Maltreatment and Childhood Depression

Geraldine Downey, Scott Feldman, Jananne Khuri, and Sarah Friedman

According to the American Psychological Association's National Task Force on Women and Depression (McGrath, Keit, Strickland, & Russo, 1990, p. 30), "Victims of interpersonal violence share many of the symptoms of persons with a primary diagnosis of depression: hopelessness, helplessness, negative self-esteem, a restricted range of affects, high levels of self-criticism, self-defeating interpersonal strategies, and difficulties in forming and retaining intimate relationships." Studies of the sequelae of childhood victimization usually neglect these symptoms, focusing instead on documenting intergenerational continuity in violence and aggression. Yet, in her review of support for the proposition that violence begets violence, Widom (1989a, p. 24) notes, "Evidence that is often overlooked suggests that abuse and neglect in early childhood leads not only to further aggressive behavior but also to depression, withdrawal, and self-destructive behavior."

The relative inattention to depression in maltreated children is hardly surprising given that, until recently, evidence for the existence of childhood depression was thought to be "insufficient and unsubstantial" (Leckowitz & Burton, 1978). It is now clear that even preschool children can be clinically depressed, although the disorder is extremely rare in this age group (Kashani & Carlson, 1987). The prevalence of major depressive disorder in unscreened school-age children is estimated to be 2–3%, with higher rates among adolescents (Fleming & Offord, 1990). In all age groups, minor depression and dysthymia are much more prevalent than major depression. Although most depressed children recover, clinical depression can have serious developmental consequences. Childhood depression carries a specific risk for adult depression (Harrington, Fudge, Rutter, Pickles, & Hill, 1990) and portends more frequent and more severe depressive episodes over the life course. Depression impairs educational progress and is linked with poor social competence and difficulties in social relationships (Altmann & Gotlib, 1988; Goodyer,
Although knowledge concerning the cause of childhood depression is still limited, there is evidence that it arises in the context of troubled family relationships (Coyne, Downey, & Bocgers, 1992). The key role of the family environment in fostering and maintaining childhood depression is illustrated by the finding that many depressed children show prompt recovery when hospitalized without further specific therapeutic intervention (Kashani et al., 1987b; Puig-Antich et al., 1987). In this chapter, we consider the role that interparental victimization within the family—in other words, maltreatment—plays in childhood and adult depression.

The first goal of this chapter is to review the evidence linking interparental victimization and depression. Toward this end, we examine the limited literature on depression and maltreatment in children. To provide evidence of a connection between victimization and depression, we draw on research on maltreated women and adult survivors of incest, groups in which the victimization—psychopathology association has been extensively evaluated.

The chapter also considers some possible explanations for the link between family violence and adversity and child depression. The dominant explanation for the intergenerational transmission of violence is that children learn aggression directly from abusive parents (e.g., Patterson, 1982). Similarly, the high levels of depression in the offspring of depressed parents have been attributed to the depressed persons' parenting (for a review, see Downey & Coyne, 1990). However, in addition to being prone to depression, children of depressed parents are often aggressive (Downey & Coyne, 1990). As we shall see, children from maltreating families are also at risk for both types of maladjustment. There is some suggestion that, paralleling normative gender differences in the expression of psychopathology, abused boys' distress may be more evident in aggression and disruptive disorders, whereas abused girls' distress may be more evident in depression.

Several theories have been proposed to account for the association between victimization and depression, including attribution theory (Abramson, Seligman, & Teasdale, 1978) and attachment theory (Cummings & Cicchetti, 1995). We discuss these and other theories and evaluate their potential for explaining such seeming anomalies as the frequent concurrence of depression and aggression in maltreated children and their parents and the fact that maltreatment elicits aggression at times and depression at other times. Hence, this chapter's third and final goal is to present a model that attempts to account for these and other unresolved issues in the area of victimization and depression.

Our chapter focuses on four types of child maltreatment: sexual abuse, physical abuse, emotional abuse, and neglect. We consider maltreatment to be a critical childhood stressor for three reasons. First, child maltreatment fits the profile of traumatic experiences most likely to have adverse effects on adjustment in that it is inflicted by another person and is usually repetitive (American Psychiatric Association, 1987; Terr, 1990).

Second, maltreatment may be particularly traumatic because it is perpetrated by the very people whom children expect to buffer them against the adverse impact of traumatic events. There is increasing evidence that children's adjustment following a traumatic experience depends strongly on their parents' response. This dependence is true of natural disasters (McFarlane, 1987), wars (Ziv &Israeli, 1973), kidnapping (Terr, 1983), and loss of a parent during childhood (Breier et al., 1988; Harris, Brown, & Bifulco, 1990).

Finally, victimization by family members requires attention because it is probably the most prevalent form of childhood trauma. On the basis of official reports, it is estimated that approximately 1 million children experience maltreatment each year, and the perpetrators are typically parents (American Humane Association, 1988; Westat Associates, 1987). Self-report surveys suggest that maltreatment reaching public attention forms only the tip of the iceberg (Gelles & Straus, 1988). Although official reports of sexual abuse (16% of all reports) are numerically low relative to physical abuse (28% of all reports) and neglect (52% of all reports), reports of sexual abuse have grown dramatically over the past decade. This increase parallels a burgeoning awareness of the long-term negative consequences of sexual abuse and confirms retrospective accounts of adults suggesting high rates of childhood sexual abuse (Koss, 1990).

**Interpersonal Victimization and Depression**

Our discussion of the research connecting victimization and depression is organized around two distinctions. We differentiate studies of the adjustment of adult victims from those of child victims. Within the adult and child literatures, we distinguish studies of sexual abuse from studies of physical abuse or neglect.

**Victimization and Adult Psychopathology Research**

Sexual Abuse. Research on victimization and on adult psychopathology have tended to progress independently. Awareness of the connection between victimization and adult psychopathology stemmed originally from studies of the mental health consequences of interpersonal victimization, especially sexual assault and childhood history of sexual abuse. In community samples, women who were sexually abused in childhood show elevated levels of depressive symptomatology (Bagley & Ramsey, 1986; Browne & Finkelhor, 1986; Briere & Runtz, 1988) and clinical depression (Bifulco, Brown, & Adler, 1991; Stein, Golding, Siegel, Buraun, & Soczynska, 1988). Other symptomatology reported by abuse victims includes dissociation, anxiety, and somatization (Briere & Runtz, 1988; Chu & Dill, 1990; Morrison, 1989; Sanders & Glzd, 1990). This increased risk of depression associated with sexual abuse does not appear to be attributable to other adversities, such as neglect, physical abuse, and institutionalization, that are often experienced by sexually abused children (Bifulco et al., 1991). Depression is most severe following abuse that was repetitive and involved multiple perpetrators, incest, completed intercourse, and force (Briere & Runtz, 1988; Friber & Danwiddic, 1992).

There has been little attention to male victims of childhood sexual abuse. In a notable exception, Stein et al. (1988) linked childhood sexual abuse with clinical depression in men as well as in women, although the association was stronger in women (22% in abused women vs. 14% in abused men, contrasted with 6% in nonabused women and 4% in nonabused men).

Psychopathology researchers have just begun to investigate the victimization histories of psychiatric patients, focusing particularly on female patients. Among studies that used direct interviews with female patients, the average rate of sexual abuse was 44% (Bryer, Nelson, Miller, & Krol, 1987; Briere & Zaidi, 1989; Jacobson & Richardson, 1987; Chu & Dill, 1990) and ranged from 22% (Jacobson & Richardson, 1987) to 70% (Briere & Zaidi, 1990). Consistent with findings from community studies of victimization, the few studies that included male as well as female patients have found that males were less likely than females to report sexual victimization (Jacobson & Richardson, 1987; G. R. Brown & Anderson, 1991).

Much of the work on clinical samples has sought to identify which types of diagnoses are linked with victimization history. There has been particular interest in establishing links between victimization and diagnoses theorized to result from traumatic experiences, including multiple personality disorder (MPD), borderline personality disorder (BPD), and posttraumatic stress disorder (PTSD). Indeed, there is now considerable evidence that
Evidence of a link between depression and child maltreatment comes from studies of depression in maltreated children and from studies of the family histories of depressed children.

