
Child Abuse

- ▶ Parental Satisfaction and Child Maltreatment

Child Abuse Potential Inventory (CAPI)

- ▶ Parental Satisfaction and Child Maltreatment

Child and Adolescent Life Satisfaction

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Synonyms

Adolescent well-being; Child well-being; Life satisfaction of adolescents; Life satisfaction of children; Life satisfaction of youth; Youth well-being

Definition

- ▶ Life satisfaction is the cognitive evaluation of
- ▶ quality of life as a whole. The construct was defined by Shin and Johnson (1978) as “a global assessment of a person’s quality of life according to his chosen criteria” (p. 478).

Description

According to Andrews and Withey (1976), ▶ positive affect (PA), ▶ negative affect (NA), and ▶ life satisfaction (LS) make up the three separable components of ▶ subjective well-being (SWB). The first two components (PA, NA) refer to the emotional or affective aspects, whereas LS refers to the

cognitive-judgmental aspects (Diener, 1984). The affective components of SWB are based on the short-lived and fluctuating emotional responses that are representative of the nature of everyday life (Gilman, Huebner, & Laughlin, 2000), whereas LS is based on overall cognitive appraisals of quality of life and thus is not typically susceptible to change due to short-term emotional reactions to life events. Therefore, LS is considered not only to be a more stable component (Eid & Diener, 2004), but also the key indicator of positive SWB (Diener & Diener, 1995), and consequently the indicator most amenable for inclusion in studies of youths’ perceptions of their life circumstances (Huebner, Suldo, & Gilman, 2006).

In arriving at overall evaluations of life, individuals typically use their own set of criteria and standards in weighting the different aspects of their lives (Shin & Johnson, 1978). Consequently, it is often more meaningful to assess global judgments of LS rather than satisfaction with specific life domains (Diener & Diener, 1995). However, when a more differentiated assessment is required for purposes of focused diagnostic, prevention, and intervention efforts, measures of multidimensional LS may be required (Huebner, 2001). Nevertheless, the LS construct incorporates the full range of satisfaction (i.e., from very low to very high) (Huebner, 2004).

Models of Life Satisfaction

Life satisfaction measures are typically derived from three conceptual models or frameworks: unidimensional (i.e., global and general LS) and multidimensional (Huebner, 2004). Measures representative of unidimensional models present an overall total score as indication of individual levels of LS. Whereas, multidimensional measures provide a profile of LS across various domains (i.e., satisfaction scores are calculated for each domain) (Huebner, 2004). The two unidimensional models differ in that for the global model the total score is derived from context-free items that allow individuals to use their own unique criteria on weighting the different aspects of

their lives (Pavot & Diener, 1993). In contrast, in the general model the total score is the sum of LS reports across predetermined domains included by the authors (e.g., satisfaction with relationships, physical well-being, personal development) that are considered crucial to the contribution of overall LS (Gilman & Huebner, 2000). The key difference between unidimensional and multidimensional models and measures of LS is that under the unidimensional framework the emphasis is on providing a single total LS score, whereas under the multidimensional framework the emphasis is on creating a profile of LS across multiple life domains.

Measures of Child and Adolescent Life Satisfaction

Global unidimensional scales:

- The Students' Life Satisfaction Scale (SLSS; Huebner, 1991)
- The ► Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985)

General unidimensional scales:

- The Perceived Life Satisfaction Scale (Adelman, Taylor, & Nelson, 1989)
- The Brief Multidimensional Students' Life Satisfaction Scale (Seligson, Huebner, & Valois, 2003)

Multidimensional scales:

- The Extended Satisfaction with Life Scale (Alfonso, Allison, Rader, & Gorman, 1996)
- The Multidimensional Students' Life Satisfaction Scale (Huebner, 1994)
- The Multidimensional Students' Life Satisfaction Scale – Adolescent version (Gilligan & Huebner, 2002)
- The Comprehensive Quality of Life Scale (Cummins, McCabe, Romeo, & Gullone, 1994)

Child and Adolescent Life Satisfaction Research

Youth LS is a key indicator of mental health and is positively related to a broad spectrum of positive personal, psychological, behavioral, social,

interpersonal, and intrapersonal outcomes (see Proctor, Linley, & Maltby, 2009 for a review). The following sections contain summaries of the current major findings of the child and adolescent LS literature as it pertains to the promotion of well-being in youth.

