



## Experience of Pregnant woman among Intimate Partner Violence

Kawthar Saed Yousef Alhayek\*, Hala A. Bawadi

Faculty: School of Nursing Department: Maternal and Child health University: University of Jordan, Amman Jordan

Corresponding author (\*): Kawthar Saed Yousef Alhayek

Email: [Kot9200301@ju.edu.jo](mailto:Kot9200301@ju.edu.jo), [H.bawadi@ju.edu.jo](mailto:H.bawadi@ju.edu.jo)

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### Abstract

**Objective:** The aim of our study to review a method created by the Joanna Briggs Institute (JBI) for the extraction of qualitative data of experience of pregnant woman among intimate partner violence. **Methods:** This review was considered as a qualitative approach according to guidelines of the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for qualitative research (Lockwood et al., 2015). **Design:** All qualitative research methodologies were included in the adopted methodology, which had a qualitative foundation. The qualitative portion of the mixed-method research was also incorporated into this review.

**Key words:** Pregnancy, Intimate Violence, Experience.

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### Introduction

Intimate partner violence (IPV) is one sort of violence that negatively affects pregnancy; other times, partners' relationships become strained and there may be additional hurdles to the pregnancy and its consequences. IPV refers to any physical, sexual or emotional/ psychological abuse "perpetrated by a current or former partner within the context of marriage, cohabitation or any other formal or informal union (United Nation [UN], 2018).

Globally one-third (30%) of pregnant women experienced IPV, which is higher than the industrialized world's average of 5% in Europe and 7% in the Americas (WHO, 2021).

A growing body of studies have found that unintended or unplanned pregnancy is significantly affect with higher risk for experiencing IPV during pregnancy( Flaathen, et al.,2021; Boah , et al., 2023).

In Middle East countries, there is variety in prevalence in Arab region showed several statistics .To our knowledge; the prevalence of IPV in Arab countries there is no exact estimation like Saudi Arabia in (Taif) to be 11.9% (Alzahrani, et al., 2016).

By Ibrahim, et al. (2015) intimate partner violence during pregnancy in Egypt is associated with multiple socio-demographic determinants as younger age , lower educational level, poverty, inadequate antenatal care, and partners' addiction.

Moreover, Jordan in 2019, the estimation of 6965 violated women 19% of them are violated by their husbands (The Euro-Mediterranean Human Rights Monitor [EMHRM], 2020). In Jordan, there are many studies handled this issue like: Abujilban ,et al. (2022) found in their cross sectional study on Jordanian women for sample of (232) women , that a woman's level of education, the length of her marriage, her employment status, and the degree of their mutual understanding were all independent, negatively correlated predictors for physical IPV

Qualitative study revealed how Physical IPV during pregnancy resulted in a variety of physical injuries to mothers (swollen reddish face and eyes, burns from hot iron and hot water, open wounds, vaginal tears, and bleeding as a result of rape), miscarriages, and undesired pregnancy, according to qualitative investigations(Nasreen, et al., 2018).

Adverse consequences in antenatal period in the semi-structured interview was used to investigate the way the experience of violence is recorded by the pregnant women in Greek, using the phenomenological approach included abortion and miscarriages are possible outcomes of the violence experienced and the psychological impact on the mother and the fetus can have severe consequences in their future lives (Antonioni, 2020). In addition, Women who have experienced violence are also more likely to be hospitalized during pregnancy due to health issues (El-Nimr, et al., 2020).

Intimate partner violence in pregnancy is accompanied with worst pregnancy complications for mother , including increased perinatal depression and risk of human immunodeficiency virus infection (among sexual violence) , uterine rupture, haemorrhage, maternal death, low birth weight , stillbirth, and poor weight gain in pregnancy ( Da, et al. 2022;Halim, et al.,2018 ).

The psychological effects of IPV during pregnancy may be especially significant because they may also have negative effects on the mother, the infant, and the entire family. Pregnant women with IPV typically experience the following psychological warning signs: trouble focusing, insomnia, nightmares, memory loss, difficulty making choices, sadness, distrust of others, and decreased self-confidence (Almeida, et al., 2017).

