



# Helping and Supporting the Perinatal Population When Abuse is Present

MALLORY HENDRICKS, LPC

LAUREN SCHLEGEL, LPC

TIARA GUNNELL, LPC



**1 in 6 women first experience abuse  
during pregnancy.**

**More than 320,000 women are abused by  
their partners each year in the United States.**

# Statistics

- ▶ **1 in 4** women and **1 in 7** men will experience IPV in their lifetime.
- ▶ For trans or gender non-conforming folks, this number jumps to **54%**
- ▶ **1 in 3** adolescent girls are victims of dating violence (physical, emotional, or verbal abuse)
- ▶ It takes an **average of 7** attempts to leave their abuser and stay separated for good.
- ▶ Each day in the US, **3** women are murdered by current or former intimate partners
- ▶ **1 in 5** homicide victims are killed by an intimate partner – **over half** of female homicides in the US are killed by current or former male intimate partners.
- ▶ **109** victims died in PA last year from a DV incident - **56%** by a current or former intimate partner

# IPV and Black Maternal Health

- ▶ 45% black women have experienced physical, sexual violence and/or stalking by an intimate partner. (National average for all race identifying women- 27%)
- ▶ Black women have the highest maternal mortality rate in the United States. They are 3 times more likely to die from a pregnancy related cause than a white woman.
- ▶ 2021 – 69.9 deaths per 100,000 live births. This is 2.6 times more than White. 20.4 deaths per 100,000 live births for women under 25, 31.3 for 25-39 and 138.5 for 40+.
- ▶ Data from 36 states found 80% of pregnancy related deaths were preventable.
- ▶ Poor health outcomes are a result of systemic racism. This is preventable.
- ▶ Care must be improved; this information is vital to take into consideration when working with black and other non-white identifying birthing persons.
- ▶ Providing person centered care and empathetic listening can go a long way.
- ▶ Provider collaboration of care and advocacy is essential when a person is not feeling heard. Have resources on hand and provide support if a person is needing a new care team.

# IPV and Immigrant Health

- Rates of IPV amongst immigrants vary greatly depending on the specific group but is generally considered to be higher than the national average
- IPV risk factors for immigrants include acculturative stress, lack of social capital, social isolation, language barriers, low social support, poor financial means, low education status, cultural barriers, and fear of deportation
- The immigration and the resettlement process can create stressful environments exacerbating tension between intimate partners and resulting in increased IPV
- Immigrant women in the United States are at an elevated risk of poor maternal health outcomes due to cultural, linguistic, or socioeconomic barriers that may lead to critical delays in obtaining adequate health care.



# Impact on Mental Health

- ▶ At risk for increased pre-existing symptoms or onset of chronic symptoms of Complex PTSD, depression, anxiety, panic, eating disorders, etc.
- ▶ Difficulty in future relationships- reenactment of trauma or taking on traits of past abuser.
- ▶ Low self esteem, guilt & self-blame
- ▶ Hypervigilance, fear, "paranoia", safety intrusions
- ▶ Strong distrust in others
- ▶ Difficulty with social cues (verbal, non-verbal)
- ▶ Suicidal and self injurious behaviors
- ▶ Fantasies of homicide, revenge or justice
- ▶ Substance Use/Abuse
- ▶ Somatic symptoms
- ▶ Difficulty with intimacy, touch

# Long term impact on parent

- ▶ Treatment is necessary to help with processing and treating symptoms. If left untreated, this can impact life long mental health and parenting; including, but not limited to development of PTSD.
- ▶ Parents who have PTSD may experience
  - Increased levels of parenting stress
  - Lower parenting satisfaction
  - Less optimal parent-child relationships
  - Frequency in hostility and controlling behaviors

# Long term impact on parent

- ▶ Trauma has a significant effect on the amygdala, the hippocampus and prefrontal cortex.
  - **Amygdala**- becomes hyperactive, chronic stress, heightened fear, irritation, problems calming/regulating emotions and problems sleeping.
  - **Hippocampus**- storing and retrieving memories impacted; inability to recall or so vivid unable to tell apart past from present.
  - **Prefrontal cortex**- problems regulating fear and other emotions.
- ▶ In addition to the trauma symptoms, it is important for the parent to have the ability to reflect and understand their own past triggers and what can be triggered by the child.



# Impact on Developing Infant

- ▶ Increase of pregnancy loss (impact of mental stress and/or result from injury)  
*Pregnant women experiencing IPV are 3 times more likely to experience loss than those without IPV*
- ▶ Reduced prenatal care (avoidance, unable to leave or access)
- ▶ Higher risk for complications such as hypertension, gestational diabetes, preeclampsia, low birth weight or preterm labor.
- ▶ Higher risk for substance use and sexually transmitted diseases/infections
- ▶ Higher risk for problems with mental health postpartum.
- ▶ Infants are more likely to show pre-verbal trauma symptoms- problems eating, sleeping, irritability, easily startled, repetitive actions without enjoyment, withdrawn, problems adapting.
- ▶ Infants may have developmental delays
- ▶ Infants may experience problems with attachment due to difficulty with having a secure and safe caregiver.

# Role of Trauma in Attachment

- ▶ Trauma symptoms impact the ability to respond to an infant in a sensitive manner, thus the infant can not regulate inner self and will struggle with managing emotions.
- ▶ Preoccupied attachment style- emphasis on overprotection and fear, leaving the child angry, dependent upon mother, fearful and wary.
- ▶ Reserved attachment style- emphasis on avoidance and negation, leaving the child in a sense of denial, rebelling and blocking emotions.
- ▶ The quality of a parents abilities greatly influences secure attachment. Without the features of secure attachment, the child may experience attachment trauma.

