

CORRELATION OF DOMESTIC VIOLENCE DURING PREGNANCY WITH POSTNATAL DEPRESSION: SYSTEMATIC REVIEW OF BIBLIOGRAPHY

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Abstract

Background: The correlation between the presence of Domestic Violence during pregnancy and Postnatal Depression is documented by an increasing number of studies.

Aim: The present study tries to make a bibliographic review of the studies that associate the presence of Domestic Violence during pregnancy with Postnatal Depression. The research question focused on whether Domestic Violence during pregnancy constitutes a risk factor for the manifestation of Postnatal Depression.

Method: The search in the Pubmed concerned the period 1996-2007, included articles in the English language and this resulted in 1539 articles and 180 systematic reviews. Key-words were grouped into three contextual categories:

1. Domestic Violence 2. Postnatal Depression 3. Pregnancy

Conclusion: Health professionals that deal with women after birth should be aware of issues of prevention, because it is obvious that women's health is influenced both by Domestic Violence during pregnancy as well as by the presence of Postnatal Depression.

Keywords: Postnatal Depression, Domestic violence, abuse, women's health, perinatal health

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Introduction

Although Domestic Violence (DV) influences both pregnancy and the postnatal period, health professionals rarely raise any questions as regards abuse suffered by pregnant women. DV is more common during pregnancy than other complications, such as preeclampsia and diabetes mellitus (Mezey et al 1997). Research estimates DV ranging from approximately 5.2% (Torres et al 2000) to 22% in pregnant women (Purwar et al 1999, Renker 1999, Mezey et al 2001). DV risk increases by 19% during the prenatal

period and by 25% during the postnatal period compared to nulliparous women (Geilen et al 1994). Furthermore, 13% of the women's population suffers from Postnatal Depression (O' Hara & Swain 1996). Most of the young mothers have symptoms for more than 6 months after birth and if these symptoms are not dealt with, 25% of them continues to experience depression even 1 year after birth (Gregoire et al 1996).

METHODOLOGY

Search strategy

The search in the Pubmed concerned the period 1996-2007, included articles in the English language and was organised in the form that appears in Table 1. Key-words were grouped into three contextual categories: 1. Domestic Violence 2.

Postnatal Depression 3. Pregnancy and were the following:

- Abuse, family, physical, sexual, partner.
- Psychological health, problems, postpartum, blues
- Delivery, Birth, antenatal

Many articles were found initially, from the above combination and in order to detect the ones that responded to our research question, we also chose textwords in combinations of two, such as Domestic Violence and Pregnancy, and this resulted in 1539 articles and 180 systematic reviews as it is shown in Table 1 and Figure 1.

Table 1 Results of initial Review

	Domestic Violence		Postnatal Depression		Pregnancy	
	All	Reviews	All	Reviews	All	Reviews
Domestic Violence	23346	2615	49	6	1539	180
Postnatal Depression	49	6	1997	347	1119	205
Pregnancy	1539	180	1119	205	617893	56258

As the search continued, the results were grouped on the basis of the main subject studied.

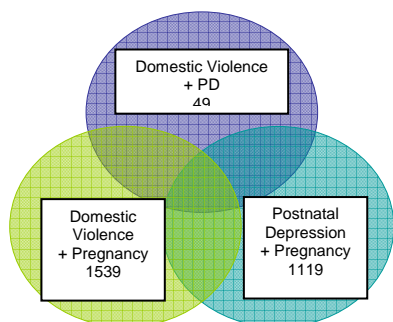


Figure 1. Results of main categories

As Figure 2 shows, the basic word categories produced a big number of articles and their combination finally resulted in 31 articles and 2 reviews.

In the next stage, a decision had to be made about which of these works would be finally accepted for further analysis. The selection includes the retrieval of the full text, its appraisal and the final selection of the ones that responded to the research question.

Appraisal of the studies

The most appropriate from the studies drawn were selected on the basis of the entry criteria as regards the research question. In order to check the validity, reliability and factorial analysis of the

studies in the best possible way, Morisson et al.(1999) suggests the compilation of an "Appraisal Sheet" as an effective method that includes the following steps:

- Question formation
- Review and assessment of bibliography related to the raised question; and
- Assessment of the study as regards the precise answer to the research question about how much the presence of DV during pregnancy influences the manifestation of Postnatal Depression.

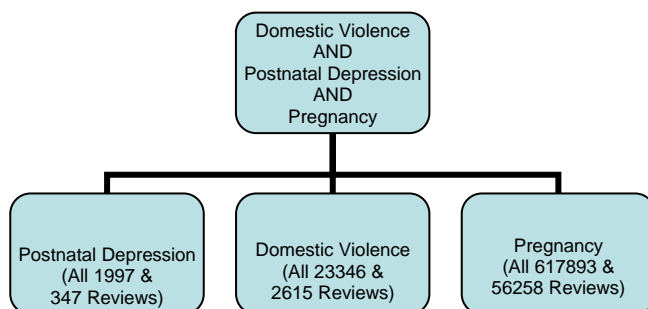


Figure 2 Correlations of main categories

A control was conducted using the key-questions of the assessment sheet about how much the results of each individual work were valid and responded to the research question.

Many articles were excluded in this procedure as their subject was Domestic Violence or Postnatal Depression as independent variables in relation to some other factor. For example, they studied breastfeeding as a dependent variable in relation to Postnatal Depression and Domestic Violence. It is clear that such an article does not respond to the research question and, thus, the results of 6 works were chosen and presented.

