

# Intimate partner violence shows bidirectional link with maternal perinatal depression

19 January 2016



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Intimate partner violence (IPV) severity has a statistically significant association with depression symptom severity among pregnant women and new mothers living in poor neighborhoods in Cape Town, South Africa, according to a cohort study published the week in *PLoS Medicine*. The study, conducted by Alexander C. Tsai at Massachusetts General Hospital, Boston, and colleagues at Stellenbosch University, South Africa and the University of California at Los Angeles, shows that IPV and depression in this setting have a bidirectional association: IPV was associated with increased risk of future depression, and depression was associated with increased risk of future victimization.

Few if any prior studies on the association between IPV and depression have been conducted in sub-Saharan Africa, where the rates of IPV against women are among the highest in the world. In this population-based prospective [cohort study](#), Tsai and colleagues analyzed longitudinal data collected during a cluster-randomized trial that

involved more than 1,200 women living in townships near Cape Town. In a regression model adjusting for several potential confounders, lagged IPV intensity had a statistically significant association with depression symptom severity (regression coefficient  $b = 1.04$ ; 95% CI, 0.61-1.47). Notably, this association was bidirectional—lagged depression symptom severity was also associated with [intimate partner violence](#) ( $b = 0.054$ ; 95% CI, 0.030-0.079). This finding suggests that combination interventions addressing both violence and mental health may be needed to interrupt the cycle.

Assessment of IPV was limited, particularly as participants were not asked about sexual violence. Nonetheless, the results underscore the importance of IPV in mental health among women in this group. The authors state, "It is possible that combined interventions, such as a broad-based package of services (e.g., case management, crisis services, legal aid, transitional housing, and childcare support) plus cognitive-behavioral therapy may be effective in interrupting the cycle of IPV and depression, but the effectiveness of such a multi-component approach is as of yet unknown."

**More information:** Tsai AC, Tomlinson M, Comulada WS, Rotheram-Borus MJ (2016) Intimate Partner Violence and Depression Symptom Severity among South African Women during Pregnancy and Postpartum: Population-Based Prospective Cohort Study. *PLoS Med* 13(1): e1001943. [DOI: 10.1371/journal.pmed.1001943](https://doi.org/10.1371/journal.pmed.1001943)

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APA citation: Intimate partner violence shows bidirectional link with maternal perinatal depression (2016, January 19) retrieved 19 November 2019 from <https://medicalxpress.com/news/2016-01-intimate-partner-violence-bidirectional-link.html>

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