

The Effect of Parental Marital Status on Depressive Symptoms in Chinese Adolescents: The Mediating Roles of Emotional Abuse and Neglect

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Abstract

Background: Parental marital status is an important risk factor for adolescent depression. A poor relationship between parents leads to a poor family atmosphere, which increases the risk of childhood trauma. This study aims to explore the mediating role of emotional abuse and neglect in the effect of parental marital status on depressive symptoms of adolescents, especially in divorced, widowed, and reorganized families.

Methods: A cross-sectional study was conducted on 4576 students from 7 middle schools (Grades 6 to 9) through online questionnaires from April to May 2021 in Shanghai, China. Questionnaires included the self-designed general situation questionnaire, childhood trauma questionnaire-short form and childhood depression inventory, which were used to measure demographic variables, childhood trauma and depressive symptoms of adolescents respectively.

Results: The depressive symptoms of adolescents whose parents were in stable marriages were significantly lower than those whose parents were divorced or widowed ($t=3.98, p<0.01$) and reorganized families ($t=4.67, p<0.01$). Emotional abuse ($\beta=0.39, p<0.01$), emotional neglect ($\beta=0.28, p<0.01$), physical neglect ($\beta=0.06, p<0.01$), and parental marital status of reorganization ($\beta=0.03, p=0.03$) had significant positive predictive effects on depressive symptoms in adolescents. The mediating effects of emotional abuse and emotional neglect between parental marital status (divorced or widowed and reconstituted) on adolescent depressive symptoms were significant.

Conclusion: Therefore, a stable marriage of parents is conducive to the development of adolescents' physical and mental health. Emotional abuse and neglect tend to occur in divorced or widowed families and reorganized families. These findings are important for sociological intervention in adolescent depression.

Keywords: Parental marital status • Adolescent • Depressive symptom • Childhood trauma • Emotional abuse • Emotional neglect

Introduction

Depression is a common mental disorder among adolescents in China. A recent survey of secondary school students in China showed that the prevalence of depressive symptoms among adolescents in China mainland is 24.3%. Depressive symptoms of adolescents increase the risk of dropping out of school, self-injury, or suicide. Besides, it increases the risk for depression in adults and other psychosocial dysfunctions in adulthood [1].

There are numbers of risk factors for adolescent depression, including genetic factors, personality traits and social environments. Among the social factors, the family environment is crucial. Family factors, such as low socioeconomic status, parental separation or divorce and alienated parental child relationships are associated with high levels of depressive symptoms. The social ecological theory suggested that the family environment plays a key role in shaping the psychological function of children and adolescents. Improving the family environment is a strategic goal to prevent depression and anxiety in adolescents.

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A follow-up study of 149 families showed that family insecurity was an important factor leading to family conflict and adolescent depression. Family conflict predicts that adolescents have difficulties in solving adaptive problems in the family, including behavioral problems and depressive moods. Family conflict also affects the prognosis of depression in adolescents, which reduces the clinical remission rate significantly [2].

In the family environment, parental marital status affects adolescents through the family atmosphere, especially through the perceived parent child relationship. A poor parent child relationship increases the risk of childhood abuse in adolescents. All five types of childhood trauma (Emotional Abuse (EA), Physical Abuse (PA), Sexual Abuse (SA), Emotional Neglect (EN), and Physical Neglect (PN)) are related to adolescents' depressive symptoms. Notably, as emotional traumas are more subtle, imperceptible, and lasting, those types of traumas have the strongest associations with depressive symptoms compared to other types of abuse and neglect [3].

The present study aimed to explore the effect of parental marital status on depressive symptoms of Chinese adolescents and the mediating role of childhood trauma in this effect. We hypothesized that:

- Parental marital status (divorce or widow and reorganization) positively predicts depressive symptoms in adolescents.
- Emotional abuse and neglect positively predicts depressive symptoms in adolescents.
- Emotional abuse and neglect play the mediating role in the effect of parental marital status on depressive symptoms of adolescents, especially in divorced or widowed and reorganized families [4].

