



Family and Peers as Crucial Contexts of Development across the Lifespan: A Review of Literature for Evidence-Based Practice

Walga TK*

Department of Psychology, College of Social Science and Humanities, Debre Berhan University, Ethiopia

*Corresponding author: Walga TK, Department of Psychology, College of Social Science and Humanities, Debre Berhan University, Ethiopia; E-mail: [kenenitmn\[at\]gmail\[dot\]com](mailto:kenenitmn[at]gmail[dot]com)

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Abstract

It is widely accepted that human development, behavior and characteristics are joint outcomes of genetic and environmental factors. Family is the first-line environmental factor or context that influences an individual's development, behaviour and characteristics for better or worse throughout the life course. Peers also play key roles in an individual's behaviour and development. This paper presents how family and peer relations influence persons' overall development either positively or negatively across the lifespan with an aim to help in overcoming the dearth of theoretical and empirical evidences for all stakeholders of child and youth development. To this end, it emphasises on how family and peer relations operate as risk-factors for maladaptive development and as protective factors against maladaptive development across the lifespan. Finally, the paper draws implications that might be helpful in guiding all stakeholders in charge of and responsible for healthy child and youth development in this nation and beyond.

Keywords: Juvenile Delinquency; Schools; Criminal Responsibility; Prevention

Introduction

Human development entails change and stability in multiple domains across the lifespan. In other words, development is a continuous process of change and stability throughout the lifespan and it happens in different but interdependent domains. Furthermore, this multi-faceted lifelong process does not occur in a vacuum. It occurs in several interrelated and interdependent contextual settings. Family is one of these contexts where development takes place. Indeed, it is the first line developmental context with broad and long-lasting influences that may lead to either positive or negative developmental outcomes based on the nature of the family. It is common to hear comments like 'family is a principal socializing agent'; 'family/ home is the first school'; 'family is the foundation of a society', etc. all of which speak to the importance of family to an individual child's development. In fact, the notion 'family is the foundation of a society' implies that

a society is a collection of individuals and strength of a given society is contingent on the strength of each constituent individuals which in turn is dependent on the quality of the family environment in which they grew up. Individuals are molecules that make up the given society and these molecules are created and shaped within a family. There appears to be a consensus among contemporary development lists that parents pass their assets and liabilities to their off-springs not only via their genes and but also via their socialization. In this paper the focus is not the importance of genetic or hereditary factors, however. The paper is about how family environment as a context and as a socializing agent influences a child's holistic development across the lifespan. Additionally, it touches up on how peer relations influence an individual's development independently or conjointly with the family. Although it is difficult to provide a universal and definitive definition to the term 'family', it is a physical and social entity that usually, but



not necessarily, contains the child and its parents and siblings. Family is simply an environment where the child is likely to experience first-hand and early interpersonal and/or social relationships. Social relationships also are viewed by many theorists as important contexts within which development emerges and persists. A child's social relationship networks begin within a family and then expand to include peers. Peers provide an invaluable context for a given child's overall development. Peers and peer relationships as a social developmental context exert paramount and enduring positive or negative influence on a developing person.

In fact, interpersonal and social relationships are pivotal for studying development in general and psychosocial development in particular. This is so at multiple levels of analysis, from defining development/ psychosocial development, to describing preconditions and contexts, and to understanding its origins and nature. In this paper, I will try to shed light on how family and peers as contexts of development impact the growing person's development across the lifespan. In particular, the paper emphasizes on what and how family and peer relationships contribute to the origination and development of adaptive (normative) and mal-adaptive (developmental psychopathologies) across the lifespan. But, before that I present a brief overview of the importance that some well established (developmental) psychological theories ascribe to the influences of family as a context of development on children's development across the lifespan [1-10].

A closer look at the well established psychological theories reveals that almost all the theories recognize family's contributions to the overall development of the growing child. In Freud's psychoanalytic theory, a greater value has been ascribed to a child's interaction, in the first few years of life, with parents (or parent-figures) in determining the establishment and maintenance of the child's personality. Erik Erikson's theory of psychosocial development attributes special importance to family environment in resolving the psychosocial crises of, at least, the first five psychosocial stages. In Erikson's theory of psychosocial development, the importance of child-mother/caregiver relationships in the first stage, of child-parents interaction in the second stage and the child's interaction with the entire family members at the third stage has been underscored in laying foundation for subsequent psychosocial development. In attachment theory, early child-caregiver (usually the mother) experience which takes place in the family environment is assigned a special value. It is widely accepted that children establish an internal working model that guides and determines their subsequent relationships with significant others from their early child-caregiver experiences. In short, according to attachment theory, template for social relationships that individual engage in across their lifetime is formed during the first few years

