Rev Int Salud Materna Fetal
ISSN 2519-9994

ORIGINAL ARTICLE

FACTORS ASSOCIATED WITH COUPLE VIOLENCE IN PREGNANT WOMEN DURING THE COVID-19 PANDEMIC

Jackeline Delgado-Herr [1,a], Emma Felicia Salazar-Salvatierra
Marco Antonio Chilipio-Chiclla [3,a]

Filiation:
[1] Puesto de Salud San Luis, Servicio de Obstetricia, Lima, Perú.
[2] Universidad Nacional Mayor de San Marcos, Departamento Académico de Obstetricia, Lima, Perú.
[3] Institute Of Development Research For Professionals, Lima, Perú
[a] Licenciado en obstetricia
[b] Doctora en Salud Pública

How to cite the article: Delgado-Herrera J, Salazar-Salvatierra EF, Chilipio-Chiclla MA. Factors associated with intimate partner violence in pregnant women during the COVID-19 pandemic. Revista Internacional de Salud Materno Fetal. 2023; 8(4): o1-o8. DOI: 10.47784/rismf.2023.8.4.323i

Funding: This article has been funded entirely by the authors.
Conflicts of interest: The authors do not declare any conflict of interest.

Correspondence:
Marco Chilipio Chiclla
Email: marco.chilipio@unmsm.edu.pe

Received: 11-16-2023
Revision: 20-12-2023
Approved: 12-22-2023
Anticipated: 11-01-2024
Published: 11-01-2024

ABSTRACT

Objective: To determine the factors associated with intimate partner violence in pregnant women during the Covid-19 pandemic at the San Luis Health Center, from January to December 2021. **Materials and Methods:** Observational, analytical case-control study. The population consisted of pregnant women attended in a primary care establishment, from which a sample was taken and distributed into a case group (133) and a control group (133). Partner violence was identified through the MINSA Violence Detection Sheet. The Chi-square test was used with a confidence level of 95%. In addition, crude (ORc) and adjusted (ORa) Odds Ratios were estimated, the latter using binary logistic regression. **Results**: The median age was 30 years; likewise, psychological violence prevailed (69.2%), followed by physical violence (50.4%) and sexual violence (9.8%). In the bivariate analysis, low educational level (ORc=2.07; p=0.026), violence prior to pregnancy (ORc=13.09; p=0.000), alcohol consumption by the partner (ORc=1.69; p=0.040) and a history of child violence (ORc=2.03; p=0.033) were factors that increased the probability of presenting intimate partner violence during pregnancy. However, after the multivariate analysis, only pre-pregnancy violence (ORa=13.98; p=0.000) was associated with intimate partner violence during the pandemic. **Conclusion:** Partner violence prior to pregnancy is the only factor associated with violence in pregnant women during the Covid-19 pandemic treated at C.S. San Luis.

Key words: Intimate partner violence; Exposure to violence; Pregnant women (Source: MeSH NLM)

INTRODUCTION

The circumstances of confinement due to the Covid-19 pandemic have enhanced individual and social risk factors for gender-based violence, by increasing isolation and barriers that make it difficult to request help and report (1). This situation has as a direct consequence an increase in violence, especially in vulnerable populations such as pregnant women (2). In Asian countries, a prevalence of intimate partner violence of 45.2% is reported during the Covid-19 pandemic (3); Likewise, in Belgium it is reported that pregnant women had a 1.63 times higher risk of intimate partner violence during the Covid-19 pandemic (4). In Ethiopia, it is reported that pregnant women who are victims of violence during the pandemic have mainly experienced emotional violence (72.7%), followed by sexual violence (48.5%) and physical violence (30.3%) during the Covid-19 pandemic (5). This shows how problematic violence is; In this sense, it is necessary to investigate it to intervene in a timely manner and thus limit its undesirable consequences. According to Naghizadeh et al. (6), violence affects the quality of life of pregnant women; Even before the pandemic, it has been recognized that greater maternal-perinatal complications are predisposed (7), generating extra costs for care for health systems (8).