Materials and Methods

Participants and procedure

Students from grade 6 to grade 9 in 7 schools in Shanghai, China participated in the research from April to May 2021. The research was administered through an online platform by psychology teachers and class teachers from each school. At the beginning of the research, an informed consent form was presented. Participants who selected agree proceeded to the research, and those who selected disagree exited the research automatically. A total of 4888 questionnaires were collected, of which 4576 were effective (valid response rate: 96.62%) [5]. Repeated submissions (N=183) were identified through IP addresses and eliminated. Submissions with a completion time of more than 3 standard deviations or less than the average filling time (N=27) were deemed invalid and eliminated. Submissions of adolescents with age less than 11 years old and more than 17 years old (N=102) were deemed invalid and eliminated. The study was approved by the ethics committee of Shanghai mental health center, China [6].

Measures

General information: The general information questionnaire compiled by the researcher was used to collect demographic variables such as age, sex, grade, one-child status, parental marital status, and family structure of adolescents [7].

Childhood trauma: Adolescents' childhood trauma was measured by the childhood trauma questionnaire. The questionnaire contains 28 items from 5 dimensions, including Emotional Abuse (EA), Physical Abuse (PA), Sexual Abuse (SA), Emotional Neglect (EN), and Physical Neglect (PN). The questionnaire adopts a 5-point Likert scale, ranging from 1 (never true) to 5 (very often). Higher scores indicate that an individual has experienced more of a certain type of childhood trauma. In this study, Cronbach's α coefficient of this scale was 0.648 [8].

Depression symptoms: Depression symptoms in adolescents were measured by children's depression inventory, with a total of 27 items, and each item has three different levels of symptom related descriptions, such as "I occasionally feel unhappy", "I often feel unhappy" and "I always feel unhappy" [9]. Items are rated on a 3-point scale (0-2). The higher the score, the more serious the depressive symptoms of adolescents. A total score ≥ 19 is defined as having depressive symptoms. In this study, Cronbach's α coefficient of this scale was 0.898 [10].

Statistical analysis

SPSS 22.0 was used for statistical analysis. Descriptive statistics were reported as frequency (%) or Mean (M) \pm Standard (SD). For the primary analysis, independent samples T-test was used to test the difference in depressive symptoms in gender and only-child status. One-way Analysis of Variance (ANOVA) was used to test the comparison between groups, followed by the Least Significant Difference (LSD) tests to compare the difference between every two groups. Partial correlation analyses were performed to examine the associations among depressive symptoms and 5 dimensions of childhood trauma, which take gender, only-child status, grade, and parental educational levels as control variables [11].

Hierarchical linear regression using the "enter" method was conducted with parental marital status and childhood trauma (including emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect) as independent variables and depressive symptoms as the dependent variable [12]. Gender (male=1, female=2), only-child status (non-only child=1, only-child=2), grade, and parental education level were taken as control variables which were included in the first hierarchy. The values of the Variance Inflation Factor (VIF) were less than 10, ranging from 1 to 1.82 [13].

For the mediating effect analysis, Process 3.4 was used for the mediation analysis. The dummy variable transformed by parental marital status (stable marriage as reference) was taken as the independent variable. Depressive symptoms of adolescents were taken as the dependent variable. Dimensions of childhood trauma that had significant effects on depressive symptoms in the regression analysis were taken as mediating variables. The bias-corrected Bootstrap analysis (5000 samples) was used to examine their mediating roles in the effect of parental marital status on adolescent depressive symptoms. A 95% confidence interval excluding 0 indicated a significant mediating effect. Gender, only-child status, grade, and parental education levels were taken as control variables. The significance value was set at $p < 0.05$ (two-tailed) in this study [14].

Results

Descriptive analysis and demographic differences

Out of 4,576 valid questionnaires, the prevalence of having depression symptoms in adolescents ($CDI \geq 19$) is 13.77%. The sample of adolescents was aged from 11 to 16 years (M (age)=13.42, $SD=1.21$). Among their parents' marital statuses, 4,162 (90.95%) were in stable marriages. 277 (6.05%) were divorced or widowed and 137 (2.99%) were reorganized.

