Preserving Child Flourishing after Exposure to Trauma: Women’s Perceptions of the Adequacy of Community Supports

Laura Miller
Assistant Professor of Psychology and Peace Studies

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What is intimate partner violence?

- Threatened or completed:
  - Physical
  - Psychological
  - Sexual

- Prevalence in the United States
  - 20-35%, lifetime

Breiding, et al., 2009; CDC 2006
Intimate Partner Violence: Risk and Negative Effects
Who is most at risk?

Low Community Educational Attainment

Young

Low-Income

Pregnant

Educational Attainment

Victimization history

Minority Status

High Population Density

Cho, et al., 2012; Cunradi, et al., 2002; Miller & Graham-Bermann, in press; Silverman, et al., 2006
Children/Women at risk for:

- Fetal death/miscarriage
- Pre-term birth
- Low birth weight
- ICU

Women at risk for:

- Postpartum depression
- Difficulties breastfeeding

Boy & Salihu, 2004; Kendall-Tackett, 2007; Silverman et al., 2005
IPV & Children Infancy

- **Women at risk for:**
  - Continuous exposure
  - Social isolation
  - MH effects (PTSD, depression)

- **Children at risk for:**
  - PTSD symptoms
  - Disruption of secure attachment
  - Eating difficulties
  - Sleeping difficulties

Bogat, et al., 2006; Bonomi, et al., 2006; Levendosky et al., 2011
IPV & Children: Early Childhood

Children at risk for:

- Internalizing (e.g., depression, anxiety)
- Externalizing (behavior problems)
- Health Problems
- Cognitive Delays
- School Achievement
- PTSD

Graham-Bermann & Seng, 2005; Kennedy, et al., 2003; Graham-Bermann, Howell, Miller, et al., 2010
Research Questions

Biological
Are women exposed to violence receiving “adequate” prenatal care?

Psychological
Are women exposed to violence participating in therapy?
Do they perceive it as useful? Is it actually?
How does a history of IPV and MH problems relate to parenting confidence in those exposed to IPV? What is women’s emotional experience of pregnancy?

Social
Is engagement in various types of social networks linked to positive functioning?
Do women perceive community supports to be useful?
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Parent-child attachment

• Larger social networks
• Infrastructural supports

Positive birth outcomes
Breastfeeding
Competence/preparedness

Larger social networks
Infrastructural supports
Biological: Are women exposed to violence receiving adequate prenatal care?
Study 1: Methods

- Study 2 (in-collection)
  - n=12
  - Pregnant women
- Mixed method
  - Self-report (prenatal care, violence exposure, MH, resilience and coping)
  - Focus groups
2/8 women (25%) who had been pregnant before delivered pre-term
  - Even higher than pre-term labor risk in older studies of violence exposed women (Shumway, et al., 1999)

1/8 had an infant with low-birth weight
Past Pregnancies: Focus Group Data

- Breastfeeding
  - Discomfort: “I tried…but I didn’t like how uncomfortable it was”
  - Baby failing to latch
  - Receptive to info from doctors re: stopping drugs/alcohol
- Women who had children previously reported using and liking breastfeeding classes/groups
Before Current Pregnancy

- 4/12 women reported that they (and their partners) wanted to get pregnant
- 4/12 were taking any kind of multi-vitamin supplement in the month before they got pregnant
- 4/12 women were smokers
- 9/12 drank at least weekly
- 9/12 had a doctor they had seen previously
- 2/12 had ever been to a safehouse or shelter
During Current Pregnancy

- All smokers either stopped (n=2) or greatly reduced (n=2) their smoking.
- 2 women were drinking 1 or fewer drinks/week.
All women were receiving prenatal care

Care Providers
- Not understanding prenatal materials given/discussions with doctors rushed
  - Followed by feeling stupid/angry/frustrated
- Lack of coordination between service providers
- Not listening to mothers’ reports
- Doctors/nurses using technology viewed very positively
  - Google hangout check-ins
  - Pregnancy health apps on phone
- Only ONE woman had received a screen for abuse history
  - Found it a very helpful conversation opener, and other women said they wish their doctor had asked
Are women exposed to violence receiving "adequate prenatal care?"