In Latin America, intimate partner violence is one of the most common forms of violence against women and includes physical, sexual, or emotional abuse (9). This is more problematic in this region of the world, as there are deep-rooted cultural patterns and acceptance of many forms of violence, which go unnoticed (10). Before the Covid-19 pandemic, studies in Mexico reported a prevalence of violence against women of 33.0% (11). Other studies from the same country refer to the predominance of physical violence (25.9%) and psychological violence (15.8%), followed by sexual violence (10.4%) (12), which is worrisome because it shows that prior to the pandemic, violence was already very present and presumably exacerbated during the pandemic. Studies from the region (11) report that schooling, violence during childhood, frequent consumption of alcohol by couples, as well as the presence of rigid and traditional gender stereotypes are factors that influence violence against women. However, there is little research on violence during pregnancy in the context of the Covid-19 pandemic, which warrants further research.

In Peru, before the Covid-19 pandemic, violence during pregnancy prevailed in 29.4% of cases (13), and it is unknown if it increased during the pandemic. This is important because the pandemic has added certain factors that need to be studied. Likewise, national researchers (14) report that violence during pregnancy, especially physical violence, increases the risk of maternal-perinatal complications by 2.5 times. It is also recognized that certain socioeconomic, family, and reproductive factors such as cohabiting marital status, alcohol consumption, poverty, among others, increase the probability of suffering violence. However, little or no research has been carried out in the context of the Covid-19 pandemic at the San Luis Health Center (C.S.), a primary care establishment whose framework of action is preventive-promotional activities; To this end, it is essential to identify pregnant women at risk of intimate partner violence due to the presence of a contributing factor; Hence the importance of the present study.

MATERIAL AND METHODS

Observational, analytical, case-control study. The population was made up of all pregnant women treated at the San Luis Health Center during January to December 2021. This is a level I-3 health facility located in the San Luis district (Lima, Peru) and attached to the Directorate of Integrated Health Networks (DIRIS) Lima Centro. The type of sampling used was probabilistic and the sampling technique was simple random, given that the sampling frame was available.

A formula was used for sample calculation of case-control studies, considering standard parameters of confidence level (95%) and power (80%); as well as a prevalence of exposure (history of violence in childhood) in the case group of 24.5% and a prevalence of exposure in the control group of 11.0%, estimated from a study by Barzola et al. (13). A ratio of 1/1 of cases to controls was established and a sample size of 133 cases and 133 controls was estimated.

The inclusion of pregnant women who attended in the first, second or third trimester of pregnancy, for prenatal care, whether new or continuing and of all

ages, was considered. On the other hand, pregnant women who presented at least some warning signs (headache, tinnitus, bleeding, etc.) that prompted immediate referral were excluded.

The data collection technique was documentary, since secondary sources of information were used; in this case, review of medical records. The dependent variable was intimate partner violence, which was evaluated using the MINSA Violence Detection Form (15), which was published in 2017 as part of the "Technical Guide for Mental Health Care for Women in a Situation of Violence Caused by a Partner or Ex-Partner" and is defined as present violence when the pregnant woman presents at least one indicator of intimate partner violence. physical, psychological, or sexual, evidenced during the clinical interview conducted as part of the first prenatal care provided by the obstetrician. The independent variables evaluated were grouped into: i) socioeconomic, which included age, rural origin, marital status, educational level of the mother and partner, occupation, economic problems and job loss as a result of the pandemic; ii) family members, which included pre-pregnancy violence, time spent in a relationship, alcohol and tobacco consumption by the couple, and a history of child violence; and (iii) reproductive, which included parity, history of abortion and planned pregnancy.

Data processing was performed using the Statistical Package for Social Sciences (SPSS) version 24 software. A descriptive analysis was performed using means of central tendency (median) and dispersion (interquartile range) according to the normal distribution evaluated with the Kolmogorov-Smirnov test for the age variable. The analysis of qualitative variables was performed using absolute frequencies (n) and relative frequencies (%). In the bivariate analysis, a Chi-square test with a 95% confidence level was used and the crude Odds Ratio (ORc) was used as a measure of association; In addition, a binary logistic regression was performed to estimate adjusted odds ratios (aOR). It should be noted that this research derives from a complementary analysis of a previously carried out thesis (16), whose compliance with ethical guidelines such as confidentiality, autonomy and respect were verified at the time.

