



RESEARCH ARTICLE

Domestic Violence– ‘Unwanted Pregnancy and Unsafe Abortions’: Negotiating Life amid ‘Intimate-Partner Violence’

Afsana^{1*}, Tehjeeb Alam², Vishwadeep Singh³, Fowzia Afaq⁴

Abstract

Unwanted pregnancies and unsafe abortions are closely linked to domestic violence, reflecting broader issues of gender inequality and the lack of reproductive autonomy for women in India. Domestic violence, often associated with physical or emotional abuse, also involves control over a woman's reproductive choices. Many women are denied agency in family planning decisions due to coercion, manipulation, or outright refusal of autonomy by their male partners.

Sociocultural, economic, patriarchal, and societal conventions, as well as regular physical and verbal abuse by intimate partners, frequently place women in a precarious condition which shows how “consent and coercion” govern their life. Women unable and unwilling to continue an unwanted pregnancy often resort to unsafe abortions due to fear of violence, social stigma, and lack of access to safe healthcare, severely impacting their physical and psychological well-being. Therefore, drawing upon 20 In-depth interviews conducted in the Moradabad district of Uttar Pradesh, India, and the use of Gramsci's theorization of ‘common sense’ this article explores male partners influence or control on reproductive decisions– refusing contraception, coercing pregnancies which results into leaving women powerless over their reproductive health. Further the article also attempts to investigate the nexus between domestic violence, unwanted pregnancies, and unsafe abortion practices. Besides, the article also examines women's everyday negotiation and navigation strategy to overcome various forms of domestic violence including unwanted pregnancies. Further the article also tries to offer valuable insights and suggestion for policymakers, social workers, and healthcare workers to provide inclusive policy for dignified intervention in such crucial issues.

Keywords: Domestic Violence; Unwanted Pregnancy; Unsafe Abortions; Reproductive Health, Pregnancy; common sense

Introduction

In the form of domestic abuse, violence against women stunts the women's development, fundamental rights,

and freedom. The consequences which arise owing to violence are detrimental to the emancipation of women, which creates barriers in social, political, and economic involvement. This forms a system of imbalance and inequalities, particularly in terms of gender. In India, violence against women is regulated under the Protection of Women Domestic Violence Act 2005, in which Section 3 provides guidance on Domestic Violence. Domestic violence in India is defined under Section 3 of the Protection of Women from Domestic Violence Act, 2005. It encompasses physical, sexual, verbal, emotional, and financial violence, as well as threatening, stalking, and manipulative behaviour that occurs in a familial or intimate context.

The statistics regarding domestic violence in India remain shocking as NFHS– 5 cites that over 29% of women in the age group of 15 to 49 years suffer from domestic violence (IIPS, 2021). Statistics from WHO also corroborate these figures claiming that one in three women across the globe experience some form of physical or sexual violence, showcasing how widespread the problem is. There are studies which affirm that domestic violence is closely linked with unwanted contraception, thereby qualifying as a reproductive health issue.

¹Post Doctoral Fellow ICSSR, Department of Social Work, Maulana Azad National Urdu University, Hyderabad, India

²Research Scholar, Aligarh Muslim University, Aligarh, Uttar Pradesh, India

³Research Scholar, Department of Social Work, University of Lucknow, Lucknow, Uttar Pradesh, India

⁴Post Doctoral Fellow, ICSSR; Department of Mass Communication and Journalism; Maulana Azad National Urdu University, Hyderabad, India

***Corresponding Author:** Afsana, Post Doctoral Fellow ICSSR, Department of Social Work, Maulana Azad National Urdu University, Hyderabad, India, E-Mail: afsanasiddiqui2011@gmail.com

How to cite this article: Afsana, Alam, T., Singh, V. (2026). Domestic Violence– ‘Unwanted Pregnancy and Unsafe Abortions’: Negotiating Life amid ‘Intimate-Partner Violence’. *The Scientific Temper*, 17(3):5809-5814.

Doi: 10.58414/SCIENTIFICTEMPER.2026.17.3.09

Source of support: Nil

Conflict of interest: None.

