Postnatal depression, social support, and child abuse

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Although social support is recognised as an important protective fac-
tor with respect to the occurrence of post-natal depression, and post-natal depression is regarded as a risk factor for abusive child rearing (1), little research has been conducted on the effects of the lack of social support on the occurrence of infant abuse.

We conducted a two-wave questionnaire study on the influence of psychosocial variables on the extent of abusive parenting by mothers. We recruited 758 women who had recently delivered babies at five obstetric clinics and hospitals in Okayama, Japan. The ages of the women varied between 17 and 41 years (mean 28.7 ± 4.1). About half (47.9%) of the women had delivered their first baby. The women were asked to respond to two sets of questionnaires, the first at day 5 after delivery and the second at one month after delivery.

The day 5 set included the Perceived Social Support (PSS) questionnaire (measuring the amount of and satisfaction with perceived social support in three domains: emotional, information, and instrumental) and the Blues Questionnaire (BQ, 2). The month 1 set included the Life Event Scale (measuring both positive and negative events occurring after the childbirth), the Ways of Coping Check-List (3), the Enacted Social Support questionnaire (measuring the amount of and satisfaction for enacted social support, social undermining, and the 'let down' of support – absence of expected support when it was needed – in three domains: emotional, information and instrumental), the Edinburgh Postnatal Depression Scale (EPDS, 4), and the Conflict Tactics Scale (CTS, 5) to measure parental abuse towards the baby.

The total score of the 1 month CTS was significantly (p < 0.001) correlated with the woman's age (r = -0.13), the husband's age (r = -0.13), the BQ score (r = 0.17), the EPDS score (r = 0.22), the negative life event score (r = -0.17), the satisfaction with perceived social support on the PSS (r = -0.15), the dissatisfaction with the enacted 'let down' support (r = 0.13), and the enacted turning to other coping (r = 0.13). First mothers had higher CTS scores than mothers with a child or children. Because of the correlations between these variables, we performed a regression analysis with the total CTS score at 1 month. The entry of independent variables were in the following order: 1) the woman's and husband's ages and the gravity, 2) the EPDS at month 1, 3) the negative life event score, the enacted turning to other coping styles, and the perceived 'let down' support score, and 4) the BQ and PSS satisfaction scores at day 5. The final stage of the regression analysis showed that the CTS at month 1 was predicted by dissatisfaction with the enacted 'let down' support (beta = -0.13), and the perceived social support at day 5 (beta = -0.20).

Our result suggests that poor satisfaction with support at the baseline and disappointment due to the absence of expected support after child-birth, rather than post-natal dysphoria (maternity blues and post-natal depression) itself, are direct causes of abusive parenting. Psychological interventions should focus on interpersonal support in order to prevent infant abuse.

References