



The role of trauma symptoms in the development of behavioral problems in maltreated preschoolers[☆]

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ABSTRACT

Objective: This study assessed the mediating role of trauma symptoms in the relation between child maltreatment and behavioral problems. It is based on the postulate that child maltreatment is a severe form of chronic relational trauma that has damaging consequences on the development of children's behavioral regulation.

Method: Participants were 34 maltreated and 64 non-maltreated children (mean age = 60 months; range: 46 to 72 months), all from economically disadvantaged families. Maltreated children were recruited from the Child Protection Agencies. Behavioral problems and trauma symptoms were evaluated by the preschool teacher with the Internalizing and the Externalizing scales of the Child Behavior Checklist—Teacher Report Form (CBCL-TRF) and the posttraumatic stress score of the Trauma Symptoms Checklist for Young Children respectively (TSCYC).

Results: Baron and Kenny's mediational procedure was conducted using structural equation modeling. Mediation analyses revealed that trauma symptoms fully mediated the association between maltreatment and both internalizing and externalizing behaviors.

Conclusions: Results were consistent with the literature on developmental trauma research and provide empirical support to the idea that trauma-related symptoms resulting from early maltreatment may constitute a mechanism in the development of psychosocial problems in preschoolers.

Practice implications: These findings underline the importance of understanding psychosocial maladjustment of maltreated children not only from the perspective of problematic behavior, but also by taking into account the traumatic reactions that might develop in response to chronic and intense stress associated with abuse and neglect.

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Introduction

Several studies have shown that maltreated children present more internalizing and externalizing problems than non-maltreated ones (Hildyard & Wolfe, 2002; Kim & Cicchetti, 2003; Manly, Kim, Rogosch, & Cicchetti, 2001; Shonk & Cicchetti, 2001; Toth, Cicchetti, Macfie, Rogosch, & Maughan, 2000). They also are at greater risk of having depressive symptoms (Cerezo-Jimenez & Frias, 1994; Toth, Manly, & Cicchetti, 1992), displaying aggressive behaviors (Hoffman-Plotkin & Twentyman, 1984; Johnson et al., 2002), showing signs of anger and frustration, disobeying (Egeland, Sroufe, & Erickson,

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1983) and demonstrating poor social skills (Darwish, Esquivel, Houtz, & Alfonso, 2001; Shields & Cicchetti, 2001). These problem behaviors can develop as early as the preschool-age (Darwish et al., 2001; Manly et al., 2001) and remain stable overtime in a certain proportion of children (Campbell, 1995).

Behavior and emotion regulation is an important aspect of psychosocial adjustment during the preschool period: children with behavioral problems are at greater risk of rejection by their peers and of being socially withdrawn (Bierman, 2004). Identifying the processes which underlie the development of internalizing and externalizing behavior problems in maltreated preschoolers is essential for both prevention of such problems and early identification of children at risk of psychosocial maladjustment. For the past 15 years, several studies conducted within the contemporary fields of pedopsychiatry, developmental psychopathology, and developmental traumatology have underlined the importance of the traumatic stress model as a useful conceptual framework to better understand psychosocial problems associated with experiences of maltreatment (Cook et al., 2005; De Bellis, 2001, 2005; Herman, 1992; Perry, 2008; Schore, 2001; van der Kolk, 2005). These studies are based on the postulate that maltreatment is a severe form of chronic interpersonal trauma which has multiple consequences on the development of emotional and behavioral self-regulation in children. In the present study, we use the traumatic stress model to examine the mechanisms associated with the development of behavioral problems in maltreated preschoolers.

Child maltreatment and trauma

Child maltreatment can be considered as a chronic interpersonal trauma, to which the child is exposed on a daily basis within the context of the caregiver-child relationship (De Bellis, 2001; Perry, 2008; van der Kolk, 2005). Maltreatment experiences create a double prejudice for it leaves children with little possibility of attaining affective security, because the parent—as a caregiver—is often both the source of alarm and the one providing comfort (Lyons-Ruth, Bronfman, & Atwood, 1999; Main & Hesse, 1990). This apparent irresolvable paradox may lead to attachment disorganization as suggested by the very high proportion of children classified as disorganized-disoriented in maltreated samples (Cicchetti, Rogosch, & Toth, 2006; van Ijzendoorn, Schuengel, & Bakermans-Kranenburg, 1999). Children's capacity to adequately cope with stress depends largely on the nature of the stress and on the attachment figure's capacity to diminish or counter the effects linked to the stressor (Lyons-Ruth et al., 1999). Therefore, in addition to creating a state of stress in the child, maltreating parents fail to modulate/attenuate the stressor and they cannot provide the child with the necessary support to face and cope with the stress. Thus, maltreated children often do not have access to parental support to regulate and manage their stress, which places them at risk of experiencing severe and chronic states of stress that can have negative consequences on children's functioning (Schore, 2001). Whereas a single traumatic event—an accident or a natural disaster—can lead to a conditioning of physiological and behavioral responses linked to the event, chronic experiences of abuse and neglect might have a more deleterious effect on the development of emotional and behavioral self-regulation skills. According to Terr (1991), such traumatic experiences could result in “Type II trauma” which includes difficulties regulating emotional reactions, rage, dissociation, somatization, changes in perception of self and others, and changes in understanding and interpreting events. Within this perspective, consequences linked to maltreatment-related trauma would therefore be numerous and varied and would extend beyond the usual manifestations of re-experiencing, avoidance and hyper arousal symptoms that define the diagnosis of posttraumatic stress disorder (PTSD; DSM-IV; American Psychiatric Association, 1994). Consequences of chronic interpersonal trauma would permeate all spheres of child development: biological, psychological, behavioral, relational, social, cognitive, and self. This has led several authors to propose the expression “complex trauma” (Briere & Spinazzola, 2005; Cook et al., 2005; Herman, 1992) to describe the developmental consequences associated with chronic interpersonal trauma.

The notion of complex trauma provides a conceptual framework most relevant in the study of psychosocial problems associated with maltreatment-related trauma in children. However, despite its increasing popularity, few empirical studies have been conducted to clarify the interrelations among the numerous emotional, perceptual, cognitive and behavioral problems that characterize the complex trauma. Adopting a complex trauma framework, this study proposes that symptoms of re-experiencing, avoidance and hyper arousal which usually define PTSD might be involved in the development of behavioral problems in maltreated children. A common characteristic of these three trauma-related symptoms comes from the fact that they originate in situations of fear or intense stress. Because child abuse and neglect constitute a direct threat to physical and psychological integrity, these experiences are particularly conducive conditions for creating feelings of fear, horror or intense stress in children. Being assaulted, left alone or not having access to an available parent causes a feeling of intense stress, fear of abandonment or even a feeling of helplessness in children, which can be a very traumatic experience. Many studies have in fact shown that child neglect, as well as physical and sexual abuse, are associated with increased risk of developing PTSD in childhood, adolescence and adulthood (Adam, Everett, & O'Neal, 1992; Kendall-Tackett, Williams, & Finkelhor, 1993; Merry & Andrews, 1994; Runyon, Faust, & Orvaschel, 2002; Sullivan, Fehon, Andres-Hyman, Lipschitz, & Grilo, 2006; Widom, 1999). Symptoms of re-experiencing, avoidance and hyper arousal are indicators that children are still in stress mode and that an important part of their psychological resources are directed towards survival. Therefore the presence of such symptoms, especially in young children, might interfere with the development of emotional and behavioral regulatory processes.

This position is in line with the results of many published studies in the field of developmental traumatology which have observed a link between chronic exposure to stress, alterations of stress response systems and behavioral dysregulation (De

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