**Sexual Abuse.** Echoing the interest in the connection between childhood sexual abuse and adult depression, several studies have investigated depression in sexually abused children (for a review, see Beitchman, Zucker, Hood, DaCosta, & Ackman, 1991). Following sexual abuse, preschool (Fagot, Hagan, Youngblade, & Potter, 1989), school-age (Goldston, Turnquist, & Knutson, 1989; Kolko, Maser, & Wehry, 1988), and adolescent children show heightened levels of depression, withdrawal, and self-destructive or suicidal behavior. Such internalized responses appear more characteristic of victims of sexual abuse than does aggressive, disruptive behavior, but caution is warranted in interpreting this conclusion. Females predominate in samples of sexually abused children, reflecting their greater likelihood of being identified as victims of sexual abuse (American Humane Association, 1988). Consequently, it is not possible to determine whether the high level of depressive symptomatology in these samples reflects typically female responses to stress or specific consequences of sexual abuse. However, there is some suggestion that the former may be the case. For example, when Livingston (1987) examined depression and conduct disorders in sexually abused children, he found that, relative to their population prevalence, girls were overrepresented among abuse victims with depressive disorders (67%) and underrepresented among abuse victims with conduct disorders (13%).

There is suggestive evidence that the intensity of self-destructive, depressive responses increases with the age of the abused child, with adolescents showing the most pronounced responses, including suicide attempts and substance abuse. These behaviors often occurred in conjunction with disruptive behavior (Beitchman et al., 1991).

In summary, studies suggest that depression and internalizing symptoms may be particularly characteristic of children who have experienced sexual abuse. Unfortunately, studies have tended to use inadequate or no controls. It is noteworthy that one of the few carefully controlled studies of sexually abused children from a nonclinical population found that their depression scores did not significantly distinguish them from controls (Elliott & Tarnowski, 1990).

**Physical Abuse or Neglect and Depression.** Clinical observations and controlled studies suggest that abused and neglected children are at risk for depression and low self-esteem (for a review, see Ammerman, Cassia, Hessen, & Von Hesselt, 1986). For example, Downey and Walker (1992) found that school-age and adolescent maltreated children showed heightened levels of mother-reported depression compared with nonmaltreated controls. Similar results are reported by Aber, Allen, Carlson, and Cicchetti (1989) and Toth, Mainly, and Cicchetti (1992). Downey and Walker (1992) found, in addition, that a history of maltreatment also predicted a significant increase in depression over a 1-year period.

There is additional evidence that physical abuse is associated with children’s self-reports of depression. In both clinical and nonclinical samples, physically abused children showed more depressive symptoms, heightened externalization, lower self-esteem, and greater hopelessness about the future than controls (Allen & Tarnowski, 1989; Kandia, Nover, Colbus, & Bell, 1985). These differences were not attributable to group differences in intelligence, gender, age, or socioeconomic status. There is also an association between parental use of physical punishment and depression in teenagers (Straus, 1992).

Only one study has reported on rates of clinical depression in maltreated children (Kaufman, 1991). Of these children, 18% had major depression (compared with popula-
Family History of Depressed Persons

Depressed adults describe their parents as emotionally distant, critical, punitive, authoritarian, and either rejecting or overprotective (see Burbach & Bordin, 1986). Findings from the few studies of the families of children with either clinical depression or high levels of depressive symptomatology confirm this profile. Parents of both these groups of children are characterized as emotionally distant, lacking in warmth, poor in emotion regulation and conflict resolution, inconsistent, and controlling (Arnett & Butler, 1984; Asarnow, Carlson, & Guthrie, 1987; Cole & Rehm, 1986; Kaslow, Rehm, & Siegel, 1984; Poznanski & Zrlj, 1970; Puig-Antich et al., 1985a,b). Some of these studies also note abuse and neglect in the backgrounds of their subjects. For example, Puig-Antich et al. (1985a,b) stated that parents of depressed children tended to be cruel and abusive. Maltreatment appears to be particularly common in the histories of depressed or suicidal preadolescents (Kashani & Carlson, 1987; Pfeffer & Tind, 1988). All the preadolescents with major depression in a large sample studied by Kashani and Carlson (1987) had been seriously physically abused or neglected.

Evidence of an association between negative, hostile, abusive parenting and childhood depression also comes from research on psychopathology in the offspring of depressed parents. Retrospective accounts of harsh, undisciplined practices during childhood explained the relation between child abuse and depression in the adult children of depressed parents (Holmes & Robins, 1988). Child abuse is also more prognostic than parental depression of the development of child psychopathology (Kashani, Shekina, Burke, & Beck, 1987b). Downey and Walker (1992) found that parental psychopathology was associated with heightened levels and subsequent significant increases in children's depressive symptomatology only when the family was also maltreating. This case study of families in which depression emerges closely resembles the portrayal of families in which disruptive disorders emerge (Patterson, 1982).

Summary

Although research on the link between maltreatment and depression is still limited, convergent evidence from three sources indicates that depression is common among maltreatment victims. First, both maltreated children and adults maltreated as children show elevated levels of depressive symptomatology. Second, histories of abuse are common among women with borderline personality disorder (BPD), posttraumatic stress disorder (PTSD), and multiple personality disorder (MPD) syndromes, in all of which there is a significant symptom overlap with depression. Finally, studies of the families of depressed children and the retrospective reports of depressed adults about their parents suggest that an abusive upbringing fosters vulnerability for depression.

There are several more specific trends in the field. Notably, each type of maltreatment appears to be related with depression. When considered together with findings from research on other family stressors, the relationship suggests that depression, like aggression, may be a nonspecific response to stressors rather than a specific response to particular stressors. In addition, severity of depression is proportionate to severity of abuse. Finally, there is some suggestion that abused females may be especially vulnerable to depression, whereas abused males may be more vulnerable to aggressive problems. In evaluating these tentative conclusions, it is important to remember that this literature is plagued by the methodological difficulties identified by Widom (1989a) in studies of the "violence begets violence" hypothesis. There is a heavy reliance on retrospective, and control groups are often absent or inadequate.

Two additional factors further complicate the interpretation of findings about the maltreatment-depression association. These factors are particularly pertinent to understanding gender differences in the consequences of maltreatment. First, until relatively recently, the existence of childhood depression was debatable, whereas the existence of disruptive disorders was not. Thus, when research on the consequences of maltreatment began, the focus was on aggressive, disruptive outcomes, and research on these outcomes continues to predominate. The emphasis on aggressive outcomes is not limited to maltreatment. Rather, until recently aggression has been the primary outcome studied across a variety of childhood stressors from divorce (Hetherington, Cox, & Cox, 1978) to income loss (Biderman, 1976; Downey, 1986). This focus on aggressive outcomes has led to conclusions that preadolescent boys are more susceptible than girls to family stressors such as divorce (Hetherington et al., 1978; Elder & Caspi, 1989). However, recent research that has examined both internalizing and externalizing outcomes suggests that girls may be as vulnerable to family stress as boys, although their vulnerability may emerge in internalizing problems rather than in externalizing problems. Illustrating this point in a well-controlled study, Allison and Purgeant (1989) found that divorce-affected girls more strongly than boys. Whereas boys' difficulties were most pronounced in the behavioral domain, girls' problems emerged in academic difficulty, distress, and dissatisfaction.

A second related complication concerns distinctions between the outcomes investigated in child and adult studies. Studies of children have usually focused on aggressive outcomes in males, whereas studies of adult survivors have focused on depressive symptomatology or disorders with a strong depressive component in adult women. Thus, it may appear that males are more vulnerable to the short-term sequelae of maltreatment, as evidenced in their heightened aggression in childhood, whereas females are more vulnerable to the long-term effects, as evidenced by their heightened vulnerability to depression. Before claiming that the sequelae of maltreatment manifest themselves primarily as depression in female adults and aggression in male children, it is important to consider whether confounds in studies between life stage, gender, and measure of adjustment give rise to this pattern. Differences in the selection of child and adult samples may also contribute to these findings. The typical adult study is based on self-reports of victimized persons, whereas the typical child study is based on official reports of maltreatment. Because reports from adults depend on retrospective memories of childhood, they may be influenced by current mental health. Because depression facilitates memory of negative events, it may lead depressed people, who are disproportionately female, to report abusive experiences more readily than nondepressed people. Therefore,
estimates of the association between victimization and depression based on retrospective self-reports may be inflated.