Intimate partner violence, postpartum depression, anxiety, and (childbirth-related) PTSD seem to be linked to each other; IPV victimization is associated with PTSD (Spencer, et al., 2019).

Intimate partner physical violence through pregnancy has negative and huge preventable adverse pregnancy outcomes for the mother and her baby. Researchers found that babies of women who endured from IPV in pregnancy were more to be small for gestational age, less weight at birth (Berhanie, et al., 2019; Da, et al., 2022). Furthermore, increase neonatal mortality and perinatal mortality (Bintabara & Kibusi, 2018; Mueller & Tronick, 2019; Gurol-Urganci, et al., 2021).

## **Materials and Methods**

This review was considered as a qualitative approach according to guidelines of the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for qualitative research (Lockwood et al., 2015). This protocol was registered in the PROSPERO database (CRD42021270311).

### **STUDY SOURCE AND SEARCH:**

An electronic search was done for all published research on the subject of intimate partner abuse against pregnant women in the Google Scholar, CINAHL, and PubMed databases. To find more pertinent sources, a manual search was conducted for references that were utilized in the articles. On November 15, 2023, a search for pertinent studies was conducted using the Campbell Collaboration's (<https://www.campbellcollaboration.org>) and Cochrane Collaboration's (<https://www.cochrane.org>) standard systematic review criteria. Using PRISMA standards 2020, a search for published publications in English between January 2015 and December 2023 was carried out across various electronic databases. Excluded were studies that were not published in English. The search strategy in all databases was performed using the following search terms: "Intimate Partner Violence" OR husband OR abuse OR) AND "Pregnant Woman" (pregnancy OR pre-natal), AND "Qualitative Research" (qualitative study OR phenomenology OR lived experience. Inclusion and exclusion criteria Population This review includes all population in papers selected.

“Intimate Partner Violence (IPV) is any action that “causes physical, sexual or psychological harm, including physical aggression, sexual coercion, and psychological abuse and controlling behaviors (WHO, 2017). Pregnancy: Is the term used to (gestation) is the physiologic process of a developing fetus within the maternal body (DeCherney, et al., 2019).

IPV during pregnancy:(The Pan American Health Organization [PAHO], 2022) defines violence during pregnancy as aggression or threat of psychological, physical, or sexual abuse against pregnant women. In this research we examined the *lived experiences*: “Personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people. It may also refer to knowledge of people gained from direct face-to-face interaction rather than through a technological medium” (Sibeoni, 2020).

The target population was the population within the studies which are selected. Qualitative studies that described the experience of pregnant women and caregivers together were excluded. Phenomena of interest:

The focus of this study could include pregnant women experience with IPV,factors, and utilizing strategies approach.

#### **Context:**

The context of this study was the entire experience of pregnant women among IPV in different settings.

#### **Design:**

All qualitative research methodologies were included in the adopted methodology, which had a qualitative foundation. The qualitative portion of the mixed-method research was also incorporated into this review.

#### **Exclusion criteria:**

The following study exclusion criteria were applied: duplicate publications that were not accessible in full-text format; reviews and quantitative studies that included research from the COVID 19 era; studies pertaining to STD illnesses in Africa; and studies that were not available in English. Excluded from consideration were qualitative studies that detailed the experiences of both healthcare providers and expectant mothers.

#### **Data extraction:**

This review used a method created by the Joanna Briggs Institute (JBI) for the extraction of qualitative data (Appendix 1). Precise author information, nation, year of publication, sample, sample size, settings, goal, data collecting technique, main findings, and conclusion were the only restrictions on the data extraction criteria. Mixed-method research was only taken into account when the qualitative component was present. The research that examined pregnant women's experiences with intimate partner violence was also included. Evaluate the included studies' quality. Munn et al. (2014) employed the JBI Critical Appraisal Checklist for Qualitative Research to assess the calibre of every study that was included in this review.

#### **Assess the quality of included studies:**

Each included study in this review was assessed for quality using the JBI Critical Appraisal Checklist for Qualitative Research (Munn et al., 2014) (Appendix 1). Two researchers evaluated the included studies when there were differences between the two researchers' independent evaluations of the included studies, a conversation with a third examiner was conducted in order to reach a consensus.

