



Review

Associations between depression and specific childhood experiences of abuse and neglect: A meta-analysis



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ABSTRACT

Background: Research documents a strong relationship between childhood maltreatment and depression. However, only few studies have examined the specific effects of various types of childhood abuse/neglect on depression. This meta-analysis estimated the associations between depression and different types of childhood maltreatment (antipathy, neglect, physical abuse, sexual abuse, and psychological abuse) assessed with the same measure, the Childhood Experience of Care and Abuse (CECA) interview. **Method:** A systematic search in scientific databases included use of CECA interview and strict clinical assessment for major depression as criteria. Our meta-analysis utilized Cohen's *d* and relied on a random-effects model.

Results: The literature search yielded 12 primary studies (reduced from 44), with a total of 4372 participants and 34 coefficients. Separate meta-analyses for each type of maltreatment revealed that psychological abuse and neglect were most strongly associated with the outcome of depression. Sexual abuse, although significant, was less strongly related. Furthermore, the effects of specific types of childhood maltreatment differed across adult and adolescent samples.

Limitations: Our strict criteria for selecting the primary studies resulted in a small numbers of available studies. It restricted the analyses for various potential moderators.

Conclusion: This meta-analysis addressed the differential effects of type of childhood maltreatment on major depression, partially explaining between-study variance. The findings clearly highlight the potential impact of the more “silent” types of childhood maltreatment (other than physical and sexual abuse) on the development of depression.

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1. Introduction

The association between childhood adversity and the development of depression has been widely studied. Substantial evidence from both cross-sectional and prospective studies indicates that childhood abuse and neglect are strongly associated with the development of clinical depression in both adolescence and adulthood (Abela and Skitch, 2007; Bifulco et al., 1998; Gibb et al., 2001; MacMillan et al., 2001; Widom et al., 2007).

Most research has so far focused on physical and sexual abuse (Cutajar et al., 2010; Dube et al., 2005; Fergusson et al., 2008; Kendler et al., 2000; Molnar et al., 2001); whereas fewer studies have examined the effects of other types of abuse or neglect (Alloy et al., 2006; Bifulco et al., 2002a, 2002b; Chen et al., 2014; Liu et al., 2009; Musliner and Singer, 2014). Nonetheless, several authors have argued that emotional abuse in childhood, which typically includes experiences of being rejected, degraded, terrorized, isolated, or teased, might be more strongly related to internalizing symptoms and the development of depression than physical abuse or sexual abuse (Alloy et al., 2006; Gibb et al., 2003; Lumley and Harkness, 2007; Shapero et al., 2014).

Unfortunately, high levels of heterogeneity can be observed across the published studies, which limits the comparability of previous research. This could be due to the use of different sampling procedures and methods of assessment. Indeed, different measurement methods (self-reports, interviews, hospital records, and official records) have been used to investigate childhood maltreatment and, more importantly, many different definitions of childhood adversity have been applied (Nanni et al., 2012).

A recent meta-analysis has examined whether physical and sexual abuse in childhood were associated with depression and anxiety in later life (Lindert et al., 2014). Although the results of this analysis showed strong associations between sexual and physical abuse in childhood and depression, the measures used to assess both childhood abuse and depression varied greatly. Moreover, neither emotional abuse nor neglect were taken into account. Another recent meta-analysis showed that maltreated individuals were twice as likely as those without a history of childhood maltreatment to develop both recurrent and persistent depressive episodes (Nanni et al., 2012). Again, the available data did not permit an examination of the specific contribution of different maltreatment subtypes.

Indeed, although research has consistently documented a strong and significant relationship between childhood maltreatment, in general, and depression, studies that have examined the relationship between specific forms of adversity and depression development are sparse. Currently, no review or meta-analysis has attempted to elucidate the association between a broad variety of specific childhood experiences of abuse and neglect and depression among the scientific publications in this field.

In contrast, current theories propose specific pathways from childhood adversities to psychopathology, and propose that distinct types of events may cause specific symptoms in individuals

with specific vulnerabilities. For instance, the schema-based cognitive model of depression and anxiety states that the type of emotion experienced depends on the thought and belief content activated by life experiences (Beck, 2008). A recent study investigated three dimensions of depression and anxiety symptomatology (general distress, anhedonic depression and anxious arousal) and reported that only emotional neglect was associated with all the three symptom dimensions, whilst sexual abuse was associated with general distress and anxious arousal, and physical abuse with anxious arousal only (van Veen et al., 2013). Likewise, attachment theory (Bowlby, 1982) postulates that caregiving figures are fundamental for the development of the child's representational or internal working models of the world. Thus, experiences of early emotional abuse may be particularly maladaptive because negative evaluation is supplied directly by the primary attachment figures, which may be more potent in activating a more negative model of the self and the others (Shapero et al., 2014).

Ultimately, we propose that different types of childhood adversities, with a particular emphasis on psychological types of maltreatment, may influence the development of distinct aetiological pathways in depression that would benefit from individually tailored interventions. This is supported by recent findings suggesting that different types of caregiver–child interactions were related to different emotion regulation pathways associated with depression (O'Mahen et al., 2015). For example, in the study by O'Mahen et al. (2015), childhood emotional neglect and childhood emotional abuse were associated with the emotion regulation strategies that were most strongly related to depression (rumination and behavioural avoidance). Further clarification of the specific role of psychological maltreatment may help inform parents, teachers, health care workers and the general public in recognizing such maltreatment, but also the likely detrimental impact on the developing child. This may help to overcome the underestimation of the impact of emotional abuse/neglect, leading to better recognition and more adequate interventions to prevent long-term disorders (Schimmenti and Bifulco, 2015).

Thus, the present meta-analysis aimed to estimate the specific association between depression (recurrent or persistent) and different types of childhood maltreatment (antipathy, neglect, physical abuse, sexual abuse, and psychological abuse) assessed with the same measure. Specifically, we chose the *Childhood Experience of Care and Abuse* interview (CECA) (Bifulco et al., 1994), a measure with a 20-year standing and considered the “gold standard” in this area of international research (Thabrew et al., 2012).

According to findings from the literature, forms of maltreatment centring on themes of parents' rejection, and their perception of failure, or unworthiness in the child seem to be associated with a high vulnerability for developing depression (Gibb et al., 2003). Thus, we hypothesized that antipathy (involving parental criticism and hostility), neglect (withholding material care), and psychological abuse (coercive sadistic control) as defined by Bifulco and colleagues (Bifulco et al., 1994; Moran et al.,

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