RESULTS

Table 1. General characteristics of pregnant women treated during the COVID-19 pandemic at the San Luis Health Center, 2021

	n	%
Age of the pregnant woman (years)		
Median [IQR]	30 [24-34]	
16 – 19	15	5.6
20 – 34	193	72.6
35 - 46	58	21.8
Origin		
Lima (capital)	103	38.7
Province	88	33.1
Foreigner	75	28.2
Marital status		
Single	215	80.8
Married woman	13	4.9
Cohabitant	37	13.9
Divorcee	1	0.4
Educational level		
Unenlightened	1	0.4
Primary	41	15.4
High school	131	49.2
Superior	93	35.0
Occupation		
Housewife	222	83.5
Independent	38	14.3
Dependent	6	2.3
Total	**266**	**100.0**

IQR: Interquartile Range

From the analysis of the sample made up of 133 pregnant women with intimate partner violence and 133 pregnant women without intimate partner violence treated at the San Luis Health Center between January and December 2021, a median age of 30 years (min: 16 – max: 46 years) was observed. The majority were between 20 and 34 years old (72.6%), followed by those over 35 years old (21.8%) and less frequently under 19 years old (5.6%). Just over a third came from Lima (38.7%), while just under a third came from the provinces (33.1%) and abroad (28.2%). The vast majority had single marital status (80.8%); To a lesser extent, they were cohabiting (13.9%) and were rarely married (4.9%) and cohabiting (0.4%). Most of the pregnant women had secondary education (49.2%), followed by those with higher education (35.0%), primary education (15.4%) and only one lacked education (0.4%). Most pregnant women were housewives (83.5%), followed by those with independent work (14.3%) and very few had dependent work (2.3%) (**Table 1**).

The predominant form of intimate partner violence was psychological violence (69.2%), followed by physical violence (50.4%) and to a lesser extent were victims of sexual violence (9.8%) (**Figure 1**). In the bivariate analysis, the only socioeconomic factor associated with intimate partner violence was the low educational level of the pregnant woman (ORc=2.07; 95% CI: 1.08-3.96; p=0.026). Among family factors, pre-pregnancy violence (ORc=13.09; 95% CI: 6.46-26.49; p=0.000), alcohol consumption in the couple (ORc=1.69; 95% CI: 1.02-2.82; p=0.040) and child violence (ORc=2.03; 95% CI: 1.04-3.96; p=0.033) were associated with intimate partner violence during the COVID-19 pandemic in pregnant women treated at the San Luis Health Center. None of the reproductive factors evaluated as parity (p=0.391), history of abortion (p=0.892), or planned pregnancy (p=0.802) were associated with intimate partner violence. After the multivariate analysis, of all the factors evaluated, only pre-pregnancy violence was the only factor that increased the probabilities of experiencing intimate partner violence during pregnancy during the COVID-19 pandemic by almost 14 times (95% CI: 6.53-29.92). (**Table 2**)

