



# Maternal relationship quality and peer social acceptance as mediators between child maltreatment and adolescent depressive symptoms: Gender differences

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## ABSTRACT

Childhood maltreatment negatively impacts the development of maternal and peer relationships and may put adolescents at risk for depression. The present study examined gender differences in maternal relationship quality and peer social acceptance as mediators of the association between childhood maltreatment and adolescent depressive symptoms in 342 (151 female, 191 male) maltreated ( $n = 198$ ) and nonmaltreated ( $n = 144$ ) youth in the USA. An observer report Q-Scale measure of depressive symptoms was developed and received preliminary support. Social acceptance was a significant mediator for both genders. The significant association between maltreatment and maternal relationship quality was unique to females, and the association between maternal relationship quality and depressive symptoms was significantly stronger for females. Lower maternal relationship quality marginally significantly mediated the association between maltreatment and depressive symptoms for females only. Results have implications for the prevention and intervention of depression in adolescents with a history of childhood maltreatment.

Childhood maltreatment is a risk factor for the development of depression in adolescence (e.g., Hankin, 2005; Toth, Manly, & Cicchetti, 1992; Widom, DuMont, & Czaja, 2007). However, the mediating processes that account for this association are still being identified. From a developmental psychopathology perspective, early adverse life events interact with risk and protective factors in different domains over time, thereby influencing children's development toward psychopathology (e.g., Cicchetti & Toth, 2016). One domain with important implications for child maltreatment and adolescent depression is interpersonal relationships. Relationships with parents and peers are critical in adolescence (Crockett, Losoff, & Peterson, 1984; Rice & Mulkeen, 1995), and the effect of maltreatment on these relationships can create significant risk for depression.

## 1. Maltreatment and interpersonal relationships

Research guided by attachment theory examines how early patterns of parent-child interactions influence the quality of the attachment relationship (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969). Negative characteristics of attachment relationships impacted by maltreatment may be carried forward into the adolescent-parent relationship. Although adolescents strive to

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achieve autonomy from caregivers, parents continue to serve as important resources in stressful circumstances (Crockett et al., 1984; Rice & Mulkeen, 1995; Rosenthal & Kobak, 2010). Adolescents with a history of maltreatment may find that patterns of negative interactions with parents in times of need influence their perceptions of this relationship. Stressful adolescent transitions can repeatedly activate adolescents' need for parental support and reinforce negative relationship qualities. Therefore, maltreatment can significantly affect the development of adolescent-parent relationships.

Children whose attachment relationships are affected by maltreatment may learn to view themselves as unworthy of love and others as frightening and untrustworthy (e.g., Crittenden, 1990), which may affect the development of peer relationships. Maltreatment may also impact peer relationships through its effect on aggression (e.g., Salzinger, Feldman, Hammer, & Rosario, 1993), withdrawal (e.g., Dodge, Pettit, & Bates, 1994), emotion understanding (Rogosch, Cicchetti, & Aber, 1995), and emotion regulation (Kim & Cicchetti, 2010). Maltreated children have been found to be less popular (e.g., Dodge et al., 1994; Haskett & Kistner, 1991; Rogosch & Cicchetti, 1994; Salzinger et al., 1993), have lower social competence (Shields, Cicchetti, & Ryan, 1994), and be less socially accepted (Shonk & Cicchetti, 2001). Further, maltreated children have lower self-worth (Burack et al., 2006) and a more negative self-concept (Cicchetti, Lynch, & Shonk, 1992; Vondra, Barnett, & Cicchetti, 1989), which may affect the way they perceive their peer relationships. There is evidence to suggest these trends in childhood peer relationships continue into adolescence (e.g., Lansford et al., 2002), perhaps through communication and perceptual difficulties (Ehrlich, Cassidy, Lejuez, & Daughters, 2014), hostile attributional biases (Dodge, 1993), and discomfort with attachment-related affect (Larose & Bernier, 2001; Spangler & Zimmermann, 1999). The effect that maltreatment has on attachment, self-worth, and social behavior has important implications for how adolescents perceive their social acceptance among peers.

## 2. The interpersonal theory of depression

The interpersonal theory of depression suggests that problematic relationships contribute to depressive symptoms (Coyne, 1976), which may explain the development of depressive symptoms among adolescents whose relationships with parents and peers have been affected by their history of maltreatment. Adolescents who have negative relationships with their parents have been found to have higher rates of depression and greater internalizing symptoms (e.g., Bakermans-Kranenburg & van Ijzendoorn, 2009; Brumariu & Kerns, 2010; Lee & Hankin, 2009). Adolescent-parent relationships have also been shown to mediate the association between childhood maltreatment and adolescent depression and internalizing symptoms (Flynn, Cicchetti, & Rogosch, 2014; Hankin, 2005). Of note, many studies utilize multiple self-report measures, creating a possible bias from shared method variance. To address this, this study aims to develop a new collateral-report assessment of depressive symptoms.

Negative peer relationships and peer rejection similarly create risk for the development of depression (Nolan, Flynn, & Garber, 2003; Rudolph, Flynn, & Abaied, 2008). When negative peer relationships were considered among maltreated school-aged children, maltreatment was related to internalizing symptoms directly and indirectly through its influence on social competence (Kim & Cicchetti, 2004). Self-worth is another important mediator of the association between childhood maltreatment and adolescent internalizing symptoms (Flynn et al., 2014), and the way adolescents perceive of themselves may influence whether they believe their peers like and accept them. To our knowledge, no studies have specifically examined the association between childhood maltreatment, adolescent perceptions of peer social acceptance, and adolescent depressive symptoms.

## 3. Gender

The literature on prevalence rates of depression has consistently shown that beginning in adolescence, females have higher rates of depression than males (e.g., Cohen, Cohen, Kasen, & Velez, 1993; Nolen-Hoeksema, 1990). Some researchers suggest that compared to males, females may be more influenced by relationships (Cyranowski, Frank, Young, & Shear, 2000; Feingold, 1994), may hold themselves more accountable for the quality of negative relationships, and may be more sensitized to interpersonal stresses (Nolen-Hoeksema & Jackson, 2001). Therefore, interpersonal consequences of childhood maltreatment may be particularly harmful for adolescent females as compared to males.

However, the empirical literature on gender differences in the association between maltreatment, interpersonal relationships, and depression has been mixed. Some studies suggest that women with maltreatment histories are at higher risk for depression than men (Fletcher, 2009; MacMillan et al., 2001), and others do not (e.g., Gershon, Minor, & Hayward, 2008; Kessler, Davis, & Kendler, 1997; Pimlott-Kubiak & Cortina, 2003). Studies examining the link between maltreatment and peer relationships, and peer relationships and depressive symptoms in adolescence have often not found gender differences (Bolger & Patterson, 2001; La Greca & Harrison, 2005; Witvliet, Brendgen, Van Lier, Koot, & Vitaro, 2010). To our knowledge, no studies have examined the effect of gender on interpersonal relationships and depression in adolescents with a history of maltreatment. Given the emergence of different prevalence rates of depression by gender beginning in adolescence, and the literature suggesting that interpersonal relationships may be more salient for females than males, it is important to determine whether interpersonal mechanisms for the development of depression among maltreated adolescents hold for both genders.

## 4. Study hypotheses

We hypothesize that maternal relationship quality and peer social acceptance will mediate the association between childhood maltreatment and adolescent depressive symptoms. We further hypothesize that gender will moderate these interpersonal processes, such that mediation will be significant for females and not males. This study further aims to develop a new collateral-report measure

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