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Resilience in Child Sexual Abuse: Role of Protective Factors

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Abstract

Child sexual abuse is a major public health problem with significant psychosocial consequences (Afifi & Macmillan, 2011). All child sexual abuse victims do not depict adverse consequences in later life. The variability of impact in a potentially traumatic experience like child sexual abuse is explained by the construct of resilience and it being the outcome of the influence of certain protective factors (Henley, 2010). The present article conceptualizes resilience in the area of child sexual abuse where individual, familial and community level factors are identified as predictors to fostering resilience. Formulation and development of effective interventions to reduce the impairment following child sexual abuse and to foster resilience in children, adolescents and survivors are recommended.

Introduction

Child maltreatment is a significant public health issue associated with impairment in childhood, adolescence and extending throughout the life. Child maltreatment includes physical abuse, sexual abuse, emotional abuse, neglect and exposure to interpersonal violence (Butchart, Harvey, & Furniss, 2006; Afifi &

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Macmillan, 2011). There has been enough evidence from across the world to prove that children and adolescents are at risk from sexual predators, exploiters and opportunists (Lalor & McElvaney, 2010), and that child sexual abuse (CSA), is a widespread public health problem with significant psychosocial consequences (Berliner & Elliot, 2002; Deblinger et al., 2010). Incidence varies from time to time and from place to place, depending on individual, familial, and societal circumstances, but the sexual exploitation of young people appears to be a universal phenomenon (Lalor & McElvaney, 2010).

For more than 150 years now, scientific literature has mentioned the nature and incidence of child sexual abuse. Child abuse particularly came to be widely recognized in the early 1960s in the United States when paediatrician C Henry Kempe identified ''battered child syndrome'' through observations of the large numbers of unexplained broken bones and bruises in children in paediatric wards (Lalor & McElvaney, 2010).

Child sexual abuse is a widespread social evil which affects children from both sexes, of all ages and across all religious, ethnic, cultural, and racial groups (Finkelhor & Ormrod, 2000). Hence it becomes important that efforts be made to decrease victimization and interventions be formulated in the preventive and curative directions.

Child Sexual Abuse

Child sexual abuse is an immensely traumatizing experience that has been rampant in nature, but shows varying rates of prevalence across studies, depending upon the population studied and definitions used. Though the physical consequences of it may fade off with time, the offence leaves its marks on the psyche and emotional being of a victim, the adverse effects of which can be far reaching.

Child sexual abuse can be defined as any activity with a child before the age of legal consent for the sexual gratification of an adult or a substantially older child (Johnson, 2004). It can be contact or non contact in nature, wherein ''strangers'' constitute only a minority of the perpetrators. The perpetrators of child sexual abuse

are most commonly individuals well known to the child (Finkelhor & Ormrod, 2000).

Finkelhor (1994), one of the major contributors in the area, conducted research in 19 countries with an aim to illustrate the international epidemiology of child sexual abuse and found incidence rates ranging from 7% to 36% for women and 3% to 29% for men. Due to the variations in defining child sexual abuse and in the sampling methods adopted, the prevalence figures of this particular form of child abuse, across studies, vary anywhere between 2% to 62%.

The Ministry of Women and Child Development, Government of India in its national study on child abuse, titled "Study on Child Abuse: INDIA 2007", brings forth revealing statistics on the extent and magnitude of various forms of child abuse including childhood sexual abuse, where 53.22% of children reported having faced one or more forms of sexual abuse, in which 50% of the abuses are from individuals known to the child or those who are in a position of trust and responsibility (WCD, 2007).

Child sexual abuse is reportedly associated with a wide range of negative emotional and behavioural consequences. Finkelhor (1984) reviewed studies that have tried to confirm empirically the effects of child sexual abuse cited in clinical literature. In regard to initial effects, studies have indicated reactions of fear, anxiety, depression, anger, hostility, aggression and sexually inappropriate behaviour. The frequently reported long term effects include depression, self destructive behaviour, anxiety, and feelings of isolation; stigma, poor self esteem, and difficulty in trusting others; a tendency toward revictimization, substance abuse and sexual maladjustment.

