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Pregnant Women Victims of Physical Domestic Violence in Dakar

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Abstract

Physical domestic violence among pregnant women is a serious social problem and a perinatal health issue. This study aims to determine some characteristics of physical conjugal violence among pregnant women in our context of practice. It is a retrospective study in the Dakar region at the "Maison de la Femme" or "Boutique de Droit" located in the Medina and Pikine neighborhoods over a period of six years. Pregnant women accounted for 22.7 percent of all women victims of domestic violence. The epidemiological profile of the different types of violence revealed a 98% rate of psychological violence associated with physical violence, which represents 15%, or with verbal and economic violence, which corresponds to an identical rate of 34%, negligence 9%, and sexual violence 8%. The age ranges most affected by domestic violence are those between 25-34 years of age, with 60% of victims. The socio-professional categories most affected are those constituted by the elementary profession of service sales with 56% of victims, the unemployed 25% of victims; then middle management and office workers with 14% of victims. In our series 65% of the victims had a gestational age between 01- 14 SA and 30% had a pregnancy age between 15 - 28 SA. The main violent persons are husbands with 98%. We found that 60% of the victims had localized injuries, 43% of which were head injuries, 43% were limb injuries and 14% were in other areas of the body. 95% of the victims had a simple contusion injury. Only 75% of the victims had a medical certificate and 93% of the victims had a T.T.I. less than or equal to 20 days. Medical certificates were legible for 75%, and 80% of victims received treatment. Early detection of physical violence by various health professionals is imperative to minimize the impact of violence on pregnant women. Adequate care for victims and punishment of perpetrators must be the concern of our leaders.

Keywords: Physical domestic violence; Pregnant women; Forensic medicine

Introduction

The WHO study on women's health and domestic violence shows that in several countries the prevalence of physical violence committed by an intimate partner during a woman's lifetime ranges from 13% to 61% [1]. Nevertheless, physical abuse of pregnant women is still perceived primarily as a criminal or human rights issue. However, it is a serious societal and perinatal health issue [2]. Violence is known to have serious repercussions on pregnancy, including increased risk of miscarriage, premature delivery, fetal suffering, low birth weight and even fetal death [3]. The complications of domestic violence on physical and psychological health are often neglected in the health circuit in our practice context. However, they require special attention and consideration of the reality of their impact, because the imperceptibility of these complications is a major obstacle to the protection of women. Domestic violence is considered a public health problem today, so physicians must be sentinels for the early detection and management of abused women and their children. This study aims to determine some characteristics of physical conjugal violence among pregnant women in our practice context.

Methods

Our study took place in the Dakar region at the "Maison de la Femme ou Boutique de Droit" located in the Medina and Pikine neighborhoods. It is an institution that is set up by the Association of Senegalese Jurists. It is a center for listening, counseling, and community legal assistance. Any person in need of legal aid can benefit from their services free of charge without the obligation to provide identity papers. This is a retrospective study based on client files collected from January 2009 to December 2015. We consulted 143 files of victims of domestic violence including 103 women and 10 men at the Medina house: 29 women and 01 man in Pikine. Excluded from this study were the files of male victims of domestic violence. A total of 132 cases were retained. Elements were collected for each victim, on the basis of a file containing

the significant facts of women victims of physical violence in the file, including pregnant abused women (slaps, attempts at strangulation, punches, kicks, etc.), use of a knife, notion of strangulation, pinching, projection of objects, projection of the person on the wall or on the floor, bites, twisted arms, belt, electric extension cord, blows from a stick or broomstick etc.) We used the SPSS software for the analysis of the data.

Result

All cases of women victims of domestic violence were retained, representing 92.3% of all cases of victims of domestic violence and 22.7% were pregnant women.

Identification

The epidemiological profile of the different types of violence revealed a 98% rate of psychological violence associated with physical violence, which represents 15%, or with verbal and economic violence, which corresponds to an identical rate of 34%, negligence 9%, and sexual violence 8%.