Studies based on official reports of child maltreatment will reflect biases inherent to the reporting process. An important point is that children's abuse is often uncovered as a consequence of disruptive behavior, which is more common in males. Other aspects of sample selection that may also affect the findings include the emphasis on female adult survivors of sexual trauma. This emphasis may have resulted in the disproportionately high representation of females in the research on adult survivors of victimization, in which men are represented in very low proportion. Males who disclose sexual abuse histories when participating in community studies of victimization may be unrepresentative of the general population of men. At the more disturbed end of the clinical spectrum, it might be found that the male equivalents of female BPDs and MPDs are more likely to populate prisons or jails than psychiatric hospitals or clinics.

These limitations aside, there is now evidence that abuse survivors are prone to depression as well as to aggression. It is now time for researchers to move beyond asking simply whether maltreatment is linked with three outcomes. Progress depends on asking more refined questions designed to elucidate the circumstances and processes that link abuse with the development of depression or aggression and to explain the link between aggression and depression. Clearly, not everyone who experiences abuse becomes depressed. Although the finding that abused children are at heightened risk for being abusive is robust, intergenerational continuity in aggression is also the exception rather than the expectation. About 30% of abused children become abusive parents (Widom, 1989a), and a similar proportion acquire a criminal record (Widom, 1989b). We know that negative outcomes, whether along the depressive or the aggressive spectrum, are linked with severity of abuse (Widom, 1989a). We also know that aggression and depression frequently co-occur, and there is the suggestion that gender differences in the consequences of abuse may parallel gender differences in the expression of psychopathology in the population.

Developing a greater understanding of the links between maltreatment and depression or aggression requires attention to (1) the broader social context of maltreatment and (2) the processes that may mediate the link between childhood abuse and subsequent depression. Specifically, researchers need to address the following issues.

1. Broader social context in which abuse occurs. As we will see, there are clear parallels among family environments in which depression, antisocial behavior, and maltreatment emerge. These parallels suggest the need to identify similarities in interactional processes in families with different presenting pathologies. A second important reason for examining the broader social context of abuse is that the emerging evidence across a variety of stressors that the long-term impact of trauma on the child depends strongly on the family's reaction to it (Elder & Caspi, 1986; Bierman et al., 1998; Harris et al., 1999; Tarr, 1983). For example, in her pioneering work on childhood trauma, Tarr (1983) found that preexisting family pathology contributed to individual differences in the long-term adjustment of a group of children kidnapped and held for 48 hours in a suburban hideout. At 4 years after the kidnapping, children from troubled families were more maladjusted than children from healthier families. These findings suggest that certain family environments are conducive to self-healing following trauma, whereas others are not. To fully understand the question of why some children who have encountered traumatic adversity remain resilient, we need to develop an understanding of how some families facilitate the healing process whereas others exacerbate the vulnerability. As with studies of depressed mothers (Downey & Coyne, 1990), researchers have neglected the strengths of maltreating families that may facilitate the healing process. In fact, in reviewing evidence of factors that prompt resilience in high-risk children, Garver (1983) identified the presence of a supportive family member as one of three recurring themes in the lives of children who transcend adversity. It is interesting that the Lynch and Roberts (1982) follow-up study of maltreated children showed that children who recovered from the maltreatment also had the support of an adult.

2. Gender differences in abuse outcomes. A crucial issue for further investigation is the influence of victim gender on maltreatment outcomes. In particular, it will be important to establish whether differential outcomes reflect gender differences in response to similar types of abuse or to different abuse experiences, as Cutler and Nolen-Hoeksema (1990) have suggested. Specifically, they propose that girls' higher rates of depression reflect their greater likelihood than boys to experience sexual abuse and the greater severity of the sexual abuse they experience. Answering these questions adequately requires the inclusion of random samples of males and females in victimization studies, the development of measures that are equally valid for males and females, and the assessment of both internalizing and externalizing symptoms.

3. Connection between childhood abusive experiences, childhood adjustment problems, and the adult consequences of abuse. We need to explain the connection between childhood abuse and adult psychopathology. We must also consider whether models that explain depressive symptomatology can also account for more serious disorders such as BPD, MPD, or antisocial personality disorder. Possible explanations for the link between child abuse, child maladjustment, and adult psychopathology include the following: First, depressive or aggressive reactions to childhood abuse may precipitate environmental processes that maintain the child's depression or aggression. In interventions we conducted with caretakers of children with mothers in prison, Jose and Downey (1992) found that children's reactions to their mother's imprisonment were often revealed in aggression in school and academic failure. These reactions sometimes resulted in children's being restricted to tracks for the academically limited and to displiant peer groups. Alternatively, the children's aggressive or depressive reactions to abuse may place them directly at risk for later depression or aggression. Finally, children may develop a stormy interpersonal style (Akeson, 1991) that puts them at risk for depressogenic experiences later in life, in that their reactions to real or imagined criticism from others may encourage rejection and other life crises that are considered depressogenic. All three processes probably operate and need to be examined.

4. Link between aggression and depression. Depression and aggression are both outcomes of maltreatment as well as of other family stressors. Depressive and aggressive symptomatology co-occur within people (Quiggle, Garber, & Dodge, 1987; Renouf & Harter, 1990) and within families (Downey & Coyne, 1990). However, we do not yet understand how or why these different expressions of distress are related. Downey and Coyne (1990) suggested that they might co-occur among children of depressed parents because these children are exposed to both depression and conflict in the family environment.

Other possible explanations are that they are different behavioral manifestations of the same underlying distress or negative affect. The argument that aggression and depression may be different expressions of the same underlying distress, reflecting different strategies for self-regulation in the face of perceived rejection, is currently receiving some support from emotion theorists who argue that, at a biological level, there is an undifferentiated negative affect that becomes socialized in its expression. How this is translated into distress and negative affect, the way it may depend on the impact of the behavioral expression of affect on the environment, and how it may depend on the impact of the behavioral expression of affect on the environment. As we shall see, normative sex-role expectations may ensure that depressive strategies for expressing distress may be more effective for girls and aggressive strategies may be more effective for boys.

Progress in addressing the issues we have highlighted will depend on avoiding due methodological confounds that we have detailed. However, to provide a theoretical direction for future research, a framework that can integrate the distinct literatures on the outcomes of abuse is needed. In the next section, we consider some potential integrative frameworks.
Explaining the Link between Maltreatment and Depression

In the introduction, we noted that the dominant explanation for the intergenerational continuity of abusive behavior was that children learn such behavior directly from their parents. This learning is thought to occur through modeling and the selective reinforcement of coercive, abusive behavior (Patterson, 1982). The connection between maltreatment and depression does not evoke such a direct explanation. Therefore, we need to begin by considering what an adequate theory of the association between maltreatment and depression must explain.

First, it must provide an account of what it is about maltreatment that puts children at risk for subsequent depression. Because depressive symptomatology in victims of abuse often emerges later in life, an adequate account must describe the intervening psychological processes that children carry with them into new situations and relationships that may foster depression.

Second, the theory must account for the co-occurrence of anger and depression in maltreated children, while simultaneously accounting for the gender-differentiated expression of adult psychopathology. Specifically, from adolescence onward, women show considerably higher rates of depression than men and men show higher rates of disruptive disorders and aggressive behavior than women. These differences are found in both the general population (American Psychiatric Association, 1994) and in adults abused as children (Carmona, Reiker, & Mills, 1984).

As we turn to a discussion of efforts to explain depression in victims of maltreatment, we note that these efforts have been quite limited, and much of the evidence we review is indirect. Relevant research, to date, has focused primarily on establishing that maltreatment fosters psychological processes or states thought to play a causal role in the development of depression. The interactional processes within maltreating families that give rise to the psychological underpinnings of depression has not yet been studied. The cause of gender differences in response to abuse and victimization has received little attention from researchers.