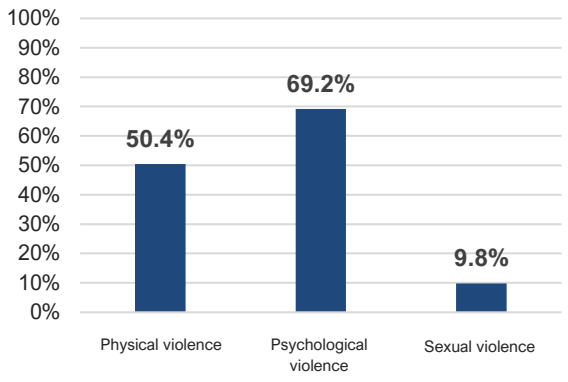

Figure 1. Intimate partner violence in pregnant women during the pandemic, 2021

DISCUSSION

Violence against women, especially by intimate partners, is a serious public health problem (16). Likewise, in the United States, it is estimated that it generates a cost of $103,767 for each woman who suffers violence derived from welfare benefits (8); This has a great impact on health systems, which must assume this economic burden, in addition to all that this implies, as it brings with it a high burden of morbidity by leading to low self-esteem, anxiety, depression, social exclusion and more violence (17). The pregnant women evaluated had a median age of 30 years; Likewise, they were mostly between 20 and 34 years old (72.0%) and to a lesser extent they were at extremes of reproductive age (adolescents: 5.6% and elderly: 21.8%). In addition, they were mainly single (80.8%), had a secondary education level (49.2%) and occupation were housewives (83.5%). It is important to consider the profile of pregnant women attended during January to December 2021, a period coinciding with the second Covid-19 wave in Peru, and presumably some of these characteristics would be able to be associated with the presentation of intimate partner violence.

Of the 133 pregnant women who experienced intimate partner violence, the majority were victims of psychological violence (69.2%), followed by physical violence (50.4%) and, to a lesser extent, sexual violence (9.8%). This finding is similar to that reported by Teshome et al. (5), whose study also showed a predominance of psychological violence (72.7%) in pregnant women during the pandemic. Although other studies, such as Rayhan et al. (3), report lower prevalences, the predominance of psychological violence was agreed. As can be seen, there is agreement on the primacy of psychological violence; This is explained by the scale theory, which suggests that everything begins with abusive or threatening behaviors with the intention of inflicting emotional harm and then increases over time, with a progressive increase in its forms and intensity, moving on to expressions of physical and sexual violence, and even triggering death violence (18).

In Peru, before the Covid-19 pandemic, studies reported a prevalence of intimate partner violence of 29.4% (13), although it is not scientifically known whether it has increased during the pandemic. This is especially important because the pandemic has added certain factors that need to be studied. For this reason, a series of socioeconomic, family and reproductive factors were evaluated, which were presumed to be associated with violence.

Table 2. Factors associated with intimate partner violence during the COVID-19 pandemic in pregnant women treated at the San Luis Health Center, period January to December 2021

Factors	Bivariate analysis			Multivariate analysis		
	Orc	(CI95%)	p-value	Pray	(CI95%)	p-value
Socio-economic factors						
Age [10-19 years][a]	2.55	0.78-8.31	0.107	2.19	0.50-9.67	0.297
Age [over 35 years][a]	0.56	0.31-1.03	0.063	0.69	0.33-1.46	0.340
Origin [Province][b]	0.63	0.35-1.12	0.117	0.67	0.32-1.39	0.284
Origin [Foreign][b]	1.05	0.57-1.91	0.866	1.58	0.71-3.56	0.263
Marital status [married-cohabiting][c]	1.64	0.88-3.07	0.116	1.48	0.68-3.24	0.318
Low educational level of the pregnant woman [Yes]	**2.07**	**1.08-3.96**	**0.026**	1.75	0.76-4.03	0.186
Low educational level of the partner [Yes]	1.37	0.62-3.03	0.424	1.06	0.39-2.83	0.902
Occupation Housewife [Yes]	0.64	0.33-1.24	0.187	0.75	0.26-2.18	0.606
Economic problems due to the pandemic [yes]	0.86	0.31-2.46	0.790	0.58	0.14-2.24	0.430
Pandemic Job Loss [Yes]	0.88	0.50-1.55	0.665	0.94	0.35-2.49	0.906
Family Factors						
Pre-gestational violence [yes]	**13.09**	**6.46-26.49**	**0.000**	**13.98**	**6.53-29.92**	**0.000**
Relationship Time > 5 Years [Yes]	0.79	0.48-1.31	0.376	0.99	0.46-2.16	0.998
Alcohol use with a partner [Yes]	**1.69**	**1.02-2.82**	**0.040**	1.21	0.46-3.18	0.691
Partnered tobacco use [Yes]	1.41	0.79-2.52	0.241	0.91	0.31-2.74	0.880
Child Violence [Yes]	**2.03**	**1.04-3.96**	**0.033**	1.30	0.52-3.26	0.573
Reproductive factors						
Parity > 2 [Yes]	0.81	0.50-1.31	0.391	0.79	0.37-1.66	0.541
History of abortion [Yes]	1.03	0.60-1.77	0.892	1.07	0.53-2.15	0.845
Planned pregnancy [Yes]	1.13	0.42-3.03	0.802	1.78	0.53-5.94	0.347