**Data synthesis:** In this review, the JBI meta-aggregation method was utilized for synthesizing the findings (Lockwood et al., 2015). The three processes of meta-synthesis are as follows: first, the complete research is extracted from all included evidence; next, categories are created; and last, one or more themes are extracted from two or more categories. To ensure the credibility of the results, the procedure was carried out independently by two researchers.

## Results and Discussion

### Study inclusion

The study selection process was presented in the PRISMA flow diagram (Figure 1). Overall, six studies were chosen for this systematic review after appraising the quality of included studies.

### Methodological quality

The JBI critical evaluation checklist indicated that the included studies' quality assessments ranged from moderate to strong. Three studies received a high rating (9 out of 10) while the other three received a moderate rating (8 out of 10). To learn more about this, see Table 1. Pregnant women's experiences with IPV provide unique quality evidence for this review, suggesting a decreased chance of bias.

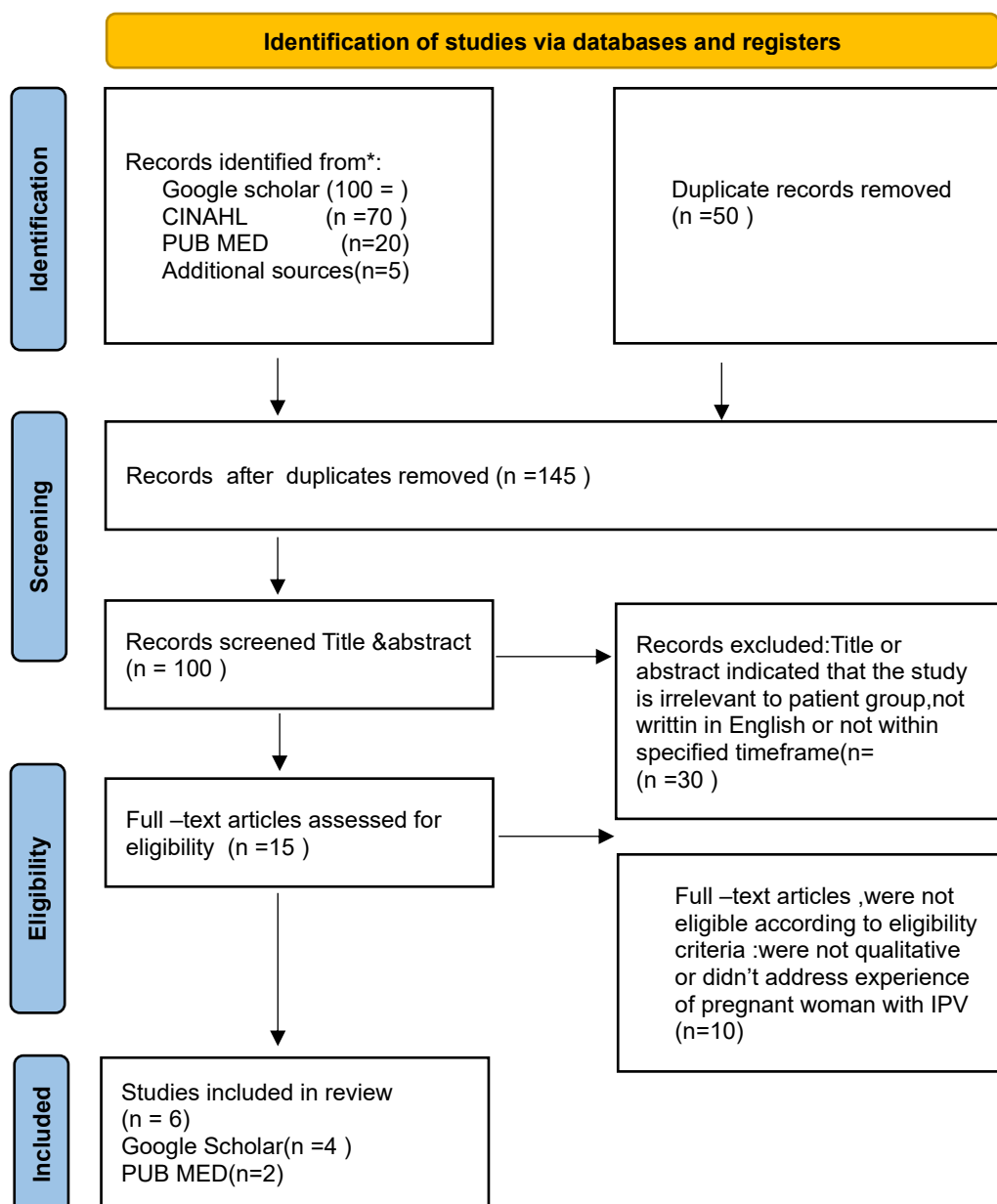


Figure1: Flow Diagram of the Synthesis Search Strategy.

Table1.Critical Appraisal of Studies Using Consolidated Criteria for Reporting Qualitative Research (COREQ)

Study	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	%
Antoniou 2020	Y	Y	Y	Y	Y	Y	U	Y	Y	Y	90
Baird et al,2016	y Y Y	Y	Y	U	Y	Y	Y	Y	90		
Lévesque& Chamberland,2015	NA Y	Y	Y	U	Y	Y	Y	Y	80		
Deuba,2016	Y Y	Y	Y	U	Y	Y	Y	Y	80		
Barez et al,2022	Y Y	Y	Y	Y	Y	Y	Y	Y	100		
Damra et al,2015	NA y	Y	Y	Y	Y	Y	Y	Y	90		
	67 100 100	100	100	33	66	100	100	100			

Note. Y, yes, N. no, NA,, not applicable ,U, unclear

Table 2. Characteristics of Included Studies

First author, country, year	Design	Purpose of study	Data collection method	Sample setting, sample size	Key findings	Conclusion
