

# “The Impact of Emotional and Physical Violence During Pregnancy on Maternal and Child Health at One Year Post-partum” (2011), by Sarah McMahon, Chien-Chung Huang, Paul Boxer, Judy L. Postmus

In 2011, Sarah McMahon and colleagues published “The Impact of Emotional and Physical Violence During Pregnancy on Maternal and Child Health at One Year Post-partum,” hereafter, “The Impact,” in the journal, *Child and Youth Services Review*. While existing studies had indicated negative chronic effects resulting from intimate partner violence, or IPV, such as miscarriage and premature labor, there was little research specifically analyzing the separate and joint effects of psychological and physical abuse on pregnant women and fetuses. The authors reported that both physical and emotional IPV had negative impacts on the woman and child at one-year after birth, including worse overall health and increased likelihood of depression. In “The Impact,” the researchers analyzed the effects of partner abuse during pregnancy, distinguishing between the effects of emotional abuse and physical abuse on health outcomes for a pregnant woman and her offspring.

“The Impact” is a report of the scientific findings of McMahon and her colleagues on the relationship between IPV during pregnancy and health outcomes for the pregnant woman and child post-partum. By 2011, other researchers had found that pregnant women who experienced IPV more often had miscarriages or went into labor prematurely. However, the existing literature focused primarily on physical abuse rather than emotional abuse or a combination of both. Thus, the authors of “The Impact” wrote that, for their article, they were interested in further investigating the effects of emotional abuse on pregnancies, as well as the combination of physical and emotional abuse.

McMahon, Judy Postmus, Chien-Chung Huang, and Paul Boxer worked at the School of Social Work at Rutgers University in New Brunswick, New Jersey. There, McMahon was an assistant professor at Rutgers University in the School of Social Work in New Brunswick, New Jersey, working primarily within the Center on Violence Against Women and Children. Similarly, Postmus studied various forms of violence against women and children, including physical and emotional abuse. Huang’s research included international social work, social welfare policy, and domestic violence. Boxer studied psychology and his research included studying the impact of violence and crime on youth development.

McMahon, Postmus, Huang, and Boxer divide “The Impact” into five sections. In the introduction section, the authors conduct a literature review, reviewing data from prior publications to describe the known effects of perinatal IPV, which is IPV that occurs before, during, and up to one year following pregnancy. Next, in the methods section, the authors describe how they collect data to measure the effects of different forms of IPV on maternal and child outcomes. They state that they collected the data by interviewing each pregnant woman at the time of birth and again after one year post-partum. In the results section, the authors report the effects of physical and emotional IPV together and separately, discussing outcomes such as worse overall health, maternal depression, and poor child temperament. Lastly, in the discussion and conclusion sections, McMahon, Postmus, Huang, and Boxer reiterate the significance of the impacts of emotional abuse in IPV. In those sections, they also discuss potential limitations of their study and describe implications for future research.

In the introduction section, the authors review data from prior publications to gather information on previously discovered effects of perinatal IPV. While the authors acknowledge that the definition

of IPV varies widely, they define IPV as a pattern of forceful or threatening behavior in which one person in the relationship uses power and control over the other for a period of time. Perinatal IPV is IPV that occurs before, during, and up to one year following pregnancy. IPV is not always physical, as it can manifest itself psychologically and emotionally, such as with financial abuse. Financial abuse is when one person in a relationship takes control of the other's finances in order to maintain power and to prevent the other person from leaving the relationship.

Continuing in the introduction section, McMahan, Postmus, Huang, and Boxer state that measuring psychological abuse in IPV is difficult. However, previous research had indicated negative effects of IPV during pregnancy on pregnant women and their children. The authors state that perinatal IPV was associated with decreases in the mother's mental and physical health, characterized by marked increases in depression and post-traumatic stress disorder rates as well as increased likelihood to be killed by their partners and susceptibility to infectious complications. Additionally, mothers who experienced perinatal IPV has a higher chance of giving birth prematurely to infants with lower birthweight. Those infants also had a higher mortality rate than those whose mothers did not experience IPV. Premature birth is birth that occurs more than three weeks before the neonate's estimated due date. A neonate born below mean birthweight is one whose weight at birth is lower than the normal average weight and may contribute substantially to infant mortality and childhood disability.

As a continuation of their literature review, the authors then report that children were also more likely to develop problematic psychological relationships with their mothers if the mother was victimized perinatally, which could have chronic implications in childhood development. For example, when a pregnant woman experiences IPV perinatally, she may have difficulty attaching or bonding with her infant, which scientists have correlated with difficult child temperament. They also state that many of the existing studies did not examine the impact of IPV on the child post-partum. Additionally, McMahan, Postmus, Huang, and Boxer state that the results of some studies were unclear in identifying the exact causes for observed effects. For example, studies did not indicate whether physical IPV, emotional IPV, or both contributed to observed outcomes. Thus, the researchers concluded from their literature review that more research was needed for understanding the effects of emotional and physical abuse separately for IPV during pregnancy. The authors then state that the goal of their study was to assess the effects of both physical and emotional IPV to determine patterns in health, depression, and temperament in the pregnant woman and child at one year post-partum.

