Obstetric Violence: Interdisciplinary Perspectives of Nursing, Psychology, and Law

Violência Obstétrica: Perspectivas Interdisciplinares da Enfermagem, Psicologia e Direito
Violencia Obstétrica: Perspectivas Interdisciplinarias de Enfermería, Psicología y Derecho

RESUMO
Objetivo: Analisar a violência obstétrica sob as perspectivas da Enfermagem, Psicologia e Direito. **Método:** Revisão integrativa da literatura nacional, de abordagem qualitativa, realizada nas bases SciELO, Portal de Periódicos CAPES e Google Acadêmico, conforme critérios de elegibilidade. **Resultados:** Evidenciaram-se medicalização, fragilidades institucionais e assimetrias de poder, com repercussões sobre autonomia, consentimento, saúde mental e direitos reprodutivos. **Conclusão:** O enfrentamento da violência obstétrica requer abordagem interdisciplinar, qualificação da assistência, fortalecimento da autonomia feminina e proteção dos direitos fundamentais.
DESCRITORES: Direitos reprodutivos; Humanização da assistência; Saúde da mulher; Violência contra a mulher.

ABSTRACT
Objective: To analyze obstetric violence from the perspectives of Nursing, Psychology, and Law. **Method:** An integrative review of the national literature, with a qualitative approach, conducted in SciELO, CAPES Periodicals Portal, and Google Scholar according to eligibility criteria. Results: Medicalization, institutional weaknesses, and power asymmetries were identified, with repercussions for autonomy, consent, mental health, and reproductive rights. **Conclusion:** Addressing obstetric violence requires an interdisciplinary approach, qualified care, strengthening of women's autonomy, and protection of fundamental rights.
DESCRIPTORS: Reproductive rights; Humanization of care; Women's health; Violence against women.

RESUMEN
Objetivo: Analizar la violencia obstétrica desde las perspectivas de Enfermería, Psicología y Derecho. **Método:** Revisión integrativa de la literatura nacional, de enfoque cualitativo, realizada en SciELO, Portal de Periódicos CAPES y Google Académico, según criterios de elegibilidad. **Resultados:** Se identificaron medicalización, fragilidades institucionales y asimetrías de poder, con repercusiones sobre la autonomía, el consentimiento, la salud mental y los derechos reproductivos. **Conclusión:** El enfrentamiento de la violencia obstétrica requiere un enfoque interdisciplinario, atención cualificada, fortalecimiento de la autonomía femenina y protección de los derechos fundamentales.
DESCRIPTORES: Derechos reproductivos; Humanización de la asistencia; Salud de la mujer; Violencia contra la mujer.

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INTRODUCTION

Obstetric violence is a form of violence against women that occurs in the context of sexual and reproductive health care and can manifest during prenatal care, childbirth, the postpartum period, and abortion care. It is characterized by actions or omissions that violate a woman's autonomy, dignity, physical and psychological integrity, right to information and consent, and right to participate in decisions regarding her own care. In this sense, it is a phenomenon related to the organization of health services and the persistence

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of dehumanizing care practices, with repercussions for women's health and rights [1].

Changes in childbirth care have contributed to its institutionalization and to the increasing incorporation of interventions into the birth process, altering the leading role historically attributed to women. In this context, standardized practices, interventions without proper indication or consent, and limitations on the laboring woman's participation can compromise her autonomy and the childbirth experience. Addressing this phenomenon therefore requires woman-centered care, based on information, consent, and humanization, addressing aspects related to care, mental health, and the protection of reproductive rights [2].

Given this context, an interdisciplinary approach is essential for understanding obstetric violence in all its complexity, taking into account care practices, psychological repercussions, and mechanisms for protecting women's rights. Thus, this study aimed to analyze obstetric violence from the perspectives of nursing, psychology, and law, seeking to identify the main aspects related to care and the humanization of childbirth, psychological repercussions, and the protection of autonomy and reproductive rights.

METHOD

This is a literature review with a qualitative and analytical approach, guided by the stages employed in integrative reviews, including the definition of the guiding question, eligibility criteria, search and selection of publications, data extraction, and thematic analysis. The guiding question was: How is obstetric violence understood in the scientific literature from the perspectives of nursing, psychology, and law?