Percentages of Variables

The age ranges most affected by domestic violence (physical, verbal, economic, sexual and especially psychological and moral) are those between 25-34 years old with 60% of victims. The most affected socio-professional categories are those constituted by the elementary profession of service sales with 56% of victims, the unemployed 25% of victims; then middle management and office workers with 14% of victims.

Gestational age

In our series 65% of the women had a gestational age between 01- 14SA and 30% had a gestational age between 15-28SA.

Violent persons

The main violent people are husbands with 98%.

Physical violence and injuries

Among women victims of physical violence, 96% reported having at least one injury and specified the location of their injury.

Location of injury to head, body, limb

In our study, of the 37.1% of victims who reported injuries, 95.2% were able to locate their injuries. We found that 60% of the victims had localized injuries, 43% of which were in the head, 43% in the limbs and 14% in other areas of the body. 95% of the victims had a single contusion injury.

The medical certificate

Only 75% of the victims had a medical certificate and 93% of the victims had an IT. T less than or equal to 20 days. Medical certificates were legible for 75%, and 80% of victims received treatment.

Discussion

It should be noted that it is the woman's version that is considered in the records. This explains the lack of information on some files that only take into account one version, that of the woman who provides information on the husband. It is true that women are for the most part the victims, but they are not the only actors; men are also concerned. Indeed, the centers are dedicated to women as their name indicates: Women's Justice House. Our study focuses on physical violence because it is the most perceptible and can be documented with evidence. However, some forms of violence leave few traces, or leave traces that should be thought to be looked for.

Numbers

During our study, we found a 15% rate of physical domestic violence among pregnant women. This result was close to that of Boufettal H et al. [4] reported a 12.3% incidence of physical abuse during pregnancy in Morocco. The same finding was made in a multi-country study conducted by WHO [5], where the proportion of women who had been physically abused during at least one pregnancy exceeded 5% in 11 of the 15 countries studied. The lowest figure was 1% in Japan and the highest was 28% in Peru. In France, a national survey showed that 3-8% of pregnant women were victims of domestic violence [6]. The frequency obtained in our series is close to these results. Physical conjugal violence is not isolated. Indeed, in our context psychological or emotional violence precedes physical violence and is characterized by intimidation through polygamy, denigration, pressure, silence imposed by the cultural context of our society. They can also be explained by the authority of men over women and the religious context. Elsewhere, they are preceded by verbal violence most of the time and/or followed by other types of violence [7,8]. Nevertheless, the frequency found would likely be underestimated because women in general are reluctant to disclose violence against them due to social stigma and fear of adverse consequences on their marriages or social ties in families. Arulogun OS et al. [3] found a much higher incidence in the Abuja region of Nigeria with 36.4% of cases. In 2011 in Nigeria, a study of pregnancy trauma at the Ebonyi State University Hospital revealed that physical aggression was the predominant causal factor and accounted for 46% of injuries [8].

Age

Nevertheless, the 25-34 age group predominates, with 60% of victims. The predominance of the age groups found in our series could be explained by the fact that women of childbearing age are more numerous. Boufettal H et al. [2] in Morocco reported in their series a predominance of the 20-24-year age group with an average age of 22.3 years and Arulogun OS et al. [5] found a predominance of the 25-29 age group with a frequency of 40.7% in the Abuja region of Nigeria.

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Socio-Professional Categories

It should be noted that educational level plays a role in violence against women. The socio-professional categories most affected in our study are those constituted by the elementary profession sales of service with 56% of victims, the unemployed 25% of victims. Ann BL et al. found that the low level of women's education (primary school) is a factor in the risk of spousal violence [9].

