



The mediating role of self-compassion in the relationship between victimization and psychological maladjustment in a sample of adolescents[☆]



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ABSTRACT

The objectives of the present study were to analyze the relationship between victimization and psychological maladjustment in adolescents and the role of self-compassion as a mediator in this relationship. The sample was composed of 109 adolescents aged from 15 to 18 years old with poor school performance. The participants filled out a battery of questionnaires made up of: a socio-demographic data questionnaire; the Juvenile Victimization Questionnaire (JVQ); the Youth Self-Report (YSR); and the Self-Compassion Scale (SCS). Results indicated that victimization was positively associated with psychological maladjustment. Moreover, adolescents reporting poly-victimization showed significantly higher level of psychological maladjustment and different types of victimization show different effects on adolescents' psychological maladjustment. Self-compassion partially mediated the relationship between victimization and psychological maladjustment and reduced negative consequences in adolescents who reported having been victimized. Adolescence is a time of development and search for identity in which strengthening personal protective factors could help overcome any traumas experienced. Therefore, developing self-compassion in adolescence could be a good way to help young people recover from bad experiences and protect themselves against future negative experiences. As self-compassion can be improved with practice it could be included in adolescent intervention and prevention programs.

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Introduction

Exposure to violence has been defined broadly and includes both direct exposure and indirect exposure (i.e., witnessing a violent situation; [Buka, Stichick, Birdthistle, & Earls, 2001](#)). Research has clearly shown that violence exerted on a person disrupts the victim's individual, family, and social functioning in several ways ([Buka et al., 2001](#)). Thus, victimization is associated with psychopathological symptomatology, and although there are many forms of victimization, they all have the potential to disrupt the developmental process ([Boney-McCoy & Finkelhor, 1995](#)).

The consequences of victimization can become apparent in the short, medium, or long term and affect all areas of children's development, which places them at a high risk of developing adjustment problems and psychopathologies ([Alvarez-Lister, Pereda, Abad & Guilera, 2013](#); [Manly, Kim, Rogosch, & Cicchetti, 2001](#); [Stouthamer-Loeber, Loeber, Homisch, & Wei, 2001](#);

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Teisl & Cicchetti, 2008). Moreover, many studies have associated different types of child victimization (i.e., physical, psychological, sexual abuse, neglect, peer victimization) with psychological maladjustment including depression, anxiety, posttraumatic stress disorder, behavior problems, social relationship problems, substance abuse, suicide attempts, adult criminality, and delinquency and serious psychiatric disorders in childhood and adulthood (i.e., Cerezo & Frías, 1994; Cerezo & Vera, 2004; Cicchetti, Rogosch, Gunnar, & Toth, 2010; Ford, Elhay, Connor, & Frueh, 2010; Hanish & Guerra, 2002; Herrenkohl & Herrenkohl, 2007; Hinduja & Patchin, 2010; Teisl & Cicchetti, 2008). In short, victimization can cause imbalances in mental health and negatively affect different aspects of an individual's life.

One of the consequences of victimization is poor school performance. Several studies have indicated that maltreated children and adolescents under-achieve intellectually and academically (Shonk & Cicchetti, 2001). Victimization affects or impairs the cognitive development of those who have suffered it; the effects of exposure to violence have been demonstrated in the areas of intelligence and reading ability (Delaney-Black et al., 2002), academic achievement, motivation, and commitment to learning (Hoglund, 2007).

Children exposed to child physical and sexual abuse are consistently found to be higher on both internalizing and externalizing symptoms (Trickett & McBride-Chang, 1995). Linkages between distress and disorder in children and exposure to neighborhood violence have also been established (Osofsky, Wewers, Hann, & Fick, 1993). Peer victimization has been related to internalizing and externalizing symptoms (Storch, Milsom, DeBraganza, Lewin, Geffken, Silverstein, 2006).

