



The Relationship Between Postpartum Depression and Intimate Partner Violence

Postpartum Depresyon İle Eş Şiddeti Arasındaki İlişki

Postpartum Depression and Intimate Partner Violence

Süheyla Doğan Bulut¹, Esra Alataş¹, Gamer Günay², Serdar Bulut³
¹Psychiatry Department, Dışkapı Yıldırım Beyazıt Training and Research Hospital, Ankara,
²Psychiatry Department, Anamur State Hospital, Anamur, Mersin,
³Psychiatry Department, Yenimahalle Training and Research Hospital, Ankara, Turkey

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Özet

Amaç: Eş tarafından kadına yönelik şiddetin depresyonu tetiklediği bildirilmektedir. Bu çalışmada postpartum dönemde depresyon geçiren ve geçirmeyen kadınlardaki eş şiddetine maruziyetin postpartum depresyona etkisinin araştırılması amaçlandı. **Gereç ve Yöntem:** Aile hekimliğince gebelik takibi yapılan ve doğum sonrası izlemi yapılan postpartum döneminin 4. haftasında olan kayıtlı 128 kadın olgu çalışmaya dahil edildi. Daha önce ruhsal hastalık öyküsü ve ilaç kullanımı olmayan postpartum dönemindeki kadınların psikiyatrik değerlendirmesi yapıldı. Edinburgh doğum sonrası depresyon ölçeği (EDSDÖ) ve tarafımızca hazırlanan sosyodemografik form verildi. EDSDÖ'de depresyon saptanan ve saptanmayan olguların şiddete maruziyetleri ve sosyodemografik özellikleri uygun istatistiksel yöntemler ile karşılaştırıldı. **Bulgular:** EDSDÖ puanlarını 12 ve üzerinde olanları depresyon kabul ederek yapılan gruplamada, olguların %43.7'sinde (n=56) depresyon saptanmazken, olguların 72'sinde (%56.3) postpartum depresyon saptanmıştır. Depresyonu olan olguların yaş ortalaması ve evlilik süresi depresyonu olmayan olgulardan istatistiksel olarak anlamlı yüksek bulunmuştur (sırasıyla p=0.035 ve p=0.003). Postpartum depresyonu olan olguların duygusal ve fiziksel şiddete maruziyet oranı postpartum depresyona uğramayan olgulara göre istatistiksel olarak anlamlı yüksek bulundu (sırasıyla p<0.001 ve p=0.047). Gruplar arasında ekonomik ve cinsel şiddete maruziyet açısından anlamlı bir farklılık saptanmadı. **Tartışma:** Duygusal şiddet postpartum depresyon gelişiminde önemli bir risk faktörüdür. Evlilik ve duygusal şiddete maruziyet süresinin uzaması postpartum depresyon riskini arttırmaktadır. Ruh sağlığı çalışanları duygusal şiddetin travmatik etkisine de odaklanarak, destekleyici yaklaşımlarda bulunmaları postpartum depresyon gelişme olasılığını azaltabilir. Gelecekte elde edilen bulguların daha geniş örneklemler ve uzunlamasına çalışmalarla desteklenmesi konunun netleşmesine katkı sağlayacaktır.

Anahtar Kelimeler

Postpartum Depresyon; Eş Şiddet; Gebelik

Abstract

Aim: It has been suggested that intimate partner violence (IPV) triggers depression. We aim to examine the effect of exposure to IPV on women who experience postpartum depression as compared with postpartum women without depression. **Material and Method:** The study sample included 128 women whose week 4 postpartum check was done in Family Practice. A psychiatric evaluation was completed for 128 postpartum women with no history of mental illness or drug use. We administered the Edinburgh Postpartum Depression Scale (EPDS) and a sociodemographic form. A statistical analysis of the women's exposure to IPV was assessed in relation to their levels of depression as measured by the EPDS along with their sociodemographic characteristics. **Results:** Postpartum depression was detected in 56.3% (n=72) of the women. The average age and length of marriage of the women showing depression were found to be statistically significantly higher than for those that did not score as depressed (respectively p=0.035 and p=0.003). Rates of exposure to emotional and physical abuse were statistically significantly higher for depressed women (respectively p<0.001 ve p=0.047). We did not find any significant differences between the groups in terms of their exposure to economic and sexual abuse. **Discussion:** Emotional abuse is an important risk factor in the development of postpartum depression. Greater length of marriage and exposure to emotional abuse both increase the risk for postpartum depression. Mental health personnel should focus on the traumatic effects of emotional abuse. Larger sample sizes and longitudinal studies are needed to further support these findings.

