Association of adverse childhood experiences, cognitive emotional regulation, social support, and parenting competency in first-time mothers in Korea: A moderated mediating effect of social support

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Hyojin Lee

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ABSTRACT

Association of adverse childhood experiences, cognitive emotional regulation, social support, and parenting competency in first-time mothers in Korea
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Adverse childhood experiences (ACEs) are known to have tragic effects in adulthood leading to various physical and psychological health issues, and these impacts are transmitted to future generations through improper parenting. To efficiently intervene with the detrimental effects of ACEs, it is required to investigate potential factors that play certain roles in the relationship between ACEs and parenting. This descriptive, cross-sectional study purposed to identify the association between ACEs, adaptive and maladaptive cognitive emotional regulation (CER), and parenting competency in mothers of young children in Korea.

An online survey was completed by 290 women raising infants using a structured questionnaire. Descriptive statistics, univariate analysis, and moderated mediation analysis were conducted. The overall prevalence of ACEs among the participants was very low, and working status, mode of delivery, breastfeeding, and daycare center utilization were the factors that showed significant differences in parenting competency. It was verified that social support had a moderated mediating effect that regulates the mediating effect in the pathway by which ACEs affect parenting competency through adaptive CER. On the other hand, this moderated mediating effect was not significant when maladaptive CER mediated the relationship between ACEs and parenting competency. It is suggested that we focus on improving the adaptive CER of individuals with high social support, and for those with low social support, more social support should be implemented in advance.

Keywords: adverse childhood experiences, cognitive emotional regulation, social support, parenting competency

1. INTRODUCTION

1.1. Backgrounds

Adverse childhood experiences (ACEs) refer to various sources of stress that can affect growing children (Anda et al., 2010), including abuse, neglect, family dysfunction, and exposure to neighborhood violence. In the United States (Merrick et al., 2018) and Korea (Ryu et al., 2017), 61.55% and 78.9% of adults have been reported to have had at least one ACE in their lives, respectively. This implies that ACEs should be regarded as universal experiences rather than a problem associated with only a minority with peculiar personal characteristics (Ryu et al., 2017).

ACEs have been found to be associated with increased health risks and various psychosocial problems throughout life (Hughes et al., 2021), including adult obesity, increased blood pressure, diabetes, ischemic heart disease, stroke, and even high early mortality (Danese & Tan, 2014; Su et al., 2015; Deschenes et al., 2018; Felitti et al., 1998; Bellis et al., 2015), as well as negative psychofunctional statuses such as heavy drinking, depression, and suicidal attempts (Merrick et al., 2017). As a mechanism, ACEs affect adult health problems via increasing stress and disease sensitivity according to epigenetic changes, mainly methylation of DNA. Indeed, ACEs are associated with

methylation of the NMDA type subunit 2B (GRIN2B) gene, which has a persistent impact over time (Engdahl et al., 2021).

It has recently been reported that the effect of ACEs on physical and psychological health in adulthood is mediated through cognitive emotional regulation (CER), which refers to the cognitive handling of emotionally awakened information, that is, an individual's conscious cognitive response to various emotional experiences (Thompson, 1991). This concept was developed from the perspective that cognition and emotion are related to each other, and that emotional regulation through cognitive processes can help an individual to control their emotions during stressful events, changing the nature of the emotional experience itself or reducing and strengthening the intensity of the emotional experience (Garnefski, 2001). Recent studies have reported the mediating role of CER between ACEs and physical and psychological health in adulthood (Cloitre et al., 2019; Demir et al., 2020). Chronic stress caused by ACEs may explain the impact of ACEs on adult health outcomes by weakening prefrontal cortex activity and using maladaptive control strategies for stress; however, adaptive CER may alleviate the negative impacts of ACEs on physical and psychological health (Kalia & Knauft, 2020).

Numerous aspects of personal features in adults affected by ACEs include variables related to parenting. Indeed, mothers with ACEs not only have a

significant impact on children's internalization and externalization problems by applying harsher parenting behavior (Wolford et al., 2019), but also have an indirect effect on low-level positive parenting behavior (Greene et al., 2020). In particular, it has been reported that child abuse toward one's own children is highly likely to be committed when the mother has been exposed to repeated ACEs (Greene et al., 2020).

Among the concepts related to parenting, parenting competency is a concept that describes successfully performing parental roles (Goldstein et al., 1973). The concept of parenting competency comprises four subdomains: interaction parenting competency regarding interactions with children; cognitive competency, including understanding infant development characteristics; parenting efficacy, which refers to practical ability for cognitive competency; and emotional competency, which is related to emotional control and stress coping ability. The higher the parenting competency, the lower the externalized problem behavior of the child (Kwon & Chun, 2015), and the higher the quality of interaction with the child (Woods, 2011). Conversely, the lower the parenting competency, the more overly permissive or authoritarian the parent is, which leads to a greater influence on the children's problematic behavior (Sanders & Woolley, 2005). In general, ACEs are known to be negatively related to parenting competency, which is interpreted in the same context as the positive relationship between ACEs and

parenting stress (LaBrenz et al., 2020). Adversity and trauma experienced by parents themselves as children can later affect their parenting skills (LaBrenz et al., 2020). From this perspective, ACEs are closely related to abuse and violence in various interpersonal relationships (Sumner et al., 2015). In particular, ACEs are deeply related to violence in adulthood and are likely to lead to the reproduction of abuse by increasing the risk of violence in various interpersonal relationships such as child abuse, spouse violence, and elder abuse (Ryu et al., 2017). Considering the current situation in Korea, where the number of reports of child abuse has been steadily increasing since 2016 (Jang, 2022), in-depth insight into the ACEs of mothers raising children is required.

It is widely known that the supportive attitude of the spouse and the interest of the family are important factors affecting parenting competency (Choi & Moon, 2016). Social support is the totality of positive feelings, such as affection, acceptance, and interest, received through meaningful interaction with others, as well as emotional stability, resources, and practical help (Segrin & Domschke, 2011). Social support helps adaptation (Barrera, 1986), reduces vulnerability to distress (Kim, 2005), and protects individuals by relieving stress (Cohen & Syme, 1985). As such, social support has been used as a moderating variable to control the degree to which one variable affects another in many studies, and recent studies have attempted to examine the moderating effect of social support on

parenting-related variables. For example, social support was found to have a significant moderating effect in the path where social comparison affects the parenting anxiety of mothers with infants and children (Kim & Kim, 2020).

Despite the high prevalence of ACEs and the negative physical, emotional, and social effects across generations handed down through the parenting process, there is insufficient research of the in-depth relationship between ACEs and parenting. Moreover, most relevant studies have focused on infants or childhood, making it difficult to confirm the patterns that appear in infants and parents of infants. Considering the importance of infancy when social and emotional development is actively processed, the necessity of expanding the interest in infancy in research on ACEs is highlighted (Ren et al., 2019). Early childhood is the most dynamic period of rapid development (Hockenberry & Wilson, 2013), and mothers raising infants have a higher level of parenting stress than those raising children of other ages (Creasy & Reese, 1996). The role of parents during this period is crucial, considering that parenting in early childhood is the most important predictor of late cognitive development in children (Nievar et al., 2014). Furthermore, it is expected that when the association with other variables that can explain the relationship between ACEs and parenting competency is discovered, health professionals will be able to intervene more effectively and efficiently in the process of ACE affecting parenting competency by screening high-risk groups

and implementing differentiated strategies for each risk group. Accordingly, this study aimed to identify the role of CER and social support in the process by which ACEs affect parenting competency for first-time mothers of infants in Korea using a moderated mediating effect analysis method.

1.2. Aim of the study

The aim of this study was to examine the mediating effect of CER and the moderated mediating effect of social support in the relationship between ACEs and parenting competency. The aims were as follows:

1) to identify the prevalence and current status of ACEs, CER, social support, and parenting competency among first-time mothers of infants in Korea.

2) to examine the relationship between ACEs, CER, social support, and parenting competency.

3) to examine the difference in parenting competency according to the general characteristics.

4) to examine the moderated mediating effect of social support on the relationship between ACEs, CER, and parenting competency.

2. LITERATURE REVIEW

Experiences in youth have a profound influence on various areas of life in the future. Traditionally, studies have examined the relationship between ACEs and physical and mental health in adulthood and presented numerous variables that may contribute to the relationship. This literature review was conducted to investigate the context in which ACEs have been studied, how we should approach understanding ACEs in the future, and to identify clues of preliminary information in the path where ACEs affect later life.

2.1. Adverse childhood experiences and their effects in adulthood

ACEs refer to negative events that have been experienced, heard, or witnessed by oneself or family members under the age of 18 years (Ryu et al., 2018). The concept of ACEs was first introduced through the Kaiser Study, which was conducted on a large scale by the Centers for Disease Control (CDC) to determine how ACEs affect future adult health (Felliti et al., 1998), and represents a more extended concept than the previously widely known concept of trauma. Various terms, such as ACEs, negative life experiences in childhood, and childhood adversities are used in a mixed manner.

In general, ACEs are discussed in terms of social determinants of health or health risk factors, which refer to causes of differences in health levels among populations

(U.S. Department of Health and Human Services, 2022). Among them, social determinants of health (SDOH) refer to a broad spectrum of environmental factors that affect health, function, and quality of life as a person is born, lives, learns, plays, and ages (U.S. Department of Health and Human Services, 2022). SDOH are the underlying cause of several health outcomes (Braveman & Gottlieb, 2014) given that they recombine health determinants, including biological, environmental, and social factors, by social mechanisms (Cho, 2015). Areas of SDOH include economic stability, accessibility and quality of education, medical access and quality of health care, neighborhood and construction environments, and social and community contexts (U.S. Department of Health and Human Services, 2022). Prevention of ACEs is considered a priority task by the U.S. Centers for Disease Control and Prevention (CDC), along with solving the issues regarding SDOH (CDC, 2022).

ACEs are closely related to interpersonal abuse and violence that occurs throughout life, and existing studies have reported a high overlap of abuse in the life cycle (Sumner et al., 2015). In other words, ACEs are linked to later adult violence, and, in the case of a person with ACEs, an increasing risk of violence in various interpersonal relationships such as child abuse, spouse violence, and elder abuse (Ryu et al., 2017). In particular, the higher the number of ACEs, the higher the rate of child abuse of one's own child, emphasizing the need for prevention and

early intervention of ACEs to break the transgenerational cyclic pattern of abuse in the family (Ryu et al., 2017).

ACEs have also been reported to be associated with increased health risks throughout life, including adult diseases, especially cardiovascular diseases (Hughs et al., 2021). Compared to individuals without ACEs, those with ACEs have an increased risk of adult obesity (by 36%) (Danese & Tan, 2014), as well as a rapid increase in blood pressure levels after the age of 30 years (Su et al., 2015). ACEs are also significantly associated with reduced HDL and HDL/LDL ratios, which increase the risk of dyslipidemia (Spann et al., 2014). Four or more ACEs have been reported to increase the risk of ischemic heart disease and stroke, as well as nearly double the probability of early death (Bellis et al., 2015).

ACEs have also been shown to have specific effects on women's health during pregnancy and childbirth, with pregnancy-related risks including increased risk of physical pain (Drevin et al., 2015), premature birth (Christiaens et al., 2015), and prenatal depression (Racine et al., 2020). Health risk behaviors such as smoking, and negative health conditions such as depression, both of which have been found to be related to ACEs, can have a fatal impact on the well-being of both the fetus and mother (Leeners et al., 2006). During the postpartum period, low contraception practice rates, ineffective contraception selection tendencies (Thomans et al., 2021), and an increased risk of postpartum depression (Racine et al., 2021) are observed

among women with ACEs. The effects of ACEs on women raising children include high levels of parenting stress (Moe et al., 2018) and low parenting morale (McDonald et al., 2019).

Child Trauma Questionnaire (CTQ) or Childhood Trauma Questionnaire Short Form (CTQ-SF) are frequently used to measure ACEs (Liu et al., 2019; Lehnig et al., 2019; Choi et al., 2017; Muzik et al., 2013). The CTQ was developed by Bernstein and Fink (1998). The CTQ, consisting of 28 questions, requires respondents to answer questions based on abuse experience from 1 to 5 points, where a higher total score is associated with a greater experience of abuse. Meanwhile, the CTQ consists of sub-categories of physical, emotional, sexual abuse, and physical and emotional neglect, but does not include a few traumatic experiences included in the concept of ACEs, such as adverse life experiences of family members and community violence, which raises questions regarding the appropriateness of using the CTQ to measure ACEs. The World Health Organization (WHO) (2017) formed the Adverse Childhood Experiences International Questionnaire (ACE-IQ) by supplementing the tool of "The Adverse Childhood Experiences (ACE) Study" developed by Felitti et al. (1998) for international use. Although the ACE-IQ has not yet been used in studies confirming ACEs and parenting practiced by infants' parents, it is expected that future studies using the ACE-IQ will increase the validity of the questionnaire.

2.2. Parenting competency and its association with adverse childhood experiences

Lee (1998) analyzed the concept of parenting and defined it is a series of caring activities between parents and children that have a fundamental impact on the growth and development of children. Concepts related to parenting include parenting competency, efficacy, behavior, stress, and depression (Lew & Jeong, 2022). Among them, parenting competency refers to knowledge, function, and attitude in the context of raising children, which includes not only external behavior but also parents' values and potentials (Lee & Ko, 2016).

Parenting competency subcategories are classified into interactive parenting competency, cognitive parenting competency, parenting efficacy, and emotional parenting competency (Kim & Han, 2018). Interactive parenting competency includes disciplinary skills, caring capabilities, and parent-child communication skills, referring to interactive behaviors that accept children's opinions and sensitively recognize their intentions to positively support and respond appropriately. Cognitive parenting competency refers to the ability to understand children, including knowledge related to child development and basic lifestyle, including eating habits, and the proper parenting required for raising children.

Parenting efficacy refers to the degree to which the parental role performance and specific knowledge that affect parenting behavior can be trusted. Emotional parenting capabilities refer to the ability to maintain emotional health through understanding of parents' own happiness, such as emotional control, self-strength development, self-directed problem solving, stress coping, and continuous self-reflection (Bae & Han, 2021).

The relationship between ACEs and parenting competency has not yet been investigated; however, parenting-related variables other than parenting competency have been used as outcome variables in previous research. ACEs have been mainly studied in the context of mother-infant bonding and child abuse, during which, it was found that ACEs had a significant effect on future bonding issues and child abuse. Mother-infant bonding is impacted by the mother's emotional state, including her feelings toward her children, and forms the basis for her children's attachment and self-sense in the future (Kinsey & Huppcey, 2013). ACEs experiences by a mother negatively affects the growth and development of infants less than 1 year of age (Chang et al., 2021; Racine et al., 2018; Choi et al., 2017) and interferes with the formation process of normal attachment with parents (Lehnig et al., 2019; Seng et al., 2013; Muzik et al., 2013). Specifically, a study by Lehnig et al. (2019) reported that the degree of emotional neglect, which is one of the classifications of ACEs, can predict the degree of damage to attachment, while

Seng et al. (2013) found that ACEs affect attachment outcomes through the underlying mental health status of the mother. Additionally, parents with ACEs have a high risk of abusing their own children (Ryu et al., 2017).

Psychological or mental health variables, including depression and post-traumatic stress disorder (PTSD), mediate ACEs and parenting-related variables. A study by Chang et al. (2021) revealed that ACEs of the mother have an indirect effect on the development of 6-month-old infants through mental health problems present before and after childbirth. Similarly, Choi et al. (2017) considered that postpartum depression 6 months after childbirth mediated ACEs, attachment, and infant growth. Lehnig et al. (2019) confirmed that symptoms of postpartum depression increased the risk of attachment problems in mothers who experienced emotional neglect, while Racine et al. (2018) reported that psychosocial vulnerabilities during pregnancy increased the risk of developmental problems in children of mothers with ACEs. Moreover, Seng et al. (2013) found that PTSD mediated ACEs, postpartum depression, and attachment problems, while Muzik et al. (2013) confirmed that both depression and PTSD increased attachment problems in groups with ACEs. As the above results have now proven the mediating role of mental health variables, it is necessary to conduct future research to properly integrate psychological factors and fully reflect the concept of parenting.

2.3. Cognitive emotional regulation and its association with social and psychological factors

Emotion, a physiological response to a stimulus (Kim & Seo, 2018), can be actively controlled by individuals (Joormann & Avanzato, 2010). Lee and Kwon (2006) defined emotional regulation as various efforts that individuals mobilize to reduce unpleasant emotions. Researchers often have unique definitions of emotional regulation, and there is currently no clear definition on which most researchers agree (Joormann & Avanzato, 2010). According to Garnefski (2001), definitions of emotional regulation need to be studied separately because they represent a broad spectrum of concepts that include not only consciousness and unconsciousness but also biological, cognitive, and behavioral control processes. Garnefski (2001) used the concept of emotional regulation limited to a conscious and cognitive concept.

CER is the ability to control emotional responses, meaning the ability and skills to control and process emotions in cognitive ways without being overwhelmed by emotions in various situations (Garnefski et al., 2001). CER also refers to the ability to cognitively deal with information that is emotionally awakened, and plays a significant role in the process of emotional regulation by helping an individual to control emotions and continue to control them without being overwhelmed

(Garnefski et al., 2001). Behavioral methods such as crying or screaming control emotions that are already triggered (Garnefski et al., 2001); however, cognitive methods change the interpretation and understanding of events to control emotional responses before or during the trigger stage (Gross, 1998). In other words, CER allows an individual to continuously control his or her emotions during or after a stressful or threatening experience, thereby helping to maintain psychological well-being (Garnefski & Kraaij, 2007).

