

CASE REPORT

Physical Spouse Abuse in a 28-Week-Pregnant Woman: A Case Report

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Abstract- In some relationships, pregnancy is a risk factor for intimate partner violence (IPV). We present a case of a 34-year-old, 28-week-pregnant woman who was admitted to the emergency department with multiple traumas due to IPV. Her husband had hit her with a power cable after abusing methamphetamine. There were multiple ecchymoses and lacerations on her body. On questioning, the patient revealed a low socioeconomic status. The couple had been married for five years, and the abuse began 11 months earlier, after the husband became addicted to methamphetamines. In this instance of abuse, the husband was suspicious of the wife's pregnancy and believed that the child had been fathered by another man. Her husband's methamphetamine abuse had resulted in previous incidences of non-physical IPV, but, in the present incident, the combination of abuse coupled with partner jealousy resulted in physical abuse. During admission, there were no significant changes to the patient's health, and the fetus was deemed to be healthy and unharmed. After discharge, the patient decided to divorce her abusive husband. Screening and counseling for interpersonal and domestic violence is especially recommended during pregnancy to protect the mother and her fetus. In Iranian civil law, IPV is regarded as "osr-o-haraj" or severe and intolerable hardship, and women may cite it as grounds for divorce in cases such as spousal drug addiction and certain forms of spousal abuse. When intimate partner assault is repeated and petition for khula is presented to the courts, the court can order the man to divorce his wife and, if he refuses, the court judge can grant the khula without the husband's consent.

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Introduction

Physical violence is the intentional use of physical force with the potential for causing death, disability, injury, or harm. Physical violence includes, but is not limited to, scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, slapping, punching, burning, use of a weapon, and use of restraints or one's body, size, or strength against another person (1).

A combination of individual, relational, community and societal factors contribute to the risk of becoming a victim or perpetrator of IPV. Understanding these multilevel factors can help identify various opportunities for prevention. Individual risk factors for Intimate Partner Violence (IPV): low self-esteem, low income, low academic achievement, young age, aggressive or delinquent behavior as a youth, heavy alcohol and drug use, depression, anger and hostility, prior history of being

physically abusive, having few friends and being isolated from other people, unemployment, being a victim of physical or psychological abuse (consistently one of the strongest predictors of perpetration) (2).

Pregnant women are at a higher risk of experiencing gender-based violence because they are more likely to be in relationships compared to non-pregnant population. The pregnancy period is sensitive to environmental exposures that may affect both the health of the newborn and the mother. Physical abuse affects a significant minority of pregnant women and is associated with stress, lack of perceived support and a partner with a drinking problem (3-6).

Case Report

We present a case of a 34-year-old, 28-week-pregnant woman who was admitted to the emergency department with multiple traumas due to IPV. Her husband had hit

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her with a power cable after abusing methamphetamine. There. Multiple ecchymoses and lacerations were present on the front and back of the torso, abdomen, and extremities (Figures 1,2).



Figure 1. Multiple ecchymosis and lacerations on the back of the torso



Figure 2. Multiple ecchymosis on the abdomen and front of the torso

There was hemorrhage in the eyes. There was a hematoma on the left ear with auricle deformation (Figure 3).

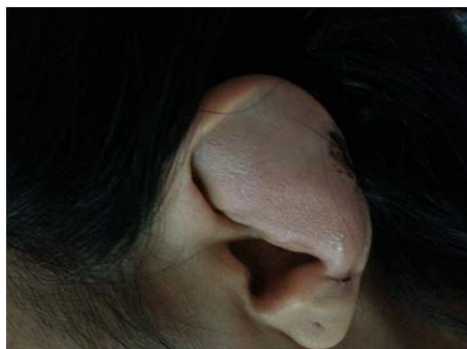


Figure 3. hematoma on the left ear with auricle deformation

The nose was swollen with abrasions. The right radius and the left index were fractured (Figures 4,5).



