

Psychological as well as physical violence leads to postnatal depression

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Psychological violence during pregnancy by an intimate partner is strongly associated with postnatal depression, independently of physical or sexual violence, according to a paper by researchers in Bristol and Brazil, published today in *The Lancet*. This finding has important policy implications since most social policies focus on prevention and treatment of physical violence.

Dr Ana Bernarda Ludermir of the Universidade Federal de Pernambuco, Recife, Brazil, and colleagues in the School of Social and Community Medicine at the University of Bristol, studied pregnant women (aged 18-49 years) in Recife, northeastern Brazil between July 2005 and December 2006.

The women, who were attending primary health-care clinics during their third trimester, were interviewed while they were pregnant and after

delivery. The form of [partner violence](#) in pregnancy was assessed with a validated questionnaire, and the Edinburgh [postnatal depression](#) scale was used to measure postnatal depression.

A total of 1,133 [pregnant women](#) were eligible for inclusion in the study, of whom 1,045 had complete data for all variables and were included in the analysis. 270 women (26 per cent) had postnatal depression. The most common form of partner violence was psychological (28 per cent).

Frequency of psychological violence during pregnancy was positively associated with occurrence of postnatal depression, and although this association was reduced after adjustment, women reporting the highest frequency of psychological violence were more than twice as likely to have postnatal depression even after adjustment than those who had not experienced psychological violence.

Dr Ana Bernarda Ludermir said: “We recorded a clear positive association between the frequency of psychological violence during pregnancy and the occurrence of postnatal depression, even after adjustments. As in previous studies, psychological violence was much more common than was physical or sexual violence. About 10 per cent of the burden of postnatal depression could be attributed to partner violence during pregnancy, with most attributable to psychological violence, which was the most common form of violence in our study.”

She concluded: “Partner violence is increasingly becoming recognised as an important public health problem worldwide. However, psychological violence is often not identified because of the emphasis placed on the detection of physical and sexual violence.

“Prenatal care could provide an opportunity for improved detection by health-care professionals, but the precise role of health providers in identification of partner violence against women needs further

elucidation. Interventions that might prevent psychological violence, or help to treat the consequences of such violence, should reduce the substantial burden of postnatal depression that affects mothers, children, and the health system as a whole.”

In a linked Comment, Dr Rachel Jewkes of the Gender and Health Research Unit, Medical Research Council, Pretoria, South Africa, said: “Emotional abuse has not been part of many screening recommendations to identify women who experience abuse during prenatal care, such as those from the American Congress of Obstetricians and Gynecologists.

“However, there is mounting evidence that guidelines should include questions about emotional abuse, as well as physical and sexual abuse. Prevention of all forms of [intimate partner](#) violence is very important for improving women’s health, particularly their mental health.”

More information: Violence against women by their intimate partner during pregnancy and postnatal depression: a prospective cohort study by Ana Bernarda Ludermit, Glyn Lewis, Sandra Alves Valongueiro, Thália Velho Barreto de Araújo, Ricardo Araya *The Lancet* Vol 376 September 11, 2010. www.thelancet.com/

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