

## Women Who Experience Intimate Partner Violence and Prenatal and/or Postpartum Depression: Prevalence and Interventions

Research has begun to identify a clear relationship between Intimate Partner Violence (IPV) and Prenatal (PND) and/or Postpartum Depression (PPD). Although previously viewed as unrelated, studies increasingly suggest that IPV is a risk factor for PND/PPD and that experiencing PND/PPD may in turn heighten women's risk for IPV. Both IPV and PND/PPD are recognized as major public health problems that significantly affect women and children's health, safety, and attachment relationships. This research brief provides information on the prevalence of the co-occurrence and effects of IPV and PND/PPD in the lives of women and their children, along with reviews of interventions developed for pregnant women and mothers of young children experiencing IPV.

### The Prevalence of Intimate Partner Violence and Prenatal or Postpartum Depression Among Women in the United States

The CDC estimates that 36% of all women will have experienced physical violence, rape, or stalking and nearly half will have experienced psychological aggression by an intimate partner in their lifetimes.<sup>10</sup> Women in their childbearing years (18-34) have the highest overall rates of IPV<sup>10</sup> and evidence suggests that women from marginalized communities, women of color, women with lower incomes, and women who have had less education may also be at greater risk for being victimized by an intimate partner, including during pregnancy.<sup>1,2,3,6</sup> Studies indicate that women who experience IPV before they become pregnant are at greater risk for abuse by an intimate partner during and after pregnancy, as well.<sup>1,2</sup> However, estimated rates of IPV during pregnancy vary considerably (e.g. between 0.9% and 20.1%) due in part to methodological differences among studies.<sup>6,11</sup> It has been suggested that the actual overall rate of IPV during pregnancy is likely higher than current estimates.<sup>11</sup>

Furthermore, studies indicate that there is a reciprocal relationship between IPV and PND/PPD.<sup>1,2,3,4,5</sup> Regardless of pregnancy or parenting status, women who experience IPV

are more likely to develop symptoms of depression, anxiety, and other mental health conditions than women who have not been abused. In turn, experiencing a mental health condition prior to pregnancy increases women's risk for PND/PPD.<sup>1,2,3,4,5,6</sup> Furthermore, experiencing IPV during pregnancy increases the odds of developing PPD three-fold.<sup>4</sup> As the severity and number of types of IPV increase, the severity of PND/PPD increases as well.<sup>3,6</sup> At the same time, experiencing PND/PPD places women at greater risk for abuse by an intimate partner.<sup>1,3,4</sup> In addition, living under stressful conditions, such as those related to poverty or immigration status, further increase women's risks for developing depression, anxiety, and other mental health conditions during and after pregnancy.<sup>5</sup>

### Effects of IPV and PND/PPD in The Lives of Women and Their Children

Experiencing IPV and PND/PPD can have negative effects on the health and wellbeing of both women and their children (*for a review of the effects of IPV on mental and physical health, please see: [http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/10/FactSheet\\_IPVTraumaMHChronicIllness\\_2014\\_Final.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2014/10/FactSheet_IPVTraumaMHChronicIllness_2014_Final.pdf)*). IPV during pregnancy can lead to preterm labor, low-birth weight infants, fetal trauma, and for some, neonatal and infant mortality.<sup>1,2,3,4,5,6</sup> It is well-established that extremely pre-term and low-birth weight infants have a significantly increased risk for longer-term developmental delays, including those involving cognitive, emotional, and behavioral functioning.<sup>11</sup> In turn, giving birth to an extremely pre-term or low-birth weight infant can increase a mother's risk for developing PPD.<sup>12</sup> PND and PPD can affect both infants and their mothers, including the quality of the mother-child bond, with potential longer-term effects on parenting and child development.<sup>3,5,6,12</sup> For mothers, PPD can lead to mood changes, disruptions in sleeping and eating routines, exhaustion, unrelenting anxiety about the baby, feelings of guilt or fear, and for some, thoughts of suicide.<sup>3,5</sup> Experiencing these types of symptoms can also undermine women's confidence in their role as mothers.