of their life from their early interactions with their primary care providers within a family. Attachment theory posits that social template established early in life is not amenable to change under normal conditions and thus is likely to persist across the lifespan. In Bronfenbrenner's bio-ecological theory of development, family and peer as well is the inner most system of the five environmental systems in which the child is embedded. Behavioural theories emphasize how children learn and develop adaptive and mal-adaptive behaviours through association, reinforcement and punishment in a family environment and peer friendships. Social Learning theory also emphasizes the role of family as main source of socialization via modelling and/or observational learning. For most part of childhood, parents are the only models of behavior and the actions of parents tend to leave a lasting impression on children. In family systems theory, family is viewed as a system, with parents and children as subsystems and development is considered as the result of interaction within the whole family system and between sub-systems. Family is an organic whole with its own identity and dynamics. The family system is more than a collection of individuals. Members function in the system differently than they do in isolation [11-15].

Relationships as Context for Healthy and Unhealthy Development

Children's relationships with others such as parents and peers, and the broader relationship context in which they are developing have been identified as risk factors for developmental psychopathology and as protective factors against it as well. When we say that an individual is "at risk" for a certain developmental psychopathology, it is to indicate that he or she is a member of a group that has an increased likelihood of later manifesting the disorder in question. A causal role is not necessarily implied, but risk factors are often seen as part of a causal network. On the other hand when factors are generally associated with positive outcomes (often simply being the other end of a risk dimension), they are best described as assets or, protective factors. Of course, there is a distinction between the two concepts though it is not always easy to make, and the same variable may be viewed as an asset or protective factor depending on the context. The case in point is a given child's relationships can be either an asset or a protective factor against the development of a certain developmental disorder. In the sections that follow, when family and peer relationships operate as risk factors for maladaptive development and when they operate as protective factors (or assets) against maladaptive development would be highlighted.

Family as an asset for brain and cognitive development in infancy and early childhood



The biological architecture of infants and toddlers' brains is heavily influenced by the social interactions they have with others around them and their ability to both relate and appreciate their differences. The psychological development of toddlers' minds is interconnected with their biology; their biology influences their psychological experience and their psychological experience influences their biological development. In essence, nature depends on nurture.

In fact, due to advances in technology, neuro-cognitive developmental science and public health researchers were able to reveal that stressful and traumatic childhood and adolescent experiences literally become embedded as "biology" affecting brain structure and function as well as endocrine, immune, and other biologic functions thus leading to persistent effects [16-22].

Attachment theory, which is often thought as a joint work of John Bowlby and Mary Ainsworth, provides invaluable insight into how early child-caregiver interaction within a family contributes to brain and cognitive development. More recently, the link between attachment and brain development has become the focus of research furthering understanding of the significance of attachment. During the first three years of life, the brain develops rapidly, establishing neural pathways that allow for the development of more complex structures of the brain. This brain development is sequential and use-dependent. Different areas of the central nervous system are in the process of organisation at different times, and disruptions of experience-dependent neurochemical signals during these periods may lead to major abnormalities or deficits in neurodevelopment. The role of the family environment is crucial, and Perry and Pollard identify the primary caregiver as the major provider of the environmental cues necessary to this development. The central idea here is that caregivers who are consistent and responsive provide young children with early positive experience and by so doing they nurture the development of these complex states in the brain.

Ainsworth's original three categories of attachment and the later addition represent internal working models. The secure pattern provides the context for optimal development. Consistent and sensitive responsiveness of a primary attachment figure facilitates the development of an internal working model in which the self is perceived as worthy, others are perceived to be reliable and available, and the environment is experienced as challenging but manageable with support. The attachment figure provides a stable base that facilitates the exploration of the environment so crucial to early brain development. When faced with threat the infant is able to respond with both affect and cognition in order to elicit a supportive and timely response. Neural integration is promoted, allowing flexible and complex networks to develop. The child achieves balance, and mastery is the primary strategy when confronted with new situations. The secure child acquires an understanding of the mind and the capacity to reflect on the

internal state of self and others. In contrast, research suggests that early childhood adversities such as insecure attachment, child maltreatment, exposure to interparental violence, and other negative family scenarios affect children's neuro-cognitive development leading to lower intelligence. For instance, Koenen and associates' twin study revealed that children exposed to high levels of domestic violence had IQs that were, on average, 8 points lower than unexposed children. It also has been well documented that such early adversities are noted risk-factors for subsequent unhealthy psychosocial development across the lifespan.