Yes, in terms of access and physical health
- But how much of this is "common knowledge" transmitted by social networks?
- Problems talking with providers
- Few to no violence screens
- Remediation of risk, but promotion of protective factors?

Are women exposed to violence participating in therapy?

Do they perceive it as useful? Is it actually?

How does a history of IPV and MH problems relate to parenting confidence in those exposed to IPV? What is women’s emotional experience of pregnancy?

Is engagement in various types of social networks linked to positive functioning?

Do women perceive community supports to be useful?
Discussion: Implications for children

- Reduction in maternal health risk behaviors likely to facilitate positive outcomes for children

- Lack of violence screens
  - Oversight of environmental risks
  - Runs the risk of failure to identify MH problems that may influence early parenting
  - Less likely to connect women to needed infrastructural supports
    - Legal, social, and housing services
    - ***Especially important since so few women use these services through shelters***
Psychological: The Usefulness of Therapy Mental Health & Parenting
N=112
- Women exposed to violence in childhood
- Collected online

Participants

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Age M(SD)</th>
<th>Income (M range)</th>
<th>Racial/Ethnic Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not-exposed (n=24)</td>
<td>38.25(11.22) Range: 19-67</td>
<td>$30-60,000</td>
<td>White (82.1%) Black/African-American (8.9%) Asian/Pacific Islander (8%) Bi-racial/Multi-racial/other (6.9%)</td>
</tr>
<tr>
<td>Exposed (n=88)</td>
<td>35.32(9.20) Range: 21-62</td>
<td>$30-60,000</td>
<td>White (79.5%) Black/African-American (7.9%) Asian/Pacific Islander (9.1%) Biracial/Multi-racial/other (3.4%)</td>
</tr>
</tbody>
</table>
## Study 2: Descriptive Statistics

<table>
<thead>
<tr>
<th>Measure</th>
<th>Not Exposed (n=24)</th>
<th>Exposed (n=88)</th>
<th>Significant difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>28% over clinical cut-off</td>
<td>50% over clinical cut-off</td>
<td>$\chi^2=9.29, p&lt;.001$</td>
</tr>
<tr>
<td>Physical Health Problems</td>
<td>1.54(1.53)</td>
<td>2.30(1.67)</td>
<td>$t=-1.99, p&lt;.05$</td>
</tr>
<tr>
<td>Anxiety (over cut-off for moderate symptoms)</td>
<td>8.3%</td>
<td>14.8%</td>
<td>ns</td>
</tr>
<tr>
<td>PTSS (over cut-off for moderate symptoms)</td>
<td>12.6%</td>
<td>14.8%</td>
<td>ns (but related to severity)</td>
</tr>
<tr>
<td>Stressful events in the past year</td>
<td>3.46(4.24)</td>
<td>7.00(4.62)</td>
<td>$t=-3.38, p&lt;.001$</td>
</tr>
</tbody>
</table>
Women exposed to IPV seek therapeutic care at equal rates to non-exposed women, but have higher early drop-out (14.4% vs. 7.7%)
  • Note: use rates are similar despite higher levels of depression and life stress in IPV exposed sample

No differences in satisfaction or perceived helpfulness of treatment
  • Both were relatively high

Having been in treatment in the past was unrelated to any mental health outcome or violence severity
  • But was related to fewer health problems
All twelve women were above clinical cut-off for depression symptoms

Moderate levels of anxiety and PTSS

The presence of PTSS and depression was related to significantly lower levels of parenting confidence ($r=-.76, -.69, p<.05$, respectively)
Study 1: Focus Group Data

- Emotional experience of pregnancy
  - Excitement about the baby coming
  - Fears that their current partner would leave them
  - Fears about having children who are either perpetrators or victims
  - Reports of emotionality, crying

- Use of services
  - Half of the women in therapy (and found it helpful)
  - Those who were not in therapy did not want to be, but would be interested in online therapies
  - Barriers: Money, transportation, sharing personal info
Are women exposed to violence receiving adequate prenatal care?