The literature search was conducted in the Virtual Health Library (BVS), the Scientific Electronic Library Online (SciELO), the Journal Portal of the Coordination for the Improvement of Higher Education Personnel (CAPES), and Google Scholar. Given the interdisciplinary nature of the study, specific strategies were used for each professional field. In Nursing, the following terms were used: "obstetric care," "humanization of childbirth," "obstetric nursing," and "obstetric violence"; in Psychology: "obstetric violence," "obstetric trauma," "maternal mental health," "hospital psychology," "psychological support," "obstetric violence AND mental health," "obstetric violence," "birth trauma," "maternal mental health," "hospital psychology," "psychological support," and "humanized childbirth"; and in Law: "obstetric violence," "reproductive rights," "bodily autonomy," "informed consent," "human dignity," "civil liability," "medical liability," "fundamental rights," "humanized childbirth," "institutional violence," "human rights," and "legal protection of women." The terms were used in Portuguese and English and combined using the Boolean operators AND and OR, in accordance with the strategies employed for each axis. The search included scientific articles, books, book chapters, and official documents published between 2021 and 2026, available in full text, and related to the study's theme and objectives; duplicate publications, those not directly related to the guiding question, or those unavailable for analysis were excluded.

The selection was based on a review of titles and abstracts, followed by a full reading of the relevant publications. Information regarding authorship, year, source, location, objective, methodological approach, and main findings was extracted. The materials were organized into three categories: Nursing, Psychology, and Law, and analyzed descriptively, interpretively, and thematically, with a narrative synthesis of the findings and subsequent interdisciplinary integration. Because the study used publicly available secondary data and did not involve direct interaction with human subjects, it was not submitted to the Research Ethics Committee.

RESULTS

Initially, 32 studies were selected for the review, organized into three perspectives: Nursing, Psychology, and Law. After applying the time frame defined for the study—excluding publications prior to 2021—28 studies were retained: 3 from Nursing, 10 from Psychology, and 15 from Law. Thus, a predominance of publications related to Law was observed, followed by Psychology and Nursing. The studies were published between 2021 and 2026 and encompassed different methodological designs, including qualitative research, theoretical studies, and bibliographic, documentary, and jurisprudential analyses, as well as literature reviews (Table 1).

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Table 1 – Characterization of the selected studies in the fields of Nursing, Psychology, and Law