Family as an Asset for Healthy Psychosocial Development and Wellness

Functional family is an asset for a child's all-rounded healthy development across the lifespan. The most widely studied assets and protective factors in the parent-child relationship are parental warmth and emotional support, and the security of the attachment between infant and caregiver. Numerous studies have documented the link between parental warmth and psychological well-being and emotional health of a child. Infant attachment security has been linked with later self-esteem, social competence, pro-social behaviour, ego resiliency, and overall adjustment. Attachment security also is associated with recovery from behavioural problems and is a protective factor with regard to family life stress; that is, children with histories of secure attachment show fewer problems in the face of family stress than do children with histories of anxious attachment; they do not fall prey easily to the ill effects of adverse situations they encounter in life across the lifespan [23-30].

Family relationship is not limited to the interaction between parents and their children. It includes interactions and relationships between siblings and encompasses children's relationships with grandparents and other members of the extended family. The contributions of relationships between and among siblings and children's relationship with adults other than parents (e.g. grandparents) as an asset and protective factor have not yet been well researched. However, the sparsely available empirical evidence points to the importance of such social networks (i.e., social networks among siblings and with grandparents). For instance, Jenkins found that in disharmonious homes, children with a close sibling relationship had less symptomatology than children without such a relationship. Similarly, Jenkins and Smith reported that a close relationship with an adult outside of the family (usually a grandmother) moderated the effect of disharmonious marriages on child developmental psychopathology. Egeland, Jacobvitz and Sroufe found that an "alternative" close relationship with an adult predicted breaking the cycle of abuse; those parents who



themselves were abused but did not mistreat their own children much more often had such a factor present.

In socio-cultural contexts such as ours where older siblings, grandparents and older female siblings in most instances share the tasks and responsibilities of parenting and act as co-parents, the contribution of sibling and grandparent relationships may be far-reaching and thus worthy of investigation. In collective cultures where extended family is not an exception but a rule, older siblings and grandparents are co-parents. Children may use them as a source of comfort and confide in them in the face of adversity.

Peer Relationships as Assets for healthy psychosocial development and wellness

As with family relationships, peer relationships may represent assets. That is, peer friendships can be a healthy venue for positive children and youth development. Peer competence is associated with low behaviour problem scores or absence of developmental psychopathology. Moreover, peer competence measures have been associated with academic achievement and school completion, which themselves may be viewed as assets. Generally speaking peer groups provide a variety of positive experiences for children and youth. As it applies to adolescents, Castrogiovanni cited in Dean and Br states that peer groups provide: (1) the opportunity to learn how to interact with others; (2) support in defining identity, interests, abilities, and personality; (3) autonomy without control of adults and parents; (4) opportunities for witnessing the strategies others use to cope with similar problems, and for observing how effective they are; (5) involved emotional support and; (6) building and maintaining friendships. Adolescents begin looking more often to their peers, rather than their parents, to satisfy their needs to belong, be recognized, and accepted. A sense of belonging and support of a peer group in turn is significantly associated with intrinsic values for schools and academic/school achievement among others [31-34].

While many teens satisfy these needs through positive peer groups and interactions such as youth clubs, sport teams, or other nonviolent groups, some teens who have grown up surrounded by violence in their homes and neighbourhoods may develop alternative antisocial solutions to accomplish the fulfilment of their needs for belonging, recognition, and acceptance by peers. Violent gangs represent one form of peer-influenced antisocial behavior.

Parent-Child Relationships as Risk Factors for Maladaptive Development and Maladjustment

Parenting dimensions

Harsh treatment (hostility, criticality, rejection) and lack of clear, firm discipline or supervision together, and in interaction with other variables, are often especially predictive and at times capable of differentiating various developmental psychopathological outcomes. Countless studies have underscored the predictive power of harsh treatment or rejection, with findings especially consistent for externalizing problems in boys. Rejections, lack of support and hostility have also been consistently related to depression. Feldman and Weinberger found that parental rejection and power assertive discipline predicted delinquent behaviour of sixth-grade boys 4 years later. Ge, Best, Conger and Simons found that parental hostility predicted 10th graders' behaviour problems, even after controlling for 7th-grade symptom levels, and distinguished between those with conduct disorders and those with depression. Using a behaviour genetic design, Reiss found that the specific level of parental negativity directed to one member of a sibling pair predicted that child's level of conduct problems, thus showing this effect above and beyond any genetic contribution. Likewise, Patterson and Dishion reported that aggressive treatment of children was more predictive of conduct problems than parent trait measures of aggressiveness (a genetic surrogate). Sroufe also found that low parental warmth predicted childhood depression, even after controlling for maternal depression. Many of the studies cited here also demonstrated the impact of inconsistent discipline and the degree of parental monitoring has been the most powerful variables.

