Depression, anxiety and PTSD in sexually abused adolescents: Association with self-efficacy, coping and family support

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A B S T R A C T

Sexual abuse has the potential to generate serious emotional consequences for its victims, but there is high variability in the symptoms reported by different victims. Therefore, it is necessary to ascertain the factors associated with the symptoms presented by sexual abuse victims. The aim of the study was to use a single model to evaluate the relationship between sexual abuse characteristics (frequency, violence, relation with the aggressor and physical commitment), cognitive and behavioral factors (self-efficacy, active coping and perceived family support) and internalizing symptoms (anxiety, depression and posttraumatic stress) in a group of sexually abused adolescents. The participants included 106 female adolescent victims of sexual abuse (M = 14.25 years, SD = 1.74). The results of a path analysis indicated that sexual abuse characteristics were unrelated to symptomatology. Only a negative relationship was observed between the victim’s relationship with the aggressor and PTSD symptomatology. The violence of the sexual abuse was negatively related to self-efficacy, and self-efficacy was positively related to active coping and negatively related to symptomatology. Finally, the perception of family support was positively related to self-efficacy and negatively related to symptomatology. These results suggest the need to consider the studied factors in the process of psychotherapy with victims of sexual abuse.

1. Introduction

Sexual abuse against children and adolescents refers to their involvement in any sexual activity that they do not fully comprehend, for which they are unable to provide informed consent, or for which they are not developmentally prepared (World Health Organization, 1999). Sexual abuse is considered one of the most serious forms of child and adolescent maltreatment, and it has the potential to cause serious mental health problems throughout a person’s lifetime (Beitchman, Zucker, Hood, daCosta, & Akman, 1991; Kendall-Tackett, Williams, & Finkelhor, 1993; Pereda, 2009). Abundant evidence indicates that adolescents who were victims of child sexual abuse have high rates of internalizing symptoms, among which posttraumatic stress disorder (PTSD), depression and anxiety are prominent (Arredondo, 2002; Pereda, 2009; Saywitz, Mannarino, Berliner, & Cohen, 2000). However, there is high variability in the levels of symptoms across victims (Caffaro-Rouget, Lang, & van-Santen, 1989; Echeburúa & Guerricaechevarría, 2005). Consistent with this idea, a recent Chilean study on adolescent victims of sexual abuse concluded that symptoms of PTSD, depression and anxiety varied widely across victims and that a higher percentage of victims had moderate levels of symptoms, whereas a lower percentage had extremely high or low levels (Guerra &
In recent decades, several authors have proposed theoretical models to explain this variation (e.g., Alexander, 1992; Finkelhor & Browne, 1985; Spaccarelli, 1994; Wolfe, Gentile, & Wolfe, 1989). Although these models have particularities, they all suggest that the intensity of symptoms varies depending on the interaction among personal variables, social variables, and sexual abuse characteristics. Previous investigations have consistently provided empirical evidence of the importance of specific variables. For example, previous research has found gender differences in the type and intensity of internalizing and externalizing symptoms in adolescents or adults who were sexually victimized in their childhood (Cantón & Cortés, 2001; Guerra & Farkas, 2015; Guerra, Martínez, Ahumada, & Díaz, 2013; Hébert, Lavoie, Blais, & members of the PAJ team, 2014). Furthermore, numerous studies have shown that the perception of social support, especially from the family, is one of the most important factors in preventing psychopathology in children and adolescents exposed to sexual abuse (Bal, Crombez, De Bourdeaudhuij, & Van Oost, 2009; Leech, 2011; Spaccarelli & Kim, 1995; Williams & Nelson-Gardell, 2012; Zajac, Ralston, & Smith, 2015).

Regarding the effects of the different characteristics of abuse (e.g., the type and frequency of the abuse, whether the aggressor used violence), previous research has produced contradictory results. Some authors note that sexual abuse generates the most intense symptoms if it involves more physical commitment (rape over sexual abuse without penetration), if it occurs more frequently, if there is more violence, or if the aggressor is a significant person in the child’s or adolescent’s life (Ruggiero, McLeer, & Dixon, 2000; Stern, Lynch, Oates, O’Toole, & Cooney, 1995). In contrast, other evidence indicates that these variables have no direct effect on the intensity of symptoms in sexually abused adolescents (Bal et al., 2009; Daigneault, Hébert, & Tourigny, 2006; Edmond, Auslander, Elze, & Bowland, 2006).

