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Associations between maternal childhood maltreatment and psychopathology and aggression during pregnancy and postpartum[☆]

Ariel J. Lang^{*}, Carie S. Rodgers, Meredith M. Lebeck

University of California, San Diego and the VA San Diego Healthcare System, San Diego, CA, USA

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Abstract

Objective: This study examines the association between maternal childhood maltreatment and psychopathology and aggression in intimate relationships during pregnancy and the postpartum period.

Method: Forty-four pregnant women who were recruited from an obstetric clinic and local advertising periodical completed questionnaires about childhood maltreatment and psychopathology during their first trimester of pregnancy. Approximately 1 year after the birth of the child, 32 of the original participants completed these same questionnaires. Regression models were used to test the relationship between childhood maltreatment and psychopathology and aggression during pregnancy and 1 year postpartum.

Results: Sexual abuse and emotional neglect were related to psychopathology during pregnancy, and emotional neglect and physical abuse and neglect predicted poorer maternal outcomes 1 year postpartum. Contrary to expectations, physical abuse was related to less aggression during pregnancy, and emotional abuse was associated with less pathology postpartum.

Conclusions: The results of this study indicate that childhood maltreatment is associated with poorer maternal mental health during pregnancy and 1 year postpartum and points to the need to improve targeting and treatment of psychopathology during this time.

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Keywords: Childhood maltreatment; Psychopathology; Substance use; Pregnancy; Postpartum

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^{*} Corresponding author address: VA Outpatient Clinic (MC116A4Z), 8810 Rio San Diego Dr., San Diego, CA 92108, USA.

Introduction

Childhood maltreatment is associated with a range of emotional symptoms and elevated distress in adulthood (Kendler et al., 2000). Women with a history of childhood abuse consistently show higher rates of depression and suicidality (Beitchman et al., 1992; Duncan, Saunders, Kilpatrick, Hanson, & Resnick, 1996; Weiss, Longhurst, & Mazure, 1999), post-traumatic stress disorder (PTSD; Rodriguez, Vande Kemp, & Foy, 1998) and other anxiety problems (MacMillan et al., 2001; Stein et al., 1996). In addition, childhood maltreatment is associated with increased rates of alcohol and drug dependence (Kendler et al., 2000), eating disorders (Rayworth, Wise, & Harlow, 2004) and intimate partner violence (Coid et al., 2001; Rodriguez et al., 1998; Schaaf & McCanne, 1998; Whitfield, Anda, Dube, & Felitti, 2003).

Emotional health is not static, and crude associations between childhood maltreatment and psychopathology such as those presented above do not reflect the interactions between early experience and developmental changes over the life course. Pregnancy and the first year postpartum is a particularly important period in the lives of many women. Emotional distress during this time may have a long-term impact on the mother, her child, and the family system. Postpartum depression is associated with increased distress, decreased social and occupational functioning (Buist et al., 2002), increased healthcare utilization, and poorer satisfaction with healthcare (Webster et al., 2001). Postpartum depression also impacts a woman's functioning as a parent and her relationship with her partner (Buist, 1998). Substantial literature documents the relationship between maternal depression and poorer child cognitive and emotional outcomes (Murray & Cooper, 1997). Anxiety during pregnancy has been associated with poorer attention regulation and increased difficult behavior in infants and with behavioral and emotional problems in preschool-aged children (Huizink, Robles de Medina, Mulder, Visser, & Buitelaar, 2002, 2003).

There is reason to believe that the pregnancy and the postpartum period would be particularly challenging for a victim of childhood maltreatment. During pregnancy women's bodies undergo many physical changes, such as morning sickness, weight gain, sore breasts, and the sensation of the fetus moving within the body. After delivery a woman's role may change with the arrival of the completely dependent infant. Daily stressors may increase with the demands on time and resources that come with caring for a child. Intimate relationships may be affected as the family adjusts to an additional member. These changes may be particularly difficult for a trauma survivor. Trauma impairs one's ability to feel safe, trust others, cope with power differentials, maintain positive self-esteem, and build intimate relationships (Resick & Schnicke, 1996). Trauma may increase one's tendency to feel out of control or to experience as intrusive pregnancy-related changes or the fetus's presence (Issokson, 2004; Seng, Low, Sparbel, & Killion, 2004). In addition, the pain of childbirth or close contact with a young child (e.g., nursing) may trigger memories of childhood traumas (Seng et al., 2004).

The relationship between childhood maltreatment and psychopathology during the pregnancy and postpartum period has received little empirical attention, but the existing literature supports the notion that childhood maltreatment is associated with psychopathology during this time. Benedict, Paine, Paine, Brandt, and Stallings (1999) found that pregnant women from prenatal clinics who reported a history of sexual abuse before age 18 had higher average depression scores during pregnancy and reported more physical violence and verbal abuse in their intimate relationships before and during pregnancy. The limitation of this study is that the women were not followed into the postpartum period and only depression was assessed. Buist (1998) interviewed women who were psychiatrically hospitalized

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