات الحوامل اللواتي يزرن و يراجعن أي مؤسسة صحية و ذلك لتقصي حدوث و منع انتشار هذه الظاهرة .

As for psychological consequences following exposure , results in this study show that the majority of participants ( 12.9%) experienced anger, followed by loneliness (14.5 %), mostly feel of sense of manipulation (12.2 %), ( 14.3 %) always feel decrease of sexual desire & ( 12.4% ) sometimes feel anxiety in presence of others .This was also found according to Campbell et al (1992), the majority of victims 83% of domestic violence during pregnancy report being depressed, and 89% report feeling anxious.

## 6.2.Conclusion and Recommendations.

This study has highlighted that Palestinian women living in Jerusalem are subject to various forms of domestic violence .Prevalence rate established in this study (19.6% ) provides good evidence on the possible potential figure on the subject this study should be complemented with similar ones in other parts of the country .

However, the political position of Jerusalem & the peculiar hardship Palestinian Jerusalemites go through cause life tightening measures imposed on them by the Israeli occupation which could have contributed to highlight pressure on individuals & families , therefore , bringing up this figure of domestic violence amongst them .

This suggests replicating this study using different methodology for verification.

The finding also suggests that younger women are more prone & actually exposed to domestic violence while this denotes limited interpersonal communication skills of these women & their partners. It also points lack of services available to them in terms of education & counseling on handling and avoiding violent encounters. In addition , legal assistance is obviously deficient , and needs to be put in place.

Community sensitization programs targeting all population segments need to be initiated , with special emphasis on adolescents of both sexes to bring about a shift in their cultural definition of domestic violence & develop attitudes for its social legitimization within the Palestinian culture. Such basic information will bring change in the understanding of violence.

At another level , high unemployment rates , as this study has shown , is a serious violence predisposing factor that needs to be talked by creating income generation projects to the labor force in East Jerusalem. Furthermore, the Palestinian Authorities

should include the Palestinian Jerusalemites in the “ Emergency Job Creation Programs” brought into operation by the International donor community in response to the later Political upheavals. Doing so, special attention should be paid for equal opportunities regardless of sex. Also opportunities for women, employment strategies, especially tailored for them should be an integral part of any future relevant plan.

An alarming finding in this study was that the battered women were rather reluctant to disclose relevant information to their gynecologist and more reluctant to do so to the social worker in the hospital. This points out questions on the interpersonal relationship dimensions of quality as it applies to the provider – client relationships.

While, it also draws attention to the extent to which service providers are prepared and equipped to deal with violence matters. This calls for investing in training service providers on domestic violence issues such as identification, screening & case management within the health care setting and in the community. Beyond that, appropriate relevant policies must be integrated into the national development agenda for women empowerment. Because, at the end of the day a woman with no dignity or self-respect can't pass anything else to her child.