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SHADOWS OF OBSTETRIC VIOLENCE: PSYCHOLOGICAL REPERCUSSIONS FOR VICTIMS

SOMBRAS DA VIOLÊNCIA OBSTÉTRICA: REPERCUSSÕES PSICOLÓGICAS NAS VÍTIMAS

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Abstract: The literature identifies childbirth as a delicate moment that involves a range of emotions and has destructive potential. This event becomes even more sensitive when considering the high incidence of Obstetric Violence (OV), a term used to describe various forms of aggression—physical, verbal, moral, or psychological—experienced by women during prenatal care, childbirth, the postpartum period, or the puerperium. The aim of this paper is to highlight the psychological repercussions observed in women who are victims of OV, a form of violence that has been minimally studied in the field of psychology. An integrative literature review was conducted, resulting in the identification of 42 articles on the subject. After reviewing the titles and abstracts, four papers were selected for full reading and analysis. The findings from these selected publications prompt reflection on the topic, demonstrating that women who have experienced a traumatic birth are more vulnerable to developing Post-Traumatic Stress Disorder (PTSD) and postpartum depression. The results also underscore the need for training childbirth professionals to provide parturients with a more humanized experience.

Key words: *Obstetric violence. Traumatic childbirth. Violence in childbirth.*

Resumo: A literatura aponta o parto como um momento delicado que envolve diversos sentimentos, apresentando potencial destrutivo. Esse evento torna-se ainda mais sensível quando se observa a alta incidência da Violência Obstétrica – V.O, termo usado para abarcar os diversos tipos de agressão, seja: físico, verbal, moral ou psicológico vivenciados pela mulher no pré-natal, no parto, no pós-parto ou no puerpério. Com a escrita deste trabalho, buscou-se apontar as repercussões psicológicas observadas nas mulheres vítimas da V.O, forma de violência infimamente estudada pelo campo da Psicologia. Realizou-se uma revisão integrativa de literatura, em que foi possível observar 42 artigos dentro da temática. A partir da leitura dos títulos e resumos, selecionou-se 04 trabalhos, para posterior leitura e análise na íntegra. Os achados nas publicações selecionadas promoveram uma reflexão sobre o tema em questão, sendo evidente que mulheres que já sofreram um parto traumático são vulneráveis à ocorrência do Transtorno do Estresse Pós-Traumático (TEPT) no pós-parto e da depressão. Os achados revelam também a necessidade de capacitação dos profissionais atuantes no parto, para possibilitar uma experiência mais humanizada às parturientes.

Palavras-chave: *Violência Obstétrica. Parto traumático. Violência no parto.*

INTRODUCTION

According to Peterson (1996), the act of giving birth involves countless psychological, physical, social, economic and cultural issues, and is understood as a sensitive moment that has the potential to bring out feelings such as anxiety, insecurity, fear, stress, joy and expectation. From this perspective, the data from the study carried out by Donelli and Lopes (2013) shows that childbirth has disorganizing potential, and is capable of generating emotional overload and triggering a state of psychological vulnerability in women.

In addition to all the sensitivity surrounding childbirth, there are other issues that can contribute to making this event complex and traumatic, one of which is obstetric violence (OV). According to Tesser *et al.* (2015), a quarter of women nationwide indicate that they have suffered interventions that they consider unnecessary, mistreatment and denial of basic rights during childbirth, such as the possibility of movement and food, as well as deprivation of the presence of companions.

In this context, Fiocruz's "Birth in Brazil" survey, which interviewed almost 24,000 women between 2011 and 2012, shows that this violence occurs in both the public and private sectors. The study found that 30% of women treated in private hospitals suffered obstetric violence and 45% in the Unified Health System (SUS). Based on the data presented, it is clear that obstetric violence is a significant concern in both private hospitals and the SUS. The disparity in rates, with 45% in the SUS and 30% in private hospitals, highlights the urgent need to address this problem in both instances.

