



## RESEARCH SUMMARY

### **Association between maternal childhood trauma and offspring psychopathology: mediation analysis from the ALSPAC cohort.**

Plant, D.T., Jones, F.W., Pariante, C.M. and Pawlby, S. *British Journal of Psychiatry* (2017), 211, 144-150.

It has often been observed that adverse childhood experiences of the mother have a negative impact on her ability to care maximally for her own child. There are many factors that could impinge on the mother's ability to care. This paper separates out those factors by a large scale analysis of the Avon Longitudinal Study of Parents and Children (ALSPAC). This is a large dataset of 9397 mother-child dyads. Both the mother and the child have been followed from pregnancy to 13 years of age for the child. The outcome of this work is a statistical model that relates all the contributory factors that lead to a negative effect on the development of the mother's own child. The value of this analysis is that it should be possible to identify mothers at risk, and to monitor and tailor support through care-giving programmes to improve the well-being of the child.

Of the 9397 mother-child dyads, 27% of the mothers had been maltreated in childhood. This maltreatment was classified, by mothers self-reporting, in the whole sample of 9397 mothers as: sexual abuse 6.2%, physical abuse 7.1%, emotional abuse 7.5%, and neglect 21.9%. However, of the mothers maltreated 62% suffered 1 form of maltreatment, 22.4% suffered 2 forms, 10.8% had 3 forms and 4.7% had 4 forms of maltreatment.

Mothers who had been maltreated showed a significantly increased 'negative' psychiatric history (3 times greater) compared with the mothers who were not maltreated; antenatal depression was 2 times greater in maltreated mothers and a similar increase in postnatal depression was found in maltreated mothers. Furthermore, antenatal smoking and drinking alcohol were significantly increased compared with non-maltreated mothers.

With regard to effects on the children, child maltreatment was significantly greater in children born to mothers who had been maltreated in childhood. Psychopathologies, i.e. classifiable mental illnesses, of the maltreated mothers' children were divided into 2 groups: internalising (emotional) problems or externalising (behavioural) difficulties experienced by the child. Significant internalising factors were: DSM-IV depression (DSM-IV is the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition) in the child at 10 and 13 years, together with SDQ defined emotional problems and peer problems (SDQ being a Strengths and Difficulties Questionnaire assessed for her child by the mother). Significant externalising factors were DSM-IV disruptive behaviour disorders in the child at 10 and 13 years together with SQD-defined conduct problems and hyperactivity problems. The children born to mothers who had themselves been maltreated in childhood, showed multiple problems manifesting as clinically defined depression, emotional difficulties, peer relationship problems, disruptive behaviour, poor conduct and hyperactivity.

In their analysis of the results, the authors point out that there appears to be a 'vulnerability link between maternal depression during pregnancy and subsequent child maltreatment of her offspring that is not explained by depression after birth'. The authors propose that antenatal depression may reduce the mother-child attachment through an effect on the hypothalamic-pituitary-adrenal axis. It should be possible in pregnancy to identify vulnerable mothers with traumatic backgrounds and/or antenatal depression so that support and intervention could be offered early in the child's life.

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