Meanwhile, Garnefski et al. (2001) argued that CER does not consist only of functional or adaptive factors, and later, Garnefski and Kraaij (2007) presented the concepts of adaptive and maladaptive CERs. Five adaptive CERs include expanding perspective, refocusing on planning, positive refocusing, positive reappraisal, and acceptance, while four maladaptive CERs include self-blame, blaming others, rumination, and catastrophizing (Garnefski et al., 2001).

As for adaptive CERs, putting into perspective means dealing lightly with the severity of the event or emphasizing the relativity by comparing it to other events. Refocusing on planning means thinking about how to deal with negative events; specifically, positive refocusing involves thinking of things that are fun and pleasant instead of thinking about events in real life, while trying to focus on positive thoughts. Positive reappraisal is to give a positive meaning to an event and think about it in connection with individual growth. Acceptance is having a line of

thought that allows an individual to accept a situation that they have experienced.

As for maladaptive CERs, self-blame refers to criticizing oneself for what has happened. Blaming others is a strategy of criticizing others for what an individual has experienced, such as thinking that the experienced event is the fault of someone else. Rumination represents a pattern of thoughts in which an individual repeatedly experiences emotions related to negative events that one has experienced or becomes deeply immersed in related thoughts and emotions. Lastly, catastrophizing refers to thinking that one has had a much worse experience than others or thinking that his or her experience is the worst, emphasizing the terrifying aspect of the situation or event.

Previous studies have reported several factors associated with CER, including attachment, social support, and impulsivity. Individuals with unstable attachment have been reported to have a tendency to use maladaptive CERs (Jeon & Hong, 2012). The more that individuals experience social support, the more adaptive CERs are used (Lee & Choi, 2012). In the case of trauma patients, who can be discussed in the same context as those with ACEs, it has been shown that people with impulsivity tend to use adaptive CER less (Ceschi et al., 2014).

Specific influencing relationships have been reported between CER and various social and psychological factors, including depression and anxiety, forgiveness within interpersonal relationships, and satisfaction with romantic relationships.

Garnefski et al. (2004) reported that people who used self-blame, rumination, and catastrophizing showed higher levels of depression. According to Park (2017), the use of adaptive CER reduces anxiety, whereas the use of maladaptive CER may increase anxiety.

CER is also important in the field of interpersonal relationships because it controls an individual's excessive emotional awakening during the formation process of relationships and interaction with others. An individual uses adaptive CER to alleviate uncomfortable emotions, contribute to adaptation, and increase forgiveness (Jeon & Hong, 2012). Additionally, Lee and Park (2013) reported that the more that adaptive CERs are used, the higher the satisfaction of romantic relationships, which has a positive effect on the continuation of stability of the relationships.

CER also has a significant relationship with parenting-related variables. Indeed, CER mediates maternal perfectionism and parenting stress (Jung, 2019), and maternal self-differentiation affects positive parenting behavior through CER (Kim & Lee, 2022). Other studies have supported the mediating role of CER in the relationship between shame and anger expression (Wi, 2014), between childhood trauma and borderline personality disorder (Peng et al., 2021), and between trauma and post-traumatic growth (Hussain & Bhushan, 2011).

2.4. Social support and its association with social and psychological factors

Social support refers to all forms of positive resources provided through social interaction that help individuals to adapt, strengthen problem-solving skills, and receive necessary needs from family and meaningful others (Kim, 2020). Cobb (1976), Kaplan, Cassel and Gore (1977), and House (1981) are widely known for expanding the concept of social support. Cobb (1976) defined social support as information that allows individuals to believe that they are loved, esteemed, and valued, and that they are within a network of communication and mutual obligations. In other words, social support refers to all positive resources that an individual can obtain from others, such as family, friends, and neighbors, through social relationships, and includes not only material resources but also mental and emotional ones. Kaplan et al. (1977) defined social support as support from others, including family, relatives, neighbors, and friends, who individuals can rely on and be cared for, valued, and loved by (Kaplan et al., 1977). House (1981) defined social support as an interpersonal exchange that included one or more aspects of emotional interest, information, instrumental help, and praise, the sources of which included parents, spouses, colleagues, friends, and priests.

The concept of social support defined by Park (1985) is widely used in Korean

studies, in which social support is perceived as the degree of support provided in practical situations and the degree of acknowledgment of an individual that he or she can be provided with support through members of a social network. Park et al. also defined social support as the degree of perception of confidence, trust, and bond, which reflect the level of satisfaction with the need for support in social relationships. In other words, various forms of assistance that can be provided by friends, neighbors, family members, and others surrounding an individual are defined as social support. Park (1985) classified social support into four categories, comprising emotional, informational, material, and appraisal support. Emotional support includes the actions of interest, affection, trust, and respect that an individual is provided with, while informational support provides information that enables the individual to cope with and solve problems. Material support includes helping with the necessary money, food, goods, and time. Lastly, appraisal support includes attitudes or actions that praise or acknowledge an individual's actions or behaviors, as well as information related to negative self-evaluation.

To integrate the various definitions of social support mentioned above, social support is a positive resource and support system that helps individuals to solve problems to achieve their goals, including emotional, information, material, and appraisal support from others, such as family, neighbors, friends, organizations, and priests.

The relationship between social support and various psychological or mental health variables has been reported in previous studies. A meta-analysis has shown a strong relationship between social support and sleep outcomes (Kent de Ggrey et al., 2018). Social support has been shown to be associated with the risk of depression, anxiety, and self-harm in pregnant women (Bedaso et al., 2021) and performance levels in higher education (Putra et al., 2021). Social support has also been shown to have a significant relationship with various psychosocial factors of various populations, such as the life satisfaction of older adults (Şahin et al., 2019), addiction to social network services (SNS) (Brailovskaia et al., 2019), and burnout in the workplace (Wu et al., 2021). Recent studies have dealt with psychological and mental health under the COVID-19 situation, where self-isolation is common and interpersonal relationships are cut off, weakening social support in various situations. Indeed, previous research has investigated the buffering role of social support for stress (Szkody et al., 2021), anxiety of nurses (Labrague & Dallas Santos, 2020), parents of children (Ren et al., 2020), and pregnant women (Yue et al., 2021).

Social support has a significant effect on parenting, with previous studies reporting that it is significantly related to parenting-related variables such as parenting stress, parenting efficacy, and parental role satisfaction. Indeed, the higher the social support, the higher the parenting efficacy (Park & Moon, 2013)

and the more positive the parenting attitude of mothers of infants (Kim & Kim. 2018). Social support has also been found to mediate between parenting stress and parental role satisfaction (Kim, 2017).

The moderating role of social support has been verified in various studies. In particular, studies on child abuse have raised the importance of the environment in which children live, and the supportive relationship that children are provided with in stressful situations has been reported as a major protective factor that reduces the negative effect of abuse (Joo, 2019). The buffering model of social support proposed by Cohen and Wills (1985) reported that social support generally has a direct effect on improving stability in daily life and health in severe stress situations, and that the greater the adverse effect of stress, the greater the moderating effect. According to their studies, the perception that social support exists lowers the psychological negative impact on the front line, and the resources provided from supportive relationships improve the situation, alleviating the negative impact of stress situations on individuals.

In summary, following a review of the literature, we confirmed that ACEs are closely related to various social and psychological variables and have long-term effects on the lives of individuals. In particular, the concept of parenting provides an explanation of the mechanism by which the negative impact of ACEs reaches the next generation. However, there is a lack of in-depth insight into the process

leading from ACEs to parenting, and the roles of socio-psychological variables that may provide a more abundant explanation of the relationship between these two variables have not been fully identified. Therefore, we aimed to explore the role of CER in the path from ACEs to parenting competency and how social support moderates this effect.

3. CONCEPTUAL FRAMEWORK

The conceptual framework of this study is based on the Process of Parenting theory developed by Belsky (1984), which was proposed within the context of the emergence of an ecological perspective. This theory consists of a process-oriented model in which parental development experiences form individual characteristics, and the process of mutual influence between parents, children, and the environment works together to determine the quality of parenting. The Process model provides an appropriate basis for analyzing the entire process in which parents' developmental experiences are transferred to their children through the parenting process.

In particular, Belsky emphasizes parents' psychosocial characteristics, children's characteristics, and contextual sources of stress and support. First, parents' current psychosocial characteristics include their mental health and personality characteristics. Belsky reported that parents' psychological well-being and function as parents can be traced back to their experiences growing up. In this context, parents' developmental history is emphasized. The developmental history of parents refers to events throughout their development process, from infancy to adolescence, and the psychological state of the individual affected by them. Belsky argued that childhood abuse experience and separation from parents in childhood,

which can be interpreted as ACEs, can affect the process of raising one's own children in later life. Developmental experience forms an individual's personality and psychological well-being that affects his or her function as a parent. In particular, supportive developmental experiences mature the individual, which can provide sensitive care that promotes the proper development of the child.

The second emphasis is on the characteristics of the children. Prior to Belsky's theory, it was emphasized that a child's temperament served as a determining factor of whether parenting was difficult or easy (Bates, 1980). However, Belsky emphasized the importance of "goodness-of-fit" between parents and children, which not only indicates the temperament and personality characteristics of children but also how appropriate parents and children can interact in parenting relationships.

Finally, Belsky found that contextual sources of stress and support can directly and indirectly affect parental role recognition and performance. The concept of contextual sources of stress and support represents tension or support provided in the social network, which is consistent with the concept of social support, and is emphasized from an ecological point of view, just as the goodness-of-fit between parents and children was emphasized in relation to the characteristics of children. According to Belsky, the overall support was positively linked to the role function of parents, while the total amount of social support received through friends,

relatives, and spouses was negatively related to the mother's strictness and implementation of physical punishment.

In the current study, ACEs, as a variable of parents' psychosocial characteristics, and social support, as a variable of contextual sources of stress and support, are highlighted. The conceptual framework of this study is show in Figure 1.

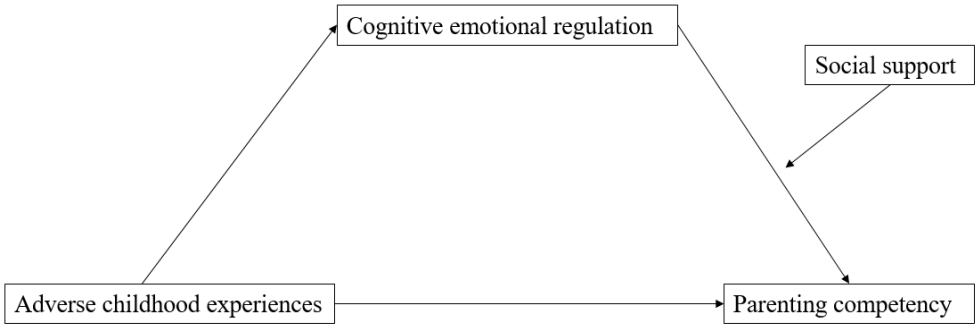

Figure 1. Conceptual framework of the current study

4. METHODS

4.1. Study design

This cross-sectional study aimed to test the moderated mediating effect of social support between ACEs and parenting competency mediated by CER.

4.2. Participants

The inclusion and exclusion criteria of the participants of the current study are as follows:

Inclusion criteria:

- ≥ 18 years old
- Delivered a living infant 6–12 months ago
- Have an only child
- Capable of understanding Korean and answering questions asked in Korean
- Capable of accessing the internet through a computer or mobile device
- Fully understanding the purpose of the study and voluntarily agreeing to participate in the study

Exclusion criteria:

- Diagnosed with a critical medical condition that may harm the mother of

the infant

- The infant is currently, or has been admitted to the neonatal intensive care unit
- The mother has had a multiple-birth (delivered twins, triplets, or quadruplets)
- Difficulties with memory, recognition, or judgment due to a diagnosis of schizophrenia or Alzheimer's disease

The required sample size was calculated using the G*Power 3.1.9.7. program. The minimum sample size required for computing moderated mediating effect analysis was 277 when there was a moderate effect size of 0.15, a significance level of 0.05, a power of 0.95, and 35 independent variables. A total of 290 people were finally recruited with no missing data.

The population of this study included first-time mothers of infants aged 6–12 months in Korea. For recruitment, research flyers were posted to the three largest childcare-related online communities in Korea ("Moms holic baby," "Lemon terrace," and "Momibebe"). Mothers who were interested in participating in the study were able to volunteer by clicking the URL specified in the notice to see the detailed explanation of the study. Consent forms were provided, and data collection was conducted with the voluntary participation of the participants.

4.3. Measurements

1) Adverse childhood experiences

ACEs were measured using the Korean version of the ACE-IQ, which was developed by the WHO (2017) and translated and revised by Ryu et al. (2017). The questionnaire consists of 35 items and categorizes ACEs into 13 types, including physical abuse, emotional abuse, sexual abuse, alcohol or drug abuse, family members with depression and mental disorders, admission to a mental hospital, family members with suicidal tendencies, family members who are exposed to violence, being orphaned or raised by a single parent, parental separation or divorce, emotional neglect, physical neglect, bullying, and exposure to community and communal violence (WHO, 2017). The total ACE score was calculated on the basis of the number of ACEs reported by the participants. Specifically, exposure to a certain type of ACE has a score of 1, and exposure to different types of ACEs increases scores; thus, a higher score on the ACE questionnaire reflects participants' exposure to various types of ACEs, with a score range of 0–13. The Cronbach's α was 0.82 at the time of development (WHO, 2017) and 0.83 in the current study. A permission to use the instrument was obtained.

2) Cognitive emotional regulation

CER was measured using the Korean version of the Cognitive Emotion Regulation Questionnaire (CERQ), which was developed by Garnefski, Kraaij, and Spinhoven (2001) and translated by Kim (2008). The questionnaire consists of 36 items with two types of adaptive (20 items) and maladaptive (16 items) CERs. A 5-point Likert scale from 1 (almost never) to 5 (almost always) was used, with a possible score ranging from 0–100 and 0–80 for adaptive and maladaptive CERs, respectively, where a higher score was associated with more frequent use of the type of CER. Specifically, a high adaptive CER score implies that the person often uses adaptive ways of CER, which is desirable. In contrast, a high maladaptive CER score refers to frequent uses of maladaptive ways of CER, which is considered undesirable. The Cronbach's α was 0.91 and 0.87 for adaptive and maladaptive CER at the time of development (Garnefski et al., 2001), and 0.94 and 0.83, respectively, in the current study. A permission to use the instrument was obtained.

3) Social support

Social support was measured using the scale developed by Park (1985) and translated and modified by Song (1992). The questionnaire consists of 25 questions grouped into four subcategories: emotional, informational, material, and appraisal support. A 5-point Likert scale, from 1 (not at all) to 5 (extremely), was

used, with a possible score range of 25–125, where a higher score indicated a higher level of social support. The Cronbach's α was 0.97 at the time of development (Park, 1985), with a reliability of 0.97 in the current study. A permission to use the instrument was obtained.

4) Parenting competency

Parenting competency was measured using the Parenting Competency Self-Report Scale developed by Kim and Han (2018). The questionnaire originally consisted of four subcategories (interactive parenting competency, cognitive competency, parenting efficacy, emotional competency); however, in the current study, 22 items from the latter three categories were used considering the developmental characteristics of 6–12-month-old infants. A 5-point Likert scale, ranging from 1 (not at all) to 5 (extremely), was used, with a possible score range of 22–110, where a higher score indicates a higher level of parenting competency. The Cronbach's α was 0.93 at the time of development (Kim & Han, 2018) and 0.89 in the current study. A permission to use the instrument was obtained.

5) General characteristics

The age, educational level, working status, monthly family income, and living area were measured to examine the general characteristics of the

participants. Childbirth-related characteristics included gestational age, mode of delivery, and sex of the infant, while the childcare-related characteristics included breastfeeding, primary caregiver of the infant, and daycare center utilization.

4.4. Data collection

Data collection was processed after obtaining approval from the Institutional Review Board (IRB) of Yonsei University (IRB 4-2023-0469). Data collection, which occurred in January 2023, was conducted through the online survey website "Survey Monkey" to improve the convenience of participation and ensure anonymity. Research recruiting flyers included information on the URL address and QR code to access the survey page. The anonymous participation function on the website was used to maintain anonymity and prevent the participants' IP addresses from being collected. Detailed descriptions of the research and consent form were presented as the participants accessed the page, and the intention to voluntarily participate in the study was confirmed by clicking the "agree" button on the consent form.

The survey consisted of 193 questions, which were estimated to take approximately 20–30 min to complete. After completing the survey, a mobile reward voucher was sent in return for participating in the survey. Consent was separately obtained for the collection of personal information, and it was specified

that it would be discarded after the voucher was sent.

4.5. Data analysis

The collected data were analyzed using SPSS ver.25.0 and Hayes' PROCESS macro ver.3.5. Descriptive statistics were computed, and mediating, moderating, and moderated mediating effect analyses were conducted as proposed by Preacher et al. (2007). To verify the moderated mediating effect, the mediating and moderating models were tested first, and then the integrated model was analyzed. The moderated mediating effect was tested by the PROCESS Model 14 - a conditional process model that examined whether the indirect effect of ACE on parenting competency through CER is dependent on social support. Bootstrapping with 5,000 resamples was conducted to test the significance of indirect effects (95% confidence intervals [CI]; Hayes, 2015). Missing data were not encountered since all questionnaire items were set as mandatory to answer.

