



Research article

The role of strengths in anger and conduct problems in maltreated adolescents



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ABSTRACT

Despite multi-type maltreatment, some individuals demonstrate positive adaptation and continue to develop in a healthy way. A multitude of strength factors have been linked to adaptive functioning and resilience, but this has not been adequately examined in maltreated adolescent's psychosocial functioning. This study sought to examine the role of strengths such as having talents/interests, family relationships, educational support, the role of the recognition and application of these strengths, and the role of multi-type maltreatment on anger control and conduct problems. One hundred and thirty participants (61 males; 69 females) aged 13–19 years old were rated using the Singapore version of Child and Adolescent Need and Strengths (CANS) tool. The results revealed that certain strengths were associated with anger and conduct problems, but the recognition and application of strengths emerged as a consistently significant predictor for both outcomes. Hence, to understand and apply one's strengths may be equally as important as merely possessing those strengths. This study extends current understanding of the importance of strengths with a group of maltreated adolescents in an Asian context. Adopting a person-centered and strengthbased approach will further enhance the effectiveness of interventions and improve outcomes for maltreated adolescents living in residential care.

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1. Strengths and maltreatment

Systematic reviews examining childhood maltreatment and adversity reveal that a multitude of strength factors (e.g., individual, family, and community) are linked to adaptive functioning (Afifi & MacMillan, 2011; Khanlou & Wray, 2014; Noltemeyer & Bush, 2013). Adaptive functioning can occur despite multi-type maltreatment (MTM) (Collin-Vézina, Coleman, Milne, & Daigneault, 2011), which refers to experiencing more than one type of maltreatment (Higgins & McCabe, 1998). This has been shown to result in maladaptive outcomes which tend to persist into adolescence (Trickett et al., 2011) and across the lifespan (Hahm, Lee, Ozonoff, & Van Wert, 2010; Norman, Byambaa, Butchart, Scott, & Vos, 2012). Fergus and Zimmerman (2005) noted that at-risk adolescents may possess multiple assets (e.g., individual-level protective factors such as competence and efficacy) and have access to multiple resources (e.g., contextual and environmental influences such as family support and community services) which can enable them to achieve better outcomes.

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1.1. Role of strengths as protective factors

Strengths shift the attention from problems (deficits) in maltreated individuals towards proficiency, assets, skills, and internal resources. According to Epstein (1999), children's emotional and behavioral strengths may be conceptualized as skills and competencies under five domains, namely, (i) *interpersonal strengths*; (ii) *affective strengths*; (iii) *family involvement*; (iv) *school functioning*; and (v) *intrapersonal strengths*. Lyons, Uziel-Miller, Reyes, and Sokol (2000) found that strengths predicted success in the reduction of risk behavior for children and adolescents living in residential placements. Likewise, Oswald, Cohen, Jenson, and Lyons (2001) further showed that strengths mitigated the negative impact of risk behaviors such as harm to self and others.

At an individual level, the opportunity to engage in sport, art, music and hobbies enhances functioning and well-being in adolescence (Gilligan, 1999). The pleasure of engagement and the satisfaction of mastery serve to build the adolescent's self-esteem, pro-social behavior, supportive relationships and social integration. Babiss and Gangwisch (2009) found that sports participation protected adolescents from depression and suicidal ideation by increasing their self-esteem and social support.

At the family-level, studies have shown that parent functioning and responsiveness have a positive influence on child outcomes. Children who were exposed to interpersonal intimate partner violence (IPV) had fewer adjustment problems if their mothers used warm and effective parenting (Graham-Bermann, Gruber, Howell, & Girz, 2009). In contrast, more severe behavioral problems were observed in children exposed to IPV if their mothers were depressed. Overall, parent functioning can influence child adjustment, which can be examined via proxies such as internalizing and externalizing problems. Sexually abused adolescent females, who had fewer conflicts with their mothers, reported greater interpersonal trust in relationships, more active coping, and less drug use (Daigneau, Hébert, & Tourigny, 2007). In addition, maltreated adolescents who perceived greater emotional support from their caregivers reported lower levels of depression and better self-esteem one year after sexual abuse discovery (Rosenthal, Feiring, & Taska, 2003). Parental responsiveness has been found to be negatively associated with adolescents' problem behavior (Li et al., 2011), as well as depression and substance abuse (Bond, Toumbourou, Thomas, Catalano, & Patton, 2005).

At the community level, studies have shown that greater school engagement was associated with higher levels of well-being and a lower likelihood of delinquency (Tyler, Johnson, & Brownridge, 2008). In addition, students who reported higher perceptions of teachers' support were more likely to stay engaged in school (Klem & Connell, 2004) and had fewer misconduct incidents (Schmidt, 2003).

Compared to social support from parents and teachers, perceived peer support protected victimized children from depressive symptoms (Tanigawa, Furlong, Felix, & Sharkey, 2011). Given that social withdrawal and isolation are common depressive symptoms, the availability of supportive peers who offered help in problem-solving, healthy appraisals of stress and a sense of care, likely influenced the victim's coping ability and psychosocial adjustment. Positive peer relationships were also related to adaptive outcomes for maltreated children (Schultz, Tharp-Taylor, Haviland, & Jaycox, (2009)). In their longitudinal study, Powers, Ressler, and Bradley (2009) found that perceived social support from friends protected maltreated girls from adult depression.

1.2. Anger and conduct problems in maltreated children

Past research has demonstrated that maltreated children have elevated levels of anger and a higher risk of developing emotional dysregulation (Cole, Martin, & Dennis, 2004), compared to non-maltreated children (Robinson et al., 2009). Difficulties in regulating negative emotions, which indicates barriers to "monitoring, evaluating and modifying emotional reactions" in order to reach one's goal (Thompson, 1994, p. 27), could result in misreading social cues and responding inappropriately in social situations. Invariably, this adversely affects one's interpersonal relationships and quality of life.

Anger has been associated with internalizing symptomatology such as depression and anxiety (Koh, Kim, & Park, 2002). Difficulties regulating anger can maintain or exacerbate depression and anxiety, thereby resulting in increased emotional distress, and impaired social functioning (Berenbaum, Raghavan, Le, Vernon, & Gomez, 2003). A meta-analysis by Aldao, Nolen-Hoeksema, and Schweizer (2010) showed that emotional regulation strategies across different psychopathology groups (e.g., depression and anxiety) were related to different levels of psychopathology. Maladaptive cognitive emotional strategies (e.g., rumination, avoidance, and suppression) were linked with more psychopathology whereas adaptive strategies (e.g., acceptance, reappraisal, and problem solving) were linked with less psychopathology. Hence, it is important to understand the pathways to improve anger management and increase emotional regulation.

Anger issues have been found to be associated with higher levels of externalizing problems in children (Zeman, Shipman, & Suveg, 2002) and adolescents (Silk, Steinberg, & Morris, 2003). In a sample of maltreated children, Teisl and Cicchetti (2008) showed that poor emotional regulation accounted for aggression and disruptive behavior. Maltreated children are more likely to lack the skills to manage their negative emotions. This may also be due to the lack of opportunities to learn adaptive emotional regulation from their parents. In a longitudinal study, Conger, Neppl, Kim, and Scaramella, (2003) found that anger and aggressive behavior was transmitted across generations. Hence, it is important to understand antecedents of externalizing problems in maltreated adolescents to inform interventions for better outcomes.

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