



Contents lists available at ScienceDirect

Journal of Adolescence

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

Cumulative experiences with life adversity: Identifying critical levels for targeting prevention efforts[☆]



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ARTICLE INFO

Article history:

Available online 6 June 2015

Keywords:

Life adversity

Depression

Aggressive behavior

Adolescents

ABSTRACT

This paper aims to assess the role of individual types and cumulative life adversity for understanding depressive symptomatology and aggressive behavior. Data were collected in 2011 as part of the Teen Life Online and in Schools Study from 916 ethnically-diverse students from 12 middle, K–8, 6–12 and high schools in the Midwest United States. Youth reported an average of 4.1 non-victimization adversities and chronic stressors in their lifetimes. There was a linear relationship between number of adversities and depression and aggression scores. Youth reporting the highest number of adversities (7 or more) had significantly higher depression and aggression scores than youth reporting any other number of adversities suggesting exposure at this level is a critical tipping point for mental health concerns. Findings underscore an urgent need to support youth as they attempt to negotiate, manage, and cope with adversity in their social worlds.

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There are many stressful experiences in childhood related to poor mental health and behavior. Many studies focus on non-victimization adversities and chronic stressors such as physical health problems, and others focus on problems specifically within the family context, such as alcohol and drug abuse and job loss. Indeed, research has documented that, individually, adverse life events such as inter-parental conflict (Buehler et al., 1997) and parental substance use (Elkins, McGue, Malone, & Iacono, 2004) are related to externalizing or aggressive behaviors. *Cumulatively*, life adversity is especially important for long term health risks such as depression and anxiety disorders (Goodyer & Altham, 1991; Hazel, Hammen, Brennan, & Najman, 2008; Kim, Conger, Elder, & Lorenz, 2003; Phillips, Hammen, Brennan, Najman, & Bor, 2005; Rudolph & Flynn, 2007; Spinhoven et al., 2010; Turner, Finkelhor, & Ormond, 2006; Turner & Lloyd, 2004), other psychiatric disorders (Benjet, Borges, & Medina-Mora, 2010; Benjet, Borges, Méndez, Fleiz, & Medina-Mora, 2011; Turner & Lloyd, 1995), substance use (Benjet, Borges, Medina-Mora, & Méndez, 2013; Lloyd & Turner, 2008; Turner & Lloyd, 2003), and externalizing or aggressive behavior (Kim et al., 2003; Turner et al., 2006). Further, retrospectively reported childhood adversities are related to first

[☆] This research was supported by a grant from the Eunice Kennedy Shriver National Institute of Child Health & Human Development of the National Institutes of Health under Award Number R01HD061584 (Brendesha Tynes, PI). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

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onset of DSM-IV disorders (mood, anxiety, substance abuse, disruptive behaviors) in adulthood with cumulative adversities playing a more critical role than any individual type (Green et al., 2010).

Although there appears to be a dose–response association between adversity and negative outcomes (Turner et al., 2006) whether there is a “tipping point” for when amount of adversity is most strongly related to depressive symptomatology and aggressive behavior is unclear; and even less is known about whether there are specific groups of adversities that are most influential in adolescence while taking into account others, as research to date has focused on either specific and individual forms of adversity or cumulative adversity.

The current study aims to fill some of these gaps in the literature and provide some recommendations for prevention. Specifically we explore youth experiences with specific types of non-victimization life adversities and chronic stressors. Then we examine cumulative adversity more closely to see if there is a “tipping point” in which adversity is most closely related to depressive symptomatology and aggressive behavior.

Method

Participants

Data were collected in 2011 as part of a larger study focused on the risk and protective factors associated with the online experiences of an ethnically and racially diverse sample of sixth through 12th graders ($N = 1031$). Participants were recruited from a total of 12 public schools (i.e., middle schools, K–8, 6–12, and high schools). Two schools were K–8, three were 6–8 middle schools, one was 6–12, and six were high schools (9th–12th grade). Six schools were located in a major metropolitan area, and six were in small non-metropolitan communities. Parental consent forms were returned by 49.8% of students.

Since the construct of life adversity is the main focus of the current paper we limit our analytic sample to the 916 youth who have complete data on these items. This sub-sample is comprised of 53% females ($n = 486$) and 47% males ($n = 427$) (three youth did not specify gender) with an average age of 14. Twelve percent of students were in the sixth grade ($n = 107$), 33% were in grades seventh–eighth ($n = 303$), and 55% in grades ninth–12th ($n = 501$) (five youth did not have data on grade). Twenty-eight percent of youth self-identified as White, non-Hispanic ($n = 258$), 33% were Black, non-Hispanic ($n = 306$), 20% as Hispanic ($n = 185$), and 17% were of some other race ($n = 154$) (13 youth did not specify race or ethnicity). The majority of adolescents reported their country of birth was the U.S. (i.e., 88%). Most students (80%) reported that at least one parent had a high school education or higher (an additional 15% did not know either parent's educational attainment).

Procedure

Research assistants distributed informational flyers and consent forms (in English and Spanish) to students after a brief 10-min presentation at schools. Students were told that the study focused on learning more about students' experiences with the internet. At an agreed upon date with school administrators, the research team returned to schools to administer surveys via a web link to students who obtained parental consent. Surveys were programmed and administered using surveymonkey.com, and survey administration took place in school computer labs (or onsite labs created by the research team by bringing laptops into a classroom). Participants provided online assent at the beginning of the survey, and answered questions addressing topics such as general internet use, discrimination and victimization experiences, cultural orientation, and psychosocial functioning. On average, students completed surveys in 45 min. Research assistants were present to inform students of confidentiality, answer questions, and troubleshoot any technical difficulties. Each participant received a \$15 gift certificate, and schools received a stipend. All procedures were approved by the University of Southern California and the University of Illinois Institutional Review Boards.

Measures

Non-victimization life adversity and chronic stressors

Non-victimization life adversity and chronic stressors in childhood was assessed by a comprehensive lifetime adversity measure developed and validated on a sample of university students (Turner & Butler, 2003). This scale has also been utilized in multiple nationally studies conducted with youth across the United States. For example, Turner and colleagues noted an average of 3.38 non-victimization adversities among a nationally representative sample of 10–17 year old youth who participated in the Developmental Victimization Survey (Turner et al., 2006). In that study, no differences were noted by sex; Hispanic youth ($M = 3.86$) and Black youth ($M = 3.66$) reported more adversity than White youth ($M = 3.22$) or youth of another race ($M = 2.94$). Adversity was also higher among youth living with a parent who a) had a high school education or lower, b) lived in a lower income household (<\$20,000 annually), and c) lived in a stepfamily or with a single parent. The measure includes 15 non-violent traumatic events and chronic stressors. Non-violent traumatic events include serious illnesses, accidents, and parental imprisonment; and chronic stressors include substance abuse by family members and homelessness. With respect to divergent validity, non-victimization adversity has been shown to have unique effects on mental health, distinct from effects of victimization experiences (Turner et al., 2006). If a specific stressor was present at least once in the child's lifetime, they were given a code of 1 on that item.

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