Levels of Life Satisfaction

Similar to findings of adult studies, various international studies have found that children and adolescents report their LS to be in the positive range, including studies involving special groups. Research findings also demonstrate that global LS tends to decline slightly with the onset and progression of adolescence and that these findings are similarly supported by international research.

Demographics

In general, research has consistently shown that the relationship between demographics (i.e., age, gender, and race) and LS is weak and that these variables contribute only modestly to the prediction of youth LS. However, findings with regard to the effects of socioeconomic status on LS are mixed (Ash & Huebner, 2001). Similarly, with regard to race, some studies have found that African-American students report lower levels of satisfaction in specific domains than Caucasian students, whereas others have found no differences. Overall, students' perceptions of their global and domain specific LS have indicated that there are modest relationships between demographics and specific domains (Huebner, Drane, & Valois, 2000). Nevertheless, the modest contributions of demographics on youth LS are consistent with those reported for adults (see Diener, 1984), suggesting a continued weak association throughout life.

Personality

► Personality and temperament variables have been demonstrated to account for most of the variance in SWB (Emmons & Diener, 1985). As discussed by Diener (1996), the genetic and heritable effects of personality, including PA and NA and the influences of temperament, are evidenced from infancy and predispose

individual levels of SWB. Moreover, these heritable traits remain throughout life and thus have their greatest effect due to their stable long-term impact. Studies which have examined the relationships among ► happiness, ► extroversion, neuroticism, and self-reported ► social competence suggest that happiness is positively associated with extroversion and negatively associated with neuroticism and that self-reported social competence acts as a mediator between temperament variables and happiness.

Life satisfaction has also been consistently positively associated with ► self-esteem, with moderate positive correlations are found between LS and self-esteem among youths. Moreover, these correlations have proved to be consistent across LS measures, including the MSLSS, the SLSS, and the BMSLSS.

Health and Health-Risk Behaviors

Youth LS is positively related to physical exercise and social interest, physical health, and a healthy diet. An additional key factor in the LS of young people is individual perceptions of participating in meaningful instrumental activities, including those that involve and facilitate flow, engagement, and purpose.

In contrast, substance use and abuse during adolescence is associated with a host of deleterious consequences across multiple life domains including school dropout, delayed entry into the labor force, job instability, job dissatisfaction, early marriage and divorce, impaired relationships with family and friends, and early parenthood (see Rohde, Lewinsohn, Seeley, & Klein, 2007 for a review). For example, binge drinking and use of tobacco (i.e., cigarettes and chewing tobacco), cocaine, alcohol, marijuana, and steroids are all negatively related to self-reported LS. Similarly, dissatisfaction with life has also been linked to violent and aggressive behaviors including physical fighting, carrying a gun, carrying a weapon, riding in a car with an impaired driver, ► bullying, dating violence, and forced-sex victimization/perpetration. Overall, research findings suggest that health-risk behaviors initiated in youth are associated with behavioral, psychological, psychosocial, and

physical factors that continue for a lifetime. Thus, the long-term risks associated with adolescent health-risk behavior underscore the importance of early prevention and intervention (Georgiades & Boyle, 2007). Indeed, promotion of positive youth development is of paramount importance in enabling LS and mitigating the risk-taking behavior among youths (Sun & Shek, 2010).

Employment and Productivity

Research with adolescents has indicated that youths who leave school and do not subsequently become employed report lower levels of self-reported activity, perceived competence, and LS, and increased depressive affect (Feather & O'Brien, 1986). However, by supporting the connection between career adaptability and positive youth development through vocational education and social support, young people experience an increased sense of power and LS (Hirschi, 2009). For example, O'Brien, Feather, and Kabanoff (1994) found that employed youth have higher adjustment levels, lower depressive affect, higher LS, greater commitment to values, more internal control, and higher perceived competence than low-quality leisure unemployed youth.

