



## OBSTETRIC VIOLENCE: REPORT OF FINDINGS OF VERBAL AGGRESSION

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### ABSTRACT

Pregnancy and childbirth are moments inherent to the female life cycle, constituting a physiological process when the woman needs to be the protagonist. Obstetric violence (OV) is a practice that violates human rights and creates biopsychosocial damages. The objective was to discuss the studies on obstetric violence, including verbal aggression, published in the period from 2011 to 2016. A systematic review of the literature was developed. For the search in the Virtual Health Library, we consulted the Descriptors: violence against women; childbirth; woman. Initially, the search returned 23 articles related to the descriptors. After considering the inclusion and exclusion criteria, the sample resulted in seven studies. Violence was present at all maternity hospitals from the researches, including its effects in the postpartum period, very associated with disorders. Such an event raises a current concern for the promotion of comprehensive care based on the humanization of parturient care, which generates the need for growth and dissemination of the development of a more critical awareness of health professionals for management in obstetrics.

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## INTRODUCTION

Pregnancy and childbirth are moments inherent to the female life cycle, constituting a physiological process, when the woman needs to be the protagonist. During the gravid period, she experiences several organic and emotional changes, resulting from hormonal changes and psychological preparation for the arrival of a new child.

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Thus, this phase is marked by a greater vulnerability and need for protection (Garcia *et al.*, 2012). Therefore, services, managers and professionals are responsible for developing and implementing strategies that ensure the right to a quality, integral and humane assistance that meets the promotion of women's and their child's health. Thus, obstetric violence (OV) is a practice that, in addition to transgressing human rights, constitutes a public health problem that generates biopsychosocial damage (Terán *et al.*, 2013). Obstetric violence is used to describe various damages caused to the woman during professional obstetric care. It includes physical, psychological and verbal abuse, as well as unnecessary and

harmful procedures, such as episiotomies, restriction to bed in the peripartum, enema, trichotomy, fasts, oxytocin without real indication, absence of a partner and maneuvers of Kristeller (Tamer *et al.*, 2015). Not too far from many women's reality, there are reports of experiencing discrimination with the coarse treatment based on threats, humiliation and mistreatment with the use of phrases such as: "when you made it, you did not cry", demonstrating a veiled violence and its naturalization based on stereotypes of class and gender, and, in addition to obstetric violence, there is an abuse of female sexuality (Aguiar *et al.*, 2013). Therefore, from the 1980's and 1990's, groups of health professionals and defenders of women's human and reproductive rights stimulated a discussion that culminated in the development of a feminist movement in order to fight violence against parturients. However, only in the mid 2000's, the theme became a formal investigation field in the country (Senar, 2017). Even with this elucidation, this violence still permeates the practice of health professionals. Although the concept of Humanization of Labor and Birth is recognized and recommended by national and international entities and groups of civil and society discussions in favor of women's rights, the delivery process is likely to consist of violent and inhumane initiatives that disrespect human and reproductive rights during labor (Rodrigues *et al.*, 2015).

In 2010, a national survey conducted by the Perseu Abramo Foundation revealed that 25% of women who had normal births, in both public as private hospitals, reported having suffered obstetric violence, either during childbirth or in the immediate postpartum. Many cases of mistreatment are silenced, since there is no information of complaints carried out by the common justice or to the Regional Council of Medicine or Nursing (Venturi Júnior; Aguiar; Hotimsky, 2010). These findings raise public opinion and reiterate the need for a more accurate look on the subject, stimulating a new direction to actions of the movement of women that want to end this inhumane practice during a period so important in any mother's life. Believing that the findings of this research can subsidize the planning of actions at health services and contribute to plan strategies in the area of attention to childbirth and puerperium, in order to reduce obstetric violence, the following objective was traced: to review and discuss the studies on obstetric violence, which involves verbal aggression, published in the period from 2010 to 2016.

