Childhood maltreatment, psychopathology and well-being: The mediator role of global self-esteem, attachment difficulties and substance use

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ABSTRACT

Childhood maltreatment is known to be associated with a broad variety of psychopathology and deteriorated well-being in adolescent populations. In the present nationwide study, we aimed to explore global self-esteem, attachment difficulties and substance use as possible mediators of these associations in a high-risk adolescent population. We included 400 adolescents (aged 12–20 years) living in residential youth care in Norway (response rate 67%). The participants completed a semistructured psychiatric interview (Child and Adolescent Psychiatric Assessment (CAPA)), a study-specific questionnaire, a revised version of the Self-Perception Profile for Adolescents (SPPA) and the Questionnaire for Measuring Health-related Quality of Life in Children and Adolescents (KINDL-R). Information was also provided by the adolescent’s primary contact at the institution. Two models were tested using structural equation modelling; one assessed the association between childhood maltreatment and psychopathology, and one assessed the association between childhood maltreatment and well-being. Childhood maltreatment, psychopathology, well-being, global self-esteem and attachment difficulties were treated as latent variables, and substance use was added as an observed variable. The results of this study showed that global self-esteem was a mediator of paths in both models, whereas attachment difficulties and substance use were not. Preventing decline in health and well-being in high-risk adolescents is a main goal, and this study suggests that improving self-esteem, in addition to providing psychiatric health services, could be an important tool for achieving this goal.

1. Introduction

Childhood maltreatment represents tremendous global health problems and have long-lasting negative effects on both mental health and well-being/quality of life (QoL) as has been shown in numerous studies the last decades (Al-Fayez, Ohaeri, & Gado, 2012; Buckingham & Daniolos, 2013; Edwards, Holden, Felitti, & Anda, 2003; Lanier, Kohl, Raghavan, & Auslander, 2015; Scott, Smith, & Ellis, 2010). The Adverse Childhood Experiences (ACE) study was one of the first large studies to document associations between childhood adversity and later psychiatric and physical diseases and problems, such as depression, alcohol abuse, smoking,
illicit drug use, and ischemic heart disease (Dube et al., 2003, 2006; Edwards et al., 2003; Felitti et al., 1998). In the ACE study, adversities included child abuse (physical, sexual and emotional abuse), neglect (emotional and physical) and household dysfunction (mother treated violently, household substance abuse, mental illness in the household, parental separation or divorce, or criminal household member) (Felitti et al., 1998). In this paper, we define childhood maltreatment as witnessing violence, physical abuse by a family member, sexual abuse, parental criminal behaviour, parental alcohol or drug abuse, and parental psychiatric problems. Psychopathology represents various mental health problems and symptoms of psychiatric disorders. Adolescent perceived well-being is a dynamic process related to the quality of the individual’s present life, and can be indicated by a variety of indicators, such as physical, emotional and social factors (Ben-Arieh & Frønes, 2011; Wallander & Koot, 2016). However, while the significance of the associations between these concepts now seems to be indisputable, there is less knowledge about which factors that might mediate the associations. A mediating model seeks to explain underlying mechanisms of observed relationships between two variables through inclusion of a third hypothetical variable (mediator). Knowledge about important mediating factors of the path between childhood maltreatment, psychopathology and well-being could provide opportunities to prevent further mental health problems and the deterioration of well-being in the individual. Adolescents in residential youth care (RYC) show high prevalence of experienced childhood maltreatment, psychiatric disorders and of poor QoL (defined according to Mattejat and Remschmidt (Mattejat & Remschmidt, 1998) as the individual’s subjectively perceived well-being and satisfaction with life according to his/her own experience in different life domains) (Greger, Myhre, Lydersen, & Jozeffak, 2015; Greger, Myhre, Lydersen, & Jozeffak, 2016). Further, child abuse negatively affects self-perceptions, self-esteem and self-related behavior (Susan Harter, 1998). Depending on their developmental stage, children who are repeatedly assaulted could easily come to the conclusion that they have low value and self-worth. In contrast to general population samples or patient samples from child mental health services, all adolescents in RYC have been removed from their primary caregivers. Furthermore, they have experienced many out-of-home placements by child welfare services (Kayed et al., 2015). Combined with experienced childhood maltreatment their relationships to significant others have been affected, and they display increased attachment problems (Jozeffak et al., 2016; Lehmann, Havik, Havik, & Heiervang, 2013) compared with other populations. Finally, smoking, extensive alcohol and drug use are associated with experienced childhood maltreatment (Anda et al., 1999; Cheng & Lo, 2010; Dube et al., 2003, 2006; Shin, Hong, & Hazen, 2010; Wright, Fagan, & Pinchevsky, 2013). Identifying additional factors to target in treatment of these vulnerable youths could be extremely valuable. Therefore, in the present study, we are focusing on self-esteem, attachment difficulties and substance use as possible mediators of the association between childhood maltreatment and psychopathology, and between childhood maltreatment and well-being.