Independent sample T-test results showed that depressive symptoms were higher in girls and non-only children than in boys and

only children respectively. The results of one-way analysis of variance showed that there were significant differences in the scores of depressive symptoms among adolescents in different grades ($F=2.99$, $p=0.03$), parents' education level (F (father)=37.88, $p<0.01$; F (mother)=29.35, $p<0.01$) and parents' marital status ($F=18.14$, $p<0.01$). Further LSD tests showed that the depressive symptoms of adolescents whose parents were in a stable marriage were significantly lower than those whose parents were divorced or widowed ($t=3.98$, $p<0.01$) or reorganized ($t=4.67$, $p<0.01$), but there was no significant difference between divorced or widowed and reorganized ($t=1.54$, $p=0.13$). Table 1 showed the descriptive statistics and demographic differences in depressive symptoms.

Variables	n (%)	Scores of depressive symptoms	t/F	p
Gender				
Boys	2325 (50.81)	9.93 ± 6.85	4.48	0.00**
Girls	2251 (49.19)	10.92 ± 7.98		
Whether the only-child				
No	1340 (29.28)	11.30 ± 7.73	5.07	0.00**
Yes	3236 (70.72)	10.05 ± 7.29		
Grade				
Grade 6	1378 (30.11)	9.95 ± 6.99	2.99	0.03*
Grade 7	1453 (31.75)	10.51 ± 7.68		
Grade 8	1107 (24.19)	10.74 ± 7.81		
Grade 9	638 (13.94)	10.64 ± 7.16		
Father's education level (years)				
≥ 16	464 (10.14)	9.50 ± 7.16	37.88	0.00**
13-16	2595 (56.71)	9.60 ± 6.93		
10-12	1094 (23.91)	11.75 ± 8.13		
≤ 9	423 (9.24)	12.92 ± 7.85		
Mother's education level (years)				
≥ 16	324 (7.08)	9.85 ± 7.37	29.35	0.00**
13-16	2876 (62.85)	9.74 ± 7.13		
10-12	866 (18.92)	11.47 ± 7.71		
≤ 9	510 (11.15)	12.79 ± 8.02		
Parental marital status				
Stable	4162 (90.95)	10.19 ± 7.30	18.14	0.00**
Divorced or widowed	277 (6.05)	12.23 ± 8.35		
Reorganized	137 (2.99)	13.58 ± 8.41		

Note: * $p<0.05$, ** $p<0.01$

Table 1. Descriptive statistics and demographic differences of depressive symptoms in adolescents.

Partial correlation and hierarchical linear regression

Partial correlations between depressive symptoms and 5 dimensions of childhood trauma were conducted; while demographic variables were taken as control variables (Table 2). Increased rates of childhood trauma including emotional abuse ($r=0.56, p<0.01$),

physical abuse ($r=0.33, p<0.01$), sexual abuse ($r=0.17, p<0.01$), emotional neglect ($r=0.50, p<0.01$), and physical neglect ($r=0.34, p<0.01$) were positively associated with depressive symptoms. Notably, emotional types (emotional abuse and neglect) of childhood trauma showed a moderate to strong correlation with depressive symptoms ($|r|>0.50, p<0.01$).

Variables	M ± SD	1	2	3	4	5	6
Depressive symptoms	10.41 ± 7.44	-					
EA	6.70 ± 2.48	0.55**	-				
PA	5.54 ± 1.56	0.33**	0.54**	-			
SA	5.11 ± 0.87	0.17**	0.28**	0.48**	-		
EN	8.93 ± 3.66	0.49**	0.44**	0.28**	0.10**	-	
PN	6.86 ± 2.37	0.33**	0.34**	0.28**	0.19**	0.46**	-

Note: EA=Emotional Abuse; PA=Physical Abuse; SA=Sexual Abuse; EN=Emotional Neglect; PN=Physical Neglect. Gender, only-child status and parents' education level were taken as control variables, * $p<0.05$, ** $p<0.01$

Table 2. Partial correlations between depressive symptoms and 5 dimensions of childhood trauma.

