

The Long-Term Effects of Familial Difficulties Experienced in Childhood: Predictors of Internalizing Behavior Problems during the Early Adolescent Period and Late Life Periods

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Abstract : This study utilized data (a sample of 18,553 people born in 1958 in England, Scotland, and Wales) from the National Child Development Study of 1968 and 1991 to explore the influence of familial difficulties on the internalizing behavioral patterns during the early adolescent period and late life outcomes periods. In this paper, internalizing behavioral problems include 'depression', 'anxiety', 'hostility to adults', 'hostility to children', and 'withdrawal'. Late outcomes were analyzed in two different variables and one marital management domain: 'unemployment', 'seen doctors about emotional problems', 'divorce or separation; never lived as a couple; arguments end in violent behavior' The results indicate that young adolescents who had experienced familial difficulties also have internalizing behavioral problems giving them emotional and behavioral instability. The findings also show that familial difficulties during childhood positively contribute to late life outcomes such as unemployment, emotional problems, and marital management. This study suggests that in order to effectively respond to the needs of children and adolescents who have experienced various familial difficulties, counselors and educators must guide parents.

Key Words : Familial Difficulties, Internalizing Behavior Characteristics, Life Outcomes

I. Introduction

The prevalence of internalized mental health problems such as depression, withdrawal, and anxiety in adolescents is well documented with an estimated rate of over 10% (Walker & Townsend, 1998). Mental health problems in adolescents are not only a transitional phenomena during adolescence, but they are also a significant developmental problem, as adolescents with

mental health problems may experience difficulties in appropriate social adjustment for the preparing of their future. In an attempt to understand the experience of internalizing problems in adolescents, much research has been carried out on the relationship between familial (financial or parental) disadvantage and internalizing/externalizing behavioral outcomes among adolescents (Phillips et al, 2003; Shek, 2002; Eamon, 2001; Coley & Chase-Lansdale, 2000) and the relationship between adult physical

health, marital function, and depression in adults (Hasson , 2004; Zimmerman et al, 2004; Young , 2004; Graham & Archer, 2003; Davis et al, 2002; Chou & Chi, 2001; Zank & Leipold, 2001).

Mental health status during childhood and adolescence may vary, because the child is experiencing different environmental events and may have different levels of capacity to cope with any number of situations. The first theoretical perspective is to analyze the gender differences in general mental health rates. Gender differences in mental health problems are generally acknowledged as Sohn (2003) and Oregon Youth Authority (2002) point out: females are more likely to have internalizing behavior problems and disturbed peer relationships, which are significant predictors of increased depression, withdrawal, and anxiety. It is also accepted that girls have lower self-esteem than males in adolescence (Block and Robins, 1993). The explanation for higher levels of mental health problems among females suggests that female's lesser social participation may influence the way in which they develop their mental health (Adler, 1981). The general path of female socialization conditions them to feel a sense of powerlessness, thus suppressing their independence in their life management. Other researchers explain the gender differences in the age of the onset of puberty (Stattin and Magnusson, 1990; Simmons and Blyth, 1987).

The second theoretical perspective is to explore the familial and environmental characteristics where the child is situated. In this perspective, people consider the internalizing and externalizing behavioral characteristics that arise within and out of the child during his/her developmental period.

For instance, children of divorced or separated families are frequently exposed to increased stressors and exposure before the age of 6 which leads to a greater chance that the individual will exhibit behavioral problems (Roger, 2004; Kelly & Emery, 2003). Similar research also indicates that children who have lost a parent are at a greater risk of developing mental health problems (Felner et al, 1980). It is further suggested that familial and economic stressors impact mental health outcomes among adolescents (Phillips, 2003; Shang & Wu, 2003; Robertson & Simons, 1989). There is also much evidence associating adverse marital relationships and the child's psychosocial performance. Tolman & Rosen (2001) found a positive relationship between domestic violence and the wife's mental health. Appelberg et al. (1996) reported that life dissatisfaction related to marital where conflicts predictors of low levels of work performance.