5. RESULTS

5.1. General characteristics and the results of the main variables of the participants

Table 1 presents the general characteristics of the participants and the descriptive statistics of the main variables used in this study. Mean age of the participants were 33.02 years (SD 3.08), mostly in their thirties (87.2%). Majority graduated from college or university (87.6%). Slightly over the half (54.8%) were working currently, and the average monthly family income was 3,890 USD (SD 1,953). Most of the participants were living in urban area (95.5%). Mostly the participants delivered their babies at full term (83.8%), and 79.3% through vaginal delivery. Sex of infant was male in 47.2% and female in 52.8%. The participants continued breastfeeding for one to six months (48.6%) in most cases. Mostly infants' mothers (73.4%), who are the respondents of the survey, were primary caregivers of the infants. 20.3% of the participants were utilizing daycare center.

The mean score of ACE was 0.57 (SD .99), which was very low considering the possible range was 0 to 13. The mean score of parenting competency was 84.74 (SD 13.26) out of a possible maximum score of 110, and is considered to be of a moderate level. Adaptive CER scored 76.90 (SD 11.56) out of 100 and maladaptive CER scored 46.06 (SD 11.95) out of 80 in average. Along with

adaptive CER being used more than maladaptive CER, adaptive CER scores are high, and maladaptive CER scores can be interpreted as moderate. Social support score was 98.52 (SD 15.15) in average out of a possible maximum score of 125, and this is thought to be of a moderate level.

Table 1. General characteristics and the results of the main variables of the participants (n=290)

Variables	Categories	Mean±SD or N(%)	Maximum and minimum
Age (years)		33.02 ± 3.08	22-44
	20-29	33 (11.4)	
	30-40	253 (87.2)	
	≥40	4 (1.4)	
Educational level	≤High school	24 (8.3)	
	College/University	254 (87.6)	
	Graduate school	12 (4.1)	
Working status	Housewife	131 (45.2)	
	Full-time worker	104 (35.9)	
	Part-time worker	55 (19.0)	
Monthly Family Income (USD)		3,890 ± 1.953	286-15,087
Living area	Urban area (City, Si)	277 (95.5)	
	Rural area (Gun)	13 (4.5)	
Gestational age	<37 weeks	47 (16.2)	
	≥37 weeks	243 (83.8)	
Mode of delivery	Vaginal Delivery	230 (79.3)	
	Cesarean section	60 (20.7)	
Sex of infant	Male	137 (47.2)	
	Female	153 (52.8)	
Breastfeeding	Did not breastfeed	59 (20.3)	
	≤1 month	43 (14.8)	
	1-6months	141 (48.6)	
	6-12months	47 (16.2)	
Primary caregiver of infant	Infant's mother	213 (73.4)	
	Infant's father	5 (1.7)	
	Infant's grandparent	58 (20.0)	
	Babysitter and others	14 (4.8)	
Daycare center utilization	Yes	59 (20.3)	
	No	231 (79.7)	
Postpartum depression		8.61 ± 4.50	1-20
Parenting stress		40.01 ± 14.44	17-78
Work-family conflict (n= 221)		30.10 ± 10.78	7-55
Marital satisfaction		52.96 ± 17.06	24-114
ACEs (possible score range: 0-13)		.57 ± .99	0-5
	0	191 (65.9)	
	1	59 (20.3)	
	2-3	32 (11.0)	
	≥4	8 (2.8)	
Parenting competency (possible score range: 22-110)		84.74 ± 13.26	50-110
Adaptive CER (possible score range: 0-100)		76.90 ± 11.56	48-100
Maladaptive CER (possible score range: 0-80)		46.06 ± 11.95	16-78
Social support (possible score range: 25-125)		98.52 ± 15.15	45-125

Abbreviations: ACEs, adverse childhood experiences; CER, cognitive emotional regulation

5.2. Correlation between the main variables

As presented in the Table 2, it was found that there was a statistically significant correlation between all major variables. ACEs had a positive significant correlation with maladaptive CER, while it had negative significant correlation with parenting competency, social support and adaptive CER. Parenting competency correlated to social support, and adaptive CER significantly in a positive direction. It correlated to ACEs and maladaptive CER significantly in a negative direction. Adaptive CER had a positive significant correlation with parenting competency and social support, while it had a negative significant correlation with ACEs and maladaptive CER. Maladaptive CER showed the inverse correlation of the correlation of adaptive CER for each variable.

Table 2. Correlation coefficients between the main variables

	1	2	3	4	5
1. ACEs	1				
2. Parenting competency	-.215**	1			
3. Social support	-.256**	.748**	1		
4. CER (adaptive)	-.197**	.771**	.784**	1	
5. CER (maladaptive)	.275**	-.301**	-/291**	-.290**	1

*p<0.05, ** p<.0.01
Abbreviations: ACEs, adverse childhood experiences; CER, cognitive emotional regulation

5.3. Univariate analysis of parenting competency according to the general characteristics

Table 3 is the result of analysis of the differences of parenting competency according to the general characteristics. T-test and ANOVA were conducted to identify the differences between groups, and Scheffe test was conducted to confirm the significance of the differences between groups. The variables that showed significant differences in parenting competency are the following variables, such as working status, mode of delivery, breastfeeding, and daycare center utilization. Full-time workers showed a higher level of parenting competency than part-time workers, and those who delivered an infant through vaginal delivery showed a higher level of parenting competency when compared to those who had cesarean section. Regarding breastfeeding, those who breastfed more than 6 months showed a higher level of parenting competency than those who did not breastfeed or who breastfed for 1-6 months. Lastly, those who utilized daycare center showed a higher level of parenting competency than those who did not.

Table 3. Univariate analysis of parenting competency according to the general characteristics

General characteristics	Categories		F/t(p)
Age (years)	20-29	83.27±11.41	.259(.772)
	30-40	84.95±13.52	
	≥40	83.25±12.01	
Educational level	≤High school	80.79±8.73	1.316(.270)
	College/University	85.00±13.63	
	Graduate school	87.17±11.82	
Working status	Housewife[a]	84.76±14.81	3.462(.033) (b>c)
	Full-time worker[b]	86.71±11.92	
	Part-time worker[c]	80.95±10.90	
Monthly Family Income (USD)	Low (<1,660)	84.00±13.41	1.202(.302)
	Middle (1,660-4,980)	84.25±13.60	
	High (>4,980)	87.67±10.92)	
Living area	Urban area (City, Si)	84.83±13.41	.750(.466)
	Rural area (Gun)	82.77±9.48	
Gestational age	<37 weeks	84.87±10.62	.090(.928)
	≥37 weeks	84.71±13.73	
Mode of delivery	Vaginal Delivery	85.77±13.32	2.743(.007)
	Cesarean section	80.78±12.33	
Sex of infant	Male	85.63±14.01	1.075(.283)
	Female	83.94±12.54	
Breastfeeding	Did not breastfeed[a]	82.73±12.31	
	≤1 month[b]	84.51±13.13	4.729(.003)
	1-6months[c]	83.50±12.62	(a, c<d)
	6-12months[d]	91.17±14.78	
Primary caregiver of infant	Infant's mother	84.50±13.95	-.513(.609)
	Others	85.40±11.16	
Daycare center utilization	Yes	88.10±10.61	2.198(.029)
	No	83.88±13.74	

Abbreviations: ACEs, adverse childhood experiences; CER, cognitive emotional regulation

5.4. Mediating effect of cognitive emotional regulation in the relationship between adverse childhood experiences and parenting competency

PROCESS Macro Model 4 by Hayes (2018) was used to examine the mediating effect of CER in the relationship between ACEs and parenting competency among first-time mothers in Korea (Table 4). In a mediating model with adaptive CER as a mediator, ACEs had a significant effect on adaptive CER (β=-2.3055, p<.001), and they also had a significant effect on parenting competency (β=-2.8818, p<.001), indicating that adaptive CER mediates the relationship between ACEs and parenting competency. In addition, the direct effect of the pathway between ACEs and parenting competency decreased from -2.8818 (p<.001) in Model 1 to -.8755 (p=.0873) in Model 3, indicating the mediating effect of adaptive CER. To validate the indirect effect, data were tested through bootstrapping. The result shows that the indirect effect is significant considering that there is no zero between LLCI and ULCI.

In a mediating model with maladaptive CER as a mediator, ACEs had a significant effect on maladaptive CER (β=3.3212, p<.001), and they also had a significant effect on parenting competency (β=-2.8818, p<.001), indicating that maladaptive CER mediates the relationship between ACEs and parenting competency. In

addition, the direct effect of the pathway between ACEs and parenting competency decreased from -2.8818 ($p<.001$) in Model 1 to -1.9191($p=.0140$) in Model 3, indicating the mediating effect of maladaptive CER. To validate the indirect effect, data were tested through bootstrapping. The result shows that the indirect effect is significant considering that there is no zero between LLCI and ULCI.

Table 4. Mediating effect of cognitive emotional regulation in the relationship between adverse childhood experiences and parenting competency

	β	SE	T	P	LLCI	ULCI
Mediation model with adaptive CER						
	Model 1 (dependent variable: adaptive CER)					
ACEs	-2.3055	.6746	-3.4177	.0007	-3.6332	-.9778
	Model 2 (dependent variable: parenting competency)					
ACEs	-2.8818	.7709	-3.7383	.0002	-4.3991	-1.3645
	Model 3 (dependent variable: parenting competency)					
ACEs	-.8755	.5110	-1/7155	.0873	-1.8822	.1292
Adaptive CER	.8698	.0438	19.8784	.0000	.7837	.9559
Total effect	-2.8818	.7709			-4.3991	-1.3645
Direct effect	-.8766	.5110			-1.8822	.1291
Indirect effect	-2.0053	.6782			-3.3960	-.7360
Mediation model with maladaptive CER						
	Model 1 (dependent variable: maladaptive CER)					
ACEs	3.3212	.6842	4.8544	.0000	1.9746	4.6678
	Model 2 (dependent variable: parenting competency)					
ACEs	-2.8818	.7709	-3.7383	.0002	-4.3991	-1.3645
	Model 3 (dependent variable: parenting competency)					
ACEs	-1.9191	.7762	-2.4725	.0140	-3.4468	-.3914
Maladaptive CER	-.2899	.0643	-4.5103	.0000	-.4164	-.1634
Total effect	-2.8818	.7709			-4.3991	-1.3645
Direct effect	-1.9191	.7762			-3.4468	-.3914
Indirect effect	-.9628	.3389			-1.7059	-.3816

Abbreviations: ACEs, adverse childhood experiences; CER, cognitive emotional regulation; LLCI, lower limit confidence interval; ULCI, upper limit confidence interval

5.5. Moderating effect of social support in the relationship between adaptive cognitive emotional regulation and parenting competency

PROCESS Macro Model 1 by Hayes (2018) was used to examine the moderating effect of social support on the relationship between adaptive CER and parenting competency among first-time mothers in Korea (Table 5). The products were mean centered, a 95% CI was used, and 5,000 bootstrap samples were generated for indirect effect analysis.

Both adaptive CER (β=.5108, p<.001) and social support (β=.3591, p<.001) had a significant effect on parenting competency. The interaction variable of adaptive CER and social support had a significant effect on parenting competency (β=.0063, p<.01), indicating the moderating effect of social support. This means that the effect of adaptive CER on parenting competency depends on the degree of social support. In addition, the amount of change in R^2 resulting from the addition of the interaction variable was .0109 (p<.01), which was statistically significant. The results verify the moderating effect of social support on the relationship between adaptive CER and parenting competency.

Table 5. Moderating effect of social support in the relationship between adaptive cognitive emotional regulation and parenting competency

	β	SE	T	p	LLCI	ULCI
	Model 1 (dependent variable: parenting competency)					
Adaptive CER	.5108	.0650	7.8571	.0000	.3828	.6387
Social support	.3591	.0498	7.2087	.0000	.2610	.4571
	Model 2 (dependent variable: parenting competency)					
Adaptive CER X Social support	.0063	.0021	3.0232	.0027	.0022	.0104
R^2 change resulted from the addition of the interaction variable				R^2	f	P
				.0109	9.1399	.0027

Abbreviations: CER, cognitive emotional regulation; LLCI, lower limit confidence interval; ULCI, upper limit confidence level

Table 6 presents the results of simple slope analysis. It shows the conditional effects of adaptive CER according to the level of social support. The results showed the statistical significance of the conditional effects of the independent variable (adaptive CER) on the dependent variable (parenting competency) did not include 0 between the lower and the upper bounds of the indirect effect in all ranges of the moderating variable (social support), meaning that all of the simple slopes were significant. In other words, the effect of adaptive CER on parenting competency was significant regardless of the level of social support. In low, moderate, and high levels of social support, parenting competency increased as adaptive CER increased.

Table 6. The conditional effect of adaptive cognitive emotional regulation according to the level of social support

Social support	β	SE	LLCI	ULCI
M-1SD(-15.1475)	.4155	.0776	.2629	.5682
M (.0000)	.5108	.0650	.3828	.6387
M+1SD (15.1475)	.6060	.0665	.4751	.7368

Abbreviations: LLCI, lower limit confidence interval; ULCI, upper limit confidence level

The simple slope analysis has its limitation in that it randomly selects points of the moderating variable (-1SD, M, +1SD). As an alternative method, floodlight analysis is currently widely used, as it presents the region of significance. Appendix 6 presents the results of floodlight analysis or the Johnson-Neyman method. The data were analyzed after centering of the continuous variables.

Figure 2 presents the interaction effect between adaptive CER and social support for parenting competency. The slope of increase in parenting competency according to adaptive CER was steeper when social support was higher. This means that as the value of moderating variable increases, the effect of the independent variable on the dependent variable increases. In other words, the higher the social support, the greater the positive effect of adaptive CER on parenting competency.

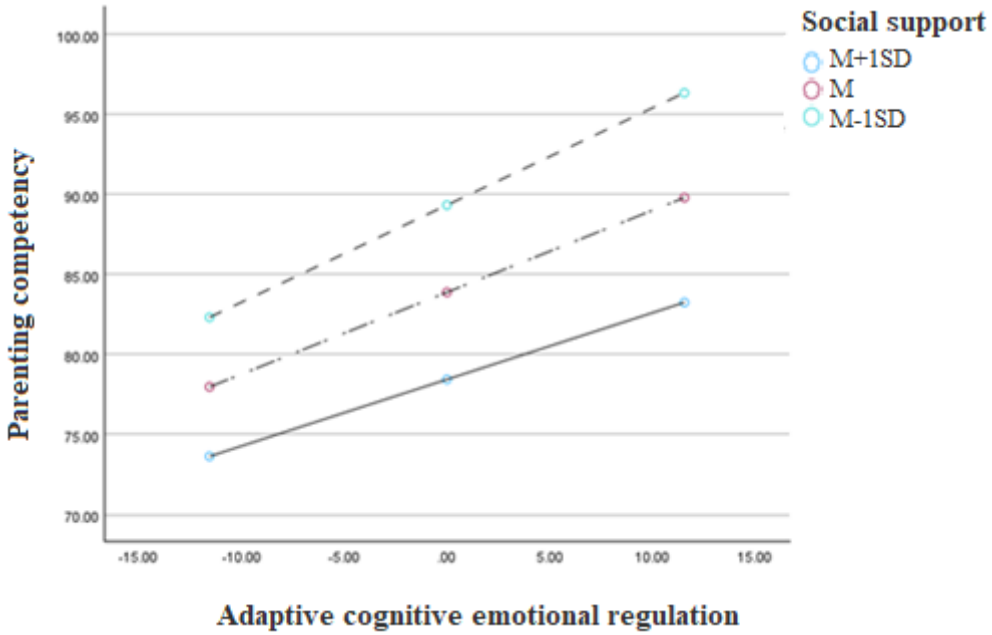

Figure 2. Interaction effect between adaptive cognitive emotional regulation and social support for parenting competency

5.6. Moderating effect of social support in the relationship between maladaptive cognitive emotional regulation and parenting competency

PROCESS Macro Model 1 by Hayes (2018) was used to examine the moderating effect of social support on the relationship between maladaptive CER and parenting competency among first-time mothers in Korea (Table 7). The products were mean centered, a 95% CI was used, and 5,000 bootstrap samples were generated for indirect effect analysis.

Maladaptive CER did not significantly affect parenting competency (β=.0131, p=.8147), however, social support had a significant impact on parenting competency (β=.6335, p<.001). The interaction variable of maladaptive CER and social support had a significant effect on parenting competency (β=-.0100, p<.01), indicating the moderating effect of social support. This means that the effect of maladaptive CER on parenting competency depends on the degree of social support. In addition, the amount of change in R^2 resulting from the addition of the interaction variable was .0162 (p<.01), which was statistically significant. The results verify the moderating effect of social support on the relationship between maladaptive CER and parenting competency.