Relationship of unwanted pregnancy and unsafe abortion with domestic violence

Unintentional pregnancies and the subsequent choice of having an unsafe abortion are two entities that are interrelated directly or indirectly to domestic violence within a family, therefore labelling them as systems of reproductive coercion and control. This is an abusive stratagem that serves to dominate and control a woman's being by excruciating her mentally, and socially, in the name of controlling reproduction (Silverman *et al.*, 2010; Choi *et al.*, 2014). Domestic violence is said to occur does not take people's lives or annihilate families, however, the abuse comes in various ways, especially in this form, intimate relationships exist with damage that is far reaching from physical health to emotional health.

Considerable number of times, women are not able to manage their pregnancy because it requires a lot when it comes to money, health, and even willingness. The actions of men disregard the female autonomy driving women to pregnancy against their will. There exists a consensus on the notion that women involved in violence tend to have inadequate access to contraceptive methods and greater incidences of unintended pregnancies than women not in violent relationships (Miller *et al.*, 2010; Raj & Silverman, 2002). The cycle of violence is believed to be self-constructed without control over mental wellbeing of women to depend on their husbands due to these factors, hence, sustaining and perpetuating dependency is an economic reality worsened by unintended pregnancy.

Due to social stigmas, many women opt to get clandestine and unsafe abortions which are often hidden from the public eye (Singh *et al.*, 2018). Lack of medical attention makes these procedures dangerous to maternal health and increases the chances of morbidity and mortality, especially in underdeveloped regions (Ganatra *et al.* 2017). In a different context, this may be viewed as domestic violence. Women's fears of being abused by their intimate partners blocks them from accessing post-abortion services, adding to the woman's physical and emotional distress.

Research Methodology

The study investigates the control and dictation by male partners in matters such as the lack of contraceptive use and forcing women into conceiving as a means to deny them autonomy over their health. Usually, it is the violence, stigma, and unaffordable health care that forces women who want the pregnancy terminated to undergo unsafe abortion. Such practices severely affect women's physical and mental states. The current study will attempt to investigate the relationship between domestic violence, unwanted pregnancy, and the unsafe abortion practice among women in the Moradabad district of Uttar Pradesh. By using the qualitative research methodology, the study investigated the experiences of

women in in-depth interviews to analyse the relationship between reproductive violence, lack of control over reproductive practices, and domestic violence. The main study was done in the Moradabad district of Uttar Pradesh by using purposive sampling technique and concentrated on 20 ever-married women who experienced partner violence and had diversified problems with unwanted pregnancies and unsafe abortion incident cases. Data was then thematically analysed for identification of deeper societal factors that impacted women's behaviours related to unsafe abortions. From their narration, the underlying factors in the sociocultural and economic settings which amplify these issues, as well as failures in health care, came to light.

Unwanted Pregnancy

The narratives related to the unwanted pregnancy are divided into the following sub-themes:

Women's choices are not considered

Every woman wants to have some time with her husband after marriage to explore and enjoy life as a couple, and then conceive later. But in our patriarchal society, the wishes of the woman are not taken into consideration. The decision always remains the husband's. Women thus tend to have early conceptions. This is wrong; the wishes of the woman should also be valued.

It was an arranged marriage, and thus, in the early days, I could not say anything against my husband either. I also wanted my first child to come two years after marriage, but my husband did not ask me for that, and I did not mention it either. Just after the marriage, I got pregnant. I could not do anything but continue the pregnancy. I was overwhelmed with my thoughts, thinking that how will I manage all these things? I had not even got the chance to understand my in-laws well, and on top of that, I got pregnant. It was extremely difficult for me, and in these circumstances, I could not express my views or listen to others' views either.

Forced to continue the pregnancy even after the doctor told us that the baby had severe abnormalities and might not survive after birth, my husband and his family would not agree to the termination, citing it as against their beliefs. For nine months, I carried a child I knew wouldn't survive. It was a living nightmare, but no one cared about my pain.

Baby boy desires

I had two daughters, and I never minded that because, for me, daughters and sons are equal. But my husband and his family wanted a male heir. I didn't want more children, but due to my husband's coercion, I had to have another child. However, God's will prevailed, and it was another daughter. When she was born, no one in the family was happy. Even now, I know my husband will try again until a son is born. Here, women are treated as child-bearing machines. They have no personal choices or desires.

During my first pregnancy, I was in a terrible state. I nearly died during delivery. The doctor had advised waiting at least three years before the next pregnancy. But because my first child was a girl, my husband insisted, and I got pregnant again within a year and had a son. These men prioritize their desires above everything. A woman's life or death doesn't matter to them. They want what they want, no matter the cost, even if it takes the woman's life.

