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Research article

Psychological maltreatment, coping strategies, and mental health problems: A brief and effective measure of psychological maltreatment in adolescents

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ABSTRACT

Psychological maltreatment is an important social and public health problem and associated with a wide range of short and long-term outcomes in childhood to adulthood. Given the importance of investigating mitigating factors on its effect, the purpose of the present study is to investigate the mediating effect of active and avoidant coping strategies on the association between psychological maltreatment and mental health– internalizing and externalizing– problems in adolescents. Participants of the study consisted of 783 adolescents, ranging in age from 14 to 18 years ($M = 15.57$, $SD = 0.88$), with 52.9% female and 47.1% male. Several structural equation models were conducted to investigate the mediating role of coping strategies on the effect of psychological maltreatment on adolescents' internalizing and externalizing problems. Findings from mediation analyses demonstrated the mediating effect of active and avoidant coping strategies on the association between psychological maltreatment and mental health problems. The outcomes support adolescents use more avoidant coping strategies and fewer active coping strategies in the face of psychological maltreatment experiences, and this affects their mental health. Taken together, these results should contribute to the design of prevention and intervention services in order to promote mental health.

Although psychological maltreatment, one of the most common forms of child maltreatment, includes a wide range of short and long-term outcomes in childhood to adulthood (Glaser, 2011; Miller-Perrin & Perrin 2007), studies generally have been focused on physical and sexual abuse (Feiring & Zielinski, 2011), and psychological maltreatment has been ignored. Psychological maltreatment, which includes both omission and commission behaviors (Glaser, 2011), is a repeated pattern of acts that expresses to children that they are unwanted, worthless, unloved, or only of value in meeting another's needs that causes lasting damage to their development and wellbeing (Brassard, Hart, & Hardy, 1991). It is a central issue in all forms of child maltreatment experiences (Miller-Perrin & Perrin, 2007). Glaser (2002) contends that psychological maltreatment is a potentially harmful interaction between children and parents that causes impairment to the children's health and development and does not require physical contact. Many longitudinal research studies have revealed the effects of psychological maltreatment on individuals' development and wellbeing and reported that psychologically maltreated individuals have more cognitive, emotional, and behavioral difficulties compared to non-maltreated individuals (e.g., Erickson, Egeland, & Pianta, 1989; Gross & Keller, 1992; McPhie, Weiss, & Wekerle, 2014; Paul & Eckenrode, 2015; Silverman, Reinherz, & Giaconia, 1996). Miller-Perrin and Perrin (2007), for example, described the long-term challenges of psychological maltreatment and reported that it leads to various outcomes, such as aggression, anxiety, depression, disruptive behaviors,

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conduct disorder, and hyperactivity in children and adolescents. A study by Arslan (2016) reported the significant predictive effect of psychological maltreatment on emotional and behavioral problems, including anxiety, depression, tobacco use, and suicidal tendency. Moreover, compared with other types of maltreatment, research has demonstrated the unique predictive role of psychological maltreatment for mental health problems, including depression and anxiety (Brown, Fite, Stone, & Bortolato, 2016). For example, Gross and Keller (1992) reported psychological maltreatment to be a more powerful predictor of low self-esteem, depression, and attributional style than physical maltreatment. Leeson and Nixon (2011) stated the significant role of psychological maltreatment in the development of externalizing and internalizing mental health problems in adolescents, and their findings indicated that psychological maltreatment is strongly associated with these outcomes even after controlling for other types of maltreatment. Taken together, the literature suggests that psychological maltreatment is strongly associated with a variety of short-term and long-term outcomes and may lead to many internalizing and externalizing mental health problems in adolescents.