Table 7. Moderating effect of social support in the relationship between maladaptive cognitive emotional regulation and parenting competency

	β	SE	T	P	LLCI	ULCI
	Model 1 (dependent variable: parenting competency)					
Maladaptive CER	.0131	.0558	.2345	.8147	-.0968	.1230
Social support	.6335	.0349	18.1521	.0000	.5648	.7022
	Model 2 (dependent variable: parenting competency)					
Maladaptive CER X Social support	-.0100	.0030	-3.3357	.0010	-.0160	-.0041
R^2 change resulted from the addition of the interaction variable				R^2	F	P
				.0162	11.1268	.0010

Abbreviations: CER, cognitive emotional regulation; LLCI, lower limit confidence interval; ULCI, upper limit confidence interval6

Table 8 presents the results of simple slope analysis. It shows the conditional effects of maladaptive CER according to the level of social support. The results showed the statistical significance of the conditional effects of the independent variable (maladaptive CER) on the dependent variable (parenting competency) did not include 0 between the lower and the upper bounds of the indirect effect when social support was high (+1SD, 15.1475), but did include 0 when social support was low (-1SD, -15.1475) and moderate (M, .0000). In other words, the effect of maladaptive CER on parenting competency was significant only when social support was high. Only in the high level of social support, did parenting competency decrease as maladaptive CER increased.

Table 8. Conditional effect of maladaptive cognitive regulation according to the level of social support

Social support	β	SE	LLCI	ULCI
M-1SD (-15.1475)	.1653	.0912	-.0141	.3447
M (.0000)	.0131	.0558	-.0968	.1230
M+1SD (15.1475)	-.1391	.0457	-.2291	-.0491

Abbreviations: LLCI, lower limit confidence interval; ULCI, upper limit confidence level

Appendix 7 presents the results of floodlight analysis or the Johnson-Neyman method. The data were analyzed after centering of the continuous variables.

Figure 3 presents the interaction effect between maladaptive CER and social support for parenting competency. When social support was high, parenting competency increased as maladaptive CER decreased, and this was statistically significant considering the results of Table 8. On the other hand, when social support was low, parenting competency increased as maladaptive CER increased, however, this not being statistically significant. In addition, it is presented that even if maladaptive CER is high, parenting competency can be high when social support is high. However, even if maladaptive CER is low, parenting capacity remains low when social support is low.

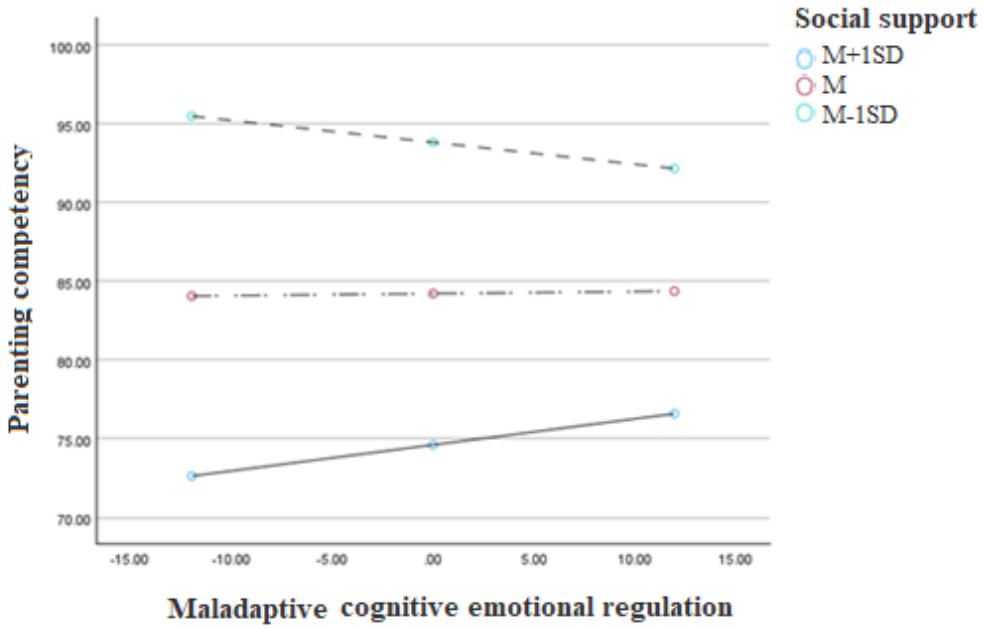

Figure 3. Interaction effect between maladaptive cognitive emotional regulation and social support for parenting competency

5.7. Moderated mediating effect of social support in the relationship between adverse childhood experiences, adaptive cognitive emotional regulation, and parenting competency

PROCESS Macro Model 14 by Hayes (2018) was used to examine the moderated mediating effect of social support on the relationship between ACEs, adaptive CER, and parenting competency among first-time mothers in Korea (Table 9). The products were mean-centered, a 95% CI was used, and 5,000 bootstrap samples were generated for indirect effect analysis. Working status, breastfeeding, mode of delivery, and daycare center utilization were included in the analysis as covariates as they were found to have significant differences in parenting competency in the univariate analysis.

ACEs had a negative effect on adaptive CER (β=-1.9304, $p<.01$), which in turn had a positive effect on parenting competency (β=.5141, $p<.001$), and each was statistically significant and had a mediating effect. The interaction variable between adaptive CER and social support had a significant impact on parenting competency (β=.0064, $p<.01$), and thus had a moderated mediating effect. In other words, ACEs negatively affected parenting competency through adaptive CER, and social support was found to moderate the mediating effect of adaptive CER. As the score of ACE increases, the adaptive CER decreases, which reduces

parenting competency, resulting in ACEs having a negative impact on parenting competency, and this relationship depends on social support. The amount of change in R^2 resulting from the addition of the interaction variable was .0102 ($p<.01$), which was statistically significant.

Table 9. Moderated-mediating effect of social support in the relationship between adverse childhood experiences, adaptive cognitive emotional regulation, and parenting competency

	β	SE	t	P	LLCI	ULCI
	Model 1 (dependent variable: adaptive CER)					
ACEs	-1.9304	.6712	-2.8760	.0043	-3.2517	-.6092
	Model 2 (dependent variable: parenting competency)					
ACEs	-.3082	.4731	-.6515	.5153	-1.2395	.6231
Adaptive CER	.5141	.0641	8.0175	.0000	.3879	.6404
Social support	.3422	.0504	6.7824	.0000	.2429	.4415
Adaptive CER X Social support	.0064	.0021	2.9785	.0032	.0022	.0106
R^2 change resulted from the addition of the interaction variable				R^2	F	P
				.0102	8.8716	.0032

Abbreviations: ACEs, adverse childhood experiences; CER, cognitive emotional regulation; LLCI, lower limit confidence interval; ULCI, upper limit confidence interval

Table 10 shows the conditional effects of adaptive CER according to the level of social support. The results showed the statistical significance of the conditional effects of the independent variable (adaptive CER) on the dependent variable (parenting competency) did not include 0 between the lower and the

upper bounds of the indirect effect in all ranges of the moderating variable (social support), meaning that all of the simple slopes were significant. In other words, the effect of adaptive CER on parenting competency was significant regardless of the level of social support. In low, moderate, and high levels of social support, parenting competency increased as adaptive CER increased.

Table 10. Conditional effect of adaptive cognitive regulation according to the level of social support

Social support	β	SE	LLCI	ULCI
M+1SD (-15.1475)	.4176	.0775	.2651	.5701
M (.0000)	.5141	.0641	.3879	.6404
M+1SD (15.1475)	.6107	.0657	.4812	.7401

Abbreviations: LLCI, lower limit confidence interval; ULCI, upper limit confidence level

Appendix 8 presents the results of floodlight analysis or the Johnson-Neyman method. The data were analyzed after centering of the continuous variables.

The pattern of the interaction effect between adaptive CER and social support for parenting competency is illustrated in Figure 4. The slope of increase in parenting competency according to adaptive CER was steeper when social support was higher. This means that as the value of moderating variable increases,

the effect of the independent variable on the dependent variable increases. In other words, the higher the social support, the greater the positive effect of adaptive CER on parenting competency.

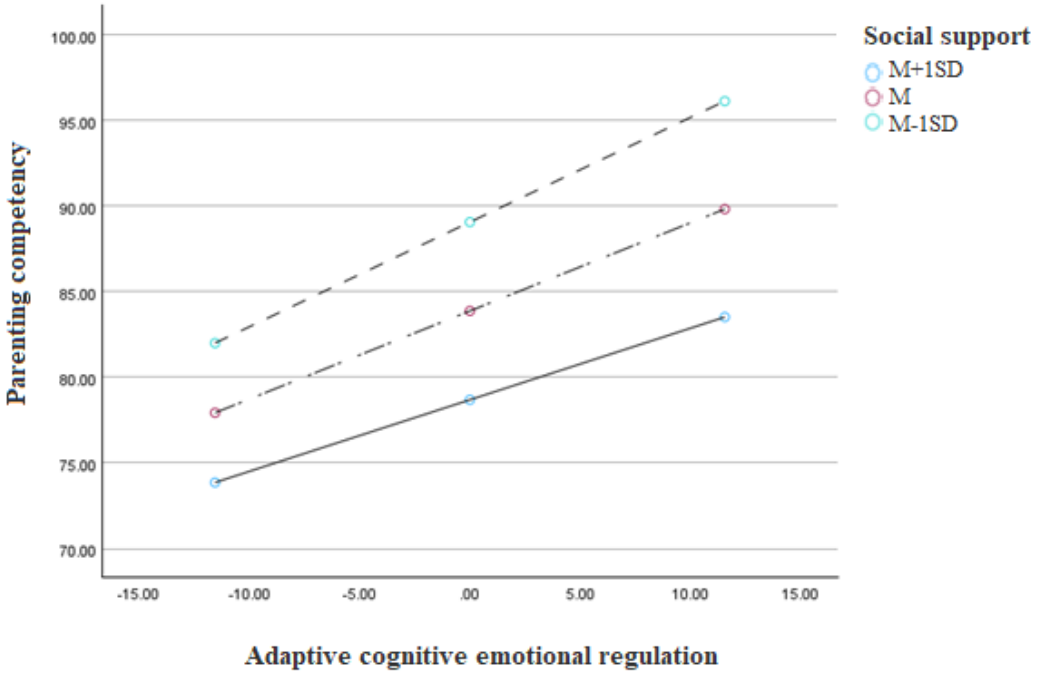

Figure 4. Interaction effect between adaptive cognitive emotional regulation and social support for parenting competency

The index of moderated mediation is an index of the degree to which the effect of ACEs indirectly affecting parenting competency through adaptive CER varies depending on the level of social support. The moderated mediation effect is significant as 95% CI does not include zero (Table 11). The results verified the moderated mediating effect of social support on the path whereby ACEs affect parenting competency through adaptive CER.

Table 11. Index of moderated mediation of social support in the relationship between adverse childhood experiences, maladaptive cognitive emotional regulation, and parenting competency

	Index	BootSE	BootLLCI	BootULCI
Social support	-.0123	.0075	-.0299	-.0009

Abbreviations: LLCI, lower limit confidence interval; ULCI, upper limit confidence level

Conditional indirect effect of social support in the relationship between ACEs and parenting competency with adaptive CER as a mediator was significant in the areas of all levels of social support (Table 12). This means that no matter the level of social support, there was a significant moderated mediating effect of social support in the path of ACEs affecting parenting competency through adaptive CER. That is, all of the low, moderate, and high social support moderate the mediating effect of the adaptive CER between ACEs and parenting

competency. In addition, the higher the social support, the more inclined the slope, which means that the moderated mediating effect is stronger. In other words, the higher the social support, the greater the effect of ACEs indirectly affecting parenting competency through adaptive CER.

Table 12. Conditional indirect effect of social support in the relationship between adverse childhood experiences and parenting competency

Social support	β	BootSE	BootLLCI	BootULCI
M-1SD (-15.1475)	-.8062	.3755	1.6318	-.1708
M (.0000)	-.9925	.4091	-1.8565	-.2558
M+1SD (15.1475)	-1.1788	.4686	-2.1526	-.3004

Abbreviations: LLCI, lower limit confidence interval; ULCI, upper limit confidence level

5.8. Moderated mediating effect of social support in the relationship between adverse childhood experience, maladaptive cognitive emotional regulation, and parenting competency

PROCESS Macro Model 14 by Hayes (2018) was used to examine the moderated mediating effect of social support on the relationship between ACEs, maladaptive CER, and parenting competency among first-time mothers in Korea (Table 13).

ACEs had a significant positive effect on maladaptive CER (β=2.9441, p<.001), however, maladaptive CER did not have a significant effect on parenting competency (β=-.0101, p=.8649), and thus there was no mediating effect. Therefore, it was also found that there is no moderated mediating effect of social support.

Table 13. Moderated-mediating effect of social support in the relationship between adverse childhood experience, maladaptive cognitive emotional regulation, and parenting competency

	β	SE	T	P	LLCI	ULCI
Model 1 (dependent variable: maladaptive CER)						
ACEs	2.9441	.6510	4.5223	.0000	1.6626	4.2256
Model 2 (dependent variable: parenting competency)						
ACEs	-.1519	.5462	-.2781	.7811	-1.2271	.9232
Maladaptive CER	-.0101	.0593	-.1704	.8649	-.1268	.1066
Social support	.6192	.0362	17.1246	.0000	.5480	.6904
Maladaptive CER X Social support	-.0088	.0031	-2.8609	.0045	-.0148	-.0027
				R^2	F	P
R^2 change resulted from the addition of the interaction variable				.0166	11.3576	.0009

Abbreviations: ACEs, adverse childhood experiences; CER, cognitive emotional regulation; LLCI, lower limit confidence interval; ULCI, upper limit confidence interval

6. DISCUSSION

This study investigated the path of ACEs influencing parenting competency. For this purpose, the prevalence of ACEs was identified, and the differences between the general characteristic value and the ACE score were examined. Then, the mediating model of CER between ACEs and parenting competency was tested, and the moderating model of social support between CER and parenting competency was verified. Finally, the moderated mediating model of social support in the relationship between ACEs and parenting competency mediated by CER was tested.

6.1. Prevalence of adverse childhood experiences

In the current study, the mean ACE score was 0.57 (SD: 0.99) out of a maximum possible score of 13. As for the ratio of groups according to the score, those who had never had ACEs accounted for 65.9%, those with 1–3 ACE scores accounted for 31.4%, and only 2.8% had had 4 or more ACE scores. The results show a very low level of ACEs compared to the prevalence of ACEs presented in previous studies. Indeed, Kim et al. (2017) reported that 49.95% of their study population had had ACEs, Ben Salah et al. (2019) reported a prevalence of 88.90%, and research that used the same tool for measuring ACEs (ACE-IQ),

showed higher percentages of respondents with at least one ACE compared with the current study. Moreover, some previous studies did not report percentages of ACEs but instead presented the mean ACE scores. Indeed, Bhengu et al. (2020) and Kumar et al. (2018) reported mean ACE scores of 3.28 (SD: 2.76) and 4.93 (SD: 2.52), respectively, both of which were higher than that of the current study. Furthermore, Leung et al. (2016) presented a result that was comparable to that of the current study, reporting that 33.38% of the respondents had had at least one ACE.

However, caution is required when interpreting the above results because there are possible confounding factors, such as cultural and age differences, which may have affected the difference in the prevalence of ACEs among studies.

Socio-cultural differences represent one of the potential explanations for the varying degrees of ACEs according to studies. The studies that revealed very high mean ACE scores (e.g., 3.28 and 4.93) were conducted in South Africa and Kenya (Bhengu et al., 2020; Kumar et al., 2016). In contrast, studies conducted in East Asia reported comparatively lower levels of ACEs on average, with mean scores of 1.83 and 1.51 (Ho et al., 2019; Ho et al., 2020). The human rights of children and women are not protected well in certain cultures. Although commitments to advancing women's and children's rights have been attempted recently (Dworkin et al., 2012), various factors, including conflicts, poverty, and social anxiety, are

key contributors to the creation of a violent structure and still pose a great threat to the human rights of African women and children (Hwang, 2015). Indeed, major issues, such as female circumcision and early marriage, have yet to be resolved (Hwang, 2015). Moreover, the ACE-IQ is designed to sensitively reflect the political and social circumstances surrounding participants because it includes community and collective violence as a part of the questionnaire. ACEs such as witnessing physical assault, stabbing or shootings (community violence), and being subjected to violence by soldiers or gangs (collective violence) are rarely experienced in economically developed countries, but are more likely to occur in countries with social instability, such as those in Africa. This highlights the need for attention to people in vulnerable environments as they have a strong influence on the incidence of ACEs. This requires more than simply considering countries or ethnicities, but, even within a country, considering various factors of socioeconomic status (SES) in addressing issues regarding ACEs.

Another possible explanation is that age differences across the studies may have contributed to the varying degrees of ACEs. The current study showed the mean age of the participants to be 33.02 years (range: 22–44). Kim (2017), Ho et al. (2019), and Bhengu et al. (2020), which reported a higher prevalence of ACEs than the current study, reported mean ages of 21.82, 20.16, and 27.7 years,

respectively. However, Leung et al. (2016) reported a mean age of 55.69 years and a low prevalence of ACEs of approximately 30%. This finding suggests that increased awareness of child abuse, sexual harassment, and neglect in recent times may have led to more sensitive recognition and reporting of ACEs among young respondents. A similar trend was observed in a study conducted in the United States, which reported a negative association between the number of ACEs and age. Specifically, among individuals aged 18–44, 45–64, and ≥ 65 years, 31.0%, 24.5%, and 10.8% reported three or more ACEs, respectively (Jia & Lubetkin, 2020).

