

# The Influence of Psychosomatic Symptoms, Physical and Sexual Abuse, and Coping Strategies on Delinquent Behavior Among Korean Adolescents

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**Purpose:** This cross-sectional study was undertaken to examine the contributing factors related to juvenile delinquency, as well as to identify the effect of psychosomatic symptoms, physical abuse, sexual abuse, and coping strategies on delinquent behavior among Korean adolescents.

**Methods:** To investigate the research problem, 2,146 adolescents, including 1,350 student adolescents and 796 delinquent adolescents, were assessed using a cross-sectional descriptive design study via anonymous, self-reporting questionnaires. Almost all research variables were measured using the Mental Health Questionnaire for Korean Adolescents.

**Results:** Our results revealed that delinquent adolescents showed a greater incidence of psychosomatic symptoms, higher levels of physical and sexual abuse, and a higher level of less effective coping strategies compared with student adolescents. Our path analysis revealed that the likelihood of delinquent behavior among adolescents appeared to be influenced mainly by sexual abuse, Psychosomatic Symptoms I, and physical abuse, with these three variables having the highest total effect.

**Conclusions:** This study confirms the relationships previously identified among stress, somatic complaints, and ineffective coping. In addition, we demonstrated that these relationships cover a wide spectrum, ranging from psychosomatic symptoms to behavioral problems. Further implications of the results and research limitation were discussed.

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THE PSYCHOSOMATIC SYMPTOMS of delinquents are recognized as being clinically relevant, but they are rarely examined or discussed. Psychosomatic symptoms or psychophysiological disorders are believed to be prevalent particularly during adolescence, when the balance between surging bodily growth and psychological and social development may be easily disrupted (Aro, Paronen, & Aro, 1987; Beck, 2008). Psychosomatic disorders are typically defined as those in which psychological factors are thought to contribute significantly to the development, exacerbation, or maintenance of the illness (Sadock &

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Sadock, 2009). Psychosomatic symptoms and somatization are distinct from malingering in that the patient is truthfully reporting his or her bodily sensations and not consciously using these symptoms to manipulate or control others or the situation (Chrousos & Gold, 1992). The adolescent and his or her family may seek medical attention because they attribute the symptoms to organic disease. The symptoms may vary in severity and duration, they may be acute or chronic, and concurrent organic illness may or may not be present. Because the symptoms are caused primarily by psychosocial factors, interventions that address these factors are essential for symptom improvement (Greene & Walker, 1997). A number of empirical investigations have found a significant association between stressful life events and psychosomatic symptoms in adolescents. For example, among patients presenting to an adolescent clinic, more stressful life events were reported by adolescents presenting with functional somatic symptoms (e.g., headaches or recurrent abdominal pain) than by adolescents with identifiable organic disease (Kim & Kim, 2005, 2008a, 2008b; Murberg & Bru, 2004). Similarly, in another study, adolescent patients with higher levels of stress scored significantly higher on a measure of psychophysiological symptoms compared with those with lower levels of stress (Walker & Greene, 1991). Other studies found that higher stress levels predicted symptom maintenance in adolescent patients with recurrent abdominal pain (Walker, Garber, & Greene, 1994; Walker & Greene, 1991). Life stress has also been linked to psychosomatic symptoms among adolescents in both school (Murberg & Bru, 2004) and family (Craig, Cox, & Klein, 2002; Kim & Kim, 2008a, 2008b; Locke, Zinsmeister, Talley, Fett, & Melton, 2000) settings. Thus, there is substantial evidence linking stress to somatic symptoms in adolescents. Furthermore, a negative family environment characterized as nonsupportive, unaccepting, and conflictual appears to be a risk factor for an adolescent becoming violent and aggressive, as supported by research showing a strong predictive relationship between a dysfunctional family environment characterized as emotionally or psychologically unhealthy and delinquent behavior in adolescents (Cohen & Rice, 1997; Davis, Tang, & Ko, 2004; Hoeve et al., 2007; Kim & Kim, 1997, 2008a, 2008b). Studies have shown that delinquent and aggressive behavior by children and adoles-

cents can be predicted by dimensions of family functioning, such as parental neglect, family conflict and disruption, parental deviance like parental substance abuse, parental imprisonment or parental partner violence, and child sexual abuse (Deschenes & Esbensen, 1999). Overall, sexual abuse against children has been demonstrated to have a variety of psychological effects in different age groups. Among the youngest victims, usually toddlers and preschoolers, the most common symptoms are anxiety, nightmares, and inappropriate sexual behavior. Among school-age children, the most common symptoms are fear, mental illness, aggression, nightmares, school problems, hyperactivity, and regressive behavior (Haj-Yahia & Tamish, 2001). Among adolescents, the most common symptoms are depression, withdrawal behavior, suicidal or self-injurious behavior, psychosomatic complaints, illegal acts, running away, and substance abuse (Haj-Yahia & Tamish, 2001). In particular, physical neglect or trauma in childhood like child abuse contributes to the generation of somatic behaviors in adulthood for the purpose of eliciting caring responses from others (Sansone, Wiederman, & McLean, 2008; Waldinger, Schultz, Barsky, & Ahern, 2006).

Evidence in the literature suggests that, under high levels of stress, personal resources affect future well-being indirectly through more adaptive coping strategies (Beck, 2008). Similarly, coping processes may mediate the relationship between negative life events (e.g., physical and sexual abuse) and psychosomatic problems in adolescents. Adolescents with fewer levels of personal resources may have less effective strategies for coping both with life stress and with pain and other somatic symptoms (Haj-Yahia & Tamish, 2001). Thus, ineffective coping may be a mechanism that links life stress and somatic symptoms. Consistent with this, a previous study showed that particular patterns of coping with pain like avoidant coping strategy were associated with psychosomatic symptoms in children and adolescents (Greene & Walker, 1997). In this study, our objectives were (a) to explore the possible relationships among psychosomatic symptoms, physical and sexual abuse, coping strategies, and delinquent behavior and (b) to identify the effect of psychosomatic symptoms, physical and sexual abuse, and coping strategies on delinquent behavior among Korean adolescents.

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