It appears that the experience of child sexual abuse varies in terms of severity according to a large number of complex and interwoven factors like greater duration and frequency of the abuse, multiple perpetrators, presence of penetration or intercourse, use of force or coercion, abuse at an earlier age, the nature of the relationship between the adult and the child, molestation by a perpetrator substantially older than the victim, concurrent physical abuse or other forms of maltreatment, abuse involving bizarre features, presence of disability in the child, victim's immediate sense of

personal responsibility for the molestation, victim's feelings of powerlessness, betrayal or stigma arising from the abuse, family environment, and the perceived level of social support from family and friends (Briere, 1992; Hunter, 2006). Hence it becomes difficult to predict the effects, outcomes, and long-term consequences of child sexual abuse for an individual (Dhaliwal et al., 1996).

Variability of Impact of Child Sexual Abuse

Since the issues of sexuality and human behaviour are complex, and many variables cannot be controlled for in a study, researchers have taken care to say that events like child sexual abuse may not have long term adverse effects all the time, with various buffering factors playing a mediating role or the effects of child sexual abuse being difficult to be differentiated from the effects of other chronic psychosocial adversities (Rutter, Giller, & Hagell, 1998).

According to Finkelhor and Berliner (1995), about 40% of children who experience child sexual abuse, have few or no symptoms on standard measurements. In 1998, a meta-analysis concluded that "Child sexual abuse does not cause intense harm on a pervasive basis regardless of gender in the college population" (Rind, Tromovitch, & Bauserman, 1998). This study created a controversy in the United States media and since the publication of this provocative study, other researchers have also agreed that early sexual experiences do not necessarily have a devastating impact on the victims (Hunter, 2006). In other words, even in the face of the most severe incidents, it may be very difficult to establish or arrive at a conclusive cause effect relationship between early sexual experiences and adult psychopathology (Hunter, 2006).

In his transactional model, Spaccarelli, (1994) states that child sexual abuse outcomes are determined by multiple transactions between appraisals and coping responses as well as environmental factors (Nurcombe, 2000). Coping and family characteristics, especially parental support, are among the key mediators proposed to influence the impact of child sexual abuse (Barker-Collo & Read, 2003; Whiffen & MacIntosh, 2005).

The variability of impact in the face of child sexual abuse has been attempted to be explained by researchers, often under the construct

of resilience where both risk factors and protective factors are believed to interplay, helping in post traumatic recovery/coping and growth. It is seen that various individual, familial, and environmental factors such as the child's intellect, available parental support, favourable or healthy parenting, self-esteem, social support in adulthood, and the ability to construct a supportive environment for oneself have a buffering effect on the overall impact of the adversities like child sexual abuse (Hunter, 2006).

Resilience

The varied symptomatology that different individuals exhibit following child sexual abuse suggests that multiple factors interplay to determine the outcome or impact of the event. The severity of impact may vary from intense, long lasting personality or adjustment problems to very minimal, temporary or no known problems at all. Researchers have tried to explain this heterogeneity in impact by attempting to identify and analyse those factors which could influence or mediate the link between child abuse and adjustment (Valle & Silovsky, 2002).

Hence arises, the concept of resilience which as a construct and as a process facilitates the individual to bounce back following a traumatic experience like child sexual abuse. The study of resiliency factors in child sexual abuse aims at identifying those risk factors which predispose an individual for victimization and more importantly the protective factors which help the individual in post—traumatic growth and effective functioning in day to day life.

The Construct of Resilience

Resilience has been an important area of research in the field of developmental psychology and humanitarian sectors since the 1970s. Resilience is difficult to operationalize, being a process, phenomenon and construct which is dynamic in nature and one that involves various psychological and social factors. The significant differences that arise in the operationalization of resilience contribute to the prominent differences that studies

depict about its prevalence. Defining competence and resilience are precursors to identifying risk and protective factors.

Luthar and Cicchetti (2000) have striven to develop a rigorous conceptualization of resilience, and Luthar's basic definition of resilience is: "A dynamic process encompassing positive adaptation within the context of significant adversity." Hence, resilience as a construct has implicit in it two essential prerequisites: 1. Significant adversity, and 2. Positive adaptation (Luthar,2006; Fleming& Ledogar,2008).

Resilience refers to a relative rather than a fixed state, in other words a 'multidimensional dynamic process', where a person has continuously to develop new resilience responses to different stressors and situations (Luthar & Cicchetti, 2000).

Multiple factors and variables often interact to form the pathways to resilience and these sources include one's own dispositional attributes, both biological and psychological, and support derived from other attributes of social system such as family, school, friends and community. The best indicators of resilience in children and adolescents are the competence in domains of academic performance, interpersonal relationship, emotional regulation, and behavioural and social competence (Herrman et al., 2011)

Positive adaptation, or resilience, has more to do with ability to maintain average levels of functioning rather than exhibiting excellence in accomplishing stage-salient tasks or absolute lack of trauma related pathology. For individuals subjected to childhood maltreatment, exhibiting competence to perform within the normal range is evidence enough, suggestive of resilience (Walsh, Dawson & Mattingly, 2010).