6.2. Differences in parenting competency according to the general characteristics

It was found that full-time workers showed a higher level of parenting competency than part-time workers. In general, the incompatibility of home and work responsibilities is the major issue that lowers satisfaction in family and working life among working mothers (Berger, 2018) and this family-work conflict may lead to a lowered parenting competency. The incompatibility is worsened among part-time working mothers. Working full-time can be less confusing than working part-time when there are supportive caregivers who play roles in

childcare in place of mothers and the working mothers' professional roles are clear. However, there are likely to be conflicts in family about mother's roles in case of part-time working mothers with more expectations on their parenting roles, and these conflicts may negatively affect parenting competency. It also is noteworthy that full-time working mothers had a higher parenting competency than housewives who spent more time taking care of children. This implies that parenting competency is not necessarily proportional to the individual's time spent on childcare but is rather related to the development of competency in other fields.

In addition, it was discovered that those who utilized daycare centers showed a higher level of parenting competency than those who did not. This is in line with the results stated above in that support from others for childcare contributes to empowering mothers with parenting. In summary, the results of this study partially support the need to strengthen childcare support policies at the national level and actively support mothers' participation in social activities.

Another interesting finding is that those who delivered the infant through vaginal delivery showed a higher level of parenting competency when compared to those who had cesarean section. There is no consensus among studies on the effect of delivery modes on psychological and cognitive factors. A previous study implied a negative effect of vaginal delivery on parenting competency, reporting

that low maternal confidence was associated with vaginal delivery (Faisal-Cury, 2021). On the other hand, another study reported that cesarean section had adverse impacts on psychological status of mothers, stating that women who had cesarean section were found as having more risks of developing postnatal depression (Asif et al., 2020). Although it lacks agreements among studies, the results of the current study imply that vaginal delivery may help women to face the physical and emotional challenges related to the infant's care. It is assumed that the experience of giving birth through vaginal delivery itself increases self-efficacy related to childbirth and child-rearing, which in turn leads to improvement of parenting competency. However, it requires cautions in interpreting the results considering that cesarean section is more likely to take place when there are health issues of mothers and babies, for example, a premature birth. In such cases, the complicated health conditions may worsen parenting competency. It requires future studies that look in-depth at the relationship between delivery modes and parenting competency.

Regarding breastfeeding, those who breastfed more than 6 months showed a higher level of parenting competency than those who did not breastfeed or who breastfed for 1-6 months. As breastfeeding is one of the first mothering practices, successful continuation of breastfeeding is related to improved parenting competency accordingly. This may also be the result of cultural and social beliefs

that mothers who have had a long time of breastfeeding are generally more maternal or perform well as mothers. In a previous study conducted in Norway, success in breastfeeding was reported to have the greatest impact on the feeling of mastery of motherhood (Hvatum & Glavin, 2017). As it is not so different in Korea, successful breastfeeding is regarded as a standard for practicing motherhood, and breastfeeding is even called a symbolic act of competing and exhibiting motherhood (Wang & Song, 2021).

6.3. Social support as a moderated mediating variable in the relationship between adverse childhood experiences and parenting competency through cognitive emotional regulation

Social support was found to play a role as a moderated mediating variable in the relationship between ACEs and parenting competency through adaptive CER. The results reveal that interventions to increase adaptive CER are effective in the group with high social support. However, for those with low social support, interventions regarding adaptive CER are less effective. In such cases, the provision of social support is more urgently required, and once achieved, will serve to increase adaptive CER. These results also highlight that preventing exposure to ACEs is more important in those with low social support in the long

term. Social support, as a moderated mediating variable, was not verified in the relationship between ACEs and parenting competency through maladaptive CER. This implies that improving adaptive CER is a higher priority than addressing issues with maladaptive CER.

Following the stages of the moderated mediating analysis, we can take a closer look at each finding. First, in the mediating analysis of adaptive CER in the relationship between ACEs and parenting competency, an adaptive CER was found to fully mediate the relationship. In other words, ACEs alone directly affect parenting competency, but considering them together with adaptive CER, the higher the ACE score, the lower the parenting competency, with ACEs found to indirectly affect parenting competency through adaptive CER. It is implied that despite the high level of ACEs, parenting competency can be increased if adaptive CER is appropriately performed. Meanwhile, maladaptive CER was reported to partially mediate the relationship between ACEs and parenting competency, indicating that while lowering maladaptive CER alone does not increase parenting competency, lowering the ACE score should improve parenting competency. However, as ACEs are incidents of the past, this result highlights the importance of adaptive CER rather than maladaptive CER in terms of the help that should be given to those who have already been exposed to ACEs.

Second, the moderating effect of social support on the relationship between

CER and parenting competency was examined. The results confirmed that the interaction effect between CER and social support was significant and verified the moderating effect of social support. This indicates that the influence relationship in which parenting competency increases by adaptive CER, and the influence relationship in which parenting competency decreases by maladaptive CER are adjusted according to the level of social support. In other words, compared to individuals with low social support, the positive impact of increasing parenting competency by increasing adaptive CER is strengthened among those with high social support, and the negative impact of decreasing parenting competency by increasing maladaptive CER is also weakened. In addition, the moderating effect of social support in the model of maladaptive CER was found to be significant when social support was high, but not significant when social support was low. This implies that maladaptive CER reduction strategies are effective in enhancing parenting competency in groups with high social support, but not in groups with low social support. These results suggest the importance of considering the effects of social support when intervening in the parenting competency of first-time mothers with young children. As the results of moderating analysis are integrated with the results of mediation analysis, we conclude that interventions regarding CER should focus on increasing adaptive CER rather than decreasing maladaptive CER, and that the interventions are more effective when they are provided to

those with high social support.

Finally, the moderated mediating effect of social support on the relationship between ACEs and parenting competency through adaptive CER was significant. This is in agreement with the results stated above, implying that interventions that increase adaptive CER are more effective for those with high social support, while the effect is less likely to be achieved for those with low social support. Within the limited time and human resources, we must focus on improving the adaptive CER of individuals with high social support, and for those with low social support, more social support should be implemented before improving the adaptive CER.

Regarding interventions to increase adaptive CER, various cognitive behavioral therapies have been suggested, which are categorized into mindfulness-based interventions and acceptance and commitment therapy (ACT). Mindfulness is defined as a moment-to-moment awareness that is cultivated by purposefully paying attention to the present experience with a non-judgmental attitude (Jon Kabat-Zinn, 1994). Mindfulness-based interventions, which include sitting meditation, yoga, mindful eating and drinking, body appreciation, and mindful breathing, have proven to be effective in changing an individual's relationship with stressful thoughts and events by decreasing emotional reactivity and enhancing cognitive appraisal (Teasdale et al., 1995; Hofmann et al., 2010;

Mehrabi & Tavakoli, 2022). Specifically, Hayes (2004) explained that mindfulness meditation can improve emotional control by reducing excessive involvement in emotions (e.g., rumination) and under-involvement in emotions (e.g., avoidance) and promoting healthy and adaptive involvement that allows improved clarity of emotional responses.

ACT is another approach to helping CER (Hayes et al., 1999). ACT is characterized by the context of accepting private experiences rather than directly changing emotions or cognitions, and helps to accept the cognitive process, which is difficult to alter because it is automated, rather than trying to change recognized content. ACT also helps to avoid equating one's emotions and thoughts with reality. The goal of ACT is to increase psychological flexibility, an ability to act that contributes to the pursuit of value, away from psychological rigidity, which is the origin of psychological pathology or pain. In both patient and non-patient groups, ACT has been confirmed to increase adaptive CER and reduce maladaptive CER (Lee, 2014; Khazraee et al., 2018).

In summary, the results of the current study highlight that various effective intervention points are needed to help mothers to improve parenting competency. Approaches from multiple perspectives may help to alleviate the long-term effects of ACEs, which can have tragic effects on the next generation through improper parenting.

6.4. Limitations of the study

Although this study revealed important findings, it has some limitations.

First, the convenience sampling method through online communities may have resulted in bias in the participants of the current study, leading to the limited representativeness of the sample. The participants were recruited from online communities regarding childcare, and joining these communities may imply that they are highly interested in parenting. It is suggested that future studies utilize more representative sample of mothers in Korea.

Second, mothers with multiple children who may require greater parenting capability were excluded from the study. As a way of homogenization, the number of children was limited to one to rule out a confounding effect; however, in reality, mothers with more than one child may be a priority for attention due to a higher parenting load. Therefore, is necessary to conduct additional studies to generalize the results of the current study to mothers with multiple children.

Third, the impact of marital status and parenting partners has not been investigated. Due to the cultural characteristics of Korea, most women raising children are thought to be married, but the case of single or divorced mothers cannot be excluded. In addition, considering that single mothers and divorced mothers may have been more vulnerable to ACE, further studies should conduct

an in-depth investigation into marital status and partners raising children together.

Lastly, the conceptual framework of the current study did not include some factors from the theory of Process of Parenting developed by Belsky, such as children's characteristics and goodness-of-fit between children and parents. Future studies based on Belsky's theory may include these variables to expand the findings of the current study.

6.5. Implications

The current study has implications for the future direction of nursing research, practice, and policy. In terms of nursing research, this study is the first to report the current status of ACEs of first-time mothers with young children in Korea. These findings will contribute to expanding the understanding of the relationship between ACEs and parenting competency. Particularly, considering that the academic research into ACEs in Korea is still in its infancy, despite being actively conducted in foreign countries, this study is expected to serve as a stepping stone for future domestic ACE research.

In terms of nursing practice, our results will contribute to the generation of data to educate front-line nurses who have close contact points with mothers-to-be and mothers with young children. In particular, as the results of the current study provide evidence on the guide of intervention approach according to social support,

the current study will provide specific directions to efficiently use limited manpower, time, and resources in field practice.

In terms of nursing policy, this study confirms the need for policy intervention in family dysfunction in a broader sense, as well as in the context of abuse and neglect, by confirming the wide impact of ACEs. It can also be used to provide a preliminary information for establishing health policies for groups who are particularly vulnerable to parenting difficulties caused by ACEs and will contribute to the establishment of health policies to prevent the transfer of ACEs across generations through improper parenting. For instance, ACEs screening procedures can be implemented as a part of pre-conceptual care provided in community settings.

7. CONCLUSION

As a result of the current study, it was found that social support had a moderated mediating effect in the relationship between ACEs, adaptive CER and parenting competency, while it did not in the model of maladaptive CER. The findings imply that the level of social support should be considered in the approach to mothers with ACEs to intervene with their parenting competency. These results also highlight the importance of improving adaptive CER over controlling maladaptive CER in intervening strategies. With multi-angle consideration of cognitive and social factors, the detrimental effects of ACEs on infants' mothers are expected to be prevented more efficiently and effectively.

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APPENDICES

Appendix 1. Result of IRB approval

연세의료원 세브란스병원 연구심의위원회
Yonsei University Health System, Severance Hospital, Institutional Review Board
서울특별시 서대문구 연세로 50-1 (우) 03722
Tel.02 2228 0430~4, 0450~4 Fax.02 2227 7888~9 Email. irb@yuhs.ac

심 의 일 자	2022년 12 월 26 일
접 수 번 호	2022-3477-001
과제승인번호	

세브란스병원 연구심의위원회의 심의 결과를 다음과 같이 알려 드립니다.

Protocol No.	
연 구 제 목	영아 어머니의 양육역량과 관련된 요인: 사회적 지지의 조절된 매개효과를 중심으로
연 구 책 임 자	박정옥 / 세브란스병원 간호학과
의 뢰 자	세브란스병원
연구예정기간	
지속심의 빈도	12개월마다
과 제 승 인 일	
위 험 수 준	Level I 최소위험
심 의 방 법	신속
심 의 유 형	신규과제
심 의 내 용	- 연구계획서 (국문) - 증례기록서 - 대상자 모집 문건 - 연구책임자 이력 및 경력에 관한 사항 - 대상자 설명문 및 동의서 양육역량_대상자설명문, 동의서_(22.12.08.).pdf - 양육역량_설문지_(22.12.08.)
심 의 위 원 회	제8위원회
참 석 위 원	제8위원회 신속심의자
심 의 결 과	시정승인(조건부승인)
심 의 의 견	1. 육아 관련 온라인 커뮤니티(네이버 카페 '맘스홀릭 베이비, '맘이베베', '레몬테라스')에 모집공고문을 게시할 예정임을 확인하였음. 다만, 해당 내용이 계획서에 누락되어 있으므로 추가 기재를 요청 드림. 2. 계획서 및 대상자 설명문에 자료를 제3자에게 제공하거나 타 연구목적으로 활용하는지 여부에 대한 추가 기재를 요청 드림.

3. 증례기록서에 연구에서 수집되는 항목을 기재하여 실제 본 연구에서 사용하게 되는 증례기록서 양식을 제출하여 주시기 바람.
4. 설명문 〉 연구 참여에 따른 보상 〉 '소정의 상품권'은 액수(5000원 상당)를 기재하여 주시기 바람.
5. 제출된 모집 공고문에 QR 코드 및 링크는 삽입 예정이라고 표현 되어 있으므로 대상자 모집 전, 공고문의 최종 버전을 IRB에 보고할 것을 권고함.

※ 본 통보서에 기재된 사항은 세브란스병원 연구심의위원회의 기록된 내용과 일치함을 증명합니다.
※ 세브란스병원 연구심의위원회는 국제 임상시험 통일안(ICH-GCP), 임상시험 관리기준(KGCP), 생명윤리 및 안전에 관한 법률을 준수합니다.
※ 연구책임자 및 연구담당자가 IRB위원인 경우, 해당 위원은 위 연구의 심의과정에 참여하지 않았습니다.

연세의료원 세브란스병원

연구심의위원회 위원장

연세의료원 세브란스병원 연구심의위원회
Yonsei University Health System, Severance Hospital, Institutional Review Board
서울특별시 서대문구 연세로 50-1 (우) 03722
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심 의 일 자	2023년 1 월 10 일
접 수 번 호	2022-3477-002
과제승인번호	4-2022-1472

세브란스병원 연구심의위원회의 심의 결과를 다음과 같이 알려 드립니다.

Protocol No.	
연 구 제 목	영아 어머니의 양육역량과 관련된 요인: 사회적 지지의 조절된 매개효과를 중심으로
연 구 책 임 자	박정옥 / 세브란스병원 간호학과
의 뢰 자	세브란스병원
연구예정기간	2023.01.10 ~ 2023.07.09
지속심의 빈도	12개월마다
과 제 승 인 일	2023.01.10
위 험 수 준	Level I 최소위험
심 의 방 법	신속
심 의 유 형	질의답변 + 계획변경
심 의 내 용	- 해당 내용을 계획서에 기재하였습니다. - 계획서에 해당 내용을 기재하였습니다. 대상자 설명문 '정보 수집 및 제공'에는 관련 내용이 기재되어 있어 ("또한 귀하가 동의할 경우, 이 연구 목적 이외의 영아 어머니의 양육역량과 관련된 요인을 추가 분석하기 위한 이차적 목적으로 해당 정보가 사용될 수도 있습니다.") 추가 기재를 하지는 않았습니다. - 연구의 설문문항을 반영하여 증례기록서를 수정하였습니다. - 상품권의 액수를 대상자 설명문에 기재하였습니다. - 설문지를 온라인 상에 구현 완료하여 모집 공고문에 해당 설문 페이지 링크 및 QR 코드 삽입하였습니다. - [변경후] 임상 연구계획서(국문) : 삭제 - [변경후] 증례기록서 : 삭제 - [변경후] 대상자 모집 문건 : 삭제 - [변경후] 대상자 설명문 및 동의서 : : 양육역량_대상자설명문, 동의서_(22.12.08.).pdf 삭제 - [변경후] 대상자 설명문 및 동의서 : : 양육역량_대상자설명문, 동의서_(22.12.29.).pdf 추가 - [변경후] 임상 연구계획서(국문) : 추가 - [변경후] 증례기록서 : 추가 - [변경후] 대상자 모집 문건 : 추가 - [변경전] 대상자 모집 문건 게시장소 원외 : 육아 관련 온라인 커뮤니티에 모집 공고문 게시

[변경후]대상자 모집 문건 게시장소 원외 : 육아 관련 온라인 커뮤니티(네이버 카페 '맘스홀릭 베이비', '레몬테라스', '맘이베베')에 모집 공고문 게시
- [변경후]증례기록서 : 삭제
- [변경후]증례기록서 : 추가
- [변경후]대상자 설명문 및 동의서 : :양육역량_대상자설명문, 동의서_(22.12.29.).pdf 삭제
- [변경후]대상자 설명문 및 동의서 : :양육역량_대상자설명문, 동의서_(23.01.02.).pdf 추가

심 의 위 원 회	제8위원회
참 석 위 원	제8위원회 신속심의자
심 의 결 과	승인
심 의 의 견	-
권고/안내사항	1. 연구의 지속심의빈도는 12개월마다로 결정하였으나, 연구기간이 IRB 승인 후 6개월인 연구로 IRB 승인 유효기간 만료 전 계획변경을 통한 연구기간 연장 또는 종료보고를 제출하여 주시기 바람.

※ 본 통보서에 기재된 사항은 세브란스병원 연구심의위원회의 기록된 내용과 일치함을 증명합니다.
※ 세브란스병원 연구심의위원회는 국제 임상시험 통일안(ICH-GCP), 임상시험 관리기준(KGCP), 생명윤리 및 안전에 관한 법률을 준수합니다.
※ 연구책임자 및 연구담당자가 IRB위원인 경우, 해당 위원은 위 연구의 심의과정에 참여하지 않았습니다.

연세의료원 세브란스병원

연구심의위원회 위원장

Appendix 2. Permission to use survey instruments

Hyojin Lee
jeongheeryu에게

위원님 안녕하세요.
저는 연세대학교 간호대학 박사과정에 재학 중인 이효진이라고 합니다.