Similarly, conscious goal pursuit has long been linked with increased SWB and happiness (Deci & Ryan, 2000). Goal-directed behaviors related to increased LS among youths include perfectionism and achieving personal standards, hope, and ► self-efficacy.

Familial and Environmental Factors

Familial variables, such as ► family structure, parenting style, parental emotional and ► social support, and family conflict, play a crucial role in the attainment of youth LS. Specifically, youth LS is positively correlated to authoritative parenting, perceived parental support, perceived quality of attachment to parents, perceived loving parental relationship, and parental marital status and family structure. Quality of the immediate physical and social environment has also been shown to be pertinent to youth LS. Furthermore, youth who are moved from their homes into

residential treatment centers experience changes in LS in relation to length of stay.

Other familial and environmental factors that affect youth LS include parental alcoholism and adolescent pregnancy. For example, Braithwaite and Devine (1993) found that parental alcohol dependency and family disharmony made significant independent but additive contributions to life dissatisfaction.

Research has also indicated that youth LS is associated with life events and experiences. For example, McCullough, Huebner, and Laughlin (2000) found that minor daily events (e.g., fights with friends, doing poorly on an exam, enjoying a hobby, helping other people) contributed unique variance over and above that of major life events (e.g., death of family member, divorce). Similarly, Suldo and Huebner (2004a) found negative correlations between LS and ► stressful life events, externalizing behavior, and internalizing behavior.

Social Support

Both being involved in supportive relationships with parents and peers and the perception of adequate social support from significant others is essential to positive mental health throughout development. Although reliance on support can shift from parents to peers as age increases, it is adolescents' perception of parental involvement, relationship with parents, and family functioning that has the greatest impact on level of LS, over and above stressful life circumstances (Suldo & Huebner, 2004b). Indeed, authoritative mothering and cohesive family relationships are positively associated with LS and negatively associated with ► anxiety and depressive symptoms.

Adequate social support from friends is also an essential element of positive mental health among youths. For example, Burke and Weir (1978, 1979) found that adolescents were more likely to speak to peers about their problems, were more satisfied with the responses provided by their mothers and their peers than their fathers, and felt freer to take problems to their peers than to either their mothers or their fathers.

Acculturation

The acculturation and psychological ► adaptation of adolescents of immigrant families has important implications for LS as young people experience changes in identity, ► attitudes, values, and behaviors as a function of intercultural contact (Ward, 2006). Consistent predictors of immigrant youth LS include ► self-efficacy, task-orientation, health, and marital status of parents, voluntary (and non-economically motivated) migration circumstances, length of residence, cultural identification and orientation, perceived discrimination, and mastery. Research findings suggest that providing environments that support cultural integration and opportunities for developing a sense of mastery may improve the LS and successful acculturation of immigrant youths.

Disabilities and Specific Groups

Increasingly researchers have begun to examine LS as it pertains to specific groups, such as those with disabilities or receiving special services in schools. For example, research among deaf and hard-of-hearing youths has indicated significant differences in global LS for those educated in segregated residential settings in comparison to those attending day schools. Similarly, studies of children diagnosed with mild mental disabilities (MMD) have revealed that MMD students who are in self-contained special education settings have significantly higher school satisfaction than that of peers with MMD who spend three or more hours in a regular educational setting. ► Integration and inclusion in the community is also an issue for those suffering with intellectual disabilities. For example, Bramston, Bruggerman, and Pretty (2002) found that adolescents with intellectual disability reported lower use of community facilities and felt less belongingness and control over their choices than did their matched peers.

In contrast to examinations of specific groups with disabilities, research has begun to examine the benefits to psychological well-being that accompany superior intellectual ability and extremely high LS. Specifically, recent empirical evidence suggests that youths with extremely high levels of LS benefit from increased adaptive psychosocial functioning,

intrapersonal, interpersonal, and social relationships, academic success, and decreased behavioral problems, over and above those with average levels of LS. Increased LS is also associated with multiple school-related variables, including school satisfaction, teacher support, and perceived academic achievement, competence, and self-efficacy (see Suldo, Riley, & Shaffer, 2006 for a review). Similarly, superior intellectual ability and giftedness is related to increased satisfaction with school experience and academic success.

