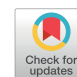
Child Abuse & Neglect 81 (2018) 343–353

Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Educational and emotional health outcomes in adolescence following maltreatment in early childhood: A population-based study of protective factors



Nisreen Khambati*, Liam Mahedy, Jon Heron, Alan Emond

Population Health Sciences, Bristol Medical School, University of Bristol, Oakfield House Oakfield Grove, Bristol, BS8 2BN, United Kingdom

ARTICLE INFO

Keywords:
ALSPAC
Child maltreatment
Resilience
Protective factors
Education
Wellbeing

ABSTRACT

Although childhood maltreatment is associated with long-term impairment, some children function well despite this adversity. This study aimed to identify the key protective factors for good educational attainment and positive emotional health in adolescents who experienced maltreatment in early childhood. Data were analyzed from the Avon Longitudinal Study of Parents and Children, a large UK prospective cohort study. The sample was defined by maternally reported exposure to physical or emotional maltreatment by a parent prior to 5 years. 1118 (8.0%) children were emotionally maltreated and 375 (2.7%) were physically maltreated before the age of 5. There were too few cases of sexual abuse to be considered. Positive outcomes were operationalized as achieving 5 or more grade A*-C GCSE exam grades at 16 years and scores above the cohort median on the self-report Warwick-Edinburgh Mental Wellbeing Scale and Bachmann Self-Esteem Scale at 17.5 years. The associations of individual, family and community covariates with successful adaptation to the adversity of maltreatment were investigated using logistic regression.

School related factors, including engagement in extracurricular activities, satisfaction with school and not being bullied were the most important in facilitating resilience in educational attainment, self-esteem and wellbeing. Good communication and social skills was the most protective individual trait. There was insufficient evidence to suggest that family factors were associated with resilience to maltreatment. School-based interventions are recommended to promote positive adaptation following parental maltreatment. Future research should evaluate outcomes across the life-course to understand whether the protective influences of school persist into adulthood.

1. Introduction

Child maltreatment – encompassing neglect and the physical, sexual, and emotional abuse of children – is a major public health issue worldwide (Butchart, Putney, Furniss, & Kahane, 2006). In the UK, over 58,000 children were identified as needing protection in 2016 (National Society for the Prevention to Cruelty to Children, 2017), although official figures underestimate the true prevalence. Child maltreatment commonly occurs within the family (Butchart et al., 2006; Longfield, 2015; Radford et al., 2011) and is

Abbreviations: ALSPAC, Avon Longitudinal Study of Parents and Children; WEMWBS, Warwick-Edinburgh Mental Wellbeing Scale; RSE-B, Bachman Self-Esteem Scale; NPD, National Pupil Database; GCSE, General Certificate of Secondary Education; CPR, Child Protection Register; OR, odds ratio; CI, confidence intervals; SEAL, The Social and Emotional Aspects of Learning

* Corresponding author.
E-mail address: nkhambati1990@gmail.com (N. Khambati).

https://doi.org/10.1016/j.chiabu.2018.05.008
Received 2 February 2018; Received in revised form 4 May 2018; Accepted 8 May 2018
0145-2134/ © 2018 Published by Elsevier Ltd.

associated with long-term impairments in multiple domains including physical and mental health problems, poor academic achievement and increased criminal behavior (Gilbert et al., 2009; World Health Organisation, 2016).

Fortunately, many children experiencing maltreatment show evidence of positive adaptation (DuMont, Widom, & Czaja, 2007; Herrenkohl, Tajima, Whitney, & Huang, 2005; Jaffee, Caspi, Moffitt, Polo-Tomás, & Taylor, 2007), with better than expected outcomes suggesting that factors associated with successful adaptation are not simply markers of lower severity of risk. Definitions of resilience vary amongst studies, both in theory and in the operationalization of key constructs and concepts (Afifi & Macmillan, 2011; Walsh, Dawson, & Mattingly, 2010). Most experts consider resilience to be a dynamic and interactive process, encompassing positive adaptation within the context of significant adversity (Luthar, Cicchetti, & Becker, 2000; Rutter, 2012). Studies have documented evidence of uneven adaptation across domains; for example, children exposed to adversity may manifest competence in one area, but experience problems in another (Luthar et al., 2000). Researchers of resilience therefore need to focus on multiple areas of functioning and be specific to which domain is being referred to (Cicchetti & Garmezy, 1993; Walsh et al., 2010).

