

Evidence Brief #1

Translating evidence to inform policy and practice in the health sector.

#1

Intimate partner violence in the first decade of motherhood: implications for the health sector

This evidence brief summarises findings from the **Mothers' and Young People's Study** – an Australian longitudinal study investigating the health and wellbeing of over 1500 first-time mothers and their first-born children.¹ Women in the study completed questionnaires and interviews in pregnancy and at three, six, nine and 12 months postpartum, and when their first child was four and ten years of age.

Amy's story

Amy has a one-year old. She is living in NSW with her sister. She had her baby at a public maternity hospital in Melbourne. During her pregnancy, her partner came to every pregnancy appointment. He developed a good relationship with the midwives at the birth centre and they liked him.

At home, and behind closed doors, he was often abusive, physically and emotionally, and sometimes sexually.

Amy's health suffered - she became extremely anxious, got frequent migraines and as her pregnancy continued, she developed severe urinary and fecal incontinence.

Amy had no family nearby and didn't tell them what was happening. She thought about talking to the midwives or her GP, but she rarely saw them alone and when she did, she couldn't find the words. Now that she is living with her sister and having no contact with her ex-partner, she is less anxious, but she still has occasional urinary and fecal incontinence and migraines.

This brief should be read in conjunction with Evidence brief #2: 'Identifying and responding to domestic abuse and family violence' and Evidence brief #3: 'Translating evidence of all-of-family responses for domestic abuse and family violence', in the series; 'Translating evidence to inform policy and practice in the sector'.

During pregnancy...

1 in 6 women in the study had been afraid of an intimate partner before becoming pregnant with their first child.²

Just over 6% were afraid of their partner or ex-partner during early pregnancy.²

Women who were afraid of their partner or ex-partner during pregnancy were:

10 times more likely to experience anxiety symptoms²

4 times more likely to experience clinically significant depressive symptoms²

3 times more likely to experience abnormal vaginal bleeding²

2-3 times more likely to experience urinary and fecal incontinence.²

Narasha's story

Narasha has a four-year old and a one-year old and had a miscarriage between her two children. She is living with her husband in an outer suburb of Melbourne. Her parents live overseas. She has a brother living in Melbourne, but she rarely sees him as he is busy with his own children.

Her husband lost his job last year, and since then he has only had casual jobs. He has been drinking heavily and gambling. Sometimes he gets angry and blames her. He won't let her talk to her parents on the phone unless he is present. They do not have enough money to pay the rent and she sometimes goes without meals.

She went to see her GP recently and her GP completed a mental health plan and referred her to a psychologist. She went once to see the psychologist but didn't go back again because of the cost. She didn't tell the doctor or the psychologist about her husband's behaviour or their financial situation.

Asking women about intimate partner violence

We asked women a series of questions about emotional and physical intimate partner violence using an Australian measure called the Composite Abuse Scale.³ Women were asked to report on actions by a current partner or ex-partner in the 12 months prior to questionnaires completed when the study children were 12 months, four years and ten years of age.

Four years after the birth of their first child ...

More than 1 in 4 women (29%) reported experiences of intimate partner violence in the four years after having their first child.⁴

1 in 5 women (20%) reported experiences of intimate partner violence in the previous year.⁴

Women with recent experiences of intimate partner violence were:

5 times more likely to experience clinically significant depressive symptoms⁵

3 times more likely to experience anxiety symptoms⁵

2 times more likely to report taking psychotropic medication⁵

3 times more likely to have a child experiencing emotional or behavioural difficulties.⁶

One in seven women (14%) reported taking psychotropic medication when their first child was four years old. More than one in three (36%) of these women reported recent experiences of partner violence.⁵

Dana's story

Dana and her ten-year old son live together in a two-bedroom rented house in a small regional town in Victoria. Her son regularly spends time with his father who lives about 30 minutes' drive from them.

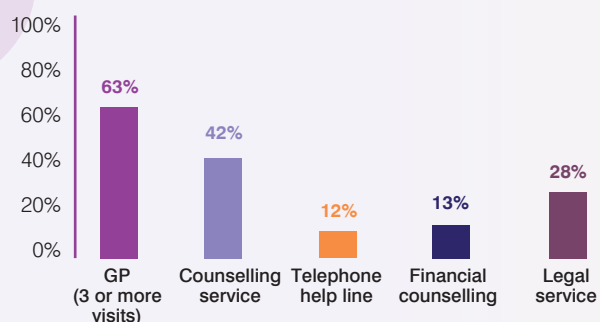
They had a messy divorce two years ago and Dana is still recovering from the events leading up to it. She tries not to think about this, but she still has nightmares and suffers with bouts of depression. Last year she was diagnosed with high blood pressure, and now takes medication for this. She is worried about her son. He is more and more argumentative and lately has been refusing to go to school. Dana knows she needs help but is not sure who to turn to. She is still going to the same GP that her ex-partner goes to and hasn't told her GP the full story.

Which services do women turn to for support?

At ten-year follow-up, we asked women which services they had used in the previous 12 months.

Figure 1 shows the services used by women with recent experience of intimate partner violence. Almost all had seen a GP at least once. Over 60% had seen a GP three or more times, and more than 40% had seen a psychologist or counsellor. However, not all women experiencing intimate partner violence who saw a GP, psychologist or other health professional talked to them about what was happening to them.¹⁰

Figure 1 Services used by women experiencing intimate partner violence



Ten years after having their first child

1 in 5 women (19%) had experienced intimate partner violence in the previous year.⁷

1 in 3 women (34%) had experienced intimate partner violence since the birth of their first child.⁷

Women with recent experience of intimate partner violence were ...

3 times more likely to be experiencing clinically significant depressive or anxiety symptoms^{7,8}

5 times more likely to be experiencing post-traumatic stress symptoms^{7,8}

2 times more likely to have high blood pressure, heart disease or diabetes.⁸

They were also ...

2 times more likely to have a child assessed as having a probable psychiatric diagnosis⁹

2 times more likely to have a child experiencing emotional or behavioural difficulties and sleep problems.⁹

2 in 3 women experiencing intimate partner violence **had not talked** to a health professional about relationship difficulties or intimate partner violence.¹⁰

Case for primary care and mental health care re-design

The World Health Organization has called for systems change to strengthen health sector responses to family violence and poor maternal mental health.¹¹

In Australia, two recent Royal Commissions – the Royal Commission into Family Violence and the Royal Commission into Victoria's Mental Health System – have drawn attention to the need for systems reform to improve prevention and early intervention to support women, children and families affected by family violence and mental health issues.

System reform is critical to safeguard the health and wellbeing of mothers and their children.

Data from 1507 Victorian families taking part in the Mothers' and Young People's Study provide evidence of the high prevalence of intimate partner violence in Australian families, and the multi-faceted impacts of intimate partner violence on the health and wellbeing of women and children.

Organisational and systems change in primary care and mental health services is needed to ensure that all women and children impacted by intimate partner violence have access to culturally and emotionally safe pathways to healing and recovery. The fact that two in three women in our study experiencing intimate partner violence had not talked to a health professional about what was happening to them suggests there is much work to be done.

There is now good evidence that an advocacy approach; commitment to collaborative work practices; and ensuring that training, protocols and workplace support for health professionals undertaking this work is helpful.¹² Strategies to support the health sector in this challenging work is the subject of evidence brief #2 in this series.



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For further information about our programs of work, please visit our websites:

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