



## Coping Strategies of Pregnant Women Who Experience Violence in Asia: Scoping Review

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### ABSTRACT

**Background :** Partner violence profoundly affects women's physical, mental, sexual, and reproductive health, including adverse consequences for maternal and fetal well-being during pregnancy.

**Purpose :** This scoping review aims to explore current research focusing on coping strategies employed by pregnant women experiencing violence in Asia.

**Methods :** This scoping review employed the Population, Concept, and Context (PCC) framework to investigate coping strategies of pregnant women experiencing violence in Asia. A total of 12 articles meeting inclusion criteria were selected from 536 identified through databases like PubMed, ScienceDirect, EBSCO, Wiley, and grey literature from Research Rabbit. Articles were published between 2018 and 2023 in English. The critical appraisal method using the Joanna Briggs Institute (JBI) study tool guided review selection and characterization. Studies predominantly originated from Asian countries and utilized RCT, cross-sectional, pre-experiment, cohort, and qualitative methods.

**Results :** The review categorized findings into four themes: types of violence, factors influencing violence occurrence, impacts of violence, and coping strategies adopted by pregnant women.

**Conclusions :** Pregnant women primarily employed escape and situation improvement strategies to cope with violence. Recommendations include integrating routine violence screening, psychosocial interventions in ANC services, and violence counseling to enhance accessibility and prevent escalating violence incidents.

**Keywords:** Coping strategies; Domestic violence; Pregnant women

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## INTRODUCTION

Globally, the proportion of violence against women is estimated to be relatively high, despite the relatively low number of reported cases of violence. A systematic review in Ethiopia found a higher prevalence of violence against women, 26.1% in China and violence against pregnant women 44.6%, in Nigeria (Orpin et al., 2020). Worldwide, 1% of women experience physical or sexual violence during their lifetime. This statistic has been consistent over the last ten years, including in Indonesia, where 1% of women experience physical or sexual violence (WHO, 2019).

Based on research (Roman-Galvez et al., 2021) The prevalence of violence against pregnant women varies globally, with data from fifty countries showing that one in ten mothers experienced physical violence, one in twenty experienced psychological violence, and one in twenty experienced sexual violence. Violence is most common in Africa (excluding psychological violence, which is higher in North America) and least common in Europe. East Africa and Southeast Asia have double the rates of violent partners compared to other regions.

Throughout 2020, a total of 299,911 cases of Violence Against Women were recorded. A total of 291,677 cases were handled by the District Court/Religious Court, while 8,234 cases were handled by National Commission on Violence against Women. Of these, 79% (6,480 cases) occurred in the personal sphere, also known as domestic violence cases. Cases of violence against wives dominated with 3,221 cases (50%) (Nadialista Kurniawan, 2021).

In Indonesia, some local cultures seem to support the use of violence against pregnant women. For example, in the Muyu tribe in Papua, custom requires pregnant women to live in a separate hut a considerable distance from their homes. The underlying belief is that a bloody birth can bring misfortune and cause disease (Laksono et al., 2017). Another example is in Aceh's Gayo tribe, where pregnant women are forced to work in the fields and perform strenuous tasks such as lifting weights, believing that the harder a woman works, the easier her Labor will be (Pratiwi et al., 2019).

Law ordinance No. 36 of 2009 establishes norms regarding rights and responsibilities in the health sector, including the protection of maternal and child health. It also stipulates the provisions of the Law of the Republic of Indonesia No. 23 Year 2004 that address the issue of eliminating violence within the scope of the household.

The results of a review (Trombetta & Rolle, 2023) suggest a relationship between partner violence and psychological, relational, family of origin-related, and sexual minority-specific factors, drug use, and sexual behaviour. Based on a review (Macedo et al., 2018) of 9 articles, the articles were organized and characterized based on year, country of study, and methods of addressing the problem. The main way to address intimate partner violence is to actively seek out cases and approach primary health care with all family members.