Based on the previous study, by changing familial and economic circumstances/situations, we can improve the mental and behavioral health among troubled adolescents. It may be possible to suppose that the disturbed internalizing and externalizing behaviors even during adolescents and adults begins during their child years in which familial difficulties (i.e., financial, housing, marital problems and loss of parents) were experienced. Familial difficulties at an earlier age may increase the likelihood of neglected or abusive parenting which is known as an important predictor of later negative behavior exhibited in children. Therefore, in order to provide better ideas for treatment and prevention, it may be important to explore whether or not the prognostic factors relating to childhood

familial difficulties are associated with the onset of internalizing behavioral problems in adolescent periods and the indicators of later emotional, behavioral, and marital problems.

Furthermore, there are a limited number of longitudinal studies examining the relationship between childhood experiences and later emotional and behavioral outcomes. The present study aims to predict the possible long-term impact of childhood familial difficulties on the internalizing and externalizing behaviors of adolescents over 10 years old. It also attempts to assess the relationship between childhood familial difficulties and later emotional, social, and marital development over 33 years.

II. Methods

1. National Child Development Study

The NCDS(National Child Development Study) consists of 18,553 children which includes every child born in the week of March 3rd to 9th in 1958 in England, Scotland and Wales. The study notes familial, physical, emotional, behavioral and educational features at birth and then later in life. The data was obtained through surveys carried out in 1965(NCDS1), 1968(NCDS2), 1974 (NCDS3), 1981(NCDS4), and 1991(NCDS5).

This study, based on a sample of early adolescents and people aged 33 from NCDS2 and NCDS5, examines the relationship of familial difficulties to internalizing behavioral characteristics during adolescence and late life.

The t-test was used to examine the gender

difference between gender groups. Regression analyses were conducted to further examine the longitudinal association between familial difficulties during childhood, adolescent internalizing/externalizing behavior characteristics, and later life outcomes.

2. Measure of Familial Difficulties, Internalizing Behavioral Characteristics, and Late Life Outcomes

<Table 1> presents the general overview of the measures included in this study. For familial difficulties, using yes or no answer, each of the parents filled out the scales with regard to his or her familial difficulties i.e. Housing, Financial, Physical Illness, Disability, Mental Illness, Neurosis, Death of Father, Death of Mother, Divorce, Separation, and Domestic Tension.

In order to assess the adolescent's internalizing behavioral characteristics, the study uses reports written by their teachers. It is a 5 item inventory comprising of depression, anxiety, hostility towards adults, hostility towards children and withdrawal. For each item, there is a scale consisting of seven degrees. More specifically, the details of each item are: (1) Depression - whether or not the student flies into a temper if provoked; whether or not the student has no energy; whether or not the student lacks physical energy (persistence manual tasks); whether or not the student has no life in him or her; whether the student just sits; whether or not the student shuffles restlessly (posture) (2) Anxiety - whether or not the student is very anxious to do jobs; whether or not

<Table 1> Measures Used in This Study

Measures		Assessment Methods
Measure of Familial Difficulties at Early Adolescent Period	Housing Financial Physical Illness, Disability Mental Illness, Neurosis Death of Father Death of Mother Divorce, Separation Domestic Tension	Parental questionnaire: Whether or not the respondents had experienced the given familial difficulties Cronbach's $\alpha=.915$
Measure of Internalizing Behavioral Problem at Age 10	Depression Anxiety Hostility towards Adults Hostility towards Children Withdrawal	School Teacher's Questionnaire: Measured in terms of whether or not the student had shown the given syndromes Cronbach's $\alpha=.573$
Measure of Late Life Outcomes at Age 33	Unemployment: Unemployed and seeking work included anyone who was out of work but actively seeking work Ever Seen Doctors about Emotional Problems Divorce and Separation: legally divorced or separated Never Lived as a Couple: legally married or not Argument Ends in Violent Behavior	Outcomes measured in the employment status, emotional problem, Divorce or separation, marital status, and argument style with spouse