There is very little literature on O.V., mistreatment and disrespect during childbirth. This perception was possible when searching for these topics in bibliographic databases, and few results were obtained. As Leite *et al.* (2020) point out, this scarcity of a theoretical framework that makes explicit how damaging it can be to experience a traumatic birth is an obstacle to studying the subject today, which makes it difficult to draw up public policies and strategies to tackle it. This scarcity evoked even more the desire to carry out the research.

Despite the limited bibliography on the subject, several authors suggest that violent practices have an impact on women's psyches, given that experiencing unpleasant situations during childbirth can result in the emergence of depressive symptoms, psychological trauma,

fear of having another pregnancy, sexual dysfunction, among others (SOARES *et al.*, 2015). And as Leite *et al.* (2020) point out, there needs to be more scientific research focused on discussing the issue of disrespect, abuse and mistreatment in the puerperal pregnancy cycle, considering that the reduced scientific content on the subject triggers a lack of precision in estimating the magnitude of these acts.

This context explains the need for in-depth research into the psychological repercussions observed in women who suffer O.V. In this sense, we ask: what are the possible psychological consequences for women who are victims of obstetric violence?

OBJECTIVE

The aim of this paper is to highlight the psychological repercussions observed in women who are victims of DV.

THEORETICAL BACKGROUND

Campos *et al.* (2020) state that OV is used to refer to the different manifestations of aggression, whether physical, verbal, moral or psychological, experienced by women during prenatal care, childbirth, the postpartum period or the puerperium. The manifestations of these different ramifications of OV take the following forms: negligence; social discrimination; verbal and/or physical violence; sexual abuse; inappropriate medical interventions and procedures. The author also points out that OV can be practiced by any professional who acts in a negligent, discriminatory and/or violent manner (whether physical, verbal and/or psychological).

Leite *et al.* (2020) point out that some research suggests that disrespect, abuse and obstetric violence in general may be associated with negative health outcomes for their victims, such as an increased likelihood of developing anxiety, anxiety disorder and obstetric violence. Post-traumatic stress and postpartum depression, low use of health services by the victim and newborn in the postpartum period and greater difficulty in practicing breastfeeding.

In this sense, women who have experienced childbirth in a traumatic way may find it difficult to build a mother-baby relationship (BLAINEY & SLADE, 2015). In this context,

Papalia (2013) points out that during early childhood, mutual attachment between mother and baby is observed due to the contact and comfort provided, presenting lasting effects on the child's psychosocial and cognitive development, thus deserving a special focus when considering that this failure to establish a bond can substantially affect child development. In addition, a high number of cases of post-traumatic stress have been reported, as well as other effects on the maternal psyche (SIMPSON & CATLING, 2016).

As seen above, O.V. is a common problem in Brazilian maternity wards, but it is still under-researched by Psychology, although the field of Pre- and Perinatal Psychology states that childbirth is decisive in various aspects of life and in the physical and mental health of both the baby and the mother (LUZES, 2007), showing that it is a challenge that needs to be faced.

METHODOLOGY

In order to develop the research, an integrative literature review was carried out, a method that aims to gather and synthesize research results on a specific topic or issue, in a systematic and orderly and comprehensive way, contributing to the deepening of knowledge of the topic investigated (ROMAN and FRIEDLANDER, 1998; ERCOLE, MELO, ALCOFORDA, 2014) from the Virtual Health Library (VHL), Coordination for the Improvement of Higher Education Personnel (CAPES) and Scielo databases using the descriptors "obstetric violence" and "psychological", and "traumatic childbirth".

The inclusion criteria were as follows: articles available in full, in Portuguese, which discussed the psychological aspects of O.V. in women who have suffered it. Exclusion criteria were: duplicate articles, articles that did not address the psychological aspect of O.V. and articles that did not consider the victim's perception.

When using the descriptors "obstetric violence" and "psychological" in the VHL search, a total of 10 papers were found and when using the descriptor "traumatic childbirth", 23 articles were published. In the CAPES database, only 2 articles were found when applying the descriptors "obstetric violence" and "psychological" and 2 when using "traumatic childbirth". When searching the Scielo database, no bibliographic productions were found using the descriptors "obstetric violence" and "psychological" and when applying "traumatic childbirth", 5 articles were found.