Psychopathology

As noted by Greenspoon and Saklofske (2001), until the last few decades the absence of psychopathology (PTH) has been considered indicative of positive mental health and SWB. However, with the advent of positive psychology the need for psychologist to assess SWB and PTH together through an integrated system has been elucidated. Indeed, evidence suggests that high PTH can be accompanied by high SWB, just as low PTH can be accompanied by low SWB. For example, Suldo and Shaffer (2008) examined the existence and utility of a dual-factor model in early adolescence and found that students with complete mental health (i.e., high SWB, low PTH) had better reading skills, school attendance, academic self-perceptions, academic-related goals, social support from parents and peers, self-perceived physical health, and fewer social problems than vulnerable youths (i.e., low PTH, low SWB). Among students with clinical levels of PTH, students with high SWB (symptomatic but content youth) perceived better social functioning and physical health. Overall, results support the existence of a dual-factor model and the importance of high SWB to optimal functioning during adolescence.

Research findings from adult studies indicate that depression and LS are correlated negatively to the point of being near opposites (Headey, Kelley, & Wearing, 1993). Such findings have been substantiated through research with youths where self-reports of LS and depression have been compared. For example, Adelman et al. (1989) found that American students referred

for mental health services had lower LS, less perceived control at school, and higher levels of depression in comparison to those attending in regular classrooms.

Research has also consistently indicated that youth LS is associated negatively with loneliness, suicide, emotional disturbance, and insomnia. Several possible explanations for why children experience loneliness have been put forward, including: deficiencies in the parent-child relationship, inability to form close intimate friendships, poor peer acceptance, peer victimization, and negative subjective evaluations of parent and/or peer relationships. Among youths, research suggests that personal characteristics are associated with increases in the experience of loneliness. For example, Moore and Schultz (1983) found loneliness to be positively correlated with state anxiety, locus of control (LOC), depression, public self-consciousness, and social anxiety, and negatively correlated with self-reported ► attractiveness, likeability, happiness, and LS among American adolescents.

Several independent variables are significantly associated with suicide behavior in youths, including poor mental health, poor mental/physical health days, serious suicide consideration, planning for suicide, attempted suicide, suicide attempt requiring medical care, physical fighting, property stolen at school, using pills to lose weight, beating up the person you are dating, age of first alcohol use, use of marijuana at school, and ► exercise.

Investigations into the utility of LS assessments as a compliment to PTH evaluations among youths with serious emotional and behavioral disorders have indicated that LS measures accurately discriminate between non-PTH youths and youths classified as seriously emotionally disturbed, emotionally handicapped, and educably mentally handicapped. Further, studies have demonstrated that youths suffering with emotional (i.e., poor perceived mental health, dissatisfaction with life, and unhappiness) and behavioral (i.e., interpersonal problems at home and school) problems are less likely to report poor mental health and behavioral problems in comparison to parental or caregiver reports of their mental health.

Similarly, youths who suffer from sleep disorders or lack of sleep due to insomnia have been found to report more psychopathological, psychophysiological, and psychosomatic problems, including depression, anxiety, headache, stomachache, and ► fatigue, than adolescents with no sleep disturbances. For example, Roberts, Roberts, and Chen (2002) examined the impact of insomnia on somatic, interpersonal, and psychological functioning and found that baseline insomnia increased the subsequent risk of psychological (self-esteem, LS, perceived mental health, and depression) dysfunction 1 year later.

Character Strengths and Positive Psychological Interventions

Examinations into the relationships between character strengths (i.e., virtues) and LS are still just beginning; however, findings from initial studies in this area have illuminated particular strengths of character to be associated with increased LS among youths. For example, Park and Peterson (2006a, 2006b) found the strengths of hope, ► love, ► gratitude, and zest to be linked to greater LS among children.