1. Psychological maltreatment and coping strategies

Psychological maltreatment includes harmful experiences that may influence the development of youths' coping skills. Coping strategies are defined as individuals' cognitive and behavioral efforts to manage their external and internal demands of stressful events (Lazarus & Folkman, 1984), and they consist of three major types: problem-focused, emotion-focused, and avoidant coping strategies (see Endler & Parker, 1990; Litman, 2006). Problem-focused coping strategies, generally task-oriented, directly function to manage or alter the stressful event (e.g., *defining the problem, generating alternative solutions*), whereas emotion-focused coping strategies, commonly person-oriented, attempt to regulate or manage the emotional states, and their purpose is generally to reduce the stress (Endler & Parker, 1990; Lazarus & Folkman, 1984). In addition, avoidant coping refers to activities and cognitive changes purposed at avoiding the stressful event, including person-oriented or task-oriented strategies (e.g., *denial, substance use*; Endler & Parker, 1990). Developmentally, individuals learn to cope with stressful events from a young age (Compas, Banez, Malcarne, & Worsham, 1991). Particularly, the quality of child–parent relationships has a critical role in the development of basic coping skills and problem-solving strategies (Lerner, Rothbaum, Boulos, & Castellino, 2002). However, the relationships between psychologically maltreated children and their parents are negative in nature. They can be hostile, dismissive, critical, or indifferent, and they are generally unfriendly and lacking warmth, security, and a sense of belonging (Iwaniec, 2006). Therefore, this harmful experience can result in serious effects on the development of children's coping strategies. Several studies, commonly focused on sexual abuse, have indicated that maltreated individuals use more avoidant coping and fewer active or problem-focused coping strategies than non-maltreated individuals (e.g., Bal, Oost, De Bourdeaudhuij, & Crombez, 2003; Runtz & Schallow, 1997; Sabina & Tindale, 2008). For example, Hager and Runtz (2012) reported the predictive effect of child maltreatment (e.g. psychological maltreatment and physical maltreatment) on emotional–focused coping strategies. In a related study by Kraaij et al. (2003) found the importance of cognitive coping strategies in determining whether youths develop psychological problems after the stressful life events, including abuse experiences. In particular, sexual and physical maltreatment were commonly reported significant predictors of avoidant coping and active coping strategies (Runtz & Schallow, 1997). Given the research supporting the association between maltreatment experiences and coping strategies, it can be expected that adolescents would use more avoidant and fewer active strategies when coping with psychological maltreatment experiences.

1.1. Coping strategies and youths' Mental health

The literature demonstrates the effects of coping strategies on youths' mental health and wellbeing, and it has revealed that active coping strategies are associated with better mental health and wellbeing, whereas the use of avoidant coping is related to various undesirable outcomes (Flett, Druckman, Hewitt, & Wekerle, 2012; Kraaij et al., 2003; Runtz & Schallow, 1997; Tremblay, Hébert, & Piché, 1999). Individuals use a variety of coping strategies in order to reduce or manage the physical, psychological, or social harm of stressors (Lazarus & Folkman, 1984), and adaptive coping strategies—active or problem-focused—are considered a significant component of resilience in the face of negative life events (Carroll, 2013). In this respect, adaptive coping strategies protect youths' mental health and wellbeing, while maladaptive strategies—avoidant coping—generally make things worse. That is, they negatively affect youths' healthy development and may result in various mental health problems (Nater, 2013). For example, Guerra, Pereda, Guilera, and Abad (2016) found that maladaptive coping strategies were significant predictors of internalizing symptoms, and these coping strategies had a partial mediation effect on the association between polyvictimization and internalizing mental health problems. Dumont and Provost (1999) stated the protective role of problem-focused coping strategies and reported that resilient adolescents used more problem-solving coping strategies than non–resilient adolescents. They also found a strong association between avoidant coping and stress and stated that adolescents who use avoidant coping strategies are not efficient in protecting their mental health and wellbeing against stressful life events. Likewise, several longitudinal studies have supported the association between avoidant coping strategies and youths' mental health problems (Seiffge-Krenke, 2000; Seiffge–Krenke & Klessinger, 2000), while adaptive coping strategies have been shown to reduce the negative effects of stress on adolescents' development and wellbeing (Herman-Stabl, Stemmler, & Petersen, 1995). Moreover, many other studies have indicated the mediation effects of coping strategies on individuals' mental health and wellbeing in the context of such maltreatment experiences, particularly sexual abuse (Bal et al., 2003; Fortier et al., 2009; Shapiro & Levendosky, 1999). Consequently, the literature