Psychological Mediators of the Depression–Maltreatment Association

One approach to explaining the depression–maltreatment association has been to investigate the relation between maltreatment and cognitions. Self-cognitions have been the focus of considerable attention, especially self-esteem and self-blame.

Self-Esteem. In recognition of the self-deprecatory stance of depressed persons, psychoanalytical (Freed, 1968), cognitive (Abramson et al., 1978), and interfunctional (Coyne, 1975) perspectives accord self-esteem a role in depression. The current cognitive emphasis in psychology has helped promote the view that negative self-cognitions play a causal role in depression.

There is much evidence that maltreated children suffer substantial impairment of their self-esteem compared with children from healthier backgrounds. Low self-esteem and negative self-evaluation are common themes in the clinical literature on victims of abuse. Evidence from controlled studies using standardized measures also reports lower self-esteem in victims of maltreatment. This is true of school-age children and adolescents (Kaufman & Cicchetti, 1988; Wodarski, Kucz, Gavlin, & Howling, 1990; Allen & Tarnowski, 1989; Kazdin et al., 1985; Oates, Forrest, & Peacock, 1985; Dadds, Smith, Webber, & Robison, 1991; Tong, Oates, & McDowell, 1987) as well as of adults who were victimized as children (Carmen et al., 1984; Gold, 1986; Hanter, 1991). The degree of impairment is proportional to the severity of maltreatment experienced (Kaufman & Cicchetti, 1989).

Although lowered self-esteem is found in victims of all forms of maltreatment, there is some suggestion that it may be a consequence of the emotional abuse that commonly accompanies neglect, physical abuse, and sexual abuse (Briere & Runtz, 1990).

Whereas many of the studies that found lowered self-esteem in victims of maltreatment also report heightened depression, the magnitude and nature of the relation between self-esteem and depression are not explored. Specifically, no study to date has demonstrated that self-esteem mediates the relation between maltreatment and depression. Moreover, no study has demonstrated that self-esteem plays a causal role in depression following maltreatment.

In fact, questions of causality are still unresolved in the literature on self-esteem and depression (e.g., Renouf & Harter, 1990) and the broader literature on cognition and affect (for contrasting views, see Lazarus, 1984; Zajonc, 1984). The cross-sectional evidence linking self-esteem with depression does not satisfactorily establish whether self-esteem is a cause, a symptom, or a consequence of depression. Researchers have rarely undertaken the longitudinal studies needed to determine whether self-esteem predicts subsequent changes in depression, a prerequisite for claiming that self-esteem plays a causal role in depression.

To address these issues, we used data from the Cornell High-Risk Study of 144 children aged 6–14 years with a maltreating or psychiatrically disturbed parent (for a general description of the study, see Downey & Walker, 1989, 1992). Whereas self-esteem, measured using the Rosenberg Self-Esteem Scale (Rosenberg, 1979), was associated cross-sectionally with mothers' reports of child depression, assessed using the Child Behavior Checklist (Achenbach, 1979), self-esteem did not explain the cross-sectional association between maltreatment and depression, nor was it associated with a change in depression over a 1-year period. Thus, our data do not support the claim that self-esteem mediates the association between maltreatment and depression.

Rather, our findings suggest that self-esteem may be a symptom rather than a precursor of depression. This view is consistent with that of Poznanski (1982) and others who have argued that self-deprecatory ideation should be a defining feature of childhood depression. In further support of this view, Renouf and Harter (1990) provide evidence that among adolescents, self-worth and depressed affect correlate at a .81 level on the same factor, and covary over a 1-year period. Thus, it may not be fruitful to conceptualize low self-esteem as a precursor of depression in maltreated children. Rather, a better approach may be to look prior to the point at which self-esteem fails. Specifically, it may be useful to search for precursors of depression in maltreated children's attempts to maintain self-esteem under threat.

Attributing Blame. One effort to investigate precursors of low self-worth has involved examining the role of attributions of blame in mediating the impact of negative events on self-esteem and adjustment. Accepting the assumption that negative events prompt attributional concern, attributional theories of adjustment have concentrated on the implications of particular attributions for the maintenance of self-esteem following trauma (Abramson et al., 1996; Janoff-Bulman, 1979; Wortman, 1976). Specifically, much work has concentrated on the costs and benefits of self-blame. One tradition argues that self-blame is maladaptive because it undermines self-esteem and engenders feelings of helplessness, thereby increasing risk for depression (Abramson et al., 1978). A second tradition argues that self-blame can be adaptive because it defends against the conclusion that one is helpless, thus enabling self-esteem to be maintained (Bulman & Wortman, 1977). Empirical support for either tradition has been equivocal (Downey, Silver, & Wortman, 1990).

The clinical and empirical literatures on victims of abuse reflect the interest of attribution theorists in establishing the role of self-blame in adjustment to victimization.
Studies of adult and adolescent incest and rape victims have tended to find that victims who engage in self-blame have lower self-esteem and are more depressed (Wyatt & Newcomb, 1990; Hoagwood, 1990; Meyer & Taylor, 1986; Frazier, 1991). Self-blame is intensified when the abuse is persistent or severe (Hoagwood, 1990; Brent, 1991).

Although these findings are consistent with the view that self-blame is maladaptive and inconsistent with the proposal that it is adaptive, the cross-sectional nature of the data precludes drawing any causal conclusions. In fact, evidence from recent longitudinal research on the self-blame-depression association following significant negative events such as the unexpected death of one's infant (Downey et al., 1990) an unwanted pregnancy (Majd, Muller, & Hildebrandt, 1985), and perinatal complications (Abliek, McGraw, Allen, & McQueeney, 1985) finds no support for the claim that self-blame plays a significant causal role in depression. Instead, self-blame appears to be symptomatic of distress (Downey et al., 1990).

Discouraged by continued uncertainty about the causal role of self-blame in distress, some investigators have suggested that the significant factor in adjustment to trauma is not the specific attributions people make but, rather, the extent of their preoccupation with attributing blame for the event. Among parents who lost a child to sudden infant death syndrome, Downey et al. (1990) found that those who were invested in attributing responsibility for the death were more likely to engage in blaming themselves or someone else. Future efforts to understand the connection between attributional issues following maltreatment may be more fruitful if they focus on distinguishing people who respond to negative events by attributing blame from those who do not. However, it is important to note that it has not yet been established that preoccupation with blaming oneself is a distress-enhancing strategy rather than a distress-management strategy.

Summary. We began this section by considering what might be a precursor of low self-esteem. We reviewed research investigating whether self-blame might mediate the connection between negative events and self-esteem. Longitudinal studies indicate that self-blame is not causally related to self-esteem or adjustment. Instead, self-blame, like self-esteem, may be symptomatic of distress. This possibility suggests the need for a shift in focus away from self-blame as a potential mediator of the maltreatment-adjustment relation. It may be more relevant to ask which children are oriented to engage in blame following threats to self-esteem and whether they engage in self- or other-blame. This question also implies the need to focus attention on individual differences in what children identify as threats to self-esteem and on the origins of these differences.

Attachment Theory

Attachment theory has the potential to account for individual differences in self-blame and their origins (Bowlby, 1958; Ainsworth, 1973). This theory is currently of considerable interest to investigators studying the maltreatment-maladjustment association (Cicchetti, 1987; Cummings & Cicchetti, 1990; Crittenden & Ainsworth, 1989; Egeland & Sroufe, 1981, Toth et al., 1992; Cicchetti, Rogosch, & Toth (Chapter 7)). It provides a general account of why maltreatment puts children at risk for developing psychological processes that may foster psychopathology. The core assumption of attachment theory is that human infants are innately motivated to become emotionally attached to their primary caregivers in order to feel secure. A further assumption is that children develop an internal working model that reflects the quality of their relationship with their primary caretaker. This model provides continuity between one's primary relationship and subsequent relationships.

