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Child Abuse, Stress and the Early Years (CASEY) UK

FEBRUARY 2013

RESEARCH BY JULIE TAYLOR, CHRIS CUTHBERT AND MAXINE MOY

BACKGROUND

Pregnancy is a key opportunity when supportive interventions can be effective in improving a woman's mental health and subsequent attachment relationship with her child. Post-traumatic stress disorder (PTSD) is less talked about than other common mental illnesses, but it is quite prevalent at around 6.5% during pregnancy in the UK¹. Pregnancy and pre-natal care can act as triggers for PTSD.

THE OPPORTUNITY FOR COLLABORATION

The NSPCC funded Centre for Child Protection Research at Edinburgh University has the opportunity to work in collaboration with the US (University of Michigan: Seng and Sperlich) and Australian (Monash: Rowe and Fisher) teams on the development of:

- a new postpartum continuation of the programme
- a protocol - and an NIHR funding application - for an efficacy trial across the three countries.

We are seeking delivery partners in the UK and are keen to explore such opportunities with you. The UK team is led by Professor Julie Taylor at the NSPCC/University of Edinburgh Child Protection Research Centre and Chris Cuthbert, Head of Strategy and Development (Under Ones), NSPCC.

THE TRIAL

The trial will focus on pregnant women abuse survivors who experience symptoms of PTSD. It will further test the emerging evidence base from studies in the US² that completion of a structured listening programme of 10 maternal self study modules can improve perinatal outcomes (mental and physical) and improve the woman's confidence in her parenting capabilities.

The intervention addresses:

- The mother's trauma and her reactions throughout the childbearing process.
- How best she may be able to identify, prepare for and meet care needs both for herself and for her baby.
- How to access social and emotional support and services.

The paradox of child sexual abuse is that despite extensive media coverage of high profile disclosure, prevalence is difficult to determine due to the secretive nature of the abuse. WHO³ indicate a prevalence of 20 to 25% for women and

¹ Mezey G, Bacchus L, Bewley S, White S (2005) *Domestic Violence, lifetime trauma and psychological health of childbearing women* BJPG Feb 2005 Vol 112 pp 197-204

² Seng J.S., Sperlich M., Rowe H., Cameron H., Harris A., Rauch S.A.M., Bell S.A. (2011) *The Survivor Moms' Companion: Open Pilot of a Posttraumatic Stress Specific Psychoeducation Program for Pregnant Survivors of Childhood Maltreatment and Sexual Trauma* International Journal of Childbirth 1 (2) 111-121

Sperlich M., Seng J., Rowe H, Cameron H, Harris A., McCracken A., Raunch S.A.M., Bell S.A., (2011) *The Survivor Mom's Companion: Feasibility, Safety and Acceptability of a Posttraumatic Stress Specific Psych education Program for Pregnant Survivors of Childhood Maltreatment and Sexual Trauma*. International Journal of Childbirth 1 (2) 122- 135

³ World Health Report 2002 World Health Organization

US statistics indicate one in three women has been a victim of violence or intimate partner rape in their lifetime⁴. In the UK a survey by the RCM⁵ noted one woman in 15 seen by a midwife was a victim of abuse. It is clear that abuse is common throughout society and that estimates will not identify the true extent of the abuse.

There is guidance in relation to the care of women during the perinatal period for women who have experienced sexual abuse⁶. Routine enquiry regarding possible previous abuse focuses on domestic abuse and does not specifically refer to sexual abuse unless the midwife has concerns.

For survivors pregnancy is a critical time: past event experiences may trigger complex emotional interactions from excitement of the baby's arrival to fear and anxiety. Studies⁷ in the US refer to related consequences of PTSD including increased risk taking behaviour (e.g. use of alcohol and other substances), low birth weight and impaired postpartum mental health. All can impact on the development of the infant.

The acceptability of psychological treatments in pregnancy and the postnatal period has not been extensively researched⁸ (NICE Guideline (2007, Antenatal and Postnatal Mental Health). There is a lack of outcome data regarding effective interventions supporting survivors to navigate pregnancy and the early parenting period, making it difficult for service providers to commission an evidence-based programme.

OUTCOME

The anticipated outcome of the trial is that women will be able to strengthen their protection of their infant in relation to the negative effects of their experience and thus mitigate parent- child transmission of abuse trauma within their own social context.

FURTHER INFORMATION ABOUT THIS STUDY CAN BE OBTAINED FROM PROFESSOR JULIE.TAYLOR, CHAIR OF CHILD PROTECTION, JULIE.TAYLOR@ED.AC.UK.

ABOUT THE CENTRE

The **Child Protection Research Centre** was set up in 2007 as a unique collaboration between The University of Edinburgh and the NSPCC. Our research is designed to generate a more integrated and deeper understanding of child protection in the UK and internationally, in order to strengthen policy and practice. Within this context we conduct two kinds of research:

- Critical comparison and analysis of child protection developments in legislation, policy and systems
- Primary research in areas of identified priority or gaps.

The Centre is committed to pursuing a programme of knowledge exchange that makes a positive impact, including fostering dialogue between policy makers, practitioners and academia.

The University of Edinburgh/NSPCC Child Protection Research Centre

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The Centre was previously known as The University of Edinburgh/NSPCC Centre for UK-wide Learning in Child Protection (CLiCP). This name features in publications produced between 2007-2011.

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⁴ Black M.C., Basile K.C., Breiding M.J. Smith S.G., Walters M.L., Merrick M.T., et al (2011) National intimate partners and sexual violence survey: 2010 summary report. Atlanta GA: National Center for injury prevention and Control, Center for Disease Control and Prevention

⁵ Royal College of Midwives RCM Position Statement: domestic abuse- pregnancy, birth and the puerperium (online) 2006

⁶ Healthcare Improvement Scotland (2011) Care during the perinatal period for women who have suffered sexual abuse

⁷ Sperlich M, Seng J., Survivor Moms Women's Stories of Birthing, Mothering and Healing after Sexual Abuse Motherbaby Press

⁸ National Collaborating Centre for Mental Health (2007) *NICE Guideline on Clinical Management and Service Guidance – Antenatal and Postnatal Mental Health* The British Psychological Society and the Royal College of Psychiatrists

