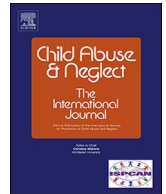




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Relationship and community factors related to better mental health following child maltreatment among adolescents



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ABSTRACT

Research on factors associated with good mental health following child maltreatment is often based on unrepresentative samples and focuses on individual-level factors. To address these gaps, the present study examined the association between relationship- and community-level factors and overall mental health status among adolescents with and without a history of maltreatment in a representative sample. Data were drawn from the National Comorbidity Survey of Adolescents (NCS-A; $n = 10,148$; data collection 2001–2004); a large, cross-sectional, nationally representative sample of adolescents aged 13–17 years from the United States. Having supportive parent and family relationships were significantly associated with good mental health (AOR ranging from 2.1 to 7.1). Positive community and school experiences were also significantly associated with good mental health (AOR ranging from 2.0 to 9.8). In most models, support from friends and siblings was not related to better mental health. Factors to be tested for efficacy in interventions targeted to adolescents with a history of child maltreatment include encouraging supportive parent and family relationships, and fostering positive community and school experiences.

Child maltreatment is associated with adverse life-long outcomes including mental disorders (Afifi et al., 2014; Kessler et al., 2010), physical health conditions (Afifi, MacMillan, Boyle et al., 2016; Afifi, Mota, MacMillan, & Sareen, 2013; Barnes & Josefowitz, 2014; Gilbert et al., 2009), and an overall poor quality of life (Afifi et al., 2007; Barnes & Josefowitz, 2014; Gilbert et al., 2009). In

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addition, child maltreatment is related to lower levels of academic achievement (Barnes & Josefowitz, 2014; Currie & Widom, 2010), occupational attainment (Barnes & Josefowitz, 2014), and income, which can extend across the lifespan (Afifi et al., 2007; Barnes & Josefowitz, 2014). Fortunately, not all individuals who experience child maltreatment will experience these negative outcomes. Therefore, identifying what factors are related to having better mental health outcomes following child maltreatment may have important implications for intervention development.

The factors most commonly examined in the child maltreatment literature can be conceptualized according to the four levels of the ecological framework: 1) the individual, 2) the relationship, 3) the community, and 4) the society (World Health Organization [WHO], 2016). The individual-level factors relate to the intrapersonal characteristics of a person, such as psychological, biological, and personality factors. The relationship-level factors refer to the quality of individuals' close relationships including connections with friends, peers, romantic partners, and family members. The community-level factors are specific to interactions within the environmental or community context, including places of employment, neighborhoods, and schools. Finally, at the societal level, factors related to a society's economy, social policy, and cultural norms, may promote or inhibit the development of violence (Afifi & MacMillan, 2011). Although most research has focused on the link between individual-level factors and mental health outcomes following child maltreatment (Afifi & MacMillan, 2011; Ungar, 2013), some researchers contend that not enough attention has been given to relationship and community factors (Ungar, 2013). Relationship factors that have been found to be associated with better mental-health outcomes include strong family relationships (Afifi & MacMillan, 2011; Afifi, MacMillan, Taillieu et al., 2016; Domhardt, Münzer, Fegert, & Goldbeck, 2014; Folger & Wright, 2013; Marriott, Hamilton-Giachritsis, & Harrop, 2014; Nasvytienė, Lazdauskas, & Leonavičienė, 2012), stable family structures (Afifi & MacMillan, 2011; Domhardt et al., 2014), and positive peer relationships (Eisenberg, Ackard, & Resnick, 2007; Folger & Wright, 2013; Kia-Keating, Sorsoli, & Grossman, 2010; Nasvytienė et al., 2012). Researchers have also identified community-level factors within the domain of school and academia, including academic achievement (Afifi & MacMillan, 2011; Domhardt et al., 2014; Goldstein, Faulkner, & Wekerle, 2013; Marriott et al., 2014; Topitzes, Mersky, Dezen, & Reynolds, 2013), school engagement (Williams & Nelson-Gardell, 2012), commitment to school (Afifi & MacMillan, 2011; Topitzes et al., 2013), and caring teachers (Eisenberg et al., 2007).

Most studies examining factors related to better mental health outcomes use unrepresentative or clinical samples (Collishaw et al., 2007; Goldstein et al., 2013; Kia-Keating et al., 2010) are retrospective (Afifi, MacMillan, Taillieu et al., 2016; Barnes & Josefowitz, 2014; Domhardt et al., 2014; Goldstein et al., 2013; Kia-Keating et al., 2010), and are limited to a single type of child abuse (Domhardt et al., 2014; Eisenberg et al., 2007; Holmes, Yoon, Voith, Kobulsky, & Steigerwald, 2015; Rosenthal, Feiring, & Taska, 2003; Williams & Nelson-Gardell, 2012) or adverse outcome (Holmes et al., 2015). Moreover, some studies examine better mental health outcomes in terms of an absence of psychopathological symptoms (Williams & Nelson-Gardell, 2012). However, the definition of mental health is not limited to the absence of mental disorders, but includes the presence of positive functioning and well-being (WHO, 2005). Subjective mental health is important to consider because an individual who meets diagnostic criteria for a mental disorder may concurrently experience positive well-being. Conversely, an individual may endorse overall poor well-being in the absence of a mental disorder.

The present study seeks to address several limitations of past research by examining a more comprehensive measure of mental health (that includes perceived mental health, mental disorders, and suicidal ideation), and several child maltreatment types (i.e., physical abuse, emotional abuse, sexual abuse, physical neglect, and exposure to intimate partner violence (IPV)) in a nationally representative sample of adolescents. The current study also examines ecological levels (i.e., relationship and community) that have been largely ignored in extant research. The objectives of this study were to: 1) examine the distribution of sociodemographic factors across an overall measure of mental health based on three mental health indicators; 2) examine the association between having supportive interpersonal relationships (parental, sibling, and friends) and overall mental health status; and 3) examine the association between specific neighborhood and school factors and overall mental health status, among adolescents with and without a history of child maltreatment.

1. Material and methods

1.1. Data and sample

Data were from the National Comorbidity Survey of Adolescents (NCS-A) master file. The NCS-A is a large, cross-sectional, nationally representative survey of adolescents aged 13–17 years from the US ($n = 10,148$). Data were collected using a dual frame sample design including a household subsample (response rate = 85.9%) and a school subsample (response rate = 74.7%), and utilized computer-assisted face-to-face interviews conducted in computer-assisted personal interviews by trained interviewers. Computer-assisted self-administered interviewing was used to collect sensitive information (Kessler et al., 2009). Individuals who were not attending school or institutionalized at the time of data collection were not included in the survey. Written informed consent from a parent and the adolescent was obtained (Kessler et al., 2009). Recruitment, consent, and data collection for the NCS-A was approved by The Human Subjects Committees of both Harvard Medical School (HMS) and the University of Michigan (Kessler et al., 2009). The NCS-A dataset has been previously utilized in other recent studies (e.g., Avenevoli, Swendsen, He, Burstein, & Merikangas, 2015; Lee-Winn, Townsend, Reinblatt, & Mendelson, 2016; Marshall, 2016), and is a publicly available dataset that is available to qualified university researchers who are granted access to the data through an application process.

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