Finding the way out: A non-dichotomous understanding of violence and depression resilience of adolescents who are exposed to family violence

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A B S T R A C T

Objective: In this cross-sectional study on family violence and resilience in a random sample of 5,149 middle school students with a mean age of 14.5 years from four EU-countries (Austria, Germany, Slovenia, and Spain) we examined the prevalence of exposure to family violence, and we worked from the premise that adolescents can be resilient to family violence. We expanded the definition of resilience to include the absence of both physical aggression and depression symptoms in adolescents who have been exposed to violence in their families and extended our understanding of resilience to include three levels which we describe as: “resilient”, “near-resilient” and “non-resilient”, thus responding to calls for a more fluid and paths-based understanding of resilience.

Methods: Data were collected via self-administered surveys consisting of a number of subscales that investigate depression symptoms and physical aggression. The study was analyzed with a three-stage strategy using logistic regression procedures, in which regression analyses were conducted separately for girls and boys using seven steps for modeling the three resilience levels.

Results: More than 30% of our respondents reported experiencing family violence. Contrary to previous research findings, our data showed that structural characteristics like country, gender, socio-economic status and migration status were minimally predictive of violence and depression resilience at any level. Overall, for both sexes, despite some small but significant sex differences, resilience is strongly linked to personal and relational characteristics and the absence of experiences that involved exposure to and direct experiences with violence. Resilience supportive factors confirmed by this study are: higher emotional self-control, talking with parents or friends about violence, seeking help to avoid violence, and not endorsing aggression supportive beliefs. Also key to resilience are irrespective of country, gender, and SES are lower levels of experience with: victimization by boys, engagement in physical altercation with boys, parental abuse, witnessing of physical spousal abuse, exposure to an authoritarian (harsh) parenting style and verbal aggression from teachers.

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introduction

A large body of existing research persuasively indicates that witnessing violence or psychological aggression between parents and experiencing child maltreatment are common experiences for adolescents in the United States (US; Eaton et al., 2008; Hussey, Chang, & Kotch, 2006; Kassis et al., 2010). Almost 28% of adolescents in the US-National Longitudinal Study of Adolescent Health reported physical abuse by caregivers during childhood (Hussey et al., 2006). Research also shows that this exposure to violence is associated with a number of individual and family characteristics: gender, family socioeconomic status, and substance misuse (Aisenberg & Herrenkohl, 2008; Gilbert et al., 2009; Hagan, Kindlon, Buka, Raudenbush, & Earls, 1998). Moreover, it has been shown that those adolescents who experience one kind of family violence often experience co-occurring forms of family violence (Herrenkohl et al., 2003; Sousa et al., 2011; Yates, Dodds, Sroufe, & Egeland, 2003).

The investigation of the effects of violence in the family on the development of adolescents has emerged as a salient field in the social sciences (Hussey et al., 2006; Loeber, Farrington, Stouthamer-Loeber, & White, 2008; Prinzie, Hoeve, & Stams, 2008). As well, exposure to family violence during adolescence is an established risk factor for the development of violent behavior in adolescence (Gilbert et al., 2009; Hussey et al., 2006; Kassis et al., 2010; Kitzmann, Gaylord, Holt, & Kenny, 2003; Yates et al., 2003). Depression in children and adolescents has also been linked with exposure to violence and with low family attachment, as has the co-occurrence of depression symptoms and aggression (Dunn et al., 2011; Kmett Danielson et al., 2010; Stormshak et al., 2011; Zinzow et al., 2009), and can be observed in children in elementary school (Leadbeater & Høglund, 2009) and in adolescence and young adulthood (Leadbeater, Thompson, & Gruppuso, 2012).

The main types of family violence that have been linked with both adolescents’ depression symptoms and violent behavior include physical maltreatment by parents (Gilbert et al., 2009; Hussey et al., 2006) and witnessing violence or psychological aggression between parents (Kitzmann et al., 2003; Yates et al., 2003). This research also shows that aggression and depression symptoms are symptomatic not only of individualized issues but also of suboptimal socialization conditions (Kassis et al., 2011), especially in families, and therefore, indicate the need for help not only at the individual, but also at the family level (Pollack, 1999). In order to understand what kind of help should be offered, we need to understand both the developmental pathways for depression symptoms and violence and the way out.

Although a large number of studies have established a significant association between exposure to family violence and the development of aggression and violence in adolescence (Hussey et al., 2006; Loeber, Farrington et al., 2008; Loeber, Slot, & Stouthamer-Loeber, 2008; Prinzie et al., 2008), fewer studies have examined the development of depression symptoms and the connection to experiencing violence in one’s family (Brownfield & Thompson, 2005; Leadbeater, Kupermine, Blatt, & Hertzog, 1999). Additionally even fewer studies have examined resilience pathways out of the violence and depression cycle (Van der Put, Van der Laan, Stams, Deković, & Hoeve, 2011). As a consequence, the specific socialization patterns for violence resilience are unclear. Thus we cannot say whether resilience among children and youth who are raised in violent families is “just” the absence of these young people’s violence and/or depression symptoms or something more (Smith-Osborne, 2008).

Further, because we also know that both violent behavior and depression symptoms are linked to physical maltreatment by parents (Artz, Nicholson, & Magnuson, 2008; Gilbert et al., 2009; Hussey et al., 2006) and witnessing violence or psychological aggression between parents (Kitzmann et al., 2003; Yates et al., 2003), we believe it makes sense to develop an understanding of violence resilience that examines both aggression and depression symptoms.

A new theoretical framework for resilience: Resilience as a non-dichotomous concept

If we take seriously a broader understanding of resilience to the experience of family violence, we believe that we must define this concept more flexibly to include a continuum of levels of the severity of use of violence and the tendency to depression. Luther, Cicchetti, and Becker (2000) draw our attention to the multidimensional nature of resilience. Masten (2001, p. 228) also argues for an expanded definition and urges us not to overlook resilience potentials that may be obscured by a simple “absent or present” grasp of resilience. We take these notions into account and have therefore worked from the premise that resilience should not be conceptualized only as a dichotomous variable based on the absence or presence of youth’s use of violence and depression symptoms. We also acknowledge that any definition of resilience should incorporate adolescents’ resistance to more severe forms of depression and aggression even if they exhibit involvement in less serious use of violence and milder forms of depression (Liebenberg & Ungar, 2009). We therefore include the construct “near resilience” in our continuum based definition and measured resilience in terms of three levels: non-resilience, near resilience and resilience.
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