



Girls in residential care: From child maltreatment to trauma-related symptoms in emerging adulthood



Eveline van Vugt^{a,*}, Nadine Lanctôt^b, Geneviève Paquette^b,
Delphine Collin-Vézina^c, Annie Lemieux^b

^a University of Amsterdam, The Netherlands

^b University of Sherbrooke, Canada

^c McGill University, Canada

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ABSTRACT

The current study examined the association between child maltreatment and trauma-related symptoms in emerging adulthood – over and above the incidence of such symptoms and conduct problems during adolescence – among a sample of female adolescents in residential care. This study used data from a longitudinal study. The sample was composed of 89 adolescent females who were first interviewed at time of admission in a residential center ($M_{age} = 15.33$ years, $SD = 1.31$) and later in young adulthood ($M_{age} = 19.27$, $SD = 1.55$). At time 1, trauma-related symptoms were assessed with the Trauma Symptom Checklist for Children and conduct problems with a composite measure. At time 2, child maltreatment was assessed retrospectively with the Childhood Trauma Questionnaire, and trauma-related symptoms were reassessed with the Trauma Symptom Inventory-2. Results indicated that child maltreatment, especially emotional abuse and neglect, was related to anxious arousal, depression, and anger in emerging adulthood. This study showed that females from our sample often reported different types of maltreatment during childhood and that these traumatic experiences were significantly associated with poor adult psychological functioning.

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Introduction

The mental health problems of adolescents placed in residential care, whether under the jurisdiction of the child welfare system or the juvenile justice system, have long been ignored (Collin-Vézina, Coleman, Milne, Sell, & Daigneault, 2011; Vermeiren, Jespers, & Moffit, 2006). Studies have shown that only a small proportion of the adolescents in residential intervention centers receive standardized mental health evaluations or adequate mental health care (Kerker & Dore, 2006; Young, Dembo, & Henderson, 2007). Yet, rates of mental health problems are high among adolescents in residential care (Domalanta, Risser, Roberts, & Risser, 2003), especially in comparison to the rates reported in non-clinical samples (Cauffman, Feldman, Waterman, & Steiner, 1998; Dixon, Howie, & Starling, 2004; Fazel, Doll, & Langstrom, 2008).

Although the mental health of adolescents placed in residential care is a cause for concern in general, further attention to the mental health needs and problems of females appears particularly warranted. Indeed, females present higher levels of mental health problems than males (Connor, Doerfler, Toscano, Volungis, & Steingard, 2004; Fazel et al., 2008). For instance, more than 75% of females within the juvenile justice system meet diagnostic criteria for at least one mental disorder, in

* Corresponding author at: Department of Forensic Child and Youth Care Sciences, University of Amsterdam, Nieuwe Prinsengracht 130, 1018 VZ Amsterdam, The Netherlands.

comparison to 65% in males (Russel & Marston, 2010; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002). Comorbidity is the rule rather than the exception, with more than 50% suffering from three or more disorders (Dixon et al., 2004; Russel & Marston, 2010). The most common disorders reported among females are conduct disorders and major depression, with prevalence rates of 52% and 29%, respectively (Fazel et al., 2008). Other frequently reported mental disorders among juvenile justice-involved females include posttraumatic stress and anxiety disorder, although lifetime prevalence rates vary considerably among studies (Abram et al., 2004; Cauffman et al., 1998; Dixon et al., 2004; Domalanta et al., 2003; Kolko et al., 2010; Lederman, Dakof, Larrea, & Li, 2004; Teplin et al., 2002).

One of the explanations for the high rates of mental health problems among female adolescents placed in residential care is the increased probability of exposure to child maltreatment. For example, it is now well-documented that over 50% of justice-involved females have a history of sexual abuse and are exposed to ongoing physical abuse and verbal abuse from family members (Belknap & Holsinger, 2006; Dixon et al., 2004; Hamerlynck et al., 2007). Collin-Vézina et al. (2011) made similar observations in her study, in which she found that 62% of a sample of female adolescents in a residential intervention center self-reported sexual abuse.