Gestational Age

The high rate of pregnancy in the first trimester of pregnancy could be explained by the increased physiological changes in the first weeks of pregnancy due to hormones causing irritability and susceptibility in pregnant women. In contrast, Nannini A et al. [10] in Massachusetts found a rate of 16.0% in the first trimester. Pregnant women are particularly exposed to gender-based violence. Pregnancy is a factor that triggers or aggravates pre-existing violence, through the physical and moral fragility of the woman it induces [11]. Violence during pregnancy has consequences for both mothers and babies. In 2006, Silverman et al. [12] estimated that women who have experienced violence before and or during pregnancy are at significantly higher risk for a large number of obstetric pathologies. They found increased risks of up to 90% for metrorrhagia, 60% for premature rupture of membranes, incoercible vomiting. The newborns of these women have a significantly increased risk of prematurity up to 37% and hypotrophy up to 21% [12]. Similarly, MMM Leye [13] notes that psychological violence in pregnant women has a negative impact on the health of the mother and the newborn.

Violent Persons

In most cases, the perpetrator of the violence is a man. Our work shows that the main violent persons are the husbands with 98%. The ENVEFF 2000 survey shows that many aggressors are men (over 80%) [14]. The man, through some of his behavior, seeks to exert pressure or domination over his spouse. This violence, initially psychological, can lead to physical violence in a second phase. It is important to know that this violence is not a disease but an often-acquired behavior that can be changed. It is important to analyze the causes and mechanisms of violent men. This situation can be explained by several phenomena in our context: religious (the possibility of being polygamous), cultural (the man as the head of the family, the woman must be patient and endure everything in her household to guarantee the future of her children, a submissive and obedient woman), social (the only financial resource for the household, the immaturity of the man, impulsiveness), a phallocratic society (the idea that the man is superior to the woman, a society in which power is only exercised by men) etc. We note that the violent man wants his wife to associate and confine herself to her desires, not taking into account her state of pregnancy.

Physical Violence and Injuries

The victims had localized injuries 43% in the head, 43% in the limbs and 14% in other areas of the body. Simple bruising accounted for 95% of the types of injuries our victims suffered. The predominance of these types of injuries confirms the variety of vulnerate agents, as well as the variable nature of the violence with which these instruments were used, with the victim most often using her upper limbs for protection or defense. Also, the easy access of the cephalic segment during fights and, moreover, the aggressor believing that the damage to the victim's head and neck will not have a direct effect on the mother's product of conception, makes the cephalic segment the most affected place after the upper limbs. This is consistent with the findings of Soumah MM et al. & Benyaich et al. [15,16]. Domestic violence is at the origin of sequelae such as intense fatigue, muscle pain limiting activity, leading to a more or less important functional impotence that the physician will have to assess in order to determine the total work incapacity (TWI).

The Medical Certificate

In the vast majority of cases the total work incapacity set for the victims was less than 20 days, i.e., 93%. Soumah et al. [15] reported in their study that more than half of the certificates issued indicated a total work disability of less than 21 days, i.e., 53.73%. Thus, Senegalese legislation provides for a fine and prosecution in the police court for total work incapacity of less than 21 days. However, a total work incapacity of more than 21 days is the responsibility of the court of first instance. The initial medical certificate is of paramount importance in determining jurisdiction with the determination of total incapacity to work. The doctor who issues it plays an essential role in the detection of such violence, starting with the description of the injuries, to the drafting of the medical certificate of injury findings, which constitutes an essential element in the prosecution of the case. Indeed, in an Italian study of 668 doctors, 57% considered physical signs as the main reason for suspicion of abuse and 33% considered psychological and emotional problems [17]. The physician must be the instigator of the sensitization of women victims of violence to their fundamental rights and freedoms. Physicians have not received any specific training on this issue. It is urgent for our societies to train doctors, to create medico-judicial units, a circuit well known to victims of domestic violence [18].

