



## Research article

# Childhood abuse, personality traits, and depressive symptoms in adulthood



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## ABSTRACT

This study examined associations among childhood abuse, personality traits, and depressive symptoms in adulthood, and whether and how the effects of childhood abuse on depressive symptoms are mediated by the Big Five personality traits (i.e., extraversion, conscientiousness, emotional stability, agreeableness, and openness). The data were drawn from the 2012 Korean General Social Survey, a nationally representative survey using a multi-stage area proportional probability sampling method. Random effects regression and the Sobel test were used. Random effects models showed that physical and emotional abuse in childhood significantly increased depressive symptoms in adulthood, even after controlling for personality traits and socio-demographic factors. The coefficients of childhood abuse slightly decreased when personality traits were controlled, suggesting that personality traits mediated the relationship between childhood abuse and depressive symptoms. Among the personality traits, extraversion and emotional stability were negatively associated with depressive symptoms whereas agreeableness was positively associated with depressive symptoms. The results of the Sobel test showed that only emotional stability significantly mediated the effects of childhood abuse on depressive symptoms. Those who were exposed to childhood abuse had lower levels of emotional stability, which, in turn, led to depressive symptoms in adulthood. The findings suggest that childhood abuse may have a long lasting effect on mental health over the life course by influencing the formation of personality traits through developmental periods.

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## 1. Introduction

A substantial number of studies have shown that childhood abuse, such as physical, emotional, and sexual abuse, are associated with depressive symptoms in adulthood (Comijs et al., 2013; Coates & Messman-Moore, 2014; Crow, Cross, Powers, & Bradley, 2014; Fergusson, McLeod, & Horwood, 2013; Rohde et al., 2008). Given that depressive symptoms can also be associated with diverse health and life threatening factors, including suicidality (Chabrol, Rodgers, & Rousseau, 2007; Lee, 2015), substance abuse and behavioral problems (Banducci, Hoffman, Lejuez, & Koenen, 2014), and even increased mortality in the long run (Lasserre et al., 2016), people who were exposed to childhood abuse may become more vulnerable in terms of quality of life and health.

Although it is known that abusive experiences in childhood have long lasting effects on mental health over the life course, pathways between childhood abuse and depressive symptoms in adulthood have not been clearly examined. It is critical

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to closely examine the associations between childhood abuse and depressive symptoms in order to provide theoretical and empirical bases for efficient interventions to ameliorate depressive symptoms in adulthood. There have been empirical efforts to reveal the mechanism by which childhood abuse influences depressive symptoms in adulthood (e.g., [Massing-Schaffer, Liu, Kraines, Choi, & Alloy, 2015](#)), but there are still remaining questions and limitations of previous studies regarding relationships between childhood abuse and depressive symptoms in adulthood.

First, although a few studies have investigated mediators between childhood abuse and mental illness in adulthood to reveal the possible pathways between the two, most studies have mainly focused on, as mediating factors, a specific psychological or social factor such as posttraumatic stress symptoms ([Choi et al., 2015](#)), emotion dysregulation ([Coates & Messman-Moore, 2014](#); [Crow et al., 2014](#)), rejection sensitivity ([Massing-Schaffer et al., 2015](#)), and interpersonal abuse in adulthood ([Salwen, Hymowitz, Vivian, & O'Leary, 2014](#); [Lee, 2015](#)). A logical next step for extending previous knowledge on the pathways between childhood abuse and depressive symptoms is to include and analyze the role of general and normative psychological characteristics that fully describe the propensity of an individual.

In this context, this study aims to examine the role of personality traits as a mediator between childhood abuse and depressive symptoms in adulthood. Given that both childhood abuse and personality are significant predictors of depressive symptoms (e.g., [Comijs et al., 2013](#); [Coates & Messman-Moore, 2014](#); [Hakulinen, Elovainio, & Pulkki-Raback, 2015](#); [Karrenman, van Assen, & Bekker, 2013](#); see [Kotov, Gamez, Schmidt, & Watson, 2010](#) for a review), it is worth examining childhood abuse, personality traits, and depressive symptoms with an integrated approach. Although some studies have examined the mediating effect of personality traits or temperament regarding childhood abuse and depressive symptoms in adulthood ([Hayashi et al., 2015](#); [Nakai et al., 2014](#)), little is known as to which personality traits specifically mediate the relationship between childhood abuse and depressive symptoms.

