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Course of depression and anxiety symptoms during the transition to parenthood for female adolescents with histories of victimization

Sheri Madigan^{a,b,*}, Mark Wade^{a,b}, Andre Plamondon^b, Kyla Vaillancourt^c,
Jennifer M. Jenkins^b, Michelle Shouldice^{a,b}, Diane Benoit^{a,b}

^a The Hospital for Sick Children, Canada

^b University of Toronto, Canada

^c King's College London, UK

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ABSTRACT

The aim of the current study was to increase understanding of how victimization history impacts the longitudinal course of depression and anxiety in a sample of 55 adolescents emerging into parenthood. Adolescents were interviewed about their victimization experiences during their second trimester of pregnancy, and interviews were subsequently classified according the Maltreatment Classification Scale (Barnett, Manly, & Cicchetti, 1993). Adolescents reported on their symptoms of depression and anxiety prenatally and 6 and 12 months postpartum. Growth curve modeling revealed that, on average, there was a steady linear decline in depression and anxiety symptoms across the transition to parenthood, with a rate of change of 25% and 20%, respectively, from the prenatal assessment to 12 months postpartum. Sexual abuse history attenuated the likelihood of a decrease in depressive symptoms over time. Neglect history was associated with higher prenatal levels of anxiety, as well as a steeper decline in anxiety symptoms over time. Future research is needed to determine the role of poly-victimization in predicting the onset and change of depression and anxiety symptoms. Findings from the current study have the potential to aid in the design of preventative and intervention efforts to reduce risks of mental health difficulties in adolescent parents.

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Introduction

Adolescent pregnancy and parenthood have been associated with adverse developmental, psychological, and educational outcomes for both the adolescent and her offspring. A substantial body of research has been devoted to elucidating risk factors for adolescent pregnancy and parenthood. Research has demonstrated that antecedents of early childbearing, such as exposure to multiple domains of risk, including dysfunctional family relationships, victimization, psycho-social difficulties, educational underachievement, and involvement with deviant peers, may play a causal role in explaining the adverse outcomes experienced by adolescent mothers (Woodward, Fergusson, & Horwood, 2001). Moreover, the factors that place adolescents at risk of pregnancy also place them at risk of adverse outcomes once they become parents, including

* Corresponding author address: SCAN Program, Hospital for Sick Children, 555 University Avenue, Toronto, ON M5G 1X8, Canada.
E-mail address: sheri.madigan@sickkids.ca (S. Madigan).

mental health difficulties (Boden, Fergusson, & Horwood, 2008). However, there is considerable inter-individual variability in mental health difficulties amongst adolescent mothers (Mollborn & Morningstar, 2009). Research has begun to explore pre-childbearing characteristics that may predispose adolescent mothers to heightened risk of mental health difficulties across the transition to parenting. Using three waves of data collection, the current study examines whether, once pregnant, victimization history explains individual differences in the onset and change of depression and anxiety symptoms across adolescents mothers' transition to parenthood.

Depression, Anxiety, and the Transition to Parenthood

The transition to parenthood begins during pregnancy as bonds are being formed with the unborn child, and continues well after the child's birth (Carolyn Pape Cowan et al., 1985). Although this transition is a normal developmental event, it is accompanied by a qualitative re-organization of behavior and psychological functioning and the onset of a host of personal and inter-personal stressors (Cowan, Cowan, Heming, & Miller, 1991). Research has focused on understanding risk and protective factors associated with pregnancy and the transition to parenthood, as they have significant implications for the optimal development of the mother's mental health, as well as the relationship she forms with her child, which in turn impacts the child's developmental trajectory. The transition to parenthood and demanding nature of parenting may be particularly difficult for the adolescent, who has likely not only been reared in a high-risk environment, but who also has fewer life experiences around optimal caregiving to draw upon, less support resources, and is more often financially burdened due to lower educational attainment (Hodgkinson, Beers, Southammakosane, & Lewin, 2014; Holub et al., 2007).