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## OBJECTIVE

The purpose of this scoping review is to examine current evidence on how pregnant women cope with violence during pregnancy, including the types of coping strategies employed, the factors influencing their use, and the effectiveness or outcomes of these strategies.

## METHODS

This study uses a scoping review to map current research on coping strategies employed by pregnant women experiencing violence. The preparation follows the PRISMA-ScR guidelines, which provide a framework for reporting scoping reviews to enhance their quality and relevance in decision-making (Tricco et al., 2018). The PRISMA-ScR flowchart outlines the protocol for searching scientific articles, writing review reports, and assessing the quality of the research process. The data extraction was conducted by two independent reviewers using a standardized data extraction form developed based on the objectives of the scoping review. The form included fields such as study characteristics (author, year, country), population details, type of violence, coping strategies identified, and key findings. In cases of disagreement between the two reviewers, discussions were held to reach a consensus. If consensus could not be achieved, a third reviewer was consulted to resolve the discrepancy. The data extraction protocol was reviewed by three experts to ensure relevance and comprehensiveness, although it was not formally published.

### Identifying Research Questions

This review was guided by the question, "What coping strategies are used by mothers who have experienced violence during pregnancy in Asia?" The researcher used the Population, Concept, Context (PCC) framework to develop the review's focus and search strategy. PCC was chosen to identify key concepts, create relevant search terms, and determine inclusion and exclusion criteria. The population is pregnant women, the concept is coping strategies, and the context is violence in Asia.

**Table 1. PCC Framework**

<b>P (Population)</b>	<b>C (Concept)</b>	<b>C (Context)</b>
Pregnant Women	Coping Strategy	Violence, Asia

### Identifying relevant articles

Strategic search is discussed by the authors with respect to steps to obtain information from various sources, search strategies, and selection of scientific evidence.

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## Exclusion Inclusion Criteria

Inclusion criteria are articles published in the last 5 years (2018-2023), English articles, full text articles, reputable articles, and exclusion criteria are review articles, predetermined theses, articles not in English, and research articles that do not focus on violence against pregnant women.

## Data filtering process

The screening of the articles used was managed and screened by reviewers with a multi-stage screening process, selecting relevant titles and abstracts as well as ensuring full-text availability and conformity to the predefined inclusion criteria. Medical Subject Headings (MeSH), Boolean phrases (AND dan OR) dan Truncation (\*). ((((((Pregnan\*) OR (Antenatal)) AND (coping)) OR (cope)) OR (strateg\*))) AND (intimate partner violence)) OR (domestic abuse)) OR (abuse).

Table.2 Keyword

Population		Concept		Context
Pregnan*	OR	coping OR cope	OR strateg*	intimate partner violence OR domestic abuse OR abuse
Antenatal				

## Article Selection

Research articles were selected by checking for duplicates, screening titles and abstracts, and agreeing on relevant articles for further analysis. Full articles were then reviewed to assess their suitability for the scoping review. Relevant studies were identified using four databases (PubMed, EBSCO, ScienceDirect) and manual searches via Research Rabbit. A total of 567 articles were found, with 4 duplicates removed, resulting in 12 articles that met the criteria

