



Post-traumatic stress as a pathway to psychopathology among adolescents at high-risk for victimization



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ABSTRACT

Objective: Victimization by violence elevates adolescents' risk for developing internalizing and externalizing psychopathology. Recent findings suggest that disruptions in developmental processes associated with post-traumatic stress (PTS) reactions may partially account for the relationship between victimization and the subsequent development of psychopathology during adolescence. The present study tested the temporal sequencing of these associations using multi-informant measurements in a large, diverse sample of adolescents at high-risk for victimization.

Method: Data were collected from a multi-site consortium of prospective studies, the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN). Information about 833 youth's victimization experiences (i.e., direct, indirect, familial, and non-familial violence), PTS, and affective, anxiety, attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD) symptoms were gathered from youth and their caregivers during biannual face-to-face interviews when youth were between the ages of 4 and 14 years, and continuously from official child protective services records.

Results: Structural equation modeling revealed that cumulative victimization contributed to elevations in youth and caregiver reported late childhood and early adolescent psychopathology. While PTS mediated the association between victimization and youth reported ADHD, ODD, CD, major depressive, and generalized anxiety symptoms during adolescence, it only mediated the association between victimization and caregiver reported affective symptoms.

Conclusions: PTS reactions following childhood victimization partially accounted for escalations in psychopathology during the transition to adolescence. These findings underscore the importance of integrating trauma-informed assessment and intervention approaches with at-risk adolescents. Researchers should determine whether trauma-focused interventions sufficiently ameliorate other psychopathology among victimized adolescents or if additional interventions components are necessary.

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1. Introduction

In 2012 the U.S. Attorney General's National Task Force on Children Exposed to Violence released an executive summary urging agencies and citizens to collectively commit to a strong, national response to stem the epidemic of childhood victim-

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ization (U.S. Department of Justice, 2012). The National Survey of Children's Exposure to Violence published recent findings, in which they estimated that approximately 60% of children in the U.S. have been victimized by at least one form of violence in the past year (Finkelhor, Turner, Shattuck, & Hamby, 2015). Adolescents who are victimized by violence are at an increased risk for post-traumatic stress (PTS; Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009; Kearney, Wechsler, Kaur, & Lemos-Miller, 2010); depression, anxiety, and substance use (Ford, Elhai, Connor, & Frueh, 2010; Pinchevsky, Fagan, & Wright, 2014); and attention deficit/hyperactivity disorder (ADHD) and disruptive behavior disorders, such as oppositional defiant disorder (ODD), and conduct disorder (CD; Asscher, Van der Put, & Stams, 2015; Villodas et al., 2015) relative to adolescents who have not been victimized. Researchers have suggested that PTS may play a role in the development of psychopathology during adolescence following victimization (Kerig, Vanderzee, Becker, & Ward, 2012; Ruchkin, Henrich, Jones, Vermeiren, & Schwab-Stone, 2007). The current study prospectively examines PTS as a pathway to the development of internalizing (i.e., depression and anxiety) and externalizing (i.e., ADHD, ODD, and CD) psychopathology in a diverse sample of adolescents at high-risk for victimization.

Victimization by violence (e.g., physical abuse, sexual abuse, witnessed family or community violence) can occur across time and in divergent settings and relationship contexts (Finkelhor, Ormrod, & Turner, 2009). Children who are victims of one incident of violence are more likely to be victimized again in the future and in other contexts (Finkelhor, Ormrod, Turner, 2007a, 2007b; Hamby, Finkelhor, Turner, & Ormrod, 2010). Youth who experience multiple forms of victimization (i.e., poly-victimized youth; Finkelhor et al., 2009) are at an increased risk for internalizing and externalizing psychopathology and delinquency (Herrenkohl & Herrenkohl, 2009; Ford et al., 2010). Furthermore, presentations of psychopathology following victimization are often more complex and severe for poly-victimized adolescents (Cloitre et al., 2009; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). Youth report higher levels of poly-victimization during the transition to adolescence (i.e., 11–13 years of age) than younger children (Finkelhor et al., 2007a). Thus, researchers have begun to focus on cumulative victimization (e.g., across time and in divergent settings and relationship contexts) as an index of the extent of youth's victimization experiences (Margolin, Vickerman, Oliver, & Gordis, 2010; Finkelhor et al., 2009).