I was only 18 years old when I married, and I didn't know what pregnancy was all about. My in-laws wanted me to conceive a child immediately so that they could see their heir. I hardly got the time to adjust with my new life when I conceived. And I didn't even know how to take care of myself. I used to fall sick every now and then, but instead of sympathy, I was told to continue with my work. "Pregnancy is not an illness," they said. There was no love, no support at all—just expectations from you, which you had to fulfil, never mind how you felt.

My first pregnancy was unplanned. I wanted to wait until we were financially sound, but my husband refused to use any protection, saying it wasn't needed. I went through severe anaemia and weakness during that pregnancy. Even then, I was supposed to do the cooking, cleaning, and get the household work done. No one cared about my condition. Often, I would fall unconscious due to exertion, and all they were concerned about was if the child would be a boy.

After having three daughters, it was clear that we wanted a son. I was averse to having another child, but I was emotional blackmailed into having a child because it was my duty to do so. I had a child and it was a girl. This was followed by constant abuses and beatings because I did not give them a son. I was to blame for that.

Women are meant only for having children

According to him, women are only for childbearing. Men get married because they want their lineage to continue. Because of that kind of thinking, I had four children—most unwillingly. As much as men want something, no matter how much you say no, it is useless because they do what they want. It makes one stifling to do something one does not want to do.

I had a miscarriage with my first pregnancy, and it shattered me, both emotionally and bodily. The doctor said rest and not conceive for at least two years, but my husband and his family didn't care. Within six months, they made me try again. I wasn't ready, but I was told feelings didn't matter, what mattered was an heir. This pregnancy was the most difficult; I felt I had been betraying my own body.

During my last pregnancy, I had unbearable pain in my body. The doctor had suggested a caesarean delivery, but my in-laws refused, saying that this operation would make me weak and lessen my capability of having more children. They compelled me to go for normal delivery at the cost of risks. I almost died during childbirth. Even then, they said,

"At least the child is safe; that's what matters." My life was of no importance in comparison to their craving for a child.

After my second pregnancy, I was diagnosed with a very serious uterine infection, wherein the doctor wanted to sterilize me for further complications. I was prepared for that, but my husband did not permit me. His logic was something like, "What if we want more children in the future?" It is not his body's concern, and he would do the dictation. Now I live with the constant fear that another pregnancy could kill me. And yet I got pregnant again after all this.

Unsafe Abortion

The narratives related to the unsafe abortion divided into the following sub-themes:

The Silence of Fear

After my fourth child, I begged my husband to let me use contraceptives, but he refused. He said it was my 'duty' to bear as many children as God gave us. Every time, I knew what was awaiting me: a back-alley abortion, pills given by the local 'doctor,' or strange concoctions suggested by other older women of the neighborhood. I would bleed for days and cry silently because if he found out that I was trying to stop the pregnancies, he would beat me. Once, when I fainted due to excessive bleeding, he shouted at me, saying that I was acting out in order to avoid household chores. The pain in my body is nothing compared to the helplessness in my heart.

I was married at 19 years, with five pregnancies and two surviving children by age 25. Following my last abortion, which was performed at home with unsafe tools, I developed an infection. The doctor said that I might never have children again. When my husband learned of this, he became abusive, referring to me as 'barren' and 'worthless.' He even threatened to marry another woman. I live in constant fear that he will throw me out. I never wanted this life, but I had no say. My womb became a battlefield, and my body, the casualty.

Life in danger

My husband drinks every night and forces himself on me. When I resist, he beats me. I have had six abortions in eight years of marriage because he refuses to use protection. He says that 'only prostitutes use such things.' After my last abortion, I was hospitalized for severe blood loss, and the doctor warned me that another pregnancy could kill me. I told my husband, but he laughed and said, 'What use is a woman if she can't give me children?' I have nowhere to go, no one to turn to. My body feels like it doesn't belong to me anymore.

Once my mother-in-law had to go to the washroom at night but there was already someone in the washroom so she was sitting outside and waiting. After waiting for a long time, she knocked on the door and found out that my sister-in-law was in the washroom. She was in the bathroom

for about 1 hour and was bleeding continuously. When she came out of the bathroom, her condition was very bad. It seemed as if all the blood had come out of her body. She was taken to the hospital in emergency. There it was found out that she had used some household items for abortion, due to which her condition worsened.