## MATERIALS AND ANDMETHODS

An exploratory study with qualitative approach was developed. To this end, we used the Integrative Review (IR) of literature, specific review method that summarizes previous theoretical or empirical literature to provide comprehensive understanding of a particular phenomenon or health-related issue (Gil, 2008). This method can make research findings more accessible, reducing obstacles to the use of scientific knowledge, because it allows the reader to access various surveys conducted in a single study (Whittemore, 2005). After establishing the guiding question, the electronic portal Virtual Health Library (VHL) was pre-chosen, which includes the following databases: Lilacs, Medline and PubMed. VHL was chosen due to its relevance in the scientific world. Thus, based on the intention of discussing obstetric violence, searches and the investigative work focused on the publications of this portal. For access, the following descriptors were used: violence against women; childbirth; woman. Verbal violence or similar were not covered since the recognized descriptor does not

exist. The inclusion criteria established for selecting the articles were: articles with complete available abstracts on obstetric violence, published in English, Portuguese or Spanish and in the period from 2011 to 2016. The survey of the studies was conducted in February and March 2017. The intersection of descriptors returned 23 studies - four were repeated -, leaving a sample of 19. Of these, 17 were fully available, but three were not scientific articles, resulting in 14 studies for reading the abstract. At the end of the analysis, seven articles composed the sample for analysis, since seven studies discussed violence against women, but not related to labor or obstetrics. Since this study did not involve human beings directly, it did not require evaluation by the Ethics Committee, in accordance with Resolution 466/2012 of the National Health Council.

## RESULT AND DISCUSSION

The present study analyzed the seven articles regarding year, journal, country and language of publication, method of study and categorized according to their results and discussions in the thematic group: obstetric violence in Brazil, presented in table 1, which shows a synthetic definition of the studies. From the group, verbal violence subsection was extracted. The articles used in this study belong to different academic publishers. With respect to the year of publication, the years 2011, 2012, 2013, 2014 and 2016 have one publication each and two are from 2015, showing the theme's greatest importance in 2015. As for the type of magazine, the nursing area prevailed: RENE Magazine, Cuidarte Enfermagem and Online Brazilian Journal of Nursing.

### Obstetric Violence

The global rates of maternal morbidity and mortality can be achieved with universal access to sexual and reproductive health care in a safe and acceptable manner, and of good quality, especially the access to contraception and maternal health care. Nevertheless, the rates of institutional assistance to childbirth have been improving in the past decades, because women are increasingly encouraged to use healthcare institutions to have their children. However, there has been also a greater account of violence during this period (Who, 2014).

OV is not restricted to inhumane practices imposed to women during labor, since obstetric assistance covers prenatal, abortion and postpartum care. Thus, any intervention that disrespects women's role or cause damage to their health during pregnancy and puerperium is considered OV (Tesser *et al.*, 2015). Disrespect and abuse during the pregnancy- puerperal cycle at health institutions are physical violence, deep humiliation and verbal abuse, coercive or not-allowed medical procedures, lack of confidentiality, not obtaining informed consent before performing procedures, refusal to administer painkillers, serious violations of privacy, refusal of admission at health institutions, negligent care during childbirth leading to avoidable complications (Bowser; Hill, 2010). Childbirth is a unique event that includes the list of the most significant human experiences for those involved. Unlike other events that require hospital assistance, childbirth is a normal physiological process that requires care and receptiveness. Despite this, the current literature has shown that this moment is, several times, permeated by the institutional violence, committed precisely by those who should be its primary caregivers (Aguiar, 2011).