At the same time, abusive partners may actively engage in tactics to further undermine both their partner's mental health and the quality of the mother-child bond. A recent study conducted by the National Domestic Violence Hotline found a high percentage of participants reported that their partners or ex-partners deliberately did things to

undermine their sanity, actively interfered with their efforts to obtain treatment, and then used their “mental health condition” as a way to keep them from getting something they wanted or needed (e.g. custody of their children, medication, or a protective order). Other studies have shown that the active undermining of parenting and the mother-child bond is another common aspect of IPV.<sup>14</sup> Given these data, it is important to recognize not only the psychophysiological impact of experiencing IPV on women’s mental health but also the role an abusive partner may be playing in deliberately undermining both the mental health and well-being of women during and after pregnancy, and also the mother-child bond. This is critical to our understanding of the relationship between IPV and PPD/PND and of the types interventions that need to be developed to support mothers experiencing PPD/PND and their young children.

### **Interventions for Women who Experience Intimate Partner Violence, Prenatal Depression, and/or Postpartum Depression**

The following research articles describe the effectiveness of specific interventions to support women who experience IPV, PND, and PPD. For each article, the citation, an article summary, and a link to access the article have been provided.

**Van Parys, A.S., Verhamme, A., Temmerman, M., Verstraelen, H. (2014). Intimate partner violence and pregnancy: A systematic review of interventions. *PLOS ONE*, 9(1), 1-10.**

Available at: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0085084>

#### **Summary**

This systematic review provides an overview of existing evidence on the effectiveness of interventions for women experiencing IPV during pregnancy and immediately after delivery. The authors noted that there is a dearth of high quality randomized controlled trials of interventions about IPV during pregnancy, thus only nine were included in this systematic review. The primary outcome for all of the interventions was to reduce physical, psychological, and sexual violence against women around the time of pregnancy. Additional goals of interventions include improvements in the physical and

mental health of women and their babies, overall quality of life, safety, help-seeking, and social support. Of the nine interventions included in this review, five reported statistically significant decreases in IPV, with strongest evidence for home visitation programs and supportive counseling interventions. Interventions incorporating home visitation showed evidence for improved maternal mental health outcomes and decreases in IPV, the rate of miscarriage, and the frequency of newborns with low birth weight. Supportive counseling interventions were associated with a reduced number of preterm births, decreased PPD, and fewer recurrent episodes of psychological and physical IPV.

**Zlotnick, C., Capezza, N.M., Parker, D. (2011). An interpersonally based intervention for low-income pregnant women with intimate partner violence: A pilot study. *Archives of Women's Mental Health, 11, 55-65.***

Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3042850/>

### Summary

This study assessed the efficacy of an intervention with a goal to reduce symptoms of depression and posttraumatic stress disorder (PTSD) among 54 low-income pregnant women who recently experienced IPV. The intervention used an adapted version of Interpersonal Psychotherapy, with four sessions during pregnancy and one "booster" session within two weeks of delivery. It focused on enhancing interpersonal relationships, social support, and parenting skills as a way to support women's mental health and wellbeing. Participants completed assessments at intake, five to six weeks after intake, two weeks after delivery, and three months postpartum. This intervention showed moderate effects for reducing PTSD symptoms during pregnancy and a large effect for decreasing PTSD symptoms up to three months postpartum.