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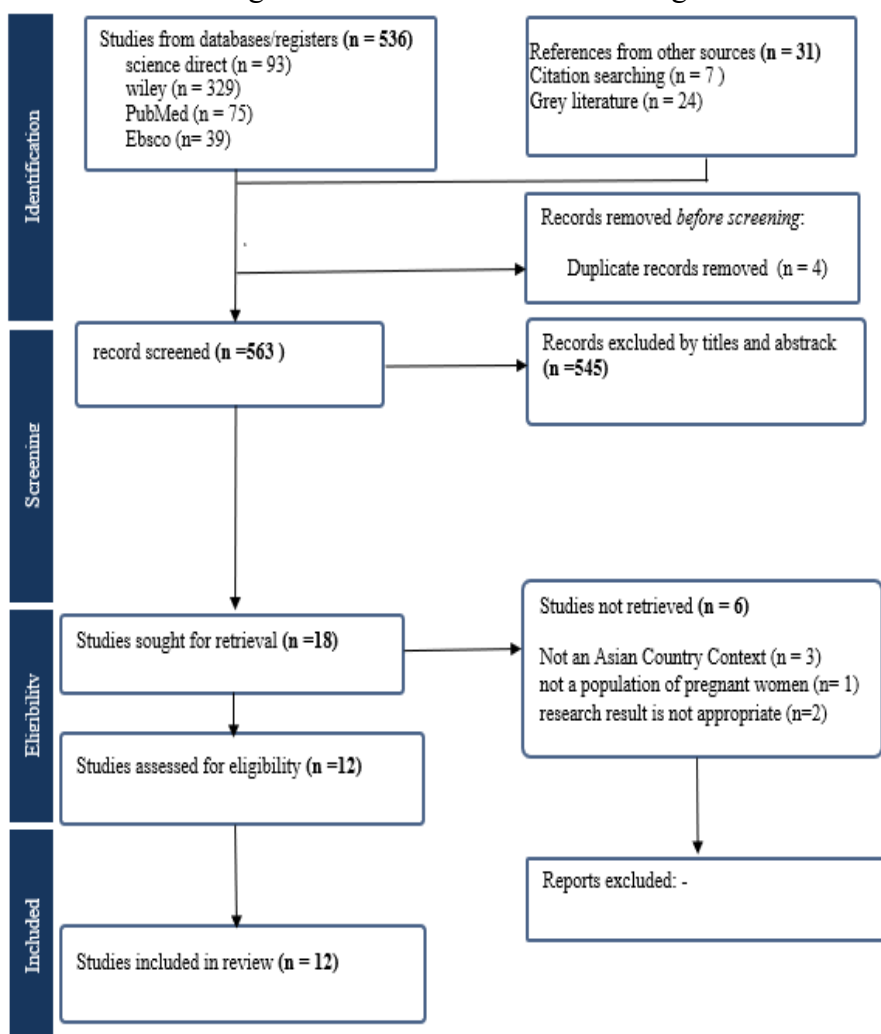
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Figure 1. PRISMA Flow Chart Diagram



### Data Charting

In the preparation of data charting, discussions were held with the supervisor. Data synthesis of the research articles was done by applying the data charting method that follows the Joanna Briggs Institute guidelines. This included information such as author name, article title, year of publication, country of origin, purpose of the study, type of research, data collection techniques, number of participants or samples used, and review results (Lockwood C Porritt K, 2020).

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**Table 3. Data Charting**

No	Title, Author	Country	Purpose	Design	Results
A1	Patterns of domestic violence against women during pregnancy and the postpartum period in Kathmandu, Nepal (Bhatta & Assanangkornchai, 2019)	Nepal	This study examined the prevalence, patterns, and factors of domestic violence during pregnancy and postpartum in Nepal.	Cross-sectional Study/ Quantitative	26.2% of pregnant or postpartum women experience domestic violence, with sexual (16%), psychological (15%), and physical (9.4%) being the most common. Key risk factors include unwanted pregnancy, Janjati ethnicity, illiteracy, young age, non-Hinduism, and low income.
A2	Prevalence, Risk Factors and Effects of Domestic Violence Before and During Pregnancy on Birth Outcomes: An Observational Study of Literate Omani Women (Shidhani et al., 2020).	Oman, Arab	The study examined the prevalence and predictors of emotional and physical domestic violence over three periods: lifetime, one year before pregnancy, and during pregnancy.	Cross-sectional Study/ Quantitative	Domestic violence is less common during pregnancy and the year before, with unplanned pregnancy being a key predictor of physical violence. Physical and emotional
A3	The trigger factors of domestic violence among mothers during pregnancy (Raden et al., 2023).	Indonesia	This study aims to explore the factors that trigger domestic violence against pregnant women.	Quantitative	Factors contributing to domestic violence, including infidelity, financial issues, jealousy, temperamental behavior, physical abuse, and habits of drinking and gambling. Unplanned pregnancy was strongly linked to all types of violence before pregnancy and predicted physical violence during pregnancy.