Field	Author(s)/Year	Study Type	Main Findings
Nursing	Ferreira Júnior et al. (2021)[3]	Qualitative study	Demonstrated nurses' autonomy and scientific knowledge in conducting low-risk childbirth, although limitations related to institutional organization, bureaucracy, and professional recognition were identified.
Nursing	Pantoja Batista; Pereira (2024)[4]	Theoretical/reflective study	Demonstrated obstetric violence as a phenomenon involving physical, psychological, and institutional aggression, aggravated by social inequalities and women's lack of knowledge about their rights.
Nursing	O'Brien; Newport (2023)[5]	Theoretical study	Demonstrated the importance of woman-centered care, valuing choices, consent, and bodily autonomy, contributing to the prevention of coercive practices.
Psychology	Matos; Magalhães; Féres-Carneiro (2021)[6]	Qualitative research	Demonstrated that experiences of disrespect, lack of information, and non-consensual interventions may be experienced as traumatic, with repercussions for mental health and the maternal bond.
Psychology	Assis; Meurer; Delvan (2021)[7]	Qualitative research	Identified fear, anxiety, guilt, sadness, depressive symptoms, and difficulties in establishing the mother-infant bond among women who experienced obstetric violence.
Psychology	Paiva et al. (2022)[8]	Qualitative study	Identified the normalization of violent practices and differences in the perception of obstetric violence between women and healthcare professionals, associated with cultural and institutional factors.
Psychology	Souza; Lima (2024)[9]	Narrative review	Demonstrated the importance of psychological support, qualified listening, and humanized care in addressing the emotional repercussions of obstetric violence.
Psychology	Leite et al. (2024)[10]	Narrative review	Identified a high occurrence of obstetric violence and its association with social, institutional, and care-related factors, characterizing it as a public health problem with physical and psychological impacts.
Psychology	Yalley et al. (2024)[11]	Scoping review	Demonstrated that continuing education, effective communication, and woman-centered care can contribute to reducing violent practices, strengthening autonomy, and preventing psychological impacts.
Psychology	Gomes et al. (2025) (12)	Integrative review	Demonstrated the persistence of violent practices in healthcare services and highlighted the need for professional training, humanization, and respect for women's rights.
Psychology	Leitão et al. (2025) (13)	Qualitative research	Demonstrated that many women recognize certain practices as violent only after receiving information about their rights, reinforcing the importance of information and women's empowerment.
Psychology	Jomeen et al. (2025)[14]	Scoping review	Highlighted the importance of psychological support, interdisciplinary care, and continuous follow-up after traumatic childbirth experiences.
Psychology	Freestun et al. (2025)[15]	Scoping review	Demonstrated that childbirth-related psychological trauma depends on the woman's subjective experience and may occur even in the absence of identifiable clinical complications.
Law	Benítez (2024)[16]	Theoretical-dogmatic and jurisprudential study	Demonstrated self-determination as a fundamental right in the face of non-consensual medical interventions, reinforcing patient autonomy as a limit to medical authority.
Law	Aleixo (2021)[17]	Exploratory qualitative research	Demonstrated how social movements contributed to transforming obstetric violence into a human rights and reproductive rights issue, influencing the socio-legal construction of the concept.
Law	Nascimento; Botelho (2022)[18]	Theoretical-normative study	Identified violations of human dignity, physical integrity, and women's autonomy, relating obstetric violence to the violation of fundamental rights.
Law	Brito; Miguez; Neves (2024)[19]	Qualitative field research	Demonstrated the influence of feminist movements on the creation of state policies and laws and highlighted social mobilization in the protection of reproductive rights.
Law	Moreira; Souza; Silva (2023)[20]	Interdisciplinary integrative review	Demonstrated that abusive practices can produce psychological trauma and harm maternal mental health, relating these repercussions to the possibility of legal redress.
Law	Guardia-Salinas; Reyes Diaz; Ruiz Benites (2026)[21]	Jurisprudential case study	Demonstrated that violations of consent in reproductive healthcare constitute human rights violations, presenting international standards regarding reproductive autonomy and state responsibility.
Law	Silva et al. (2023)[1]	Analytical study and narrative review	Demonstrated the need for institutional and legal changes to implement humanized childbirth and identified regulatory obstacles to the humanization of obstetric care.
Law	Saraiva; Campos (2023)[22]	Critical intersectional study	Identified racial inequalities in childbirth care and greater vulnerability among Black women, incorporating race and equity into the analysis of obstetric violence.
Law	Veras; Pereira; Costa (2023)[23]	Jurisprudential case study	Demonstrated state failures in maternal care and violations of protective duties, relating state responsibility to the guarantee of reproductive rights.
Law	Andrade; Gama; Medrado (2024)[24]	Legal-analytical study	Demonstrated that the absence of a specific criminal offense makes accountability difficult and may contribute to the persistence of abusive practices, discussing the need for specific legal protection.

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Law	Lima; Furtunato; Rodrigues (2024) [25]	Normative-legal study	Identified limitations in civil and ethical mechanisms for preventing and punishing abusive practices and reinforced the discussion of criminal mechanisms for protecting women.
Law	Rodrigues (2024) [2]	Bibliographic and documentary review	Highlighted violations of reproductive rights recognized by international organizations and grounded the discussion in the perspective of human rights and international responsibility.
Law	Alves; Alves (2024) [26]	Narrative review	Demonstrated that race, gender, and social class increase women's vulnerability in obstetric care, contributing to an intersectional understanding of reproductive rights.
Law	Barros; Barros (2024) [27]	Historical-legal study	Identified normative advances in the protection of women during childbirth but highlighted the insufficiency of existing mechanisms and the need for greater effectiveness of protective regulations.
Law	Silva et al. (2025) [28]	Dogmatic-legal study	Identified that violation of informed consent constitutes a violation of women's autonomy and reinforced consent as a legal requirement for medical procedures during childbirth.