Interpersonal conflict

Divorce, parental disharmony, and family violence all have been consistently associated with child behavioural and emotional problems. Across eight studies reviewed, Amato and Keith found that children from high-conflict, intact families showed more problems (including depression and anxiety) than children from divorced families in general. Family violence has also been found to be associated with childhood pathology. The adults exposed to interparental violence during childhood had a higher risk of psychosocial maladjustment such as depression, conjugal violence, child maltreatment and alcohol dependence. In their study of the link between commonly occurring ACEs and teen dating violence Miller and co-authors, having adjusted for the number of co-occurring adversities, found out that 10 of the 12 childhood adversities were significantly associated with partner dating violence perpetration or victimisation. Edwards reported a dose-response relation between the number of types of maltreatment reported and mental health scores. Both an emotionally abusive family environment and the interaction of an emotionally abusive family environment with the various maltreatment types had a significant effect on mental health scores of the subjects [35-37].



Child maltreatment

The substantial literature on child maltreatment confirms the role of parental hostility and harshness outlined earlier. Prospective studies show that maltreatment (including physical abuse and emotional unavailability) is associated with conduct problems, disruptive behaviour disorders, attention problems, anxiety disorders (including PTSD and mood disorders). Sexual abuse, the extreme of boundary violation, appears to be especially pathogenic, being related to a variety of problems. Even in comparison to other maltreatment groups, those who are sexually abused manifest more forms of psychopathology and more extreme psychopathology. Afifi have found that harsh physical punishment was associated with increased odds of mood disorders, anxiety disorders, alcohol and drug abuse/dependence, and several personality disorders after adjusting for socio-demographic variables and family history of dysfunction. From their research in Nigeria Oladeji, Makanjuola and Gureje concluded that adverse childhood experiences reflecting violence in the family, parental criminality and parental mental illness and substance misuse were more likely to have significant mental health consequences in adulthood. Hills, Anda and their associates (2004) found strong and graded relationships between Adverse Childhood Experiences (ACEs; emotional, physical, or sexual abuse; exposure to domestic violence, substance abusing, mentally ill, or criminal household member; or separated/divorced parent) and adolescent pregnancy. Moreover, they concluded that the negative psychosocial sequelae and fetal deaths commonly attributed to adolescent pregnancy seem to result from underlying ACEs rather than adolescent pregnancy per se. In their study of the association between sets of ACEs (such as Childhood Abuse, Neglect, and Household Dysfunction) Dube found that each ACE increased the likelihood for early initiation of illicit drug use by 2- to 4-fold; the ACE score had a strong graded relationship to initiation of drug use in all 3 age categories (less than 14 years, 15 to 18 years, or as adults of 19 years & older) as well as to drug use problems, drug addiction, and parental drug use.

Peer Relationships as Risk Factors for Maladaptive Development and Maladjustment

Ample research shows that poor peer relationships and association with deviant peers themselves are risk factors for psychopathology. Numerous studies have found that general problems with peers, lack of social competence, or unpopularity (based on observation, teacher ratings, or peer sociometrics) are related to later behavioural and emotional problems. Numerous studies have documented a relation between a history of peer rejection and later maladjustment, both externalizing and internalizing problems, sometimes even with earlier behaviour problems controlled. Broll, Crooks and their associates note that

today youth's lives have become increasingly infused with all types of media. The same holds true for children. Globalization and current revolution in cyber technology have fuelled the infusion already there. Although research on the effects of children and youth's use of media is not conclusive yet, growing evidence shows that improper and overuse of media affects children and youth negatively in many ways. This in turn necessitates parents' monitoring children and youth media use. Parental monitoring of children and youth media use has been identified as an important protective factor against some negative outcomes that might have resulted from improper media usage [38-41].

The Interplay between family and peer relationships

Family and peer relationships also tend to influence an individual's overall development and behavioural functioning, or malfunctioning, not only independently but also jointly. For example, Patterson and associates' work specifically points to the mediating role for peer experiences in the perpetuation of conduct problems. In their model, poor parental discipline and monitoring lead to conduct problems, which in turn are associated with peer rejection and academic failure. These factors converge to promote commitment to a deviant peer group, leading to consolidation of antisocial behaviour. Problem behaviours and peer competence during childhood and adolescence are best viewed as drawing upon the convergence of previous family and peer experiences. The case in point is that concurrence in previous family and peer experiences determine an individual's current and future behavioral functioning. An individual's poor functioning or maladaptive developmental outcome is more likely to be the consequence of the convergence between negative family and peer relationship experiences. Convergence of prior positive experiences is also likely to lead positive developmental outcome and that of adverse experiences is likely negative one. In short, family and peer experiences operate together toward a common developmental outcome when they are convergent and they operate against each other (the effect of former buffers the effect of the latter and vice-versa) when they are divergent.