the student seeks attention; whether or not the student craves sympathy (3) Hostility towards adults - whether or not the student has stolen money or other objects; whether or not the student always regards punishment as unfair; whether or not the student has a wild, hostile look in the eyes; whether or not the student is very naughty, difficult to discipline; whether or not the student is aggressive (screams, throats, violence) (4) Hostility towards children - whether or not the student disturbs others' games in informal play or likes to frighten; whether or not the student hurts by pushing or hitting; whether or not the student makes insulting remarks; whether or not the student tolls others; whether or not the student

hides other children's things (5) Withdrawal: whether or not the student never greets the teacher; whether or not the student does not answer when greeted; whether or not the student makes a friendly or eager response; whether or not the student avoids talking to the teacher; whether or not the student is distracted (lives in another world or is inattentive); whether or not the student is uninterested in team games.

For late life outcomes, the sample aged 33 were asked to report about current employment status, whether he or she has ever seen a doctor about emotional problems, marital status, whether he or she has lived as a couple, and how he or she manages arguments.

III. Results

The results consist of three parts. The first part presents the overall information of internalizing behavioral characteristics of early adolescents. The second part presents the mean values for each of the internalizing behavioral characteristics and identifies the gender difference of the sample. The third part presents findings from the regression analyses conducted to examine the effect of familial difficulties on adolescents' internalizing behavioral characteristics and later life outcomes.

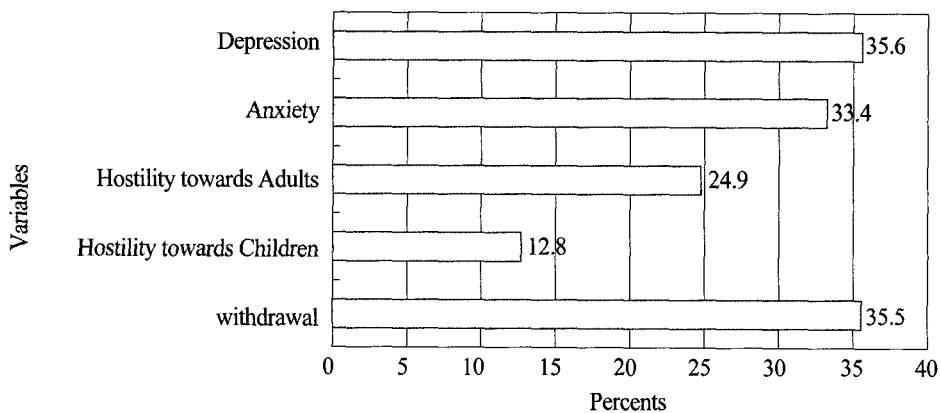
1. Internalizing Behavioral Characteristics at Age 10

<Figure 1> presents descriptive information on the internalizing behavioral outcomes of the children at (age 10). The internalizing behavioral scales of young adolescents at age 10 ranged from 10.8 to 35.6 (See figure 1.). Nearly 36 percent of

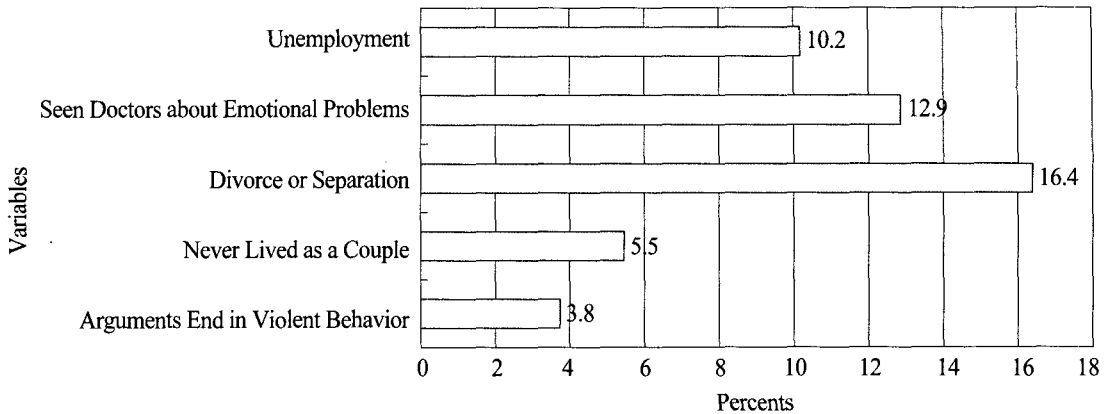
children have had depressive symptoms and about 33 percent of children have been anxious. About 25 and 12.8 percent of children showed hostility towards adults and children, respectively; 35.5 percent reported withdrawal problems.