Protective Factors that Develop Resilience

Researchers who study resilience have defined it as the outcome of the influence of multiple protective factors in the intrapersonal and social milieu of an individual's life, the presence of which can set off the trajectory of his/her life in a positive direction. These *protective-enabling* factors are in other words, factors that promote personal well being and healthy sense of self through buffering the

effects of adversity and vulnerability, primarily through positive personal coping mechanisms and sustained supportive social influences (Luthar, Cicchetti & Becker, 2000).

Most frequently identified protective factors by resilience researchers are development of warm and healthy attachment with parents, or significant others in the family, or at least one caring relationship with an adult; healthy, attached peer relationships; interactions with community, organizations or institutions through formal and informal activities; all of which assist in the development of essential life skills such as problem solving, coping and positive adaptation that enhance a person's competence (Henley, 2010).

Protective Factors Contributing to Resilience in Child Sexual Abuses

A growing area of research in the understanding of resilience among people with a history of child maltreatment has attempted to achieve it through the study of protective factors. Focusing on protective factors can help us understand better, how to buffer the effects of adversities, reduce impairment and develop interventions which help to promote resilience, overall health, and well being among sexually abused children.

A protective factor may influence, modify, ameliorate, or alter how a person responds to the adversity that places them at risk for maladaptive outcomes (Rutter, 1999). Research on resilience seeks to identify and analyse the personal and environmental attributes that act as protective factors, generating mechanisms that facilitate resilience. These protective factors can be at the individual—personality traits, intellect, coping, appraisal, family—family coherence, stable care-giving, supportive—parental relationships, or community—peer relationships, non family member relationships, religion level (Henley, 2010; Walsh et al., 2010).

Researches in Protective Factors in Child Sexual Abuse

Studies involving child and adolescent samples measure resilience using normative levels of internalizing and externalizing symptoms

and stage salient, age appropriate developmental functioning. Studies involving adult survivors of child sexual abuse examine absence of psychopathology, psychological well being, self esteem, and social functioning (Afifi & Macmillan, 2011).

A comprehensive review would result in the identification of several longitudinal and cross sectional among children, adolescent or adult survivor samples which examine resilience. The ideal research design for studying protective factors influencing resilience following child sexual abuse is longitudinal, with a community sample.

Mentioned below are a few sound and significant contributory studies in the area of resilience in child sexual abuse, emphasizing the importance of protective factors.

Longitudinal Studies

Banyard and Williams (2007) conducted a study among adult female survivors who had history of being subjected to child sexual abuse and found that social connections, life satisfaction, and adaptive coping contributed to resilience.

Daigneault, Herbert and Tourigny (2007) studied a sample of 86 girls who were child sexual abuse victims, between 11 to 17 years for a five month period and found that less conflictual relationship with mothers, being trustful, empowering themselves, using adaptive coping strategies, and less drug use helped in consistent resilience.

Similarly in a sample of 147 sexually abused boys and girls, Rosenthal, Fiering and Taska (2003) concluded that experiencing satisfactory emotional support from adult caregivers at the time of discovery of abuse was related to better adjustment rates post one year.

Hyman and Williams (2001) interviewed 136 sexually abused women survivors in their childhood and adulthood to investigate the protective factors associated with their resilience, and identified six predictors that explained the resilience of these women: upbringing in a stable family, not experiencing incest as part of abuse or physical force as a part of sexual abuse, no history of

juvenile arrests, completing high school, and not being revictimized as an adult.

Cross Sectional Studies

Conte and Schuerman (1987) found that receiving a supportive response from one's family following disclosure of sexual abuse helped a great deal in ameliorating the adverse effects of abuse and reducing adjustment problems.

A study among a sample of sexually abused girls in foster care found no association between family support and resilience, and the authors (Edmond, Auslander & Elze, 2006) concluded that the non existence of such a relationship may be because the respondents belonged to a foster care setting. Peer, school and positive future orientation were found to be related to resilience, indicating that children in foster care may depend more on resources outside the family.

Valentine and Feinauer (1993), who interviewed twenty two female survivors of child sexual abuse, concluded that identifying emotional support other than from family members, regard for self, not resorting to self blame, positive cognitive processes, internal locus of control and spirituality are the predictors to resilience though they also ran a high risk for depression, shame, and interpersonal difficulties.