Figure 4. The right radius was fractured

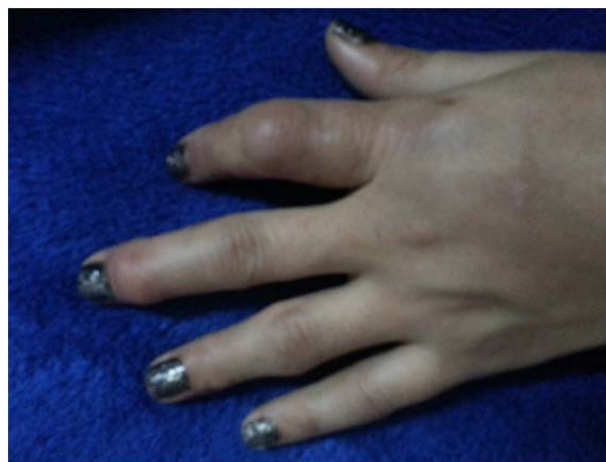


Figure 5. The left index was fractured

A careful history revealed that they had been married 5 years. The woman admitted the occasional use of methamphetamines. The husband began to hit her from 11 months before due to addiction to methamphetamine.

the husband was suspicious of the wife's pregnancy and believed that the child had been fathered by another man. Her husband's methamphetamine abuse had

resulted in previous incidences of non-physical IPV, but, in the present incident, the combination of abuse coupled with partner jealousy resulted in physical abuse. During admission, there were no significant changes to the patient's health, and the fetus was deemed to be healthy and unharmed.

The woman admitted the occasional use of methamphetamines. Vital signs and laboratory results were normal. Sonography revealed an uninjured, healthy fetus with a normal heart rate. There were no significant changes in pregnancy after the assault. The patient's radius fracture was surgically managed with open reduction. She was admitted for several days in the ward, treated conservatively, and was recommended to follow-up after discharge. She decided to divorce her abusive husband.

Discussion

IPV among pregnant women is of great concern because of the deleterious impact on the pregnancy such as antepartum hemorrhage, intrauterine growth retardation, perinatal death, abortion/miscarriage, low birth weight, preterm labor, as well as risk for homicide (7).

To get a better idea of what factors pose the greatest risk for abuse against pregnant women, life stress, low education, unplanned pregnancy, single women, drug and alcohol abuse, socioeconomic status, and first-time pregnancies to determine which presented the greatest risk to pregnant women. The greatest risk factors for abuse during pregnancy were prior abuse with women who had previously been abused by their partners being four times more likely of being abused than those with no prior history of domestic violence. Prior abuse was followed closely by low education, being single, having an unplanned pregnancy, and being from a low socioeconomic class (8).

Amphetamine-induced jealousy is associated with many problems when it comes to managing the individual's risk. People suffering from morbid jealousy will behave unpredictably and often in a high-risk manner. Higher levels of violence are reported, especially violence towards the suspected partner and also towards third parties suspected to be the love rival. When an acute amphetamine-induced psychosis is added to this, patients are likely to become much more paranoid and be at higher risk (9).

Alcohol and drug misuse has a well-recognized association with morbid jealousy. "In two studies, morbid jealousy was reported in 27% and 34% of men

recruited from "alcohol treatment services", respectively. Amphetamine and cocaine increase the possibility of a delusion of infidelity that can continue after intoxication stops (10).

Abused pregnant patients are a frequent undetected high-risk group. Prenatal care should include a routine screening question about domestic violence, and identified patients should be appropriately counseled and referred (11).

Violence against women is a global public health problem. Identification of violence against pregnant women and providing specific intervention efforts targeted at them should be an international health priority. In addition, pregnancy is an opportune time to offer interventions as it may be the only time a healthy woman has regular scheduled contact with health care professionals (12).

According to Institute of Medicine, 2011, screening and counseling for interpersonal and domestic violence is recommended, and involve elicitation of information from women and adolescents about current and past violence and abuse in a culturally sensitive and supportive manner to address current health concerns, safety, and future health problems (1).

In this case the woman's husband was an Ice addict and went into meth induced psychosis. He was diagnosed with morbid jealousy. He needed behavioral interventions and medications to reduce, or discontinue, his substance abuse and its induced psychosis.

Rational management should include pharmacotherapy, conjoint family therapy after symptom remission, and long-term individual psychotherapy (13). Khula is the right of woman to seek divorce or separation from her husband. Engaging in illegal activity, alcoholism and drug addiction, and certain forms of spousal abuse may be considered legitimate reasons (14).

Women need support, protection, and restoration of their rights. In our civil laws (article:1130), IPV is regarded as "osr-o-haraj" or severe and intolerable hardship, and women may cite it as grounds for divorce under conditions such as husband drug addiction and certain forms of spousal abuse. When intimate partner assault is repeated and petition for khula is taken to the courts, the court can order the man to divorce his wife and, if he refuses, the court judge can grant the khula without the husband's consent.

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in diagnosis and management of this patient.

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