

# Domestic violence against pregnant women: A prospective study in a metropolitan city, İstanbul

Dear Editor,

We read with interest the article by Cengiz H. et al. (1), published in the June 2014 issue of the *Journal*. The authors report their survey data on pregnant women interviewed for physical and sexual violence attending their institution's antenatal outpatient clinics. They report a 2.4% frequency of physical and/or sexual abuse during pregnancy. The study includes over 1300 pregnant women and clearly aids to increase awareness of the "domestic violence problem" against pregnant women in Turkey among obstetricians and gynecologists. However, we believe that the figure they report (2.4%) is an underestimate.

First, this was not a population-based study. No sampling was performed, either. Therefore, the data suffer from sampling bias. Women were simply interviewed by a clinic nurse in so-called "complete privacy" at the hospital setting. The authors also state that "pregnant women were afraid to disclose their experiences." This is not surprising, as the authors were not able to provide suitable circumstances while interviewing the women on such a sensitive issue.

Second, the survey seems to include certain questions merely on physical and sexual violence. Nevertheless, domestic violence apparently incorporates many additional behaviors: (a) *any physical violence* causing actual bodily harm, from pushing, jolting, manhandling, dashing, kicking, and scragging to stabbing and shooting; (b) *sexual assault* in an unacceptable manner, place, and time and sexual abuse, including any other act of sexual violence; (c) *economic violence* to control a woman's income and/or employment and other acts to prevent the economic freedom of the female partner; (d) *emotional abuse*, including bullying, creating fear, blackmailing, and controlling behaviors, such as isolation of the woman from her family of birth, friends, or social life, and forcing her to stay at, or leave, the home; and (e) *psychological or verbal abuse*, including acts, such as insulting, making fun of personal weaknesses, using humiliating nicknames, and shouting (2-4). Hence, the present data do not reflect many forms of domestic violence, such as economic and emotional abuse. Moreover, the definition of sexual violence in the present study was limited, seemingly restricted to forced sexual intercourse (nonconsensual sexual activity). In fact, sexual violence against a woman is a broader term that includes "any sexual act, attempt to obtain a sexual act, unwanted sexual comments, or advances directed against the woman's

sexuality" (5). If the authors had questioned all of these categories appropriately, the frequency of domestic violence should have been much higher than 2.4%.

Third, there is a potential bias concerning the timing of data collection. The surveys were performed during clinical antenatal visits. Hence, women at various gestational ages were probably included. For example, data from the first, second, and third trimesters seem to be pooled. This may also lead to an underestimated prevalence, since such a design will miss women surveyed during early pregnancy who will subsequently be exposed to domestic violence. Therefore, a more suitable design would be to interview women throughout the peripartum period, for example, during early puerperium.

In conclusion, we suppose that the relatively low prevalence of physical and sexual abuse against pregnant women reported by Cengiz et al. (1) do not reflect the actual figures in their population, in İstanbul or in Turkey, due to critical limitations of the study.

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### Author's Response

We appreciate and thank the authors for their comments on our study. We reconsidered the main points of the study regarding the evaluation of the authors. Firstly, we tried to conduct a cross-sectional study. However, we totally agree with the authors on what they criticized about the timing bias. The study could be designed according to the gestational age of the pregnant women who participated in our study. Due to privacy issues and the interview technique, we can say that the hospital circumstances, such as lack of private rooms, were not perfectly proper to collect 100% accurate information about domestic violence from the participants. In addition, we also were surprised about the result of the percentage of women who had experienced domestic violence. We observed similar results in terms of domestic violence among pregnant women, such as 4.67% from the study published by Ergonen et al. (1). Nevertheless, the questionnaire of our study focused on physi-

cal, sexual, and verbal abuse. It is a fact that the investigation about other types of violence will increase the rate of violence in pregnancy (2). We want to thank the authors once again for highlighting this important subject. In this study, our aim was to increase the awareness of health care providers about domestic violence against pregnant women.

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