

Section on Child Maltreatment Newsletter:
Division 37, American Psychological Association,
2002, Vol. 6, 8-9

Depression in New Mothers: Why it Matters to the Child Maltreatment Field

Kathleen Kendall-Tackett, Ph.D.

Family Research Laboratory, University of New Hampshire

Last summer, it seemed that everyone was talking about postpartum depression. That is when America learned the tragic story of Andrea Yates, who systematically drowned her five children while reportedly suffering from it. In these more extreme cases, the link between child maltreatment and depression in mothers seems obvious. However, we often miss the negative impact on children of more garden-variety forms of maternal depression, and therefore overlook it in our intervention efforts. Yet 25 years of research has demonstrated that depression in mothers can have serious consequences for children. In this article, I provide a brief overview of what we know about depression in new mothers, and describe its relationship to child abuse and neglect.

What Is Postpartum Depression?

Simply put, postpartum depression (PPD) is depression that occurs in the year after a woman has a baby. PPD is characterized by lability of mood, despair, hopelessness, helplessness, loss of appetite, loss of interest in the baby, anxiety, sleeplessness, or suicidal ideation. Postpartum depression is estimated to occur in approximately 10-20% of new mothers.

What Causes Postpartum Depression?

A broad range of factors are related to postpartum depression including fatigue and sleep deprivation; a negative or traumatizing birth experience; infant characteristics, such as difficult temperament, or a baby who is premature, has a chronic condition, or has a disability; the mother's expectations of herself and her baby; her feelings of self-efficacy and self-esteem; her previous history of abuse, trauma, or depression; and her level of social support. Postpartum depression can be caused by any of these factors, alone or in combination.

The Interaction Styles of Depressed Mothers

Depression is an important mechanism for intergenerational transmission of abuse. For example, female sexual abuse survivors, a group with high rates of depression, are at increased risk for either physically abusing or neglecting their own children, but very rarely sexually abusing them. To understand why this is so, it's instructive to look at the

interaction styles of depressed mothers. From numerous studies, we have learned that depressed mothers tend to have one of two basic interaction styles: avoidant, and angry-intrusive.

In the avoidant style, mothers spend much of their time disengaged from their babies, ignoring their cues. Babies will try hard to engage their mothers in interaction, but generally are not successful. This lack of responsiveness is highly stressful for babies, as demonstrated by elevated cortisol levels and abnormal EEG patterns. When they cannot engage their mothers, they often respond by “shutting down.” This style bears a strong resemblance to neglect, particularly when it is chronic.

In the angry-intrusive style, mothers are more engaged with their babies, but the interactions they do have are characterized by hostility and intrusiveness. They also ignore their babies’ cues. Rather than interacting in a give-and-take fashion, these mothers dominate the relationship. It doesn’t matter what the baby wants or needs at a particular moment. Babies often react by trying to disengage (e.g., arching, looking away), and mothers may interpret this behavior as rejection. This style can easily become abusive.

The large literature on maternal depression has revealed findings similar to what we see in maltreating families. For example, in summarizing a number of studies, Cicchetti and Toth (1998) note that children raised by chronically depressed mothers start showing abnormalities in EEGs during infancy. They also tend to elicit depression-like behavior in others who interact with them. As toddlers, these children are more dysregulated and out of control than their age mates, and they have more difficulties with peers. By school age, their IQ scores are lower, and they are at risk for their own future episodes of depression.

Suggestions for the Field

As you can see, chronic depression in mothers can have some serious consequences for children. These mothers are also at higher risk for maltreating their children. Fortunately, there are some steps you can take.

Be Alert For Possible Postpartum Depression

Postpartum depression is a problem in and of itself, and can also indicate other problems within the family. It is relevant whether you are working directly with families, doing child abuse prevention, or are conducting research. Using a screening instrument such as the *Edinburgh Postnatal Depression Scale* is often helpful (a copy of this is available on my website).

Find Out About Resources In Your Community

Many professionals do not get involved with the concerns of new mothers because they feel that cannot provide the support they need. The good news is that you don't have to. Find out about groups working with new mothers, and don't limit your search to

organizations concerned with child abuse. Your local hospital is often a good place to start, as are community groups who work directly with young families.

Conclusion

Those of us in the child maltreatment field must add postpartum depression to our list of concerns that we address with families. Fortunately, interventions for depression have substantial overlap with interventions for child maltreatment—efforts that prevent one often prevent the other. By recognizing and addressing depression, you improve your ability to make a real and positive difference with high-risk families.

Reference

Cicchetti, D., & Toth, S.L. (1998). The development of depression in children and adolescents. *American Psychologist*, 53, 221-241.