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Child Abuse & Neglect



The relationship between internal resilience, smoking, alcohol use, and depression symptoms in emerging adults transitioning out of child welfare[☆]

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ABSTRACT

Objective: It is well established that child maltreatment reflects a context of risk for multiple negative outcomes. Identifying factors that protect against negative outcomes is important for the development of strengths-based approaches that emphasize resilience, particularly for youth transitioning out of the child welfare system. The current study examined the relationship between an internal resilience measure, the Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003), and several external measures of resilience and behavioral outcomes (tobacco use and dependence, alcohol use and problems, and depression symptoms). In addition, two models of resilience were examined in the context of child maltreatment: a compensatory model and a risk-protection model.

Methods: Ninety-three emerging adults (ages 18–25) who were making the transition out of child welfare completed self-report measures of child maltreatment, internal resilience (CD-RISC), external resilience (academic achievement, religious and community involvement, monitoring by caregivers, and presence of an adult mentor), alcohol and tobacco use, and depression symptoms.

Results: Internal resilience was significantly associated with involvement in religion and community, and monitoring by caregivers. In addition, internal resilience was negatively associated with past year smoking and nicotine dependence, and with symptoms of depression. Hierarchical regression analyses were conducted to examine the direct and interaction effects of resilience on depression symptoms in the context of child maltreatment. When internal resilience was added to the model, it made a significant contribution to depression scores over and above child maltreatment (physical, sexual, and emotional abuse; emotional neglect). In addition, there was a significant Sexual Abuse × Resilience interaction, wherein high resilience was associated with a reduction in depression scores at higher levels of sexual abuse.

Conclusions: These findings support internal resilience as both a compensatory and protective factor for depression symptoms in the context of sexual abuse among emerging adults transitioning out of child welfare. Prevention and early intervention within child welfare should include strengthening internal resilience, with continued monitoring of competencies through the transition from adolescence to emerging adulthood.

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Childhood maltreatment is a risk factor for multiple negative outcomes in adolescence and adulthood, including interpersonal difficulties (Cicchetti & Aber, 1995; Jaffee & Gallop, 2007; Wolfe, Scott, Wekerle, & Pittman, 2001), compromised school functioning (Cicchetti & Rogosch, 1997; Gilbert et al., 2009), aggression, violence, and criminal behaviors (Casiano, Mota, Affi, Enns, & Sareen, 2009; Gilbert et al., 2009; Ou & Reynolds, 2010), physical and mental health problems such as depression, anxiety (Gilbert et al., 2009; Kessler, David, & Kendler, 1997; MacMillan et al., 2001; Scott, Smith, & Ellis, 2010) and suicidal behavior (Enns et al., 2006), as well as the development of substance abuse and dependence (Simpson & Miller, 2002; Tonmyr, Thornton, Draca, & Wekerle, 2010). Given the heightened risk for numerous negative behavioral and psychological outcomes among youth with histories of maltreatment, a great deal of empirical attention has been paid to the construct of resilience within such populations.

Resilience reflects “good outcomes in spite of serious threats to adaptation and development” (Masten, 2001, p. 228). Although the concept of resilience is straightforward, issues of measurement and operationalization have plagued the resilience literature in multiple areas. In their review of the literature on resilience to childhood maltreatment, Heller, Larrieu, D’Imperio, and Boris (1999) note that, despite the relatively simple nature of the construct, few standardized operational definitions of resilience exist. Resilience is often defined by: (1) the absence of a particular negative outcome in at-risk populations such as absence of psychiatric disorder or suicidality (e.g., Collishaw et al., 2007); (2) a normative level of functioning on a particular domain (for example, antisocial behavior (e.g., Jaffee, Caspi, Moffitt, Polo-Tomas, & Taylor, 2007); or (3) a composite score based on multiple indices of functioning that reflect both positive outcomes (e.g., educational attainment, employment history) and a lack of negative outcomes (e.g., homelessness, substance use) (e.g., Daining & DePanfilis, 2007; McGloin & Widom, 2001). In addition, operational definitions of risk, competence, positive outcome, and maltreatment vary, and no standardized methodology for measuring the risk-resilience relationship has been established, making it difficult to compare findings across studies. As a result, conflicting results are common and the generalizability of findings is limited.

