



Research Article

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Means of Individual Counteraction to Domestic Violence against Pregnant Women

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Abstract

Violence against a pregnant woman affects not only her but also the child, the woman is unable to resist properly. The purpose of the study was to develop the universal means of individual counteraction to domestic violence against pregnant women. The research work was carried out in stages based on the logic of the presentation of the material to achieve the goals and objectives that are set in the article. The study used statistics on domestic violence against women in Ukraine. The authors used the methods of selection and sampling, the method of systematic and pragmatic approach, the method of descriptive statistics. The main results of the study are: comparison of statistics on cases of domestic violence against pregnant women in certain countries; identifying types of domestic violence against pregnant women and its possible consequences for the health; establishing the causes of latency for domestic violence; determining the range of individuals that a pregnant woman can apply to in case of domestic violence; offering generalized tools of counteraction to domestic violence at the state level. It is suggested that the main means of individual counteraction to domestic violence against pregnant women are overcoming silence about such cases; overcoming the legal nihilism; information direction of work, which should consist the explaining to a pregnant woman what domestic violence is and the algorithm of response to it; preventive work with pregnant women and men; establishing compliance of state legislation with international regulations; legislative regulation of actions of medical workers in case of detection of the fact of domestic violence against a pregnant woman.

Keywords: domestic violence, violence against women, means of individual prevention, pregnant woman

1. Introduction

In addition to the fact that domestic violence is directed against human life and health, against human honor and dignity in modern society, it is also a serious violation of the human right to a dignified life.

Domestic violence can take many forms, but the only thing that distinguishes it from violence, in general, is the sphere of relations in which it is committed. Such violence usually is committed by close people (relatives or family members) who have close relationships (blood, emotional, marital, intimate, economic) and who are related.

All members of the family - children, women, men, the elderly, etc. - can suffer from domestic violence. One of the more dangerous manifestations of this dangerous phenomenon is gender-based violence, which is based on the recognition of inequality between men and women and gender discrimination. In all countries the victims of domestic violence in the vast majority of cases are women (McQuigg, 2011). The vast majority of women interviewed (on average 78%) believe that gender-based violence against women is a widespread phenomenon both in Europe and in some countries (64% of women in Ukraine see it like that) (Organization for Security and Co-Operation in Europe (OSCE), 2019).

According to international law, violence against women is all acts of gender-based violence, that cause or may cause physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary imprisonment, regardless of whether it happens in public or private life (Council of Europe, 2014).

Unfortunately, pregnancy does not protect against domestic violence, and a woman's pregnancy does not reduce the probability that she will become or continue to be a victim of domestic violence. At the same time, domestic violence against a pregnant woman is more dangerous than for other victims, as it affects not only the woman but also the unborn child. According to sources in addition to injuries of varying severity, violent sweating of pregnant women increases the risk of premature labour, low birth weight or injury of the child, miscarriage, depression of future mother (Maciel, Blondel & Saurel-Cubizolles, 2019), newborn's health (Currie, Mueller-Smith, & Rossin-Slater, 2020; Ferraro et al., 2017). That means that domestic violence against a pregnant woman during pregnancy has many adverse physical and psychological consequences for both the mother and the child (fetus).

Counteraction to domestic violence against pregnant women is complicated by several factors. First, such criminal offenses are committed by close people, mainly by intimate partners (Chisholm, Bullock & Ferguson, 2017), close people whose victims do not want to report their violence for various reasons. It is also considered that a pregnant woman due to her special psychophysiological state is helpless. During pregnancy a woman becomes more vulnerable and helpless, which is manifested in both physiological changes that do not allow her to properly resist the abuser, and psycho-emotional because a woman becomes more irritable and has increased responsibility for her health and the health of her unborn child (Anishina, 2011).

According to these facts, addressing the issues of preventing and combating domestic violence against pregnant women is currently extremely relevant at both the national and international levels. This is evidenced by the presence of some developments, in general, issues related to domestic violence against pregnant women, such as: do pregnant women also become victims of domestic violence? (Priya et al., 2019); general characteristics of such violent manifestations (March of dimes, n.d.); charitable activities that help pregnant women who have been victims of domestic violence. In particular, according to the generalization of existing studies, the prevalence of domestic violence against pregnant women is determined (Gomes Ramalho et al., 2017); the most common types of violence against pregnant women in the family (Murkoff, 2018) and the factors that influence its commission both before and during pregnancy are highlighted (Globevnik Velikonja et al., 2018). Within this issue it is established the connection between the standard of living of the country (Sapkota, Baird, Saito & Anderson, 2017) and the individual family (Thomas et al., 2019); it is determined the influence of socio-demographic and psycho-physiological features of the victim on the perpetration of violence against her (Field, Onah, van Heyningen & Honikman, 2018; Sarayloo, Mirzaei Najmabadi, Ranjbar & Behboodi Moghadamm, 2017). Attention is also focused on the role of health workers who screen pregnant women and other examinations in identifying domestic violence against pregnant women (Khaironisak, Zaridah, Hasanain & Zaleha, 2016; O'Reilly & Peters, 2018), in particular on the examples of Italy (Procentese et al., 2019) and Nepal (Rishal et al., 2017).

Even though that the problem of domestic violence, the victim of which are pregnant women, has been studied for many years by researchers in various fields and from different points of view, some issues in this area are still unresolved. Even the enshrinement of certain aspects of the fight against this dangerous phenomenon at the level of state and international law does not solve these problems. In particular, there are questions about the actual number of pregnant women who have been victims of domestic violence, both in certain countries and in the world, as these crimes are characterized by a high level of latency. Also, the range of persons who should detect and record cases of domestic violence has not yet been identified. It is not clearly defined as representatives of areas which should be involved in this activity. Of particular concern is the fact that isn't developed some practical, real means of preventing and combating domestic violence against women, which could be universal for each of its manifestations.

Based on the above the purpose of this study is to develop universal means of individual counteraction to violence against pregnant women, which is committed in the domestic sphere. To achieve this goal, it is necessary to identify the individuals who must detect the facts of violence against a pregnant woman, as well as the main factors that cause non-reporting of domestic violence by women who are pregnant.

2. Methods and Materials

The research work is carried out in stages based on the logic of the presentation of the material to achieve the goals and objectives that are set in the article. These stages are search and selection of literary and source base; analysis of the material presented in the selected sources and evaluation of the results of these studies; identification of unresolved issues in the field of prevention and counteraction to domestic violence, the victims of which are pregnant women; determining the purpose of the article; formulation of conclusions and practical recommendations for solving the problems chosen for research; outlining prospects for further research in this area.

To search for the necessary materials and data it was used such keywords as “pregnant woman as a victim of crime”, “crimes against pregnant women”, “violent crimes against pregnant women”, “domestic violence against women”, “gender-based violence”, “domestic violence against pregnant women”, “number of pregnant women who have been victims of domestic violence”, “statistics on domestic violence against pregnant women”, “pregnant woman as a victim of domestic violence”.