2. Unemployment, Emotional Problems, and Marital Management Characteristics

<Figure 2> presents the type of employment, emotional status, and marital management characteristics experienced by the target group at age 33. About ten percent of the people in the survey are unemployed, and 12.9 percent of the people had seen doctors about emotional problems. For marital management, approximately 16 percent of the people experienced divorce or separation. A small number (about 4 percent) reported a form of marital conflict e.g., 'arguments ended in violent behavior'.



<Figure 1> Internalizing Behavioral Characteristics at Age 12 (n=18,553)



<Figure 2> Unemployment, Emotional Problems, and Marital Management Characteristics at Age 30 (n=18,553)

3. Gender Difference of Internalizing Behavioral Problems during Early Adolescence

To examine gender differences of internalizing behavioral characteristics during early adolescence, an independent t test for two gender groups was computed (see Table 2). There were significant differences between gender groups. Consistent with a previous study (Sohn, 2003), boys have more internalizing behavioral problems than do girls except in the area of anxiety (Depression/t=13.418, $p < .001$; Anxiety/t=10.248, $p < .001$;

Hostility towards adults/t=9.249, $p < .001$; Hostility towards children/t=11.038, $p < .001$; Withdrawal/t=9.961, $p < .001$). Generally, internalizing behaviors were regarded as female dominant experiences. However, with the more earlier physical and psychological developments of the female adolescents than those of their male counterparts may facilitate the adoption of better coping skills, female students appeared to have developed positive coping behavior skills to manage the levels of internalizing behavior problems this gender group often experiences.

<Table 2> Gender Difference of Internalizing Behavior Characteristics at Age 10 (n=18,553; male=9593, female=8,960)

Internalizing Behavior	at Age 10				t
	Boys(mean)	SD	Girls(mean)	SD	
Depression	1.18	1.665	.84	1.427	13.418***
Anxiety	.79	1.463	1.06	1.748	10.248***
Hostility towards adults	.91	1.839	.65	1.586	9.249***
Hostility towards children	.35	.910	.20	.666	11.038***
Withdrawal	.40	.913	.27	.747	9.961***

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

4. Factors that Influence Internalizing and Externalizing Behavioral Problems during Early Adolescence

The nine predicting categorical variables have a statistically significant effect on young adolescents' internalizing behavior problems (see Table 3).

These variables are: sex, financial difficulty, physical illness or disability, housing, mental sub-normality, death of mother, divorce or separation, domestic tension, and conflicts with in-laws.

Females are less likely to have internalising and externalizing behavioral problems than males do at

age 10 (Depression: OR=.620, $p<.001$; Withdrawal: OR=.625, $p<.001$; Hostility towards adults: OR=.660, $p<.001$; of Hostility towards children: OR=.669, $p<.001$). Having experienced financial, housing, and physical illness problems as a child also predicts the likelihood of having internalizing or externalizing behavioral problems at age 10: Young adolescents who were raised in a family with financial difficulties, were significantly more likely to have depression, hostility towards adults, or hostility towards children (OR=1.870, $p<.001$; OR=1.870, $p<.001$; OR=1.849, $p<.001$), compared to students stemming from more financially stable families.