Keywords

Postpartum Depression; Intimate Partner Violence; Pregnancy; Emotional Abuse

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Corresponding Author: Süheyla Doğan Bulut, Psychiatry Department, Dışkapı Yıldırım Beyazıt Training and Research Hospital, Ankara, Turkey.

E-Mail: dr_sdbulut@hotmail.com

Introduction

Postpartum depression is a common psychosocial health problem seen in the first year after birth. Depression in mothers, postpartum, causes significant problems for mothers, children, and families. It may affect the relationship between a mother and her child along with decreasing mothers' learning about infant care and the parenting role [1]. Postpartum depression affects 10-15% of mothers in the first year after a birth [2]. In developing countries this rate is even higher [3]. Studies in Turkey have shown rates of violence perpetrated by intimate male partners that vary between 6.3 and 50.7% [4,5]. While postpartum depression most often begins during the first 4 weeks after a birth, the first year of a child's life is recognized as a high-risk period and that risk period can extend for as long as two years [6].

Many factors are responsible for postpartum depression. According to research, some significant factors include a family history of depression, younger age, stressful situations during pregnancy, early puberty, anxiety, low social support during the pregnancy, marital conflict, ambivalence about the pregnancy, insufficient weight gain for the mother, smoking, and alcohol and drug use. All of these factors increase the risk of postpartum depression [7,8]. Recently, it has been reported that violence against a woman by her husband physically, emotionally, sexually, or economically can trigger depression [9].

The World Health Organization (WHO) defines violence or abuse as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" [10]. The first thing that comes to mind when considering violence is usually physical abuse. However, other non-physical types of abuse are also very common, and when perpetrated in a systematic way, these types of abuses create short and long-term effects at least as serious as physical violence.

Community health studies should be undertaken to identify factors that lead to depression, with the goal of decreasing the risk of postpartum depression. Some studies have shown a relationship between postpartum depression and abuse in women exposed to domestic violence postpartum [7, 11-15]. However, we do not have adequate knowledge about the effects of past or current domestic violence on postpartum depression. The relationship between exposure to different types of abuse and postpartum depression are also important.

The aim of this study was to examine the effect of exposure to intimate partner violence on women who experience postpartum depression as compared with postpartum women without depression. We wanted to investigate the relationship between all forms of violence and abuse and postpartum depression.

Material and Method

128 postpartum women whose pregnancy follow up and postpartum monitoring were conducted in a Family Practice clinic were involved in the study. A psychiatric assessment was administered to these participants in a psychiatry clinic. The Edinburgh Postpartum Depression Scale (EPDS) and a sociodemographic form prepared for this study were administered to

the participants in the 4th week postpartum. Participants who scored as depressed and those who did not were compared in relation to their exposure to violence. Their scores on the EPDS, along with sociodemographic characteristics, were compared using appropriate statistical methods.

This study was approved by the Dışkapı Yıldırım Beyazıt Teaching and Research Hospital local ethics committee. After the study procedure was fully explained, all subjects provided written informed consent for participation.

Sociodemographic Questionnaire: This form was prepared by us for this study. It identified each participant's age, length of marriage, type of marriage, number of pregnancies, and exposure to physical, emotional, sexual, and economic abuse.

The Edinburgh Postpartum Depression Scale (EPDS): This scale was developed by Holden and Cox to determine risk for depression and to measure levels and types of abuse during the postpartum period. It is a self-assessment tool and includes a total of 10 questions. The cutoff score for the scale has been calculated as 12/13. The validity and reliability of the Turkish version was established by Engindeniz et al. [16].