Positive psychological interventions, that is, intentional activities that aim to cultivate character strengths, are also a promising approach to increasing well-being and LS among youths (Sin & Lyubomirsky, 2009). For example, recent research has demonstrated that performing positive psychological exercises, such as counting blessings (i.e., daily gratitude journal-keeping exercise) or counting one's own acts of kindness for 1 week, are associated with increased PA and LS, and decreased NA at follow-up. Further, research has demonstrated that youths who report grateful moods indicate greater SWB, ► optimism, ► prosocial behavior, gratitude in response to aid, and social support. Similarly, gratitude has also been found to be a motivator of future benevolent actions on the part of the recipient. Specifically, research indicates that gratitude predicts social integrations, prosocial behavior, and LS among early adolescents, which suggests an "upward spiral" of gratitude and happiness.

Exploratory investigations into the teaching of well-being in school through the application of positive psychology interventions and theory has also led to reliable improvements in students' well-being (see Seligman, Ernst, Gillham, Reivich, & Linkins, 2009 for a review). For example, the Positive Psychology Program was demonstrated to increase enjoyment and engagement in school and improve social skills among adolescent students. Similarly, C. Proctor et al. (2011) have demonstrated that application of a general character strengths-based intervention program in the school curriculum, which enables students to participate in multiple and varied character strengths-based exercises and explore and self-identify with their character strengths, is associated with significantly increased LS.

Character strengths have also been shown to longitudinally predict SWB during adolescence. For example, Gillham et al. (2011) have demonstrated that transcendent, temperance, other-directed, and intellectual strengths significantly predict greater LS, and that other-directed strengths and temperance at the start of high school predict fewer symptoms of depression by grade 10; hope and optimism have also been shown to predict LS in adolescents with cognitive disabilities. Similarly, hope has been found to be positively related to PA, LS, support from family and friends, and optimism.

Finally, spirituality, positive religious coping, and daily spiritual experiences have also been shown to be positively related to PA and LS among youths. These results suggest that holistic approaches to increasing well-being should consider the use of positive religious coping strategies among youths who are religious and the role of spirituality in early adolescents' psychological well-being (Van Dyke, Glenwick, Cecero, & Kim, 2009).

Life Satisfaction: More than an Epiphenomenon

Fundamental to the underlying mission of discovering how we achieve happiness is determining the way in which youth perceive their lives. The youth LS literature provides clear evidence to suggest that youth LS is more than just an

outcome of various psychological states (e.g., positive affect, self-esteem), it is also an influential predictor of psychological states and psychosocial systems (e.g., depression, physical health) (Gilman, Easterbrooks, & Frey, 2004). Support for conceptualizations of LS as more than just an epiphenomenon can be found among recent research that has highlighted its role as a ► mediator and moderator between the environment and behavior. For example, Suldo and Huebner (2004b) demonstrated that LS mediates the relationship between the social support-involvement dimension of authoritative parenting and adolescent problem behavior. Further, support has been provided for the potential mediating role of LS between stressful life events and internalizing behavior (see McKnight, Huebner, & Suldo, 2002). In addition, there is recent evidence to suggest that increased LS buffers against the negative effects of stress and the development of psychological disorder. For example, adolescents with positive LS have been demonstrated to be less likely to develop later externalizing behaviors as a result of stressful life events than adolescents with low LS, suggesting that LS acts as a moderator for (i.e., buffer against) externalizing behavior (Suldo & Huebner, 2004a).

Conditions Fostering Positive Life Satisfaction

Notwithstanding the genetic and heritable effects of personality, such as, PA and NA and temperament, there are many environmental, familial, and social conditions which foster positive youth LS. Among these are the fundamentally positive outcomes on LS that emerge as a result of a healthy lifestyle, good physical health, exercise, and participation in sports and social activities. Conversely, nonparticipation in risk-taking behavior, including substance abuse (alcohol, tobacco, and illicit drugs), violence, aggression, and sexual victimization, is associated with elevated levels of LS. Similarly, environmental quality, such as living in a safe neighborhood, residing in a well-maintained home, infrequent relocation, good familial and parental

relationships, and social support, all engender positive youth LS.