Further, most studies examining the pathways between childhood abuse and depressive symptoms in adulthood have analyzed non-representative samples such as clinical samples ([Choi et al., 2015](#); [Hayashi et al., 2015](#); [Gamble et al., 2006](#); [Salwen et al., 2014](#)), convenience samples ([Massing-Schaffer et al., 2015](#); [Nakai et al., 2014](#)), or a specific group based only on gender, ethnicity, and/or income (e.g., [Crow et al., 2014](#)). Such previous studies are meaningful, given that clinical samples or a specific group is required to be examined, especially when interventions are targeted for a specific type of mental health outcome or for a particular group. Investigating representative data in non-Western society, however, is also important to reveal associations among childhood abuse, personality traits, and depressive symptoms in order to allow generalization of the findings.

In sum, this study aims to examine (1) if and how childhood abuse, including physical, emotional, and sexual abuse, are associated with the Big Five personality traits (i.e., extraversion, conscientiousness, emotional stability, agreeableness, and openness) and depressive symptoms in adulthood respectively, and (2) if and which personality trait(s) mediate the association between childhood abuse and depressive symptoms. The findings of this study extend our knowledge of the associations between childhood abuse and depressive symptoms in adulthood and provide an empirical basis for the necessity and strategy of early interventions for abused children.

## 2. Literature review

### 2.1. Childhood abuse, personality traits, and depressive symptoms

The long lasting effect of childhood abuse on depressive symptoms over the life course has been demonstrated in many studies (see [Lindert et al., 2014](#) for a review). It has been observed that emotional abuse or maltreatment ([Coates & Messman-Moore, 2014](#); [Crow et al., 2014](#)) as well as physical and sexual abuse ([Comijs et al., 2013](#); [Fergusson et al., 2013](#); [Springer, Sheridan, Kuo, & Carnes, 2007](#)) are significantly associated with depressive symptoms in adulthood. The harmful effects of childhood abuse on mental health can be sustained over the life course by modifying and affecting developmental processes. Abusive experiences in childhood can leave indelible imprints for survivors by influencing their social and psychological development and functioning, which can lead to diverse and challenging obstacles such as problems with interpersonal relationships, emotion dysregulation, and distrust toward others ([Salwen et al., 2014](#); [Savla et al., 2013](#); [Coates & Messman-Moore, 2014](#); [Crow et al., 2014](#)).

Personality traits have also been considered to be predictors of mental health including depressive symptoms ([Chioqueta & Stiles, 2005](#); [Karrenman et al., 2013](#); [Wang et al., 2014](#)) as well as predictors of physical health outcomes such as mortality risk ([Mroczek, Spiro, & Turiano, 2009](#)). It has been noted that personality in adulthood is quite stable and a consistent propensity of an individual over the life course ([Soldz & Vaillant, 1999](#)). Personality is typically formed in childhood under the influences of diverse social and environmental factors and is not solely determined by biological or intraindividual characteristics ([Clark & Watson, 2008](#); [Shiner, 2006](#)).

To measure and describe the components of personality traits, the five-factor model of personality, known as the "Big Five" personality traits (i.e., extraversion, conscientiousness, emotional stability, agreeableness, and openness) has been widely used (e.g., [Chioqueta & Stiles, 2005](#)) and shown to be reliable ([Gosling, Rentfrow, & Swann Jr., 2003](#)). Extraversion refers to the extent to which an individual is sociable, expressive, active and energetic. Conscientiousness refers to the propensity to be well-organized, responsible, self-disciplined and dependable. Emotional stability reflects the propensity to be calm, relaxed, self-confident, and not to be worried, easily stressed or upset. Agreeableness refers to the extent to which

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