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Research article

Association of child maltreatment and depressive symptoms among Puerto Rican youth



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ABSTRACT

This article compares multiple types of child maltreatment among Puerto Rican youth. We seek to expand the limited knowledge of the effects of multiple types of maltreatment on depressive symptoms in a specific Latino population as emerging studies indicate that children who are exposed to one type of maltreatment are often exposed to other types. This study examines the predictive strength of different and multiple types of lifetime child maltreatment (i.e., physical, sexual, and emotional abuse; and neglect), and the effect of youth support from parents, youth coping, youth self-esteem, and place of residence on depressive symptoms among Puerto Rican youth. Secondary data analyses were performed using three annual waves (2000–2004) of data from the Boricua Youth Study. The analytic sample consists of 1041 10–13 year old Puerto Rican youth living in New York and Puerto Rico. Results indicate that: (1) youth who experienced ‘sexual abuse only’, ‘multiple maltreatment’ (2 or more types of maltreatment), ‘physical abuse only’ have a significant increase in depressive symptoms (75.1%, 61.6%, and 40.5% respectively) compared to those without maltreatment; and (2) place of residence, exposure to violence, and mental disorders were significant risk factors. When developing psychosocial interventions, professionals should particularly focus on youth who report past lifetime experience with child maltreatment. Particular attention should be given to children living in the Bronx, New York and similar urban low-income areas who report past lifetime experience with multiple types of child maltreatment and who present symptoms or a diagnosis of co-occurring mental health problems.

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Depression in adolescence is strongly associated with negative outcomes such as psychiatric comorbidity, school failure, social difficulties, adoption of risky behaviors, obesity, physical impairment, and suicide (Bohman et al., 2010; Min, Minnes, Kim, & Singer, 2013; Pine, Goldstein, Wolk, & Weissman, 2001; Wickrama & Wickrama, 2010). In addition, depressive disorders in adolescence often lead to the recurrence of depression, severe depressive disorders and major functional impairment

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in adulthood (Bonomi, Cannon, Anderson, Rivara, & Thompson, 2008; Kessler, Avenevoli, & Merikangas, 2001). The effects of adult depression result in high personal, social and economic costs causing a substantial loss in human capital (e.g., \$57.5 billion total expenditure for mental disorders in 2006) (Berndt et al., 2000; Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Soni, 2011).

Child maltreatment defined as physical, sexual, and emotional abuse, and neglect (Leeb, Paulozzi, Melanson, Simon, & Arias, 2007) pose a substantial risk for adolescent and adult mental health (Mills et al., 2013), substance abuse, and physical health problems (Herrenkohl & Herrenkohl, 2007; Herrenkohl, Hong, Klika, Herrenkohl, & Russo, 2013; Kuhlman, Maercker, Bachem, Simmen, & Burri, 2013; Molnar, Buka, & Kessler, 2001), and is associated with depressive symptoms (Paul & Eckenrode, 2015), and major depressive disorder (MDD) in particular (Brown, Cohen, Johnson, & Smailes, 1999; Widom, White, Czaja, & Marmorstein, 2007). In addition, child maltreatment like depressive disorders is a serious public health problem that carries significant health, social, and economic costs (Fang, Brown, Florence, & Mercy, 2012). In the United States, the 2012 total cost of child maltreatment was estimated to be close to \$80 billion, with direct costs of over \$33 billion associated with the child welfare system, law enforcement, hospitalization, and mental/physical health care (Fang et al., 2012; Toth, Gravener-Davis, Guild, & Cicchetti, 2013). The average lifetime cost of child welfare, criminal justice, and special education in non-fatal child maltreatment cases was approximately \$210,000 in 2010 dollars (Fang et al., 2012).

