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The role of maltreatment in the development of coping strategies☆

Helen M. Milojevich[a], Linda J. Levine[b], Elizabeth J. Cathcart[b], Jodi A. Quas[b,*]

[a] Center for Developmental Science, 100 East Franklin Street, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599, United States
[b] Psychology and Social Behavior, 4201 Social & Behavioral Sciences Gateway, University of California, Irvine, Irvine, CA 92697, United States

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ABSTRACT

Child maltreatment leads to deleterious effects in virtually every developmental domain, including cognitive, psychological, and behavioral functioning. Although difficulties with coping have been identified as contributing to these effects, less attention has been paid to the precise nature of maltreated children's coping difficulties, particularly in terms of the strategies they use to cope with negative emotions and how these strategies vary with age. We asked maltreated (n = 195) and comparison (n = 103) 10 to 17 year olds to describe emotional experiences and what strategies they used to cope with those emotions. Maltreated adolescents reported using more disengagement and antisocial strategies than did comparison adolescents. Differences between maltreated and comparison adolescents were consistent across age. Results have important implications for treatment and intervention efforts designed to improve coping strategies among vulnerable maltreated populations.

1. Introduction

Exposure to child maltreatment increases children's risks for deficits in emotional functioning, including difficulties coping with stressful events and regulating emotions broadly (Cicchetti & Rogosch, 2009; Kim & Cicchetti, 2010; Pears & Fisher, 2005; Robinson, Sheffield Morris, Heller, Scheeringa, & Boris, 2009). Such emotional difficulties have been linked to adverse outcomes across multiple domains of functioning, in childhood and throughout life (Eisenberg, Sadovsky, & Spinrad, 2005; Heleniak, Jenness, Vander Stoep, McCauley, & McLaughlin, 2016). Despite these consistent trends, less is known about the precise nature of maltreated children's emotion difficulties, particularly in terms of how they cope with negative emotions. This lack of knowledge is especially noteworthy in adolescence, a time when children face a host of changes that may require a range of increasingly sophisticated coping and regulatory skills (Aldao & Nolen-Hoeksema, 2013; Lougheed & Hollenstein, 2012), skills likely lacking in maltreated populations.

In the present study, we took a novel methodological approach to examining coping strategy use in adolescents with a documented history of maltreatment. We asked maltreated adolescents and demographically-similar comparison adolescents to describe salient past sad- and anger-inducing events and what they did to modulate those emotions. We selected sadness and anger because these emotions tend to be elicited during high stress events and have been implicated in behavioral and mental health functioning (Eisenberg et al., 2001; Zeman, Shipman, & Suveg, 2002). We included a wide age range (10 to 17 years) to determine how maltreatment, in conjunction with age, relates both to the types of experiences adolescents think of as emotionally demanding and the strategies they use to cope with their emotions.

1.1. Coping and development

Extant theory and research on coping often distinguishes between primary and secondary control strategies (Rothbaum, Weisz, & Snyder, 1982). *Primary control* refers to efforts to change the emotion-inducing environment while *secondary control* refers to efforts to manage the emotions resulting from the situation (Rudolph, Hammen, & Burge, 1995). Within these two broad categories are several individual strategies (e.g., acceptance, reappraisal, and distraction) that have been identified (Compas et al., 2014; Skinner & Zimmer-Gembeck, 2007). Given the need for effective coping with negative experiences, and the potential for this need to increase with age as adolescents encounter increasingly complex or novel situations, investigations of coping in maltreated adolescents must cast a broad net with respect to the types of strategies that might be used. We took such an approach in the current investigation by coding for strategies such as problem-solving

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* Corresponding author at: Department of Psychology and Social Behavior, University of California Irvine, 4201 Social & Behavioral Sciences Gateway, Irvine, CA 92697, United States.
E-mail addresses: hmilojev@email.unc.edu (H.M. Milojevich), llevine@uci.edu (L.J. Levine), ecathcar@uci.edu (E.J. Cathcart), jquas@uci.edu (J.A. Quas).

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(primary control; Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000), and regulatory strategies, such as suppression (secondary control; Aldao, Nolen-Hoeksema, & Schweizer, 2010).

Across both the coping and emotion regulation literatures, greater use of primary control is associated with better mental health functioning (Rafnsson, Jonsson, & Windle, 2006; Sontag, Graber, Brooks-Gunn, & Warren, 2008). The associations between secondary control and functional outcomes, in contrast, tend to depend on the type of secondary control strategy employed (Santiago & Wadsworth, 2009). For example, acceptance and reappraisal tend to predict improved well-being (Garnefski, Rieffe, Jellesma, Terwogt, & Kraaij, 2007; Rafnsson et al., 2006); while suppression and rumination predict poorer outcomes (Betts, Gullone, & Allen, 2009). *Disengagement* strategies, or attempts to distance oneself from the stressor or related feelings, are also associated with negative outcomes (Aldao et al., 2010; Griffith, Dubow, & Ippolito, 2000).

When considering the types of strategies adolescents rely on to cope with negative emotions, it is important to consider development. Important changes occur, with age, in the frequency and types of challenges that require effective coping, and the likely skills employed. For instance, across the transition from early to middle adolescence, many youth change schools. Academic demands become more rigorous, and new social relationships are established (Akos & Galassi, 2004; Brown & Larson, 2009). These changes, though exciting, can also be stressful and likely demand greater coping (Griffith et al., 2000). Concurrently, however, cognitive and executive function advances give adolescents a more sophisticated understanding of emotions and what types of coping efforts are likely to be successful (Zelazo & Carlson, 2012). Adolescents, as well, increasingly rely on their own effortful coping strategies, such as cognitive reappraisal, rather than on others, namely parents (Griffith et al., 2000). As we turn to next, these typical age-related changes in coping strategies may not be evident in maltreated adolescents.

