



# Differences in the relationship between traumatic experiences, self-esteem, negative cognition, and Internet addiction symptoms among North Korean adolescent defectors and South Korean adolescents: A preliminary study



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## ARTICLE INFO

### Keywords:

North Korean defectors  
Internet addiction  
Negative cognition  
Adolescents

## ABSTRACT

North Korean adolescent defectors experience adaptation difficulties along with a wide range of psychosocial problems, but no study has yet examined their Internet addiction symptoms. We compared early traumatic experiences, self-esteem, negative cognition, and Internet addiction symptoms, as well as the relationships between these variables, between North Korean adolescent defectors and South Korean adolescents. Fifty-six North Korean adolescent defectors and 112 age- and sex- matched South Korean adolescents participated. The analyses examined the relationship between traumatic experiences and Internet addiction symptoms, with negative automatic thoughts or low self-esteem as mediators of these relations. North Korean adolescent defectors tended to have higher levels of negative automatic thoughts and more severe Internet addiction symptoms, as well as better self-esteem, than did South Korean adolescents. Furthermore, only among North Korean adolescent defectors, traumatic experiences were positively associated with Internet addition symptoms via increasing negative automatic thoughts. North Korean adolescent defectors are more susceptible to Internet addiction, negative cognitions, and early traumatic experiences compared to South Korean adolescents. However, the cross-sectional design of this study precludes consideration of the causality of these relationships. Interventions aiming to correct negative cognitions and increase self-esteem may be helpful for North Korean adolescent defectors with problematic Internet use.

## 1. Introduction

Internationally, governmental agendas have made it a priority to accommodate individuals who were forcibly displaced due to violence or human rights violations, given the continually growing population of refugee-like individuals (United Nations High Commissioner for Refugees, 2015). In the past 10 years, there has been a rapid increase in the number of North Korean defectors in South Korea from nearly 10,000 in 2006 to 30,000 by 2016. Adolescents and young adults (10–29 years of age) account for 40.1% of this population (Ministry of Unification, 2016). Besides financial aid, these individuals require educational and psychological support, particularly if they are young. Indeed, previous findings on the mental health disparities among North Korean adolescent defectors (NKADs) have highlighted the necessity of clinical attention to this population (Lee et al., 2012).

In entering the foreign environment of South Korea, wherein the culture and social norms are exceedingly different, NKADs might

struggle to adapt and forge social bonds (Kim, 2013). Beyond this acculturation process, NKADs are likely to have experienced traumatic events while in North Korea and during the defection, such as watching public executions, experiencing physical or sexual abuse, being beaten and arrested, and being separated from their family (Jeon et al., 2003; Kim, 2016). South Korean adolescents (SKAs), in comparison, will have rarely had such experiences. Accordingly, NKADs are likely to experience adaptation problems along with a wide array of psychosocial problems. Specifically, compared to SKAs, they have reported greater social deficits, manifested as social withdrawal and poor sociality (Lee et al., 2012); family-related distress (Shin and Kim, 2015); and poor academic performance (Lee et al., 2012; Shin and Kim, 2015). Additionally, NKADs exhibit a higher prevalence rate of posttraumatic stress disorder, emotional difficulties (e.g., depression and anxiety), somatic symptoms, and even psychotic symptoms (Lee et al., 2012; Shin and Kim, 2015). Such psychosocial problems are associated with both the aforementioned traumatic experiences (Emery et al., 2015; Kim,

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<http://dx.doi.org/10.1016/j.psychres.2017.07.078>

Received 29 August 2016; Received in revised form 24 March 2017; Accepted 31 July 2017

Available online 31 July 2017

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2013, 2016; Park et al., 2014, 2015) and acculturation problems (Kim, 2013; Kim et al., 2015).

Aside from internalizing problems such as depression and anxiety, NKADs may also suffer from externalizing problems such as addictive behaviors. One such behavior would be Internet addiction, which has recently been recognized as a serious problem, particularly among East Asian adolescents (J Kuss et al., 2014). SKAs used the Internet for an average of 10.8 h per week, and 96.7% of SKAs used the Internet daily (Korea Internet and Security Agency, 2010). Considering the widespread use of the Internet (Mak et al., 2014) and high prevalence of Internet addiction ranging from 10% to 30% among SKAs (Ha et al., 2006a), NKADs living in South Korea may also be exposed to a highly Internet-dependent culture. Furthermore, the established associations of Internet addiction with childhood trauma (Dalbudak et al., 2014; Yates et al., 2012), emotional difficulties (Beutel et al., 2011; Liu et al., 2011; Park et al., 2013; Şaşmaz et al., 2013), and social deficits such as family discord (Lam et al., 2009; Wang et al., 2011) and social isolation (Cao et al., 2011) suggest that NKADs may be particularly susceptible to Internet addiction. NKADs often fear self-exposure, which means that the Internet might provide a safe haven for them to remain anonymous; as such, NKADs might be more likely to indulge in Internet-based activities. It is important to note that Internet use has never, to the best of our knowledge, been formally studied among NKADs. Therefore, we investigated the prevalence and associated factors of Internet addiction symptoms among NKADs in comparison with SKAs. Furthermore, because traumatic experiences have been deemed paramount to the psychological vulnerability of NKADs to mental health problems (Baek et al., 2007; Kim, 2013), we focused on traumatic experiences as a primary factor associated with Internet addiction symptoms.