Conclusion

Physical domestic violence in pregnant women must be at the forefront of our concerns. It is a complex problem, the influx and repercussions of which can be harmful to the woman and her fetus. It requires a more precise evaluation to determine its extent and its dramatic complications for the victims. The lack of adequate training of health personnel in the care of victims of domestic

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violence and the lack of dedicated structures are blocking factors in our developing countries. Early detection of domestic violence in pregnant women and medical personnel with forensic medical knowledge can improve the health of the mother and her baby.

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References

1. Garcia Moreno C (2005) Prevalence of intimate partner violence: findings from the WHO (World Organisation) multi-country study on women's health and domestic violence. Lancet 368: 1260.
2. Boufettal H, Obaid B, Belhouss A, Hermas S, Noun M (2012) Physical abuse during pregnancy in Morocco. Journal de Gynécologie Obstétrique et Biologie de la Reproduction 41: 76-82.
3. Arulogun OS, Jidda KA (2011) Experiences of violence among pregnant women attending ante-Natal clinics in selected hospitals in Abuja, Nigeria. Sierra Leone Journal of Biomedical Research 3(1): 36-42.
4. WHO (2005) Multi-Country Study on Health and Domestic Violence against Women: Synthesis Report of Initial Findings on Prevalence, Health Effects and Women's Responses. Geneva 2005: 46.
5. Jaspard M, Saurel cubizolles MJ, Enveff team (2003) Lenquête nationale sur les violences envers les femmes en France, Paris, La Documentation Française, collection Droit des Femmes, p. 370.
6. Collective (1996) Report on the fourth World conference on women, Beijing, 4-15 September 1995, United Nations, New York, USA.
7. Watts C, Zimmerman C (2002) Violence against women, global scope, and magnitude. Lancet 359: 1232-1237.
8. Onoh RC, Umeora OU, Ezeonu PO, Onyebuchi AK (2014) Prevalence, pattern and consequences of intimate partner violence during pregnancy at Abakaliki Southeast Nigeria. Annals of medical and health sciences research 3(4): 484-491.
9. Ann BL, Williams C, Mccloskey LA (2005) Gender inequality and intimate partner violence among women in Moshi. Int Fam Plan Perspect 31(3): 124-130.
10. Nannini A, Lazar J, Berg C, Barger M, Tomashek K (2011) Rates of Hospital Visits for Assault During Pregnancy and the Year Postpartum: Timing Matters. Public Health Reports 126(5): 664.
11. Fildes J (2001) Stop violence against zomen act of 2000. Nevada office of the Attomey General. University of Nevada School of Medicine.
12. Siverman JG, Decker MR, Reed E, Raj A (2006) Intimate partner violence victimization prior to and during pregnancy among women residing in 26 U.S. states: Associations with maternal and neonatal health. American Journal of Obstetrics and Gynecology 195: 140-148.
13. Leye MMM, Gueye M, Seck I (2020) Epidemiological profile of women victims of psychological violence in the pre- and post-partum period in the region of Sédhiou, Senegal. Rev Epidemiol Santé Pub, pp. 288-294
14. Jaspard M, Brown E, Condon S, Fougeyrollas Schwebel D, Houel A (2003) The 2000 ENVEFF survey (National Survey on Violence Against Women).
15. Soumah MM, Ngwa H, Ndiaye P, Sow ML (2011) Quality of Certificates of Voluntary Adult Assault and Injury in Dakar and Diourbel. Pan Afr Med J 10: 59
16. Benyaich H, Razik H, Chbani A, El Khalil M, Louahlia S (2004) La consultation des victimes de coups et blessures volontaires au CHU Ibn Rochd de Casa-blanca: Etude victimologique transversale de 400 dossiers. J Med leg Droit Med 47(5): 193-199.
17. Soumah MM, Issa AW, Ndiaye Ndoye EHO, Sow ML (2015) Domestic violence in Dakar. The Pan African Medical Journal 22: 182.
18. Gonzo L (1995) Violenza alle donne, la cultura dei medici e degli operatori. Bologna, Comune di Bologna, pp. 1-14.

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