Antoniou, Greece, 2020	A Phenomenological qualitative design	To study in depth as much as possible the experiences of pregnant women who are abused and highlight the factors associated with the abuse and the consequences for women and fetuses.	Open ended interview	Seven women abused by their partner (N = 7) at the "Mitera" Babies' Center and the National Social Solidarity Center	Alcohol use or abuse by the partners, poor socioeconomic background of the mothers and their partners, are the main risk factors of the violence against women. Anxiety and despair were the main psychological consequences.	The results show that domestic violence against pregnant women is significantly correlated to the poor socioeconomic and educational background of the women and their partners
Baird et al, England, 2016	A phenomenological qualitative design	To explore women's pregnancy intentions and experiences of intimate partner violence before, during and after pregnancy.	Open ended interview	Two women's support agencies in South West of England ,Eleven women have pregnancy within previous 2 years,	IPV and unintended pregnancy. A planned pregnancy was not protective against further violence.	Women experiencing IPV were more likely to have an unintended pregnancy. This could be attributed to male dominance and fear, which impacts on a woman's ability to manage her birth control options.
Lévesque, Canada, 2015	A qualitative Design	Explore intimate partner violence (IPV) as experienced by young women during the perinatal period.	Open ended interview	Montreal metropolitan area (Canada), 10 young mothers	difficulty young mothers experience in identifying themselves as a victim of IPV and in categorizing their partner's acts as intimate violence. The fear of family separation and to protect their child contributed to the complexity of violence experienced .	Mothers approached for this study immediately recognized their intimate relationships as a major hindrance to their life paths. They reported the presence of psychological violence and, in some cases, physical violence. Sexual violence was less readily discussed

