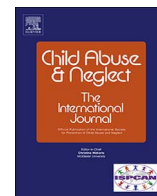


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## Research article

# The joint impact of parental psychological neglect and peer isolation on adolescents' depression

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## ABSTRACT

Adolescents receive psychological or emotional care from both parents and peers, which is crucial for mental health at this stage. Little research has been undertaken to evaluate the experience and consequences of caregiver psychological neglect during adolescence. Less is known about the unique and combined impacts of neglectful experiences with parents and peers. The purpose of this study was to evaluate the relationship between exposure to caregiver psychological neglect and isolation from peers with depression for a population of at-risk adolescents. A sample of 2776 adolescents who represent a cohort population of adolescents in contact with Child Protective Services in the U.S. was studied. Data come from the National Survey of Child and Adolescent Well-being (NSCAW) and are pooled across four waves representing seven years duration. Structural equation modeling with latent variables was used to estimate within-time associations. A two-stage-least squares path model was used to determine within-time reciprocal effects between depression and neglectful experiences. Adolescents who are emotionally neglected by their primary caregivers and are isolated from peers have substantially increased depression, a combined standardized effect of 0.78–0.91. Isolation from peers is more impactful for depression compared to psychological neglect by caregivers. The effects of deficits in these two primary sources of emotional support explain 40 percent of the variation in depression. The relationships between depression and peer isolation and depression and psychological neglect are reciprocal, but the primary direction of effect is from neglectful experiences to depression.

## 1. Introduction

Primary caregivers and peers are two principal sources of emotional support and care for adolescents. The quality of psychological care provided in these social relationships is likely to have large impact on mental health for adolescents (Helsen, Vollebergh, & Meeus, 2000). One of the major findings in the area of child and adolescent development has been that children whose parents are warm and involved while at the same time firm and consistent with rules and boundaries fare better across a host of outcomes, including mental health (Steinberg, 2001). Social rejection or isolation and the absence of social support are experiences of psychosocial neglect that are prevalent in mental health theory and research. For example, most major theories of suicide point to social integration or social support as protective and social isolation as risky for suicide and related mood disorders (King & Merchant, 2008). In basic research, animal models utilizing social versus individual housing show that for many species “social isolation is a profound psychological stressor” resulting in depressive, anxious, and aggressive behaviors (Karelina & DeVries, 2011; p.73). Studies

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have found that social interaction moderates neurological damage, inflammation, and corticosteroid secretion, all very influential in disease progression (Karelina & DeVries). Therefore, neglectful experiences, though perhaps not labeled as such, are studied across a range of perspectives with cumulative evidence that these experiences are deleterious.

A large body of research has found evidence for the short- and long-term detrimental impact in emotional and cognitive outcomes, including depression, of child abuse victimization—especially caregiver physical abuse (Kaplan, Pelcovitz, & Labruna, 1999; Lindert et al., 2014), and of peer aggression or bullying (Hawker & Boulton, 2000; Reijntjes et al., 2010). However, even given the dominance of psychosocial neglect in theories of mental health, relatively less is known about how neglect experiences with parents and peers affect mental health for adolescents (Yates & Wekerle, 2009). The purpose of this study was to assess the relative and combined impact of both caregiver psychological neglect and peer isolation as potential major risk factors for depression for a population of adolescents at risk for maltreatment.

Average onset of depression and other mood disorders occurs in adulthood (age 25–45), but depression onset begins as early as late middle childhood (Ge, Lorenz, Conger, Elder, & Simons, 1994) and earlier onset of depression is related to lifetime risk (Kessler et al., 2007). Psychosocial neglectful experiences in adolescence are likely more impactful than in adulthood for depression. For example, social ostracism has been found to have larger effects on mood and anxiety disorders for female adolescents compared to female adults indicating hypersensitivity to social rejection during adolescence (Sebastian, Viding, Williams, & Blakemore, 2010). Experiencing depression in adolescence affects development in cognitive, social, and educational domains and impacts adulthood well-being, including continuing affective disorders or symptoms and poor physical health (Jonsson et al., 2011; Keenan-Miller et al., 2007; Naicker, Galambos, Zeng, Senthilselvan, & Colman, 2013). Therefore, it is important to understand the social environments that result in increased depression among adolescents.