According to attachment theory, children become securely attached to caretakers who respond sensitively to their needs. They feel confident that they are lovable, competent, and worthy and that their social environment will be supportive, should the need arise. The internal working model that embodies these beliefs mediates securely attached children's transactions with the broader world as well as with family members.

By contrast, children whose primary caretakers meet their attachment needs with intermittent or consistent rejection develop considerable anxiety about the caretaker. Consequently, the internal working model that they develop embodies doubts about the supportiveness of their broader social environment and about their self-worth. They use one of two general strategies to defend against these doubts and anxieties. Children who develop the anxious/avoidant strategy actively avoid contact with the caretakers and show hesitation about seeking support from their social environment. Their internal working model embodies the belief that the world is a threatening place and that social interactions are potential affirmations of their blamelessness and worthlessness. Such an orientation is thought to result from parental characterized by rejection of quests for solace or assistance.

The anxious/ambivalent defense strategy involves interspersing frequent demands for reassurance from the caretaker with displays of hostility. The internal working model of persons with this attachment style embodies the view that the supportiveness of their environment is questionable and its evaluation of their worth is subject to fluctuation. Reflecting this belief, they constantly monitor the environment's supportiveness and evaluate their self-worth by seeking expressions of support and affirmations of their worth. Such an attachment style is thought to result from caretaking marked by an unpredictable mixture of rejection and indulgence.

In sum, attachment theory is about one's sense of security and the pathways that can arise from efforts to defend against anxiety generated by feeling insecure. Attachment theorists posit that insecure maltreatment puts children at risk for psychopathology because the insensitive, unresponsive parenting it implies leads to the development of insecure parent-child attachments. These insecurities are mirrored in the negative internal working models that embody the child's conception of self and others and that are evoked in new situations and relationships.

Cummings and Cicchetti (1990) propose that depression is one of the pathologies that can result from a disturbed attachment relationship. Specifically, they propose that "the negative internal working model of the self that develops in the context of an insecure parent-child attachment relationship could be a major contributor to the development of depressive cognitions and symptomatology." Negative internal working models also foster depression by influencing people's perception of the supportiveness of their social environment. Persons with a negative model should be biased toward perceiving their environment as unsupportive, and the resulting feeling of rejection would promote depression.

Consistent with the view that insecure attachment may mediate the link between maltreatment and depression, there is considerable evidence that maltreated children form insecure attachments with their parents as measured by the insecure attachment paradigm (Ainsworth, 1973). Summing across studies, approximately two thirds of maltreated children are insecurely attached compared with one third of the controls (Carlson, Cicchetti, Barnett, & Braunwald, 1989, Egeland & Sroufe, 1981, Lyons, Ruth, Connell, Zoll, & Stall, 1987; Schneider-Rosen, Braunwald, Carlson, & Cicchetti, 1985). The majority of insecurely attached maltreated children are anxious/avoidant whether they are physically or emotionally abused or neglected. Rates of insecure attachment appear to be relatively stable across maltreated children from the age of 12 months to 4 years (Cicchetti & Barnett, 1992). It has recently been suggested that the traditional forced categorization of attachment styles fails to capture the full range of disturbance in relationships of children and their abusive parents in two respects: First, the parent-child relations of maltreated children classified as securely attached are more disturbed than those of securely attached.
nonmaltreated children (Lyons-Ruth et al., 1987). Second, there is evidence that a high proportion of maltreated children fall into a fourth attachment category, which captures very seriously disorganized parent–child relations (for a reanalysis of existing data, see Carlson et al., 1989).

Overall, attachment theory provides an integrative framework for understanding the link between maltreatment and family adversity and an interrelated set of child incompetencies, including aggression and depression. The framework identifies two key mediators of the maltreatment–child maladjustment relation. At the level of the family environment, the theory emphasizes the availability of sensitive, responsive parenting. Insecure attachments develop when it is unavailable. At the level of the child, the theory identifies internal working models serving as a lens for interpreting information relevant to one's self and one's relationships and generating behavioral responses. Children who develop a negative working model will interpret and respond to information from their social environment in ways that foster pathology.

Although this framework provides an elegantly parsimonious model of continuity between pathological parenting and pathological development, we need to consider the limitations of its current state of articulation. As Cummings and Cicchetti (1990) note, the attachment history is probably only one of many mechanisms that operate in the development of depression. Therefore, it may be useful to view the insensitive, unresponsive parenting that promotes the development of insecure attachment as a marker of risk for compromised self and social development and to consider how family environments that undermine sensitive, responsive parenting may directly influence the child’s development.

The concept of internal working models is also problematic. Although the concept is theoretically distinct from that of the attachment relationship, the distinction is not yet well documented. In fact, the existence of internal working models of self–other, specifically inferred from attachment behavior in children or from adults’ conceptualizations of their relationships with their parents. Second, internal working models are thought to mediate the relationship between problem parenting and child incompetencies, including depression, aggression, low self-esteem, academic failure, and peer rejection. While, as a group, maltreated children show elevated rates of these incompetencies, they are not necessarily clustered in individual children. For example, abused girls appear to be more depressed than abused boys, and abused boys appear to be more aggressive than abused girls. In their present state of theoretical development, internal working models are too global to account for the development of one form of psychopathology rather than another. Finally, they do not provide an adequate account of how children will behave in the particular situations they encounter in daily life. The merit of attachment theory is in orienting us to the need to delineate the psychological consequences of maltreatment and to consider how these consequences may account for psychopathology. In sum, it is a theory of the general rather than the particular. The operation of children’s internal working models in specific social interactions has not been detailed, although investigators are now beginning to undertake this task (e.g., Westen, 1993).

Summary

We have focused on two basic approaches with potential for explaining the maltreatment–depression relation. One approach focuses on what some have argued are cognitive precursors of depression: self-concept and self-blame. While child and adult victims of maltreatment who show low self-esteem and engage in self-blame tend to be depressed, current evidence suggests that these cognitions may be symptoms rather than precursors of depression. Thus, in studying self-esteem and self-blame, we may be studying depression.

Whereas attachment theory offers a broader theoretical perspective on how maltreatment may be linked with depression, all that has been established empirically is that the maltreating parent–child relationship is commonly characterized by a behavioral pattern described as insecure attachment. While attachment theorists have posited that children internalize insecure attachments as working models of relationships, the claim is not yet available. Thus, we are left with evidence of troubled relations between maltreating parents and their children and depression accompanied by self-blame and low self-esteem. Left unexplored are the psychological processes that are activated in children’s daily activities, processes that may bridge coming from an abusive family with becoming depressed. Also, the theory does not adequately account for gender differences in psychopathology or explain why anger and depression are often combined. Finally, although attachment theory directs our attention to troubled parent–child relations—rather than specific instances of abuse—exclusive focus on this relation may be short-sighted in that it neglects the broader social context in which maltreatment is embedded.

We begin by providing a portrait of the social context of maltreatment and then turn to the model we are developing.

Maltreating Families as a Context for Development

Initially, child maltreatment became a focus of public concern because of its potential for damaging children physically. Over time, concern shifted to its impact on children’s emotional development. However, there is not yet a well-articulated theory of why maltreatment compromises children’s emotional development. Although efforts to date have focused on the global quality of parent–child transactions, it is becoming clear that an adequate understanding of the emotional development of maltreated children also requires attention to the broader social context in which maltreatment is embedded, as well as to the specific qualities of parent–child interaction that give rise to insecure attachment.

Parent–Child Dyad

Reflecting the roots of attachment theory in Bowlby’s observations of children’s response to physical separation from their mothers, some theorists argue that parental psychological unavailability is key to the development of insecure attachment and the most harmful aspect of abuse. Support for this claim comes from a study by Egeland and Sroufe (1981) in which the attachment styles of 18-month-old children with different physical and emotional maltreatment histories are compared with those of control children. Insecure attachment was most prevalent among children of psychologically unavailable mothers, who were characterized by such behaviors as ignoring their young child’s requests for comfort or assistance. Nonetheless, other forms of maltreatment were also associated with high rates of insecure attachment, and differences across maltreatment groups were not appreciable. Moreover, emotional unavailability was usually accompanied by other forms of maltreatment, obscuring the unique effects of any specific form of maltreatment. More generally, empirical efforts to link types of maltreatment with types of attachment have been unsuccessful.