Deuba, Nepal, 2016	A qualitative Design	To explore women's perceptions and experiences of the different types of IPV during prior and current (at time of study) pregnancies.	Open ended interview	20 young pregnant women from 13 urban slums in the Kathmandu(Nepal)	Most of pregnant women who were victims of violence in this study were trapped in an abusive relationship due to their economic dependence. The most common coping strategy adopted to avoid violence among these women was to tolerate and accept the husbands' abuse because of economic dependence	Identification of foetal gender did not led to female infanticide due to poor economic status, but did lead to violence against young pregnant women at the prenatal stage.
Barez et al, Iran, 2022	A qualitative Design	To identify maternal strategies for managing perinatal domestic Violence	Open ended interview	Mashhad, city in the north east of Iran. At frst obstetrics and gynaecology departments of teaching hospitals. 13 women who experienced perinatal domestic violence	The results of the various strategies that the mother used to reduce perinatal domestic violence vary from reducing violence to not changing the intensity of the violence or intensifying the perinatal domestic violence	Pregnancy and protection of unborn child could affect maternal strategies for dealing with domestic violence
Damra et al, Jordan, 2015	A qualitative design	To address the gap in the literature regarding abused pregnant women's experiences of seeking help from HCPs in Jordan.	Open ended interview	Four maternity clinics at two public hospitals (Al Basheer Hospital and Prince Faisal Hospital), 25 women	Jordanian culture and its related customs should also alter its traditional perceptions regarding the issue of IPV	Participants were open to being asked about IPV and personal issues which affected their health. women who experienced IPV chose not to seek help or inform anyone about the abuse.

### Findings of the review

The finding of the eight studies was summarized 5 synthesized themes were extracted, see Table 3: 1. Women's feelings about pregnancy 2. Coping skills. 3. Risk factors of violence. 4. Cultural issues .5. Violence experience.

*Women's mixed feelings about pregnancy*

Even when the pregnancy was planned the initial excitement the women felt appeared to diminish quickly, especially when their male partner showed no paternal interest or took no pleasure in the pregnancy. An example that reflects pregnant woman reflection mixed feelings are presented in the next quotation:

*"When I was pregnant, it was hard to actually distinguish the feelings that I had, between the happiness of feeling those first movements to the fear and frustration of the situation I was in. But you know now I am out of that situation obviously I look back and say why did I stay but at the time when you are there in that situation it's hard to understand your feelings yourself."*

"

Some of pregnant women under partner violence experienced more dangerous situations as these pregnant quotations from two different women:

*"He actually accused me of sleeping with other people, kept telling me to get rid of it... he was so cold towards me, yeah, told me to get rid of the baby. Um He actually beat me when I told him about the pregnancy."*

*"He usually beats me. I don't want to talk about him anymore because I feel irritated when I think of my life. He beats me so much for no reason. He is a shameless drunkard, comes home at midnight drunk and fights with me on unwanted issues. Last night he nearly burnt me - but my father and mother-in-law saved my life (very sad expression)..."*

*Coping skills.*

Some pregnant women who had been the victims of abuse turned to defiance and retribution as emotion-focused coping mechanisms. Different strategies to deal with violence included refusing to listen to your husband, fighting back, self-defence, immorality, and failing to comply with his wishes. These strategies had little effect on decreasing violence and occasionally made it worse. The quote that follows reflects this.

*"When my husband abuses me, I retaliate. He wants to hit me in the abdomen, but I defend myself and fighting back."*

However, some pregnant women who have experienced sexual abuse have turned to deceitful tactics. The majority of participants suggested that one of the greatest strategies for reducing the recurrence of prenatal domestic violence is to place blame for and actively embrace abuse. Silence, tolerance, patience, obedience, forbearance, apathy, and normalizing violence were among the greatest strategies to maintain harmony in the home. The following quote reflects it:

*"A pregnant woman may face the worst insults, disrespects and behaviors in her husband's house, but she must be silent, she should be quiet and calm in the house."*

*Risk factors of violence.*

By the study of Antoniou (2020) findings agree with the studies of the World Health Organisation (2012) that showed that the consequences of physical violence include bruises, fractures, and broken teeth, while those of psychological abuse are expressed through the development of fears and anxious disorder that can result in substance abuse, post-traumatic stress, depression, even suicidal ideation. As an example, in the previous study violence is of a psychological nature. Pregnant women reported that with all the threats, insults and shouting by their husbands, they were living in a state of terror and permanent stress, this quote shows the answered question about the stress:

*"I could not stand anymore I said I will leave. I will sleep outdoors [ . . . ] He said that he wants to help me with the baby, but I do not want to go back. Never. Because I now . . . again crying, again the same. I do not want. And I cannot forget everything that he has said to me"*

*Cultural Issues*

As participants pointed out, one barrier to reporting violence in ERs is the custom of shielding the violent spouse, viewing the abusive actions as a justification for the husband to fix his wife's errors the following quote shows that:

*"remembered my husband kicked me down, slapped me, and hit my head with a stick; I suffered from severe headache, wounds to my head, and bruises on my face and under my eyes. I asked for help from my father-in law, who came and took me to hospital. On our way, he told me if they ask about what happened to your face, do not tell them it was my son who caused your injuries. I will solve this"*



*problem with him soon, do not worry. He asked me to lie and make up a story to explain my face and head injuries. Unfortunately, I listened to him and lied and told them a fabricated story."*

#### *Violence experience.*

Not just the expectant mothers whose experiences are shared find it hard to admit the violent actions that occur in their close connections. When interviewing expectant women who experienced violence at the hands of a close partner, it is also evident that these women struggle to understand what constitutes violent behaviour. The findings also show that, in spite of all of its benefits, individual interviews do not enable every participant to discuss a topic as private as violence. The fear of family separation and the desire to protect their child contributed to the complexity of violence experienced in a context of motherhood.

### **Discussion**

This systematic review intended to appraise qualitative studies that understand the lived experience of pregnant women among IPV. According to the included studies, five merged themes were recognized. The results show that the evidence remains clear about the inadequate evidence of IPV against pregnant women. Previous studies indicate that pregnant women with IPV have numerous physical symptoms, distress, and psychological burdens. Besides, pregnant women suffered from IPV have many risk factors as growing body of studies have found that unintended or unplanned pregnancy is significantly affected with higher risk for experiencing IPV during pregnancy by other studies (Flaathen, et al., 2021; Boah, et al., 2023), financial factors as well as inclusion factors and the lack of a family support environment are linked to their abuse (Antoneou, 2020).

Subsequently, many pregnant women with IPV have physical and psychological symptoms are frequently reported in the studies (Wang et al., 2020; Samankasikorn, et al., 2019). Pregnant women experienced IPV showed cultural issues regarding this violence, cultural and religious beliefs influence the perceptions, prevalence, and manifestations of IPV across societies (Damra et al., 2015). Therefore, pregnant women experienced IPV by their intimates are mainly showed confusion when it comes to interpreting acts of violence, and the normalization of violence could have significant effects, especially on the mental health of the women (Lévesque & Chamberland, 2015). Training and education sessions for healthcare providers, pregnant women suffer from IPV, and their family are essential.

Moreover, health care providers should also be trained very well about intimate violence and how to deal appropriately with these cases. Utilizing different sources such as the community health care institutions, social media, telehealth, and the public conference should also be engaged to educate pregnant women and families about services in different health settings. In addition, the healthcare policymaker should modify some policies associated with caring for pregnant women suffer from IPV. In particular, this review represents an informative image of the experience of experience pregnant women among IPV by merging six qualitative studies. It is significant to remind that pregnant women suffer from physical, psychological violence and also their babies have danger consequences. In addition, they are aware that they suffer but they didn't go away from their homes. However, the suffering women with IPV and their family members reported few referrals of the pregnant women to health care services for further support and psychological care. Therefore, realizing the importance of health care settings services to pregnant women with IPV by providing evidence-based education and referral is important.

### **Limitations of the review**

As with every study, there are certain restrictions on this review.

One of them is not including the authors' effect on the conclusions and vice versa in all of the evidence that is given. This point indicated that there may have been a little individual impact at some point during the metasynthesis and hinted to taking into account the individual bias that influences of included research.

Furthermore, excluding out English language publications that aren't accessible might cast doubt on the validity and applicability of the review's conclusions across all sociocultural situations. Clinical practice implications present systematic research accurately identified the experiences of IPV among pregnant women. Because these women come from a variety of environmental and cultural backgrounds, they have unique needs and find it challenging to move

from being victims of systemic and widely used. The information collected from pregnant women who have experienced IPV painted a complete picture of the causes of pregnant women's low incidence of IPV.