As depicted in Tables 3 and 4, hierarchical linear regression was used to examine the effect of parental marital status and childhood trauma on the depressive symptoms of adolescents. Parents' marital status was treated as dummy variables, taking the status of stable marriage as the reference (Table 3). The results showed that when the marital status of parents was included in the second hierarchy, parental divorced or widowed ($\beta=0.06, p<0.01$) and reorganized ($\beta=0.06, p<0.01$) status had significant positive predictive effects on

depressive symptoms of adolescents (Hypothesis 1 is proved). When the 5 dimensions of childhood trauma were included in the third hierarchy, emotional abuse ($\beta=0.39, p<0.01$), emotional neglect ($\beta=0.28, p<0.01$), and physical neglect ($\beta=0.06, p<0.01$) had significant positive predictive effects on depressive symptoms in adolescents, supporting the Hypothesis 2. At the same time, the parental marital status of reorganization ($\beta=0.03, p=0.03$) still had a significant positive predictive effect on depressive symptoms, while divorced or widowed status had no significant predictive effects ($\beta=0.02, p=0.14$).

Variables	Dummy variable (D ₁)	Dummy variable (D ₂)
Stable	0	0
Divorced or widowed	1	0
Reorganized	0	1

Notes: The status of stable marriage was taken as the reference

Table 3. Variable assignment of parental marital status.

Variables	First hierarchy		Second hierarchy		Third hierarchy	
	β	t	β	t	β	t
Gender	0.06	4.11**	0.06	4.06**	0.05	4.57**
Only-child status	-0.05	-3.71**	-0.05	-3.47**	-0.02	-1.81
Grade	0.02	1.05	0.01	0.87	0.01	1.13
Mother's education level	0.05	2.77**	0.05	2.81**	0.01	0.86
Father's education level	0.11	5.40**	0.1	4.92**	0.06	3.67**
Divorced or widowed ^a	-	-	0.06	3.87**	0.02	1.49
Reorganized ^a	-	-	0.06	3.90**	0.03	2.22*

EA	-	-	-	-	0.39	26.74**
PA	-	-	-	-	0.02	1.23
SA	-	-	-	-	0.01	0.82
EN	-	-	-	-	0.28	19.95**
PN	-	-	-	-	0.06	4.49**
R ²	0.032		0.038	0.405		
ΔR ²	0.032		0.006	0.366		

Note: EA=Emotional Abuse; PA=Physical Abuse; SA=Sexual Abuse; EN=Emotional Neglect; PN=Physical Neglect; ^aThe status of stable marriage was taken as the reference, ^{*}p<0.05, ^{**}p<0.01

Table 4. Hierarchical linear regression analysis of the parental marital status and 5 dimensions of childhood trauma on depressive symptoms.

The mediating effect of emotional abuse, emotional neglect and physical neglect

The predictive effects of divorced or widowed and reorganized status on depressive symptoms were examined in different mediation models. The results showed significant parallel mediating effects of emotional abuse (95% CI=(0.362, 1.228)) and emotional neglect (95% CI=((0.097, 0.686)) in the effect of divorced or widowed status on adolescent depressive symptoms because zero is not part of the confidence interval in this analysis (Hypothesis 3 is proved).

However, the mediating effect of physical neglect (95% CI=(-0.029, 0.096)) was not significant in this model (Table 5 and Figure 1).

Similarly, the mediating effects of emotional abuse (95%CI=(0.164, 1.450)) and emotional neglect (95% CI=(0.079, 0.883)) in the effect of reorganized status on adolescent depressive symptoms were significant, which also supports hypothesis 3. And the mediating effect of physical neglect (95% CI=(-0.015, 0.190)) was not significant (Table 5 and Figure 1).