271 sources related to this topic were found, among which 47 ones were selected for the scientific research. The criteria for selection were methodology and research methods that correspond to the thematic direction of this article; confirmation of these data by the study or references to reliable sources; logical presentation of research results; reliability and practical value of the conclusions reached by the authors of the relevant scientific-theoretical and scientific-practical works; year of publication of the source, as outdated data cannot show a real picture of domestic violence against pregnant women.

This study used statistics on the level of domestic violence against pregnant women in certain countries; identified types of violence and the risks they pose to the pregnant woman and the unborn child; developments on the process and individuals for recording and responding to domestic violence against pregnant women; analysis of means of prevention and counteraction to domestic violence against pregnant women. Statistical data and theoretical insights into the issue of violence against pregnant women in Ukraine were used (data obtained from surveys on 2,048 women in 2018 were analysed) in order to reaffirm the position of the authors of this article (OSCE, 2019).

The basis for determining the number of pregnant women, victims of domestic violence in certain countries and types of domestic violence was a study of statistics and the nature of domestic violence against women during her pregnancy (according to data of Australia, England and Wales, Brazil, Vietnam, Greece, Ethiopia, India, Iran, the People's Republic of China, Malawi, Malaysia, Nepal, Nigeria, Oman, South Africa, Portugal, USA, Ukraine, France, Sweden); Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul

Convention) (Council of Europe, 2014), examining the types of domestic violence against pregnant women (Chasweka, 2018) and identifying its most common types (Sarayloo et al., 2017).

To achieve this goal various methods were used in this study. The method of a systematic approach was used to study domestic violence against pregnant women as a system of interrelated and interdependent factors and conditions; the method of the pragmatic approach to data collection and analysis, which was used to understand the nature of domestic violence against women and make suggestions for its prevention; the method of descriptive statistics, which was used for processing, systematization and visual demonstration in the form of tables of basic statistical indicators on domestic violence, the victims of which were pregnant women; the method of comparison was used to establish logical patterns that affect the prevalence and latency of domestic violence against women; the method of descriptive analysis was used to systematize, classify and summarize information on the subjects and measures to counteract to domestic violence, the victims of which are pregnant women, including the presentation in the form of tables and pictures.

3. Results

Domestic violence against the pregnant woman is classified as abusive behaviour towards the pregnant woman, in which the nature of the abuse can often vary in terms of the frequency and severity of the violence. Domestic violence against the pregnant woman has various external manifestations, and therefore the woman against whom it was committed is not always aware that she has been the victim of violence by the partner or family member. Moreover, even when the woman clearly understands the nature of the violence against her, she will not always report it to a law enforcement agency or tell other people about it. In accordance with the data, there are a lot of women who conceal this fact while continuing to be victims per every woman who reports about domestic violence against her: out of the total number of women who are victims of domestic violence, only 15.9 % turn to law enforcement officers and 1% to medical and social workers (Boyчук, Serhienko & Blaha, 2019). According to the studies, conducted in Ukraine, the majority of women against whom violence has been used, do not seek help from specialized services and do not report such cases (81% of respondents (OSCE, 2019).

Some sources say that every third woman is exposed to domestic violence; pregnant women account to average 10% (these figures may vary from country to country) (Doctormazo, 2018) among women victims of domestic violence. In Ukraine, 19% of women surveyed indicate that during pregnancy they experienced physical or sexual violence or the threat of physical violence (the table shows data on the violence committed during pregnancy, excluding threats) (OSCE, 2019).

The available statistics on individual countries show a rather disappointing picture of the prevalence of domestic violence against pregnant women. Statistics on the number of pregnant women who have been victims of domestic violence are summarized in Table 1.

Table 1: The number of pregnant women who become victims of domestic violence in different countries

N ^o	Country	Cases of domestic violence against pregnant women
11.	Australia	36% of women in Australia became victims of domestic violence, 22 % of the total number of women were abused while being pregnant by their present partners and 25% – by ex-partners.
22.	England and Wales	Around 30% of women became victims of domestic violence, from 4 to 9 % of the total number of women were abused while being pregnant
33.	Greece	Among 546 pregnant women who were interviewed 33 (6%) were victims of domestic violence while in this condition
44.	Ethiopia	264 (58,7%) out of 450 pregnant women, who were patients at university hospital in Gondar were victims of domestic violence
55.	Ukraine	71 (4,4%) out of 1606 interviewed women became victims of domestic violence during pregnancy
66.	Malawi	172 (59%) out if 292 pregnant women became victims of domestic violence during pregnancy
77.	People's Republic of China	905 (11,6%) out of 7820 questioned pregnant women became victims of domestic violence

Nº	Country	Cases of domestic violence against pregnant women
88.	Malaysia	431 (35,9%) out of 1200 cases of pregnant women who were patients at hospitals were victims of domestic violence
99.	South Africa	58 (15%) out of 376 pregnant women were victims of domestic violence
110.	France	220(1,8%) out of 12330 women interviewed became victims of domestic violence during pregnancy
111.	Nepal	32 (1,6%) out of 2004 women interviewed became victims of domestic violence during pregnancy
112.	India	3,3% out of total number (in the whole country) become victims of domestic violence
113.	Iran	138 (46%) out of 300 interviewed women in Minudasht Health Center were victims of domestic violence during pregnancy
114.	Vietnam	461 (35,2 %) out of 1309 interviewed pregnant women became victims of domestic violence
115.	The USA	32,4% of women became victims of domestic violence, approximately 28 % out of the stated number (the figure varies in different states) experienced violence during pregnancy
116.	Nigeria	From 2004 till 2016 between 2,3 and 44,6% of women became victims of domestic violence during pregnancy
117.	Brazil	49 (34,6%) out of 383 interviewed women became victims of domestic violence during pregnancy
118.	Sweden	29 (2%) women out of 1509 interviewed women became victims of domestic violence during pregnancy
119.	Portugal	370 (43,4%) out of 852 interviewed women were victims of domestic violence during pregnancy
220.	Oman	15 (1,6%) out of 960 interviewed women were victims of domestic violence during pregnancy

Source: Al Shidhani, Al Kendi and Al Kiyumi (2020); Almeida et al. (2017); Antoniou and Iatrakis (2019); Campo (2015); Chasweka (2018); Fekadu et al. (2018); Field et al. (2018); Finnbogadóttir, Dykes & Wann-Hansson (2016); Hrelc (2019); Jungari (2018); Khaironisak et al.(2016); Maciel, Blondel & Saurel-Cubizolles (2019); Nguyen et al. (2018); Okada et al. (2015); Orpin, Papadopoulos and Puthussery (2020); Rishal et al. (2017) Sarayloo et al. (2017); Volosevych et al. (2014); Wang et al. (2017).

