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Research Article

Protective factors promoting resilience in the relation between child sexual victimization and internalizing and externalizing symptoms

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ABSTRACT

Sexual victimization has been one of the most frequently studied forms of child victimization. Its effects are common and diverse; however, not all children and youth exposed to sexual victimization eventually develop adjustment problems. A total of 1105 children and youth (590 male and 515 female) aged between 12 and 17 from northeastern Spain were assessed regarding their experiences of sexual victimization, symptoms of psychopathology, and protective factors. The results showed that all forms of sexual victimization were associated with higher levels of emotional and behavioral problems. However, the presence of a low Negative Cognition, high Social Skills and high Confidence seem to act buffering internalizing problems. Additionally, a significant interaction between Sexual Victimization and low Negative Cognition was observed ($p < 0.5$), so that, low Negative Cognition was related to a lower risk of being in the clinical range for internalizing problems. Likewise, high scores on Empathy/Tolerance, Connectedness to School, Connectedness to Family and low Negative Cognition acted as promotive factors in relation to externalizing symptoms, in this case without any interaction effect. The strong relationship found with emotional and behavioral problems highlights the importance of continuing the research on the protective factors underlying resilience in the relationship between sexual victimization and psychopathological symptoms. The findings also support the multi-dimensional and specific nature of resilience and identify some of the protective factors that should be regarded as key intervention targets in adolescents with a history of sexual victimization.

1. Introduction

Over the past years, sexual victimization has been one of the most studied forms of child victimization and has emerged as one of the most serious problems affecting children and adolescents in our societies (Finkelhor, 2007). The effects of sexual victimization are common and diverse. In most cases, it negatively affects children's development and it can cause emotional, cognitive, social and/or sexual problems (see, for example, the review by Maniglio, 2009). Some studies have focused on assessing the adjustment problems associated with sexual victimization in children, youth and adults, but others have found that some survivors of sexual abuse do not exhibit these negative outcomes (Collishaw et al., 2007; Marriott, Hamilton-Giachritsis, & Harrop, 2014; McGloin & Widom, 2001).

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These results have encouraged researchers to try to identify the protective factors that determine these differences in the outcome of victimization and, above all, to describe the underlying mechanisms by which these factors can contribute to positive results (Luthar, Cicchetti, & Becker, 2000).

1.1. Sexual victimization and its effects on psychological adjustment

The concept of sexual victimization covers a range of sexual behaviors towards children and youth conducted under coercion, manipulation or use of violence, among them child sexual abuse (Finkelhor, 2007). Over a number of years, the extent of the problem has been confirmed through studies of prevalence and especially through meta-analyses, which have reported rates of sexual victimization ranging from 7.6% to 8.0% for boys and from 15% to 19.7% for girls (Barth, Bermetz, Heim, Trelle, & Tonia, 2012; Pereda, Guilera, Forns, & Gómez-Benito, 2009; Stoltenborgh, Van IJzendoorn, Euser & Bakermans-Kranenburg, 2011).

A wide range of empirical research indicates that sexual victimization has significant effects in both the short and the long term. It has been shown that sexual victimization may be associated with problems in different dimensions of the person during childhood and adolescence, and may also affect functioning in adulthood (Chen et al., 2010; Hillberg, Hamilton-Giachritsis, & Dixon, 2011; Maniglio, 2009). More specifically, research has found that sexual victimization can be related with a great variety of internalizing symptoms and disorders such as depression (Maniglio, 2010), anxiety and posttraumatic stress disorder (Lindert et al., 2014; Paolucci, Genuis, & Violato, 2001), obsessive-compulsive symptoms (Caspi et al., 2008), somatization (Paras et al., 2009), suicidal and self-injurious ideation and behavior (Klonsky & Moyer, 2008; Maniglio, 2011a) and interpersonal problems (including feelings of inadequacy, inferiority, or discomfort when interacting with others; Fergusson, Boden, & Horwood, 2008; Maniglio, 2009). Sexual victimization has also been associated with an increased risk of externalizing symptoms and disorders including substance abuse (Maniglio, 2011b), engagement in high risk sexual behavior (Arriola, Loudon, Doldren, & Fortenberry, 2005), psychosocial impairment (Schaefer, Mundt, & Ahlers, 2012), aggressive behaviors and conduct disorder (Maniglio, 2014), negative beliefs and attitudes towards others (Maniglio, 2009) and other interpersonal problems (i.e., relationship difficulties and social dysfunction; Kendall-Tackett, 2002). It has also been associated with a higher risk of psychotic disorders, borderline personality and increased rates of revictimization (Bendall, Jackson, Hulbert, & McGorry, 2011; Fossati, Madeddu, & Maffei, 1999; Roodman, & Clum, 2001).