<Table 3> Correlates of Familial Difficulties experienced in Childhood and Internalizing Behavioral Characteristics at Age 10 (n=18,553; male=9593, female=8,960)

Familial Difficulties in childhood	At Age 10														
	Depression			Anxiety			Withdrawal			Hostility towards Adults			Hostility towards Children		
	Exp(B)	95.0% C.I.		Exp(B)	95.0% C.I.		Exp(B)			Exp(B)			Exp(B)	95.0% C.I.	
	Lower	Upper	Lower	Upper	Lower	Upper	Lower	Upper	Lower	Upper	Lower	Upper	Lower	Upper	
Sex	.620***	.580	.663	1.360***	1.272	1.454	.625***	.569	.685	.652***	.607	.701	.669***	.618	.724
Financial	1.870***	.808	1.936	.972	.902	1.047	.914	.829	1.007	1.870***	.805	1.941	1.849***	.783	1.921
Physical Illness, disability	1.892*	.796	1.000	1.043	.929	1.171	.903	.778	1.047	.892	.791	1.006	.996	.876	1.133
Housing	1.004	.908	1.111	1.111*	1.003	1.231	.985	.863	1.125	.999	.898	1.112	.950	.849	1.063
Mental Illness, Neurosis	.989	.890	1.099	.958	.861	1.066	.968	.842	1.111	1.033	.922	1.158	1.000	.885	1.130
Mental Sub-normality	1.007	.883	1.148	.970	.850	1.107	1.108	.933	1.317	.988	.860	1.134	1.157*	.942	1.291
Death of Father	.973	.791	1.196	.892	.726	1.096	1.170	.877	1.559	1.176	.938	1.474	.874	.695	1.099
Death of Mother	1.483***	1.175	1.872	1.014	.804	1.277	1.067	.779	1.462	1.065	.830	1.366	1.748***	1.347	2.269
Divorce or Separation	.953	.842	1.080	.982	.867	1.113	.876	.749	1.023	1.876*	.770	1.996	.906	.791	1.038
Domestic Tension	1.898**	.831	1.970	1.001	.926	1.082	1.850**	.767	1.941	.871	.803	.946	.921	.842	1.006
In Law Conflicts	1.066*	.996	1.140	1.027	.960	1.099	1.111*	1.012	1.220	1.130***	1.049	1.216	1.062	.981	1.149
Unemployment	.936	.846	1.036	1.030	.929	1.141	.999	.876	1.139	.998	.897	1.110	.66	.618	.724
	Chi-square=283.402 For 12 df			Chi-square=91.114 For 12 df			Chi-square=139.575 For 12 df			Chi-square=206.466 For 12 df			Chi-square=169.720 For 12 df		

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

<Table 4> Correlates of Familial Difficulties experienced in Childhood and Late Life Outcomes at Age 33 (male=9593, female=8,960)

Familial Difficulties in childhood	At Age 33														
	Unemployment			Seen Doctors about Emotional Problems			Divorce or Separation			Never Lived as a Couple			Arguments End in Violent Behavior		
	Exp (B)	95.0% C.I		Exp (B)	95.0% C.I		Exp (B)	95.0% C.I		Exp (B)	95.0% C.I		Exp (B)	95.0% C.I	
	Lower	Upper	Lower	Upper	Lower	Upper	Lower	Upper	Lower	Upper	Lower	Upper	Lower	Upper	
Sex	1.411**	1.125	1.770	1.056	.942	1.184	1.437	.728	2.837	1.051	.930	1.188	1.051	.867	1.275
Financial	1.071	.836	1.373	.992	.871	1.130	1.617	.617	4.238	.904	.790	1.035	.907	.730	1.126
Physical Illness, disability	.967	.661	1.414	.879	.719	1.074	.461	.187	1.136	1.127	.902	1.409	1.035	.730	1.468
Housing	.882	.623	1.248	1.829*	.686	1.001	.514	.198	1.333	1.192	.974	1.458	1.024	.745	1.406
Mental Illness, Neurosis	.992	.692	1.421	1.097	.916	1.312	1.391*	.184	1.831	1.263*	1.017	1.569	1.239	.928	1.654
Mental Sub-normality	1.021	.652	1.599	1.083	.868	1.351	2.110	.580	7.675	.732*	.575	.932	.685	.455	1.030
Death of Father	2.515	.870	7.268	.877	.632	1.217	1.926	.095	38.985	1.025	.711	1.479	.793	.430	1.464
Death of Mother	.519	.183	1.472	1.091	.755	1.577	.571	.028	11.496	.904	.603	1.354	1.118	.566	2.208
Divorce or Separation	.874	.582	1.311	1.307*	1.047	1.631	1.439	.349	5.935	.863	.690	1.080	1.493*	1.066	2.091
Domestic Tension	.925	.714	1.200	1.021	.893	1.167	.878	.386	1.997	1.021	.883	1.181	.905	.727	1.127
In Law Conflicts	1.007	.800	1.268	1.034	.918	1.165	2.259	.899	5.682	.995	.876	1.131	1.208*	.999	1.460
Unemployment	1.001	.713	1.404	.872	.727	1.046	1.361	.365	5.068	.989	.819	1.195	.907	.671	1.226
	Chi-square=13.314 For 12 df			Chi-square=17.770 For 12 df			Chi-square=15.226 For 12 df			Chi-square=16.535 For 12 df			Chi-square=15.292 For 12 df		