Path ^a	Effect	SE	Bias-corrected 95% CI	
			Lower	Upper
Model 1				
Divorced or widowed → EA → Depressive symptoms	0.81 ^b	0.22	0.362	1.228
Divorced or widowed → EN → Depressive symptoms	0.40 ^b	0.15	0.097	0.686
Divorced or widowed → PN → Depressive symptoms	0.03	0.03	-0.029	0.096
Model 2				
Reorganized → EA → Depressive symptoms	0.84 ^b	0.33	0.164	1.45
Reorganized → EN → Depressive symptoms	0.48 ^b	0.2	0.079	0.883
Reorganized → PN → Depressive symptoms	0.07	0.05	-0.015	0.19

Note: EA=Emotional Abuse; EN=Emotional Neglect; PN=Physical Neglect, ^aThe status of stable marriage was taken as the reference, ^bThere was a significant mediating effect

Table 5. Bootstrap analysis for the significance test of the mediating effects of emotional abuse, emotional neglect, and physical neglect.

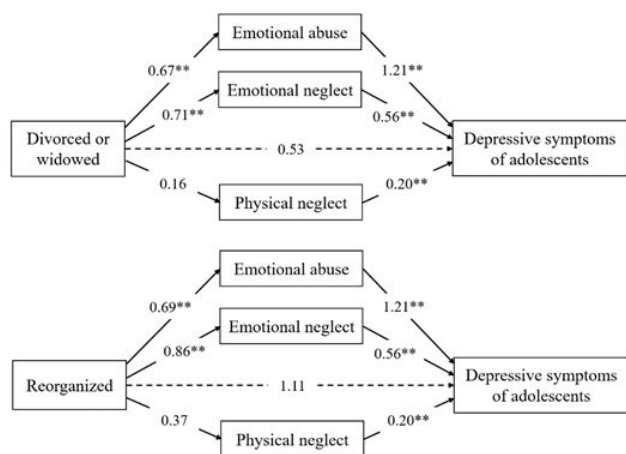


Figure 1. Standard regression coefficients of the mediation models for divorced or widowed status, reorganized status, emotional abuse, emotional neglect, physical neglect and depressive symptoms of adolescents. Note: **p<0.01

Discussion

The main finding of this study was that depressive symptoms were higher in girls and non-only children than in boys and only-children respectively. Among parental marital statuses, the prediction effect of reorganized status on depressive symptoms of adolescents was more stable, while the prediction effect of divorced or widowed status was affected by childhood trauma, especially emotional abuse, emotional neglect and physical neglect. Both emotional abuse and emotional neglect play significant mediating roles in the effect of parental marital status (divorced or widowed and reorganized status) on depressive symptoms of adolescents.

Greater attention should be paid to girls from non-only-child families because they were more likely to have depressive symptoms, which was consistent with previous studies. There were significant interactions between sibling(s) and gender, which caused changes in family function. Compared with non-only children, only children had more resources in the family, leading to character strengths and fewer depressive symptoms. Furthermore, parental marital status was closely related to and significantly predicted adolescent depression. The depressive symptoms of adolescents whose parents were in stable marriages were significantly lower than those in divorced or widowed status and in reorganized status, and the differences between divorced or widowed and reorganized status were not significant. It was probably because parental marital conflicts affect the emotional regulation and adaptability of adolescents by transforming family function and atmosphere. The divorce of parents, the death of one or both parents, and other abnormal marital statuses all have a significant influence on adolescent depression. Adolescents in single-parent families were more likely to suffer from depressive symptoms than those in two-parent families.

Adolescents are sensitive to their parents' relationship in the family, so the marital status of parents has a direct impact on their children's mental health. In divorced or widowed and reorganized families, stable family relationships are destroyed, while adolescents are not mentally mature and cannot overcome the challenges posed by new family structures. They struggle to cope

successfully with family changes, leading to frequent psychological problems. According to Bowen's family systems theory, all members of the family unit interact with other family members, and they ultimately play a vital role in the stability of the family and the outbreak of unhealthy personal and family processes. Adolescents affected by parental divorce are at higher risk for a variety of mental health problems, including behavioral disorders, depression, anxiety, suicidal ideation, distress, drug abuse, and so on. Adolescents react differently to parental divorce, but there are some common emotional reactions, such as depressive symptoms, anxiety, anger and low self-esteem. It is probably because the disharmonious marital relationship makes parenting behaviors deformed, which has a negative impact on the tripartite interaction among father, mother and child. Parenting behaviors were related to emotional regulation and mental toughness of adolescents, which was associated with adolescent mental health problems like depression.

