



Emotional support and adult depression in survivors of childhood sexual abuse[☆]

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ABSTRACT

The goals of this study were to evaluate the effects of emotional support from friends and parents at two time points (adolescence and adulthood) on adult depression in a nationally representative sample of survivors of childhood sexual abuse (CSA), and examine whether the associations were moderated by the identity of the perpetrator (parent/caregiver vs. not). Data were taken from Waves I and IV of the National Longitudinal Study of Adolescent Health (Add Health). The study sample included 1,238 Add Health participants with a history of CSA and an equivalently sized comparison group of individuals with no history of CSA. Parental support was measured using four items from each wave that assessed the warmth of participants' relationships with their parents and their satisfaction with those relationships. Friend support in adolescence was measured using participants' perceptions of how much their friends cared about them and in adulthood using participants' self-reported number of close friends. Depression was measured using a 10-item subscale of the CES-D. Logistic regressions showed that support from friends and parents in adulthood were significantly associated with lower odds of adult depression in CSA survivors who reported non-parent/caregiver abuse. Among survivors of parent/caregiver abuse, emotional support was not significantly associated with adult depression regardless of when or by whom it was provided. In conclusion, emotional support in adulthood from friends and parents is associated with reduced odds of adult depression in CSA survivors, but only in cases where the abuse was perpetrated by someone other than a parent or caregiver.

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Childhood sexual abuse (CSA) is a well-established risk factor for adult depression (e.g., Cheasty, Clare & Collins, 1998; Cutajar et al., 2010; Fergusson, Boden, & Horwood, 2008). Research shows that 30–40% of individuals who experienced sexual abuse in childhood report a lifetime history of depression, compared with 10–20% of individuals with no history of CSA (Molnar, Buka, & Kessler, 2001). Furthermore, individuals with a history of CSA tend to have an earlier onset of depressive symptoms, longer episode duration, and a greater risk for borderline personality characteristics and suicidal behavior (Andover, Zlotnick, & Miller, 2007; Gladstone et al., 2004; Zlotnick, Mattia, & Zimmerman, 2001). These findings suggest that depressed individuals with a history of CSA represent a subgroup of the depressed population with more severe

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illness characteristics and, potentially, different treatment needs. Improving our understanding of factors that protect against depression in CSA survivors could inform the development of interventions designed to prevent or reduce depression in this at-risk population. One factor shown to be associated with resilience in CSA survivors is the survivor's perceptions of the availability and quality of emotional support (Collishaw et al., 2007; Valentine & Feinauer, 1993).

Emotional support and CSA

Thoits (1995) defines perceived emotional support as “beliefs that love and caring, sympathy and understanding, and/or esteem and value are available from significant others” (p. 64). Emotional support positively impacts mental well-being by bolstering an individual's feeling of self-worth and acceptance. The positive effect of emotional support is particularly relevant for CSA survivors, who can feel isolated or stigmatized as a result of the abuse (Browne & Finkelhor, 1986). Although many previous studies have examined the positive effects of social support in CSA survivors, none, to our knowledge, have looked specifically at its effects on risk for depression in adulthood in a nationally representative community sample. As a result, the effect of emotional support on adult depression in survivors of CSA remains unclear.

The role of the timing of support – does it matter when?

The role of emotional support in protecting against mental health problems in adulthood has been conceptualized in several ways. Models such as the main effects model (which posits a directly beneficial effect of support on mental health) and the buffering model (which suggests that support moderates the association between stress and mental health) conceptualize emotional support as a resource that can be drawn upon to avoid or mitigate mental health problems (Cohen & Wills, 1985). From this perspective, support would be expected to protect against adult depression if it is available at the point in time when the individual is at risk for developing depression. Alternately, models such as attachment theory (Bowlby, 1980) conceptualize the role of support as an essential component in the development of healthy coping mechanisms and cognitive schemas starting in infancy and extending through adulthood. From this perspective, positive support experiences in childhood and adolescence are also important for adult mental health. These perspectives, although not mutually exclusive, have implications for the importance of the timing of the provision of emotional support: models like attachment theory highlight the importance of *foundational* support, namely support experienced during an individual's formative years, while the main effects model and the buffering model highlight the importance of *available* support, namely support that is available to a person at the time they are at risk for becoming depressed.

Previous studies of emotional support in CSA survivors have typically focused on either available or foundational support, but not both at the same time. For example, Testa, Miller, Downs, and Panek (1992) found that individuals who received positive emotional support in childhood or adolescence immediately following the disclosure of sexual abuse exhibit greater psychological adjustment in adulthood, which supports the importance of foundational support. Hyman, Gold, and Cott (2003) assessed perceptions of support in adulthood among individuals with a history of CSA and found that emotional support was associated with fewer symptoms of Post-Traumatic Stress Disorder (PTSD), providing evidence for the importance of available support.

The role of the provider of support – does it matter who?

Previous research suggests that the effectiveness of emotional support as a protective factor against depression may depend on who is providing the support. In a study of adolescent girls, Stice, Ragan, and Randall (2004) found that support from parents, but not from friends, was associated with future depression risk. For CSA survivors, however, researchers have generally found peer support to be more relevant for preventing mental health problems in adulthood. Collishaw et al. (2007), for example, found that peer relationships in adolescence were associated with resilience to adult psychopathology for survivors of childhood maltreatment, and many of the resilient women interviewed by Valentine and Feinauer (1993) in their qualitative study of resilience in female CSA survivors identified extra-familial support from friends and romantic partners as one of the factors associated with resilience. In addition, Powers, Ressler, and Bradley (2009), examined the associations between emotional support, child abuse and adult depression in a predominantly low-income minority population, found that support from friends, but not parents, remained significant after controlling for the effects of physical and emotional abuse. Collectively, these studies suggest that support from friends may be more beneficial for CSA survivors than support from parents. This makes intuitive sense, given that a parent or caregiver is frequently the perpetrator of the abuse. But none of these studies, or any other studies to our knowledge, have compared the effects of support from friends versus parents among CSA survivors who experienced abuse at the hands of someone other than a parent or caregiver. If the perpetrator is not a parent or caregiver but rather a friend, boyfriend, stranger, or some other non-parental figure, parental support might be equally beneficial for CSA survivors as for individuals with no CSA history – a possibility that has implications for treatment or prevention of depression in adult CSA survivors.

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