The Association Between Trauma History and Body Image, Depression, Posttraumatic Stress, and Relationship Satisfaction in Postpartum Women

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INTRODUCTION

• The postpartum period (up to 1 year post delivery) can be a time of significant change and transition

- The relationship between trauma and body image is clear, but this has not be investigated in postpartum women
- Posttraumatic stress symptoms are considered a significant public health concern, but the association between depression and interpersonal concerns has not been thoroughly explored in postpartum women

PROPOSED METHODS

- Observational, cross-sectional study design
- English speaking adult women (age \geq 18 years) who gave birth in the past year and are currently in an intimate relationship will be eligible to participate in the study
- Recruitment will occur through social media and online forums that focus on topics related to pregnancy and the postpartum period, as well as contacting OBGYN offices

THEORY

- Cognitive theory can assist in conceptualizing and treating traumatic experiences that lead to problematic symptoms (Ehlers & Clark, 2000)
- Perception of current threat can be due to the following two individual key features: Appraisal of the trauma
 - Memory of the event and its connection to other memories

OBJECTIVE

To explore the relationship between lifetime experience with trauma (including birth-related and prepregnancy trauma) and body image, posttraumatic stress, depression and relationship satisfaction in women during the first year postpartum

- Screened and eligible participants will be asked to complete:
 - Demographic questionnaire
 - PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (PCL-5)
 - Body Attitude Questionnaire (BAQ)
 - Edinburgh Postnatal Depression Scale (EPDS)
 - □ The Couples Satisfaction Index (CSI)
- Survey data will be captured using REDCap and analyzed using t-tests and regression models.

 Treatment may focus on integration of the trauma memory, modifying sense of threat, and cognitive strategies to increase flexibility

CONCLUSION

- The postpartum period is time that can present various struggles for women, particularly those who have experienced trauma
- Health care professionals can play a vital role in risk identification and necessary treatment

REFERENCES

• Ben-Tovim, D.I., & Walker, M.K. (1991). The development of the

PROPOSED HYPOTHESES

1. Postpartum women who endorse a history of trauma will report significantly greater body image concerns and depressions levels, as well as lower relationship satisfaction compared to postpartum women who do not endorse a history of trauma.

POTENTIAL IMPLICATIONS

- 2. In postpartum women with a history of trauma, higher posttraumatic stress symptoms will be associated with greater body image concerns and depression levels, and lower relationship satisfaction.
- 3. We will descriptively explore levels of body image concerns, depression levels, and relationship satisfaction in postpartum women who endorse a history of sexual trauma.

- This research has important implications for both medical and therapeutic postpartum care. Specifically, to:
 - □ Assist with the identification of at-risk women
 - Inform treatment strategies
 - Provide further support for universal screenings during postpartum to identify women at-risk of various perinatal psychosocial concerns
 - Provide empirical support for routine maternal and postpartum care to include trauma-informed strategies

- Ben-Tovim Walker Body Attitudes Questionnaire (BAQ), a new measure of women's attitudes towards their own bodies. Psychological Medicine, 21, 775-784.
- Blevins, C.A., Weather, F.W., Davis, M.T., Witte, T.K., & Domino, J.L. • (2015). Journal of Traumatic Stress, 28, 489-498. http://dx.doi.org/10.1002/jts.22059
- Cox, J.L., Holden, J.M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item edinburgh postnatal depression scale. British Journal of Psychiatry, 150, 782-786. http://dx.doi.org/10.1192/bjp.150.6.782
- Dyer, A., Borgmann, E., Kleindienst, N., Feldmann, R.E., Jr., Vocks, S., & Bohus, M. (2012). Body image in patients with posttraumatic stress disorder after childhood sexual abuse and co-occurring eating disorder. Psychopathology, 46(3), 186-191. http://dx.doi.org/10.1159/000341590
- Ehlers, A., & Clark, D.M. (2000). A cognitive model of posttraumatic stress disorder. Behaviour Research and Therapy, 38, 319-345. http://dx.doi.org/10.1016/s0005-7967(99)00123-0
- Funk, J.L., & Rogge, R.D. (2007). Testing the ruler with item response theory: Increasing precision of measurement for relationship satisfaction with the couples satisfaction index. Journal of Family Psychology, 21(4), 572-582. http://dx.doi.org/10.1037/0893-3200.21.4.572
- Grekin, R. & O'Hara, M.W. (2014). Prevalence and risk factors of postpartum posttraumatic stress disorder: A meta-analysis. Clinical Psychology Review, 34, 389-401.
- http://dx.doi.org/10.1016/j.cpr.2014.05.003
- LeBlanc, N.J., Dixon, L., Robinaugh, D.J., Valentine, S.E., Bosley,

