



## Psychological distress as a mediator of the relationship between childhood maltreatment and sleep quality in adolescence: Results from the Maltreatment and Adolescent Pathways (MAP) Longitudinal Study<sup>☆</sup>

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### ABSTRACT

Childhood maltreatment represents an important public health concern, as it is often associated with a host of negative outcomes across development. In recent years, researchers have begun to examine the link between negative health-related behaviors and history of childhood maltreatment. The current study considers the relationship between history of childhood maltreatment and sleep disturbances in adolescence. Further, the role of psychological distress is considered as an explanatory link between childhood maltreatment and adolescent sleep disturbances. The current study is a secondary analysis using a subsample ( $N = 73$ ) of child welfare-involved youth who participated in the initial and 2-year time-point of the Maltreatment and Adolescent Pathways (MAP) Longitudinal Study on the variables of interest. Youth reported on lifetime maltreatment experiences, psychological distress, and sleep disturbances, in addition to the other measures administered as part of the larger MAP study protocol. More severe childhood maltreatment was related to increased sleep disturbances during adolescence, and psychological distress was a significant mediator of the childhood maltreatment-adolescent sleep disturbance association. The results demonstrate that a history of childhood maltreatment represents a risk factor for sleep disturbances in adolescence. The findings highlight the importance of inquiring about health-related behaviors in child welfare youth and the need to promote psychological well-being within this population.

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## Introduction

Childhood maltreatment is a serious public health concern, associated with a myriad of negative sequelae across the lifespan, including short-term and long-term consequences related to physical (e.g., adverse physical health outcomes; Hager & Runtz, 2012), emotional (e.g., emotion dysregulation; Kim & Cicchetti, 2010), cognitive (e.g., poor executive functioning; Beers & De Bellis, 2002), social (e.g., dysfunctional romantic relationships; Wekerle et al., 2009), and behavioral (e.g., aggression; Kotch et al., 2008) functioning. To date, research has largely focused on mental health outcomes associated with childhood maltreatment (e.g., depression, suicide ideation/attempts, anxiety; Bolger & Patterson, 2001; Fergusson, Boden, & Harwood, 2008; Flett, Druckerman, Hewitt, & Wekerle, 2012; Rhodes et al., 2013; Tanaka, Wekerle, Schmuck, Paglia-Boak, & The MAP Research Team, 2011); however, emerging evidence suggests that childhood maltreatment has long-term detrimental consequence for health and health-related behaviors that have a known impact on health outcomes (Chartier, Walker, & Naimark, 2010; Hussey, Chang, & Kotch, 2006). Despite this accumulating support, significant gaps in the literature exist, particularly with respect to poor health and health-related behaviors during the adolescent period and an understanding of the mechanisms through which childhood maltreatment is translated into such outcomes. There is a particular lack of knowledge with respect to the welfare of youth with histories of maltreatment that are receiving social services. Child welfare-involved youth represent a specific sample in which the maltreatment tends to be clearer (i.e., validated child protection cases) than in a community or a national sample. Additionally, child welfare youth receive services longitudinally and, within Ontario, child welfare organizations are mandated to both protect the safety of the child and to promote their well-being. With this in mind, the purpose of the current study was to examine the mediating role of maltreatment-related psychopathology (i.e., psychological distress) on the relationship between severity of childhood maltreatment and negative health indicators, namely sleep disturbances, in urban youth involved in child protection services.

A growing body of research has provided support for the negative long-term physical health consequences of childhood maltreatment, although the majority of research examining poor physical health outcomes in individuals with a history of childhood maltreatment has focused almost exclusively on adult populations. For instance, the adult literature has identified links between a history of childhood maltreatment and increased engagement in risky sexual behaviors, substance abuse, poor self-reported health, multiple medical problems, and higher levels of health care utilization (Chartier et al., 2010; Rodgers et al., 2004). To a lesser extent, the literature contains studies examining the association between childhood maltreatment and behaviors that pose a risk to physical health in adolescence. Adolescence is an important developmental stage in which to understand risk factors for poor health and health-related behaviors in individuals with a history of childhood maltreatment as health-related habits, values, and lifestyles formed during adolescence often endure across the lifespan and, consequently, have long-term implications for health and well-being (Maggs, Schulenberg, & Hurrelmann, 1997). As such, a health-risk construct that may emerge during adolescence, and has known repercussions for health outcomes across the lifespan, is sleep problems.

### *Sleep Disturbances*

Sleep represents an important marker of physical health-related functioning, essential for maintaining optimal health and functioning, particularly during adolescence when important processes of growth and maturation take place (Dahl & Lewin, 2002). Poor sleep is related to a host of negative health outcomes in adolescents, including depression and poor cognitive and social functioning (Carskadon, Acedbo, & Jenni, 2004; Fredriksen, Rhodes, Reddy, & Way, 2004).

Within the maltreatment literature, few studies have examined the association between history of maltreatment and sleep, particularly with respect to the long-term influences of maltreatment on sleep problems. Several studies have provided support for a more proximal link between childhood abuse and a greater number of sleep disturbances in childhood (Glod, Teicher, Hartman, & Harakal, 1997; Sadeh et al., 1995). In terms of adult outcomes, a study by Greenfield, Lee, Friedman, and Springer (2011) found that adults with a history of abuse were at an elevated risk for sleep problems. Similarly, a study conducted using a large sample of adults from Finland found a strong association between childhood adversities and quality of sleep in adulthood (Koskenvuo, Hublin, Partinen, Paunio, & Koskenvuo, 2010). A recent retrospective study found support for a link between adverse childhood experiences suggestive of child maltreatment (e.g., physical abuse, sexual abuse, and witnessing domestic violence) and frequent insufficient sleep in adulthood (Chapman et al., 2013). Noll, Trickett, Susman, and Putman (2006) found support for a prospective link between child welfare-involved girls with a history of childhood sexual abuse ( $n = 78$ ) and an increased likelihood of reporting sleep problems in adolescence. Thus, research to date provides some evidence for a positive association between childhood maltreatment and subsequent sleep problems, although the way in which this relationship unfolds during the adolescent period is not well understood.

### *Pathway from Childhood Maltreatment to Health Outcomes*

The literature that has examined the maltreatment–health relationship has strongly recommended future research to consider the role of mediators, such as maltreatment-related psychopathology, in order to better understand the pathways through which childhood maltreatment leads to subsequent health outcomes across development (Greenfield et al., 2011; Noll et al., 2006; Shin & Miller, 2012). Psychological distress, including experiences of depression, anxiety, and PTSD, is a construct that has repeatedly been associated with a history of childhood maltreatment (Grassi-Oliveira & Stein, 2008;

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