Implications

It is often claimed that 'children and youth are a nation's future generation' and the fate of a given nation is dependent on how the nation nurtures its children and youth today. Healthy development of children and youth provides a strong foundation for healthy and competent adulthood, responsible citizenship, economic productivity, strong communities, and a sustainable society. As has been highlighted in previous sections, healthy youth and child development is by and large contingent on the quality of the contexts in which they grow up. That is, children and youth develop healthily when the family, peer networks, school, and the



neighborhood and community in which they grow up are free from adversities and toxics and are child- and youth friendly. Family and peers are pivotal in that both exert first-hand and long-lasting influence on persons' overall development across the lifespan. Based on evidences that have been reviewed in this paper, the author would like to draw the attentions of all stakeholders of children and the youth in this nation to the points outlined next.

- Children and youth develop well in families where parents are warm, responsive, consistent, caring and accepting. Biological parenthood does not necessarily confer the desire or ability to be warm, responsive, consistent, caring and accepting and to care for a child or youth adequately. In other words, parents are not born with all the desirable parenting qualities such as being warm, responsive, accepting, and consistent. Furthermore, deep rooted socio-cultural beliefs about children and their development may misinform parents and prevent them from exercising good parenting. Therefore, there should be access to parenting education and training programs aimed at promoting parenting knowledge and skills. This does not necessarily mean that parents need to undertake structured training courses in parenting. Rather, issues pertaining to child care and development and parenting can be integrated into agricultural and health extension programs. Public media can also be used to reach parents in this regard. Adult education curricula can be a valuable platform for this purpose. In line with this, Broll, Crooks, Burns, Hughes, and Jaffe (2013) conclude that even short, one-time intensive workshops for parents can move parents' behaviours in the intended direction and positively impact their monitoring strategies of their children and youth.
- Harsh treatment (hostility, criticality, rejection) and lack of clear, firm discipline or supervision together, and in interaction with other variables, are often especially predictive and at times capable of differentiating various developmental psychopathological outcomes. Divorce, parental disharmony, and family violence all have been consistently associated with child behavioural and emotional problems. Prospective studies show that child maltreatment (including physical abuse and emotional unavailability) is associated with conduct problems, disruptive behaviour disorders, attention problems, anxiety disorders (including PTSD and mood disorders). Therefore, families need to be free from such adversities if healthy child and youth development is really desired. This in turn requires viable family, child, and youth development and welfare policies and legal instruments to help with the implementation of the policies.

- Functional family is an asset for a child's overall healthy development across the lifespan. Attachment security also is associated with recovery from behavioural problems and is a protective factor with regard to family life stress; that is, children with histories of secure attachment show fewer problems in the face of family stress than do children with histories of anxious attachment; they do not fall prey easily to the ill effects of adverse situations they encounter in life across the lifespan. Therefore, best practices pertaining to parenting and family functioning should be spelled out, scaled up and promoted.
- Ample research shows that poor peer relationships and association with deviant peers themselves are risk factors for psychopathology. On the other hand, good peer relations and associations with better achieving peers protect children and youth against maladaptive behavioural development. Furthermore, family and peer relationships also tend to influence an individual's overall development and behavioural functioning, or malfunctioning, not only independently but also jointly. These points signal the essence of parents' monitoring and supervision of their children and youth's peer interactions and media use. In other words, parents need to make developmentally appropriate monitoring of their off-springs' peer interaction.

Conclusion Remarks

Children and youth grow up in several contexts which affect their overall development for better or worse either directly or indirectly. These contexts include family, peer, school, neighborhood, community, media, cultural norms, and a nation's level of social, political, and economic development among others. Healthy youth and child development requires favorable contextual factors. This paper has discussed how family and peer as contexts of development operate as risk-factors for and protective-factors against unhealthy and maladaptive development across the lifespan. The author believes that the implications drawn would be very much helpful in dictating all stakeholders in charge of and responsible for healthy child and youth development in this nation and beyond. The author acknowledges, however, that research studies reviewed were carried out in other cultures and thus alerts readers and consumers to be cautious in using the resource until these evidences are substantiated by cross-cultural research studies.

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