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## Risk factors and protective factors in relation to subjective health among adult female victims of child sexual abuse<sup>☆</sup>

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### Abstract

**Objective:** To investigate the relationships between risk and protective factors and health outcome in a sample of adult females who had been victims of child sexual abuse.

**Method:** Both person- and variable-oriented analyses were applied to questionnaire data from a non-clinical group of women ( $n = 152$ ) reporting sexual abuse during childhood.

**Results:** Six groups with different patterns of risk and protective factors were found by cluster analysis. Two groups (Good Coping and Support Compensation) had significantly better health than expected in spite of severe abuse. Self-esteem and social support were strong predictors of health in the regression models.

**Conclusion:** The relationships between risk and protective factors and health may be different in different groups of victims of child sexual abuse. Self-esteem was closely related to health outcome displaying the importance of this concept in clinical practice. Availability of resources seems to be more important for health outcomes than the amount of risk factors.

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*Keywords:* Child abuse; Risk factors; Health status; Social support; Self concept

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In the research area of child maltreatment, child sexual abuse has been considered as one major risk factor for later negative outcome such as psychological distress (Jumper, 1995; Neumann, Houskamp, Pollock, & Briere, 1996) or the development of psychosomatic symptoms (Romans, Belaise, Martin, Morris, & Raffi, 2002; Salmon & Calderbank, 1996), even more so if the abuse has been considered severe (Banyard & Williams, 1996; Beitchman et al., 1992) or if the child has been exposed to cumulative trauma, for example, physical abuse (Moeller, Bachmann, & Moeller, 1993; Schaaf & McCanne, 1998) or other stressful life events (De Graaf, Bijl, Ravelli, Smit, & Vollebergh, 2002; Swanston et al., 2003). Some studies, however, show that certain individuals fare well later in life in spite of earlier adversity. Such individuals are to be found also within high-risk groups (Sagy & Dotan, 2001; Valentine & Feinauer, 1993).

Some factors have been associated with a positive outcome and may function as protective factors, for example, social support (Feiring, Taska, & Lewis, 1998; Runtz & Schallow, 1997), coping abilities (DiPalma, 1994; Himelein & McElrath, 1996; Tremblay, Hebert, & Piche, 1999), and self-esteem (Heller, Larrieu, D'Imperio, & Boris, 1999; Valentine & Feinauer, 1993), although in the field of child sexual abuse research it is more common to view self-esteem as an outcome variable (Jumper, 1995). However, it is not yet clear how established risk and potentially protective factors interact or are related.

Further, there is a great variation of definitions of what is to be regarded as a positive outcome presented in the literature (Kinard, 1998). Using self-rated subjective health, as a measure of outcome is advantageous, avoiding the question whether individuals who exhibit a high competence, measured for example by school grades or social skills, still suffer from inner distress (Spaccarelli & Kim, 1995). When investigating health outcomes it is important also to consider other confounding or intervening factors such as revictimization (Gold, Milan, Mayall, & Johnson, 1994; Wyatt, Guthrie, & Notgrass, 1992), being bullied during childhood (Duncan, 1999), and current lifestyle—smoking, alcohol habits, food habits, exercise, and sexual behavior (Dube, Felitti, Dong, Giles, & Anda, 2003; Horwitz, Widom, McLaughlin, & White, 2001; McEwen & Seeman, 1999; Swanston et al., 2003).

In child sexual abuse research, it has been common to use a variable-oriented approach, often using multiple regression analyses to find relationships between variables in search for predictors of health outcomes. The analyses allow for statistical control of covariance and draw on the statistical power of the full sample. However, the fact that some individuals do not develop symptoms in childhood or later in life makes the interpretation of the results retrieved by this statistical method troublesome. Some meta-analyses show only weak or no relationships between child sexual abuse and health outcomes (Rind & Tromovitch, 1997; Rind, Tromovitch, & Bauserman, 1998). One explanation may be that the variables are differently related in different groups of victims of child sexual abuse. In contrast, in the research field of resilience, a person-oriented approach has been more commonly used. The approach is based on a holistic-interactionistic view in which the individual is seen as a whole, a totality. According to that view, the individual is functioning and developing in complex dynamic processes, where also the environment and interacting individuals are included. Interest lies in finding groups with different profiles or patterns of individual characteristics (Bergman & Magnusson, 1997). Studying child sexual abuse sequelae by variable-based methods tends to become immensely complex, due to the interaction between variables. A person-oriented approach might provide, if not a better understanding, at least a supplementary description of how many factors on different levels with complicated relations to each other are involved in psychopathology development.

To our knowledge, no previous study on child sexual abuse consequences has applied both a variable- and person-oriented approach to the same set of data. Besides, cluster analysis has only rarely been used

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