ORc: crude odds ratio; ORa: fair odds ratio; CI, confidence interval; Ref.: 20-35 years;
b/ ref.: Lima; c/ ref.: widow-single

DOI: https://doi.org/10.47784/rismf.2023.8.4.323i

In the bivariate analysis, the main risk factor for intimate partner violence was violence prior to pregnancy (ORc=13.09; p=0.000), a finding that would agree with Gonzáles et al. (19) and is explained under the theory of forgiveness (20). In order of importance, another factor also bivariately associated was the low educational level of the pregnant woman (ORc=2.07; p=0.026), a finding that would be consistent with Tadesse et al. (21) who found that an illiterate and primary educational level increases 2.3 and 1.6 times the probability that a pregnant woman will be a victim of violence during the pandemic. respectively. Next, the history of childhood violence was placed (ORc=2.03; p=0.033), another significant factor in the present study; this was consistent with Barzola et al. (13) for whom physical violence during childhood is associated with gestational violence (p=0.021). Ultimately, alcohol consumption by the partner (ORc=1.69; p=0.000) significantly increased the probability of violence during pregnancy, very similar to studies from Africa (5).

Given that violence, like many social and health phenomena, cannot be explained by unicausal models; Bivariate analysis would be insufficient for a better understanding of intimate partner violence (22). In this sense, the multivariate analysis allowed us to adjust the joint effect of the socioeconomic, family and reproductive factors considered in this research; As a result, only violence prior to pregnancy (aOR=13.98; p=0.000) was associated with increasing the probability of suffering violence during pregnancy during the Covid-19 pandemic. This result is consistent with a study from Mexico where even exposure to physical violence prior to pregnancy increased the probability of experiencing violence during pregnancy by 42.4 times (19). Although Peruvian studies such as López and Núñez did not estimate measures of association such as Odds Ratios, they did find that exposure to violence before the current pregnancy is significantly associated (p=0.001) with experiencing situations of violence during pregnancy; This reaffirms the role of this factor and the magnitude of its influence.

The present research highlights a factor with a high strength of association, such as exposure to situations of violence prior to pregnancy, being the only one that was associated with the re-experiencing of violent situations during pregnancy and in the context of the Covid-19 pandemic. According to Vargas et al. (23), this can be explained by what could be considered the theory of forgiveness in the cycle of violence, which explains that once violent acts have arisen against the partner, the aggressor shows remorse and makes promises not to carry out similar acts again; The aggressor also looks for ways to obtain the partner's forgiveness so as not to lose them. It is common for the aggressor to show blackmail behaviors when expressing that he needs help and that he cannot be abandoned in such a situation. The behaviors he performs to achieve this are of extreme kindness, love, and affection. The woman usually accepts the partner's repentance and offers forgiveness, resuming their relationship, until the next violent act (24). That is why, in a relationship where there is abuse, it should not be overlooked or minimized because violence is a cycle; If it was present before pregnancy, similar situations will occur again (20), even during pregnancy and even more so in contexts such as the pandemic. For this reason, it is necessary to identify pregnant women with this history early during prenatal care in order to provide them with the corresponding management and timely referral (to a professional psychologist, social worker, etc.) because only in this way can the cycle of violence be broken; This is even more important in the obstetric population, as studies from Peru (14) affirm that physical and psychological violence increase the risk of maternal complications by 2.5 and 2.4 times, respectively.