Depressive symptoms of adolescents in divorced or widowed families and reorganized families were significantly higher than those in stable families. As was shown in the previous study, children from divorced or widowed families and reorganized families were significantly worse than those from stable families in behavioral problems, emotional problems, self-concept as well as their overall mental health status. Furthermore, reorganized marital status was a more stable predictor of adolescent depressive symptoms than divorced and widowed status. The reasons for this phenomenon included unstable attachment and low security to parents. In reorganized families, rebuilt relationships were difficult for adolescents to quickly accept. The change in the main attachment person reduced adolescents' sense of security in the family, which was significantly correlated with the decrease in their psychosocial resilience and maladjustment. Thus, there were more estrangement, conflict, and negative emotions of both parents and adolescents, which increased the risk of adolescent depression.

Among childhood trauma, only emotional abuse and emotional neglect had a significant mediating effect between parental marital status (divorced or widowed and reorganized status) and depressive symptoms of adolescents. Parental marital status, emotional abuse, physical abuse, over-protection of parents, and emotional warmth of parents were the main family factors for depressive symptoms in adolescents. Emotional abuse refers here to verbal attacks, insults, and belittling of others, including repeated criticism, threats, and blame in the family, which are related to early maladaptive schemas and negative self-perception of adolescent. Victims of emotional abuse fail to get their meaning of existence and were exposed to the risk of identity disorders, which reduced family cohesion. Previous studies pointed out that emotional abuse was the strongest predictor of adolescent depression among all kinds of childhood traumas, whose effect was even independent of other dimensions of childhood traumas. The occurrence of emotional abuse in adolescents was related to a poor family environment, including poor parental marital status, family atmosphere, estranged relationship with parents, and so on.

Emotional neglect referred to long-term rejection or denial of personal emotional needs. Childhood emotional neglect not only increased loneliness in adolescents directly but also further increased their loneliness by reducing their self-esteem. In a longitudinal study of early adolescents, parental emotional neglect predicted decreased emotional clarity and increased depressive symptoms over two years.

It was also found that high emotional clarity could reduce the influence of life stress on depressive symptoms in adolescents. Both emotional abuse and neglect in childhood trauma were the most predictive factors for the development of severe, early-onset, and drug-resistant depression, suicidal ideation, and non-suicidal self-injury. Improving life goals and appropriately enhancing self-compassion could reduce the influence of emotional abuse and neglect on depression. Meanwhile, the father (or mother) was prone to emotional abuse and emotional neglect of adolescents due to a large amount of time and energy spent on divorce, reorganizing, or family conflicts. Therefore, in the family, it is essential to link the old family to the new family in time.

There are several limitations to our study. First of all, this study was cross-sectional rather than longitudinal. There are likely to be memory biases from obtaining as we did here. Secondly, our data were obtained only in Shanghai, thus the results may not be extrapolated to other locations in China. Thirdly, the contribution of genetic factors, self-perception, and peer relationships have not been excluded in this study. There is a lack of relevant supporting data outside of adolescent parents, especially related to grandparenting, which needs to be further supplemented. The study indicates the important role that parental marital status and behaviors play in determining the mental health of their children. Adolescents' depressive symptoms are easily caused by their family environment and childhood experiences. In the future, researchers can focus on the effects of reorganized status on family environment systematically and provide more insight into the communication between adolescents and their parents.

Conclusion

The study finds that stable marriage of parents is conducive to the development of adolescents' physical and mental health. Special families such as divorced or widowed families and reorganized families positively predicted adolescents' anxiety and depression. The prediction of divorced or widowed and reorganized status comes into effect through childhood trauma, including emotional abuse, emotional neglect and physical neglect. Emotional abuse and neglect can lead to cognitive vulnerability associated with an increased risk of adolescent depression. The mediating effects of emotional abuse and emotional neglect between parental marital status (divorced or widowed and reorganized status) and depressive symptoms in adolescents are significant, while those of physical neglect are not. These findings call on parents to attach importance to the impact of their marital status and care on adolescents.

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