Adverse childhood experiences among adolescents with emotional and behavioural problems

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Data sources
Chapter 2

Data sources

This chapter provides a description of the study samples, measures and statistical analyses used in this thesis.

Study samples

This study is based on five different samples. Table 2.1 provides a brief description of the samples. The samples are described below, numbered in the sequence of the chapters for which they were used; thus, sample 1 was used in chapter 3, sample 2 in chapter 4, sample 3 in chapter 5, sample 4 in chapter 6, and sample 5 in chapter 7.

Sample 1 was derived from the baseline wave of the community part of the Care4Youth-cohort study. We obtained participants using a two-step sampling. First, we randomly selected primary schools; these were approached from January to June 2017. Out of 11 primary schools approached, seven participated in our survey (response rate 64.0%). Next, parents of all pupils were asked to provide us with a signed informed consent on behalf of their children and themselves (response rate 23.4%). Questionnaires were administered by trained research assistants in the absence of teachers during regular class time. We obtained data from 341 adolescents from the 5th to 9th grades, aged from 10 to 16 years (response rate: 94.3%, mean age: 13.14; boys: 44.0%). Participation in the study was fully voluntary and anonymous, with no explicit incentives provided for participation. The study protocol was approved by the Ethics Committee of the Medical Faculty at Pavel Jozef Safarik University in Kosice (2N/2015).

Sample 2 was from both the community and the care part of the Slovak Care4Youth cohort study, whereas sample 1 only regarded the community sample. The respondents had to meet the following criteria: they should be adolescents aged from 10 to 16 years, should be able to understand the Slovak language, should be able to fill out the questionnaires on their own, and should come from the Kosice region in eastern Slovakia. Participants in the community part were recruited via randomly chosen primary schools in the Kosice region in eastern Slovakia; they were approached from January to June 2017 via two-stage sampling. In the first stage, we contacted schools, and in the second stage, the parents or legal representatives of the pupils were contacted. After being thoroughly informed about the study and participation in the study, parents were asked to provide us with signed informed consent.
on behalf of their children. Participants in the care part were recruited via institutions providing psychosocial care for adolescents with emotional and behavioural problems (EBP) in the Kosice region in eastern Slovakia. They were approached from January 2017 to December 2018 using a two-step sampling. In the first step we contacted institutions, and in the second step the parents or legal representatives of adolescents were contacted. Parents received full information on the study and provided a signed informed consent on behalf of their children. For the purpose of this study, we used a final sample consisting of 509 adolescents (mean age 13.20 years, 48.6% boys). Respondents with missing responses on the variables to be studied were excluded. The study was approved by the Ethics Committee of the Medical Faculty at Pavel Jozef Safarik University in Kosice (protocol 2N/2015).

Samples 3, 4 and 5 were derived from the Health Behaviour in School-aged Children (HBSC) study conducted in 2018 in Slovakia. The HBSC used a two-step sampling to obtain a representative sample. In the first step, 140 larger and smaller elementary schools located in rural as well as urban areas from all regions of Slovakia were asked to participate. These were randomly selected from a list of all eligible schools in Slovakia obtained from the Slovak Institute of Information and Prognosis for Education. The school response rate was 77.9%. In the second step, we obtained data from 8,405 adolescents from the 5th to 9th grades of the elementary schools in Slovakia in the target group of 11- to 15-year-olds (mean age 13.43; 50.9% boys); one class per grade was selected. Parents were informed about the study via the school administration and could opt out if they disagreed with their child’s participation. Participation in the study was fully voluntary and anonymous, with no explicit incentives provided for participation. The study protocol was approved by the Ethics Committee of the Medical Faculty at Pavel Jozef Safarik University in Kosice (16N/2017).