2. Pathways from victimization to psychopathology

Traditional social learning and social information processing (SIP) models attempt to explain the relationship between victimization and the development of externalizing problems through social modeling (e.g., Bandura, 1977), and information processing biases (e.g., the hostile attribution bias; Crick & Dodge, 1996), respectively. Although victimized youth are more likely to exhibit increased rates of aggressive responses to perceived threats in inappropriate situations (Dodge, Bates, & Pettit, 1990; Pollak & Tolley-Schell, 2003), these theories do not explain the development of other symptoms of externalizing (e.g., hyperactivity, impulsivity) or internalizing psychopathology. Using a developmental psychopathology perspective, current complex trauma theories suggest that the variability in subsequent presentations of psychopathology often observed among youth who have been victimized by violence could be explained by disruptions in developmental processes associated with PTS reactions following victimization (van der Kolk, 2005; van der Kolk et al., 2009). In particular, the theory proposes that repetitive, traumatic events can disrupt normative developmental processes and initiate a cascading sequence of changes in emotional, cognitive, and physiological regulatory processes, which can present as complex, severe psychopathology. For example, negative alterations in cognitions and mood could lead to symptoms of depression or aggressive/violent behaviors; whereas, avoidance of trauma-related thoughts or feelings may increase anxiety symptoms. PTS reactions have been linked to the development of diagnostically complex, multi-domain impairments including attachment problems, impulsivity, emotional and behavioral dysregulation, maladaptive cognitive processes, hypervigilance to threat, low self-concept, and HPA axis dysregulation (Kearney et al., 2010; Teague, 2013).

Several studies provide preliminary support for PTS as a pathway to externalizing psychopathology during adolescence (Kerig et al., 2012b; Moretti, Obsuth, Odgers, & Reebye, 2006; Ruchkin et al., 2007). A retrospective study of adolescents in a juvenile detention facility found that the relationship between exposure to parental intimate partner violence and adolescent aggression (i.e., towards peers, parents, and romantic partners) is stronger for those who developed PTSD than for those who did not (Moretti et al., 2006). Similarly, a longitudinal study found that PTS mediated the relationship between community violence exposure and later aggressive behavior for male adolescents (Ruchkin et al., 2007). A retrospective study of incarcerated youth that examined the role of specific clusters of PTS symptoms found that arousal and re-experiencing mediated the relationship between potentially traumatic events (i.e., violent and non-violent) and externalizing symptoms for adolescents (Kerig, Bennett, Thompson, & Becker, 2012; Kerig et al., 2012b). Thus, PTS reactions appear to play an important role in the development and exacerbation of externalizing psychopathology following victimization.

Research also suggests that PTS plays a role in the development of internalizing psychopathology during adolescence (Kerig, Ward, Vanderzee, & Arnzen Moeddel, 2009; Kerig et al., 2012a, 2012b; Mazza & Reynolds, 1999; Ruchkin et al., 2007). Findings from previous studies of inner-city youth suggest that PTS mediates the relationship between victimization and depression, anxiety, and suicidal ideation (Mazza & Reynolds, 1999; Ruchkin et al., 2007). Similarly, a retrospective study of incarcerated adolescents found that PTS mediated the relationship between interpersonal trauma and a wide range of internalizing symptoms, including depression, anxiety, somatic complaints, and suicidal ideation (Kerig et al., 2009). In summary, PTS appears to play a role in the relationship between victimization and subsequent elevations in internalizing symptoms.

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