These methodological difficulties aside, attachment theory reflects a much-needed shift in perspective, from viewing maltreatment as a status or event that compromises the child’s physical integrity to viewing it as a communication process that compromises psychological development. Other investigators, notably Garbarino and Gilliam (1980), echo attachment theorists’ claim that emotional maltreatment is the core problem of maltreatment. Yet, instead of emphasizing emotional neglect as embodied in the lack of emotional unavailability, they emphasize the role of emotional abuse, especially overt
rejection, in harming children psychologically. This perspective provides a bridge with family-systems approaches to depression (Coyne et al., 1992; Downey & Coyne, 1990; Haltiwanger & Goldstein, 1987). A major focus of research on the links between family processes and both child and adult psychopathology has centered on how families manage negative emotions. In particular, evidence is accumulating that criticism from family members may play a key role in fostering depression (Hooley & Teasdale, 1989). For example, depressed patients with spouses who are critical of the patient’s character and prior behavior are at heightened risk for relapse (Hooley, Orley, & Teasdale, 1986; Leff & Vaughn, 1985; Millowitz, Goldstein, Nuechterlein, & Snyder, 1988; G. W. Brown, Bifulco, & Andrews, 1990). Criticism is a stronger predictor of relapse than hostility, lack of warmth, or overinvolvement (Hooley & Teasdale, 1989). Among children at risk for depression, self-criticism is most common in children who are the direct recipients of their mother’s criticism.

Thus, child-directed criticism, alone or offered as a rationale for physical maltreatment, may be an important way in which maltreating parents foster psychological vulnerability to depression in children. To summarize the effects of emotional maltreatment, both neglect and abuse appear to be crucial ways in which maltreatment affects children’s psychological development.

Broader Social Context of Maltreatment

Attention to the social environment beyond the parent-child dyad is needed for two reasons: First, the environment may directly affect the quality of the parent-child relation, as when marital conflict and the ensuing depression distract mothers from effective parenting (Downey & Coyne, 1990; Coyne et al., 1992). Second, properties of the broader family system may directly impinge on the developing child. Thus, it may be fruitful to view maltreatment as symptomatic of a troubled family environment. Viewed this way, similarities with families that include a depressed person become evident. These similarities include high levels of poverty, stress, and conflict and violent marriages (Downey & Coyne, 1990; Gelles & Straus, 1988).

We have previously identified several system-level properties of troubled family systems that may give rise to depression (Coyne et al., 1992). Similarities between families of depressed persons and those of maltreating persons suggest that the same properties may operate in maltreating families. These properties include the absence of a sense of family coherence, that is, a sense of engagement in common enterprise, with the attendant assumptions about security and predictability. When such a sense is absent, it is in many abusive families, personal control is emphasized over interdependence, and individual short-term goals preempt a collective long-term agenda. Other family members are viewed as undependable, and disagreements are not easily resolved.

A sense of agency is also lost in troubled families in that, without the ability to rely on other people and routines, the scaffolding to pursue one’s agenda is missing. In the absence of the mundane daily routines and rituals that lend a sense of coherence to life, as a stable family venture, children have few opportunities for building competencies. As one child in our study of children of incarcerated mothers remarked, it was difficult for her to focus on schoolwork when she was constantly worried about when someone would next shoot at her home in an attempt to harm a drug-dealing family member (Jone & Downey, 1992).

Maltreating families can also be viewed as emotionally dysregulated in that negative interactions and disagreements are not resolved. Instead, they have a certain breeding and nature that permeate the entire family system, fostering blaming and side-talking. Negative affect becomes contagious, and there is little chance that it will be transformed into positive. Small stressors are catastrophized and minor slights derail relationships.

Finally, because routine obligations, such as paying the rent, are less likely to be met, major negative life events, such as eviction, are more likely to occur. In focus groups with children of imprisoned mothers, it became obvious that children had difficulty committing themselves to current life tasks, such as paying attention to the teacher at school, when they were preoccupied with the safety of their current caretaker and with the uncertainty about whether she would still be there when they returned from school (Jone & Downey, 1992).

A Model Linking Maltreatment and Depression

Depression typically arises in the context of conflicted relationships and severe stress (Coyne et al., 1994). Families in which maltreatment occurs are characterized by these qualities (Gelles & Straus, 1988). However, an adequate explanation of the link between maltreatment and depression must also explain why children who have been maltreated early in life show heightened depression in adolescence and adulthood. We propose that being raised in a maltreating family shapes the development of key psychological processes involved in the regulation of children’s social interactions. In this way, abuse fosters an orientation to social interaction that facilitates the development of psychopathology.

Specifically, we propose a model of the psychological processes involved in the regulation of children’s social interactions, of the impact of maltreatment on the development of these processes, and of their relation with depression and disruptive disorders.

Rejection Sensitivity and the Regulation of Social Interaction

Our framework for explaining aggressive and depressive outcomes in abused children integrates self-esteem, attributions of blame, and children’s orientation to interpersonal rejection. We define rejection sensitivity as the disposition to anxiously expect, readily perceive, and overreact to rejection in a wide variety of situations. Specifically, we propose that sensitivity to rejection by others is a common pathway in the development of either depressive or disruptive disorders in abused children. Research on troubled families in which maltreatment, conduct disorders, and depression emerge reveals an orientation to respond to conflict with criticism, hostility, and resentment, indignant withdrawal. Verbal conflict and hostility are often precursors of physical abuse. These families provide poor models of conflict resolution and interpersonal problem-solving. Such a socialization environment is likely to foster in children (1) a tendency to associate conflict with rejection and a physical danger, (2) a tendency to expect and be concerned about the possibility of rejection in all interpersonal situations, and (3) a readiness to perceive rejection in interpersonal situations. Thus, compared with nonabused children, abused children will view a wider range of situations as being suffused with threats of rejection. Perceived conflict, or even helpful suggestions, will pose a greater threat to them because they have developed no competencies for negotiating inter-personal relations and because mild conflict or criticism was frequently a precursor of overwhelming terror. Nonabused children, by contrast, are likely to view a wider, but restricted, range of situations as benign and to approach conflict situations with a problem-solving orientation. In their families, conflict was something to be resolved, and one form of resolution could be termination of the relationship when the other person's behavior was deemed grossly inappropriate. Conflict was not a prelude to inevitable terror or cruel rejection.

What happens when rejection-sensitive children perceive rejection? We argue that they become extremely distressed because their sense of self-esteem is threatened. Our discussion of self-esteem ended with the suggestion that operationalizing it as a static,
traitlike cognition that operates on the affective domain does not adequately capture its role in depression. In our model, we view the fragility of self-esteem, not its level, as the risk factor. Thus, we propose that when rejection-sensitive children identify social behavior as potentially threatening to self-esteem, they attempt to regulate the ensuing negative affect by engaging in blame in lieu of problem-solving.

The socialization experiences of children from maltreating families appear particularly likely to promote blaming. First, more of the type of irremovable events that are most likely to provoke an attributional search happen to them (Weinrich, 1985). Because abusive families do a poor job of regulating negative emotion, mild misunderstandings are magnified and minor problems and conflicts are transformed into major, unresolved events a disproportionate amount of the time. Moreover, role reversal is common in abusive families in that children often bear an unrealistic level of responsibility for resolving family problems (Dean, Malik, Richards, & Stringer, 1986). Evidence of the ineptness of their efforts to resolve insurmountable difficulties may prompt them to resort to blaming. Second, the criticism and verbal hostility that substitute for problem-solving in abusive households are likely to socialize children into being self-critical and blaming others when things go wrong. Thus, in abusive households, children may not learn to solve problems or even realize that problems can be solved, yet they may be given responsibility for solving family problems. The combination of deficient problem-solving skills and frequent exposure to insoluble problems may prompt them to blame someone when faced with perceived interpersonally adversity. A plummeting of self-esteem and ensuing helplessness, hopelessness, and depression may occur if children blame themselves for the event.

