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Research article

Utilizing the salutogenic paradigm to investigate well-being among adult survivors of childhood sexual abuse and other adversities☆

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ABSTRACT

The long-term negative consequences of adverse childhood experiences are well documented. However, less is known about salutogenesis (well-being) among adult survivors of childhood adversity. The 2010 Behavioral Risk Factor Surveillance System data were analyzed to assess the contribution of four health promoting factors (physical activity, smoking abstinence, educational level, social–emotional support) with positive health-related quality of life (HRQoL), among adults who retrospectively reported childhood abuse or exposure to other childhood toxic stressors (n=12,032) and separately for adults who reported childhood sexual abuse (CSA). Outcomes examined included positive self-rated health (good/very good/excellent); mentally unhealthy days (MUDS) and physically unhealthy days (PUDS) in the past 30 days. After controlling for demographic characteristics and existing health conditions, physical activity (p<.05), smoking abstinence (p<.05), education of high school or greater (p<.05), and social–emotional support (p<.05) were associated with positive HRQoL outcomes among adult survivors of childhood adversity and adult survivors of CSA. Each unit increase of the health promoting factor score (0–4) resulted in adjusted odds ratio of 2.1 (95% CI: 1.3–2.4) for self-rated health and 1.6 (95%CI: 1.1–2.6) for <14 PUDs among male CSA survivors; among female survivors the adjusted odds ratios were 2.4 (95% CI: 1.8–3.2) for self-rated health, 2.3 (95% CI: 1.7–3.1) for <14 MUDs, and 2.2 (95% CI: 1.6–3.0) for <14 PUDs. The study validates that a large proportion of adults survive childhood adversities and underscores the importance of the salutogenic paradigm to identify strategies that may contribute to well-being.

☆ The findings and conclusions in this article are those of the authors and do not represent the views of the California Department of Education.

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1. Introduction

The long-term consequences of childhood abuse, neglect, and serious family dysfunction impact social, behavioral, and health outcomes across the life course (Felitti et al., 1998) and across generations (Dube, Anda, Felitti, Dong, & Giles, 2003a). Findings from the Adverse Childhood Experiences (ACE) Study have demonstrated that childhood sexual abuse (CSA) and other related forms of childhood adversities are common, interrelated, and contribute to marital problems, alcohol abuse, illicit drug use, mental illness, psychotropic drug prescriptions, cardiovascular disease, and autoimmune disorders (Anda, Brown, Felitti, Dube, & Giles, 2008; Dube et al., 2001; Dube et al., 2003a,b; Dube et al., 2009; Dube, Cook, & Edwards, 2010; Felitti et al., 1998). In addition, findings from the ACE Study indicated 1 in 6 men and 1 in 4 women reported childhood sexual abuse and the long-term consequences were similar when examined by sex (Dube et al., 2005). The ACE Study findings converge with the biology of stress and trauma, which has established that abuse, neglect, and related household stressors can negatively impact healthy brain development (DeBellis et al., 1999; Lehman, Taylor, Keife, & Seeman, 2005; Stein, Koverola, Hanna, Torchia, & McClarty, 1997; Teicher et al., 1997). Decades of groundbreaking research on the consequences and pathogenesis of childhood abuse and related stressors have justly led to efforts focusing on the primary and secondary prevention of these toxic exposures in children; however, survivorship and survivor well-being has not been examined sufficiently.

1.1. Salutogenesis among adult survivors of childhood adversity

Despite what is now known about the negative health consequences associated with childhood adversities, large proportion of adults survive their abuse and neglect, thereby making them an important population to study (Copeland, Keeler, Angold, & Costello, 2007; Cortez et al., 2011; Dube, Felitti, & Rishi, 2013; Vilenica & Shakespeare-Finch, 2012). The Trauma Healing Project, a community-based participatory research of 82 adult trauma survivors, examined what helped and what hurt to overcome adversities, and found that body work (exercise, Yoga), education and learning new skills, and safe and supportive networks were instrumental in the healing process (Todahl, Walters, Bharwdi, & Dube, 2014). On the other hand, survivors felt that healthcare providers needed more education to understand and recognize trauma and other healing modalities (Todahl et al., 2014). The findings by Todahl et al. are supported by other researchers who have developed theoretical frameworks for recovery and healing among CSA survivors. These theoretical frameworks suggest that survivorship is a *process* that includes acknowledging the trauma, finding meaning, and developing new skills that can strengthen inner resources to move beyond the adversity or trauma and includes subjective experiences of health as the guiding force (Chouliara, Karatzias, & Gullone, 2014; Drauker et al., 2011; Vilenica and Shakespeare-Finch, 2012). A limitation of theoretical frameworks underlying these studies is the focus on CSA survivors and the need to consider other interrelated childhood adversities (Chouliara et al., 2014; Dube et al., 2003b; Dube et al., 2003a).

The salutogenic model, which encompasses frameworks on resiliency, shifts from the traditional pathogenic model by emphasizing the innate capacity of humans to seek health and well-being (Antonovsky, 1972, 1979, 1987, 1996). Salutogenesis is a stress-resource orientated concept, with a focus on factors that serve as assets, strengths, and motivation as a way to maintain and improve the movement toward health (Antonovsky, 1972, 1979, 1987, 1996; Dube et al., 2013). Using this paradigm, a shift from the risk factor-disease (pathogenic) model, permits the examination of health promoting factors, which accentuate a person's positive capability to identify problems and activate healthy solutions that may help individuals overcome adversity and stress (Antonovsky, 1972, 1979, 1987, 1996; Dube et al., 2013). In addition, the model is not mutually exclusive from resiliency frameworks, but rather, provides a broader context through which resiliency, post-traumatic growth, and other similar concepts may be studied as processes toward healing, recovery, and well-being at a population level. In light of the fact that adversities cannot be prevented or removed once they occur, identifying salutogenic strategies which may activate healthy solutions for adult survivors is a necessary research and practice endeavor (Antonovsky, 1996).

Salutogenesis includes both modifiable behaviors and personal resources. For example, physical activity and smoking abstinence are both evidence-based modifiable behaviors that prevent and reduce disease and promote health (Morita et al., 2007; United States Department of Health and Human Services, 2008; United States Department of Health and Human Services, 2010; United States Department of Health and Human Services, 2014). Intellectual pursuits through learning and education, as well as, social support can be defined as assets that may serve as personal resources (Schuller, Preston, Hammond, Brassett-Grundy, & Bynner, 2004). In fact, educational attainment and social support have significant long-term benefits on health and well-being and are a focus of many health promotions programs (Fiori, Antonucci, & Cortina, 2006; Jonzon & Lindblad, 2004; Koh, Piotrowski, Kumanyika, & Fielding, 2011).

Subjective well-being provides a self-appraisal of how life, and more specifically health, is evaluated from the perspective of the experiencer. (Organization for Economic Co-operation and Development, 2013). Self-rated health is a single-item measure that is most widely used and assesses multiple dimensions of health and well-being: physical, social, emotional, mental, and intellectual (Centers for Disease Control and Prevention, http://www.cdc.gov/hrqol/hrqol14_measure.htm). Studies have reported self-rated health to be a strong predictor of morbidity and mortality even after controlling for demographics, health status, and risk factors (Barsky, Cleary, & Klerman, 1992; Benyamini, Blumstein, Lusky, & Modan, 2003; Benyamini & Idler, 1999). Most research using self-rated health has focused on pathogenic orientation (poor/fair self-rated health) at the expense of research that might examine salutary factors with the positive end (excellent/very good/good) of the scale.

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