In Ukraine, as shown in the table, in general, about 4% of pregnant women were exposed to violence. Moreover, data differ by age groups (3% of pregnant women become victims of domestic violence at a young age (under 29) and up to 5% of women at an older age (from 30 to 49 years)) (Volosevych et al., 2014).

Forms of domestic violence can also be very diverse, even within its clearly defined main types. In general, there are four groups of violent acts: physical, psychological, economic and sexual. Physical violence is deliberate behaviour that lies in committing acts of physical violence against another person (Art. 35). Psychological violence is deliberate behaviour that leads to a serious violation of mental integrity through compulsion or threats (Art. 33). Sexual violence is deliberate behaviour that infringes on the sexual freedom and integrity of another person (Art. 36) (Council of Europe, 2014). Economic violence is deliberate behaviour that results in the deprivation of another person's home, food, property or money to which the person has the right.

Indicators for violence against women (including violence during pregnancy) in Ukraine allow us to compare the prevalence of its types: about 65% of women have experienced psychological violence; 23% of women have been physically abused; 7% were sexually abused; 21% of women have experienced economic violence; 53% experienced control over their conduct (which in general can be attributed to psychological violence) (OSCE, 2019).

These types of violence have a large number of manifestations, presented in Table 2.

Table 2: Types of domestic violence and the threats they pose for the pregnant woman and her unborn child (fetus)

Type of violence	Types of violent actions	Possible consequences for the pregnant woman
Physical	Beating; pushing; causing thermal, stabbing, cutting or other bodily injuries; crushing; threats, including weapons; creation of dangerous to health situations; creation of obstacles for food, sleep, rest; restriction of freedom of movement; involvement or coercion to use drugs, toxic substances or alcohol; forced displacement within or outside the country; failure to provide the necessary assistance	Mental and physical disorders; pain in muscles, joints, internal organs, headache, physical damage of various degrees of severity and types; non-compliance with the rules of personal hygiene; infectious and bacterial infections; fading and miscarriage of the fetus; premature fetus (premature birth) stillborn children; underdevelopment of the newborn: weight loss by the woman and insufficient weight of the fetus; dehydration

Type of violence	Types of violent actions	Possible consequences for the pregnant woman
Sexual	Engagement into sexual intercourse; engagement in unnatural sexual intercourse, including with the use of unnatural means; regardless of the woman's sexual feelings; the use of threats to force the woman to have sexual intercourse; involvement or coercion into prostitution; coercion to voyeurism; coercion to any sexual intercourse and intercourse against the will of the woman; rape; coercion to create pornographic materials; compulsion to pregnancy; coercion to abortion	Violation of sexual feelings; loss of sex drive; sexually transmitted and infectious diseases; physical damage to the genitals; premature birth; miscarriage; stillborn children; unwanted pregnancy
Psychological	Systematic humiliation and manipulation of the women; blackmailing; compulsion to counterfeit behaviour; insult (verbal, facial, personal beliefs) of the woman; total control; revision and inaccuracies (updated data, fill family, etc.); limitations in self-realization; indifference to the feelings and desires of the woman; discrimination on various grounds; unfounded criticism; accusing the woman of violent acts committed against her; groundless jealousy; leading to suicide; suspending from making important decisions; isolation from the outside world, communication, etc. from children	Painful feeling of anxiety; psychosomatic disorder; indifference to the surrounding life; helplessness; psychological dependence on the offender; Feeling vulnerable depression a sense of self-guilt for the injury inflicted by the abuser; Loss of social connections; desocialization; Impaired coordination and repetitive movements; sleep disorder (insomnia or drowsiness); fear of life; suicidal thoughts and actions; inadequacy of reaction to surrounding events; unhappiness Accept decision and despondency.
Economic	Prohibition or restrictions in the use of own funds and own needs; deprivation of free access to essential things (clothing, food, housing); damage to a woman's property; involvement in begging; a ban on self-realization in employment; coercion to perform work that is harmful; ban to work.	Lack of opportunity to participate in planning and using the family budget; inability to use and dispose of the funds and property, housing; the inability to freely choose a job position, or not being able to work at all; making money to support the offender; lack of clothing appropriate for the weather, worn out old clothing; malnutrition

Source: Zaporozhtsev et al. (2012)

Domestic violence against anyone has both immediate and long-term consequences, and this is especially true for pregnant women who become victims. These consequences are that women subsequently develop problems with physical, psychological, sexual and reproductive health, as well as threats to the life and health of both the fetus and infants after birth. Domestic violence, towards pregnant women increase the risk of pathologies such as: metrorrhagia (by 90%), premature rupture of membranes (by 60%), diabetes (by 48%), high blood pressure (hypertension) (by 40%), premature child birth (prematurity) (by 37%), malnutrition (by 21%) (Silverman, Decker, Reed & Raj, 2006). And this is only a small range of diseases, health disorders and pathological conditions that can be consequences of violent actions in the family (see Table 2). According to statistics, the most common type of domestic violence against pregnant women is psychological violence in any of its manifestations (Sarayloo et al., 2017). Indeed, a study, conducted in Ukraine, showed that the majority of women (65%) became the victims of psychological violence (OSCE, 2019).

Domestic violence against women, including pregnant women, is determined by the gender of the victim (female). Such violence is caused by various factors, the main of which are: widespread stereotypical attitude to a more significant role of men in society, that is explained by traditions, customs, culture that have developed in society; social leadership is often associated with men; economic activity of men is more productive; manifestations of violence in the domestic sphere is a wide spread and accepted form of communication, even among women. On the other hand, the influence of these factors on the woman victim of domestic violence becomes evident through her behaviour: she perceives violence as a norm of communication or as a punishment that she deserves

for making real or imagined mistakes in living together; takes the blame for any quarrels or problems in the family, as well as for the violence that is directed against her; is often influenced by gender stereotypes about the leading role of men in society and in the family; the woman is embarrassed or does not consider it necessary to apply to law enforcement agencies on the fact of violence against her. This does not reflect reality. The mentioned above factors explain the high level of latency of gender-based domestic violence, especially against pregnant women. And this creates an additional danger for the pregnant woman, as the violence becomes more severe each time, if appropriate measures are not taken in time and it is not stopped.

Tolerance of domestic violence against women, including pregnant women, is observed both among women themselves and among the people closest to them. In particular, 19% of women surveyed and 19% of their relatives are convinced that marital sex without the consent of the woman is perfectly admissible and is not violence in essence; 35% of women believe that women should obey their husbands and that control by the latter is the norm (according to the data within Ukraine) (OSCE, 2019).

Abuse of the woman in domestic relations can be considered as a norm of behaviour in every particular family, that continues during pregnancy or may begin precisely in connection with the pregnancy of the victim. Unfortunately, as mentioned above, violence against women in marital relations continues with a woman's pregnancy. There is often a divergent trend: women who have been victims of spousal abuse before pregnancy would continue to suffer from it further down the line, and it is very likely that violence will not end during pregnancy. In some cases, violence against women would start or even increase during pregnancy.