### 1.1. Caregiver psychological neglect

Maltreated children usually experience multiple types of maltreatment (Herrenkohl & Herrenkohl, 2009), and among them neglect is the most common type (Mennen, Kim, Sang, & Trickett, 2010). Neglect is defined as an omission of care such that a child's needs are not being met by primary caregivers resulting in potential or actual harm. Children who are victims of general caregiver neglect experience significant cognitive, emotional, and behavioral difficulties as they grow up (National Scientific Council on the Developing Child, 2012). But, neglect is a heterogeneous concept that presents in several forms or subtypes, such as physical, psychological/emotional, and supervisory (Dubowitz, Black, Starr, & Zuravin, 1993). The psychological neglect domain of child maltreatment refers to the lack of psychological caregiving on the part of primary caregivers, typically parents. Psychological neglect is represented by inadequate affection, nurturance, and support. This specific form of maltreatment may be the least studied of all recognized maltreatment types.

Several studies have linked parental psychological maltreatment to child psychopathology (e.g., English, Thompson, White, & Wilson, 2015; Paul & Eckenrode, 2015; Shaffer et al., 2009). For example, Paul and Eckenrode (2015) recently found that controlling for multiple types of child maltreatment, emotional abuse in the form of degradation and isolation was the only form of maltreatment contributing to depressive symptoms. Liu, Alloy, Abramson, Iacoviello, and Whitehouse (2009) found that emotional maltreatment from authority figures and peers each impacted prospective depression episodes among young adults. However, in these studies emotional abuse or combined emotional maltreatment (abuse and neglect) were evaluated. Few studies have examined psychological neglect in adolescence, specifically, and its effects on adolescent well-being (Yates & Wekerle, 2009). One study did find that adolescents who report their parents as emotionally neglectful at age 11 had a higher risk of developing depressive and conduct problem symptoms at age 15 (Young, Lennie, & Minnis, 2011). Also, Wright, Crawford, and Del Castillo (2009) found that retrospective reports of child sex abuse, emotional neglect, and emotional abuse each uniquely increased anxiety and depression among college students after controlling for physical abuse and neglect, neither of which had an effect. In their model, emotional neglect explained 34% of the variance in the anxiety/depression outcome.

The limited amount of research undertaken on psychological or emotion neglect, specifically, as a form of maltreatment is in part due to a lack of consensus on the definition and measurement of this form of neglect (Kaplan et al., 1999). Many of the existing measures of psychological or emotional neglect are limited in that they are dichotomized and do not reflect severity and/or they are retrospective reports made in adulthood (Christ, Kwak, & Lu, 2016). However, psychological neglect seems to be increasing in incidence and/or recognition by stakeholders in children's well-being. For example, the most recent National Incidence Study reports that significant decreases in the incidence of all categories of child abuse occurred in the U.S. between 1993 and 2005–2006, while the incidence of emotional neglect more than doubled in the same time period (Sedlak et al., 2010).

### 1.2. Peer victimization

Both relationships with parents and peers can provide adolescents with affection and intimacy (Furman & Buhrmester, 1985). Children who are rejected (nominated by others as least liked) or with fewer reciprocal best friend nominations by peers were found more likely to be lonely, but only lack of or fewer friendship nominations (peer isolation) were related to depression (Pedersen, Vitaro, Barker, & Borge, 2007). And for a sample of pre-adolescent boys, peer rejection was related to antisocial behaviors (Trentacosta & Shaw, 2009). Having multiple types of victimizations including being maltreated by adults in childhood and being a victim of peer bullying relates to increased trauma symptoms (Finkelhor, Turner, Hamby, & Ormrod, 2011). Lereya, Copeland, Costello, and Wolke (2015) directly compared the effects of maltreatment (several abuse types) and peer bullying experienced in childhood on mental health in adulthood, finding more adverse effects of peer bullying than caregiver abuse and exacerbated

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