



Parent-to-child physical aggression, neighborhood cohesion, and development of children's internalizing and externalizing



Elizabeth M. Riina^{a,*}, Anne Martin^b, Jeanne Brooks-Gunn^b

^a Queens College, CUNY, United States

^b Teachers College, Columbia University, United States

ARTICLE INFO

Article history:

Received 19 July 2013

Received in revised form 14 April 2014

Accepted 30 April 2014

Available online 8 November 2014

Keywords:

Parent–child physical aggression

Internalizing

Externalizing

Developmental trajectories

Neighborhood cohesion

ABSTRACT

Taking a risk and resilience approach, this study examined (1) whether child age moderates the association between exposure to parent–child physical aggression (PCPA) and initial levels and growth in internalizing and externalizing problems, and (2) whether neighborhood social cohesion is a protective factor for children who experience PCPA. Data came from 2810 caregivers of children aged 3–15 who participated in the Project on Human Development in Chicago Neighborhoods (PHDCN). Multilevel growth models showed that age moderated PCPA's association with internalizing problems, such that the association was stronger in older children than in younger children. Age also moderated PCPA's association with externalizing problems, such that the association was stronger in younger children than in older children. Neighborhood cohesion partially attenuated the association between PCPA and internalizing but only for older children; living in a neighborhood characterized by high cohesion mitigated levels of internalizing for maltreated children aged 11 years and older.

© 2014 Published by Elsevier Inc.

Parent–child physical aggression (PCPA) is defined by physical acts towards children, and can range in severity from slapping or spanking to beating, burning, and scalding (Straus, 1990; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). Even relatively mild aggression from parent to child can have serious implications for child development (Gershoff, 2002). Indeed, children who experience forms of physical maltreatment are at risk for internalizing problems, including heightened anxiety and depression (Jaffee & Maikovich-Fong, 2011; Kaplow & Widom, 2007; Keiley, Howe, Dodge, Bates, & Pettit, 2001; Kim & Cicchetti, 2010; Li & Godinet, 2014; Mahoney, Donnelly, Boxer, & Lewis, 2003; Petrenko, Friend, Garrido, Taussig, & Culhane, 2012) as well as externalizing problems, such as aggression, delinquency, and violence perpetration (Egeland, Yates, Appleyard, & Van Dulmen, 2002; Herrenkohl, Tajima, Whitney, & Huang, 2005; Keiley et al., 2001; Kim, Cicchetti, Rogosch, & Manly, 2009; Li & Godinet, 2014; Mahoney et al., 2003; Manly, Kim, Rogosch, & Cicchetti, 2001; Schwartz, Dodge, Pettit, & Bates, 1997; Villodas et al., 2012). Although associations between PCPA and child maladjustment are well documented, individual differences in the development of maltreated children are less well understood (Cicchetti, 2013; Luthar, Cicchetti, & Becker, 2000; McGloin & Widom, 2001; Oshri, Rogosch, Burnette, & Cicchetti, 2011). Research

on the development of internalizing and externalizing behaviors from early childhood through adolescence is needed to shed light on variability in the adjustment of children who experience PCPA.

A risk and resilience perspective directs attention to vulnerability factors and protective factors that alter the strength and direction of associations between risks like PCPA and child adjustment, and may help to explain individual differences in children's development. Vulnerability factors are predisposing characteristics that amplify the impact of risks like PCPA for development outcomes such as adjustment. Research on normative development throughout childhood and adolescence indicates that children demonstrate more externalizing problems at younger versus older ages (Bongers, Koot, Van der Ende, & Verhulst, 2003; Bongers, Koot, Van Der Ende, & Verhulst, 2004; Lahey et al., 2000; Miner & Clark-Stewart, 2008; Robbers et al., 2010; Stanger, Achenbach, & Verhulst, 1997; Tremblay, 2000). Conversely, children demonstrate more internalizing problems at older versus younger ages (Bongers et al., 2003; Garber, Keiley, & Martin, 2002; Reynolds, Sander, & Irvin, 2010; Turner & Cole, 1994; Twenge & Nolen-Hoeksema, 2002; Verhulst, Van der Ende, & Koot, 1996). Although both externalizing and internalizing problems are a common response to PCPA, they may not be equally likely to emerge at all ages. Extending a risk and resilience approach to children who experience PCPA, the first goal of this study was to examine whether child age moderates the association between maltreatment and initial levels and growth of internalizing and externalizing problems. Specifically, we hypothesized that, among children who experience PCPA, younger age would enhance

* Corresponding author at: Queens College, CUNY, Department of Family, Nutrition, and Exercise Sciences, 65-30 Kissena Blvd, Flushing, NY 11367, United States. Tel.: +1 718 570 0466.