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A4	Utilization of maternal healthcare services in women experiencing spousal violence in Pakistan: A comparative analysis of 2012-13 and 2017-18 Pakistan Demographic Health Surveys (Hassan et al., 2020).	Pakistan	This study compared data from two Demographic Health Surveys in Pakistan to identify trends in partner violence and maternal health service use, and evaluate their impact on poor maternal health.	Cohort Study	A comparison of Pakistan's 2012-13 and 2017-18 surveys found that nearly a quarter of women faced physical and emotional violence, which doubled the risk of pregnancy termination and miscarriage
A5	Women's strategies for managing domestic violence during pregnancy: a qualitative study in Iran (Amel Barez et al., 2022)	Iran	The purpose of this study was to explore Iranian women's strategies in dealing with domestic violence during pregnancy.	Qualitative phenomenology	Mothers facing violence use coping strategies: escape strategies (concealment, passive behavior, emotional control) and situation improvement strategies (self-regulation, family privacy protection, seeking help).
A6	The Impact of Preventive Interventions on Intimate Partner Violence among Pregnant Women Resident in Hamadan City Slum Areas Using the PEN-3 Model: Control Randomized Trial Study (Rastegar et al., 2021).	Hamadan, Iran	This study aims to find the sociodemographic characteristics that play a role in influencing violence against pregnant women in the suburbs of Hamadan.	Control Randomized Trial Study	Intervention improved caregivers' knowledge and support, significantly reducing sexual violence, but had no significant impact on physical or psychological violence. The intervention involved 5 weeks of public health education by a clinical psychologist.

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A7	'We don't see because we don't ask': Qualitative exploration of service users' and health professionals' views regarding a psychosocial intervention targeting pregnant women experiencing domestic and family violence (Sapkota et al., 2020).	Nepal	This study evaluated an antenatal psychosocial intervention in Nepal, identifying barriers and recommending improvements for pregnant women.	Qualitative	The study highlighted perceptions of violence, intervention impacts, and improvement suggestions. It increased women's knowledge but was limited by participants' low education, affecting their understanding and confidence.
A8	Intimate partner abuse among couples during pregnancy and its predictors as reported by pregnant women visiting governmental health care centres in Tabriz, Iran (Bahrami-Vazir et al., 2019).	Iran	This study aimed to assess the prevalence of intimate partner violence during pregnancy in Tabriz, Iran.	cross sectional study	Intimate partner violence during pregnancy is common, with psychological abuse (58%) being most frequent, followed by sexual coercion (30%) and physical violence (22%).
A9	Intimate partner violence among Jordanian pregnant women and its predictors (Abujilban et al., 2022).	Jordanian	This study aimed to compare the prevalence of intimate partner violence (IPV) before and during pregnancy, and identify predictors of physical IPV.	cross sectional study	During pregnancy, 66.0% of women experienced psychological violence, 31.2% physical violence, and 8.9% sexual violence, highlighting undiagnosed cases due to inadequate screening for covert forms like behavioral control and psychological abuse.
A10	Effectiveness of a counselling intervention implemented in antenatal setting for pregnant women facing domestic violence: a	India	This study aims to evaluate the effectiveness of a counseling intervention for pregnant women	pre-experimental with pretest-posttest design	Cognitive outcomes included better understanding of domestic violence, while coping and safety strategies involved seeking independence,

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	pre-experimental study (Arora, Deosthali, Rege, et al., 2019).		experiencing domestic violence in improving coping strategies, safety, and health.		challenging abusers, and seeking support or protection.
A11	The impact of intimate partner violence on the trajectory of perinatal depression: a cohort study in a Chinese sample (Hou et al., 2020b).	Cina	This study aims to develop a prediction model for postnatal Depression in Hunan Province, south-central China.	Cohort study	Of the 90 participants (11.07%), 4.55% experienced physical violence, 9.23% psychological violence, and 2.34% sexual violence. Violence was linked to more severe perinatal depression symptoms, with victims showing slower recovery compared to non-victims.
A12	Intimate Partner Violence and Its Associations with Adverse Pregnancy Outcomes in Saudi Arabia: A Cross Sectional Study (Alhalal et al., 2021).	Saudi Arabia	This study aimed to understand stress during pregnancy and the postpartum period and specific health outcomes	Cross sectional study	The results showed that 28.9% of the women included in this study experienced domestic violence. For every one unit increase in the total severity of violence, the likelihood of preterm Labor, vaginal bleeding, dehydration, and pregnancy