Garmezy (1985) identified personality traits like self-esteem and good social skills; family characteristics, such as a supportive and favourable environment; and external support systems as effective contributors to personal resilience.

Lev-Wiesel (2000) identified that survivors in their adulthood reported a better quality of life and higher self esteem when they attributed the blame of sexual abuse onto their abuser, as opposed to self blame or blaming the situational circumstances.

Cicchetti et al (1993) have contributed significantly to the knowledge of protective factors through their findings from cross sectional multiple source comparisons of maltreated and non maltreated children, which prove that personality characteristics of

ego resilience, ego over control, and healthy self esteem helped fostering resilience among child abuse victims.

Discussion

Resilience is an emerging significant area in mental health research in general and trauma impact research in particular (Afifi & Macmillan, 2011). As reviewed and exhibited in the article, collectively the results of prevalent studies suggest that supportive, stable and caring relationships with a family member, or at least a trusted adult and healthy, warm peer relations with sound interpersonal relations in the community bounce the individual who has been sexually victimized as child to greater resilience in adulthood. At the individual level, longitudinal studies provide proof for personality traits, easy child temperament, good intellect and cognitive ability as protective factors to resilience following child sexual abuse.

Measurement

Resilience in itself being, a non static complex notion that incorporates dimensions such as coping mechanisms and personality, is not easily measured or reduced into single construct. By virtue of being an interactive concept with differences in operational definitions and tools of measurement used, researches in resilience following child maltreatment have limitations on comparability and generalizability. Tools of resilience developed so far do not succeed in tapping all the domains of resilience and various authors have used multiple tools to tap the same. A comprehensive assessment of resilience would require development of tools covering various domains of resilience among children and adolescents and also incorporation of other sources of information such as parents and teachers.

Interventions

Hence, it is important to note that although researchers have tried to identify and analyse those variables which potentially determine severity of impact, the existence of differential impact would have

greater influence on the formulation of specific interventions. Indeed, consequences of any childhood adversity revolve around a host of situational factors, events both within and outside the child (Mash and Barkley, 2003). Hence, to design appropriate interventions, the association between diversity of sexual abuse experiences and the culture sensitive factors influencing the variability of impact, need to be further ascertained.

Since there are not enough effective interventions that exist to minimize impairment and traumatic experiences following child sexual abuse it is important for clinicians, mental health professionals, and researchers to identify the buffering factors that foster resilience as part of any treatment recommendation. Multiple research findings have well established the importance of *protective – enabling factors* across various samples and study designs, as vital to facilitate victims of child sexual abuse to 'bounce back' with resilience from the adverse effects. Hence future research should help in determining methods to apply these findings in developing specific interventions. These interventions should ensure that treatment plans are tailored to the individual needs of the child or survivor towards reduction of impairment and fostering of resilience.

Mental health professionals, academicians and community workers need to collaborate in the design and testing of these preventive and promotive interventions. Hence, there is a dire need for prospective, longitudinal, gender and culture sensitive studies to evolve which specify the protective factors to be tapped in the interventions among children, adolescents at risk or survivors.

Knowledge about protective factors related to resilience following child sexual abuse is not a substitute for theoretically based interventions (Afifi & Macmillan, 2011). Hence such programmes or strategies need to undergo appropriate evaluation through well– formulated experimental research designs.

Research

As we focus on development of effective interventions to promote resilience, it would help to review some of the gaps in the existing research and literature. It would be beneficial to examine the

differences that arise in associations of resilience and potential protective factors according to the subtypes of child maltreatment. More studies need to be executed in the non clinical community samples to study protective factors at individual, family and clinical samples to get a true representation of the potentially resilient population. Qualitative studies are one of the ideal study designs to identify culture sensitive protective factors that help individuals to tide through the otherwise severely potential traumatic experiences like child sexual abuse.

Conclusion

Child sexual abuse is associated with multiple short term and long term outcomes and affect personal, familial and social domains of life of an individual. However, variability of impairment has been noted to indicate that some people are blessed with the feature of resilience. Display of competent functioning to effectively meet with the demands of life following exposure to traumatic events like child sexual abuse indicates resilience, which is established by an in depth investigation of protective factors. The outcomes of resilience research need to be incorporated in the designing and testing of specific interventions and strategies aimed to foster resilience and well being of the maltreated children.

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