Most children experienced several types of victimization rather than just one. The concept of polyvictimization was introduced by Finkelhor, Ormrod, and Turner (2007a) who argued that most of the literature on child victimization focused on separate categories of experiences (e.g., sexual abuse, physical abuse, bullying, community violence), whereas the norm was exposure to different types of victimization, with an average of 2.63 categories per child (Finkelhor, Hamby, Ormrod, & Turner, 2005). Investigating isolated categories of victimization can create a risk of overestimating the impact of one single category or underestimating the full impact of victimization experienced by children (Turner, Finkelhor, & Ormrod, 2006). Finkelhor and collaborators evaluated 34 specific types of victimization and found that children who had experienced polyvictimization tended to have more serious traumatic symptoms and behavior problems than those who had experienced fewer types or had not been victimized (Finkelhor, Ormrod, & Turner, 2007b; Turner, Finkelhor, & Ormrod, 2010). Also, many of those who had been victimized on one single occasion reported that they had been polyvictimized (Finkelhor et al., 2007b). In fact, research has shown that being victimized in childhood seems to be a risk factor for suffering multiple victimization (Cuevas, Finkelhor, Clifford, Ormrod, & Turner, 2010; Finkelhor, Ormrod, & Turner, 2007c) and increases the probability of revictimization in adulthood (Desai, Arias, Thomson, & Basile, 2002; Doll, Koenig, & Purcell, 2004; Widom, Czaja, & Dutton, 2008).

However, child victimization and its consequences are complex phenomena; not all victims manifest the same problems or to the same extent as the impact can be compounded or buffered depending on multiple variables (Cerezo, 1995). It is necessary to identify protective factors which reduce the impact of stressful events in adolescence and help young people to better adjust psychologically (Compas, Hinden, & Gerhardt, 1995). One of the objectives of this study was to take a further step beyond the documented relationship between victimization and psychological maladjustment (Alvarez-Lister et al., 2013) by examining the role of self-compassion as a possible protective factor.

Self-compassion is close to the wider concept of compassion which aims to reduce/ease others' suffering, through patience, kindness, and understanding and recognize that all humans are imperfect and make mistakes. The central aspect of the concept of self-compassion would be to treat oneself well in times of difficulty (Neff, 2003a). Therefore, having compassion for oneself is no different from having compassion for others. Acknowledging that suffering, failure, and inadequacies are part of the human condition allows individuals to relate their own experiences to those of others. Self-compassion reduces self-pity: over-identification and ego-centric feelings, associated with disconnection from others. Thus, individuals can perceive their own difficulties/feelings as something to be shared, thereby increasing feelings of interconnectedness (Neff, 2003a).

Widening the perspective of personal experience allows individuals to see their own emotional suffering more clearly. This compassionate attitude toward oneself implies a balanced mental perspective which is known as 'mindfulness' (Bennett-Goleman, 2001; Brown & Ryan, 2003; Langer, 2005; Wallace & Shapiro, 2006). Mindfulness is a receptive mental state where one observes one's own thoughts, feelings, and sensations without judging or trying to change them, but without avoiding or ignoring them either (Bishop et al., 2004; Segal, Williams, & Teasdale, 2002; Shapiro & Schwartz, 2000). Fully experiencing self-compassion involves experiencing full attention. Consequently, self-compassionate individuals do not repress or avoid painful feelings; they acknowledge and feel compassion for them, without over-identifying with their feelings (Neff, 2003a).

Self-compassion can be an effective emotional regulation strategy as it enables emotional pain to be processed and accepted by paying full attention to thoughts and feelings, treating them with understanding (Neff, 2004). Thus, in times of suffering, self-compassion helps transform negative emotions into a more positive state and facilitates acting toward oneself and/or one's environment more effectively (Folkman & Moskowitz, 2000; Isen, 2000; Roemer et al., 2009). According to Fredrickson (2001), positive emotions cause changes in cognitive activity and subsequent changes in behavior which help build personal resources to cope with problematic situations. Furthermore, this is associated with a lower level of negative thoughts and emotions, and of pessimistic/critical perceptions (Neff, 2003a).

Because self-compassion can transform self-affect from negative to positive, it may provide some of the psychological benefits associated with high self-esteem but fewer of the drawbacks. Indeed, some authors have argued that an over-emphasis on evaluating and liking oneself may lead to narcissism, self-centeredness, lack of concern for others, prejudice,

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