It is important to highlight the period from which the information comes (Covid-19 pandemic) and the pregnant women evaluated, since the stressful situation, lack of income and social isolation would have exacerbated violent behaviors, including those acts of violence within the family nucleus and precisely committed against pregnant women (2). Probably, the context in which violence was analyzed and its factors make it difficult to replicate the results of this study, except for future similar situations; This could represent a limitation of the present study. However, it is also an opportunity to recommend to the scientific community to continue researching violence in the context of future health crises, as they have the capacity to exacerbate this problem, which has always been a social scourge

(25,26). Finally, it is possible to conclude that violence prior to pregnancy increased the probability of suffering situations of intimate partner violence during pregnancy again in the context of the pandemic in the C.S. San Luis; It is expected that these types of findings will add to the available scientific evidence and allow academics, professionals and policymakers to recognize initial couple patterns, especially in pregnant populations with precedents of similar situations prior to gestation; and in this way, the cycle of violence is broken, preventing deaths due to violence in its severe forms and avoiding greater maternal-perinatal complications.

CONCLUSIONS

Violence prior to pregnancy is a factor associated with the re-experiencing of situations of intimate partner violence during pregnancy in the context of the Covid-19 pandemic at the San Luis Health Center.

BIBLIOGRAPHIC REFERENCES

1. Lorente M. Violencia de género en tiempos de pandemia y confinamiento. Revista Española de Medicina Legal. 2020; 46(3): 139-145. DOI: 10.1016/j.reml.2020.05.005.
2. Kotlar B, Gerson E, Petrillo S, Langer A, Tiemeier H. The impact of the COVID-19 pandemic on maternal and perinatal health: a scoping review. Reproductive Health. 2021; 18(10): 01-39. DOI: 10.1186/s12978-021-01070-6.
3. Rayhan I, Akter K. Prevalence and associated factors of intimate partner violence (IPV) against women in Bangladesh amid COVID-19 pandemic. Heliyon. 2021; 7: e06619. DOI: 10.1016/j.heliyon.2021.e06619.
4. Ditekemena J, Luhata C, Mavoko H, Siewe J, Nkamba D, Van Damme W, et al. Intimate Partners Violence against Women during a COVID-19 Lockdown Period: Results of an Online Survey in 7 Provinces of the Democratic Republic of Congo. Int. J. Environ. Res. Public Health. 2021; 10(08): e5108. DOI: 10.3390/ijerph18105108.
5. Teshome A, Gudu W, Bekele D, Asfaw M, Enyew R, Compton S. Intimate partner violence among prenatal care attendees amidst the COVID-19 crisis: The incidence in Ethiopia. Int J Gynecol Obstet. 2021; 153: 45-50. DOI: 10.1002/ijgo.13566.
6. Naghizadeh S, Mirghafourvand M, Mohammadirad R. Domestic violence and its relationship with quality of life in pregnant women during the outbreak of COVID-19 disease. BMC Pregnancy and Childbirth. 2021; 21: e88. DOI: 10.1186/s12884-021-03579-x.
7. Azim A, Roozbeh N, Asiyeh P, Dabiri F, Kamjoo A, Shahi A. Prevalence of domestic violence on pregnant women and maternal and neonatal outcomes in Bandar Abbas, Iran. Electron Physician. 2017; 9(8): 5166-5171. DOI: 10.19082/5166.
8. Peterson C, Kearns M, Likamwa W, Fuino L, Nicolaidis C, McCollister K, et al. Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults. American Journal of Preventive Medicine. 2018; 55(4): 433-444. DOI: 10.1016/j.amepre.2018.04.049.
9. Garmendia F. La violencia en América Latina. Anales de la Facultad de Medicina. 2011; 72(4): 269-276.
10. Moral J, López F. Premisas socioculturales y violencia en la pareja: diferencias y semejanzas entre hombres y mujeres. Estudios sobre las Culturas Contemporáneas. 2013; 38(19): 47-71.
11. Jaen C, Rivera S, Amorin E, Rivera L. Violencia de Pareja en Mujeres: Prevalencia y Factores Asociados. Acta de Investigación Psicológica. 2015; 5(3): 2224-2239. DOI: 10.1016/S2007-4719(16)30012-6.
12. Ambriz M, Zonana A, Campos M. Factores asociados a violencia doméstica en mujeres mexicanas vistas en primer nivel atención. Semergen - Medicina de Familia. 2015; 41(5): 241-246. DOI: 10.1016/j.semerg.2014.07.004.
13. Barzola M, Moquillaza V, Díaz C. Violencia doméstica durante el embarazo en un hospital especializado del Perú: Prevalencia y factores asociados. Rev. Chil. Obstet. Ginecol. 2020; 85(6): 85-86. DOI: 10.4067/S0717-75262020000600641.
14. Correa M. Complicaciones maternas asociadas a la violencia física, psicológica y sexual durante el embarazo en el Hospital de Vitarte, Lima-Perú. Revista Internacional de Salud Materno Fetal. 2019; 4(4): 11-18.
15. Ministerio de Salud. Guía Técnica para la Atención de Salud Mental a Mujeres en Situación de Violencia Ocasionada por la Pareja o Expareja. Lima, Perú: Dirección de Salud Mental del MINSA, Dirección General de Intervenciones Estratégicas en Salud Pública; 2017.
16. Delgado J. Factores asociados a la violencia de pareja en gestantes durante la pandemia COVID-19. Centro de Salud San Luis, 2021. (Tesis de licenciatura en Obstetricia). Lima, Perú: Universidad Nacional Mayor de San Marcos, Facultad de Medicina; 2023.