In particular, 25% of women who have ever experienced violence, became victims of spousal abuse for the first-time during pregnancy (Wikipedia, n.d.). According to women - victims of domestic violence, this is due to the fact that a man feels jealousy of the future child, anger on him/her, the fear of what the future holds, and so on.

In general, Figure 1 shows the reasons why pregnant women, who have become victims of domestic violence, do not report being abused.

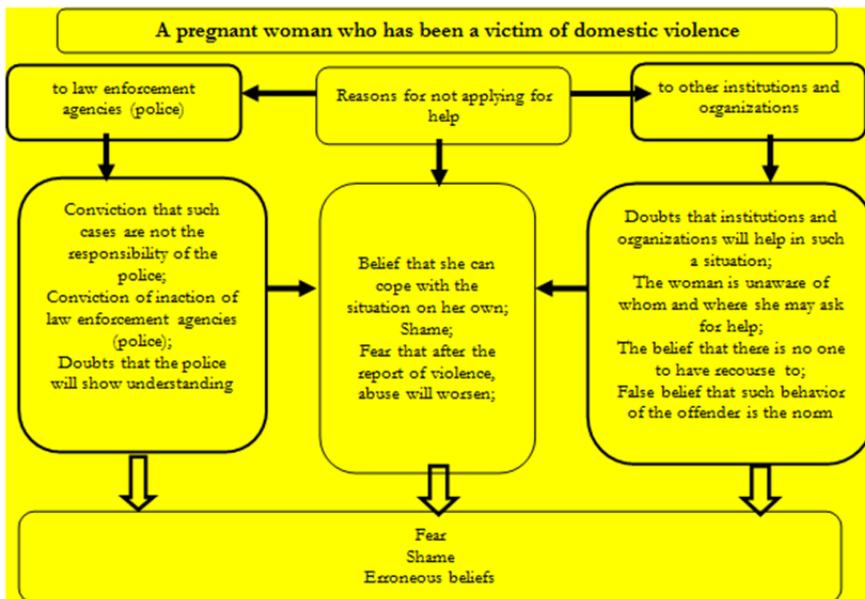


Figure 1: Reasons, why pregnant women do not report the expressions of domestic violence against them

In witness whereof, data for Ukraine show that the main reasons, why women do not report cases of violence to law enforcement agencies and other institutions and organizations, are: the victim of violence believed that she could cope with the situation on her own; she was convinced that it was a family matter and no one should help (26%); shame - that is, unwillingness to give out personal information; the belief that such cases are not dangerous and are insignificant; unwillingness to involve the police to family affairs so as to take actions against offenders; fear of the partner-offender. Besides, 24% of women believe that domestic violence is mostly provoked by the women-victims themselves, and that women exaggerate when they report sexual, physical or psychological abuse (OSCE, 2019).

The main reaction of a pregnant woman in response to the violence against her should be recouring to relevant authorities and institutions, as a pregnant woman herself cannot adequately resist the abuser. In accordance with international law, in particular with The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention), each State Party at the country level must use all reasonable efforts in order to enable and provide effective work of entities that assist pregnant women who have become victims of domestic violence. Such entities should include: non-governmental organizations (Article 9); the judiciary, public prosecution service, law enforcement agencies, local and regional authorities, as well as non-governmental organizations and other relevant organizations and entities aimed to protect and support victims of all forms of violence (Article 18); general and specialized support centres for victims of domestic violence (Article 20, Article 22); consultation centres for victims of domestic violence (Article 25) (Council of Europe, 2014). That is, each State Party should establish such entities and make them operational in order to reduce the level of violence against women in general. It is necessary to create specialized centres (possibly within crisis centres) that would provide separate type of assistance to pregnant women, who have become victims of domestic violence.

The main actors in providing assistance to pregnant women who have become victims of domestic violence are law enforcement officers at all levels; special governmental and non-governmental organizations that will provide counselling and psychological assistance to this category of women; other persons who may report violence against a pregnant woman. According to factual data on domestic violence against pregnant women, all of these entities should report violence to law-enforcement agencies in order to counteract further violence by the person who has already committed it (see Figure 2).

However, it looks like the list of such persons is not complete. It should be noted that almost every pregnant woman sooner or later turns to medical workers who work in specialized health care facilities or their departments and in such cases, medical workers are given a unique opportunity to check every pregnant woman for signs of domestic violence. After all, it is various special examinations, tests and screenings that a pregnant woman has to undergo, if necessary, that can reveal even seemingly insignificant abnormalities. And, given the above-mentioned risks, which may be caused by each type of violence against the health of a pregnant woman and the fetus, medical workers are able to determine the frequency, intensity and form of domestic violence, used against a pregnant woman. But unfortunately, there is currently no single algorithm for how this should take place within regulatory environment and what actions should be taken by a health worker. In the vast majority of cases, health workers who conduct executive checkups of pregnant women and may detect the signs of violence do not have the duty or authority to report acts of violence against pregnant women. Therefore, at the level of each State Party, it is advisable to work out employment position instructions for medical workers who work with pregnant women, obliging to report any signs of violence.

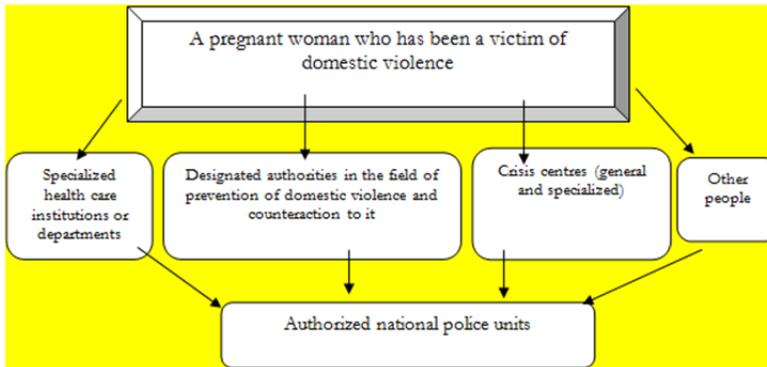


Figure 2: Entities and individuals which provide assistance to pregnant women - victims of domestic violence (information flow)

Regarding the quality of the assistance that should be provided to women-victims of violence, including during pregnancy, they believe that they have received the appropriate assistance (although few women have requested assistance): 61% of women who went to the hospital and 49% of women who reported violence to the police are satisfied with the assistance they received. However, given the above data, the number of women who have reported violence to the police or other organizations is very small in general, so it would be incorrect to say that these data accurately characterize the quality of the assistance (OSCE, 2019).

