

# APSAC Research to Practice Brief

**Study Title:** Cascades of Risk Linking Intimate Partner Violence and Adverse Childhood Experiences to Less Sensitive Caregiving during Infancy

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## Introduction:

This study evaluated the links between intimate partner violence (IPV), prenatal depression, postpartum parenting stress, and less sensitive parenting, and whether maternal adverse childhood experiences (ACEs) moderated the cascade of risk. The primary goals of this study were to understand how and why IPV increases mothers' risk for less sensitive caregiving and provide insight and guidance for effective interventions to reduce the risk of child maltreatment.

## Hypotheses:

- 1) IPV would be associated with greater prenatal depressive symptoms, which would predict greater postpartum parenting stress, and ultimately less sensitive parenting;
- 2) The link between IPV and depressive symptoms would be strongest for mothers with high ACEs.

## Study Sample and Variables:

Participants included 295 low-income mothers and their infants involved in a larger longitudinal study exploring the effects of adverse childhood experiences on enrollment and retention in home visiting programs. The participants were racially diverse, 65% were unemployed, and 39% were engaged in an evidence-based home visiting program throughout the duration of the study. The mothers and infants were assessed prenatally and at twelve months postpartum

### Variables Assessed Prenatally:

- Demographics: Mothers reported their age, education level, race and ethnicity, marital status, employment status, due date and if they were first time mothers.
- ACEs: Mothers completed the 10-item Adverse Childhood Experiences Questionnaire.

### Variables Assessed Prenatally and Postnatally:

- IPV: Mothers completed the Short Form of the Revised Conflict Tactics Scale at their prenatal assessment to assess experiences of IPV during the last twelve months, and again at twelve months postpartum to assess IPV in the previous six months.
- Depression: Mothers completed the Patient Health Questionnaire-9 to screen for symptoms of depression at their prenatal assessment and again at twelve months postpartum.

### Variables Assessed Postnatally Only:

- Maternal and child health: Mothers reported their child's actual birth date, if they experienced any health problems during pregnancy, and if their infant had any chronic health problems.
- Parenting Stress: Mothers completed the Parenting Stress Index Short form. Subscales included the Parent-Child Dysfunctional Interaction and Parental Distress.
- Sensitive parenting: Sensitive parenting was assessed from observation of mother-infant free play tasks completed at twelve months postpartum. The interaction was video-recorded and coded using the Sensitivity scale from the Emotional Availability Scales.

### **Findings:**

The study found that mothers who experienced IPV reported greater prenatal depressive symptoms, which was associated with stress around parent-child dysfunctional interaction at 12 months postpartum, and ultimately less sensitive parenting. In addition, the study showed that the link between IPV and depressive symptoms is strongest for mothers with high ACEs, confirming the authors' second hypothesis.

### **Recommendations:**

The authors recommend early screening for women receiving perinatal care for multiple risk factors including IPV, ACEs, and depressive symptoms. In addition, this study should be used to help in the development of early intervention programs for mothers with a history of ACEs and IPV to ultimately reduce potential risk for child abuse and neglect. The authors also suggest that trauma informed adaptations be made to existing programs. Finally, the authors recommend home visiting programs as a potential intervention to reduce risk for maltreatment by promoting positive parent-child bonds and improving sensitive parenting behaviors, but note that screening is imperative for home visitors to provide targeted support.

### **Bottom line:**

The study makes clear links between maternal mental health, a history of ACEs, IPV, parent-child dysfunctional interaction and a heightened risk for less sensitive parenting. Furthermore, the findings demonstrate the importance of early screening for maternal mental health, ACEs, and IPV. When multiple risk factors are present, providers should identify evidence-based and trauma informed interventions to decrease risk of child maltreatment.

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