



Childhood maltreatment, postnatal distress and the protective role of social support

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ABSTRACT

The postpartum period is a vulnerable period for women with a history of childhood maltreatment. This study investigated the association between childhood maltreatment and postnatal distress three months postpartum and examined the role of social support provided by different sources (intimate partner, parents, parents-in-law, and friends). Analyses are based on $N=66$ women, who were screened for maltreatment experiences shortly after parturition with the Childhood Trauma Questionnaire. Their levels of postnatal distress (symptoms of depression, anxiety, and stress; assessed with the Hospital Anxiety and Depression Scale and the 4-Item version of the Perceived Stress Scale) and postpartum social support (measured with the Postpartum Social Support Questionnaire) were assessed three months postpartum. Adjusting for educational level and the experience of a recent stressful event, childhood maltreatment was directly associated with higher levels of postnatal distress. Social support provided by friends moderated this association in a heteroscedastic regression analysis. No moderating effect was observed for support provided by the own parents, the intimate partner, or parents-in-law. The association between childhood maltreatment and postnatal distress was not mediated by social support. Additional analyses revealed no main, moderating, or mediating effects of satisfaction with support. Results suggest that support provided by friends may promote resilience during the postpartum period in women with a history of childhood maltreatment. Efforts to better understand the role of postpartum support and mechanisms that may enhance a mother's ability to develop and maintain supportive friendships may be promising for guiding preventive interventions.

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1. Introduction

The postpartum period is usually believed to be a time of joy and well-being. However, giving birth to a child is also a normative life event characterized by drastic psychological and biological changes, as well as a substantial reorganization of a woman's social, work, and family life. These challenges can provoke an increase in emotional distress, with negative

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effects on maternal psychological well-being and emotional functioning (Affonso and Mayberry, 1990). Particularly, women who had adverse experiences in their own childhood – such as emotional, physical, sexual abuse, or emotional or physical neglect – may face special challenges during pregnancy and the months after parturition.

In Western countries, the prevalence rates of childhood maltreatment are in the range of 10% for neglect, 4–19% for emotional abuse, 4–16% for physical maltreatment, 15–30% for sexual abuse in girls, and 5–15% for sexual abuse in boys (Gilbert et al., 2009). However, prevalence rates vary considerably with the method used for assessment (self-report versus official data).

There is a substantial body of evidence indicating that the likelihood of life-time psychiatric disorders such as depression, anxiety, suicide attempts, substance abuse, and posttraumatic stress disorder (PTSD), as well as the risk of physical health problems, is elevated in individuals with childhood maltreatment experiences (Batten, Aslan, Maciejewski, & Mazure, 2004; Dube et al., 2001; Felitti et al., 1998; Gilbert et al., 2009; Lindert et al., 2014; Logan-Greene et al., 2014; Nanni, Uher, & Danese, 2012; Schneider, Baumrind, & Kimerling, 2007; Springer, Sheridan, Kuo, & Carnes, 2007). In particular, the exposure to multiple types and repeated episodes of maltreatment is strongly associated with the development of physical and mental health problems throughout the whole life span (Arata, Langhinrichsen-Rohling, Bowers, & O'Farrill-Swails, 2005; Felitti et al., 1998; Gilbert et al., 2009). This effect can be described as maltreatment load, i.e. the number and severity of maltreatment events experienced in childhood (Schury & Kolassa, 2012).

1.1. Postnatal distress in women with a history of childhood maltreatment

Distress, symptoms of anxiety and depression, and a range of other mental health problems are just as common during pregnancy as in the postnatal period and affect up to 20 percent of all women during the perinatal period (Bauer, Parsonage, Knapp, Lemmi, & Adelaja, 2014).

Women who have experienced adverse childhood experiences such as maltreatment are at increased risk for developing depression, PTSD, and anxiety disorders during the peripartum period (for a review see Choi & Sikkema, 2015). Even though most studies have concentrated on postpartum depression, current data indicate a high comorbidity of perinatal depression, anxiety, and stress (Heron, O'Connor, Evans, Golding, & Glover, 2004; Miller, Pallant, & Negri, 2006; Rallis, Skouteris, McCabe, & Milgrom, 2014). Consequently, investigating *postnatal distress* as a composite score pooling postpartum symptoms of depression, anxiety, and stress may serve as a more precise measure for maternal emotional adaption in the postpartum period than clinically diagnosed depression alone (Dipietro, Costigan, & Sipsma, 2008; Fontein-Kuipers, Nieuwenhuijze, Ausems, Budé, & Vries, 2014; Miller et al., 2006).

Maternal psychological distress may play a role in the transmission of childhood maltreatment towards the next generation (Bosquet, Englund, & Egeland, 2016; Dixon, Browne, & Hamilton-Giachritsis, 2005; Dixon, Hamilton-Giachritsis, & Browne, 2005; Plant, Barker, Waters, Pawlby, & Pariante, 2013). A recent study related maternal maltreatment experiences to an increased risk for child maltreatment, higher levels of stress exposure, and lower levels of social support across childhood. Furthermore, the offspring's risk for emotional and behavioral problems was elevated at the age of seven (Bosquet et al., 2016).

Women who have experienced negative childhood experiences such as maltreatment are likely to have experienced episodic distress or mental health problems and will have developed a specific pattern of relationship style, typically referred to as attachment. Negative childhood experiences can contribute to insecure/dismissing attachment style in adulthood, which in turn can negatively affect the caregiving context of the next generation. In more detail, insecure adult attachment has been related with relationship, parenting, and mental health problems, a reduced capacity to engage in treatment and support, and a diminished activation of key biological systems which contribute to maternal caregiving behavior (e.g. mesocorticolimbic dopamine system, peripheral oxytocin reaction) in response to attachment-related infant cues (Kim et al., 2014; Reiner, Bakermans-Kranenburg, van IJzendoorn, Fremmer-Bombik, & Beutel, 2016; Strathearn, 2011; Strathearn et al., 2009). Even if mothers break the so-called cycle of maltreatment, these deficits may negatively affect the caregiving context of the next generation. Thus, one important step in the attempt to prevent transgenerational consequences of maltreatment, is the identification of protective factors that may function as stress buffers during the perinatal period. One major factor that may promote resilience in the aftermath of adverse life events is social support.

1.2. Social support as a protective factor

Social support, the extent to which a person's social needs, such as affection, appreciation, recognition, belonging, and security, as well as practical support are satisfied through interactions with other people (Thoits, 1982) and are particularly important for pregnant women and mothers. However, experiences of abuse and neglect during childhood are generally related to lower levels of social support in adulthood (Sperry & Widom, 2013; Vranceanu, Hobfoll, & Johnson, 2007).

Furthermore, previous findings indicate that social support can function as a mediator in the association between childhood maltreatment and adult psychopathology, i.e., childhood maltreatment reduces social support which in turn increases the risk for psychopathology (Salazar, Keller, & Courtney, 2011; Vranceanu et al., 2007). In contrast, high levels of social support may act as a buffer against the negative effect of childhood maltreatment on health outcomes in adulthood. Social support was identified to be one of three resilience factors (among sleep and life satisfaction) moderating the negative effect of adverse childhood experiences on physical and mental health in adulthood in a representative sample of 19,333 adults

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