As we said earlier, a pregnant woman is in a state in which she is unable to resist her abuser adequately. That is why the means of combating domestic violence against pregnant women are somewhat different from the means of combating domestic violence against women in general, determined by law. In the Istanbul Convention, these means are mentioned without going into details: to work out systematic and coordinated policy in this area (Article 7); to provide the necessary financial and human resources (Article 8); to ensure activities of non-governmental organizations (Article 9); to establish an appropriate coordinating institution (Article 10); take the necessary legislative and other measures to prevent domestic violence and to encourage promotion of domestic violence prevention (Article 12); development and implementation of awareness-raising programs on human rights and violent incidents (Article 13); providing training on gender policy and respect for human rights (Article 14); to provide training of specialists (Article 15); introduction of treatment guidelines and prevention programs (Article 16); taking the necessary legislative or other measures to protect all victims from any further acts of violence (Article 18); information support (Article 19); ensuring access of victims of domestic violence to general and specialized support services (Article 20, Article 22); creation of appropriate battered women's shelters (Article 23); creation and maintenance of telephone help-lines (Article 24) (Council of Europe, 2014).

These measures to combat and prevent violence against women, including domestic violence against pregnant women, should be applied at the national level by each State Party to this Convention. But, as these measures do not have clear definition, they require clarification. To do this, we have to identify several main areas and to work out specific measures within them.

The first area of work is to facilitate awareness of danger of domestic violence and the need to report it. In particular, special organizations, governmental and non-governmental institutions need to develop measures to help break the wall of silence on domestic violence by victims themselves, such as pregnant women. After all, it is known that impunity for violence and victim's failure to combat worsen her condition, as the violence will become more brutal each time. In addition, other people, who know that a pregnant woman is being abused, should overcome this barrier, combined with indifference and reluctance to respond to other people's family problems. To do this, within this

area, it is necessary to create special public awareness programs and to develop psychological trainings that will help to overcome the barrier of silence and at the same time will give awareness of danger of domestic violence against a pregnant woman. It is advisable to conduct them on a regular basis.

The first area of work is directly related to overcoming legal nihilism. Within this area, it is necessary to give briefings on what rights and freedoms a pregnant woman has, which are inalienable under any circumstances and are maintained throughout life, including married life. Execution of this task also requires the development of special programs and trainings using the regulatory framework (national and international) and the practice of European Court of Human Rights. Herein it is important to prove and convince pregnant women of the inadmissibility of violence against them, including gender-based violence, self-affirmation at the expense of women, the inalienability of women's rights and freedoms.

This educational and awareness-building work with women before and during pregnancy will help to identify potential victims of domestic violence, who may have specific traits of character, which are likely to facilitate their transformation into victims. These may be: gentle nature; increased degree of dependence on others; passive behaviour; certain mental derangements that do not make her legally incapable (neurosis, psychosis, etc.); alcohol, drug or other addiction; lack of certain material benefits, which makes her vulnerable to potential violence. Such women will need constant supervision and control in order to help prevent domestic violence against them. Among female respondents, almost everyone mentioned that the main area that needs to be improved in order to combat domestic violence is the education of children and youth, which should include information about this type of domestic violence, its main characteristics, threats and an algorithm of actions of the victim of such violence. This led to the development of a curriculum and a special national course on the problematic aspects of violence against women in Ukraine (United Nations Population Fund, 2020).

Informational direction of work on combating domestic violence against pregnant women should involve explanation – which actions are considered to be coercive procedure and what should be the reaction to these actions of the women themselves. First of all, it is necessary to explain in more depth the fact that the vast majority of violent acts in the context of family and domestic relations entail responsibility, the strictest of which is criminal liability. As for the reaction of a pregnant woman – victim of act of violence to the commission of these acts, it is necessary to take into account her special condition, in which a woman is unlikely to be able to give adequate resistance and resort to the necessary defence. Therefore, it is advisable to explain to pregnant women the procedure that they must follow in cases of domestic violence against them: to ensure their security or to leave their own homes, to seek help from other people; to call the police; to report the fact of violence and bodily damages (in writing or in person to a law enforcement officer); in case of rape not to move objects and not to wash herself before the arrival of law enforcement officers; to provide legal assistance (to contact a lawyer); to contact social services and support centres for victims of domestic violence. Regarding awareness of the means of combating domestic violence, including violence against pregnant women, 17% of Ukrainian women consider themselves to be well aware of what to do in case of becoming a victim of violence; 33% of women believe that their awareness of this issue is average; 48% of women think that they have little or no information on this problem (OSCE, 2019).

One of the most important areas is prevention of domestic violence. This field of work includes two areas: preventive work against domestic violence among pregnant women – potential victims of domestic violence in order to eliminate victimological factors from their behaviour; preventive work among men who are more likely to commit violence against a pregnant woman due to their socio-demographic and psycho-physiological characteristics, as well as due to their previous violence-prone behaviour. First of all, such preventive work should be based on nurturing mutual respect between the sexes, respect for each other, increasing self-respect and self-esteem, as well as developing skills to manage their behaviour. Special correctional programs should also be developed for those persons who have committed violence against a pregnant woman in the past. Within the considered fields of

work, an important measure is the development of training programs for the minors and young people in order to form models of non-violent behaviour. Thus, particularly in Ukraine, there is almost no preventive education for those who commit violence against women, including against pregnant women; there is a shortage of qualified specialists on these problems, which requires training of police officers on these issues; there are no specific locations for such preventive work (OSCE, 2019).

It is mandatory to analyse the current national legislation for compliance with international regulations that provide individual protection of pregnant women from domestic violence, in particular, the Istanbul Convention. Based on the results of the analysis, it is necessary to develop and amend national regulations in order to ensure effective prevention of domestic violence against pregnant women at the country level; to enshrine at the statutory level the type of liability for these illegal acts and to determine the amount of sanctions. It is also advisable to develop a national program aimed at prevention of domestic violence against pregnant women, as there are usually no separate programs for this category of women, which will provide individual counteraction to domestic violence against them. In recent years, Ukraine has developed and adopted several programs to improve the human rights system, including provisions to combat gender-based domestic violence (violence against pregnant women as well). Thus, the following documents were developed: The concept of ensuring equal rights and opportunities for women and men (2017 - 2021); The concept of preventing and combating domestic violence and gender-based violence (2018 - 2023); National Action Plan for the implementation of recommendations set out in the concluding comments of the UN Committee on the Elimination of Discrimination against Women (2018-2021) and others. However, there is a need in further elaboration of the existing legislation to combat violence against women, one of the main directions of which should be the establishment and development of a global system for collecting information and statistics on violence against women and processing such information (OSCE, 2019).

A separate area of prevention of domestic violence against pregnant women is organization of well-coordinated work of government agencies, governmental and non-governmental institutions and organizations that will: provide the necessary assistance and support to pregnant women – victims of domestic violence; train specialists to combat domestic violence; organize the work of “hot lines”, shelters to help pregnant women – victims of domestic violence; carry out work on raising of qualification of law enforcement officers, social and medical workers (will train competent professionals) and the acquisition of the necessary skills in working with pregnant women who have become victims of violence; provide timely, accurate and complete statistical reporting on domestic violence against pregnant women.