DISCUSSION

Violence during pregnancy poses a threat to health and the death of the mother and her infant can be resulted (NICE 2001). Pregnancy and the immediate period following birth is a time when partner support and being in a confiding trusting relationship is supposed to be particularly important for psychological health (Mezey et al 2005). Women may feel more physically vulnerable and emotionally dependent on their partners during the postnatal period and as a result implications of domestic violence may be more profound, as violence poses the safety of both mother and the baby (Mezey et al 2005). Direct and indirect mechanisms of violence may result adverse pregnancy symptoms or even during the postnatal period, including postnatal depression (Newberger et al 1992). Women that are victims of Domestic Violence are subject to a higher relative risk of postnatal depression or some other psychological morbidity during the postnatal period (Golding 1999, Coid et al 2003). Furthermore, some studies support that the application of physical or sexual violence on pregnant women is an inclination factor for postnatal depression (Buist & Janson 2001, Records & Rice 2004). Family relations and, especially, the dynamics that are developed and the reduced self-esteem that a woman might experience after an incident of Domestic Violence during pregnancy

increase the stress among the family members as well as the percentage of depression (Beck 1993). Family relations can influence the progress of postnatal depression for months or even years after birth (Goodman 2004).

A history of domestic violence was significantly related with depressive symptoms, even after controlling for the effects of other risk factors such as alcohol use, age, socio-economic status (Bacchus et al 2003). According to many women, the mental stress is far worse than physical effects of beatings. The impact on self esteem leads to a dependence upon the abuser (Salmon et al 2004). It is possible that some women who reported previous violence were still experiencing it during the current pregnancy, but were reluctant to admit it (Bacchus et al 2001).

According to a study by Bacchus et al 2001 & Bacchus et al 2003, carried out in order to correlate the prevalence of domestic violence with obstetric complications and psychological morbidity during the postnatal period, 23.5% of the women have fallen victims of domestic violence at least once and 3% during this pregnancy. Women with a history of Domestic Violence were more likely to be single, divorced and smokers, did not wish or had not planned this pregnancy. There were more probabilities for the abused pregnant women to develop Postnatal Depression after birth (9.2% developed) versus the women with no history of Domestic violence (7.72%) that developed postnatal depression (9.2 versus 7.72; $t=2.8$, $d.f.=186.4$, $P=0.006$, 95% $CI=0.65, 3.5$).

A percentage of 34% of the 120 pregnant women participating in the study of Mezey et al 2005 stated that they had experienced or watched manifestations of violence from another family member. Furthermore, a percentage of 10.7% of the women with a history of Domestic Violence suffered from Postnatal Depression or another psychological disease after birth compared to the women that had not suffered from a similar incidence (28/94; 29.8% versus 19/106, 17.9% $\chi^2 = 3.3$ $df=1$ $p=0.07$). Nevertheless, Records & Rice 2005, who studied 89 women in order to discover

whether there are differences as regards postnatal depression between pregnant women who had fallen victims to domestic violence and the ones that had not, found out that there is no difference as regards postnatal depression between the two groups of women (victims of Domestic Violence: $M = 8.00$, $SD = 5.96$; no victims: $M = 3.04$, $SD = 3.60$ $t(50) = 2.48$, $p = 0.02$ (two-tailed), $d = 48$.)

Also, Leung et al 2002, who studied 838 women and divided them into two sub-groups depending on whether they had been victims of Domestic Violence, found out that Domestic Violence influences the manifestation of Postnatal Depression after birth and, in general, the psychological condition of the women. More specifically, there was a bigger percentage of postnatal depression with a statistically significant difference in the case of women who had fallen victims to Domestic Violence both 1 to 2 days or even 6 weeks after birth ($P=0.003$, $P=0.000$, $P=0.010$ και $P= 0.001$, respectively).

Moreover, Mezey et al 2005 argued that 'the psychiatric and social effects of childhood abuse represent a 'matrix of developmental disadvantage' which includes sexual abuse, relationship dysfunction and repeat victimisation. It is important therefore that any apparent association between domestic violence and psychiatric illness is not attributed to the effects of domestic violence in isolation, but understood in this context.'

Unfortunately, domestic violence is under-reported and under-recognised across the health settings. Health professionals rarely enquire about domestic violence and women are reluctant to disclose such experiences in the absence of direct questioning (Mezey et al 2005). It is essential for that reason as Salmon et al 2004 state that 'all health professionals should make themselves aware of the importance of domestic violence in their practice. They should adopt a non judgemental and supportive response to women who have experienced physical, psychological or sexual abuse and must be able to give basic information to women about where to get help. They should provide or refer the woman to local sources

of continuing support, whatever decision the woman makes concerning her future.'

CONCLUSION

The above document that Domestic Violence during pregnancy is an important factor for the manifestation of Postnatal Depression. Highlighting this relation contributes to the discussion about the importance of both Domestic Violence and Postnatal Depression for the perinatal women's health. It is, therefore, advisable that health professionals dealing with mothers after birth are aware of issues of Domestic Violence and Postnatal Depression as it is obvious that women's health is significantly influenced. A good clinical practice, confirmed by international data is to ask pregnant women the necessary questions regarding abuse and postnatal depression, during pregnancy and also after birth. In this way, the documented and effective care for the women in need is secured, prior to and after birth.

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