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Research paper

The mediating role of various types of social networks on psychopathology following adverse childhood experiences

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ABSTRACT

Background: Adverse childhood events can have a very negative impact on psychopathology. Those with good social support networks may benefit from these relationships, with social networks protecting a person against the negative effect of childhood adversities. However, individuals who suffer early adversity may have lower levels of social networks due to these experiences. The primary aims of the current study were: 1) to examine the mediating effects of social networks on psychopathology following adverse childhood experiences and 2) to assess if childhood adversities impact on the development of social networks.

Method: Data was obtained from the Northern Ireland Study of Health and Stress (NISHS), conducted as part of the World Mental Health Survey Initiative, n = 1986, response rate 64.8%. The WMH−CIDI was used to assess mental health disorders along with risk and protective factors.

Results: Individuals who experienced childhood adversities had increased odds of psychopathology, especially those who experienced high levels of maltreatment. This was partially mediated by various types of social networks, including family and friend support and family harmony. However, individuals who experienced adversity were less likely to have good social networks in the first instance.

Limitations: The cross-sectional nature of the study which is based on the population in Northern Ireland may limit the findings.

Conclusion: The study illustrates the importance of social networks following adverse childhood experiences. The findings provide support for initiatives to help children gain skills to develop and maintain social networks following childhood adversities, thereby reducing the negative mental health impact of such experiences.

1. Introduction

Early theorists proposed that social support can act as a buffer, protecting a person against the negative impact of stress (Cohen and Wills, 1985; Thoits, 1986). When describing the buffering hypothesis, Cohen and Wills (1985) suggested that social support can help a person see the situation as less threatening, reduce the reaction to stress and help them cope more effectively Social support can provide a person with a sense of stability, improve self-worth, and keep them occupied, and satisfied with life in general. If they do encounter stress, they are able to cope with it better as they may have a more positive outlook on life. Hyman et al. (2003) proposed that relationships with others can also build self-esteem which subsequently leads to a reduction in trauma symptoms.

In particular, research would suggest that social networks can play a very important role following exposure to childhood adversities. Social support has been found to be protective against the development of a range of mental health problems, including depression (Kaufman et al., 2004; Powers et al., 2009), PTSD (Hyman et al., 2003; Murphy et al., 2014) substance disorders (Canino et al., 2008) and suicidal behaviour (Joiner, 2005; O'Connor & Nock, 2014).

Sperry and Widom (2013) proposed that social support from a variety of support networks can help a child to deal with the adverse experience, buffering them from the negative consequences of adversity in relation to their long term mental health and wellbeing.Close relationships with primary caregivers are especially important (Auerbach et al., 2011; Werner, 2012; Tian et al., 2012), with a warm, supportive relationship helping the child cope with stressors. Unfortunately, often the perpetrator of adverse childhood experiences, especially those related to maladaptive family functioning, such as parental maladjustment and maltreatment, may be the primary caregiver(s).

However, Fryers and Brugha (2013) suggest that having a close relationship with even one parent can help to foster resilience. Alternatively, close relationships may be formed with other family members such as grand-parents or siblings. Strong social networks among peers and within the community can also be very beneficial across the

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lifespan. Indeed, social support from friends may compensate for negative parenting practices (Tian et al., 2012; Petrowski et al., 2014) leading to reduced rates of mental health problems (Tian et al., 2012).

Even perceived social support has been found to lead to reduced trauma symptoms following adverse childhood events. For example, Powers et al., (2009) found that perceived friend support was protective for females following childhood maltreatment. This is in line with other research which posits that females are more likely to form meaningful friendships which can help them cope in times of stress (Taylor et al., 2000; Rose &Rudolph, 2006). According to Evans et al., (2013), if a victim perceives that others are there to support them, they may believe that the trauma is less stressful and reappraise the trauma in a more adaptive way. Conversely, if the trauma is severe this may no longer apply.

Recent research would suggest that the benefits of social support on health and wellbeing are reciprocal. For example, Eisenberger (2013) reported that while receiving social support is beneficial, giving social support and pro-social behaviour can also enhance wellbeing, by reducing the stress response. This is based on the social exchange theory (Homans, 1958) which proposes that the foundation of social relationships is reciprocal reward. However, individuals who experience early adversity may be less likely to engage in strong reciprocal relationships.

Indeed, studies have found that the experience of adverse childhood events can prevent a person from developing close relationships with others (Sperry and Widom, 2013; Negriff et al., 2015; Blanchard-Dallaire et al., 2014).For example, Negriff et al. (2015) found that adolescents who had been maltreated had significantly less people in their social network than the comparison group. Hughes et al. (2016) also reported that those who experienced adverse childhood experiences were less likely to feel close to others.