Expanding on past correlational research which has highlighted the many positive conditions that foster positive youth LS is the exploration of the causal pathways, including cognitive mediators and moderators, that may aid in understanding how personality and the environment influence youth LS (Huebner, Suldo, Smith, & McKnight, 2004). For example, Ash and Huebner (2001) demonstrated that adolescent LS was mediated by LOC orientation (i.e., frequent negative life events were related to decreased perceptions of control which was related to lower LS). Similarly, Fogle et al. (2002) demonstrated that social self-efficacy mediates the relationship between extroversion and LS. That is, positive perceptions of social capabilities (i.e., social self-efficacy) served as the mechanism through which extroversion affected LS (Fogle, Huebner, & Laughlin, 2002).

Implications of Positive Life Satisfaction

Recent research has indicated the potential role of LS as a buffer against negative effects of stress and the development of psychopathological behavior (e.g., Suldo & Huebner, 2004a). Such findings are highly significant to the promotion of positive development in youth. In general the research literature suggests that most youth report a positive level of LS. However, concern must be focused on those who fall below this average and how what we know about the relationships between LS, psychopathology, personality, and the environment can aid in the development of strategies aimed at increasing LS among these youths. For example, a survey of 5,544 American students found that 11 % of those sampled fell below the neutral point with 7 % indicating a “terrible” or “unhappy existence” (see Huebner et al., 2000).

The importance of increasing low LS to normative levels and further maintaining those positive levels of LS among youth cannot be overemphasized. Further, attention needs to be drawn to the fact that those benefiting from rich environmental and social resources do not

necessarily display high levels of LS, which may aid in protecting them against the negative effects of stress and the development of psychopathological behavior. In line with the positive psychology movement, learning how to build strength in order to buffer against the development of problems is imperative to the positive development of young people. Youth LS is one such strength.

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Cross-References

- ▶ Extroversion
- ▶ Gratitude
- ▶ Life Satisfaction
- ▶ Negative Affect
- ▶ Positive Affect
- ▶ Self-Efficacy
- ▶ Self-Esteem
- ▶ Subjective Well-Being

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Child and Family Well-Being

- ▶ Family Life Cycle Stages

Child and Youth Well-Being Index

- ▶ Youth Welfare Index

Child and Youth Well-Being Index (CWI)

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Synonyms

Child well-being index; CWI

Definition

The *Foundation for Child Development Child and Youth Well-Being Index (FCD-CWI, or*

CWI, for short) is an evidence-based composite social indicator (or index) of trends over time in the well-being/quality of life of children and young people in the United States.

The CWI is comprised of an overall composite/summary index of changes over time in the well-being of children and youths together with several interrelated composite subindices of annual time series of numerous social indicators organized into seven domains of well-being. The composite indices give a sense of the overall direction of change (improvement or deterioration) in the well-being of American children and youth, as compared to base years of the indicators, such as 1975, 1985, or 2000, and of which domains of their lives have improved, deteriorated, or remained unchanged over time.

Description

The General Well-Being Question

The initial development of the CWI was described in Land, Lamb, and Mustillo (2001). This was followed by updates, applications, and extensions in Land, Lamb, Meadows, and Taylor (2007) and Land, Lamb, and Zheng (2011). This entry draws on these published articles and on the chapters of the Land (2012) edited volume.

The general question addressed by the CWI is: Are the circumstances of life for children and youth in the United States bad and worsening or good and improving? In terms of the quality of life concepts, the question becomes: Has the well-being of America's children improved or deteriorated?

This question can be addressed in many ways, and the answers can be correspondingly multifaceted and nuanced. There also is a sense in which every child is unique and surrounded by unique circumstances, and thus, there is great diversity in well-being. In an absolute sense, therefore, complete answers cannot be given and certainly are beyond the scope of this brief encyclopedia entry. Limited answers and insights can, however, be provided by the CWI.