The Price of baby boy

We already had three girls, and my husband would bring home barely enough to feed us. Still, he refused to allow any form of family planning. When I told him I couldn't carry another child, he slapped me hard and left the house. I found an unlicensed midwife who gave me some 'herbal medicine.' I started bleeding uncontrollably, but I couldn't go to a doctor out of shame. When my husband returned, he didn't even ask about my health. He said, 'What else are you good for? If you can't give me sons, why are you even alive?' I sometimes think of ending it all, but my children keep me alive.

After my fourth abortion, my mother-in-law started taunting me, saying I was destroying her family by killing 'her grandsons.' No one asked how much pain I was in or how scared I felt every time I saw blood. My husband doesn't beat me, but his silence hurts just as much. He doesn't care if I live or die; he only cares about his ego. My body has scars, my heart has wounds, and my mind is tired of carrying this burden alone.

A Never-Ending Cycle

I live in a joint family, where my in-laws constantly pressure me to give birth to a boy. After two daughters, I became pregnant again. My husband started saying, 'If it's another girl, we will have to try again.' I secretly took pills to abort the pregnancy, thinking it would save me from their harassment. This happened three more times. My body has become so weak that I feel dizzy just getting out of bed. My husband doesn't care; he calls me useless and blames me for being 'weak.' I want to scream that I am not a machine, but who would listen?

Ever since I got married, my sister-in-law has had many abortions. Even after having three children, my sister-in-law has not had a single month peacefully or had normal periods. She has had many abortions because her husband neither uses any contraceptive method nor does he allow her to use any permanent solution. Whoever comes to know about it, they all try to make her understand, some even scold her. Due to this, she has now stopped telling anyone, but looking at her condition, it seems as if she must still be eating something or the other for abortion. Not considering a wife as a wife but as a child-bearing machine is no less than an atrocity. There should be a law for this too. Who knows how many women must be suffering all this every day.

I got married at the age of 19 and by age 25 had five pregnancies with two surviving children. My last abortion,

which I did with unsafe tools at home, left me with an infection. The doctor told me I may never give birth to another child. Upon hearing this news, my husband started maltreating me, saying I was barren and useless, and even went so far as to threaten to get married to another woman.

Interpretation

These stories expose the nexus of patriarch, reproduction injustice, and domestic violence. Women are made secondary to their role as reproducers and their well-being, feelings, and freedom are relegated to the backseat so that their families can fit the patriarch criteria. This form of oppression over the female body becomes a function of the more widespread power dynamics that exist between the genders that are ingrained in society.

The effect of domestic violence is portrayed in the background of a patriarchal society, as an aspect of violence against women, apart from reproduction, power, division, and social norms. The violence limits the freedom of women through the denial of participation in crucial decision-making, especially with regards to childbearing. The constructs of society create the image of a woman who is not much more than a birthing box, with her health, decision-making capacity, and well-being completely ignored for the sake of family and the need for a brother. Forced childbirth and young premature mothering and pairing with disregard for critical health advice reveals a strong theme of neglect and abuse. Viewing childbearing as a burden placed on women as a duty and something that women must undertake no matter how great a cost in pain and suffering, they must bear, reduces their lives to a place of terrible consequence. These women have their behaviour dictated to them by their husbands and brothers/sisters-in-law, in disregard of very dangerous health consequences such as anaemia, difficult births, and dangers following childbirth.

The disregard for the value of life in fulfilling a task of propagating a bloodline indicates a very oppressive degree of systemic subjugation. Furthermore, in an added injustice, women failing their part of the population in propagating their kind are exempt neither from emotional nor physical suffering, thus instilling an entrenched sexism very prematurely in a gender that has wrongly placed an unmanageable biological imperative in the sole control of women.

Discussion

These stories depict domestic violence in the oppressive patriarchal society and society's everyday sense and stereotypes regarding it. Each reproductive space is a paradigm of women being systematically silenced, and therefore their reality, throbbing with painful neglect and abuse, gets turned into a single narrative of oppression. The actual lives of such women reveal the violence that lies at

the core of their home lives and account for the neglect and abuse under the guise of custom. The dominant discourse here is based on the patriarchal worldview that reduces women to the positions of child-bearers and caregivers. The idea of marriage, as seen in these stories, culminates into an institution where the independence of a woman is lost to the expectations of the husband' and the family. It can be testified by unplanned pregnancies that women are given, for which they pay with their health. In support of this argument, for example, women here also had to give birth to meet the need for a boy child to fulfil the family desire as a result of gender preference for a male child that amplifies brutality and also produces a cycle that is interrelated with other pregnancies that promote violence against women. Other family members are also involved with their own in-laws that result in violence against women.