These contradictory results reveal the complexity of the process of symptom development in sexually abused adolescents. It is possible that part of the negative effect of sexual abuse may be direct and that another part may be indirect or mediated by other factors. For this reason, it is challenging for researchers to analyze the processes through which the different characteristics of abuse produce damage in victims, even though its effects may not be direct.

The indirect relationship between sexual abuse and symptoms can be explained at least partly by the classic cognitive behavioral model (Beck, 1987; Ellis, 1995). This point of view considers that the symptoms associated with stressful events depend not only on the characteristics of the event but also on how the individual evaluates and copes with the situation. Individuals exposed to similar situations have different emotional reactions because they process the situations in different ways. Authors with this perspective argue that the effect of stressful and traumatic events on symptoms is not direct; rather, it is mediated by cognitive and behavioral factors (Bandura, 1977; Beck, 1987; Ellis, 1995).

Some studies have concluded that certain cognitive factors, such as the perception of stigmatization, betrayal and self-blame by the victim, predict symptoms in children, adolescents and adults who were sexually abused during their childhood (Coffey, Leitenberg, Henning, Turner, & Bennet, 1996; Daigneault et al., 2006; Plaza, Beraud, & Valenzuela, 2014). However, the role of another important factor, self-efficacy, has not been sufficiently explored in the literature despite theoretical support for its importance (Bandura, 1977; Lazarus & Folkman, 1984). Therefore, this study addresses the symptomatology of victims of sexual abuse using a cognitive behavioral model that focuses on self-efficacy.

1.1. The possible relationship between the self-efficacy and symptoms of sexual abuse victims

Self-efficacy is one of the cognitive factors that could explain emotional reactions to traumatic situations. In this context, this factor refers to individuals’ belief in their ability to cope with excessive demands caused by traumatic events (Benight & Bandura, 2004).

Although this factor in relation to victims of sexual abuse has received little attention in the literature, theory suggests that self-efficacy can have a mediating role in the relationship between a traumatic event and its symptoms. Specifically, it has been argued that violent situations may reduce self-efficacy because the individual interprets that he does not have the necessary resources to overcome the situation (Bandura, 1977; Benight, Swift, Sanger, Smith, & Zeppelin, 1999; Diehl & Prout, 2002; Maddux, 1995). In contrast, high self-efficacy operates as a resilience factor in victims of different traumatic events. People with higher self-efficacy are less likely to have symptoms, as demonstrated by various studies on traumatized adults (Benight & Lehman, 2002; Cieslak et al., 2008; Kushner, Riggs, Foa, & Miller, 1993) and traumatized adolescents (Guerrero, Cumsille, & Martínez, 2014). It is therefore plausible to presume that more violent sexual abuse may affect the self-efficacy of adolescents; moreover, the lower their self-efficacy, the greater the symptomatology of sexual abuse victims.

However, several authors warn that the process of symptom development is highly complex. The protective effect of self-efficacy is itself mediated by coping strategies, defined as individuals’ cognitive and behavioral efforts to manage the demands of stressful situations (Lazarus & Folkman, 1984). Self-efficacy can help adolescents develop the self-confidence required to actively cope with stressful situations, first at the cognitive level (by analyzing the problem) and then at the behavioral level (by looking for help). Active coping can help victims solve problems caused by a traumatic event and process its consequences (Bandura, 1977; Bandura, 2006; Benight & Bandura, 2004; Diehl & Prout, 2002; Kazemi & Kohandel, 2015).

Studies conducted with sexually abused adolescents (Bal et al., 2009; Daigneault et al., 2006) and with adults who were sexually abused in childhood (Cantón-Cortés & Cantón, 2010; Cantón-Cortés, Cantón, Justicia, & Cortés, 2011; Cantón & Justicia, 2008; Johnson, Sheahan, & Chard, 2003; Kuyken, & Brewin, 1999) have shown that avoidant coping, where the individual evades or refuses to address the problem, is not effective in preventing symptoms of sexual abuse. Although the role of active coping is less clear in these studies, some evidence supports the inverse relationship between active coping and symptoms in adolescents and adults traumatized in their childhood (Guerra, Ocaranza, & Weinberger, 2016; O’Leary, 2009).
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