After evaluating the 42 articles by reading the titles and abstracts, we selected four papers found in the VHL to read in full and discuss the data found, drawing up a comparative table.

RESULTS AND DISCUSSIONS

The findings in the selected publications led to a reflection on the subject of O.V. Below is a comparative table drawn up for this paper.

Table 1 - Characterization of the publications included in the integrative review according to authors, year, procedure and results found.

Title	Authors	Year	Procedure	Results
Traumatic childbirth and post-traumatic stress disorder: a literature review	Carla Fonseca Zambaldi, Amaury Cantilino and Everton Botelho Sougey	2009	PubMed and BIREME were searched for the terms "traumatic birth", "traumatic delivery", "postpartum posttraumatic stress disorder", "childbirth", "stress disorder". Studies from 1994 to 2009 were evaluated.	PTSD related to traumatic childbirth was found to have a prevalence of between 1.3% and 5.9%. It was also observed that women who had dissociative symptoms or negative emotions at childbirth, who had previous traumatic events, depression during pregnancy and who had little social support and little support from the health team are vulnerable to PTSD in the postpartum period.

Obstetric complications, stressful events, violence and depression during pregnancy in adolescents treated at a basic health unit	Priscila Krauss, Marcos Lovisi, Lúcia Abelha Lima and Letícia Fortes Legay	2010	Data was collected from 120 teenage pregnant women using the Composite International Diagnostic Interview (CIDI), Stressful Life Events and the Abuse Assessment Screen (AAS).	The prevalence of gestational depression was 14.2%. The main related factors were: previous history of depression, ill-treatment during life, among others.
Perceptions of obstetric violence from the perspective of puerperal women	Mayra de Castro Oliveira, Magno Conceição das Mercês	2017	An interview was conducted with 10 pregnant women.	Victims have a limited understanding of obstetric violence. The importance of health education was noted.
Obstetric Violence and Childbirth Trauma: Mothers' Reports	Mariana Gouvêa de Matos, Andrea Seixas Magalhães and Terezinha Féres Carneiro	2021	Qualitative research was carried out by analyzing birth reports available on the internet. A collective case study was carried out.	Environmental support is a factor that contributes to the experience of obstetric violence.

Source: Prepared by the authors (2023).

VIOLENCE OBSERVED IN PUBLICATIONS

The research made it possible to see that OV manifests itself in its various forms, albeit in a veiled way and masked by the ideological naturalization of the exercise of medical power over the patient. Among the manifestations in the form of physical violence, it is possible to verify, in the studies carried out by Matos, Magalhães and Carneiro (2021) and Oliveira and Mercês (2017), various statements by victims of OV.

In one of the victims' reports by Matos, Magalhães and Carneiro (2021), the victim mentions an attempt by the professional conducting the delivery to insert his hand into her vagina, and when she communicated her discomfort, she was silenced in a violent and disrespectful manner. The abrupt way in which the parturient woman was physically treated was also reported by a participant in the study by Oliveira and Mercês (2017), who reported

that she was treated with "ignorance" due to the way she was addressed and that there was great discomfort at the time of the touch due to the brutality.

It was also possible to notice that there is medical domination during childbirth, causing inequality in the doctor-patient relationship, which is "justified" by the technical and scientific knowledge dominated by the professionals. In this way, the parturient woman becomes submissive to the health team, preventing her from having control over her own body and from having autonomy and a leading role in the experience of giving birth. In this respect, it was notable that in the face of a violent situation, the victims stop speaking in the face of pain, in order to preserve themselves from institutional violence, considering that there is a presumption that if the woman remains silent and static, there will be better care, as pointed out by Oliveira and Mercês (2017). The following statement makes this conjecture explicit:

" From that moment on, I felt as if I was no longer there. I felt such fear, such despair, such anguish, I had never felt so alone as I did that day. It was as if I had gone into automatic mode, I didn't question, I didn't refuse, I just did what I was told (MATOS, MAGALHÃES E CARNEIRO, 2021).