The family members who coerce giving birth to children prematurely, ignore the medical help available, and coerce several pregnancies for a son heave show how patriarchal communities empower violence. Denial of medical operations such as sterilization or caesarean delivery firmly emphasizes right of women's life and health being dominated, but coercively reproducing them without fulfilling some elementary requirements of violence needed in life, is castration of the exercise of 'free will'. Also, common social practice that blames all for the gender of the child on the woman, points to the deep-rooted bias and ignorance in society. Women who are forced to endure the anger for producing daughters and who are subjected to physical and verbal violence perpetuate the cycle of violence and dehumanization. Dehumanizing women thus inflicts permanent physical and psychological damage, but their children are not spared either as they are targeted by patriarchal domination and domestic violence that becomes an entrenched culture. Shedding light on the unfair popular common-sense view delves deeper in matters of society where male supremacy and woman subordination is tolerated.

To eradicate perspective, the culture and systematic support for these norms have to be excised. To inform the lives of women and gender equality, education, consciousness, policy, and supportive structures are required. The stories lay bare the complex of violence, patriarchy, and reproductive compulsion that annihilates the freedom and well-being of women. Domestic violence covers the gamut of physical violence, as well as the emotional, psychological, and reproductive subjugation of a woman. The majority of the women are pressurized on psychological and reproductive grounds to give birth to children against their will., as contained in the treatment of being made invisible by the husband and his relatives, who are the principal factor in the reproductive planning of the family, as domineering reproductive compulsion translates

the subservice and disempowerment of the reproductive self in the body of the woman. Violence is also deeply embedded in cultural stereotypes such as son preference. Women are likely to be verbally assaulted and made to bear the brunt of "the offence of failing to produce sons."

In some cases, economic violence, Protection and Care Interim runs concurrently, where families begin urging additional children amidst financial insecurity, thus showing absolute disregard for the wellbeing of the mother and child. Male dominance in patriarchal societies manifests in men taking charge of women's reproductive lives, freedom, and will. Statements such as "women exist solely for childbearing" reflect the power dynamic in the system, whereby men hold power. Such narratives illustrate how women's identities get overshadowed by the holistic expectations of society and families. To address such a challenge, recognition of reproductive violence in the context of domestic violence and effective implementation of policies protecting the reproductive rights of women shall go a long way in empowering women. Ultimately, it is the deconstruction of patriarchal structures that holds the answer to how women are afforded their independence and dignity, rendering them not the instrument of tradition but instead the active participant within society itself.

Social Work Intervention

The cultural and religious beliefs and practices influence reproductive health practices, and it is one of the causes of unwanted pregnancy and Unsafe Abortions. These beliefs and practices negatively influence the acceptance of availing family planning practices. Because these beliefs and practices are an integral part of their culture, culturally sensitive, tailored social work interventions are required to improve abortion outcomes and safe the women from domestic violence.

The popular common sense regarding reproductive health places the sole responsibility on women. To overcome this prejudice, a proper strategy is needed to raise awareness among women about the serious issues of domestic violence, unwanted pregnancy and unsafe abortion. Domestic violence, reproductive coercion, unwanted pregnancy and unsafe abortions are interrelated social issues which require Rights based social work intervention for their addressal.

- Social worker may strengthen the decision autonomy and enhance motivation among the women by providing them psychosocial counselling, crises intervention and emotional support. They can also play a crucial role in spreading the awareness among the women to know their reproductive rights, legal safeguards and safe health services.
- At family level, social workers can promote gender parity and shared decision making through family counselling and conduct behavioral change programs to become a

responsible parent and to accept contraception among the males.

- Conducting of awareness campaigns, formation of self-help groups and support systems can be done at the community level by the social workers to empower the women socially and economically.
- Social workers act as an important figure in ensuring to access safe and confidential services to women and linking them with essential support services in the health settings.
- Social workers can play the role of an advocate at the policy level in protecting the women's rights, providing safe abortion services and in effective execution of policies meant for women empowerment.