For example, in Ukraine there are currently twenty-six institutions, establishments and organizations that are ready at any time to provide emergency social assistance to victims of gender-based domestic violence, including pregnant women (Cherkasy Regional State Administration, n. d.). It was found out that women know that they can apply to the relevant organizations: 94% of women who know that they can turn to the law-enforcement authorities; 59% of women know that they can apply to the social services centres for families, children and young people (regional centres); 15% of women are aware of the existence of the national hotline on combating domestic violence, organized by the NGO “La Strada”. However, despite the existence of so many organizations, institutions and social services which provide assistance to women victims of domestic violence, Ukraine lacks shelters and other “help desks” for women who are at risk or in difficult life circumstances (which include pregnancy), as well as the lack of qualified specialists who could provide first aid to such women (to ensure efficiency under the Istanbul Convention, there should be one shelter per 10,000 population, one crisis centre – per 20,000, and one information centre for women victims of domestic violence per 50,000 population) (OSCE, 2019).

This in turn will increase the effectiveness of combating domestic violence against pregnant women at the individual level, affecting the victim himself. As part of this, it is advisable to work out the above-mentioned employment position instructions for health workers, according to which

medical workers, who examine pregnant women, will be obliged to inform the relevant authorities, institutions and the police about injuries that may indicate possible domestic violence.

4. Discussion

Domestic violence against women, as mentioned earlier in this study, is especially dangerous and widespread in the world (Akhmedshina, 2020). Such violence often results in pathological consequences for the health of pregnant women (mental disorders, alcohol and drug abuse, etc.) (Lockwood Estrin et al., 2019). Sometimes these consequences are permanent, for example, the death of a pregnant woman as a result of systematic violence against her or other health problems (Cambell et al., 2020). Domestic violence is particularly damaging to babies, as any negative physical, psychological or sexual impact on a pregnant woman directly affects the childbirth and health of the newborn (Ferraro et al., 2017). Moreover, it is almost impossible to assess the actual scale of the negative consequences of such violence. Furthermore, we cannot agree that it is possible to calculate social costs of domestic violence against a pregnant woman (Currie, Mueller-Smith & Rossin-Slater, 2020).

Domestic violence against a pregnant woman can be caused by various factors. In particular, some of them are connected with socio-economic standard of living: the share of pregnant women who have become victims of domestic violence in developed countries is much lower than in low-income countries with low level of social protection (Lencha et al., 2019). However, domestic violence cannot be associated solely with living standard and wage rates (Thomas et al., 2019), as domestic violence is common to both high-income families and wealthy countries, as shown in Table 1.

An effective countermeasure is legislative regulation of certain activities to combat domestic violence against women, including pregnant women. In particular, the introduction of liability for these offenses leads to significant reduction in physical violence against women (Sechrist & Weil, 2017). But introduction of liability alone will not be as effective as combining it with other measures.

The problem is that in the vast majority of cases, domestic violence against pregnant women remains hidden. Therefore, one of the most effective measures to combat domestic violence against pregnant women, as defined above, is to give briefings and to raise awareness of victims or potential victims. In particular, it is stated that conducting training workshops and carrying out consultations for women and girls has significantly reduced the number of cases of domestic violence against them (for example, in India) (Nair et al., 2020). But not every social activity can affect the level of domestic violence against pregnant women: for example, the effectiveness of empowerment of pregnant women in the community seems questionable, as it will not affect their ability to confront abusers (Regmi et al., 2018).

One of the most effective ways to record the facts of domestic violence against pregnant women is to record these facts by medical staff of perinatal centres or wards (Rishal et al., 2017) which is the most common practice (Khaironisak et al., 2016). Therefore, we cannot agree with the conclusion that there are no relevant records in health care facilities (Gomes Ramalho et al., 2017). Detection of violence during the first perinatal visit of a pregnant woman to a doctor (Jungari, 2018) can be an effective means of counteraction, as it will make it possible to counteract these wrongful acts as soon as possible. Therefore, it is a good idea to propose appropriate medical training during the studies of nursing students in order to combat violence against women, which will significantly increase the effectiveness of combating violence in general (Gürkan & Kömürçü, 2017). Current drafts regarding the ability of medical officers to record cases of violence against pregnant women and report them to the relevant authorities indicate that high-risk pregnant women require close medical attention, but unfortunately there are no practical suggestions for settlement of reporting the acts of violence to the relevant agencies (Khaironisak et al., 2016).

5. Conclusions

Domestic violence in modern society is a serious violation of the human right to a dignified life, in addition to being directed against human life and health, against human honour and dignity.

Domestic violence against a pregnant woman is more dangerous than that against other victims, as it affects not only the woman herself but the unborn child as well. Thus, solution to challenging issues related to preventing and combating domestic violence against pregnant women is an urgent question at both national and international levels.

It is proposed to consider the following main means of combating domestic violence against pregnant women: measures to help break the wall of silence on domestic violence by both the victims - pregnant women themselves, and other persons who know that a pregnant woman is being abused, by developing special public awareness programs and conducting psychological trainings; overcoming legal nihilism by explaining pregnant women what are their inalienable rights and freedoms, by developing special programs and trainings using the regulatory framework and the practice of the European Court of Human Rights; informational field of work, which involves explanation to pregnant women of what doings are considered to be acts of violence and what should be the reaction to these actions of the women themselves, and what should be the algorithm of their actions in cases of domestic violence against them; preventive work among pregnant women - potential victims of domestic violence in order to eliminate victimological factors from their behaviour and preventive work among men who are more likely to commit violence against pregnant women due to their socio-demographic and psycho-physiological characteristics and previous violence-prone behaviour; analysis of current national legislation for compliance with international regulations that ensure protection of pregnant women from domestic violence at the individual level, and recommendations for its improvement; developing employment position instructions for health workers who examine pregnant women regarding their obligation to notify the relevant authorities, agencies and police of injuries that may indicate possible domestic violence, in order to ensure early individual counteraction to domestic violence against pregnant women.

It has been established that high potential for domestic violence against pregnant women is due to a number of excuses for not seeking assistance, such as: the belief that they can resolve the situation on their own; shame; fear that the violence will worsen after the report; doubts that law enforcement agencies, institutions and organizations will help; the conviction that such cases do not fall within the responsibilities of the police and the inaction of law enforcement agencies; unawareness of who to turn to; conviction that there is no one to turn to; the belief that such behaviour of the offender is the norm.

This study opens up prospects for further research in the development of more effective means of combating domestic violence against women, in particular, in the development of a clear mechanism for identifying potential victims and potential offenders by studying their behaviour and the most significant socio-demographic and psycho-physiological characteristics.