*p ≤ .05 **p ≤ .01 ***p ≤ .001

Students who were raised in a family where someone had a physical illness or disability are more likely to have depressive symptoms at age 10 (OR=1.892, p<.05) compared to those who were raised in families with no such problems. Experiencing housing problems also increases the likelihood of having anxiety at age 10 (OR=1.111, p<.05). Students who were brought in the family with mental normality are less likely to exhibit hostility towards children compared to those who were not in such families (OR=1.157, p<.05).

The effect of a mother’s death, divorce or separation, domestic tension, and conflicts with in-laws is also statistically significant. Students who

experienced the death of their mother (Depression: OR=1.483, p<.001; hostility towards children: OR=1.748, p<.001), divorce or separation (Hostility towards adults: OR=1.876, p<.001), domestic tension (Depression: OR=1.898, p<.01; Withdrawal: OR=1.850, p<.01) and in law conflicts in childhood (Depression: OR=.1066, p<.05; Withdrawal: p=1.111, p<.05; Hostility towards Adults: OR=1.130, p<.001) are more likely to experience depression, withdrawal, hostility towards adults or children compared to those who did not experience such problems.

Research has consistently shown that growing up in a problematic family has a negative impact

on the child's internalizing and (or) externalizing behaviors (Bianchi et al 2004; Risley-Curtiss et al, 2004; Rogers, 2004; Smith, 2004; Shang & Wu, 2003; Forehand et al, 1999; Robertson & Simons, 1989; Felner et al, 1980). The above results show that familial difficulties that occur during a child's life can negatively influence their later behavioral patterns. In other words, adolescents who experience negative transitions in their family matters as a child, tend to exhibit internalizing and externalizing behavioural characteristics negatively as they grow older.

4. Factors that Influence Late Life Outcomes

Six predictive variables of eleven familial difficulties and sex were found to have significantly influenced the odds of the subjects.

Housing problems, mental illness, mental sub-normality, divorce/separation, and in-law conflicts are associated with more emotional problems, divorce/separation, not living as a couple, and violent behaviour at age 33: compared to people who did not experienced those familial difficulties in childhood, people with familial difficulties were more likely to see doctors about emotional problems (OR=1.829, $p<.001$; OR=1.307, $p<.001$), to engage in divorce or separation (OR=1.391, $p<.001$), not to live as a couple (OR=1.263, $p<.05$), and to show violent behaviours in arguments (OR=1.493, $p<.05$; OR=1.208, $p<.05$).

Having experienced mental sub-normality in his or her family, also decreased the estimated odds of later living as a couple (OR=.732, $p<.05$). This figure indicates that people who experienced

familial mental sub-normality were more likely to live as a couple rather than be alone.