In the methods section, the authors summarize how they utilized data from an existing study to determine the effects of different forms of IPV on maternal and child health outcomes. The researchers utilized data from the existing Fragile Families and Child Wellbeing Study, which is a study set including information on unmarried parents and the health development of their children in the United States. In that study, researchers analyzed 3961 women and their children from twenty different cities in the United States over a mean of fifteen months. The authors of "The Impact" state that the Fragile Families and Child Wellbeing Study provides information on the characteristics of unmarried parents and outcomes for their children and utilized the data set for the purposes of their study.

McMahan, Postmus, Huang, and Boxer write that researchers of the Fragile Families study team initially interviewed women at the time of birth and asked questions about the women's physical and mental health. For example, researchers measured overall maternal health by asking women to rank their health generally on a scale from one to five. Researchers also measured for both physical and emotional IPV during the first round of interviews by asking women if they had been hit or slapped by their partner when their partner was angry and if they were insulted or criticized for their ideas by their partner within the past month. Researchers asked women for the frequency at which such behaviors occurred when they interviewed the women after giving birth.

Continued in the methods, the researchers write about conducting a second interview when the infant was approximately fifteen months old. During the interviews, researchers asked the women to rank the children's overall health on a scale of one to five. To measure child temperament, researchers asked women to rank the presence of certain behaviors and traits in their child, such as shyness, frequency of crying, and sociability. Additionally, the researchers measured for maternal depression throughout the first year post-partum through a questionnaire commonly used to test

for anxiety and major depression. Finally, researchers identified the women's ethnicity, education level, and relationship with the father of their child. The results from those interviews indicated 5.6 percent of women experienced physical abuse, 29.4 percent of women faced emotional abuse, and 3.6 percent of women experienced both. They write that many women who experienced both physical and emotional abuse had not completed high school, were not cohabiting or otherwise involved with the child's father, had more than one child, and belonged to a minority racial or ethnic group. The authors used those results to draw conclusions in their results section.

In the results section, McMahon, Postmus, Huang, and Boxer distinguish between the specific effects of physical and emotional IPV separately and together. The authors report that physical and emotional abuse together more strongly impact women and their children than only physical or only emotional abuse, or a lack of abuse completely. Women who had experienced both physical and emotional IPV had the worst overall health, followed by women who had experienced one or the other. However, women who had experienced emotional IPV alone were more likely to have poor physical health than those who had experienced only physical IPV. Women who had experienced only physical IPV were more likely to have depression than those who had experienced only emotional IPV. Nonetheless, depression was worse when women experienced both forms of IPV together. The authors report that the child's health was also negatively correlated with various forms of IPV, meaning the child's health declined. Researchers associated emotional IPV during pregnancy with poorer temperament and physical health of the neonate after birth, while physical IPV during pregnancy resulted in poorer physical health of the child but had no effects on temperament alone. The authors report that their results indicated physical and emotional IPV experienced together with poorer child health and temperament.

In the discussion and conclusion sections, the authors distinguish their contribution from the existing literature on the effects of perinatal IPV, discuss potential limitations of their study, and describe implications for future research. They explain that they aimed to analyze the impacts of emotional IPV alone in addition to learning more about the effects of physical and emotional IPV together on the woman and child. The authors add that they extended the existing knowledge by analyzing the child's health at fifteen months post-partum and that previous studies had focused primarily on physical IPV. Moreover, the authors distinguish that emotional IPV alone led to more negative physical health outcomes than did physical IPV alone, indicating their perceived importance of analyzing the effects of emotional abuse, which, they claim, studies often neglect. However, the authors acknowledge that there may be some limitations to their study due to the fact they used the Fragile Families and Child Wellbeing Study, because the researchers in that study had only asked about a few behaviors over a short period of time.

Continuing in "The Impact," McMahon, Postmus, Huang, and Boxer discuss the importance of further research in the area, stating that the number of women who reported to experience IPV in the study alone highlights the need for awareness and implementation of effective screening of IPV. Additionally, the authors advocate for further research on the long-term health effects of IPV on women and children. They state that additional similar studies would assist in creating effective screening of IPV during pregnancy and lead to a better understanding of useful interventions, though they do not describe such interventions. In the conclusion section, the authors state that their study identifies the importance of broadening the research on IPV beyond just physical abuse to include research on the effects of emotional abuse, as well.

"The Impact" provides a foundation for wider investigation on the effects of different types of abuse on the health of women and their children. For example, researchers who have cited the article, such as Ann Bianchi and her colleagues, have studied the effects of abuse during pregnancy and also medical interventions for preventing negative child health outcomes. Other researchers, such as Brian Doss and colleagues, have utilized the information in their article on the conflict between parents, how that affects child health outcomes, and interventions for preventing negative health outcomes. As the authors predict in "The Impact," researchers have used the article for advancing further research in assessing and preventing maternal abuse and the negative outcomes it has on children.

The authors of "The Impact" focused on the effects of IPV during pregnancy and distinguished the significance of the effects of emotional abuse separate from physical abuse on health outcomes for

a pregnant woman and the neonate. By publishing their article, the authors provided evidence that emotional abuse affects the health of women and children as much as physical abuse, showing why further research in the area is needed in order to promote healthier pregnancies and child health outcomes.

## Sources

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