In addition, several subsamples were derived from this big HBSC sample. Sample 3 consisted of a final sample of 5,202 adolescents (mean age 13.53; 49.3% boys), where the respondents with missing responses on the questions about communication with mother and with father variables were excluded (3,203). Sample 4 consisted of a final sample of 5,220 adolescents (mean age 13.02; 48.7% boys), where the respondents with missing responses on the questions about teacher and classmate support variables were excluded (3,185). In Sample 5 we used the Questionnaire containing the Child and Youth Resilience Measure (CYRM-12). Questionnaires containing the CYRM-12 were randomly distributed to a portion of the adolescents 13 years and older (7th, 8th and 9th grades) with the aim of collecting data from at least half of them. Respondents with missing responses on the studied variables were excluded, leading to a final sample of 2,839 adolescents (mean age 13.93; 49.6% boys).
Table 2.1 Basic characteristics of the research samples used in the following chapters

<table>
<thead>
<tr>
<th>Sample</th>
<th>Chapters</th>
<th>Country (Region)</th>
<th>Year of data collection</th>
<th>Origin of the data (area)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>Slovakia (Kosice)</td>
<td>2017</td>
<td>Care4Youth cohort study</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>Slovakia (Kosice)</td>
<td>2017</td>
<td>Care4Youth cohort study</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>Slovakia</td>
<td>2018</td>
<td>HBSC study Slovakia</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>Slovakia</td>
<td>2018</td>
<td>HBSC study Slovakia</td>
</tr>
<tr>
<td>5</td>
<td>7</td>
<td>Slovakia</td>
<td>2018</td>
<td>HBSC study Slovakia</td>
</tr>
</tbody>
</table>

HBSC – Health Behaviour in School-aged Children study

Measures

This section provides an overview of the variables used in this thesis. Table 2.2 provides brief information on the origin of the measures and a short description of them.

Table 2.2 Overview of the central variables used in this thesis

<table>
<thead>
<tr>
<th>Measure</th>
<th>Source</th>
<th>Role in analyses</th>
<th>Chapters</th>
<th>Short description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional and behavioural problems</td>
<td>SDQ Questionnaire (Goodman et al. 1998)</td>
<td>Dependent</td>
<td>3, 5, 6, 7</td>
<td>Indicator of mental health</td>
</tr>
<tr>
<td>Adverse childhood experiences</td>
<td>ACE Questionnaire (ISRD2 2005)</td>
<td>Independent</td>
<td>3, 4, 5, 6, 7</td>
<td>Indicator of experiences with serious events</td>
</tr>
<tr>
<td>Communication with mother and with father</td>
<td>Questions about communication with mother and father (Currie et al. 2013)</td>
<td>Independent</td>
<td>5</td>
<td>Indicator of quality/degree/level of communication with mother and with father</td>
</tr>
<tr>
<td>Classmate support</td>
<td>Classmate support scale (Torsheim et al. 2000)</td>
<td>Independent</td>
<td>6</td>
<td>Indicator of support from classmates</td>
</tr>
<tr>
<td>Teacher support</td>
<td>Teacher support scale (Torsheim et al. 2000)</td>
<td>Independent</td>
<td>6</td>
<td>Indicator of support from teachers</td>
</tr>
<tr>
<td>Resilience</td>
<td>Child and Youth Resilience Measure (CYRM-12), (Liebenberg et al. 2013; Ungar &amp; Liebenberg 2011)</td>
<td>Independent</td>
<td>7</td>
<td>Indicator of degree/level of resilience</td>
</tr>
<tr>
<td>Socioeconomic position</td>
<td>SEP – 10-point scale (Adler et al. 2000)</td>
<td>Confounder</td>
<td>3, 4</td>
<td>Indicator of socioeconomic status</td>
</tr>
<tr>
<td>Family affluence</td>
<td>Family Affluence Scale III (FAS-III) (Elgar et al. 2015)</td>
<td>Confounder</td>
<td>5, 6, 7</td>
<td>Indicator of socioeconomic status</td>
</tr>
</tbody>
</table>

SDQ – Strengths and Difficulties Questionnaire; ACE – Adverse Childhood Experiences; ISRD2 – International Self-Report Delinquency 2; SEP – Socioeconomic Position;
Statistical analyses

Several statistical methods were used across the study. Each chapter provides detailed information about the statistical analyses performed. In general, we first described the frequencies and simple prevalence rates of the concerned variables. Next, to answer the research questions of each sub-study, the associations between the independent and dependent variables were computed using generalized linear models, logistic regression models and linear regression models, crude and adjusted for potential confounders. Analyses were performed using the statistical software package SPSS v. 23 for Windows. For the mediation analyses reported in chapter 7 we used the PROCESS macro model 4 (Hayes 2003).

References