# Trauma and Attachment Cont.

- ▶ Experiences that are prior to ability to recall pre-narratively are still stored through motor, emotional and vestibular memory.
- ▶ Early childhood trauma impacts development and functioning such as emotional, cognitive, behavioral, social, relational, physical and neurobiological.
- ▶ Early attachment trauma is when the situation is repetitive and chronic.
- ▶ The availability of the parent is key in achieving attachment. Disruption of the attachment impacts the child's experiences of safety and security and will impact how the child manages future relationships as well as their own views of self-worth.

# Impact on Children's Mental Health

- ▶ Signs of PTSD, depression, anxiety and other symptoms related to behavioral problems will become present. (May experience future diagnoses as ODD, IED, ADHD..)
- ▶ Younger children may begin to regress with bed-wetting, thumb sucking, difficulties with emotional regulation, problems sleeping. Severe separation anxiety and terror (hiding, stuttering, etc.)
- ▶ Older children/teens will engage in risky and other problematic behavior (fighting, bullying, etc.) Females are often more likely to withdraw and experience depression while males are more likely to react with anger and aggression.
- ▶ Additionally, children will experience guilt, self blame and have lower self esteem. Lack of interest in activities, less socially engaged and problematic behaviors may begin to develop.
- ▶ Somatic symptoms- often will have physical complaints, headaches, stomachaches.
- ▶ These experiences put children high risk for chronic mental and physical health conditions as an adult.
- ▶ Children who witness abuse are more likely to become a victim of IPV themselves in teen or adult years.

# Treatment for Trauma/PTSD

- ▶ Cognitive Behavior Therapy (CBT)
  - Helps identify unhelpful thinking patterns and ways to change these thought patterns to more rational, realistic thoughts.
- ▶ Cognitive Processing Therapy (CPT)
  - A CBT approach that helps with processing verbally, narratively and encourages significant practice outside of session time. This is a 12 module therapy that looks at the impact trauma has had on beliefs of self/others in areas of safety, trust, power/control, esteem and intimacy.
- ▶ Eye Movement Desensitization and Reprocessing (EMDR)
  - Different than talk therapies; this is a protocol that helps reprocess trauma via bilateral stimulation. Although there is structure to the process, there is no timeline on how long EMDR can take as it is tailored specifically to each individual and how they reprocess experiences. This therapy also teaches relaxation and mindfulness techniques to help calm post-desensitization and reprocessing.
- ▶ Dialectical Behavior Therapy
  - This therapy is very helpful for giving initial skills to help learn how to healthily cope with emotions. This therapy has a variety of techniques and ways to help a person identify how they are feeling, why and what to do about it.
- ▶ Interpersonal Therapy
  - This therapy helps learn how emotions are connected to relationships and ways to help resolve to improve mental well being.
- ▶ And more ~ such as Prolonged Exposure Therapy, Internal Family Systems, Biofeedback, etc.

# Holding Space

- ▶ Providers- here for **support, validation, education, empowerment and resources**. It is not a providers job to fix or rescue, but compassionately and assertively address concerns in a consistent and appropriate manner. *Providers- know your boundaries and manage transference with self care. Go in with a plan, this is hard work!*
- ▶ Be cautious in language to “not take sides” as the person will leave treatment, feeling judged and ashamed. It is also normal for a person to become defensive of their partner/abuser. **Remember!** It is very hard and dangerous to exit an abusive relationship. We only know what we are told by the person in treatment. It can be even worse than what’s being disclosed.
- ▶ Help the person understand how there is healthy versus unhealthy love, even if there is understanding of the “how” and “why” a person is abusive, it is always a choice to continue to be hurtful and not seek help to treat those they “love” with respect and care.
- ▶ Future of their child/children can be a motivating factor or a barrier, pending on age and responses to witnessed abuse.
- ▶ Highlight positive supports in a persons life, reinforcing these supports and statements supports have made in concern to the relationship. These are supports that may be helpful for motivation in safety exiting relationship. It’s a reminder a person is NOT alone, despite what the abusive partner may lead them to believe.
- ▶ Trauma processing and recovery work can not truly happen until a person is in a safe space and away from the abuse. This may need to be emphasized in treatment. A person can however work on previous traumas that may impact a person being stuck in motivation to plan exiting an abusive relationship (i.e. low self esteem from childhood abuse, assault, etc.) Although it will be challenging as often “crisis sessions” will come up.
- ▶ Most trauma work will be helping establish and maintain safety, challenge thought patterns that are a result of abuse and continuously help a person advocate and feel empowered.



# Women's/ Reproductive Behavioral Health

- ▶ Population treated:
  - Pregnant and postpartum birthing parents through 1 year postpartum
  - Loss of pregnancy or infant
- ▶ Therapy & Psychiatry available virtually or in person
- ▶ Perinatal Trauma Informed Care clinic – consults, support and collaboration with providers
- ▶ Group Therapy- Birth Trauma – virtual, weekly, two-hour, closed group for 14 weeks to help parents who have experienced a traumatic birth. Group is also open to parents who have PTSD symptoms reoccurring following their birth experience. CPT model based to help process, learn skills and receive support.
- ▶ Parent/Baby Intensive Outpatient Program: in person, three days a week, three hours per day- work on skills, support, bonding and resources Can be pregnant or postpartum (up to a year)
- ▶ **New Patient Triage: 412-526-9520**
- ▶ Location & Additional Information:
  - AHN West Penn Hospital
  - AHN St. Vincent Hospital
  - Virtual appointments available (must be in the state of PA)
  - Most commercial and Medicaid insurances are accepted