다름이 아니라 박사학위논문을 위하여 위원님께서 사용하신 ACE-IQ 한국어판을 사용해도 괜찮을지 허락을 받고자 메일을 드리게 되었습니다.
저는 '영아 어머니의 양육역량과 관련된 요인: 사회적 지지의 조절된 매개효과를 중심으로'라는 제목의 학위논문을 계획하고 있습니다.
이를 위하여 위원님께서 사용하신 본 도구를 사용할 수 있을지요?
허락해주신다면 연구에 큰 도움이 될 것 같습니다!

감사합니다.
연세대학교 이효진 올림.

류정희
나에게

한국어 > 영어 메일 번역

ACE-IQ버젼이 공적으로 사용되는 척도이고 한국어판 사용은 자유로이 쓰셔도 될 것 같습니다^^

감사합니다.

류정희 드림

Hyojin Lee
ptsoja에게

선생님 안녕하세요.
저는 연세대학교 간호대학 박사과정에 재학 중인 이효진이라고 합니다.

다름이 아니라 박사학위논문을 위하여 선생님께서 사용하신 한국어판 인지적 정서조절 질문지를 사용해도 괜찮을지 허락을 받고자 메일을 드리게 되었습니다.
저는 '영아 어머니의 양육역량과 관련된 요인: 사회적 지지의 조절된 매개효과를 중심으로'라는 제목의 학위논문을 계획하고 있습니다.
이를 위하여 선생님께서 사용하신 본 도구를 사용할 수 있을지요?
허락해주신다면 연구에 큰 도움이 될 것 같습니다!

감사합니다.
연세대학교 이효진 올림.

김소희
나에게

한국어 > 영어 메일 번역

네 선생님, 좋은 논문 쓰시기 바랍니다.

Hyojin Lee

교수님 안녕하세요.
저는 연세대학교 간호대학 박사과정에 재학 중인 이효진이라고 합니다.

2019년에 박사과정 과제물을 위하여 교수님의 도구를 사용 가능할지 여쭌 적이 있습니다.
당시 진행한 1인가구 여성의 건강증진행위 관련 연구는 아직 출판 과정 중에 있습니다.
이번에는 박사학위논문을 위하여 사회적 지지 도구를 사용해도 괜찮을지 허락을 받고자 메일을 드리게 되었습니다.
저는 '영아 어머니의 양육역량과 관련된 요인: 사회적 지지의 조절된 매개효과를 중심으로'라는 제목의 학위논문을 계획하고 있습니다.
이를 위하여 교수님께서 사용하신 본 도구를 사용할 수 있을지요?
허락해주신다면 연구에 큰 도움이 될 것 같습니다!

감사합니다.
연세대학교 이효진 올림.

박지원
나에게

한국어 > 영어 메일 번역

메일을 이제야 확인했네요.
사용해도 좋습니다.

Appendix 3. Recruitment flyer

연구대상자 모집 공고

6~12개월 영아 어머니의 양육 역량 관련 연구 에 참여할 지원자를 모집합니다

연구제목: 영아 어머니의 양육역량과 관련된 요인: 사회적 지지의 매개효과를 중심으로

■ 연구 목적

본 연구는 6~12개월의 영아를 양육하는 어머니의 아동기 경험이 추후 성공적으로 부모 역할을 수행하는 것에 영향을 미치는 과정에서 의미있는 타인과의 상호작용을 통해 받는 관심과 도움 등이 어떠한 역할을 하는지 확인하고자 합니다.

■ 연구 대상자 수 및 기간

본 연구에는 홍보를 통해 총 277명의 대상자가 참여할 예정입니다. 귀하께서 자발적으로 연구참여에 동의할 경우에만 연구에 참여하게 되며, 설문 기간은 2023년 1월-2023년 3월까지 예정입니다. 만 18세 이상으로, 출산 후 6~12개월에 해당하며, 본 연구의 내용을 이해하고 답할 수 있으면 참여 가능합니다.

■ 연구 방법

연구참여를 원하면 아래 링크나 QR 코드에 접속하여 온라인 또는 모바일 설문지를 작성하게 됩니다. 아동기 부정적 생애경험, 인지적 정서조절, 사회적 지지, 양육역량 및 일반적 특성에 관련된 193개의 문항에 답하는 데에는 20~30분 정도의 시간이 소요될 것입니다. 모든 과정은 익명으로 진행이 되며 수집된 자료는 연구목적으로만 사용될 것입니다.

■ 연구 참여시 보상

설문 완료 시 핸드폰번호를 별도의 창에 기입하면 설문 완료 후 1주일 이내에 소정의 답례품으로 모바일 음료 상품권이 제공됩니다.

■ 연구자 연락처

본 연구에 관하여 궁금한 점이 있거나 연구와 관련이 있는 문제가 발생한 경우에는 아래의 연구자에게 연락하여 주십시오.

■ 연구책임자 : 박정옥 교수, 연세대학교 간호대학 교수
■ 연구 담당자 : 이효진, 연세대학교 간호대학 박사과정생
■ 연구자 주소 : 서울특별시 서대문구 연세로 50-1 연세대학교 간호대학
■ 연구자 e-mail :

■ 설문조사 페이지

링크: https://ko.surveymonkey.com/r/Z6C2NFP

QR코드:

Appendix 4. Detailed explanation of the study, consent form

대상자 설명문

연구 제목 : 영아 어머니의 양육역량과 관련된 요인: 사회적 지지의 매개효과를 중심으로

연구 책임자 : 박정옥, 연세대학교 간호대학 교수

연구 담당자 : 이효진, 연세대학교 간호대학 박사과정

- **연구의 목적**

양육역량이란 부모에게 요구된 역할을 성공적으로 수행하는 것을 가리키며, 양육역량은 부모 자신이 아동기에 경험한 사건들에 의해 영향을 받는 것으로 알려져 있습니다. 아동기의 경험 중 다양한 스트레스원을 의미하는 아동기 부정적 생애경험은 한국 성인의 78.9%에서 발견될 만큼 우리 사회에서 흔한 경험이며, 성인기 건강과 심리사회적 측면에 영향을 미치는 것으로 밝혀졌으나, 어린 자녀의 양육에 구체적으로 어떻게 영향을 미치는지는 연구가 부족한 실정입니다. 본 연구는 6~12개월의 영아를 양육하는 어머니의 아동기 부정적 생애경험이 양육 역량에 영향을 미치는 과정에서 의미있는 타인과의 상호작용을 통해 받는 관심과 도움 등의 사회적 지지가 어떠한 역할을 하는지 확인하고자 합니다. 현재 6~12개월의 영아를 양육 중인 여러분이 참여해주신다면 도움이 될 것입니다.

- **연구에 참여하는 대상자의 수와 기간**

본 연구에는 총 277명의 대상자가 참여할 예정입니다. 귀하께서 자발적으로 연구참여에 동의할 경우에만 연구에 참여하게 되며, 설문 기간은 2023년 1월-2023년 3월까지 진행될 예정입니다. 만 18세 이상으로, 출산 후 6~12개월 차에 해당하며, 본 연구의 내용을 이해하고 답할 수 있으면 참여 가능합니다.

- **연구의 절차 및 방법**

연구에 참여를 원하면 아래 링크나 QR 코드에 접속하여 온라인 또는 모바일 설문지를 작성하게 됩니다. 아동기 부정적 생애경험, 인지적 정서조절, 사회적 지지, 양육역량 및 일반적 특성에 관련된 193개의 문항에 답하는 데에는 20~30분 정도의 시간이 소요될 것입니다. 모든 과정은 익명으로 진행이 되며 수집된 자료는 연구의 목적으로만 사용될 것입니다.

- **연구에 참여하여 기대할 수 있는 이익**

연구 참여로 인해 직접적인 이익은 없으나 궁극적으로 귀하의 참여는 영아 어머니의 양육역량을 높이기 위한 기초자료를 제공하는 데 도움이 될 것입니다.

- **연구에 참여하여 예상되는 위험, 불편 및 보상방법**

본 연구는 20~30분 가량 진행되는 설문조사에 의한 연구로, 위험의 가능성이 매우 낮은 연구입니다. 하지만 설문조사 중 피로감이나 불편감을 느끼는 경우 언제든지 참여를 중단할 수 있습니다.

- **연구 참여에 따른 보상**

귀하가 이 연구에 참여하시는 것에 대하여 설문조사 완료 시 소정의 상품권(약 5,000원)을 지급하여 드립니다. 설문 마지막 항목에 상품권 쿠폰 수령을 원하는 휴대폰 번호를 기입하시면 설문 응답 종료 후 1주일 이내에 해당 번호로 상품권이 발송될 것입니다.

- **정보 수집 및 제공**

개인정보 수집 및 제공에 동의함으로써 귀하는 연구자의 귀하여 개인(민감)정보 수집과 사용을 동의하는 것입니다. 또한 귀하가 동의할 경우, 본 연구목적 외에 영아 어머니의 양육역량과 관련된 요인을 추가 분석하기 위한 이차적 목적으로 해당 정보가 사용될 수도 있습니다. 이는 동일한 연구진에 의해 진행될 예정입니다.

- **개인정보의 수집 및 이용 목적**

이 연구에서는 귀하의 아동기 부정적 생애경험, 인지적 정서조절, 사회적 지지, 양육역량, 그리고 일반적 특성을 파악하고 분석하기 위해 최소한의 개인정보를 수집하고자 합니다.

- **수집하려는 개인(민감)정보의 항목은 다음과 같습니다.**
- **귀하의 나이, 학력, 직업, 소득 등**
- **전화번호**

- 이 연구에서 수집하는 개인(민감)정보는 이 연구 목적으로만 사용될 것이며, 법규에 따라 연구 종료 후 3년이 지난 뒤 폐기될 것입니다. 귀하께서는 동의를 거부할 권리가 있으며 동의 거부에 따른 불이익은 없습니다.

- **개인정보 및 기록에 대한 비밀보장**

귀하가 이 연구에 참여하시는 동안에 수집되는 귀하의 기록은 익명으로 수집되고 비밀이 보장됩니다. 하지만 이 연구를 모니터/점검하는 자, 연구심의위원회 등은 귀하의 비밀 보장을 침해하지 않고 관련 규정이 정하는 범위 안에서 연구의 실시 절차와 자료의 신뢰성을 검증하기 위해 귀하의 자료를 열람할 수 있습니다. 귀하는 개인정보 수집 및 제공에 동의함으로써 필요 시 이러한 자료의 열람을 허용하시게 됩니다.

- **참여/철회의 자발성**

귀하는 언제든지 연구 참여에 대해 동의를 철회할 수 있으며, 이 경우 연구 참여는 종료됩니다. 연구에 참여하지 않거나 중도에 그만두기로 결정하더라도 귀하에 대한 어떠한 불이익이 발생하지 않을 것입니다. 하지만 설문 완료 후 사후 철회를 원하는 경우 이는 익명으로 자료를 수집하는 자료 수집 방법의 특성 상 불가함을 말씀드립니다.

- **연락처**

본 연구에 관하여 궁금한 점이 있거나 연구와 관련이 있는 문제가 발생한 경우에는 아래의 연구자에게 연락하여 주십시오.

- 연구 책임자 : 박정옥(연세대학교 간호대학 교수)
- 연구 담당자 : 이효진(연세대학교 대학원 간호학과 박사과정)
- 연구자 주소 : 서울특별시 서대문구 연세로 50-1 연세대학교 간호대학
- 연구자 연락처

연구대상자의 권리에 대한 정보를 얻고자 하는 경우 아래의 기관생명윤리위원회로 연락하여 주십시오.

- 연세의료원 연구심의위원회 02-2228-0454

대상자 동의서

연구제목: 영아 어머니의 양육역량과 관련된 요인: 사회적 지지의 조절된 매개효과를 중심으로

※아래 항목을 읽고 동의한다면 7번 문항에 '동의함'으로 체크하여 주시기 바랍니다.
。 본인은 이 설명문을 읽었으며, 본 연구의 목적, 방법, 기대효과, 가능한 위험성과 이익 등에 대한 충분한 설명을 듣고 이해하였습니다.
。 이 연구에 동의한 경우 설문조사가 진행 중인 경우에는 언제든지 철회할 수 있으나, 설문이 종료된 이후에는 철회가 불가능함을 확인하였습니다.
。 충분한 시간을 갖고 생각한 결과, 본인은 이 연구에 참여하기를 자유로운 의사에 따라 동의합니다.
。 본 설문조사가 완료된 후 3-6개월 후에 1-2회의 추가적인 설문 참여 요청이 있을 수 있습니다. 이에 대한 참여 여부는 본 설문조사 참여 가능 여부에 영향을 미치지 않습니다. 자발적으로 동의하시는 경우에 추가적인 설문에 참여하실 수 있습니다.

아래 질문은 동의 전 본 연구에 참여하실 수 있는지 여부를 확인하기 위한 선별 질문입니다.

1. 귀하의 현재 만 나이는 몇 세입니까?
① 18세 미만 ② 만 18세 이상
(①의 경우 종료됨: "본 연구의 대상자에 해당하지 않아 여기서 종료됩니다. 관심에 감사합니다")

2. 귀하의 마지막 출산일은 언제입니까?
① 1~3개월 전 ② 6~12개월 전 ③ 24개월 전
(①. ③의 경우 종료됨: "본 연구의 대상자에 해당하지 않아 여기서 종료됩니다. 관심에 감사합니다")

3. 귀하가 출산한 마지막 자녀가 중환자실에 입원한 적이 있거나 현재 입원 중입니까?
① 예 ② 아니오
(①의 경우 종료됨: "본 연구의 대상자에 해당하지 않아 여기서 종료됩니다. 관심에 감사합니다")

4. 귀하나 귀하가 출산한 마지막 자녀가 생명에 위협이 되는 의학적 질병을 진단받은 바 있습니까?
① 예 ② 아니오
(①의 경우 종료됨: "본 연구의 대상자에 해당하지 않아 여기서 종료됩니다. 관심에 감사합니다")

5. 귀하는 정신과적 질환(조현병, 알츠하이머 등)을 진단받고 치료 중입니까? (우울증 제외)
① 예 ② 아니오
(①의 경우 종료됨: "본 연구의 대상자에 해당하지 않아 여기서 종료됩니다. 관심에 감사합니다")

(5개의 선별 질문을 모두 통과한 경우 아래 동의 여부 확인 화면으로 넘어감)

Appendix 5. Questionnaire

※ 설문이 시작된 이후 중간저장은 불가합니다. 설문 완료까지는 약 20~30분이 소요되므로 이를 유 의하시고 설문에 응답하여 주시기 바랍니다. 각 항목에 대하여 해당하는 번호에 체크해주세요.

다음은 귀하의 양육역량에 관한 내용입니다. 각 문항의 내용을 읽고 가장 가깝다고 생각되는 정도를 선택하여 표시해주시기 바랍니다.

	문항	응답
1	나는 어떤 장난감이 자녀의 연령에 적절한지 알고 있다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
2	나는 자녀의 언어발달을 촉진시키는 방법을 알고 있다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
3	나는 자녀의 소근육 발달을 돕는 여러 가지 활동(예: 숟가락 사용, 블록 쌓기 등)을 알고 있다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
4	나는 자녀의 대근육 발달을 돕는 여러 가지 활동(예: 공놀이, 계단 오르기 등)을 알고 있다	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
5	나는 자녀의 일반적인 식단과 식사방법이 어떻게 변화 하는지 알고 있다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
6	나는 자녀에게 응급상황이 발생했을 때 어떻게 대처해야 하는지 알고 있다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
7	나는 자녀의 연령에 따른 발달단계와 행동을 이해한다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
8	나는 자녀의 인지적, 정서적, 사회적 발달 등이 균형 있게 이루어질 수 있는 활동이 무엇인지 알고 있다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
9	나는 자녀의 발달 정보를 얻기 위해 관련 다양한 매체를 이용한다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
10	지역사회에서 나와 자녀에게 도움이 되는 서비스나 사람들(예: 또래 아이 부모들, 보육지원서비스, 어린이집, 치료실, 문화센터 프로그램 등)을 찾을 수 있다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다

11	나는 자녀를 돌보는데 있어 유능하다고 생각한다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
12	나는 다른 사람들에게 좋은 부모 역할을 보여주는 괜찮은 모델이라고 생각한다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
13	나는 자녀와의 관계에서 생기는 문제(예: 아이의 짜증, 아이와 규칙 변경 등)를 잘 다룬다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
14	나는 좋은 부모가 되기 위해 필요한 지식과 방법을 잘 알고 있다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
15	나는 유능한 부모라고 생각한다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
16	나는 부모로의 능력에 자신감을 가지고 있다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
17	부모로서 겪게 되는 좌절과 스트레스에 잘 대처해 나간다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
18	나는 화가 나면 화가 난 이유를 생각해본다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
19	나는 내 자신을 있는 그대로 잘 받아들일 수 있는 편이다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
20	나는 어려움을 겪더라도 그것을 지나치게 감정적으로 대응하지 않고, 객관성을 유지하려고 한다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
21	나는 잘 안되리라 생각하는 상황에서도 적어도 무엇인가를 해보기로 노력한다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다
22	나는 스트레스가 있어도 어느 정도 참고 견딜 수 있다.	①전혀 그렇지 않다 / ②별로 그렇지 않다 / ③보통이다 / ④대체로 그렇다 / ⑤매우 그렇다

아래 문항은 귀하가 일상적으로 제공받고 있는 사회적 지지의 정도를 알아보고자 하는 것입니다. 귀하가 여러 가지 스트레스를 경험할 때 도움을 요청할 수 있다고 생각했던 사람들에 대해 전반적으로 어떻게 느끼고 있는지 해당하는 곳에 V표시 해주십시오.