Furthermore, researchers argue (Affi & MacMillan, 2011; Heller et al., 1999) that research on resilience often aggregates results across different types of maltreatment. This ignores the possibility that different types of maltreatment may be associated with different outcomes. For example, recent research highlights the role of emotional maltreatment as a particularly important predictor of certain forms of psychopathology or problem behaviors such as depression (Ali, Oatley, & Toner, 1999; Antypa & Van Der Does, 2010) and dating violence perpetration (Wekerle, Leung, Goldstein, Thornton, & Tonmyr, 2009; Wekerle, Leung, Wall, et al., 2009), and there is a significant research literature linking sexual abuse to alcohol and other drug use (for reviews see: Kerr-Correa, Tarelho, Camiza, & Villanassi, 2000; Sartor, Agrawal, McCutcheon, Duncan, & Lynskey, 2008). In addition, resilience to particular outcomes may depend on the context of risk, with different types of maltreatment providing different risk contexts.

In response to some of these methodological concerns, Connor and Davidson (2003) developed the Connor Davidson Resilience Scale (CD-RISC) as a single valid measure of resilience in adulthood. The CD-RISC is intended to assess “the personal qualities that enable an individual to thrive in the face of adversity” (p. 76), and focuses on the internal resources necessary to adapt positively to trauma or adversity, such as a strong sense of purpose, the ability to cope with negative emotions, a sense of humour, and the ability to facilitate support for oneself. The utilization of a measure of internal resilience is consistent with theoretical definitions of resilience proposed by Ungar (2001), who emphasizes that the use of problematic behaviors by at-risk youth may actually be protective, by providing opportunities for personal and social empowerment. Defining resilience singularly as a low rate of problem behavior in comparison to other at-risk youth downplays youth’s ability to utilize internal coping strategies to maximize resilient self-constructions through involvement in seemingly deviant behavior.

The CD-RISC has been used to measure resilience in multiple populations, including those with a history of childhood maltreatment. In a recent study, Roy, Carli, and Sarchiapone (2011) used the CD-RISC to examine the relationship between childhood maltreatment and suicide attempts in patients receiving treatment for substance abuse and in male prisoners. For both samples, when maltreatment history was held constant, CD-RISC scores were lower among those who had attempted suicide than those who had not, suggesting that resilience acted as a buffer from the negative impact of maltreatment. Campbell-Sills, Cohan, and Stein (2006) found that resilience scores on the CD-RISC significantly moderated the relationship between levels of emotional neglect and psychiatric symptoms in a sample of university students; individuals with high levels of emotional neglect and low resilience experienced high emotional distress, whereas individuals with high levels of emotional neglect and high levels of resilience had far fewer distress symptoms. In fact, this group demonstrated lower levels of psychiatric symptoms than those who endorsed lower levels of emotional neglect and high levels of resilience. The authors point out that this counterintuitive finding is in line with Bonanno’s (2004) contention that resilience constitutes not just recovery but growth and strengthening from adversity. Later research by Campbell-Sills and Stein (2007) replicated this finding with an aggregated maltreatment score (i.e., total CTQ score) and an abbreviated version of the CD-RISC. Furthermore, Campbell-Sills, Forde, and Stein (2009) demonstrated that emotional and sexual abuse, as well as emotional neglect and physical neglect, were linearly related to resilience, with increasing levels of maltreatment associated with diminishing levels of resilience.

In a recent review of research on child maltreatment and resilience, Affi and MacMillan (2011) noted that resilience changes over time and developmental phases. Of particular interest for the current study is the transition out of child welfare, which occurs during emerging adulthood, a critical developmental stage marked by greater independence and exploration, but also feelings of instability and uncertainty (Arnett, 2004). In the past decade, adolescents transitioning out of the child

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