E-mail address: e.riina@qc.cuny.edu (E.M. Riina).

children's vulnerability to externalizing problems, whereas older age would enhance children's vulnerability to internalizing problems.

Protective factors buffer individuals from the negative effects of risks like PCPA. Maltreating parents may lack the responsiveness and predictability that allow children to perceive parents as a source of trust and emotional security. Ample evidence links the absence of a secure relationship with parents to both internalizing and externalizing problems (Brenning, Soenens, Braet, & Bal, 2012; Cummings, George, Koss, & Davies, 2013; Fearon, Bakermans-Kranenburg, Van IJzendoorn, Lapsley, & Roisman, 2010; Groh, Roisman, van IJzendoorn, Bakermans-Kranenburg, & Fearon, 2012). Accordingly, victims of PCPA may benefit from supportive relationships in social contexts outside of the family, such as neighborhoods. Neighborhood social cohesion, defined by high mutual trust and close-knit ties among neighbors (Sampson, Raudenbush, & Earls, 1997), has been identified as a protective factor for children who experience neighborhood violence and other forms of neighborhood-level risk. Taking a multilevel approach, the second goal of this study is to investigate whether neighborhood social cohesion, a source of extrafamilial social support, mitigates the effects of PCPA on children's internalizing and externalizing problems. To address these aims, we drew on a multilevel, longitudinal dataset that captures maltreated and non-maltreated children's internalizing and externalizing problems over time across a wide range of child ages and neighborhood contexts.

PCPA and child adjustment

Much of the literature on child maltreatment suggests that PCPA disrupts secure parent–child attachment by threatening sensitive and responsive caregiving (Cicchetti & Barnett, 1991; Cicchetti, Rogosch, & Toth, 2006). Indeed, PCPA violates children's perception of the family context as a safe environment, and fosters the perception that parents are physically and emotionally unavailable (Davies & Cummings, 1994). Thus, children who are maltreated by their parents may be unable to rely on them to provide support and emotional security. Without trusting and secure parental relationships, children subjected to PCPA are at risk of poor self-regulation of negative emotions and impulsive behaviors, which in turn increases their likelihood of experiencing internalizing and externalizing problems (Ainsworth, Blehar, Waters, & Wall, 1978; Sroufe, 1979). For example, compared to non-maltreated children, those who experience PCPA are more likely to perceive parents as emotionally unavailable, which is related to low self-esteem, depression, and anxiety (Alink, Cicchetti, Kim, & Rogosch, 2009; Hankin, 2005; Kim & Cicchetti, 2010; Kim-Spoon, Cicchetti, & Rogosch, 2013; Robinson et al., 2009). Dysregulated emotions and behaviors can also contribute to aggression and delinquency among maltreated children (Alink et al., 2009; Kim & Cicchetti, 2010; Maughan & Cicchetti, 2002).

Past studies suggest the age at which children experience PCPA may help determine the nature of their emotional and behavioral response. In general, children who experience physical maltreatment show heightened levels of adjustment problems compared to their non-maltreated counterparts (Bolger & Patterson, 2001; Keiley et al., 2001; Kim et al., 2009; Manly et al., 2001). However, there is some indication that early experiences of PCPA may evoke externalizing but not internalizing problems. For instance, Manly et al. (2001) found that pre-school-aged children who were physically abused demonstrated heightened externalizing, but not internalizing, problems relative to their non-maltreated peers. Further, Keiley et al. (2001) found that PCPA that began before age 5 was associated with a slower decrease in externalizing problems compared to abuse that began between ages 6 and 9. Several other studies also document links between physical maltreatment and conduct problems and aggression in the pre-school and early childhood years (Cicchetti & Lynch, 1997; Cicchetti & Rogosch, 2001; Herrenkohl & Russo, 2001; Pears, Kim, & Fisher, 2008), but there is a lack of corresponding evidence on links with internalizing problems.