## Critical Appraisal

The article assessment was conducted using the JBI checklist, with articles grouped into categories A, B, and C based on their scores. The Joanna Briggs Institute checklist was chosen because it offers a comprehensive critical appraisal tool for all research study designs, with Group A representing the highest-scoring articles. Of the 12 articles that have been subjected to critical appraisal, there are articles with group A (n = 11; 91.6%) articles and B (n = 1; 8.4%) articles. Article A10, which used a quasi-experimental method, received the lowest score due to the lack of detailed explanation of the research methodology. It did not clearly identify cause and effect, ensure participant

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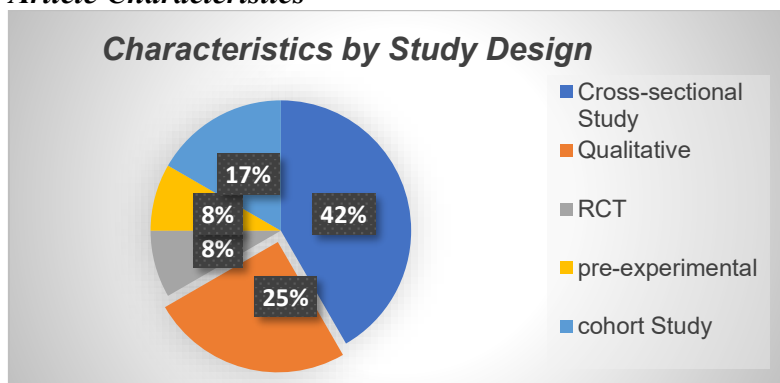
similarity between comparison groups, use control groups, or specify outcome measurement techniques. Without direct comparison between intervention and non-intervention groups, the results could not establish causal relationships between the studied variables.

## RESULTS

### Search Results from evidence

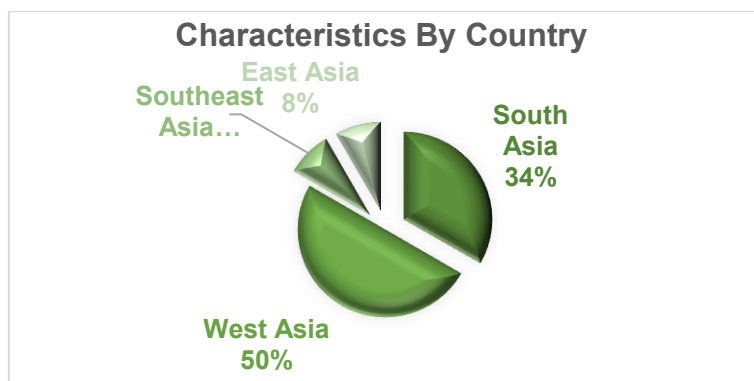
Of the 12 articles used, the articles were published in 2019 with 3 articles, 2020 with 4 articles, 2021 with 2 articles, 2022 with 2 articles, and 2023 with 1 article.

### Article Characteristics



**Figure 2. Characteristics of articles based on Study Design**

There were 12 articles selected using qualitative methods 3 articles, RCT 1 article, Pre-experiment 1 article, cohort 2 articles and cross sectional methods as many as 5 articles. Figure 2 shows the research design used by most of the articles used is quantitative design (n = 10, 83.3%) and qualitative design (n = 2, 16.7%).



**Figure 3. Article Characteristics by Country**

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This scoping review includes research articles from Asian countries: South Asia (4 articles, with 2 from Nepal and 2 from India), West Asia (6 articles, with 2 from Saudi Arabia, 1 from Jordan, and 3 from Iran), Southeast Asia (1 article from Indonesia), and East Asia (1 article from China).

