Developmental trajectories and longitudinal mediation effects of self-esteem, peer attachment, child maltreatment and depression on early adolescents

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ABSTRACT

Objectives: The purpose of this study is to identify the developmental trajectories of peer attachment, self-esteem, depression, and child maltreatment, and to understand the longitudinal mediation effects that peer attachment and self-esteem have on the influence of perceived abuse on early adolescent depression.

Methods: This study uses Year 1 to Year 5 data of the 4th grader panel of the Korea Youth Panel Survey (KYPS) and utilizes a multivariate latent growth model to analyze the main variables in the applicable data between 5th (i.e., Year 2) and 8th (i.e., Year 5) grades.

Results: The results indicate that from the 5th to the 8th grade, the degree of abuse and depression increases while self-esteem gradually decreases with slowly lowering peer attachment. A significant distribution of the initial values and the rate of change were present for all main variables of the study, confirming individual differences in time wise changes. Further, more experience of abuse during early adolescence indicated a lower degree of peer attachment, and a higher peer attachment was related to decreased depression. A significant partial mediation effect was present for both the initial value and the rate of change of peer attachment, and a longitudinal mediation effect was present.

Practice implications: This study confirmed that self-esteem in early adolescents is an important protective factor that can greatly reduce the degree of depression, and suggests continuous interventions conducted to increase self-esteem in adolescence. Furthermore, by determining that peer attachment decreases the degree of depression in children at risk, the study emphasizes the healing aspect of adolescent peer attachment.

1. Introduction

Recently, with increased interest in the rights of children, it appears that societal values are somewhat departing from previous tolerance of child maltreatment. Nevertheless, cases of child abuse and neglect have been increasing each year due to structural or family disorganization, economic difficulties, and mental illness in parents (Ministry of Health and Welfare, 2014). Child
maltreatment continues to perpetrate in many forms within families and the community, and serious abuse that requires legal intervention continues to be reported in the media (Medical Today, 7. May. 2017; YTN, 5. May. 2017).

Harmful effects of abuse on the development of children cannot be overstated. Empirical studies conducted in South Korea and around the world have shown psychological distress and the risk of psychopathology associated with child maltreatment (Cicchetti & Valentino, 2006; Han, 2005; Lee & Kim, 2014; Ju & Lee, 2010). The negative impact of child maltreatment not only includes internalized problems such as depression or anxiety, and low self-esteem, but also external problems such as aggression, delinquency, and hyperactivity. Furthermore, child maltreatment is broadly related to overall life issues such as school maladjustment and neuropsychological effects (Cicchetti, Rogosch, & Struge-Apple, 2007; Kwon, Lee, & Nho, 2013; Lamont, 2010).

Child maltreatment observed in chronic form is generally repetitive, habitual, violent, and children find it difficult to control emotional self-regulation, and experience psychological maladjustments such as hopelessness, depression, and suicide (Dunn, McLaughlin, Slopen, Rosand, & Smoller, 2013; Inffurna et al., 2016). Several studies have indicated that child maltreatment and depression later in the development process are consistently related to the initial experience of abuse and maladjustment (Ethier, Lemelin, & Lacharite, 2004; Lee & Kim, 2014; Kim & Cicchetti, 2006). Studies that examined the mechanism linking child maltreatment and treatment (Deblinger & Runyon, 2005; Koizumi & Takagishi, 2014) have considered the relationship between children’s experience of negative emotions and their responsiveness to traumatic events, finding that maltreated children have difficulty in understanding positive emotion and the emotion of others. According to Frederico, Jackson, and Black (2008), 62% of children between 0 and 18 years of age who have experienced severe child abuse were diagnosed with depression or anxiety, Ethier et al. (2004) also reported that the greater the level of chronic abuse from parents, the more extreme the level of depression or anxiety in children. Additionally, various studies have indicated that as time passes, abuse leads to a variety of problematic behaviors such as academic failure, substance abuse, aggression, and delinquency (Christoffersen & DePanfilis, 2009; Felitti & Anda, 2009; Mersky & Reynolds, 2007). Depression in children was higher in those who experienced abuse compared to those who had not at grade 5, and no significant change in depression was identified over time (Lee & Kim, 2014). Similarly, abuse experienced at an earlier period in childhood has a greater influence on depression, anxiety, and aggression, continuing into adulthood (Herrenkohl & Herrenkohl, 2007; Jonson-Reid, Kohl, & Darke, 2012; Kim & Chung, 2013; Li, D’ArCY, & Meng, 2016). Abusive behaviors show a chronic and repetitive tendency and can undergo intergenerational transmission (Thornberry, Knight, & Lovegrove, 2012).