Studies have found direct associations between child maltreatment and mental health problems during adolescence (Kearney, Wechsler, Kaur, & Lemos-Miller, 2010; McGee, Wolfe, & Wilson, 1997) and adulthood (Brière & Runtz, 1990; Clemmons, Walsh, DeLillo, & Messman-Morre, 2007; Cohen, Brow, & Smales, 2001; Edwards, Holden, Felitti, & Anda, 2003; Fergusson, McLeod, Horwood, 2013; Gauthier, Stollak, Messé, & Aronoff, 1996; Higgins & McCabe, 2000; Jumper, 1995; Mullen, Martin, Anderson, Roman, & Herbison, 1996; Rodgers et al., 2004; Roesler & McKenzie, 1994). In view of these results, the mental health problems of young women in residential care with a history of child maltreatment could be conceived as trauma-related symptoms. As defined by Briere (1996), posttraumatic symptomatology includes the effects of child maltreatment and refers to a cluster of symptoms, such as anxiety, depression and anger, found in some traumatized children.

Insight into the association between maltreatment and mental health problems appears necessary considering the documented persistence of these problems into adulthood among female adolescents in residential care. Follow-up studies observed that, among formerly child welfare and justice-involved females, the transition from adolescence to adulthood was frequently affected by severe mental health problems. The studies reported that between 18% and 40% of the female adolescents in their samples had developed a personality disorder by the time they reached adulthood (Krabbendam et al., 2013; Van der Molen et al., 2013; Washburn et al., 2007). For example, between one fifth and one third of these female adolescents met diagnostic criteria for depression, PTSD, and substance abuse disorder in young adulthood (Van der Molen et al., 2013). Consequently, young women previously in residential care often become heavy users of mental health services during adulthood (Bloom & Covington, 1998; Bright & Jonson-Reid, 2010). In a study by Corneau and Lanctôt (2004), one third of the female adolescents court-mandated into residential care because of conduct problems had consulted a psychologist or a psychiatrist between age 18 and 25.

In an attempt to understand the relation between child maltreatment and mental health problems among young women in residential care, however, one must also acknowledge that this clientele often presents with severe conduct problems (Fazel et al., 2008). Involvement in conduct problems places young women at greater risk for a variety of mental health problems in adolescence and during the transition into adulthood. For instance, Paquette, Pauzé, and Joly (2006) found that female adolescents with conduct problems receiving child protection services were more likely to be diagnosed with depression and to report suicide ideation and previous suicide attempts than male adolescents. Even in adulthood, mental health problems are more common and more severe among young women placed for conduct problems compared to their male counterparts and the general population (Lanctôt, 2005; Lanctôt, Cernkovich, & Giordano, 2007).

Purpose of the study

Our study sought to better understand the associations between child abuse and neglect, conduct problems, and trauma-related symptoms among young women formerly in residential care. The relevance of this objective is first justified by the fact that studies conducted with adolescents placed in residential intervention settings tend to focus on a myriad of behavioral and emotional problems and do not address trauma as a contributing factor to these problems (Collin-Vézina et al., 2011). In addition, the majority of studies examining the relation between child maltreatment and mental health problems were conducted with community or low-risk samples. Therefore, the findings might not apply to female adolescents in care, a group known for both high prevalence rates of child maltreatment and mental health problems. Finally, the actual state of knowledge does not provide a clear understanding of the relations between different forms of child maltreatment and trauma-related symptoms (a notable exception is a study by McGee et al., 1997), which, in a sample of adolescent females assigned to child protection services, found that among different forms of child maltreatment, psychological maltreatment uniquely contributed to the prediction of self-reported internalizing and externalizing (McGee et al., 1997).

Therefore, the objectives of the current study are (a) to establish the incidence of different forms of child maltreatment among female adolescents in care; (b) to assess the strength of the association between self-reported child maltreatment and trauma-related symptoms in emerging adulthood (including depression, anxiety, dissociation, sexual disturbance, and anger), while controlling for the incidence of such symptoms and of conduct problems during adolescence; (c) to specify

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