## Themes

An analysis of 12 reviewed articles shows that violence against pregnant women in Asia most often takes the form of psychological and physical violence, followed by sexual violence. Psychological violence usually involves humiliation, threats, social isolation, and emotional and financial control. Meanwhile, physical violence includes beating, slapping, and even threats with weapons, while sexual violence occurs in the form of forced or humiliating sexual relations.

The main causes of violence during pregnancy include unwanted pregnancies and economic pressure. In addition, low levels of education among partners, jealousy, temperamental behavior, and differences in ethnicity, religion, and employment status also increase the risk of violence.

Regarding coping strategies, only a small number of studies have described in depth how pregnant women deal with the violence they experience. Although this review aimed to explore coping strategies, only 3 out of the 12 included studies provided in-depth discussions on this topic, which limits the comprehensiveness of the findings. The strategies identified include escape mechanisms, attempts to improve the situation, resistance to violence, and the pursuit of financial independence. These strategies reflect both adaptive and defensive efforts in the context of complex psychosocial pressures.

The impact of violence on pregnant women affects not only their physical health but also their psychological well-being. Depression and miscarriage are the most common consequences, followed by sleep disorders and preterm birth. This phenomenon underscores the importance of early intervention and adequate support systems to protect mothers and fetuses from greater risks.

## Theme 1: Types of violence against pregnant women

### *Psychological Violence*

Psychological violence is the most commonly reported form of abuse, often involving the husband's control over finances, verbal insults, social isolation, and threats. Many pregnant women feel constrained and choose to remain silent to protect family harmony. This form of violence, which can occur throughout pregnancy, severely affects mental well-being, especially due to limited access to psychological support.

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## ***Sexual Violence***

Sexual violence includes coerced intercourse, humiliation, and pressure to have unprotected sex. Decreased sexual desire during pregnancy is often misunderstood by partners, leading to conflict. This type of violence tends to rise in the second trimester, reflecting a lack of empathy and self-control, and marks pregnancy as both a biologically and psychosocially vulnerable period.

## ***Physical Violence***

Physical violence, though less frequent than psychological and sexual abuse, involves slapping, hitting, kicking, and threats with weapons. It poses immediate danger to both mother and fetus, increasing the risk of injury and complications. Studies show that over a quarter of women experience some form of violence during pregnancy, with physical violence ranking third in prevalence.

## **Theme 2. Factors affecting violence against pregnant women**

### ***Unwanted pregnancy***

Unwanted pregnancies are a major trigger of violence, particularly when pregnancy results from arranged marriages or occurs without emotional or financial readiness. The psychological burden and lack of preparation often lead to tension and conflict. Partner-related issues such as husband's infidelity and excessive jealousy further intensify the risk of violence. When women question their husband's loyalty or interact with others, even online, partners may respond aggressively to cover guilt or assert control.

### ***Mother in law who controls***

Family interference, especially from controlling mothers-in-law, often disrupts household dynamics, creating pressure on husbands who may channel stress into abusive behavior. In many cases, poor boundaries between extended and nuclear family members contribute to escalating tensions.

### ***Socioeconomic Factors***

Socioeconomic vulnerabilities, such as low education and poor financial conditions, also play a crucial role. Men with lower education levels may lack skills in emotional regulation and conflict resolution, increasing the likelihood of abusive behavior. Financial stress, especially when the husband is the sole breadwinner or dissatisfied with his income, often results in blaming the wife and expressing frustration violently.

### ***Gambling and drinking***

substance abuse and gambling are key behavioral triggers. Men who gamble and lose or consume alcohol excessively are more likely to display anger and commit verbal or

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physical abuse. These destructive habits, combined with existing stressors, severely heighten the risk of domestic violence during pregnancy.