References

- Akhmedshina, F. (2020). Violence against women: a form of discrimination and human rights violations. *Mental Enlightenment*, 2020/2021(1), 13-23.
- Al Shidhani, N. A., Al Kendi, A. A., & Al Kiyumi, M. H. (2020). Prevalence, risk factors and effects of domestic violence before and during pregnancy on birth outcomes: an observational study of literate Omani women. *International Journal of Women's Health*, 12, 911-925. <https://doi.org/10.2147/IJWH.S272419>
- Almeida, F. S. J., Coutinho, E. C., Duarte, J. C., Chaves, C. M. B., Nelas, P. A. B., Amaral, O. 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>
- Anishina, Y. A. (2011). Is pregnancy a circumstance determining the helpless condition of a woman as a crime victim? *The Bulletin of the Moscow University of the Ministry of the Internal Affairs of Russia*, 12, 75-78.
- Antoniou, E., & Iatrakis, G. (2019). Domestic violence during pregnancy in Greece. *International Journal of Environmental Research and Public Health*, 16(21), 4222. <https://doi.org/10.3390/ijerph16214222>
- Boychuk, K., Serhienko, N., & Blaha, A. (2019). *Strengthening the effectiveness of intersectoral response and cooperation in preventing and combating domestic and gender-based violence* [Online]. Available: <http://legalaid.gov.ua/wp-content/uploads/2019/07/posylennya-efektyvnosti-mizhsektoralnogo-reaguvannya-ta-vzayemodiyi.pdf> (March 1, 2021).

- Campbell, J., Matoff-Stepp, S., Velez, M. L., Cox, H. H., & Laughon, K. (2020). Pregnancy-associated deaths from homicide, suicide, and drug overdose: review of research and the intersection with intimate partner violence. *Journal of Women's Health, 30*(2), 236-244. <https://doi.org/10.1089/jwh.2020.8875>
- Campo, M. (2015). *Domestic and family violence in pregnancy and early parenthood* [Online]. Available: <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-pregnancy-and-early-parenthood> (February 10, 2021).
- Chasweka, R. (2018). Isn't pregnancy supposed to be a joyful time? A cross-sectional study on the types of domestic violence women experience during pregnancy in Malawi. *Malawi Medical Journal, 30*(3), 191. <https://doi.org/10.4314/mmj.v30i3.11>
- Cherkasy Regional State Administration (n. d.). *Preventing and combating domestic violence* [Online]. Available: <https://ck-oda.gov.ua/zapobigannya-ta-protidiya-domashnomu-nasilstvu/> (April 20, 2021)
- Chisholm, C. A., Bullock, L., & Ferguson, J. E. (2017). Intimate partner violence and pregnancy: epidemiology and impact. *American Journal of Obstetrics and Gynecology, 217*(2), 141-144. <https://doi.org/10.1016/j.ajog.2017.05.042>
- Council of Europe. (2014, August 1). Council of Europe *Convention on preventing and combating violence against women and domestic violence* [Online]. Available: <https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/210> (February 10, 2021).
- Currie, J., Mueller-Smith, M., & Rossin-Slater, M. (2020). Violence while in utero: the impact of assaults during pregnancy on birth outcomes. *The Review of Economics and Statistics, 102*(3), 1-46. https://doi.org/10.1162/rest_a_00965
- Doctormazo. (2018, October 1). *Fighting against domestic violence during pregnancy* [Online]. Available: <https://ukr.doctormazo.com/5876622-fighting-domestic-violence-during-pregnancy> (March 15, 2021).
- Fekadu, E., Yizaw, G., Gelaye, K. A., Ayele, T. A., Minwuye, T., Geneta, T., & Teshome, D. F. (2018). Prevalence of domestic violence and associated factors among pregnant women attending antenatal care service at University of Gondar Referral Hospital, Northwest Ethiopia. *BMC Women's Health, 18*, 138. <https://doi.org/10.1186/s12905-018-0632-y>
- Ferraro, A. A., Rohde, L. A., Polanczyk, G. V., Argeu, A., Miguel, E. C., Grisi, S. J. F. E., & Fleitlich-Bilyk, B. (2017). The specific and combined role of domestic violence and mental health disorders during pregnancy on new-born health. *BMC Pregnancy and Childbirth, 17*, 257. <https://doi.org/10.1186/s12884-017-1438-x>
- Field, S., Onah, M., van Heyningen, T., & Honikman, S. (2018). Domestic and intimate partner violence among pregnant women in a low resource setting in South Africa: a facility-based, mixed methods study. *BMC Women's Health, 18*, 119. <https://doi.org/10.1186/s12905-018-0612-2>
- Finnbogadóttir, H., Dykes, A. K., & Wann-Hansson, C. (2016). Prevalence and incidence of domestic violence during pregnancy and associated risk factors: a longitudinal cohort study in the south of Sweden. *BMC Pregnancy Childbirth, 16*, 228. <https://doi.org/10.1186/s12884-016-1017-6>
- Globevnik Velikonja, V., Lučovnik, M., Premru Sršen, T., Leskošek, V., Krajnc, M., Pavše, L., ... Blickstein, I. (2018). Violence before pregnancy and the risk of violence during pregnancy. *Journal of Perinatal Medicine, 46*(1), 29-33. <https://doi.org/10.1515/jpm-2016-0378>
- Gomes Ramalho, N. M., Lopes Ferreira, J. D., Jácome de Lima, C. L., Costa Ferreira, T. M., Souto, S. L. U., & Maciel, G. M. C. (2017). Domestic violence against pregnant women. *Revista de Enfermagem, 11*(12), 4999-5008. <https://doi.org/10.5205/1981-8963-v11i12a22279p4999-5008-2017>
- Gürkan, Ö. C., & Kömürçü, N. (2017). The effect of a peer education program on combating violence against women: A randomized controlled study. *Nurse Education Today, 57*, 47-53. <https://doi.org/10.1016/j.nedt.2017.07.003>
- Hrelc, D. A. (2019, August 13). *Intimate partner violence in pregnancy*. [Online]. Available: <https://www.myamericannurse.com/intimate-partner-violence-in-pregnancy/> (February 10, 2021).
- Jungari, S. (2018, November 28). *Violent motherhood: prevalence and factors affecting violence against pregnant women in India*. *Journal of Interpersonal Violence, 33*(11), 1881-1894. <https://doi.org/10.1177/0886260518815134>
- Khaironisak, H., Zaridah, S., Hasanain, F. G., & Zaleha, M. I. (2016). Prevalence, risk factors, and complications of violence against pregnant women in a hospital in Peninsular Malaysia. *Women & Health, 57*(8), 919-941. <https://doi.org/10.1080/03630242.2016.1222329>
- Lencha, B., Ameya, G., Baresa, G., Minda, Z., & Ganfure, G. (2019). Intimate partner violence and its associated factors among pregnant women in Bale Zone, Southeast Ethiopia: A cross-sectional study. *PLoS One, 14*(5), e0214962. <https://doi.org/10.1371/journal.pone.0214962>
- Lockwood Estrin, G., Ryan, E. G., Trevillion, K., Demilew, J., Bick, D., Pickles, A., & Howard, L. M. (2019). Young pregnant women and risk for mental disorders: findings from an early pregnancy cohort. *BJPsych Open, 5*(2), e21. <https://doi.org/10.1192/bjo.2019.6>