To forestall a plummeting of their fragile sense of self-esteem, we argue, they will directly attribute the blame to others or engage in strategies that deflect blame onto others. Examples of deflecting strategies include storming away indignantly, thus evoking apologetic, reconciliatory behaviors by the perceived adversary, or engaging in overdone amusing, ingratiating behavior, with the goal of appeasing the adversary and persuading him or her and the broader social environment that the rejection was undeserved.

Whether they deal with threats to self-esteem by attributing blame to others directly or indirectly will influence the form that their distress takes. Those who directly blame the other person will experience aggression, and their behavioral response will be aggressive. Those who are equivocal about directly according blame will experience a mixture of resentment and sadness at the other person's behavior. Their behavioral response will involve a reciprocation of the perceived rejection in the form of withdrawal from the situation or inappropriate acts of appeasement.

**Sex Differences in Response to Threats to Self-Esteem**

We believe that children's attributional and behavioral responses to threats to self-esteem will depend on their beliefs about what being a worthy person means. Given the prevailing sex-role stereotypes, these beliefs are likely to differ for boys and girls in ways that influence their reactions to threats to self-esteem. Stereotyped expectations for males are that they be dominant and oriented toward justice. Expectations for females emphasize the centrality of relationships and the importance of their preservation (Gilligan, 1982). These normative sex-role expectations are reflected in the typical socialization experiences of boys and girls. Although boys and girls in both normal (Fagot, 1984) and troubled families (Strube & Jacobovitz, 1989) show equivalent levels of aggression early in life, aggressive behavior in girls declines between the ages of 2 and 4. A plausible explanation for this drop is that aggression is a less effective coercive strategy for girls than it is for boys. Boys' aggression elicits positive and negative responses in peers, teachers, and parents, whereas girls' aggression is more often ignored (Fagot, 1984; Fagot & Hagan, 1985, 1991; Fagot, Hagan, Leinbach, & Kronberg, 1985). By contrast, dependency behavior in girls is more stable between 2 and 4 years, and others respond more positively to it (Fagot, 1984; Fagot & Hagan, 1985, 1991; Fagot et al., 1985). Furthermore, girls' attempts at communication and conversation receive more encouragement than do boys' attempts. Therefore, females may find that ostracism withdrawal from communication is more effective in eliciting an apology from their perceived adversary than is aggressive behavior. They may also find that appeasement behavior is more successful in "winning over" their adversary than aggression. Consequently, threats of rejection may elicit ingratiating behavior. When persistent withdrawal from the relationship and conciliatory appeasement fail, girls may be unable to avoid self-blame. Depression mixed with anger will follow.

**Individual Differences in Sex-Typed Behavior and Their Origins**

On the basis of findings from the adult literature showing that sex-typed people are more poorly adjusted than others (Bem, 1984), it appears reasonable to propose that children who are more sex-typed than others may show more adjustment problems and that these problems will emerge in gender-typical ways. Consistent with this argument, a study of preschool children by Spradlin, Vertkin, and Elman (1982) found that compared with children who played with both boys' and girls' toys, boys who played exclusively with male-typed toys were more defiant and aggressive and girls who played only with girls' toys were more apathetic and withdrawn. In addition, Orlofsky (1979) found that non-sex-typed adolescents had parents who were less sex-typed.

Consequently, in families with traditional sex-role beliefs, the self-esteem investment of boys and girls will probably be even more pronounced along sex-typed lines than is typical. Central to our model is the belief that normative gender differences in child socialization are more pronounced in maltreating families. Thus, we expect the patterns we now describe to emerge in male and female maltreated children.

In maltreating families where males are expected to be dominant, boys will be strongly invested in being tough, powerful, and dominant. When their esteem is threatened in typical situations, efforts to regulate their distress will prompt them to engage in blaming their perceived adversary. Their sensitivity to the possibility that rejecting intent underlies negative verbal or physical interaction will result in aggressive and coercive responses. Although this esteem-maintenance behavior may be tolerated and reinforced within abusive families, such children are likely to be labeled as aggressive bullies outside the family. Consequently, their behavior will lead to recurrent social rejection, which may induce feelings of sadness and depression (Capaldi, 1992).

By contrast, girls will be invested in maintaining and managing relationships, and dependency will be fostered. Because maintaining relationships is of primary importance, they may be more reluctant than boys to directly blame their adversary. We argue that they seek indirect ways of attributing blame to their adversary instead. For example, they may engage in impersonal withdrawal with the implicit goal of evoking an apology.

Alternatively, sensitivity to rejection in females may lead to an exaggerated tolerance of negative verbal and physical encounters with others and, more generally, to the subversion of their other needs in the service of maintaining and controlling relationships. This proposal is compatible with the fact that in this society, subordinate others are entitled to the well-being of relationships is seen as a desirable goal for females (Belle, 1982; Goldner, Perry, Shenker, & Walker, 1990). Rather than view low levels of abuse and neglect as unacceptable, maltreated girls may derive esteem from their ability to tolerate and manage this behavior, and small indications of positivity may be inappropriately gratifying. This behavioral pattern may put them at risk for becoming or remaining invested in relationships with adults, peers—and, later, romantic partners—that could
become seriously abusive. Consistent with this suggestion, Bocke and Markman (1992) found that marital relationships in which the woman had responded to her partner's negative, coercive behavior with positive, soothing behavior prematurely were at heightened risk for becoming violent following the marriage. Such relationships are likely to promote depression through engendering feelings of helplessness and hopelessness that eventually evoke any sense of esteem or control derived from commitment to being a caring person. Thus, unlike boys who are invested in being in control, girls who are invested in relationships may be prompted into relationship-preserving behavior at any hint of adversity in the relationship. When their efforts to preserve the relationship fail, they may respond with exaggerated self-blame and resentful anger. As a result, they interpret the distress resulting from their failure in self-esteem as sadness. An alternative female strategy may involve angry, outraged, hostile withdrawal at the slightest hint of conflict. When these strategies fail to evoke an apology, self-blame, loss of self-esteem, and depression may follow.

We have argued above that parents' responses to children's expressions of distress will depend on the child's gender. Over the course of their children's development, parents may become less tolerant of sadness and vulnerability in boys and of anger in girls. Thus, parents' responses to children's expressions of distress may work to differentiate children's characteristic styles of responding to negative social interactions.

Children from abusive families are likely to develop an exaggerated tendency to show distress in sex-typed ways. First, they will display more distress, more often. In this way, they will evoke gender-differentiated responses from their parents more frequently than in nonabusive families. Second, they will have parents who are more reactive to expressions of vulnerability in boys and anger in girls. Third, they will have weaker models in their distressed parents for sex-typed expressions of distress in that mothers in maltreating families are often depressed and fathers are likely to provide models of aggressive behavior.

There is suggestive evidence that sex-typed socialization is more pronounced in maltreating families. Both Goldner et al. (1990) and Walker (1979) claim that gender-stereotyped child-rearing styles are experienced by spouses in abusive marital relationships. They posit that women in abusive relationships often come from families that foster a dependence on interpersonal relationships. They were made to feel that "they did not count unless they were tending to the needs of others," and that "being loved was contingent upon some kind of self-abnegation." By contrast, Goldner et al. (1990) and Walker (1979) portray violent men as socialized in a culture in which male violence was normative. Goldner and colleagues proposed that violent men are excessively fearful of feeling vulnerable, which they equate with being a wimp. They overcompensate for these feelings with violence. Such feelings of vulnerability are activated especially by feeling dependent on a woman. These sentiments were voiced as follows by one barbender participating in the Goldner et al. (1990) study: "I must never feel fear, know, need, respect a woman's point of view."