	문항	응답
1	내가 사랑과 돌봄을 받고 있다고 느끼게 해준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
2	내가 취한 행동의 옳고 그름을 공정하게 평가해준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
3	내가 필요하다고 하면 아무리 큰 돈이라도 마련해 준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
4	내가 그들에게 필요한 가치 있는 존재임을 인정해준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
5	내가 하고 있는 일에 자부심을 느낄 수 있게 나의 일을 인정해준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
6	함께 있으면 친밀감을 느끼게 해준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
7	나의 문제를 기꺼이 들어준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
8	배울 점이 많은 존경할 만한 사람들이다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
9	자신이 직접 도울 수 없을 때에는 다른 사람을 통해서라도 나를 도와준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
10	내가 마음 놓고 믿고 의지할 수 있는 사람들이다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
11	내가 잘했을 때에는 칭찬을 아끼지 않는다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
12	나를 인격적으로 존중해 준다.	①모두가 그렇지 않다 / ②대부분 그렇지

		않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
13	무슨 일이건 대가를 바라지 않고 최선을 다해 나를 도와준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
14	내가 어려운 상황에 직면해 있을 때, 현명하게 문제를 해결할 수 있는 방안을 제시해준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
15	의논할 문제가 생길 때마다 나를 위해 시간을 내고 응해준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
16	항상 나의 일에 관심을 갖고 걱정 해준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
17	내가 몰랐던 사실을 일깨워주고 확실하게 해준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
18	내가 결단을 못 내리고 망설일 때 결단을 내리게끔 자극을 주고 용기를 준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
19	내가 현실을 이해하고 사회생활에 잘 적응할 수 있게끔 건전한 충고를 해준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
20	내가 필요로 하는 물건이 있으면 언제라도 빌려준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
21	나의 의견을 존중해주고 대체로 받아들여 준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
22	나에게 생긴 문제의 원인을 찾아내는데 도움이 되는 정보를 제공해 준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
23	내가 아파서 누워있을 때 나의 일을 대신해준다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
24	내가 기분이 언짢아 할 때, 나의 감정을 이해해주고 기분을 전환시켜주려고 노력한다.	①모두가 그렇지 않다 / ②대부분 그렇지 않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다
25	내가 어떤 선택을 해야 할 때, 합리적인 결	①모두가 그렇지 않다 / ②대부분 그렇지

	정을 내릴 수 있도록 조언해준다.	않다 / ③반정도 그렇다/ ④대부분 그렇다 / ⑤모두가 그렇다

일상에서 가장 큰 지지가 되는 사람은 누구입니까? 하나만 선택해주십시오.

① 남편 / ②부모님 / ③기타 가족 및 친척 / ④친구 / ⑤이웃 / ⑥기타

모든 사람들은 부정적인 일이나 불쾌한 일을 경험할 때 자신만의 방식으로 반응합니다. 아래의 문항을 보고, 부정적인 일이나 불쾌한 일을 경험할 때 귀하에게 떠오르는 생각에 표시해 주십시오.

	문항	응답
1	그 일이 그만하길 다행이라고 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
2	그 상황에 대처할 수 있는 최선의 방법을 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
3	내게 일어난 일 대신 다른 즐거운 일을 생각해본다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
4	그 일이 내 잘못이라고 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
5	그 상황에서 일어났던 나의 감정을 되짚어 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
6	그 일을 안고 살아가는 법을 배워야한다고 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
7	내가 겪은 일에 대해 어떤 느낌이 드는지 자주 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
8	내가 겪은 일이 얼마나 끔찍한 지에 대해 계속 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
9	그 일이 일어난 것은 다른 사람의 책임이라고 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전

		적으로 그렇다
10	그 문제의 긍정적인 측면을 찾아본다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
11	다른 사람들보다 훨씬 더 나쁜 경험을 했다는 생각을 자주 한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
12	기본적으로 그 일의 원인이 분명히 나한테 있다고 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
13	그 일은 내가 어쩔 수 없는 일이라고 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
14	즐거웠던 일을 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
15	내가 할 수 있는 최선의 계획에 대해 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
16	그 상황에 긍정적인 측면도 있다고 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
17	다른 사람들은 그보다 더한 일도 겪는다고 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
18	기본적으로 그 일의 원인이 다른 사람에게 있다고 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
19	그 상황이 얼마나 끔찍했는지 계속해서 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
20	그 일에 대해 책임져야할 사람은 나라고 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
21	내가 겪었던 일에 대한 생각과 감정에 빠져있다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
22	그 일과 아무 상관없는 즐거운 일을 생각해본다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전

		적으로 그렇다
23	그 상황으로부터 배울 게 있을거라 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
24	내가 겪은 일은 사람으로서 경험할 수 있는 최악의 것이었다는 생각을 자주 한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
25	다른 일에 비하면 그 일이 그렇게 나쁜 것도 아니었다고 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
26	그 상황을 받아들여야 한다고 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
27	내가 할 수 있는 최선의 것을 생각해본다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
28	그 일로 인해 내가 더 강한 사람이 될 수 있을 거라 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
29	그 일에 대해 남들이 잘못한 점을 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
30	살다보면 더 나쁜 일도 있다고 스스로에게 말한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
31	그 일이 다른 사람 잘못이라고 스스로에게 말한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
32	상황을 변화시킬 방법에 대해 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
33	그 일이 일어났다는 사실을 받아들여야 한다고 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
34	그 문제가 내가 저지른 실수라고 생각한다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다
35	내가 겪은 일에 대해 내가 왜 이렇게 느끼는지 알고 싶다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전

		적으로 그렇다
36	내가 겪은 것보다 더 기분 좋은 것을 생각해본다.	①전혀 그렇지 않다 / ②대체로 그렇지 않다 / ③중간이다 / ④대체로 그렇다 / ⑤전적으로 그렇다

다음은 귀하가 출생 후 만 18세까지 성장하는 동안 부모(혹은 양육자)와의 관계 및 성장 환경에 관한 질문과 또래폭력, 지역사회 폭력 및 집단폭력 등을 경험하거나 본 적이 있는지 묻고자 합니다. 다음의 각 항목에 대해 귀하의 생각을 말씀해 주십시오.

	문항	응답
1	귀하의 부모님(혹은 양육자)은 귀하의 걱정이나 근심을 이해해 주셨습니까?	①늘 그랬다 / ②대부분 그랬다 / ③때때로 그랬다 / ④거의 그렇지 못했다 / ⑤전혀 그렇지 못했다
2	귀하의 부모님(혹은 양육자)은 귀하가 (학교나 직장에 있지 않았던) 자유시간 동안 무엇을 하는지에 대해서 제대로 알고 계셨습니까?	①늘 그랬다 / ②대부분 그랬다 / ③때때로 그랬다 / ④거의 그렇지 못했다 / ⑤전혀 그렇지 못했다
3	귀하의 부모님(혹은 양육자)이 귀하에게 고의로 음식을 충분히 주지 않은 적이 있습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
4	귀하의 부모님(혹은 양육자)이 과음 혹은 약물중독으로 인해 귀하를 돌보지 못한 적이 있습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
5	귀하의 부모님(혹은 양육자)이 귀하에게 강제로 학교에 가지 못하도록 한 적이 있습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
6	음주 등으로 인한 어려움이 있는 가족구성원이 있었습니까?	①예 / ②아니오
7	정서적 어려움(우울증, 정신질환, 자살시도 등)이 있는 가족구성원이 있었습니까?	①예 / ②아니오
8	수감으로 인해 떨어져 살아야 했던 가족구성원이 있었습니까?	①예 / ②아니오
9	부모님께서 이혼 혹은 별거를 하셨습니까?	①예 / ②아니오
10	어머니, 아버지(혹은 양육자)가 사망하였습니까?	①예 / ②아니오
11	부모님 혹은 다른 가족구성원들 간에 고함, 폭언, 욕설, 모욕 등을 당하는 것을 귀하는 본 적(혹은 들은 적)이 있습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다

12	부모님 혹은 다른 가족구성원들 간에 뺨을 맞거나 발 또는 주먹으로 맞는 것을 귀하는 본 적(혹은 들은 적)이 있습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
13	부모님 혹은 다른 가족구성원들 간에 막대기, 병, 몽둥이, 채찍 등의 물체로 맞거나 다치는 것을 귀하는 본 적 (혹은 들은 적)이 있습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
14	부모(양육자) 혹은 다른 가족구성원이 귀하에게 고함치거나, 소리치거나, 욕을 하거나, 모욕이나 혹은 굴욕감을 주었습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
15	부모(양육자) 혹은 다른 가족구성원이 귀하에게 집 밖으로 내쫓거나 버린다고 협박을 하거나 실제로 그렇게 하였습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
16	부모(양육자) 혹은 다른 가족구성원이 귀하에게 엉덩이나 뺨을 때리거나, 발로 차거나, 꼬집거나 혹은 두들겨 팼습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
17	부모(양육자) 혹은 다른 가족구성원이 귀하에게 막대기, 병, 몽둥이, 채찍 등의 물체로 때리거나 다치게 했습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
18	귀하가 원하지 않는데도 누군가가 귀하를 성적으로 만지거나 쓰다듬었습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
19	귀하가 원하지 않는데도 누군가가 귀하에게 다른 사람의 몸을 성적으로 만지도록 하였습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
20	귀하는 지금까지 강간미수 피해를 입은 적이 있습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
21	귀하는 지금까지 강간 피해를 입은 적이 있습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
22	귀하는 만 18세 이전에 또래 아이들에게 괴롭힘을 당한 적이 있습니까? 있다면, 얼마나 자주 있었습니까?	①매우 많았다 / ②때때로 있었다 / ③한 번 정도 있었다 / ④전혀 없다
23	그럼, 주로 어떤 괴롭힘을 당했습니까? 가장 많이 당한 순서대로 세 개까지 선택해 주십시오.	1순위: _, 2순위: __, 3순위: __ ①때리거나, 발로 차거나, 밀거나, 부려먹거나, 안에 갇혔다 / ②인종이나 국적 혹은 피부색 때문에 놀림을 받았다 / ③종교 때문에 놀림을 받았다 / ④성적인 농담이나, 말 혹은 몸짓으로 놀림을 받았다 / ⑤일부러 활동에서 소외시켰거나 혹은 완전히 무시했다 / ⑥생김새, 이름, 별명 등으로 놀림

		을 받았다 / ⑦기타
24	귀하는 만 18세 이전에 다른 또래 아이들을 괴롭힌 적이 있습니까? 있다면, 얼마나 자주 있었습니까?	①매우 많았다 / ②때때로 있었다 / ③한 번 정도 있었다 / ④전혀 없다
25	귀하가 다른 또래 아이들을 괴롭힐 때에 주로 어떻게 괴롭혔습니까? 가장 많이 행한 순서대로 세 개까지 선택해 주십시오.	1순위: __, 2순위: ___, 3순위: ___ ①때리거나, 발로 차거나, 밀거나, 부려먹거나, 안에 가두었다 / ②인종이나 국적 혹은 피부색을 이유로 놀렸다 / ③종교 때문에 놀렸다 / ④성적인 농담이나, 말 혹은 몸짓을 이유로 놀렸다 / ⑤일부러 활동에서 소외시켰거나 혹은 완전히 무시했다 / ⑥외모, 이름, 별명 등으로 놀렸다 / ⑦기타
26	귀하는 만 18세 이전에 또래 친구들과 얼마나 자주 싸웠습니까? 신체적 싸움을 한 경우에 대해서만 응답해 주십시오.	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
27	귀하는 이웃이나 지역사회에서 누군가가 두들겨 맞는 것을 보거나 들었습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
28	귀하는 이웃이나 지역사회에서 누군가가 칼이나 흉기로 위협받는 것을 보거나 들었습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
29	귀하는 이웃이나 지역사회에서 누군가가 칼 등의 흉기에 맞는 것을 보거나 들었습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
30	귀하는 학교(초중고)에 다니는 동안 학교 선생님 · 교직원 등으로부터 신체적 폭력을 당한 적이 있습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
31	귀하의 가족구성원 혹은 친구가 학교(초중고)에 다니는 동안 학교 선생님 · 교직원 등으로부터 신체적 폭력을 당한 적이 있습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
32	귀하는 군인, 경찰 등으로부터 신체적 폭력을 당한 적이 있습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
33	귀하의 가족구성원 혹은 친구가 군인, 경찰 등으로부터 신체적 폭력을 당한 적이 있습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
34	귀하는 강도 혹은 조직폭력배 등으로부터 신체적 폭력을 당한 적이 있습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다
35	귀하의 가족구성원 혹은 친구가 강도 혹은 조직폭력배 등으로부터 신체적 폭력을 당한 적이 있습니까?	①자주 그랬다 / ②가끔 그랬다 / ③한 번 정도 그랬다 / ④전혀 없다

최근 출산을 하셨다면, 출산 후의 감정 상태에 대하여 답하여 주시기 바랍니다. 귀하께서 느끼시는 오늘이 아닌, **최근 일주일 간의** 감정과 가장 가까운 항목에 표시하십시오.

"지난 7일 동안에"

	문항	응답
1	사물의 재미있는 면을 보고 웃을 수 있었다.	①예전과 똑같았다 / ②예전보다 조금 줄었다 / ③확실히 예전보다 많이 줄었다 / ④전혀 그렇지 않았다
2	어떤 일들을 기쁜 마음으로 기다렸다.	①예전과 똑같았다 / ②예전보다 조금 줄었다 / ③확실히 예전보다 많이 줄었다 / ④전혀 그렇지 않았다
3	일이 잘못될 때면 공연히 자신을 탓하였다.	①대부분 그랬다 / ②가끔 그랬다/ ③자주 그렇지 않았다/ ④전혀 그렇지 않았다
4	특별한 이유 없이 불안하거나 걱정스러웠다.	①전혀 그렇지 않았다 / ②거의 그렇지 않았다 / ③가끔 그랬다 / ④자주 그랬다
5	특별한 이유없이 무섭거나 안절부절 못하였다.	①꽤 자주 그랬다 / ②가끔 그랬다 / ③거의 그렇지 않았다 / ④전혀 그렇지 않았다
6	요즘 들어 많은 일들이 힘겹게 느껴졌다.	①대부분 그러하였고, 일을 전혀 처리할 수가 없었다/ ②가끔 그러하였고, 평소처럼 일을 처리하기가 힘들었다/ ③그렇지 않았고, 대개는 일을 잘 처리하였다/ ④그렇지 않았고, 평소와 다름없이 일을 잘 처리하였다
7	너무 불행하다고 느껴서 잠을 잘 잘 수가 없었다.	①대부분 그랬다/ ②가끔 그랬다/ ③자주 그렇지 않았다/ ④전혀 그렇지 않았다
8	슬프거나 비참하다고 느꼈다.	①대부분 그랬다/ ②가끔 그랬다/ ③자주 그렇지 않았다/ ④전혀 그렇지 않았다
9	불행하다고 느껴서 울었다.	①대부분 그랬다/ ②자주 그랬다/ ③가끔 그랬다/ ④전혀 그렇지 않았다
10	자해하고 싶은 마음이 생긴 적이 있다.	①자주 그랬다/ ②가끔 그랬다/ ③거의 그렇지 않았다/ ④전혀 그렇지 않았다

다음은 어머니들이 아이를 키우면서 느끼는 스트레스에 관한 내용입니다. 귀하께서 다음의 상황을 얼마나 성가신 일로 느끼는지의 정도를 표시해주십시오. 만약 귀하께 한 명 이상의 자녀가 있다면, 다른 모든 자녀에게도 해당될 수 있습니다.

"나는 ... "

	문항	응답
1	어질러 놓은 장난감이나 음식물을 계속 치워야 한다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
2	아이가 나를 귀찮게 하고 칭얼대고 불평한다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
3	식사시간에 어려움이 있다 (음식에 대해서 까다롭거나 불평하는 등).	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
4	아이가 잔소리 없이는 시키는 것을 하지 않으려고 하고, 들으려고 하지 않는다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
5	아이 돌보는 사람을 구하는데 어려움이 있다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
6	아이의 스케쥴 (예를 들어, 어린이집이나 다른 활동들) 때문에 내 일이나 가정 일에 지장이 온다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
7	아이는 내게 함께 놀아주거나 즐겁게 해주기를 강요한다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
8	아이는 잠자리에 들 때 자지 않으려고 해서 나를 힘들게 한다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
9	집안 일을 하는데 끊임없이 걸리적 거린다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
10	아이가 지금 어디에 있고 무엇을 하고 있는지 계속해서 지켜봐야 한다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
11	예상치 못했던 아이의 일로 인해 내 계획을 바꾸어야만 한다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 /

		⑤매우 성가시다
12	아이가 하루에도 몇 번씩 옷을 더럽혀서 갈아 입혀야 한다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
13	개인적으로 자유롭지 못하다. (예를 들어, 화장실에 있을 때에도)	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
14	공공장소(식품가게, 쇼핑센터, 음식점)에서 아이를 다루기가 어렵다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
15	외출할 때 제 시간에 집을 나서기 위해 아이를 준비시키려면 어렵다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
16	밤에 아이를 두고 나가거나, 다른 곳에 맡기고 떠나오는데 어려움이 있다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다
17	아이의 요구를 들어주기 위해 여러가지 잡다한 일을 해야만 한다.	①전혀 성가시지 않다 / ②성가시지 않은 편이다 / ③보통이다 / ④성가신 편이다 / ⑤매우 성가시다

다음은 직장생활을 하면서 겪는 직장-가정 갈등에 대한 질문입니다. 각 문항을 읽고 귀하의 생각과 같거나 가장 가까운 문항에 체크해주시기 바랍니다. 현재 직장생활을 하지 않는 경우는 '⑧해당 없음'에 체크해주세요.