Self-esteem is a subjective evaluation of what an individual thinks of himself/herself, often denoted as global self-esteem. Several studies have found an association between maltreatment and low self-esteem (Shen, 2009; Silvern et al., 1995; Winstok, 2015) and between low self-esteem and various mental health problems (Capaldi and Stoolmiller, 1999; Derdkiman-Eiron et al., 2011; Orth, Robins, Trzesniewski, Maes, & Schmitt, 2009; Ranoyen, Stenseng, Klockner, Wallander, & Jozeffak, 2015; Sowislo & Orth, 2013; Steiger, Allemiad, Robins, & Fend, 2014). Studies have also reported associations between low self-esteem and poor QoL or well-being in general adolescent populations (Karatzia, Chouliara, Power, & Swanson, 2006) and adolescent and adult populations with psychiatric problems (Bastiaansen, Koot, & Ferdinand, 2005; Kunikata, Mino, & Nakajima, 2005; Oliveira, Carvalho, & Esteves, 2016). Some studies are also suggesting a mediating effect of self-esteem between childhood maltreatment and mental health problems (Arslan, 2016; Soler et al., 2013; Suzuki & Tomoda, 2015; Turner, Shattuck, Finkelhor, & Hamby, 2015). However, we have not found any studies that suggest a mediating effect of self-esteem between childhood maltreatment and well-being.

Establishing a secure attachment between a child and his/her caregiver represents a primary developmental task during the first year of life. Secure attachment provides a solid base from which the child can explore his/her surroundings and contributes to neurobiological, cognitive, behavioral, and emotional development. As the child grows older, the attachment pattern continues to influence ongoing and future relationships with significant others. Childhood maltreatment, especially when the primary caregiver and offender are the same person, can be detrimental to the development of a secure attachment (Cicchetti, Rogosch, & Toth, 2006) and is a major risk factor for reactive attachment disorder (RAD) (Kay & Green, 2013). In a previous study based on the same population, it was found that adolescents in RYC who had experienced maltreatment had a significantly increased risk of several comorbid diagnosis pairs. Among these were RAD/conduct disorder (CD) and RAD/generalized anxiety disorder (GAD) (Greger et al., 2015). In a study of high-risk adolescents residing in out-of-home foster and group residential care in England, Kay and Green found that multiple maltreatment was associated with attention seeking and that RAD subscales were highly associated with psychopathology (Kay & Green, 2013). It is therefore possible that the presence of attachment difficulties could also mediate the association between childhood maltreatment and psychopathology or well-being also in adolescents.

Adolescence is a developmental period characterized by multiple transitions, which predispose individuals to risk-taking behavior (Leather, 2009), such as engaging in experiments with tobacco, alcohol and substance use. Exposure to multiple forms of childhood adversity has been shown to be associated with early initiation of smoking (Anda et al., 1999) and with the use of alcohol and illicit drugs in adolescence (Cheng & Lo, 2010; Shin et al., 2010; Wright et al., 2013) and adulthood (Dube et al., 2003, 2006). Several studies have demonstrated an association between alcohol or substance use and mental health problems among adolescents (Copeland, Rooke, & Swift, 2013; Mangerud, Bjørke, Holmen, Lydersen, & Indredavik, 2014; Skogen et al., 2014). The results from a recent study from the US, suggest that substance use partially mediates the association between sexual abuse and symptoms of depression and post-traumatic stress disorder in young women (Ulibarri, Ulla, & Salazar, 2015). Therefore we find it possible that extensive use of tobacco, alcohol and drugs, represented by the total number of different substances the individual has tried out, could mediate the association between childhood maltreatment and psychopathology or well-being in adolescents.

In two previous studies on the same study population of adolescents in RYC, an association between experienced childhood maltreatment (witnessing violence, victim of family violence, victim of sexual abuse, household dysfunction) and both a broad
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