Psychological
Are women exposed to violence participating in therapy?
Yes, about 50%
Do they perceive it as useful? Is it actually?
Yes; not very
How does a history of IPV and MH problems relate to parenting confidence in those exposed to IPV? What is women’s emotional experience of pregnancy?
In violence-exposed women, higher levels of PTSD and depression are linked to low parenting confidence; fears about children becoming perpetrators/victims

Social
Is engagement in various types of social networks linked to positive functioning?
Do women perceive community supports to be useful?

Biological
Are women exposed to violence participating in therapy?
No differences b/w exposed and non-exposed by treatment history

• Long-term effects of treatment in the context of violence?
• Lack of use of evidence-based interventions?
• Serious implications for parent-child attachment and long-term adjustment

Maternal Mental Health

• Been linked to lower maternal warmth, responsiveness, etc. in past studies
• Here, linked to lower parenting confidence, even during pregnancy
Social: Networks and positive functioning
Study 1: Social Network Participation

- **Close relationships**
  - Range: 3-8 people
  - $M=5.25, SD=1.71$

- **Online networks**
  - Friendships range 15-2000
  - $M=373.75, SD=5.33$

- **Religious Communities**
  - 9/12 women identified with a particular religious denomination
  - 2/12 women engaged in a religious community
Those women who reported higher numbers of “close” relationships in their social networks reported more positive health during pregnancy ($r=.59, p<.05$)

- No relationship between health and engagement in religious or online communities

MH was not related to size or involvement in any type of network

- But this could be due to small sample/no comparative points
Many women were engaged in community parenting classes

- Received very positive reviews
- Expressed positivity regarding group-based formats
Biological
Are women exposed to violence receiving adequate prenatal care?

Psychological
Are women exposed to violence participating in therapy?
Do they perceive it as useful? Is it actually?
How does a history of IPV and current MH problems relate to parenting?

Social
Is engagement in various types of social networks linked to positive functioning?
Larger close social networks related to more positive physical health
Do women perceive community supports to be useful?
Yes, but some important caveats/feedback
Larger social networks also benefit young children who have family histories of IPV.

Positive effects of close networks on health also have positive implications for prenatal health and development.

- Important to consider that women exposed to IPV are more socially isolated.
- Broadening social networks through infrastructural supports may provide more generalized benefits for mothers and children.
Access to care that facilitates biological elements of mother-child flourishing appears to be relatively good (in this small sample)

- BUT services are not well integrated with other sources of need psychological and social care

Unclear whether women exposed to IPV are receiving evidence-based therapeutic care

- Early drop out, more barriers to treatment
- Fears about therapy
- Critical due to address women’s MH as it relates v. strongly to early parenting, which influences children’s long-term outcomes

Close social networks are helpful

- Few women engaged in religious/spiritual organizations
- No evidence of online networking being helpful
  - But differences by spousal monitoring?
- Few use shelter services
- Need for integration of care that include infrastructural supports
Questions? Thank you!
Protective and Resiliency Factors
Resilience & The Social Ecology

Protective Demographic Effects

Peer Status

Positive Parenting, Secure Attachment, Parental warmth

Family Networks

Emotion Regulation

Hardiness

Prosocial Skills/Social Competence

Service access

Positive Adults
Interventions for Women

- Cognitive therapies
  - Cognitive Processing Therapy
  - Cognitive Behavioral Therapy

- Primary Care Interventions

- Advocacy models
Interventions for Women & Children

- Project SUPPORT
  - For severe behavioral problems
- Mom’s Empowerment Program/Kids’ Club Program
- Child Parent Psychotherapy
- TF-CBT (Children)