- Maciel, M. N. A., Blondel, B., & Saurel-Cubizolles, M.-J. (2019). Physical violence during pregnancy in France: frequency and impact on the health of expectant mothers and new-borns. *Maternal and Child Health Journal*, 23, 1108–1116. <https://doi.org/10.1007/s10995-019-02747-y>
- March of dimes. (n. d.). *Abuse during pregnancy* [Online]. Available: <https://www.marchofdimes.org/pregnancy/abuse-during-pregnancy.aspx> (March 15, 2021).
- McQuigg, R.J.A. (2011). *International human rights law and domestic violence: the effectiveness of international human rights law*. New York, NY: Taylor & Francis.
- Murkoff, H. (2018, October 25). *Abuse and domestic violence during pregnancy* [Online]. Available: <https://www.whattoexpect.com/pregnancy/domestic-abuse/> (February 10, 2021).
- Nair, N., Daruwalla, N., Osrin, D., Rath, S., Gagrai, S., Sahu, R., ... Prost, A. (2020). Community mobilisation to prevent violence against women and girls in eastern India through participatory learning and action with women's groups facilitated by accredited social health activists: a before-and-after pilot study. *BMC International Health and Human Rights*, 20, 6. <https://doi.org/10.1186/s12914-020-00224-0>
- Nguyen, T. H., Ngo, T. V., Nguyen, V. D., Nguyen, H. D., Nguyen, H. T. T., Gammeltoft, T., ... & Rasch, V. (2018) Intimate partner violence during pregnancy in Vietnam: prevalence, risk factors and the role of social support. *Global Health Action*, 11(S3), 1638052. <https://doi.org/10.1080/16549716.2019.1638052>
- O'Reilly, R., & Peters, K. (2018). Opportunistic domestic violence screening for pregnant and post-partum women by community based health care providers. *BMC Women's Health*, 18, 128. <https://doi.org/10.1186/s12905-018-0620-2>
- Okada, M. M., Hoga, L. A. K., Borges, A. L. V., Sartori de Albuquerque, R., & Belli, M. A. (2015, May/June). Domestic violence against pregnant women. *Acta Paulista de Enfermagem*, 28(3), 270–274. <https://doi.org/10.1590/1982-0194201500045>
- Organization for Security and Co-Operation in Europe. (2019). *Well-being and safety of women. Ukraine. The report based on the OSCE research results*. Kyiv: OSCE Ukraine.
- Orpin, J., Papadopoulos, C., & Puthussery, S. (2020). The prevalence of domestic violence among pregnant women in Nigeria: A systematic review. *Trauma, Violence, & Abuse*, 21(1), 3–15. <https://doi.org/10.1177/1524838017731570>
- Priya, A., Chaturvedi, S., Bhasin, S. K., Bhatia, M. S., & Radhakrishnan, G. (2019). Are pregnant women also vulnerable to domestic violence? A community based enquiry for prevalence and predictors of domestic violence among pregnant women. *Journal of Family Medicine and Primary Care*, 8(5), 1575–1579. https://doi.org/10.4103/jfmpc.jfmpc_115_19
- Procentese, F., Di Napoli, I., Tuccillo, F., Chiurazzi, A., & Arcidiacono, C. (2019). Healthcare professionals' perceptions and concerns towards domestic violence during pregnancy in Southern Italy. *International Journal of Environmental Research and Public Health*, 16(17), 3087. <https://doi.org/10.3390/ijerph16173087>
- Regmi, M. C., Subedi, L., Shrestha, R., Dixit, B., & Shrestha, N. (2018). Prevalence of domestic violence among the pregnant women attending BPKIHS. *Nepal Journal of Obstetrics and Gynaecology*, 12(1), 32–35.
- Rishal, P., Pun, K. D., Darj, E., Joshi, S. K., Bjørngaard, J. H., Swahnberg, K., ... Muzrif, M. M. M. (2017). Prevalence and associated factors of domestic violence among pregnant women attending routine antenatal care in Nepal. *Scandinavian Journal of Public Health*, 46(8), 785–793. <https://doi.org/10.1177/1403494817723195>
- Sapkota, D., Baird, K., Saito, A., & Anderson, D. (2017). Interventions for domestic violence among pregnant women in low- and middle-income countries: A systematic review protocol. *Systematic Reviews*, 6(1), 254. <https://doi.org/10.1186/s13643-017-0657-6>
- Sarayloo, K., Mirzaei Najmabadi, K., Ranjbar, F., & Behboodi Moghadamm, Z. (2017). Prevalence and risk factors for domestic violence against pregnant women. *Iran Journal of Nursing*, 29(104), 28–35. <https://doi.org/10.29252/ijn.29.104.28>
- Sechrist, S. M., & Weil, J. D. (2017). Assessing the impact of a focused deterrence strategy to combat intimate partner domestic violence. *Violence against Women*, 24(3), 243–265. <https://doi.org/10.1177/1077801216687877>
- Silverman, J.G., Decker, M.R., 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(1), 140–148. <https://doi.org/10.1016/j.ajog.2005.12.052>
- Thomas, J. L., Lewis, J. B., Martinez, I., Cunningham, S. D., Siddique, M., Tobin, J. N., & Ickovics, J. R. (2019). Associations between intimate partner violence profiles and mental health among low-income, urban pregnant adolescents. *BMC Pregnancy and Childbirth*, 19(1), 120. <https://doi.org/10.1186/s12884-019-2256-0>
- United Nations Population Fund (2020, November 9). *Programming an online training course on solving the problem of violence against women and girls in Ukraine* [Online]. Available: <https://ukraine.unfpa.org/uk/RFQ%20N%C2%BA%20UNFPA/UKR/RFQ/20/26> (April 20, 2021).

- Volosevych, I., Konoplytska, T., Kostiuchenko, T., Mikhanchuk, D., & Martseniuk, T. (2014). *Analysis of spreading violence against girls and women*. Kyiv: GfK Ukraine.
- Wang, T., Liu, Y., Li, Z., Liu, K., Xu, Y., Shi, W., & Chen, L. (2017). Prevalence of intimate partner violence (IPV) during pregnancy in China: A systematic review and meta-analysis. *PLoS One*, 12(10), e0175108. <https://doi.org/10.1371/journal.pone.0175108>
- Wikipedia (n.d.). *Domestic violence and pregnancy* [Online]. Available: https://ru.qaz.wiki/wiki/Domestic_violence_and_pregnancy (February 10, 2021).
- Zaporozhtsev, A.V., Labun, A.V., Zabroda, D. G., Basysta I.V., Drozdova, I.V., Bryzhik V.O., & Musienko, O. M. (Eds.) (2012). *Domestic violence and the activities of law enforcement agencies to overcome it: a textbook for cadets of higher educational institutions of the Ministry of Internal Affairs of Ukraine*. Kyiv: OSCE Ukraine.