Although social interest and research revealed the negative effects of child maltreatment, and much has been discussed regarding psychosocial issues, measures to prevent maladjustment of abused children are comparatively inadequate. This is because not all adolescents enter the trajectory of maladjustment after maltreatment. In fact, concluding that all adolescents exposed to abuse become maladjusted diminishes the effect of child maltreatment into merely a pathological tendency within the family, or a personal problem. Even with similar experiences of child maltreatment, adolescents undergo similar trajectory with multiple possible outcomes (Cicchetti, 2016; Currie & Widom, 2010). For this reason, various variables that can mediate the effects of child maltreatment should be considered, and the relevance of, and developmental trajectories indicated by such variables requires examination. To help maltreated children embark on positive trajectories, a systematic intervention process that strengthen the role of protective mechanism must be emphasized.

The critical construct for reducing the negative effects of child maltreatment and directing the child’s developmental process toward an adaptive trajectory is resilience (Affifi & Macmillan, 2011; Cicchetti & Valentino, 2006; DuMont, Widom, & Czaja, 2007; Ju & Lee, 2008). This study examines the protective factors that increase resilience in abused children by identifying the role of the mediator variables that can reduce the effects of child maltreatment in early adolescent depression. Therefore, this study sets self-esteem among personal characteristics, and peer attachment within interpersonal context, as mediator variables and examines the effectiveness of the variables accordingly.

First, self-esteem is the basic inner strengths of self-awareness and endurance when faced with danger. It is an important psychological resource for increasing resilience (Schoon, 2006; Veselska et al., 2009). Self-esteem is the concept of overall self-worth and signifies a comprehensive evaluation of oneself as positive or negative (Cast & Burke, 2002). The experience of abuse in childhood reinforces negative self-concepts such as being labeled a “bad child,” feelings of incompetence, or not being worthy of love (Ju & Lee, 2010).

Researchers have proposed self-esteem as a protective factor for an abused child and have examined its structural relevance. Kim and Cicchetti (2006) identified the relationship between the self-system process and symptoms of depression in maltreated children, along with changes in depression. Self-esteem showed a negative correlation with physical abuse, regardless of gender, indicating that self-esteem can be an important protective factor as an intervention against emotional abuse and depression. Self-esteem was noted to reduce depression in the developmental growth trajectory, even following the experience of abuse, and presented a longitudinal mediation effect that led to an adaptive trajectory (Appleyard, Yang, & Runyan, 2010; Hong, 2010; Stein, Leslie, & Nyamathi, 2002).

Peer attachment is another variable that can mediate the effects of child maltreatment experience on early adolescent depression. And peer attachment is affectional bonding that forms among peers and indicates a positive relationship of trust and reliability, as well as sharing personal thoughts and emotions with the subject of the attachment (Freeman, Hackely, & Corning, 2004). Moreover, peer attachment is a social context that should be noted especially during early adolescence as it involves sharing emotional support and discussing personal issues with others than the parents, as well as being the source of social competence. Although peer groups have horizontal structures in which social exchange among peers occurs evenly compared to the parent-child relationship, a hierarchical status also exists in the groups. Peer status provides social support and a sense of stability, and is present in different forms according to individual competence (Cohen & Prinstein, 2006; Ellis & Zarbatany, 2007). Studies of child maltreatment and peer relationships have reported that children who have experienced maltreatment are socially more withdrawn and have greater difficulty in social
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