### Conclusion

Pregnant woman experienced IPV mainly suffer from different physical and psychological dangers for her and her fetus. There are many factors affect pregnant woman who suffer from IPV so the health care professionals should be aware for these factors and the experience of violence to care the abused woman within safe area. Further investigation is recommended in this subject.

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### Conflict of interest

The authors declare NO conflicts of interest.

### References

- Almeida J., Coutinho C., Duarte C., Chaves B., Nelas B., Amaral P., & Parreira, V. C. (2017). Domestic violence in pregnancy: Prevalence and characteristics of the pregnant woman. *Journal of Clinical Nursing*, 26(15–16), 2417–2425. <https://doi.org/10.1111/jocn.13756>.
- Alzahrani TA, Abaalkhail BA. , and Ramadan IK. (2016). Prevalence of intimate partner violence and its associated risk factors among Saudi female patients attending the primary healthcare centers in Western Saudi Arabia. *Saudi Medical Journal*. 2016 ; 37(1):96-99.
- Amel Barez Malikeh a , Babazadeh Raheleh, Latifnejad Roudsari Robab , Mousavi Bazaz Mojtaba , and Mirzaii Najmabadi Khadige.(2022). Women's strategies for managing domestic violence during pregnancy: a qualitative study in Iran, *Reproductive Health Journal* (2022) 19:58 <https://doi.org/10.1186/s12978-021-01276-8>.
- Antoniou Evangelia,(2020), Women's Experiences of Domestic Violence during Pregnancy in Greece. *International Journal Environmental Research Public Health*. 2020; 16(21). Doi: 10.3390/ijerph16214222. [PubMed: 31683512]. [PubMed Central: PMC6861981].
- Berhanie Eskedar, Gebregziabher Dawit, Hagos Berihu, Azmera Gerezegiher and Genet Kidan. (2019). Intimate partner violence during pregnancy and adverse birth outcomes: a case-control Study, *Reproductive Health Journal*, (2019) 16:22 <https://doi.org/10.1186/s12978-019-0670-4>.
- Bintabara D, Kibusi SM. (2018). Intimate Partner Violence Victimization Increases the Risk of under-five Morbidity: A stratified Multilevel Analysis of Pooled Tanzania Demographic health surveys, 2010-2016. *Plos One*. 2018 ; 13(8): e0201814.
- Boah Michael , Abdulai Nashiru , Issah Abdul-Nasir , Yeboah Daudi , Kpordoxah Mary ,Rachael Aballo Jevaise and Adokiya Martin Nyaaba.(2023). Risk of adverse newborn outcomes among women who experienced physical and psychological intimate partner abuse during pregnancy in Ghana's northern region ,*Heliyon Journal*,(2023).e15391 <https://doi.org/10.1016/j.heliyon.2023.e15391> .
- Da Thi Tran, Linda Murray, and Thang Van,(2022), Intimate partner violence during pregnancy and maternal and child health outcomes: a scoping review of the literature from low-and-middle income countries from 2016 – 2021, *BMC Pregnancy and Childbirth* (2022) 22:315 <https://doi.org/10.1186/s12884-022-04604-3>.
- Damra J. K., Abujilban S. K., Rock M. P., Tawalbeh I. A., Ghbari, T. A., & Ghaith, S. M. (2015), Pregnant women's experiences of intimate partner violence and seeking help from health care professionals: A Jordanian qualitative study. *Journal of Family Violence*, 30(6), 807–816.
- Deuba, K., Mainali, A., Alvesson, H.M.Deepak K.Karki. (2016).. Experience of intimate partner violence among young pregnant women in urban slums of Kathmandu Valley, Nepal: a qualitative study. *BMC Women's Health* 16, 11 (2016). <https://doi.org/10.1186/s12905-016-0293-7>.