DISCUSSION

A Nursing Perspective on Obstetric Violence

Nursing care focused on the humanization of childbirth is a key element in preventing obstetric violence, particularly through therapeutic communication, the professional-client relationship, emotional support, and the organization of care. From this perspective, professional practice must take into account women's autonomy, the physiology of childbirth, and their emotional and cultural aspects, recognizing their heightened vulnerability during the pregnancy and postpartum periods. Professionals' knowledge of obstetric violence is also a necessary component for recognizing and preventing practices that disrespect women during care [1,2].

Obstetric violence manifests itself in various forms of aggression, neglect, and disrespect, including physical, psychological, and verbal abuse, as well as obstetric interventions performed without an appropriate clinical indication. In the healthcare setting, medicalization and standardization of practices can displace women from their central role in the birth process, especially when procedures are guided by institutional routines or time constraints, without adequately considering their choices and needs. This model can contribute to a loss of autonomy and to the transformation of childbirth into a predominantly interventionist experience [2–5].

In this context, obstetric nursing has the potential to contribute to the transformation of the care model. The studies analyzed indicate that nurses have the autonomy and scientific basis to manage routine deliveries, although their practice is still hampered by institutional limitations, bureaucracy, and difficulties in gaining professional recognition. Evidence-based care, centered on the woman and on sound obstetric practices, can help reduce unnecessary interventions and enhance the individual experience of the woman in labor. Thus, the strengthening of obstetric nursing depends not only on professional qualifications but also on institutional conditions that allow for the exercise of professional autonomy [4,5].

Another key aspect is the need to ensure women's effective participation in decisions related to childbirth. It is the responsibility of nursing professionals to facilitate access to information, support the woman in labor's choices, and ensure her participation in decisions regarding procedures, including the option to refuse unnecessary interventions when there is no clinical indication or risk situation. Respect for a woman's consent, bodily autonomy, and choices is, in this sense, a fundamental component of person-centered care and strategies for preventing obstetric violence [5,7].

Finally, the findings indicate that addressing obstetric violence requires strengthening women's autonomy and the ongoing professional development of healthcare providers working in obstetric care. Professional development, knowledge of women's rights, and moving beyond outdated care models are presented as relevant strategies for reducing inappropriate practices. However, the results also indicate that the prevention of obstetric violence does not depend exclusively on the individual actions of nurses; rather, it requires the reorganization of services and the challenge of institutional structures that limit humanized, woman-centered practices [6,8].

A Psychological Perspective on Obstetric Violence

From a psychological perspective, obstetric violence is understood as an experience that can go beyond the physical repercussions of childbirth and have significant impacts on maternal mental health. The studies analyzed revealed associations with fear, anxiety, guilt, sadness, psychological distress, depressive symptoms, and difficulties in forming the mother-infant bond. Experiences marked by disrespect, a lack of information, and non-consensual interventions were also described as potentially traumatic, indicating that the way a woman experiences the care she receives is a key factor in understanding birth-related trauma [6,7,15].

The identified effects are not limited to the moment of obstetric care; they may persist after birth and impact the experience of motherhood. Studies have highlighted difficulties in the

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early interactions between mother and baby, persistent emotional distress, and the potential for repercussions on family relationships and future pregnancy experiences. In this context, obstetric violence can also be understood through the woman's subjective experience, since trauma can occur even in the absence of identifiable clinical complications [6,7,15].

Another recurring theme was the normalization of violent practices in the obstetric setting. Paiva et al. (2022) [8]identified differences in the perception of obstetric violence between postpartum women and health care professionals, highlighting the influence of cultural and institutional factors. Similarly, Leitão et al. (2025) [13] demonstrated that some women recognize certain practices as violent only after receiving information about their rights. These findings indicate that a lack of information can hinder the recognition of violence and contribute to its persistence as a practice considered routine in obstetric care.

