



Social support, negative maltreatment-related cognitions and posttraumatic stress symptoms in children and adolescents



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ABSTRACT

Social support by family, friends and significant others is known to buffer the impact of adverse life events on children's well-being and functioning, however little is known about pathways explaining this association. We investigated whether maltreatment-related cognitions mediate the association between social support and posttraumatic stress symptoms (PTSS). Furthermore, age was introduced as moderator.

We assessed the history of maltreatment in 200 maltreated children and adolescents (age 8–17 years) using a semi-structured interview. Participants' perceived current social support, maltreatment-related negative cognitions related to the subjectively "worst" experience of maltreatment and PTSS during the past month were assessed using self-report questionnaires.

A set of mediation analyses demonstrated, that negative maltreatment-related appraisals mediated the relation between perceived social support and PTSS. The hypothesized negative associations of social support with PTSS and dysfunctional cognitions did not differ between children (8–11;11 years) and adolescents (12–17;11 years). Thus, the protective function of social support after maltreatment can be explained by fewer negative beliefs maltreated youth have about themselves and the world. These results provide support to models of social-cognitive processing and emphasize the importance of cognitive coping in regard to episodes of maltreatment which can be shaped within social interactions with non-abusive caregivers, friends, and significant others.

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1. Introduction

An impressive number of studies support the presumption that social support is closely associated with adaptive functioning in spite of maltreatment in childhood and adolescence (Afifi & MacMillan, 2011). There is an extensive evidence base for the protective function of various forms of social support at the family and community levels across all age-groups (Domhardt, Münzer, Fegert, & Goldbeck, 2014). Correspondingly, as Brewin, Andrews and Valentine (2000) concluded from their meta-analysis on trauma in adulthood, there is an association between the lack of social support and the development of posttraumatic stress symptoms (PTSS). However, the processes by which social support influences post-traumatic responses are still unclear (Guay, Billette & Marchand, 2006; Robinaugh et al., 2011).

Trauma-related cognitions are also closely associated with adaptive coping. Several authors suggested cognitive models of posttraumatic stress disorder (PTSD; Brewin, Dalgleish, & Joseph, 1996; Dalgleish, 2004; Ehlers & Clark, 2000) which state

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that dysfunctional appraisals concerning the experienced trauma, the world, and the self, play a significant role in developing and maintaining PTSS as they lead to a sense of current threat. For example, appraisals like “bad things always happen to me” might result in overgeneralized fears and avoidant behavior.

Whereas most of the above mentioned work had been focused on adults, there is also evidence for the association between dysfunctional cognitions and PTSS in children and adolescents (Dagleish, Meiser-Stedman, & Smith, 2005). For instance, Bryant, Salmon, Sinclair, and Davidson (2007) found negative appraisals about future harm in injured children to be predictive of PTSS six months later. With regard to child maltreatment, Spaccarelli (1995) as well as Bal, Crombez, De Bourdeaudhuij, and Van Oost, (2009) suggested that negative appraisals associated with sexual abuse may account for variability in children’s mental health outcomes. Brown and Kolko (1999) also explored attributions of physically abused children aged 6–13 years and found that the level of children’s psychopathology was predicted by self-blame as well as beliefs of a dangerous world. Moreover, these attributions accounted for symptom-variance beyond the severity of maltreatment. Feiring and Cleland (2007) found self-blame attributions in sexually abused children to be a predictor of subsequent symptoms of depression even after controlling for age at abuse discovery, gender, and self-blame attributions for common events. Brown and Kolko suggested that attributions may be as important as the abuse itself in the development of psychopathology, an assumption supported by a study comparing long-term processing strategies of sexually abused youth (Simon, Feiring, and McElroy, 2010). Kolko, Brown and Berliner (2002) stressed the special significance of attributions for therapeutic interventions as they can be modified in contrast to fixed variables like the trauma characteristics.

In order to develop a better understanding of the pathways explaining the association between social support and PTSS, Lepore (2001) postulated a social-cognitive processing (SCP) model of adjustment to trauma integrating social support and trauma-related appraisal. The author assumed, that discussing traumatic experiences with supportive others might enable victims to maintain or reestablish a coherent worldview including a sense of safety. Moreover, a supportive social network might help to develop and maintain a positive self-concept in affirming a person to be loved and esteemed (Lepore, 2001). These factors in turn might challenge dysfunctional trauma-related appraisals. Joseph, Williams, and Yule (1997) also identified the impact of social support on developing PTSS in changing the victim’s interpretation of the event. Whereas Lepore’s SCP-model was developed working with survivors of cancer, Belsher, Ruzek, Bongar and Cordova (2012) used it beyond trauma-related illnesses. Their study focused on social constraints, defined as social responses by friends or family members which inhibit the expression of trauma-related thoughts and feelings, e.g., changing the subject when you try to talk about the trauma. The sample included adults who were at least 18 years of age at the time of the traumatic event. The majority reported a bereavement-related trauma like suicide, homicide, or sudden unexpected death and was seeking treatment. The results revealed that the relationship between social constraints and PTSS was partially mediated by negative posttraumatic cognitions, which supports the SCP-model of adjustment to trauma. Likewise, Robinaugh et al. (2011), who examined longitudinal data of adult survivors of motor vehicle accidents, found individuals with poor perceived social support and greater severity of negative dyadic interactions with an adult romantic partner to report more negative posttraumatic cognitions, which in turn led to the maintenance of greater PTSS severity. Until now, the SCP-model was supported as a helpful approach to reflect the situation of adults who verbally communicate about experienced adverse life events. However, a population seeking treatment for their trauma-related distress, like described by Belsher et al. (2012), might represent only a particular sub-group which is very motivated to talk about their experiences. This possibly biased the results. Recently, a longitudinal study conducted by Hitchcock, Ellis, Williamson and Nixon (2015) provided additional important results on the interrelation between perceived social support and PTSS in children, as the authors identified negative appraisals in the acute phase following trauma to be the mediator of this relationship. This effect was found for PTSS at one month and six months post-trauma. However, the sample investigated by Hitchcock et al. (2015) included hospitalized children after a single trauma, whereas the vast majority was involved in accidents. Even though the study asked for prior trauma exposure (42% of cases), no information on the prevalence of child maltreatment was provided. In contrast to pediatric accidental trauma, childhood traumatic experiences such as physical maltreatment, emotional maltreatment, neglect, sexual abuse, or witnessing domestic violence tend to be surrounded by secrecy. The perpetrators are often caretakers, who cover up the events as they fear legal consequences for themselves or out-of-home placement of the child. The victims on the other hand might feel loyalty towards the perpetrator or are too young to understand that they are being abused. Retrospective studies, for example, revealed that approximately two-thirds of sexually victimized children did not disclose the assaults during childhood or adolescence (Pipe, Lamb, Orbach, & Cederborg, 2007). The initial crisis support after disclosing victimization has been described as critical for the adjustment of adolescent victims of maltreatment (Bal et al., 2009). However, young victims of sexual abuse have indicated that initial abuse-related parental social support was perceived to decline over time (Schönbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2014). This finding points to the relevance of examining the impact of social support beyond the initial crisis stage. Arguably, general social support in addition to maltreatment-specific support is of high relevance for maltreated minors.

As there is a lack of information to the pathways explaining the association between social support and PTSS in maltreated children and adolescence, the present study aims to apply the SCP-model to a sample of this population. In addition, general social support from family, friends and significant other persons was taken into account. Based on the SCP-model and previous empirical findings (Belsher et al., 2012; Hitchcock et al., 2015), it was hypothesized that

(a) social support is negatively associated with PTSS,

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