The birth of a child can be a very stressful time for any parent. Personal and relationship stress tends to increase steadily over the first postnatal year, suggesting that most individuals experience difficulties adjusting to the role of parenthood over this critical developmental stage (Twenge, Campbell, & Foster, 2003). It is well established that this transition is characterized by higher rates of mental health difficulties, including depression and anxiety. In the postpartum period, between 37 and 67% of socioeconomically disadvantaged minorities, including adolescent mothers, report clinical levels of depressive symptoms (Beeghly et al., 2003). Moreover, adolescent mothers are over twice as likely as adult mothers (10–12%), as well as their non-parenting peers (8–12%), to experience severe enough depression to warrant a clinical diagnosis (Lewinsohn, Clarke, Seeley, & Rohde, 1994). Compared to depression, much less is known about the prevalence of anxiety symptoms during pregnancy, especially for adolescent mothers. Studies on community samples of adult mothers suggest that the point prevalence is as high as 17% at 30 weeks postpartum (Stuart, Couser, Schilder, O'hara, & Gorman, 1998).

Compared to adult mothers, adolescent mothers may be particularly at risk for long-term mental health difficulties. Depression symptoms in pregnancy, and the postpartum period are significantly higher among adolescent mothers compared to adult mothers. Younger age has also been shown to be related to higher postpartum depression symptoms (Figueiredo, Pacheco, & Costa, 2007; Mollborn & Morningstar, 2009). There is also a two-fold increase in the prevalence of depressive disorders in adolescent compared to adult mothers (Miller, Gur, Shanok, & Weissman, 2008). Also, while those who became mothers during adulthood show a fairly stable decline in psychological distress over time, adolescent mothers showed stably high levels of postpartum psychological distress (Mollborn & Morningstar, 2009). Studies on the difference in the level of pre- and postnatal anxiety between adolescent and adult mothers are scarce, though a recent meta-analysis shows that, as with depression, lower maternal age is associated with higher anxiety (Littleton, Bretkopf, & Berenson, 2007), suggesting that adolescent mothers may be particularly at risk for anxiety problems. The fact that adolescent mothers exhibit consistently high levels of psychological distress points to a need for better understanding the factors that are associated with these disparaging patterns within this vulnerable group.

Individual Differences in Depression and Anxiety Across the Transition to Parenthood

The above literature suggests that, as a group, adolescent mothers may experience higher levels of depression and anxiety across the transition to parenthood. One explanation for these differences may be important disparities in brain development and hormonal changes during adolescence. The pathophysiology of mental health in adolescence may partially be understood in terms of aberrations in typical maturational changes. For instance, white matter volume shows a protracted development through childhood and adolescence (Pfefferbaum et al., 1994), which may reflect age-related increases in synaptic pruning and/or myelination (Perrin et al., 2009). Age-related differences in structural and functional connectivity, as well as neurochemical signaling, also mark characteristic differences between the adolescent and adult brain (Tunbridge et al., 2007). Recent reviews suggest that anomalies in brain processing of affective and social stimuli during adolescence may predispose them to depression and anxiety, with a possible auxiliary role of stress-related hormone effects during this time (Casey, Jones, & Hare, 2008). These results are suggestive of possible neurobiological idiosyncrasies that make adolescence a particularly vulnerable period for the onset of internalizing difficulties, thus warranting special attention to this age group.

These maturational and biological changes likely act in concert with important psychosocial and environmental stressors in the instigation of mood and anxiety problems during adolescence. Indeed, there is substantial heterogeneity around psychological functioning during the transition to parenthood (Holub et al., 2007), which highlights the need to understand why some adolescents can navigate this transition with relatively few psychological difficulties, while others demonstrate considerable adjustment problems. One critical antecedent linked to depression and anxiety during pregnancy and the postpartum period is a history of victimization; however, to date, the majority of the research on this risk factor has been

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