Statistical Methods

All statistical analyses were performed using SPSS software version 22.0 (SPSS, Chicago, IL). Descriptive analyses are presented here as frequencies, percentages, mean, and standard deviations. Continuous variables were investigated using the Kolmogorov-Smirnov test to determine normal distribution. A chi-square and Fisher's exact test were used to compare categorical variables in different groups. Mann-Whitney U test was used to compare continuous variables between the study groups. A p value of <0.05 was considered statistically significant.

Results

We recruited 128 women for this study. Their average age was 28.62 ± 5.94 years, the average length of marriage was 7.10 ± 6.18 years, and their average number of pregnancies was 1.96 ± 0.97 . Their types of marriage included: arranged marriages 28.1% (n=36), elopement 14.1% (n=18), and mutual agreement between the spouses 57.8% (n=74). 48.4% (n=62) of the women had been exposed to emotional abuse, 14.1% (n=18) of them to physical abuse, 3.1% (n=4) of them to sexual abuse, and 3.1% (n=4) of them to economic abuse.

The group with EPDS scores of 12 or more were identified as depressed. In 56 women (43.7%), we found no depression. 72 women (56.3%) were determined to have postpartum depression.

The average age and the length of marriage for depressed participants was found to be statistically significantly higher than for those who were not depressed ($p=0.035$ and $p=0.003$ respectively). There was a statistically significant difference between the type of marriage for women who were depressed and those who were not. The rates of exposure to emotional abuse for women who were depressed was statistically significantly higher when compared to women who were not depressed ($p<0.001$). The rate of exposure to physical abuse for women who were depressed was statistically significantly higher when compared to women who were not depressed ($p=0.047$). We did

not find any significant differences between the groups in terms of their exposure to economic and sexual abuse. The sociodemographic and clinical characteristics of the women who were depressed and those who were not are shown in Table 1.

Table 1. Sociodemographic and clinical characteristics of patients with postpartum depression and patients without postpartum depression

	Without PPD (n=56)	With PPD (n=72)	test statistic	p value
Age (years)(X±SD)	27.32±5.25	29.63±6.27	Z=-2,108	0.035
Length of marriage (years) (X±SD)	5.37±5.20	8.45±6.57	Z=-2,944	0.003
Number of pregnancies (X±SD)	1.78±0.90	2.11±1.00	Z=-1,853	0.064
Type of marriage				
Arranged marriage	6 (%10.7)	30 (%41.7)	X2=15.821	<0.001
Elopement	8 (%14.3)	10 (%13.9)	df=2	
Mutual agreement	42 (%75)	32 (%44.4)		
Emotional abuse				
None	40 (%71.4)	26 (%36.1)	X2=15.732	<0.001
Yes	16 (%28.6)	46 (%63.9)	df=1	
Physical abuse				
None	52 (%92.9)	58 (%80.6)	X2=3.944	0.047
Yes	4 (%7.1)	14 (%19.4)	df=1	
Sexual abuse				
None	56 (%100)	68 (%94.4)		0.131
Yes	0 (%0)	4 (%5.6)		
Economic abuse				
None	56 (%100)	68 (%94.4)		0.131
Yes	0 (%0)	4 (%5.6)		

PPD; postpartum depression

Discussion

The main finding of our study was that the rates of exposure to emotional abuse and physical abuse for the women with postpartum depression were statistically significantly higher when compared with rates for women who did not have postpartum depression. We did not find any significant difference between the groups with and without postpartum depression in terms of their exposure to economic and sexual abuse. One of our other findings was that the average age and length of marriage for women depressed postpartum was statistically significantly higher than for women who were not depressed.