**Table 1. Distribution of bibliographic data regarding the analysis of the information from the selected articles, 2017**

Study (authors)	Year	Journal	Country	Language	Method	Synthetic definition
Martins; Barros.	2016	Revista Dor	Brazil	Portuguese	Integrative Review.	An integrative review of the last decade was carried out, analyzing 100 articles to identify how obstetric violence is occurring at Brazilian public health units. The types of obstetric violence identified were: institutional, moral, physical, sexual, psychological and verbal.
Biscegli; <i>et al.</i> ,	2015	Cuidarte Enfermagem	Brazil	Portuguese	Cross-sectional and descriptive.	172 puerperal women participated, 39.5% had normal delivery. Obstetric Violence was reported by 27.9% of the participants. The most common forms were: prohibition of partners, failures in clarifying doubts, aggressive phrases and obstetric procedures without authorization/clarification, being episiotomy, artificial amniotomy and enema the most cited.
Diniz; <i>et al.</i> ,	2015	Journal of Human Growth and Development	Brazil	Portuguese	Critical-narrative Review.	A historical recovery of obstetric violence was carried out, mapping the identified types of violence. The complex causality of these forms of violence was discussed, including the role of professionals' training and organization of health services, and the implications for maternal morbidity and mortality. Finally, Public Health interventions that have been used to prevent them were presented.
Silva; <i>et al.</i> ,	2014	Revista Rene	Brazil	Portuguese	Experience report.	Experience report from obstetric nurses from basic health units and hospitals in São Paulo. Numerous obstetric violence were evidenced, such as violent phrases, unnecessary and/or iatrogenic procedures, and institutional unpreparedness were evidenced.
Aguiar; D'oliveira; Schraiber.	2013	Caderno de Saúde Pública	Brazil	Portuguese	Field research through semi-structured guide.	The analysis revealed that these professionals recognize discriminatory and disrespectful practices in the daily care of pregnant, parturient and puerperal women. Some examples are the use of pejorative jargon and neglect in pain management.
Aguiar; D'oliveira.	2011	Interface - Comunicação, Saúde, Educação	Brazil	Portuguese	Qualitative research through semi-structured interview	The data revealed that the 21 interviewees report and recognize discriminatory practices and rude treatment in the assistance. These experiences occur so frequently that many parturients already expect to suffer some kind of abuse, which reveals a trivialization of institutional violence.
Soares	2012	Online Brazilian Journal of Nursing	Brazil	English	Exploratory and descriptive study	The study population consisted of 98 mothers. 9.2% of them reported signs of adjustment disorder in the postpartum period reflecting traumatic experience during delivery.

Researches show that obstetric violence does not reach all subjects equally. Poor women, black, with less educational attainment, complaining or little collaborative and without access to essential health services, including prenatal care, are more exposed to violent behaviors by health professionals (Diniz *et al.*, 2015) (Guaiar *et al.*, 2013). However, a research developed in Porto Alegre with 251 women found an invisibility of violent events experienced by women themselves, who naturalize, trivialize and relativize violence, not recognizing its impacts (Aguiar, 2010). A survey conducted in the state of São Paulo pointed out the most common practices of OV perceived by nurses-midwives against parturients, which were violent verbalizations of professionals to patients; unnecessary and/or iatrogenic procedures carried out by the health team and institutional unpreparedness for humanized childbirth (Silva *et al.*, 2014). Therefore, in 2014, a bill dealing with guidelines and principles inherent to women's rights during pregnancy, prepartum, childbirth and puerperium was decreed, guaranteeing the right to humanitarian assistance, including abortion, whether

spontaneous or provoked, in the service network of the Unified Health System (SUS) and at private supplementary health establishment (Brazil, 2014). In order to improve this sad reality, the Brazilian Ministry of Health implemented the Safe Motherhood Program, which aims to respect human dignity, feelings, choices and preferences of all women. Therefore, it goes beyond preventing deaths and morbidities; it prepares strategies for a holistic look at women, covering the entire female biopsychosocial (Brazil, 2011). During care in the maternity, women experience feelings such as happiness by the arrival of the baby and the fear of dying; the desire to care for the child, but also to be taken care of by the team; confidence in the hospital as the safest place to have a baby, and the suspicion of being abused with impunity at public maternity wards (Aguiar, 2011). For some authors, OV practiced at maternity wards results from the precarious health system itself and perceived as linked to the lack of investments in the sector (Menezes *et al.*, 2006). In other studies, the explanation of its occurrence includes professionals' personal behavior of disrespecting patients (Mccallum; Reis, 2006).

