



Coping with child sexual abuse among college students and post-traumatic stress disorder: The role of continuity of abuse and relationship with the perpetrator[☆]

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ABSTRACT

Objective: The purpose of this study was to examine the effects of child sexual abuse (CSA) on the use of coping strategies and post-traumatic stress disorder (PTSD) scores in young adults, as well as the role of avoidance and approach coping strategies in those PTSD scores in CSA victims. The role of coping strategies was studied by considering their possible interactive effect with the continuity of abuse and the relationship with the perpetrator; the effect of coping strategies on PTSD was also compared between CSA victim and non-CSA victim participants.

Method: The sample was comprised of 138 victims of CSA and another 138 participants selected as a comparison group. Data about child sexual abuse were obtained from a questionnaire developed for this purpose. Coping strategies were assessed with the How I Deal with Things Scale (Burt & Katz, 1987), while PTSD scores were assessed with the “Escala de Gravedad de Síntomas del Trastorno de Estrés Postraumático” (Severity of Symptoms of PTSD Scale; Echeburúa et al., 1997).

Results: Participants who had been victims of CSA showed significantly higher PTSD scores and lower approach coping strategies scores. However, differences in avoidance coping strategies between groups were not consistent and did not always follow the expected direction. Only the use of avoidance coping strategies was related to PTSD, participants who used these showing higher scores. The effects of avoidance strategies were stronger in continued than in isolated abuse, in intrafamilial than in extrafamilial abuse and in CSA victims than in non-victims.

Conclusions: These results confirm the idea of CSA as a high-risk experience that can affect the victim's coping strategies and lead to PTSD to a lesser or greater extent depending on the coping strategy used. Moreover, the role of these strategies varies depending on whether or not the participant is a victim of CSA and on the characteristics of abuse (continuity and relationship with the perpetrator).

Practice implications: In terms of intervention, a reduction of avoidance-type strategies appears to have a beneficial effect, especially in the case of intrafamilial and/or continued CSA victims. The encouragement of “spontaneous” approach strategies (devised by the victim herself, without counseling) would probably not lead to more positive outcomes in terms of PTSD symptomatology. However, encouraging CSA survivors to engage in therapy aimed at developing effective approach strategies, as other studies have suggested, may help reduce PTSD symptoms.

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Introduction

Child sexual abuse (CSA) is a serious social problem, due to both its high incidence and its long-term consequences. A review of the vast array of studies on the long-term effects of CSA reveals numerous psychological, social, and behavioural difficulties in adults, ranging from poor self-esteem and depression to sexual disorders and post-traumatic stress disorder (PTSD) (Briere & Elliott, 2003; Kim, Talbot, & Cicchetti, 2009; Lemieux & Byers, 2008; Levitan, Rector, Sheldon, & Goering, 2003; Roy & Janal, 2006; Spitalnick, Younge, Sales, & Diclemente, 2008). Yet, there is no evidence of any consistent set of symptoms that could be viewed as a “post-child abuse syndrome;” besides, not all survivors of childhood abuse show significant impairment in later life (Runtz & Schallow, 1997).

In fact, there is a great deal of variation among former CSA victims with regard to the type and extent of their subsequent difficulties in functioning (Merrill, Thomsen, Sinclair, Gold, & Milner, 2001). Studies that base their conclusions on the “effects” of child abuse simply on correlations between childhood experiences and symptoms measured in adulthood may be oversimplifying this apparent relationship by not taking into account other important variables that might influence later adjustment.

Recognizing that CSA experiences are not all alike, some writers have begun to examine the influences that contribute to differences in individuals’ adjustment following victimization. Among these variables, it is more useful to study the processes or mechanisms to explain the development of psychological difficulties than the characteristics of abuse. Some authors have studied individual differences in the cognitive processing of the abusive experience, such as causal attributions (Feiring, Taska, & Chen, 2002), feelings of stigma (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996), and coping strategies (Spaccarelli, 1994; Wright, Crawford, & Sebastian, 2007), that seem to have an influence on recovery from CSA. The present research is focused on the positive or negative role of strategies used by victims to cope with sexual abuse experienced in their childhood.

Coping strategies

At present, several ways of measuring coping are in use, and various taxonomies of coping styles have been proposed. Comparison between studies is difficult because the labels applied to coping mechanisms in the literature are diverse. According to Lazarus (1993), coping can be analyzed in terms of its function, which can be problem-focused or emotion-focused. Problem-focused coping changes the stressful situation by acting on the environment or on oneself; emotion-focused coping attempts to change either how the situation is dealt with, or the meaning of what is happening. Active problem solving also tends to be an effective strategy across a wide range of stressful situations, while emotion-focused coping is typically less effective. However, the results of several studies with CSA victims contradict this hypothesis.

Futa, Nash, Hansen, and Garbin (2003), for example, assessed the effects of problem-focused coping (problem-focused scale), emotion-focused coping (wishful thinking, distancing, emphasizing the positive, self-blame, tension reduction, and self-isolation scales), and a mixed problem- and emotion-focused coping strategy (seeking social support scale) in a sample of female undergraduate students who had suffered some form of sexual or physical abuse during childhood. In the abused group, results showed that lower scores on social support seeking and self-isolating and higher scores on self-blaming and wishful thinking when dealing with childhood memories predicted poorer adjustment.

Brand and Alexander (2003) have also carried out research on this model. In a sample of adult women victims of incest during childhood, they used the distinction between problem-focused and emotion-focused coping to study their influence on psychological adjustment. Emotion-focused coping subscales were disengagement, self-control, avoidance, and acceptance of responsibility. Problem-focused coping comprised planning the solution of the problem, seeking social support, and confrontation. Results showed that CSA victims who used avoidance strategies to a greater extent had higher scores on depression and psychological distress. However, seeking social support, a problem-focused strategy, was related to higher scores on depression and distress, whereas disengagement, an emotion-focused strategy, was related to lower scores on social disadjustment.

Such contradictory results have led some researchers to argue the following: as operationalized in questionnaires, emotion-focused coping includes both relatively positive behaviors, such as expressing one’s feelings, and more negative behaviors that many clinicians would categorize as defensive responses, such as avoiding thinking about problems, denial, and self-medicating with alcohol or drugs (Whiffen & Macintosh, 2005). A similar alternative model is the approach-avoidance model, according to which thoughts and/or actions are directed towards or away from a threat (Merrill et al., 2001). This model emphasizes the focus of coping, rather than the function, by postulating that approach strategies are oriented towards the threat, whereas avoidance strategies are oriented away from the threat.

Many studies have found that the use of avoidance coping methods (e.g., denial, distancing, and disengagement) by CSA victims is associated with negative psychological outcomes (Bal, Van Oost, Bourdeaudhuij, & Crombez, 2003; Cantón & Justicia, 2008; Daigneault, Hébert, & Tourigny, 2006; Filipas & Ullman, 2006; Hébert, Tremblay, Parent, Daignault, & Piché, 2006; Merrill, Guimond, & Thomsen, 2003; Rosenthal, Rasmussen, Palm, Batten, & Follette, 2005; Steel, Sanna, Hammond, Whipple, & Cross, 2004; Wright et al., 2007). Wright et al. (2007), for example, analyzed the present adjustment of 60 adult female CSA survivors through qualitative and quantitative analyses of their coping strategies. Avoidance coping was strongly associated with more depressive symptoms and poorer resolution of abuse issues.

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