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# Child Abuse & Neglect

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## The intertwined effect of lack of emotional warmth and child abuse and neglect on common mental disorders in adolescence

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### ABSTRACT

Adolescence is a vulnerable period for mental health problems. Although child abuse and neglect (CAN) are known risk factors for some of them, it is not clear if the negative consequences on mental health also occur in families where CAN and a warm parent-child relationship coexist. The aim of this study is to explore this gap and investigate the effects of different types of CAN according to levels of warmth in the parent-child relationship on common mental disorders (CMD) in adolescence. This is a cross-sectional study encompassing 487 adolescents attending the ninth grade at 2 public and 4 private schools in Rio de Janeiro, Brazil. CAN was measured by the Child Trauma Questionnaire (CTQ), CMD by the General Health Questionnaire (GHQ-12) and the level of warmth in the parent-child relationship were recalled using short *Egna Minnen Beträffande Uppfostran* (s-EMBU-23). The adjusted separate effects of different types of CAN and a low level of warmth in the parent-child relationship, and both in tandem, were estimated using multivariate linear regression models. Results indicated that emotional abuse and neglect, physical abuse and neglect, and a low level of warmth in the parent-child relationship are important risk factors for CMD in adolescence. Nevertheless, in families where CAN coexist with a warm and affectionate parent-child relationship, the negative effects of CAN on mental health are attenuated. Evidence indicates that actions to prevent or interrupt CAN and improving parental practices could be effective strategies to reduce CMD in adolescence.

### 1. Introduction

One fifth of children and teenagers will experience a mental health problem, such as depression, mood disorders, substance abuse, eating disorders, or suicidal behavior (WHO, 2013). According to the World Health Organization (WHO), almost half of mental diseases begin in adolescence (WHO, 2013). In Brazil, the situation is no different (Brasil, 2013). In addition to the suffering itself, the burden extends to repercussions on the adolescent's growth, development, and school performance and, ultimately, reduces the

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child's potential of a productive and fulfilling life (WHO, 2013).

Different factors increase the risk of mental disorders among adolescents. This multicausal model includes individual, family, community, and macrosocial factors (United States Department of Health & Human Services, 1999; WHO, 2005). Several authors have investigated the relationship between family violence against children and adolescents and mental disorders in adolescence and adulthood. A metaanalysis conducted in 2012 identified 124 studies with some evidence of the association between childhood maltreatment and several physical and mental health outcomes affecting both adolescents and adults alike (Norman et al., 2012). Accordingly, the risk of developing depressive disorders was higher among those reporting emotional abuse (OR: 3.1), physical violence (OR: 1.5), and/or neglect (OR: 2.1). The same review showed that the risk of anxiety disorders also increased with different types of abuse (3.2, 1.5, and 1.8, respectively). Moreover, physical abuse led to a higher risk of suicidal behavior, posttraumatic stress disorders, panic, bulimia, and alcohol abuse (Norman et al., 2012).

Although evidence strongly points to an association between family violence and mental disorders, fortunately not all abused children will develop negative outcomes in the future. To gain a better understanding of this, some authors have turned to investigating positive events, exploring what factors protect these children and adolescents from developing mental health problems. A 30-year follow-up study carried out in the Isle of Wight (UK) identified that positive relationships with parents, friends, and partners were the most significant predictors of individual resilience and, thus, important protective factors that limit the development of psychiatric disorders or suicidal ideation in adulthood (Collishaw et al., 2007).

The relevance of parent-child relationships in children's mental health and quality of life has been stressed by mental health professionals for many years (WHO, 2012). Recent literature suggests that parental support is critical to stable mental health at any stage of life (Cheung et al., 2017; Darling & Steinberg, 1993; Sable, 2011; WHO, 2012). However, few studies have examined the potential role of positive parenting practices in promoting resilience and in reducing the negative repercussions of family violence against children. For instance, exploring whether the characteristics of parenting rearing practices could modify the relationship between maltreatment in childhood and quality of life in adulthood, Rikhye et al. (2008) found that children in families where abuse coexisted with care, warmth, and love had a better quality of life than children from families without such positive practices. The authors showed that the quality of the relationship between parents and children was a better predictor of quality of life in adulthood than any childhood maltreatment per se (Rikhye et al., 2008).

The health consequences of less extreme situations may also be influenced by parental rearing practices. A recent review on the effect of spanking and/or other physical punishment on the development of externalizing, internalizing, and cognitive impairment suggested that this depended on the child's age and family context. Older children living in families where violence was not the only method of communication, but affection also occurred, were less prone to delayed or faltering growth and development. However, in younger children from families lacking positive parental practices, the symbolic meaning of punishments was more prominent, leading to short-, medium-, and long-term damage (Ferguson, 2013).

The importance of including parenting programs to prevent CAN and mental health problems is also reinforced by the positive impact of some initiatives. Evidence-based group parenting programs such as Incredible Years, for instance, showed a positive effect in preventing CAN and promoting positive parenting practices (Hurlburt, Nguyen, Reid, Webster-Stratton, & Zhang, 2013). Evidence-based treatments for childhood traumatized children integrating a parenting education component pointed in the same direction. Trauma-focused Cognitive Behavioral Therapy (TF-CBT) and Parent-Child Interaction Therapy (PCIT) for traumatized children are also associated with better-quality parenting practices, improving child behavior, and reducing mental health symptoms (Konanur, Muller, Cinamon, Thornback, & Zorzella, 2015; Timmer, Urquiza, Zebell, & McGrath, 2005).

The evidence thus suggests that a favorable relationship between parents and children may function as a buffer for the negative impact of family violence and other adversities suffered during childhood and adolescence. Still, studies are scarce and mostly conducted in high-income countries. Furthermore, these few ones failed to explore the different types of violence and to investigate the relative importance of mothers and fathers' emotional warmth in the process. This article attempts to redress this gap, especially the role that positive parenting practices plays in the relationship between a history of abuse and neglect during childhood—psychological violence, physical abuse, emotional neglect, and physical neglect—and common mental disorders (CMD) among adolescents. The central hypothesis of the study is that the cumulative effect of child abuse and neglect and a low level of warmth and affection is larger than their isolated effects on the likelihood of CMD in adolescents.

## 2. Methods

### 2.1. Study design, participants and data collection

This is a cross-sectional study encompassing 487 adolescents attending 2 public and 4 private schools in Greater Rio de Janeiro, Brazil. All students were enrolled in the ninth grade, which corresponds to the first year of secondary education in the United States and the United Kingdom. The sample consisted of students taking part in the fourth wave of the longitudinal study of nutritional evaluation of adolescents (ELANA). Data collection took place in a single sitting between May and October of 2013 by using a multidimensional self-administered questionnaire.

### 2.2. Conceptual model, variables, and measurement tools

Fig. 1 presents the conceptual model guiding the analyses. The figure shows the putative relationships between CAN, a warm parent-child relationship, and CMD, considering some confounders. Following the hypothesis outlined in the introduction, the model

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