A lack of strong social networks found in those who experienced early adversity may be due to a number of issues. If the adverse childhood experiences were a result of issues within the family, then these may be related to a lack of family support and family harmony. These experiences may also impact on the formation and maintenance of relationships with friends and the wider community. For example, a child may withdraw from society. They may become fearful and mistrustful of others (Blanchard-Dallaire and Hébert, 2014), especially if their trust has been broken due to past adverse events.

Alternatively, the child may use maladaptive coping strategies, such as poor emotion regulation, or they may become hostile or aggressive, resulting in the child being rejected by peers (Bolger and Patterson, 2001; Kim and Cicchetti, 2010) and others in the community. Additionally, following adverse childhood experiences people may engage in risky behaviour to reduce arousal associated with stress, such as taking drugs or alcohol, which in turn may undermine relationships (Umberson et al., 2014).

Having someone to talk to or to rely on when a person is worried, or has a problem, can minimise the impact of stress. However, social networks are complicated, and at times may contribute to the stress rather than alleviate it (Umberson and Montez, 2010). For example, friends and family can be demanding, and if relationships are strained it may lead to increased stress levels (Rose and Rudolph, 2006; Umberson and Montez, 2010), and poorer emotional health. Additionally, while a person can have a large network of family and friends, they may not be supportive. It is important therefore to distinguish between available social networks and actual social support when conducting research (Lakey and Cohen, 2000).

The primary aims of the current study were (1) to explore if various types of social networks mediate the impact of adverse childhood experiences on psychopathology in Northern Ireland (NI) while also considering the role of age and gender, and (2) to determine if childhood adversities are associated with fewer social networks later in life. It is predicted that those who experience high levels of early adversity will have increased odds of developing a mental health disorder but that social networks will mediate the effect. It is also predicted, however, that individuals in the adversity classes may have fewer social networks as a result of their experiences.

2. Method

2.1. Sample

This study uses data obtained from the Northern Ireland Study of Health and Stress (NISHS), a nationally representative household survey of adults NI (response rate 68.4%). The study was conducted between 2004 and 2008 as part of the WHO World Mental Health (WMH) Survey Initiative (Kessler and Üstün, 2008), following ethical approval from the Ulster University Research Ethics Committee. Consent was obtained from all participants. Part 2 of the survey was completed by 1,986 participants including those with positive responses to the psychopathology screening questions, 50% of subthreshold cases and 25% of those who did not meet either criterion, to allow for the calculation of weights. For a comprehensive overview of the sampling methodology employed please refer to Bunting et al. (2013).

2.2. Diagnostic assessment

Mental health problems were assessed using the World Mental Health (WMH) Survey Initiative version of the WHO Composite International Diagnostic Interview (WMH−CIDI). This reliable and well validated instrument consists of two parts. Part 1 is made of up of screening sections for core mental health problems and diagnostic assessments along with demographic information. Part 2 consists of diagnostic sections related to non-core disorders along with risk and protective factors for psychopathology. For the purpose of this study, the focus will be on Part 2 since it contains questions related to childhood adversities and social networks. Mental health problems examined are any anxiety, mood or substance disorders.

2.3. Childhood adversities assessment

Using latent class analysis to identify co-occurrence of adverse childhood experiences, McLafferty et al. (2018) identified three underlying mutually exclusive profiles of childhood adversity in the Northern Ireland population; a low risk, a medium risk and a high risk class, as shown in Fig. 1. Adversity types examined included those related to maladaptive family functioning (parental mental illness, substance disorder, criminality, family violence, physical abuse, sexual abuse, neglect and physical punishment). The baseline or low risk class represented 87.9% of the sample (n = 1774), who endorsed low levels of all types of adversity. The medium risk class which was characterised by moderate levels of adversities, particularly those related to physical punishment, family violence and parental maladjustment, represented 7.9% of the sample (n = 125). The high risk class, representing 4.2% of the sample (n = 87) endorsed a high probability of experiencing adversities related to maltreatment, physical punishment and parental maladjustment. See McLafferty et al. (2018) for further details on the childhood adversity classes identified.

2.4. Social networks assessment

A number of questions are included in the WMH−CIDI to examine participant's social networks. The current study utilises 10 questions related to family support and harmony and friend support and harmony. The overall reliability of the scale was 0.619. These include 3 questions related to family support (α = 0.650) and 3 related to friend support (α = 0.769). The support questions enquire about the frequency of contact, how much they rely on others if they have a serious problem and if they can open up to the people in their network.