Conclusion

The study specifically attempted to explore, understand and describe the lived experiences of women in negotiating their Unwanted Pregnancy and Unsafe Abortions and issues around domestic violence. Unwanted pregnancies and unsafe abortions are closely connected to domestic violence as women do not have control over their reproductive health choices and women suffer from inequality.

The study clearly reflected that domestic violence, reproductive coercion, undesired pregnancy, unsafe abortion and related popular commonsense are deeply related to the patriarchal social structure. Reproductive freedom of the women gets influenced by the factors like gender disparity, desire of male child, economic dependency and social stigma. Lack of autonomy resulted in adoption of risky alternatives like unsafe abortions causing negative physical and mental health consequences. The coordinated efforts based on health services, legal protection, community awareness and policy reforms are needed to address these issues. Social workers can bring significant change by empowering women, Challenging gender inequalities and ensuring access to support services. Positive attitude and collaborative efforts in the society are mandatory for the protection of dignity, health and autonomy of the women.

Acknowledgement

We express our sincere gratitude to Professor Mohd Shahid for his insightful suggestions, and constant encouragement. We are deeply thankful to all the respondents who generously shared their time, experiences, and perspectives.

This research is a collective effort, and we are truly grateful to everyone who contributed in any way.

References

- Afsana, Shahid M., *Unsafe Abortion Practices and Popular Common-Sense Repertoire: Reinvigorating Methodological and Intervention Issues for Social Work*, 4 J. Soc. Work Educ. Res. Action 40 (2018).
- Anita Raj & Jay G. Silverman, *Violence Against Women: The Roles of Culture, Context, and Legal Reform*, 359 Lancet 1232 (2002).
- Bela Ganatra et al., *Global, Regional, and Subregional Classification of Abortions by Safety, 2010–14: Estimates from a Bayesian Hierarchical Model*, 390 Lancet 2372 (2017).
- Claudia Padovani & Roberto Bozzon, *Gender Equality and Media Representation: A Cross-National Analysis of News Coverage*, 42 Media, Culture & Soc'y 329 (2020).
- Claudia Padovani & Roberto Bozzon, *Media Gender Equality Regimes: Exploring Media Organizations' Policy Adoption Across Nations*, in *Comparing Gender and Media Equality Across the Globe: A Cross-National Study of the Qualities, Causes, and Consequences of Gender Equality in and through the News Media* 99 (2020).
- Elizabeth Miller et al., *Pregnancy Coercion, Intimate Partner Violence, and Unintended Pregnancy*, 81 Contraception 316 (2010).
- International Institute for Population Sciences (IIPS) and ICF. (2021). *National Family Health Survey (NFHS-5), 2019-21: India: Volume I*. Mumbai: IIPS.
- Jay G. Silverman, Anita Raj & Karen Clements, *Dating Violence and Associated Risk and Pregnancy Among Adolescent Girls in the United States*, 119 Paediatrics 931 (2010).
- Julie A. Gazmararian et al., *Violence and Reproductive Health: Current Knowledge and Future Research Directions*, 4 Maternal & Child Health J. 79 (2000).
- Mohd. Shahid, *Beyond Contraceptives: Demystifying Family Planning Dynamics in Uttar Pradesh* (Alter Notes Press 2010).
- Rashmi Chhabra, S.C. Nuna & S. Chhabra, *Abortion in India: An Overview*, 57 Soc. Sci. & Med. 885 (2003).
- S. Singh, C. Shekhar & R. Acharya, *The Incidence of Abortion and Unintended Pregnancy in India, 2015*, 6 Lancet Glob. Health e111 (2018).
- Sylvia Walby, Jude Towers & Brian Francis, *Mainstreaming Domestic and Gender-Based Violence into Sociology and the Criminology of Violence*, 48 Sociology 953 (2014).
- T.Y. Choi, H.M. Lee, W.K. Park, S.Y. Jeong & H.S. Moon, *Spontaneous Abortion and Recurrent Miscarriage: A Comparison of Cytogenetic Diagnosis in 250 Cases*, 57 Obstetrics & Gynaecology Sci. 518 (2014), <https://doi.org/10.5468/ogs.2014.57.6.518>.
- World Health Organization, *Violence Against Women Prevalence Estimates* (WHO Press 2021).