### **Theme 3. Impact of violence on pregnant women who experience violence**

#### ***Miscarriage***

Violence, especially severe physical abuse, significantly increases the risk of miscarriage. Women exposed to partner violence are 1.4 times more likely to experience pregnancy termination, and in many cases, experience it more than once.

#### ***Perinatal Depression (PND)***

Victims of intimate partner violence often suffer from deeper and longer-lasting depressive symptoms. Chronic psychological stress from abuse impairs emotional well-being, delays postpartum recovery, and disrupts the transition to motherhood.

#### ***Premature Birth***

There is a strong link between violence severity and preterm labor. Verbal abuse elevates the risk of early labor, dehydration, and infections, while physical violence and coercive control contribute to fetal growth restriction and other complications.

### **Themes 4. Coping strategies of pregnant women who experienced violence**

#### ***Emotion focused coping (often passive)***

Some pregnant women who experience violence realize that they are harmed by such actions, yet they maintain their marital relationships due to factors such as commitment and a lack of support from their surroundings. The coping strategies they employ are generally dysfunctional and passive, such as releasing emotions through crying, anger, or even laughing when violence occurs. Some women also exhibit retaliatory or defiant behavior, such as refusing their husband's requests, remaining silent, not speaking, or defending themselves to a limited extent. In extreme situations, some mothers refuse sexual relations or even harm their fetus as a form of psychological release. Other strategies include completely withdrawing from social environments, stopping prayer, feeling worthless, and even developing suicidal thoughts. For some women, divorce becomes the last resort to escape the cycle of violence. On the other hand, some use non-adaptive coping strategies such as avoidance, distancing themselves, denial, self-blame, and substance abuse. However, there are pregnant women who try to endure by staying calm, diverting their attention from the violence, and building an emotional connection with the fetus as a form of self-empowerment and hope for a better future.

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## ***Problem focused coping (more active)***

Some women who experience domestic violence eventually choose to disclose the abuse after their independent coping efforts fail. They begin seeking help from legal services that address domestic violence, as well as from community-based organizations that support women. In addition, they turn to psychologists for counseling and personal healing. Seeking support from family, friends, and neighbors plays a vital role in overcoming domestic violence. These individuals often serve as the first line of social support, offering emotional, practical, and even physical protection for victims. They can assist in planning safety strategies, providing temporary shelter, or offering advice and encouragement needed to take appropriate action

## ***Spiritual and Self-Care Coping***

Some pregnant women who experience violence choose to conceal the abuse as a personal decision, driven by a desire to protect their dignity and preserve the family's reputation. However, they also actively engage in positive self-regulation strategies, such as self-care, strengthening their spiritual practices, and fostering a more hopeful and resilient mindset. The motivation to protect their unborn child and to maintain the marriage in a healthier way becomes a key factor in these coping efforts. Taking care of themselves is not only a form of self-respect but also a means to rebuild self-confidence that was previously diminished by the abuse. These women also create moments of personal joy, such as going for walks while their husbands are at work, and turn to spiritual connection to strengthen their hearts and find deeper meaning in life.

## **DISCUSSION**

Partner violence during pregnancy is a serious public health issue that remains under-addressed, particularly in Asia (Stiller et al., 2022). The reviewed studies indicate that the most commonly reported forms of violence are psychological and sexual abuse (Bhatta & Assanangkornchai, 2019). This suggests a lack of recognition of non-physical violence, which is often normalized within cultural norms. Psychological abuse, such as financial control and social isolation, leads to significant emotional distress, compounded by limited access to mental health support (Hou et al., 2020b).

Domestic violence can stem from factors such as infidelity, financial problems, the husband's abusive behaviors and unplanned pregnancies. To prevent unwanted pregnancies, many women resort to fertility control, which, in turn, may increase the risk of physical violence (Raden et al., 2023; Shidhani et al., 2020). Consistent with research (Azene et al., 2019) low education levels and illiteracy in partners contribute to domestic violence. Women's employment status and their husband's job satisfaction influence the likelihood of violence and victimization. In Iran, higher violence rates are linked to the acceptance of violence as conflict resolution and a lack of legal awareness (Bahrami Vazir

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et al., 2020). The impact of violence on maternal health is profound. It increases the risk of miscarriage, perinatal depression, preterm birth, and disrupted mother-infant bonding. Chronic psychological stress can delay postpartum recovery and impair maternal functioning, making early and holistic interventions essential (Hou et al., 2020b; Raden et al., 2023; Sandy et al., 2020).

