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## Child Abuse &amp; Neglect

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# Disentangling the mental health impact of childhood abuse and neglect: A replication and extension study in a Brazilian sample of high-risk youth



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## ABSTRACT

Childhood maltreatment is a key predictor of mental health problems across the life span. Yet, how maltreatment types independently and jointly influence the risk for psychiatric problems remains unclear. The aim of the study was two-fold: first, to replicate recent findings regarding the impact of maltreatment types on youth psychiatric symptoms, based on a Brazilian sample of high-risk adolescents ( $n = 347$ ; age range = 11–17 yrs), and second, to extend existing findings by examining whether this relationship is mediated by bullying victimization and/or perpetration. Measures included self-report ratings of childhood maltreatment and peer victimization, as well as multi-informant reports of internalizing and externalizing symptoms. Consistent with prior research, we found that: (i) maltreatment types often co-occurred; (ii) there was a linear association between number of maltreatment types experienced and symptom severity (i.e. cumulative effect); and (iii) emotional abuse emerged as the most consistent independent predictor of poor mental health across domains, raters, and gender. Additionally, this study extends previous findings by showing that the influence of maltreatment on psychiatric outcomes is partially mediated by peer victimization, but not by bullying perpetration. In conclusion, these findings expand our understanding of the heterogeneity in individual responses to maltreatment as well as highlighting emotional abuse as an important predictor of poor mental health.

## 1. Introduction

Exposure to maltreatment is highly toxic for children's development and wellbeing (Cicchetti & Toth, 2005; McCrory & Viding, 2015). Indeed, maltreatment has been identified as one of the most potent predictors of psychiatric problems – including internalizing (e.g. anxiety, depression) and externalizing (e.g. antisocial behavior, substance use) symptoms – as well as associating with an earlier

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age of onset, greater symptom severity, higher comorbidity and poorer treatment response (Hovens et al., 2010; Hovens et al., 2012). Consequently, childhood maltreatment is recognized as a key target for prevention and intervention efforts. However, one of the main challenges in research and clinical practice is the heterogeneity of individual responses to maltreatment. In other words, although a strong, *probabilistic* association between maltreatment and poor mental health is evident at the population level, individuals who have experienced maltreatment vary greatly in the type, severity, course, and presentation of symptomatology – with many showing significant resilience (Cicchetti, 2013). Unpacking this multifinality (i.e. when the same risk factor associates with multiple, different outcomes) is a critical step for informing risk-assessment, treatment formulation and the development of more targeted prevention strategies (Cicchetti & Rogosch, 1996).

One factor that may contribute to multifinality is the type of maltreatment experienced; that is, whether the effects of distinct forms of abuse and neglect are specific or shared across mental health domains. So far, the empirical literature has been mixed, with different studies reporting (i) specific (*unique variance*), (ii) non-specific (*shared variance*), and (iii) number-dependent (*cumulative*) associations between maltreatment types and psychiatric symptoms. For example, several studies have provided evidence of unique influences of maltreatment types on molecular (e.g., Cecil et al., 2016), neurocognitive (Sheridan & McLaughlin, 2014) and behavioral function (e.g., Petrenko, Friend, Garrido, Taussig, & Culhane, 2012), with the most consistent evidence relating to the specific impact of physical abuse on externalizing difficulties (e.g. Litrownik et al., 2005; van der Put, Lanctôt, de Ruiter, & van Vugt, 2015). In contrast, other studies have found that maltreatment types confer a broad and general vulnerability for psychiatric problems, such as anxiety, depression, and substance use (e.g. Norman et al., 2012; Vachon, Krueger, Rogosch, & Cicchetti, 2015). Still another set of studies have reported that the number of maltreatment types experienced, rather than any specific type itself, may be a stronger predictor of psychiatric outcomes (i.e. cumulative effect; e.g. Finkelhor, Ormrod, & Turner, 2009; Lauterbach & Armour, 2016). Indeed, a large body of evidence – starting with the seminal study by Felitti et al. (1998) – has demonstrated a graded relationship between the number of Adverse Childhood Experiences reported and risk for mental and physical health problems across the lifespan.

In an effort to disentangle the mental health impact of child abuse and neglect, Cecil, Viding, Fearon, Glaser, and McCrory, 2017 recently published a study characterizing the unique, shared and cumulative effects of five main types of maltreatment on a range of multi-rated mental health outcomes (i.e. self- and teacher/key worker-report). The study was based on a community sample of 204 high-risk youth (16–24 years, 53% female) from inner-city London, UK – the majority of whom reported experiencing at least one form of maltreatment while growing up (68%). Analyses controlled for a range of potential confounders, including socio-demographic characteristics, neighborhood deprivation and current levels of community violence exposure (CVE). Briefly, the authors found that: (i) maltreatment types were highly interrelated, with multi-type maltreatment occurring more commonly than single forms of maltreatment; (ii) exposure to a higher number of maltreatment types was linearly associated with greater symptom severity, consistent with a cumulative effect of maltreatment; and (iii) whereas maltreatment types were typically associated with all outcomes when examined in isolation (i.e. indicative of non-specific/generic effects), only emotional abuse emerged as the main independent predictor of symptom severity when all maltreatment types were examined together (i.e. indicative of unique effects). Furthermore, follow-up analyses showed that the effect of emotional abuse on outcomes was comparable for boys and girls, and was partially mediated by CVE.

The authors also noted several limitations, including the modest sample size, the need for replication and the inability to tease apart which aspect of CVE may have mediated the effects of maltreatment; that is, whether this may be due to violence victimization and/or perpetration. More broadly, based on this study alone, it is not possible to establish the extent to which findings may have been specific to the study characteristics, confounded by unmeasured variables and biased by random or systematic error. Cross-cohort replication is increasingly encouraged in the field of child development and mental health as a valuable method for testing the robustness of findings, evaluating their generalizability to different settings and populations, and for strengthening causal inference – all of which are fundamental for informing policy and practice (Richmond, Al-Amin, Smith, & Relton, 2014; Rutter & Pickles, 2016).

To this end, the present study had two main aims. First, to replicate findings from the UK study (Cecil et al., 2017), based on a larger, younger community sample of high-risk youth ( $n = 347$ ; 11–17 years) recruited from a violent neighborhood in Salvador, Brazil. Specifically, we sought to closely mirror the analyses described in Cecil et al. (2017), using the same self-report measure of childhood maltreatment and multi-rated psychiatric outcomes (self- and parent-report), indexing the same domains of internalizing and externalizing problems but via the use of different instruments. In this respect, this study offers a stringent test of replication, considering that the two samples differ in confounding structure, sample characteristics and cultural context, as well as partially differing in rater combination and the instruments used to index psychiatric symptoms. Our second aim was to extend the UK findings by unpacking the mediation effect observed using a global measure of violence exposure. Specifically, we employed a more finetuned measure of current violence exposure to establish whether the association between childhood maltreatment and mental health outcomes may be mediated by being a victim vs a perpetrator of violence.

## 2. Methods

### 2.1. Participants

Participants were 347 adolescents aged 11–17 years old ( $M = 13.28$ ; 48% female), who were part of a larger study ( $n = 363$ ) and had complete data on childhood maltreatment. Participants were recruited from a public school in the suburbs of Salvador, capital of the State of Bahia, and one of the cities with the highest crime rates in Brazil (Waiselfisz, 2016). The school was located in a particularly deprived and violent urban area, between two competing communities for drug trade. Thus, adolescents from both communities attended the same school. The sample was ethnically diverse, with 44% *pretos* (African-Brazilians), 36% *pardos*

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