Postpartum depression is a disorder that negatively affects the mental health and quality of life of both mothers and children. Depressed mothers experience mood fluctuations, anxiety, guilt, low self confidence, and have difficulty functioning in their parenting role. Depressed mothers are less sensitive to their infants' needs and demonstrate negative attitudes toward their babies. These attitudes negatively affect children's physical and emotional development [17]. In a meta-analysis of studies of the relationship between abuse and postpartum depression, a positive correlation between violence and postpartum depression has been reported [7]. In addition, it has been reported that exposure to abuse is a predictor for depression [11]. The most frequent type of violence against women is abuse committed by an intimate partner. Abuse causes chronic stress in women.

Exposure to abuse along with depression creates a serious risk for chronic and significant health problems in both mothers and babies [18].

Research by the WHO across 10 countries showed that the lifetime prevalence of exposure to physical violence and sexual abuse varies between 15% and 71% [19]. This study reported that women's rate of exposure to physical violence by their partners throughout their lives varies between 10% and 56%, while 30% of women are exposed to sexual abuse. In a study done in Brazil, 50.7% of women aged 15-49 were exposed to domestic violence[20]. According to a survey of approximately 5,000 people across Turkey, conducted by the Turkish Institute of Family Research, 53% of the violence against women committed by their husbands involved emotional abuse [21]. Violence rates obtained in our sample group were similar to other results obtained in Turkey.

A study in Canada reported that emotional abuse is correlated with postpartum depression while sexual and physical abuse show no relationship with postpartum depression [12]. In contrast with these results obtained by Cohen et al. [12], Sorbo et al. report that women most often report exposure to emotional abuse, but that all forms of abuse increase their risk for postpartum depression[15]. Another recent study reported that exposure to emotional abuse during pregnancy is more correlated with the development of postpartum depression than is exposure to physical abuse[13]. In our study, when women with depression and without depression were compared, women with depression showed a statistically significant relationship between exposure to emotional and physical abuse and depression but no correlation between economic, and sexual abuse and depression. Our findings support the findings of Ludermir et al. and Sorbo et al.

Our study found that patients with postpartum depression were married younger than women without postpartum depression, and the length of their marriages was longer. The fact that emotional abuse rates were higher for women with depression suggests that the duration of exposure to violence and abuse may be an important risk factor.

A longitudinal prospective study reported that when abuse by a partner ends, the woman shows a decrease in her depression score [24]. A study by Agrawal et al. obtained similar results [25]. Because we made a cross-sectional examination in our study, we could not observe changes that occurred in depression rates after the abuse and violence ceased. This may be viewed as one of the limitations of our study. There are very few studies on this specific topic. In the future, longitudinal studies with more varied and larger sample sizes are needed. Recent studies have also examined the person who perpetrates the violence. One study reports that while there is a strong correlation between abuse perpetrated by an intimate partner and postpartum depression, there is no relationship between exposure to violence perpetrated by other people and postpartum depression [25]. Our study examined only exposure to violence and abuse by an intimate partner. Violence perpetrated by other people (known or not known) was not considered. This is another limitation of our study. A study by Sorbo et al. reported that exposure to multiple types of violence or abuse increases the risk of postpartum depression by 2-3 times; in addition,

postpartum depression is also correlated with the frequency of abuse [15]. Our study did not examine how often and how frequently women were exposed to violence, another limitation of our study. Our study also considered only women who had live births. Women who experienced still births and lost their children were not included in this study. This could also be considered a limitation of our study.

In conclusion, emotional abuse, which is often considered less important than other forms of abuse, is an important risk factor in the development of postpartum depression. Greater length of marriage and exposure to emotional abuse increase the risk of postpartum depression. Future support for this evidence will depend upon larger sample sizes and longitudinal studies. These results need clarification. There is a need for rapid diagnostic methods to facilitate early identification of depression in high-risk individuals. Rates of illness in mothers, children, and families related to postpartum depression could be decreased with early diagnoses and psychotherapeutic interventions. Emergency helplines offering psychological support for women exposed to violence and abuse and providing legal and medical services could help protect women from violence and abuse. Future studies should examine high-risk populations exposed to abuse and consider the ways that they might be provided with early diagnoses. Preventing the development of postpartum depression would support healthier mothers and better child development.

Competing interests

The authors declare that they have no competing interests.

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