Despite the high prevalence of violence against pregnant women, coping responses vary significantly depending on the sociocultural context in which they live. This review identified three primary coping strategies: emotion-focused coping, problem-focused coping, and spiritual/self-care-based coping. Each strategy not only reflects how women manage violence, but also reveals the values, norms, and support systems available in their environments.

Emotion focused coping is typically marked by passive or avoidant behaviours. Many pregnant women are aware of the abuse they experience but choose to stay in the relationship due to personal commitment, cultural expectations, or lack of external support (Amel Barez et al., 2022). This strategy is commonly found in countries like Nepal, India, and Indonesia, where patriarchal norms and social pressures are strong (Arora, Deosthali, & Rege, 2019; Tias, 2023). Some women even choose not to seek help immediately, stating they will only access services if absolutely necessary. Violence is often perceived as a normal part of life and thus not viewed as something requiring formal intervention. Additionally, some mothers respond during the perinatal period with behaviours such as emotional distancing, denial, self-blame, or escapism through substance use or other emotional release mechanisms (Hou et al., 2020a).

Spiritual and culturally rooted coping mechanisms also play an important role. In China, the postpartum tradition known as *zuo yue zi* offers a structured period of rest and care for new mothers. During this month-long practice, women are relieved from domestic duties, encouraged to rest, and supported by their extended family (Hou et al., 2020a). This cultural practice has been found to reduce stress, enhance emotional well-being, and strengthen perceived social support, ultimately mitigating symptoms of postpartum depression. Similarly, in deeply religious settings such as Iran, some women rely on spiritual beliefs as a primary coping mechanism. As expressed in the study by (Amel Barez et al., 2022), faith becomes a vital source of emotional strength and hope when formal support feels out of reach.

Over time, some women shift toward problem-focused coping strategies. These involve efforts to deter or stop the abuse, such as seeking help from family members or taking protective actions. According to (Tella et al., 2020), even though many women experience repeated violence, they rarely seek formal support from police or legal services. Instead, especially in rural areas, women tend to turn to informal networks such as family, friends, or colleagues. As emphasized by (El Sayed et al., 2021), women who

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experience violence during pregnancy and postpartum require both social and professional support to help them recover and cope effectively.

This review revealed some methodological limitations of the reviewed studies. The majority of studies used a cross sectional design, which limits the ability to identify cause and effect relationships and the development of coping strategies over time. Such studies only provide a snapshot and cannot explain how coping strategies may change throughout pregnancy or after childbirth. In addition, most of the data was collected through self-report, which is prone to social bias, especially given the sensitivity of the issue of domestic violence. The lack of longitudinal or intervention studies also points to a gap in understanding the effectiveness of long-term support for victims. Lastly, the limited geographical coverage and exclusive use of English language articles may lead to selection bias and overlook relevant local experiences, especially from Asian countries with literature in local languages.

## CONCLUSIONS

Violence against pregnant women is a serious and underreported public health issue, with psychological and sexual abuse being the most prevalent forms. This review highlights that coping strategies among pregnant women are diverse and highly influenced by sociocultural and contextual factors. These strategies include not only concealment and self-control but also avoidance, emotional distancing, denial, self-blame, spiritual practices, informal help-seeking, and culturally embedded mechanisms. Some women adopt passive responses due to cultural pressures and limited support, others turn to spiritual strength or gradually shift toward problem-focused strategies such as seeking help from family or professionals.

The findings underscore the need for culturally sensitive, multifaceted interventions that address both the psychological and structural dimensions of domestic violence during pregnancy. Strengthening informal and formal support systems, raising awareness, and integrating maternal mental health into routine antenatal care are essential steps forward.

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