There is some evidence for a positive association between early traumatic experiences and Internet addiction, and several studies have suggested potential underlying mechanisms for this association (Dalbudak et al., 2014; Yates et al., 2012; Zhang et al., 2009, 2012). Dalbudak et al. (2014) posited that adolescents use the Internet as a means of dissociating themselves from emotional distress incurred by early traumatic experiences (Dalbudak et al., 2014). Using a mediation analysis, Zhang et al. (2012) found that childhood physical abuse was related to Internet addiction symptoms via the partial mediator of low self-esteem. Likewise, Yates et al. (2012) determined that alexithymia—namely, the inability to identify and describe feelings—as a partial mediator in the relationship between childhood maltreatment and Internet addiction. This suggests that cognitive-affective factors underlie how traumatic experiences affect Internet addiction symptoms.

Negative cognitions have not yet been studied as an underlying factor of this relationship, although they have been found to be closely associated with both trauma (Gibb, 2002; Turner et al., 2010) and Internet addiction (Dalbudak et al., 2014; Yates et al., 2012; Zhang et al., 2009, 2012) in separate studies. The cognitive model of trauma posits that traumatic experiences negatively bias victims' basic assumptions about themselves and the world, consequently creating negative cognitive processes such as self-blame and intrusive recurrent thoughts (Janoff-Bulman, 1989). Furthermore, there is empirical evidence indicating that people with traumatic experiences tend to have more negative cognitions. This can be linked to a cognitive model of Internet addiction, wherein the core cognitions associated with Internet addiction are rumination on problems and negative self-appraisals, among other cognitive factors (Davis, 2001). Maladaptive cognitions have also been directly related to problematic Internet use (Li et al., 2010). Taken together, this background seems to suggest that habitual negative thoughts and negative self-appraisal (i.e., low self-esteem) might act as links between traumatic experiences and Internet addiction.

The aim of this preliminary study was to investigate Internet addiction symptoms and its associated psychological factors among NKADs. In particular, we first compared early traumatic experiences, self-esteem, negative cognitions, and Internet addiction symptoms

between NKADs and SKAs. Then, we tested a model of the mechanism linking early traumatic experiences with Internet addiction symptoms via negative cognitions and low self-esteem.

## 2. Methods

### 2.1. Participants

NKADs were recruited from two alternative schools for North Korean defectors located in Seoul, South Korea. Both schools volunteered to participate in this study. The schools together had a total of 114 students aged 13–30 years who were preparing for the qualification examinations for middle- and high-school graduation. Among them, five students refused to participate in the survey. Altogether, there are around 242 students across six alternative schools for NKADs in South Korea (Korea Hana Foundation, 2017; Rainbow Youth Center, 2017); thus, our initial sample comprised about 47% of all students in alternative schools for NKADs. Among the 109 registered students who expressed interest in participating, 56 adolescents aged 13–19 years were enrolled in the present study. As a control group, we also recruited two age- ( $\pm 1$  year) and sex-matched SKAs for each NKAD from one junior high school and one senior high school, also located in Seoul.

All of these schools volunteered to participate in this study. After the school principals approved our research protocol, we visited the schools, explained the purpose of the study to students and teachers, obtained their consent, and distributed and collected the questionnaires (i.e., the Early Trauma Inventory Self Report-Short Form, the Children's Automatic Thought Scale, the Rosenberg Self-esteem Scale, and Young's Internet Addiction Test). This study was approved by the human subjects institutional review board at the National Center for Mental Health and the Seoul National University Hospital.

### 2.2. Measures

Participants' perceived family economic status was assessed using a 5-point Likert scale (low = 1, low-middle = 2, middle = 3, high-middle = 4, and high = 5). Furthermore, NKADs were also asked to report their years of residence in South Korea and their current residential situation (i.e., living with family; with relative or friend, in a dormitory, or alone; or in a facility).

The Korean version of the Early Trauma Inventory Self Report-Short Form is a 27-item questionnaire used for assessing four domains of trauma (physical, emotional, and sexual abuse, and general traumatic experiences). It categorically assesses the existence of certain traumatic events that occurred before the age of 18 (Jeon et al., 2012). The general traumatic experiences include "natural disasters," "serious accidents," "serious personal injury," "serious injury/illness of parent," "separation of parents," "serious illness/injury of sibling," "serious injury of a friend," "witnessing violence," "family mental illness," "alcoholic parents," and "seeing someone murdered." The physical abuse comprised "being slapped in the face," "burned with a cigarette," "punched or kicked," "hit with a thrown object," and "pushed or shoved." Emotional abuse consists of "often being put down or ridiculed," "often ignored or made to feel you didn't count," "often being told you are no good," "most of the time being treated in a cold or uncaring way," and "parents fail to understand your needs."

Finally, sexual abuse comprised "touched in intimate parts in way that was uncomfortable," "someone rubbing genitals against you," "forced to touch someone else's intimate parts," "someone had genital sex with you against your will," "being forced to perform oral sex," and "being forced to kiss someone in sexual way." (Cronbach's alpha = 0.87 for the Korean validation study (Bremner et al., 2007; Jeon et al., 2012) and 0.81 for the present study). Each traumatic experience is scored dichotomously (yes = 1, no = 0), and thus total scores ranged from 0 to 27.

The Children's Automatic Thought Scale is a self-report measure used to assess a wide range of negative self-statements among children

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