People who experienced familial difficulties in childhood appear to have worse psychological, behavioural, and marital outcomes in their later life than people who did not experience those familial difficulties. The later negative effects of housing problem, parental mental illness, divorce, and legal conflicts in childhood were particularly important variances to explain differences in later child outcomes in different familial situation. That is, the findings suggest that living in the family with negative transitions may produce negative consequences on children's behavioural and social development because in negative familial situations children are less likely to benefit from a well-organized environment.

IV. Conclusion

The present study was designed to explore two primary matters: (1) Is there a long-term impact of childhood familial difficulties on the mental characteristics of adolescents? And (2) Is there a relationship between childhood familial difficulties and later emotional, social, and marital status in adulthood?

The results indicate that childhood familial difficulties may play an important role in an adolescent's internalizing or externalizing behavior development, although the emotional and behavioral well-being of children and the selected later life characteristics in this study varies considerably depending on the type of familial difficulties. The frequency of adolescents' internalizing and

externalizing behavior problems could be elevated with the familial difficulties in childhood. Although the results showed support for many factors which contribute to elevated behavioral problems in adolescence, financial problems, physical illness, death of parents, and domestic tension appear to be the more important predictors for depression in adolescence. In addition, the effect sizes of financial problems, physical illness, housing, death of parents, divorce and employment were minimal for increasing anxiety and withdrawal problems. The potential for hostility towards adults or children via financial problems and death of mother were larger than physical illness, disability, mental illness, divorce/separation, domestic tension, and unemployment experiences in childhood. Gender differences were also observed in the present study. Females were more likely to have mental health problems. This finding suggests greater vulnerability of females to the problems of mental health.

These results indicate that children (especially female students) with familial difficulties could face difficult times in their cognitive-behavior adjustment during adolescence. It appears that adjustment during developmental periods may contribute to impairing proper social role functioning of children, which can produce negative mental health outcomes in adolescence.

Future research identifying other mental health problem enhancing behaviors should focus on aspects such as smoking, alcohol use, delinquent behaviors and so on. It seems likely that increased exposure to smoking, alcohol use, and delinquent behaviors in childhood may contribute to the development of more negative internalizing behaviors of adolescents.

In addition to the importance of the adjustment of children with familial difficulties, the present study makes an empirical contribution to our understanding of the relationships between childhood familial difficulties and later emotional, social and marital status in adulthood. The importance of intact family and optimal living arrangements in childhood is further illustrated by later life outcomes: Children from intact and better-off families are less likely to have emotional problems, to experience divorce or separation, to not have a family, and to exhibit violent behaviors than children with familial difficulties. In other words, the consequences of familial difficulties experienced during childhood can affect a child's internalizing and externalizing behavioral characteristics in the short and long run; its influence also extends beyond an individual's emotion. For example it can negatively affect how he or she chooses a behavioral or marital style. Recent studies have shown, that internalizing and externalizing behavior problems are prevalent in adolescence and those negative experiences are significantly related to an increased prevalence of future mental health problems in adulthood (Bebbington et al, 2004; Flouri, 2004; Mason et al, 2004; Sourander et al, 2004; Jackson et al 2003; Jackson & Warren, 2000).

There are limitations to the present study that should be acknowledged. First, the reliability problem of the internalizing behavior measurement scale at age 10 may require careful observation of this study. Second, generalizability of this study may also be questioned, because the sampling has been made within the UK. Another limitation to the longitudinal study derives from the large

amount of data loss over time because of the difficulties of follow-up.

In spite of these limitations, to some degree, this study provides empirical evidence that parental problems and living arrangements have an effect on children's internal and external behavioral characteristics at some period of the child's life. There are two practical implications that arise from this longitudinal study: the need for identifying adolescents who have experienced familial difficulties and the importance of developing an intervention program. That is, this study suggests that helping children with familial difficulties early may improve their emotional and behavioral well-being later in life. Furthermore, providing professional assistance to them may provide the encouragement needed for those victimized and vulnerable children to better manage their lives.

Acknowledgements

Special thanks go to Chongshin Research Fund for its generous support of this study.

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Received April 8, 2005

Accepted May 30, 2005