Mechanisms promoting resilience are context- and culture-dependent, and factors associated with resilience will vary according to the adversity and domain of functioning considered (Luthar et al., 2000; Ungar, 2013b). Two approaches to modelling resilience have been proposed: variable- and person- centered. A variable-centered approach examines statistical associations between measures of adversity, competence and hypothesized protective factors through main effect models and interactive effects; whereas a person-centered approach compares individuals with similar adversity but varying levels of adaptation and identifies differentiating factors associated with individuals meeting predefined criteria for resilience (Masten & Powell, 2003). Whilst the person-centered approach requires larger samples and is less sensitive for identifying explanatory processes for specific outcomes, it may offer a more holistic view of adaptation and better reflect actual patterns of resilience occurring in real life (Masten & Powell, 2003; Schoon, 2006).

Several studies have identified child, family, and community factors that are associated with resilience to maltreatment. At the individual level, these include a higher IQ (Harpur, Polek, & van Harmelen, 2015), internal locus of control (Bolger & Patterson, 2001), good social communication (Lansford et al., 2006) and an easy temperament (Martinez-Torteya, Anne Bogat, von Eye, & Levendosky, 2009). The role of gender in resilience to childhood maltreatment is inconsistent in the literature (Chandy, Blum, & Resnick, 1996; McGloin & Widom, 2001; Samplin, Ikuta, Malhotra, Szeszko, & Derosse, 2013) and dependent on which outcomes are used to define resilience.

At the family level, protective factors include positive parent relationships (Herrenkohl, Herrenkohl, Rupert, Egolf, & Lutz, 1995), lower parent psychopathology and substance misuse (Graham-Bermann, Gruber, Howell, & Girz, 2009; Jaffee et al., 2007) and supportive non-parental family caregivers (Werner, 1997).

Community-level variables have been relatively less investigated than individual and family factors (Afifi & Macmillan, 2011; Haskett, Nears, Ward, & McPherson, 2006), however cohesive neighborhoods (Riina, Martin, & Brooks-Gunn, 2014), involvement in faith based groups (Herrenkohl et al., 2005) and school engagement (Williams & Nelson-Gardell, 2012), have been associated with resilience to childhood maltreatment. Success in the school environment is a known predictor of social and mental health functioning (Stipek, 1997) and studies have shown an association between satisfaction with school and later academic and behavioral outcomes (Goodman & Gregg, 2010; Perkins & Jones, 2004; Pharris, Resnick, & Blum, 1997). Extracurricular activities in schools also provide opportunities to set goals, exercise independence and connect to other peers (Peck, Roeser, Zarrett, & Eccles, 2008) and positive effects on exam success and psychological adjustment have been documented (Fredricks & Eccles, 2006; Goodman & Gregg, 2010).

There are very few longitudinal studies of resilience following childhood maltreatment in the UK. A better understanding of how young children who have experienced maltreatment show later successful adaptation can provide valuable information for intervening and preventing negative consequences. Using data from a large prospective UK community sample, this study sought to identify protective influences associated with different domains of competence following parental maltreatment in early life. A person-centered approach was used to identify the key factors that enable children who have been emotionally or physically maltreated by a parent before the age of 5 to achieve high educational qualifications and develop positive emotional health in adolescence.

2. Methods

2.1. Participants

The sample comprised participants from the Avon Longitudinal Study of Parents and Children (ALSPAC), an ongoing UK cohort study. Pregnant women resident in the former Avon Health Authority in south-west England, having an estimated date of delivery between 1/4/91 and 31/12/92 were invited to take part, resulting in a cohort of 14,541 pregnancies and 14,062 live births (Boyd et al., 2013; Fraser et al., 2013). Of the 13,978 singleton/twin offspring alive at one year, a small number of participants withdrew consent (n = 24) leaving a baseline sample of 13,954. Detailed information about ALSPAC is available on the study website (http://www.bristol.ac.uk/alspac), which includes a fully searchable dictionary of available data (http://www.bris.ac.uk/alspac/researchers/data-access/data-dictionary). Ethical approval for the study was obtained from the ALSPAC Law and Ethics committee and local research ethics committees.

2.2. Exposure to maltreatment

The study sample for these analyses was defined by maternal reports of physical or emotional maltreatment towards the child, perpetrated by either the mother or her partner. The exposure period chosen was the first 5 years of life for a number of reasons: (1)

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