Although neither Goldner et al. (1990) nor Walker (1979) directly studied child-abusive families, there is evidence of a strong overlap between marital violence and child-abusive families. Straus, Gilles, & Steinmetz (1977) reported that in a national sample, a third of battered women and a third of battering husbands abused their children. Steinmetz (1977) found a correlation of 0.50 between the use of physical force to resolve marital arguments and parental-child disputes. Herrenkohl and Herrenkohl (1981) observed that violence between adult family members had occurred in the previous year in 44% of the child-abusive families they studied. Finally, in the Straus et al. (1980) national sample, traditional sex-typed marital relationships in which husbands are dominant and wives are submissive are predictive of all types of family violence. Although no one has yet directly investigated the traditionality of male-female expectations in child-abusive families, it appears reasonable to predict that gender-differentiated behavior and expectations are exaggerated in these families. This view resonates with findings from the clinical literature documenting patterns of dominance and submissive parenting in clinical samples (Terry, 1970). In fact, there is suggestive evidence that abused children are more sex-typed than nonabused children (August & Forman, 1989).

We have argued that sex-typed socialization that fosters dominance in males and dependency in females may be exaggerated in troubled families. We believe that the gender-differentiated emphasis on dominance vs. dependency is the essential feature of sex-typed behavior that facilitates the victimization process and underlies the gender-differentiated expression of distress. If this is true, then the pattern of aggression and dependency that we believe emerges in troubled families should also emerge in same-sex dyads in which one member is dominant and the other is submissive. That this may be the case at least for victimization is illustrated by the work of Troy and Sroufe (1986) with same-sex dyads in which the victimizer-victim pattern emerges. Working from an attachment perspective, they observed the interactions of same-sex dyads in which neither child, one child, or both children had an insecure attachment relationship with the mother. Victim-victimizer relationships emerged only in the interactions of two insecurely attached children. Qualitative analyses of the dyadic interactions revealed transactions that maintained the victimization relationship, in that victims often sought continuation of the relationship through uncomplicated positive overtures. For example, in one dyad the victimizer made only 2 positive overtures to the victim. By contrast, the victim made 19 attempts to initiate friendly activity, all but 6 of which were rejected. The friendly initiatives in a matched nonvictimizing dyad were balanced. It appeared that maintaining the relationship was essential to the victimized child, and rejection activated solicitous behavior rather than breaking away from the relationship.

Gender Differences in the Attributions and Adjustment of Children from Troubled Families

We review some indirect evidence for our proposal that males and females from troubled homes should show exaggerated differences in attributational and behavioral responses to perceived threats of rejection.

The work of Dodge and his colleagues provides some evidence of the model for boys. Specifically, in a series of studies, they find, first, that when expectations of rejection are activated, hostile attributions about peers' behaviors are activated in aggressive boys (Dodge & Somberg, 1987). Furthermore, such biases are found to mediate the association between the use of harmful physical punishment by parents and aggression in boys (Dodge et al., 1990). However, this model does not appear to hold well for girls as well as boys, in the girls did not have as strong a tendency to engage in blaming someone else when they experienced something negative. Moreover, physically harmed girls show higher levels of depressive symptomatology than physically harmed boys, and hostile attributional biases do not mediate depressive symptomology (Dodge et al., 1990). Thus, it appears that girls' reactions to negative interpersonal events are less clearly evident in other-than than are boys' reactions.

There is also evidence that troubled family relationships, indexed by insecure parent-child attachment relations, are linked with gender-differentiated maladaptive behavior patterns in children. Lewis, Felting, McGuffog, and Jukic (1984) found higher rates of internalizing problems in insecurely attached girls and heightened rates of externalizing problems in insecurely attached boys. Focusing on the social interactions of preschool children, Turner (1991) found that whereas securely attached boys and girls were
moderately aggressive, assertive, and controlling, insecurely attached boys showed more aggressive, disruptive, assertive, controlling, and attention-seeking behavior than secure children. By contrast, insecurely attached girls showed more dependent behavior, positive expressive behavior, such as smiling, and more compliance than did securely attached children. These girls were also less assertive and controlling than their securely attached counterparts. Their strategy with peers appeared to be one of avoiding active participation or conflict, of being followers rather than leaders.

Although insecure attachment does not necessarily imply that a child has experienced abusive parenting, there is considerable evidence linking it with troubled parent-child interactions in the early years.

**Conclusions**

This chapter examined the claim that children who experience interpersonal victimization are at risk for depression in addition to aggression. Our review of the relevant literatures supports this claim. We also sought to explain why maltreated children were at heightened risk for both forms of maltreatment. We drew on existing research sources for indirect support for our model. Our general hypothesis is that rejection sensitivity—i.e., a disposition to anxiously evaluate social interactions in evidence of rejection—is common to abused children with either disruptive disorders or depression. We expect rejection sensitivity to develop in children from families that respond to conflict with criticism rather than problem-solving; because they lack the skills or orientation to resolve interpersonal problems, these children may resort to blaming when they perceive rejection.

To protect themselves from the loss of self-esteem and depression that accompany self-blame, we propose that rejection-sensitive children will engage in other-blame. Because violent families often hold traditional sex-role stereotypes (Goldner et al., 1990), abusive parents will probably emphasize a self-protective orientation in boys and a relationship-protective orientation in girls (Gilligan, 1982). Consequently, to protect themselves, rejection-sensitive boys may resort to other-blame; to protect their relationship with their adversary, rejection-sensitive girls may use more indirect means of displacing blame onto their adversary, such as storming away in the hope of obtaining an apology or engaging in appealing behavior in the hope of changing their adversary's evaluation of their worth. Because these indirect strategies may be less successful in protecting against self-blame than direct strategies, the children may be more likely to revert to self-blame, with an accompanying loss in self-esteem and depressive affect.

More generally, we argue that progress in understanding the impact of maltreatment on children requires moving beyond simple main-effects models, in which researchers assume a direct effect of maltreatment on child outcomes. Instead, researchers need to develop models that permit the adverse effects of maltreatment to be revealed in different ways for different children. In this chapter, we have focused on the possibility that the effects of maltreatment are expressed differently in boys and girls. We have further proposed that this difference is true for the following reasons: (1) The socialization context of abusive homes affords different possibilities for the expression of distress by males and females. (2) Because of sex-typed socialization, boys and girls bring different motivational frameworks to bear on their appraisal of distressing situations. (3) Because of differential socialization in managing conflict, children from abusive families have different problem-solving competencies than children from nonabusive families.

At a broader level, we propose that understanding the impact of family stress on child development requires attention to competencies, motives, socialization goals, and contextual affordances. Thus, to facilitate progress, research on family stressors, including maltreatment, must move beyond single stressor–single outcome models.

**References**


Psychosocial Stress and Child and Adolescent Depression

Can We Be More Specific?

Bruce E. Compas, Kathryn E. Grant, and Sydney Ey

The development of depressed mood, syndromes, and disorders during childhood and adolescence is the consequence of a complex array of personal and social factors. Evidence has been garnered to support the role of biological, psychological, familial, peer, and broader social influences. Researchers are now faced with the formidable task of integrating the contributions of these factors to the development and maintenance of depressive phenomena in young people. It is likely that the strongest explanation will reflect a broad biopsychosocial model of the etiology and course of depressive experiences (Petersen, Compas, Brooks-Gunn, Stembler, Ey, & Grant, 1993). Our concern here is with one component of a biopsychosocial model: stressful events and processes.

Psychosocial stress plays a prominent role in most models of depression throughout the life span. Research on the relation between stress and depression in adults has provided rich information on the link between a variety of different types of stressful experiences and depressive symptoms and disorders (e.g., Brown & Harris, 1989). Theoretical perspectives on the role of stress in adult depression have typically considered the interaction of psychosocial stress with a personal vulnerability or predisposition on the part of the affected individual within the perspective of diathesis-stress models of depressive disorders (e.g., Monroe & Simons, 1991).

Research on the role of stress in depressive phenomena during childhood and adolescence has lagged behind similar research with adults. This delay is the result of several factors, including disagreement about the conceptualization of depressive phenomena in children and youth, the absence of a theoretical framework to guide research on

NOTE: This chapter was originally written in early 1992 and reflects the literature up to that point.

Bruce E. Compas • Department of Psychology, University of Vermont, Burlington, Vermont 05405-0184
Kathryn E. Grant • Cook County Medical Center, Chicago, Illinois 60626
Sydney Ey • Medical College of South Carolina, Charleston, South Carolina 29425