- El-Nimr N., Gouda S., & Wahdan, I. (2020). Violence against Women in a Slum Area in Helwan, Cairo, Egypt: A Community Based Survey. *Journal of research in health sciences*, 20(1), e00466. <https://doi.org/10.34172/jrhs.2020.01>
- Flaathen Eva Marie Engebakken, Lukasse Mirjam, Småstuen Milada Cvancarova, Garnweidner-Holme Lisa, and Henriksen Lena. (2021). Intimate partner violence and the association of pregnancy intendedness – A cross-sectional study in southeastern Norway, *Sexual & Reproductive Healthcare Journal*, 29 (2021)100651, <https://doi.org/10.1016/j.srhc.2021.100651>.
- Halim N, Beard J, Mesic A, Patel A, Henderson D, and Hibberd P. (2018). Intimate partner violence during pregnancy and perinatal mental disorders in low and lower middle income countries: A systematic review of literature, 1990–2017. *Clinical psychology review*. 2018; 66:117–35.6.
- Ibrahim Z., Sayed Ahmed W., El-Hamid S., & Hagraas A. (2015). Intimate partner violence among Egyptian pregnant women: incidence, risk factors, and adverse maternal and fetal outcomes. *Clinical & Experimental Obstetrics & Gynaecology Journal*, 42 (2):212–219., Doi: 10.12891/ceog1829.2015.
- Lockwood C, Munn Z, Porritt K (2015). Qualitative research synthesis: methodological guidance for systematic reviewers utilizing meta-aggregation. *Int J Evid Based Healthc*, 13, 179–87.
- Mueller I, and Tronick E. (2019). Early Life Exposure to Violence: Developmental Consequences on Brain and Behavior. *Front Behavior Neurosci Journal*. 2019 Jul 9; 13: 156. Doi: 10.3389/fnbeh.2019.00156. PMID: 31338031; PMCID: PMC6629780.
- Munn Z, Tufanaru C, Aromataris E (2014). JBI's systematic reviews: data extraction and synthesis. *Am J Nurs*, 114, 49–54.
- Nasreen HE, Rahman JA, Rus RM, Kartiwi M, Sutan R, and Edhborg M. (2018). Prevalence and determinants of antepartum depressive and anxiety symptoms in expectant mothers and fathers: results from a perinatal psychiatric morbidity cohort study in the east and west coasts of Malaysia. *BMC Psychiatry Journal*. 2018; 18(1):195-.
- Samankasikorn W., Alhusen J., Yan G., Schminkey D. L., & Bullock L. (2019). Relationships of reproductive coercion and intimate partner violence to unintended pregnancy. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 48(1), 50–58.
- Spencer C, Mallory AB, Cafferky BM, Kimmes JG, Beck AR, and Stith SM. (2019). Mental health factors and intimate partner violence perpetration and victimization: a meta-analysis. *Psychology Violence Journal*. (2019) 9:1–17. Doi: 10.1037/vio0000156
- The Euro-Mediterranean Human Rights Monitor [EMHRM], August. (2020). *Women in Jordan Continuing Violence and Absent Protection*.
- United Nations, Department of Economic and Social Affairs, Population Division. (2019). *World Population Prospects 2019*, Online Edition. Rev. 1. 2019. <https://population.un.org/wpp/> (accessed December 5 2019,).
- Wang S, Guo L, Chen L, Liu W, Cao Y, and Zhang J. (2020). A case report of neonatal COVID-19 infection in China. *Clin Infect Dis*. 2020. *A case of neonatal COVID-19 infection in China*. *Clin Infect Dis*. 2020.
- World Health Organization. (2021). *Violence against women prevalence estimates, 2018: Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*. Retrieved from [file:///C:/Users/sanaa/Downloads/9789240\\_022256-eng.pdf](file:///C:/Users/sanaa/Downloads/9789240_022256-eng.pdf). WHO: Geneva, 2021 <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>.
- World Health Organization; Pan American Health Organization. *Understanding and Addressing Violence against Women: Intimate Partner Violence. Comprendre et Lutter Contre la Violence à L'égard des Femmes: La Violence Exercée par un Partenaire Intime*; World Health Organization: Geneva, Switzerland, 2012.