In this context, the consequences of OV have association with numerous damages to the health of the mother and child, including more health problems during future pregnancies, increased use of health care resources and use of medicines in the puerperium (Lettiere *et al.*, 2012). A research carried out in the city of São Paulo found direct and dependent association between women's emotional and psychological state during postpartum and their experiences with pregnancy and childbirth, because, during pregnancy, the relationship between the mother-son binomial is (re)constructed. Thus, traumatic events in this cycle should be avoided in order to prevent the development of mental disorders in the puerperium, which is a period of women's life that should be assessed with special care, because it involves multiple physical, hormonal and psychological changes, as well as social inclusion, which can aggravate their mental health problems (Soares *et al.*, 2012).

To this end, it is essential to develop changes in the model of obstetric assistance, through adjustments in the curricular grids during the formation of technical professionals in obstetrics, especially to the category of obstetric nursing in an attempt to achieve differentiation from traditional medical training (Silva *et al.*, 2014). The training of health professionals, especially physicians and nurses, has essential role in transforming the current design. Studies with the best scientific evidence are currently published and quickly disseminated on electronic media, thereby, guidance to students on how to seek, evaluate, and review the researches available on certain topic, should always be stimulated. This means that graduates will expand their knowledge about evidence-based practice, treating them as the gold standard of care (Diniz *et al.*, 2015).

### Verbal Violence

Of the seven studies found during the literature analysis, four are field researches -three were carried out with women during pregnancy- puerperal cycle and one, with obstetric nursing professionals. The researches described the existence of verbal violence at all surveyed maternity wards, including its effects on postpartum, very psychological disorders, which affect negatively the family's life in the process of transformation with a baby's arrival (Soares *et al.*, 2012). All studies described reports of verbal violence, an easily avoidable attitude if health professionals behaved based on respect and women's role during pregnancy, abortion, childbirth and puerperium. For Cunha, verbal violence through threats, offenses and humiliations shows that violence against women goes beyond domestic environment, scope of the Maria da Penha Law. Rooted in Brazilian medical culture, institutional violence against women in perinatal period is reproduced at hospitals, including university ones, and seized by professionals in training as commonplace, routine and normal (Cunha, 2012). Verbal violence is configured through coarse treatment issued by professionals by screaming, leaving parturients nervous and insecure (Venturi Júnior; Aguiar; Hotimsky, 2011). An investigation carried out by Milbrath and colleagues verified women's objectification, who had the feeling of being treated as a "trash, or an animal". They also highlighted moralist and pejorative statements such as: "You should be at home playing with dolls!"; "It was good to make it, but now you are feeling pain!" (Milbrath *et al.*, 2010). Overly aggressive reports have been found during the work career of many obstetric professionals. A study published in 2010 showed, in the statement of one of its interviewees, rather violent terms used against women; one of them was called and compared to an "animal" after adopting the genupeitoral position (Schmalfuss *et al.*, 2010).

It brings health students' and professionals' emergency need to think over health changes from the adoption of a rigorous work ethics that respects ethically and morally women's image during a moment so delicate (Andrade *et al.*, 2016). A recent literature review has shown that the most frequent institutional obstetric violence is neglect, followed by verbal violence and physical violence. There were no reports of sexual violence. The professionals described as promoters of violence were doctors, followed by the nursing staff, not being possible to differ nursing technicians from nurses (Santos; Souza, 2015). Professionals should pass security, confidence to the parturient, with their conduct; they can never sharpen fears and desires. Thinking over this fact reiterates the importance of preparing the professional that provides assistance to pregnant women and/or parturient. Health professionals, regardless of their position, shall have ability, technical competence and emotional control to provide assistance (Wolff; Waldow, 2008).

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