In this context, studies highlight the importance of psychological support, skilled listening, and care strategies that take into account women's subjective experiences. Souza and Lima (2024) [9] emphasized the need for psychological support in light of the emotional repercussions of obstetric violence, while Jomeen et al. (2025) [14] highlighted the importance of psychological support, interdisciplinary care, and ongoing follow-up after traumatic childbirth experiences. The evidence also indicates that effective communication, woman-centered care, and ongoing professional education can contribute to reducing violent practices, strengthening autonomy, and preventing psychological impacts [9,11,14].

Thus, the psychological perspective highlights that addressing obstetric violence requires attention not only to the practices that cause harm but also to the emotional repercussions resulting from the experience and to the conditions that contribute to its normalization. In this context, the role of psychology is presented in the studies as a component of care focused on recognizing suffering, strengthening autonomy, and supporting women following negative or traumatic childbirth experiences, in conjunction with strategies for humanizing and improving the quality of care [9,12,11,14].

Legal Perspective on Obstetric Violence

From a legal perspective, the studies analyzed view obstetric violence primarily as a violation of fundamental rights, with an emphasis on women's dignity, physical and psychological integrity, autonomy, and reproductive rights. The publications indicate that practices carried out during obstetric care without respect for a woman's wishes may have legal implications, especially when they involve non-consensual interventions, restrictions on self-determination, or disregard for a woman's participation in decisions related to childbirth [16,18,28].

Women's autonomy is one of the main focal points of the legal discussion. Studies highlight bodily self-determination as a fundamental element for the protection of women in the face of interventions performed in the context of obstetric care, emphasizing the importance of informed consent as a condition for the legitimacy of professional conduct. In this sense, the violation of consent goes beyond a mere failure in communication between the professional and the patient and relates to the legal protection of the patient's autonomy and rights [16,21,28].

Another recurring aspect was the inadequacy of the legal mechanisms available to address obstetric violence. Studies discussing the absence of specific criminal classifications point to limitations in holding perpetrators accountable and preventing abusive practices, while other publications emphasize the need for legal and institutional mechanisms capable of ensuring effective protection for women. In this context, accountability should not be understood exclusively in terms of the individual conduct of healthcare professionals but must also take into account the institutional conditions related to the provision of care [2,23,25,28].

The human rights dimension also stands out in the legal literature analyzed. The studies link obstetric violence to the protection of reproductive rights and the need to ensure obstetric care that is consistent with women's dignity. This perspective broadens the understanding of the phenomenon by recognizing that legal protection is not limited to the subsequent redress of harm but also involves the prevention of abusive practices and the strengthening of mechanisms capable of ensuring the exercise of rights during obstetric care [2,18,21].

Studies also show that obstetric violence is linked to social inequalities and the various forms of vulnerability experienced by women. The intersectional perspective present in the analyzed publications highlights the influence of race, gender, and class on exposure to situations of inequality and institutional violence. In this sense, addressing obstetric violence requires considering the specific circumstances of women in different social contexts, linking the protection of autonomy and reproductive rights to the dimensions of equality and non-discrimination [22,26].

Thus, the legal perspective highlights that addressing obstetric violence involves protecting autonomy and consent, holding perpetrators accountable for violations, and strengthening preventive and institutional mechanisms for the protection of

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reproductive rights. The studies analyzed thus point to the need to expand legal protection beyond a reactive response to harm, by strengthening conditions that allow women to participate in decisions regarding their care and to have their rights effectively respected during obstetric care [2,25,28].

CONCLUSION

The literature review revealed that obstetric violence is a multidimensional phenomenon related to care practices, psychological repercussions, and the violation of rights—particularly autonomy, consent, dignity, and reproductive rights. In nursing, the importance of humanized, evidence-based, and woman-centered care was emphasized; in psychology, the emotional repercussions and the need for support and follow-up were highlighted; and in law, the protection of autonomy and consent, accountability for violations, and the need to strengthen institutional protection mechanisms. It is concluded that addressing obstetric violence requires professional training, the strengthening of women's autonomy, and interdisciplinary coordination, taking into account the care, psychological, and legal dimensions involved in the phenomenon.

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