In contrast, physical maltreatment in later childhood and adolescence is associated with both externalizing problems (Alink et al., 2009; Kim & Cicchetti, 2010; Mahoney et al., 2003; Petrenko et al., 2012; Shields & Cicchetti, 1998) and internalizing problems (Alink et al., 2009; Kim & Cicchetti, 2010; Mahoney et al., 2003; Petrenko et al., 2012; Thompson et al., 2012). This suggests the possibility that as children age, they may remain vulnerable to externalizing problems, but also become increasingly vulnerable to internalizing problems. In support of this, in a recent study, Li and Godinet (2014) found that internalizing symptoms associated with repeated maltreatment grew more steeply with age. Otherwise, however, this proposition has received relatively little attention in the literature to date. One reason may be that few data sets include data on recent PCPA among both young children and adolescents. Several studies have compared the short-term effects of late abuse to the long-term effects of early abuse, but such study designs lack the needed data to evaluate the current hypothesis. For example, Thornberry, Ireland, and Smith (2001) found that internalizing symptoms during adolescence were similar across children whose abuse occurred during early, middle, and late childhood; however, this study did not measure internalizing symptoms during early and middle childhood. Similarly, in a longitudinal study of court-substantiated cases of abuse or neglect, Kaplow and Widom (2007) found that a later (versus earlier) age of onset predicted higher odds of antisocial behavior but not anxiety or depression in adulthood; however, outcomes were not measured in childhood and adolescence.

Child age and the development of internalizing and externalizing problems

Studies of normative development show that the prevalence of internalizing and externalizing problems varies markedly across childhood and adolescence, although the two types of maladjustment follow different patterns. Externalizing behaviors typically peak at ages 2–3 and decline thereafter, whereas internalizing behaviors are typically stable in childhood and increase beginning in the adolescent transition (Bongers et al., 2003, 2004; Garber et al., 2002; Lahey et al., 2000; Miner & Clark-Stewart, 2008; Reynolds et al., 2010; Robbers et al., 2010; Stanger et al., 1997; Tremblay, 2000; Twenge & Nolen-Hoeksema, 2002). Past research suggests that externalizing problems such as aggression are typically used by pre-school aged children to solve problems; with the development of cognitive and self-regulation abilities, externalizing problems tend to diminish with age (Coie & Dodge, 1998). Increases in internalizing problems over time are thought to be due to cognitive maturity, which allows children to self-reflect, and to anticipate negative events (Kovacs & Devlin, 1998). These patterns of differential vulnerability by age suggest the possibility that a risk to adjustment such as PCPA may have consequences for adjustment that are conditional on child age. That is, PCPA may be differentially associated with the type of problem (internalizing or externalizing) to which children are more vulnerable at each age. Among younger children who are more apt to experience externalizing than internalizing (e.g., Bongers et al., 2003, 2004), PCPA may confer a stronger risk for externalizing problems. Among older children, who are more prone to experience internalizing than externalizing problems (e.g., Bongers et al., 2003), PCPA may confer a stronger risk for internalizing problems. Thus, among children exposed to PCPA, younger age may be a vulnerability factor for externalizing problems, whereas older age may be a vulnerability factor for internalizing problems.

The present study allowed for the test of age as a vulnerability factor that exacerbates the risk of PCPA on certain types of adjustment problems, as the sample included children observed at ages 3 to 15 years. We capitalized on an accelerated cohort design, in which children in multiple cohorts (aged 3, 6, or 9 years) were assessed three times over a six-year span. We hypothesized that PCPA would have its strongest association with externalizing in early childhood, the period during which these behaviors are most likely to be expressed. Similarly, we expected that PCPA would have its strongest association with internalizing

Download English Version:

<https://daneshyari.com/en/article/359652>

Download Persian Version:

<https://daneshyari.com/article/359652>

[Daneshyari.com](https://daneshyari.com)