1.2. Coping and maltreatment

Multiple factors in maltreating families likely undermine adolescents' ability to learn and practice effective coping strategies. For one, maltreating parents often mask emotional expression and interact in hostile and aggressive ways with family members (Wilson, Rack, Shi, & Norris, 2008). Adolescents, as a result, are unlikely to have been exposed to consistent or appropriate displays of coping (Shipman et al., 2007) that they would have learned to model themselves. Maltreating parents also tend to rely on punitive interaction styles that include yelling, expressions of anger, and physical threats and aggression when interacting with their children, not only those who are young preschoolers, but even those spanning into adolescence (Rogosch, Cicchetti, Shields, & Toth, 1995; Wilson et al., 2008). These parenting behaviors again fail to model appropriate coping when confronted with stress. Finally, due to often high levels of unpredictability in parent-child interactions and in the home generally (Coulton, Korbin, & Su, 1999), maltreated children, and especially adolescents (who have greater understanding of environment and coping skills), may learn or come to believe that they cannot control what happens to them, leading to feelings of helplessness (Renner & Slack, 2006). As a result of this learned helplessness, adolescents may not even try to change the emotional environment or attempt to use primary control strategies to regulate their emotions.

Maltreated adolescents instead may turn to a host of other coping strategies, such as disengagement or antisocial behaviors (using alcohol or engaging in self-harm), that do not change their emotions; although these strategies may still help the adolescents distance themselves psychologically from the emotional experience (Blechman & Culhane, 1993; Chapman, Gratz, & Brown, 2006; Snyder et al., 2016). The use of these strategies may even increase across the adolescent years, due to both the growing social demands placed on adolescents during this period and maltreated adolescents' greater awareness of their situation (Laye-Gindhu & Schonert-Reichl, 2005; Young et al., 2002). To date, though, differences in coping across age have not been adequately examined in adolescents exposed to maltreatment.

Finally, beyond simply having difficulties coping, maltreated adolescents may have a greater number of demands placed on them that require active coping efforts than non-maltreated adolescents. Maltreated adolescents in general endure a larger number of psychologically intense events, including the maltreatment itself (Gilbert et al., 2009), as well as exposure to domestic and community violence, poverty, and loss of loved ones (Costello, Erkanli, Fairbank, & Angold, 2002; Finkelhor, Turner, Shattuck, & Hamby, 2015), all of which often co-occur with maltreatment. It is not clear whether the frequency or intensity of these experiences overwhelm maltreated adolescents and become the focus of their coping efforts, or whether adolescents can still focus on and cope with more normative developmental experiences (e.g., interpersonal conflicts). The types of events that maltreated adolescents feel require coping may have implications for the strategies they report using in response.

1.3. Coping and methodological issues

A novel component of the present study concerned our methodological approach to examining coping, which allowed for unique insight into adolescents' perceptions of both challenges that require coping and how adolescents think about modulating their responses. In most prior research, closed-ended, checklist-format questionnaires have been used to assess adolescents' coping and emotion regulation (Connor-Smith et al., 2000; Garnefski et al., 2007; Garnefski, Kraaij, & van Etten, 2005; Silk, Steinberg, & Morris, 2003). These questionnaires were often adapted from those used with adults, asking how often adolescents use specific strategies that adults commonly report (Garnefski et al., 2007). Because the strategies have been pre-identified, these questionnaires dictate in an a priori manner what strategies can even be reported. For example, the Responses to Stress Questionnaire (RSQ; Connor-Smith et al., 2000) first asks adolescents to think about recent stressful social experiences (e.g., fighting with other kids, having problems with a friend) and second asks how often specific strategies, including problem-solving, acceptance, and cognitive restructuring, are used to cope with those types of experiences. These questionnaires do not allow adolescents to report on strategies that are not listed and often ask about general strategy use rather than strategy use in a specific situation (Gullone & Taffe, 2012). Adolescents may endorse using strategies (e.g., reappraisal and acceptance) in general or during hypothetical situations. Whether those same strategies are the ones that adolescents personally use when confronted with a single demanding experience is not known.

Checklist questionnaires also pose challenges when attempting to compare maltreated and non-maltreated adolescents. Because maltreated adolescents have likely been exposed to more psychologically intense events, which may require or limit the use of certain coping strategies, their coping efforts may be focused on events not typically referenced on checklist (e.g., such as when coping with maltreatment or removal from home). Moreover, due to maltreated adolescents' atypical emotional socialization (Shipman et al., 2007), they may actually utilize coping strategies, such as disengagement, that are less likely to appear on checklists, potentially leading to misinterpretations of both how maltreated adolescents cope with their emotions and how they do (and do not) differ from non-maltreated adolescents.

Retrospective studies of adult survivors of sexual abuse offer some support for these possibilities. Specifically, when adults are asked to describe their most traumatic experience, some victims report the abuse but others do not (Bonanno, Noll, Putnam, O'Neill, & Trickett, 2003), and reports from the latter group tend to be similar to those of non-victims and concern loss, romantic separation, or other personal challenges (Alexander et al., 2005; Bonanno et al., 2003). Non-victims and

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