Child maltreatment has been shown to be underreported (Ishida, Klevens, Rivera-Garcia, & Mirabal, 2013; Pinheiro, 2006) but the number of officially reported cases highlights a widespread problem (Cicchetti & Toth, 2005; Finkelhor, Ormrod, Turner, & Hamby, 2012; Lynne, Gifford, Evans, & Rosch, 2015). Findings from the Developmental Victimization Survey, a nationally representative sample of children 2–17 years of age, indicate that 1 in 4 children in the U.S. experience some form of child maltreatment in their lifetime (Finkelhor, Turner, Shattuck, & Hamby, 2013). In 2011, child maltreatment rates among Latinos (8.6 per thousand) were comparatively higher than the rates for non-Hispanic Whites (7.9 per thousand) and seriously underreported (Ishida et al., 2013). Child maltreatment among specific Latino populations cannot be specifically determined because most studies group Latinos into one broad category (Elliott & Urquiza, 2006). One exception is the U.S. territory Puerto Rico which is included in the National Child Abuse and Neglect Data System (NCANDS), a federally sponsored survey system established in response to the Child Abuse Prevention and Treatment Act of 1988 to collect and analyze annual data (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children Youth and Families, & Children's Bureau, 2016). Estimates from the 2014 NCANDS indicate that there were 9.9 per 1000 child victims of child maltreatment in Puerto Rico compared to 9.4 per 1000 children in the U.S.

Most people experience stressful events in their lifetime and while some people will suffer from psychological distress, others will recover from the events without psychological repercussions. A large body of literature has established the importance of protective factors to prevent illness following a stressful event (Afifi & MacMillan, 2011; Colman et al., 2014; Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000). Successful adaptation to stress depends on the environment and the resources available to the youth to cope with the stressful life events (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). Coping skills are essential for the healthy emotional and social development of children and wellbeing of adolescents (Saha, Huebner, Hills, Malone, & Valois, 2014; Thuen & Bru, 2004). Ongoing support from family members and other adults alleviates the psychological distress created by a life event and has been implicated as a protective factor for psychological health in general and depression in particular (Afifi & MacMillan, 2011; Campos, Ullman, Aguilera, & Dunkel Schetter, 2014; Garcia, Skay, Sieving, Naughton, & Bearinger, 2008). The relationship between maltreatment and low self-esteem has been examined, and self-esteem has been linked to adolescent mental health and in particular depression (Appleyard, Yang, & Runyan, 2010; Hymel, Rubin, Rowden, & LeMare, 2004). Last, place of residence has been shown to indirectly influence the development of depression through neighborhood psychosocial processes such as personal control, social support, and stress (Copeland-Linder, Lambert, & Jalongo, 2010; Evans, 2003; Ford & Rechel, 2012).

In the last 15 years, numerous longitudinal studies have focused on the effects of child maltreatment from an adolescent development perspective. However, research is still lagging on how different combinations of maltreatment result in negative development (Trickett, Negri, Ji, & Peckins, 2011). The ecological–transactional model developed by Cicchetti and Lynch (1993) has been adopted in several studies to model the effects of child maltreatment and adolescents mental health outcomes. The model explains how risk and protective factors that are present at different ecologic levels (i.e., community, family) interact to influence the course of the child's psychological development and functioning across the life-span and in cross-cultural settings (Kohrt, Kohrt, Waldman, Saltzman, & Carrion, 2004; MacKenzie, Kotch, Lee, Augsberger, & Hutto, 2011). The study is based on the concept that child maltreatment disrupts the conditions that lead to normal development, and result in maladaptive cognitive and behavioral strategies, and psychopathology (Cicchetti & Toth, 2005; Trickett et al., 2011).

This longitudinal study aims to examine a sample of 10–13 year old Puerto Rican youth living in New York and Puerto Rico from the Boricua Youth Study to determine the predictive strength of individual and multiple types of child maltreatment on the development of depressive symptoms. The child maltreatment categories are modeled from two previous studies conducted by Gonzalez-Tejera et al. (2005) and Sledjeski, Dierker, Bird, and Canino (2009). We hypothesize that an increase in individual or multiple types of lifetime child maltreatment results in an increase of depressive symptoms, and that the strength of the association varies by type of maltreatment. In addition, we aim to test whether ways of coping, self-esteem, youth support from parents, and place of residence have a potential moderating role in the association between life events and depressive symptoms.

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