17. Garmendia F. La violencia en el Perú 2015. Anales de la Facultad de Medicina. 2016; 77(2): 153-161. DOI: 10.15381/anales.v77i2.11838.
18. Martínez A. La violencia. Conceptualización y elementos para su estudio. Polit Cult. 2016; 46: p. 07-31.
19. Ocampo L, Amar J. Violencia en la pareja, las caras del fenómeno. Revista Salud Uninorte. 2011; 27(1): 108-123..
20. Gonzáles F, Paredes S, Rios C, Saldaña J, Paredes S, Andersson N. Ocurrencia y factores asociados con la violencia física y psicológica a mujeres embarazadas atendidas en un hospital materno infantil. Ginecol Obstet Mex. 2022; 90(7): 569-578. DOI: 10.24245/gom.v90i7.7518.
21. Cuervo M, Martínez J. Puesuna relación donde hay maltrato no debe ser pasada por alto ni tampoco minimizada pues la violencia es un ciclo donde si antes de la gestación estuvo presente, situaciones similares se volverán a presentar incluso durante el embarazo. Revista Tesis Psicológica. 2013; 8(1): 80-88.
22. Tadesse A, Mihret S, Biset G. Prevalence and Associated Factors of Intimate Partner Violence Among Married Women During COVID-19 Pandemic Restrictions: A Community-Based Study. Journal of Interpersonal Violence. 2020; 8(1). DOI: 10.1177/0886260520976222.
23. Sagaró N, Zamora L. Técnicas estadísticas multivariadas para el estudio de la causalidad en Medicina. Rev Ciencias Médicas. 2020; 24(2): e4029.
24. Vargas B, López M, Cortés E. ¿Qué significa el perdón en el ciclo de la violencia? Revista Psicología Iberoamericana. 2017; 25(2): 70-83.
25. Vásquez M, Montes B, Aranda M, Mora M. El perdón y la reincidencia para volver con la expareja. International Journal of Developmental and Educational Psychology. 2017; 1(1): 363-372.
26. Lipp N, Johnson N. The impact of COVID-19 on domestic violence agency functioning: A case study. J Soc Issues. 2022: 01-12. DOI: 10.1111/josi.12549.
27. Patra P, Prakash J, Patra B, Khanna P. Intimate partner violence: Wounds are deeper. Indian J Psychiatry. 2018; 60(4): p. 494-498. DOI: 10.4103/psychiatry.IndianJPsychiatry_74_17

Contributions:

Jackeline Delgado-Hererra: Conceptualization, Data Curation, Formal Analysis, Funding Acquisition, Research, Methodology, Project Management, Material Resources, Software, Validation, Visualization, Original Drafting, and Writing-Revision and Editing. **Emma Salazar-Salvatierra:** Conceptualization, Research, Methodology, Project Administration, Supervision, Original Drafting, and Writing-Revision and Editing. **Marco Chilipio-Chiclla:** Conceptualization, Research, Methodology, Project Management, Supervision, Original Drafting-Writing, and Writing-Revision and Editing.