It was also possible to observe the manifestation of verbal O.V., as reported by a participant in the study by Matos, Magalhães and Carneiro (2021). The professional made unpleasant comments about the physical appearance of the parturient woman's belly, saying that it was too small for the gestation period in weeks, suggesting that the child was malnourished due to the mother's irresponsibility.

THE PSYCHOLOGICAL CONSEQUENCES EXPLAINED IN THE LITERATURE

Regarding the psychological aspects observed in the women who suffered O.V., it was possible to note, mainly, Post-Traumatic Stress Disorder (PTSD) and Depression. PTSD, according to the ICD-10 (1993), is triggered by a traumatic event and typical symptoms include repeated reliving of the traumatic episode, withdrawal from others, avoidance of activities or situations that may trigger memories of the trauma. Depression, on the other hand, which has several branches in the ICD-10 (1993), has depressed mood as its main characteristic (DALGALARRONDO, 2019).

Zambaldi, Cantilino and Sougey (2009) found in their studies that women who have experienced a traumatic birth are more likely to develop Post-Traumatic Stress Disorder (PTSD) after childbirth. This also applies to women who had a birth that didn't live up to their

expectations, lost control during childbirth, were subjected to emergency obstetric procedures or received little information from the medical team. The authors note that the manifestation of dissociative symptoms during the peripartum period is one of the main risk factors for developing PTSD after childbirth.

The speeches of the participants in the studies analyzed reveal dissociative symptoms that can occur in response to a stressful event, such as the feeling of being outside one's own body, depersonalization, altered perception of time, derealization and reduced awareness of the environment. These negative emotional responses during or after the traumatic event are predictors of PTSD (Zambaldi, Cantilino and Sougey, 2009). In addition, the authors emphasized that emotions such as panic, sadness, shame and fear experienced in peripartum are linked to the severity of PTSD in the postpartum period.

Several of the statements in the studies analyzed clearly show the manifestation of symptoms of avoidance of activities or situations that might trigger memories of the trauma, as well as withdrawal from others. In one of them, a participant in the study by Matos, Magalhães and Carneiro (2021), reports that after experiencing a traumatic birth, she was sure that she didn't want another child so that she wouldn't be subjected to violence again. The statement below from another participant also makes the avoidance symptom explicit:

"It took me a while to feel close to my daughter again. I had postpartum depression, I suffered a lot in the first few months, I felt enormous anguish when I remembered everything and all I could do was cry, blame myself, try to convince myself that it had been a good experience, sometimes force myself to look happy and satisfied in front of others..." (MATOS, MAGALHÃES E CARNEIRO, 2021).

Pereira, Lovisi and Legay (2010) found that stressful events are factors associated with postpartum depression (here, traumatic and violent childbirth is considered a stressful event). In the speech above, we can see the manifestation of this psychological condition.

A participant in the study by Oliveira and Mercês (2017), on the other hand, described how she felt and showed how negative the experience of childbirth was when she said that at every moment she felt discomfort and immeasurable fear of something happening to her or her baby: "Fear, fear of something happening because the liquid was drying up, right, and it says it can't dry up. I was scared to death, all purple...oh, the room is too weird, that cold [...]" (OLIVEIRA E MERCES, 2017).

Although there is an indication in the literature that there is an intrinsic correlation between the development of postpartum depression and O.V., the studies consulted did not delve into this issue. In this way, the gap in knowledge about the impact of O.V. on the psyche of women who are victims of such violence remains, albeit to some extent, in the realm of ignorance.

FINAL CONSIDERATIONS

The aim of this study was to analyze the psychological repercussions of O.V. on the victims. Although it was possible to verify that a violent childbirth can damage a woman's psyche, little is known about the subject due to the scarcity of scientific production and although it was observed that victims of O.V. commonly manifest PTSD and depression, the data provided is limited. It is therefore suggested that more research should be carried out to understand the experience of victims in order to show how traumatic childbirth can be damaging in many ways.

Furthermore, it is imperative that care for the parturient woman is humanized, and it is recommended that the professionals responsible for assisting and supporting childbirth are trained to know about the emotional aspects that permeate the act of giving birth. In this way, they will be able to offer non-violent care and understand the complex processes involved in this event, avoiding possible further damage.

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