Therefore, the research findings confirm that sexual victimization has consequences for all areas of the victim's life and argue against the existence of a specific syndrome of sexual abuse (Browne & Finkelhor, 1986) encompassing all the emotional, cognitive and social problems related to the experience (Kendall-Tackett, Williams, & Finkelhor, 1993). They also suggest that sexual victimization should be considered as a general and non-specific risk factor in the development of psychopathological symptoms (Maniglio, 2009). In this regard, it is not possible to determine a characteristic group of symptoms or to establish a causal relation between sexual victimization and subsequent psychopathological symptoms; there are many variables related to the specific characteristics of the victimization in addition to the individual and psychosocial factors that may influence the development of psychopathology in victims (Luthar et al., 2000; Marriott et al., 2014).

1.2. Factors related to resilience

This heterogeneity in the outcome of child victimization (Rutter, 2007) suggests that not all children and young people eventually develop problems of social and individual adjustment. Indeed, one third or more of those who are sexually victimized in childhood are resilient and successfully overcome the experience without developing psychopathological symptoms (Collishaw et al., 2007; McGloin & Widom, 2001).

Resilience is defined as the phenomenon or mechanism through which some individuals present relatively good adaptation despite suffering risk experiences that would be expected to have serious sequelae (Rutter, 2007). This situation has promoted the research into possible protective factors that act by inhibiting the impact of other risk or vulnerability factors and enable the person to function adequately. Therefore, the characteristics of adversity, the person's resources, and their behavior or response are all relevant (Grych, Hamby, & Banyard, 2015).

In this respect, the ecological-transactional model is based on Bronfenbrenner's (1977) ecological theory to provide a conceptual framework for integrating the individual and environmental factors underlying resilience (Gartland, Bond, Olsson, Buzwell, & Sawyer, 2011; Luthar et al., 2000). In this model, the individual's context is conceptualized as multiple nested levels in which each level influences and is influenced by the others and in turn influences the children's development, so that each level of the environment contains risk and protection factors for the individual (Cicchetti & Lynch, 1993). In this sense, the current research suggests that three sets of factors are implicated in the development of resilience: (1) the attributes of children themselves, (2) aspects of their families, and (3) characteristics of their wider social environments (Luthar et al., 2000). In this regard, protective factors such as positive self-esteem, determination, sense of control or self-efficacy, processing of experiences, emotion regulation and control of thoughts and behavior (Afifi & MacMillan, 2011; Bogar & Hulse-Killacky, 2006; Cicchetti, 2013; Marriot et al., 2014; Wright, Crawford, & Sebastian, 2007), as well as internal locus of control, achievement orientation, empathy, optimism and autonomy (Afifi & MacMillan, 2011; Cicchetti, 2013; Theron & Theron, 2010) have all been identified to be relevant as protective factors of the individual domain. Regarding the family level, care and acceptance from the family, good family relationships and parental support are the prominent protective factors among survivors of sexual victimization (Bogar & Hulse-Killacky, 2006; Marriott et al., 2014). In the case of wider social environments, examples of protective factors include social support, commitment to school, positive peer relationships, safe neighborhoods and a stable situation with regard to housing and education (Afifi & MacMillan, 2011; Marriot et al., 2014).

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