	문항	응답
1	직장 업무로 인하여 가정생활에 방해를 받을 때가 있다.	①매우 그렇지 않다 / ②그렇지 않다 / ③다소 그렇지 않다 / ④보통이다 / ⑤다소 그렇다 / ⑥그렇다 / ⑦매우 그렇다 / ⑧해당 없음
2	업무 시간 때문에 가족 구성원의 책임을 다하지 못할 때가 있다.	①매우 그렇지 않다 / ②그렇지 않다 / ③다소 그렇지 않다 / ④보통이다 / ⑤다소 그렇다 / ⑥그렇다 / ⑦매우 그렇다 / ⑧해당 없음
3	직장에서 내게 요구하는 일 때문에 집안에서 내가 하고자 하는 일을 충분히 하지 못한다.	①매우 그렇지 않다 / ②그렇지 않다 / ③다소 그렇지 않다 / ④보통이다 / ⑤다소 그렇다 / ⑥그렇다 / ⑦매우 그렇다 / ⑧해당 없음
4	직장에서 받는 긴장과 스트레스로 인하여	①매우 그렇지 않다 / ②그렇지 않다 / ③다

	가정에서 책임을 다하지 못한다.	소 그렇지 않다 / ④보통이다 / ⑤다소 그렇다 / ⑥그렇다 / ⑦매우 그렇다 / ⑧해당 없음
5	업무 때문에 가족과 관련된 계획을 바꾸어야 할 때가 있다.	①매우 그렇지 않다 / ②그렇지 않다 / ③다소 그렇지 않다 / ④보통이다 / ⑤다소 그렇다 / ⑥그렇다 / ⑦매우 그렇다 / ⑧해당 없음
6	가정에서 내게 원하는 것이 직장업무와 관계된 일에 방해가 된다.	①매우 그렇지 않다 / ②그렇지 않다 / ③다소 그렇지 않다 / ④보통이다 / ⑤다소 그렇다 / ⑥그렇다 / ⑦매우 그렇다 / ⑧해당 없음
7	가족과 시간을 보내기 위하여 가끔 업무를 미루어야 한다.	①매우 그렇지 않다 / ②그렇지 않다 / ③다소 그렇지 않다 / ④보통이다 / ⑤다소 그렇다 / ⑥그렇다 / ⑦매우 그렇다 / ⑧해당 없음
8	집안일에 책임을 다하기 위하여 하던 업무를 끝내지 못할 때가 있다.	①매우 그렇지 않다 / ②그렇지 않다 / ③다소 그렇지 않다 / ④보통이다 / ⑤다소 그렇다 / ⑥그렇다 / ⑦매우 그렇다 / ⑧해당 없음
9	가정생활로 인하여 정시출근, 업무완수, 연장근무와 같이 직장에서의 책임을 다하기가 어렵다.	①매우 그렇지 않다 / ②그렇지 않다 / ③다소 그렇지 않다 / ④보통이다 / ⑤다소 그렇다 / ⑥그렇다 / ⑦매우 그렇다 / ⑧해당 없음
10	가정에서 발생하는 스트레스로 인하여 직장 업무에 방해가 된다.	①매우 그렇지 않다 / ②그렇지 않다 / ③다소 그렇지 않다 / ④보통이다 / ⑤다소 그렇다 / ⑥그렇다 / ⑦매우 그렇다 / ⑧해당 없음

다음은 결혼생활에 대한 생각을 묻는 내용입니다. 귀하가 평소에 느낀 것과 가장 가까운 곳에 체크해주십시오.

	문항	응답
1	우리의 결혼생활이 행복하다고 생각한다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
2	우리는 다른 부부처럼 잘 지내지 못한다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
3	우리는 논쟁할 때 서로의 감정을 솔직히 이야기한다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
4	견해 차이가 있을 때, 내 배우자는 서로 수	①전혀 그렇지 않다 / ②그렇지 않다 / ③보

	용할 수 있는 대안을 찾거나 찾으려고 노력한다.	통이다/ ④그렇다 / ⑤매우 그렇다
5	우리의 결혼이 이혼으로 끝나지 않을까 심각하게 고민한 적이 있다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
6	우리 결혼생활에는 심각한 어려움들이 있다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
7	우리의 결혼생활의 미래는 너무 불확실해서 중요한 계획을 세울 수 없다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
8	우리는 견해 차이가 있을 때 그 문제에 대해 논의한다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
9	배우자와의 사소한 의견차이가 종종 매우 큰 논쟁으로 발전한다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
10	우리는 논쟁을 할 때 그 문제에 대해서만 이야기한다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
11	결혼생활에서 거의 불행함을 모르고 지내왔다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
12	내 결혼생활은 나쁜 점보다 좋은 점들이 훨씬 많다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
13	우리의 논쟁은 대부분 우울하게 끝나고 만다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
14	우리의 논쟁은 대부분 둘 중 한명의 감정이 심하게 상하는 것으로 끝난다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
15	우리는 의견차이가 있을 때 서로 이성을 잃고 화를 내곤 한다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
16	내 생활의 많은 부분에 대해 만족스럽게 느낀다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
17	우리는 아이들의 요구에 대해 어떻게 해야 할 지 의견이 일치한다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
18	우리의 관계는 종종 우리 아이들 때문에 악화된다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
19	내 배우자는 자녀를 양육하는데 동등한 책임의식을 갖고 있지 않다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
20	내 배우자는 아이들과 충분한 시간을 보내지 않는다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
21	우리는 아이들 문제로 거의 싸우지 않는다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다

23	내 배우자는 아이들에게 애정을 잘 표현하지 않는다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다
24	우리는 언제 어떻게 아이들을 벌주어야 할지에 대해 의견이 일치한다.	①전혀 그렇지 않다 / ②그렇지 않다 / ③보통이다/ ④그렇다 / ⑤매우 그렇다

다음은 귀하의 일반적 특성 및 임신·출산·양육 관련 특성에 대한 질문입니다. 본 설문 전반에 응답할 때 기준으로 하였던 6~12개월에 해당하는 영아를 기준으로 작성해주세요. 해당하는 응답에 체크해주세요.

	문항	응답
일반적 특성		
1	귀하의 나이는 몇 세입니까?	__세
2	귀하가 거주하는 지역은 어디입니까?	①도시지역 (시·도·동)/ ②농어촌 지역(읍·면·리) / ③기타
3	귀하의 직업은 무엇입니까?	①전업주부 / ②전일제 취업 / ③시간제 취업
4	귀하의 최종 학력은 무엇입니까?	①고등학교 졸업 이하 / ②대학 졸업 / ③대학원 졸업
5	귀하 가정의 월 수입은 얼마입니까?	__만원
임신·출산 관련 특성		
6	임신 몇 주차에 영아를 출산하였습니까?	__주
7	영아를 어떻게 출산하였습니까?	①자연분만 / ②제왕절개
8	영아를 포함하여 현재 양육중인 자녀 수는 총 몇 명입니까?	__명
9	영아의 성별은 무엇입니까?	①남 / ②여
양육 관련 특성		
10	귀하는 모유수유를 하였습니까?	①예 / ②아니오
11	모유수유를 지속한 기간은 얼마입니까?	①모유수유 하지 않음 / ②1개월 이하 / ③1~6개월 / ④6~12개월
12	영아를 가장 많은 시간 돌보는 주 양육자는 누구입니까?	①영아의 어머니 (응답자 본인) / ②영아의 아버지 / ③영아의 조부모 / ④베이비시터 / ⑤기타
13	영아는 어린이집에 다니고 있습니까?	①예 / ②아니오

※ 개인정보 수집·이용에 대한 동의

▶ 개인정보 수집·이용 목적
- 포함된 개인정보는 설문을 완료하신 데에 대한 답례품 지급을 위해 이용됩니다. 설문종료 후 개인정보 수집·이용에 동의한 경우에 한하여 설문 종료 후 1 주 이내에 기입하신 휴대전화번호로 소정의 모바일 상품권이 지급될 예정입니다.

▶ 수집하는 개인 정보 항목
- 휴대전화번호 (모바일 상품권을 지급받고자 하는 번호를 입력하시면 됩니다.)

▶개인정보 보유·이용 기간
- 수집된 개인정보는 연구 종료 후 3년 뒤에 폐기될 것입니다.

▶ 유의사항
- 귀하는 상기 동의를 거부할 수 있습니다. 해당 수집 항목은 설문 참여에 대한 답례품 제공과 관련하여 필요한 사항으로 이에 대한 동의를 하시지 않을 경우에는 설문조사 참여 및 경품제공 등에 제한을 받으실 수 있습니다.

○ 위 개인정보 수집·이용에 동의합니다.(필수)

Appendix 6. Significance region of conditional effect of adaptive cognitive regulation according to the level of social support in a moderation model of social support

social support	β	SE	t	P	LLCI	ULCI
-53.5172	.1744	.1394	1.2513	.2119	-.0999	.4487
-49.5172	.1995	.1320	1.5112	.1318	-.0603	.4594
-45.5172	.2247	.1248	1.8000	.0729	-.0210	.4703
-43.3707	.2382	.1210	1.9683	.0500	.0000	.4763
-41.5172	.2498	.1177	2.1217	.0347	.0181	.4815
-37.5172	.2749	.1108	2.4806	.0137	.0568	.4931
-33.5172	.3001	.1041	2.8814	.0043	.0951	.5051
-29.5172	.3252	.0977	3.3287	.0010	.1329	.5175
-25.5172	.3504	.0916	3.8265	.0002	.1701	.5306
-21.5172	.3755	.0858	4.3771	.0000	.2066	.5444
-17.5172	.4007	.0805	4.9793	.0000	.2423	.5590
-13.5172	.4258	.0757	5.6263	.0000	.2768	.5747
-9.5172	.4509	.0715	6.3030	.0000	.3101	.5917
-5.5172	.4761	.0682	6.9832	.0000	.3419	.6103
-1.5172	.5012	.0657	7.6297	.0000	.3719	.6305
2.4828	.5264	.0642	8.1988	.0000	.4000	.6527
6.4828	.5515	.0638	8.6489	.0000	.4260	.6770
10.4828	.5766	.0644	8.9526	.0000	.4499	.7034
4.4828	.6018	.0661	9.1036	.0000	.4717	.7319
18.4828	.6269	.0688	9.1165	.0000	.4916	.7623
22.4828	.6521	.0723	9.0194	.0000	.5098	.7944
26.4828	.6772	.0766	8.8445	.0000	.5265	.8279

Abbreviations: LLCI, lower limit confidence interval; ULCI, upper limit confidence level

Appendix 7. Significance region of conditional effect of maladaptive cognitive regulation according to social the level of support in a moderation model of social support

social support	β	SE	t	P	LLCI	ULCI
-53.5172	.5509	.2002	2.7512	.0063	.1568	.9451
.49.3067	.5086	.1879	2.7068	.0072	.1388	.8784
-45.0962	.4663	.1756	2.6555	.0084	.1207	.8119
-40.8857	.4240	.1633	2.5955	.0099	.1025	.7455
-36.6751	.3817	.1512	2.5246	.0121	.0841	.6792
-32.4646	.3394	.1391	2.4397	.0153	.0656	.6131
-28.2541	.2970	.1271	2.3364	.0202	.0468	.5473
-24.0436	.2547	.1153	2.2087	.0208	.0277	.4817
-19.8330	.2124	.1037	2.0478	.0415	.0082	.4166
-18.0838	.1948	.0990	1.9683	.0500	.0000	.3897
-15.6225	.1701	.0924	1.8407	.0667	-.0118	.3520
-11.4120	.1278	.0815	1.5679	.1180	-.0326	.2882
-7.2015	.0855	.0712	1.2007	.2308	-.0546	.2256
-2.9909	.0432	.0617	.6989	.4852	-.0784	.1647
1.2196	.0008	.0537	.0156	.9875	-.1048	.1065
5.4301	-.0415	.0476	-.8705	.3848	-.1353	.0523
9.6407	-.0838	.0445	-1.8821	.0608	-.1714	.0038
10.0010	-.0874	.0444	-1.9683	.0500	-.1748	.0000
13.8512	-.1261	.0449	-2.8090	.0053	-.2145	-.0377
18.0617	-.1684	.0487	-3.4590	.0006	-.2643	-.0726
22.2722	-.2107	.0552	-3.8171	.0002	-.3194	-.1021
26.4828	-.2530	.0636	-3.9778	.0001	-.3783	-.1278

Abbreviations: LLCI, lower limit confidence interval; ULCI, upper limit confidence level

Appendix 8. Significance region of conditional effect of adaptive cognitive regulation according to social the level of support in a moderated mediation model of social support

social support	β	SE	t	P	LLCI	ULCI
-53.5172	.1731	.1421	1.2183	.2242	-.1066	.4528
-49.5172	.1986	.1345	1.4769	.1408	-.0661	.4633
-45.5172	.2241	.1270	1.7650	.0787	-.0258	.4740
-42.9350	.2405	.1222	1.9685	.0500	.0000	.4811
-41.5171	.2496	.1196	2.0867	.0378	.0141	.4850
-37.5171	.2751	.1124	2.4470	.0150	.0538	.4963
-33.5171	.3005	.1054	2.8511	.0047	.0930	.5081
-29.5171	.3260	.0987	3.3042	.0011	.1318	.5203
-25.5171	.3515	.0922	3.8112	.0002	.1700	.5331
-21.5171	.3770	.0862	4.3756	.0000	.2074	.5466
-17.5171	.4025	.0805	4.9971	.0000	.2439	.5611
-13.5171	.4280	.0755	5.6700	.0000	.2794	.5766
-9.5171	.4535	.0711	6.3787	.0000	.3135	.5934
-5.5171	.4790	.0675	7.0951	.0000	.3461	.6119
-1.5171	.5045	.0649	7.7778	.0000	.3768	.6321
2.4828	.5300	.0633	8.3764	.0000	.4054	.6545
6.4828	.5554	.0628	8/8432	.0000	.4318	.6791
10.4828	.5809	.0635	9.1466	.0000	.4559	.7060
14.4828	.6064	.0653	9.2810	.0000	.4778	.7350
18.4828	.6319	.0682	9.2657	.0000	.4977	.7662
22.4828	.6574	.0720	9.1346	.0000	.5157	.7991
26.4828	.6829	.0765	8.9252	.0000	.5323	.8335

Abbreviations: LLCI, lower limit confidence interval; ULCI, upper limit confidence level

국문초록

국내 초산모의 아동기 부정적 생애경험, 인지적 정서조절, 사회적 지지 및 양육역량의 관련성: 사회적 지지의 조절된 매개효과

이 효 진

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아동기 부정적 생애경험은 성인기에 발생하는 다양한 신체적, 심리적 건강 문제에 유의한 영향을미치는 것으로 알려져 있으며, 이러한 영향은 부적절한 양육을 통해 다음 세대로 전달된다. 아동기 부정적 생애경험의 영향에 효율적으로 대응하기 위해서는 아동기 부정적 생애경험과 양육의 관계에서 역할을 하는 잠재적 요인에 대한 조사가 요구된다. 본 연구는 서술적 단면 연구로, 우리나라 영아 어머니를 대상으로 아동기 부정적 생애경험, 적응적 및 부적응적 인지적 정서조절, 양육역량 간의 관련성을 확인하는 것을 목적으로 하였다. 6-12개월의 영아를 양육하는 여성 290명을 대상으로 구조화된 설문지를 이용하여 온라인 설문조사를 실시하였고, 수집된 자료를 토대로 기술통계분석, 단변량 분석, 조절된 매개효과 분석을 실시하였다. 연구 결과, 전반적으로 참여자들의 아동기 부정적 생애경험 비율은 매우 낮았으며, 양육역량에 유의한

차이를 보인 요인은 취업 상태, 분만 방법, 모유수유, 어린이집 이용이었다. 사회적 지지는 적응적 인지적 정서조절을 통해 아동기 부정적 생애경험이 양육역량에 영향을 미치는 경로에서 매개효과를 조절하는 조절된 매개효과를 갖는 것으로 확인되었다. 반면, 부적응적 인지적 정서조절이 아동기 부정적 생애경험과 양육역량 간의 관계를 매개할 때 이러한 조절된 매개효과는 유의하지 않았다. 본 연구의 결과를 토대로 개인의 사회적 지지 수준을 고려하여 적응적 인지적 정서조절에 대한 중재를 제공하는 것이 제안된다. 구체적으로, 사회적 지지가 높은 개인에 대해서는 부적응적 인지적 정서조절을 낮추는 것보다 적응적 인지적 정서조절을 향상시키는 데 초점을 두고 중재를 제공해야 하며, 사회적 지지가 낮은 사람들에게는 적응적 인지적 정서조절을 향상시키는 중재 이전에 더 많은 사회적 지지를 제공하는 것과 보다 더 적극적으로 아동기 부정적 생애경험의 발생 자체를 예방하는 노력이 선행되어야 한다.

주요어 : 아동기 부정적 생애경험, 인지적 정서조절, 사회적 지지, 양육역량