**El-Mohandes, A.A.E, Kiely, M., Joseph, J.G., et al. (2008). An integrated intervention in pregnant African Americans reduces postpartum risk: A randomized trial. *Obstetrics & Gynecology*, 112(3), 611-620.**

Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2935657/>

### Summary

This study evaluated the efficacy of an intervention called Project DC-HOPE, which had a goal to support the health and wellbeing of pregnant African American women and their infants through reducing smoking, secondhand smoke exposure, IPV, and depression. Masters-level clinicians provided individually tailored counseling to 350 participants, drawing from a range of available components: "Smoking Cessation or Reduction in Pregnancy Treatment" and "Pathways to Change" to address smoking, an adaptation of a group cognitive behavioral therapy intervention for depression,<sup>7</sup> and an individualized counseling intervention for IPV using components of the Parker-McFarlane structured intervention<sup>8</sup> and Dutton's Empowerment theory.<sup>9</sup> Participants attended between four and eight prenatal sessions and one postpartum session. They also participated in two follow-up interviews conducted during the second and third trimesters, with one final interview approximately ten weeks postpartum. During these follow-up interviews, researchers asked participants about any recent experiences with smoking, secondhand smoke exposure, IPV, and symptoms of depression. While the women in this study reported stressors not addressed in this intervention (e.g., unmet economic needs, previous preterm deliveries, lower levels of education) that could impact its overall findings, there was nonetheless an overall reduction in smoking, secondhand smoke exposure, IPV, and symptoms of depression. The study also demonstrated the feasibility of using an innovative and integrated approach to supporting pregnant women's health and wellbeing through reducing both psychosocial and behavioral risks.

**Taft, A.J., Small, R., Hegarty, K.L., et al. (2011). Mothers' Advocates in the Community (MOSAIC) – non-professional mentor support to reduce intimate partner violence and depression in mothers: A cluster randomized trial in primary care. *BMC Public Health*, 11(178), 1-10.**

Available at: <http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-11-178>

### Summary

This study used a cluster randomized trial model to evaluate the efficacy of the Mothers' Advocates In the Community (MOSAIC) intervention. The goal of MOSAIC is to enhance mother-child attachment and reduce IPV and PPD, through providing social support, advocacy, and antenatal mentoring. The intervention matched 90 pregnant Australian women with peer mentors: trained and supervised local mothers (English or Vietnamese speaking) who provided weekly home visits over the course of 12 months. About half of the women participating in this study were living with abusive partners. Pregnant women were referred to the study by doctors and nurses who were trained to better identify and respond to women who may be experiencing IPV. Peer mentors were selected based on having good listening skills and a compassionate, open, and nonjudgmental approach. Mentors received an initial five-day training that included the following topics: befriending/mentoring, domestic violence advocacy, working with depression, parenting support, safety, and self-care. Mentors then received further training and support at regular intervals. Participants completed scales about IPV, depression, parenting stress, and medical outcomes at baseline and at twelve-month follow-up. This study found that the intervention was effective in reducing partner violence against pregnant women who received mentoring. It provides evidence for the efficacy of peer support models in responding to IPV.

**Prosman, G.J., Wong, S.H.L.F., Lagro-Janssen, A.L. (2014). Support by trained mentor mothers for abused women: A promising intervention in primary care. *Family Practice*, 31(1), 71-80.**

Available at: <http://www.ncbi.nlm.nih.gov/pubmed/24132592>

### Summary

This study assessed the efficacy of Mentor Mothers for Support and Advice (MeMoSA),

an adapted version of the Mothers' Advocates In the Community (MOSAIC) mentoring program described above. This intervention was shortened from one year to four months, conducted in the Netherlands, and was expanded to include mothers with children under nineteen living at home. Also, as compared to MOSAIC, MeMoSA mentor mothers completed 5 additional days of training on depression, IPV, children exposed to IPV, parenting support, and how to handle emergency situations. 43 culturally diverse pregnant or parenting women participated in the study and received 16 weekly visits from culturally and linguistically matched mentor mothers. Participants completed a range of questionnaires at baseline and at the completion of the intervention. Overall, as compared to a control group, mothers who received support and advocacy from mentors experienced a decrease in IPV and symptoms of depression at the end of the intervention. In addition, mothers receiving mentorship reported increased feelings of social support, a better understanding of the effects of witnessing abuse on children, higher levels of employment, and more involvement in educational programs. While the results of the MOSAIC and MeMoSA studies are remarkably similar, the authors suggests that MeMoSA provided similar benefits in less time because it is a more intensive model.

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