

## **ASSESSING RESILIENCE, SOCIAL SUPPORT AND REVICTIMIZATION AMONG INDIAN ADULT SURVIVORS OF CHILDHOOD SEXUAL ABUSE**

**By**

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### **ABSTRACT**

Sexual Abuse is an example of adverse childhood experience (ACE). ACEs have a negative association with the survivor's resilience. There is a positive correlation between the number of adverse childhood experiences (ACEs) and the risk of experiencing sexual victimization (SV) in adulthood. A growing body of research is suggesting that high social support promotes individual resilience. Hence this study investigates the level of perceived social support and revictimization at the time of the CSA in comparison with their present resilience levels. The 140 participants were between the age groups of 20-60 and were Indian citizens. The study concluded that married survivors of CSA have a higher level of sub factors of resilience such as hardiness, coping and purpose; and, of the total participants, those who endured sexual revictimization (abuse more than one time) had very low levels of social support. To address the

issue of sexual revictimization among youth and its negative consequences, a conceptual shift is needed to view it as a cycle of violence that affects individuals across developmental stages.

## **Introduction**

Amid India's societal complexity, a disconcerting reality emerges—every hour, 5 children confront sexual assault (*Justice For Every Child - Key Statistics*, n.d.). These distressing experiences fall under adverse childhood experiences (ACEs), with childhood sexual abuse (CSA) notably predicting higher adult sexual victimization (SV) risks (Ports et al., 2016).

Childhood Sexual Abuse refers to the engagement of a child in sexual activities that they do not fully comprehend, are unable to provide informed consent to, or are not developmentally prepared for, which also violate societal norms or laws, encompassing inducement to illegal sexual acts, exploiting children in prostitution or pornography (Consultation on Child Abuse Prevention (1999: Geneva et al., 1999).

An alternate definition by Mayall & Gold encompasses sexual engagement with someone at least five years older before the age of 15, ranging from non-contact to genital contact and intercourse, with variations in inclusivity (Mayall & Gold, 1995).

Revictimization is the act of unfairly harming someone again after they have already been harmed in the past, or treating them as a victim who cannot defend themselves against ongoing harm (*REVICTIMIZE | English Meaning - Cambridge Dictionary*, n.d.)

Resilience denotes the capacity for positive adjustment, maintaining or restoring mental well-being despite adversities, encompassing flexibility and adaptability across external and internal challenges. (Herrman et al., 2011; *Resilience*, n.d.)

Social support, as defined by APA dictionary of psychology, is the act of offering assistance or comfort to individuals to help them manage biological, psychological, and social stressors, often originating from various relationships in their social network, such as family, friends, colleagues, and support groups. (*APA Dictionary of Psychology*, n.d.)

### **Review of literature**

Academic literature on Childhood Sexual Abuse (CSA) encompasses research on its severity, long-term effects, psychopathological implications, and victims' well-being. Resilience and Social Support have been investigated, primarily in first-world countries. This study addresses the gap by assessing Resilience, Social Support, and revictimization among Indian Adult CSA Survivors. The review categorically examines research related to these variables.

CSA profoundly impacts mental health and well-being. Despite its prevalence, limited research focuses on the resilience and social support for Indian adult CSA survivors. Resilience involves adaptation to adversity, where social support plays a pivotal role. The review of the existing literature on these aspects highlights the roles of adverse childhood experiences and social support.

The 1990s and early 2000s saw studies on CSA prevalence, impact, and correlates (Dhaliwal et al., 1996; Kenny & McEachern, 2000; Tyler, 2002). Later, the focus shifted to adult survivor experiences (Bogar & Hulse-Killacky, 2006; Lev-wiesel, 2000; McLean et al., 2018) and resilience factors (Herrman et al., 2011; Wu et al., 2013). Recent works emphasize social support's contribution to resilience (Murthi & Espelage, 2005; Tremblay et al., 1999; Ullman et al., 2007). Interplay studies emerged (Hébert et al., 2014; Hyman et al., 2003; Marriott et al., 2014), indicating multifaceted factors influencing recovery.

However, gaps remain, notably regarding cultural factors' impact on resilience in Indian survivors. Longitudinal studies are needed for comprehensive understanding. CSA's lasting effects underscore the necessity of resilience and social support research, particularly tailored to cultural contexts and long-term outcomes.

## **Methodology**

### **Aim**

To study the impact of perceived social support, resilience and revictimization among Indian adult survivors of childhood sexual abuse.

### **Objectives**

1. To assess social support, resilience and revictimization among young adulthood and middle adulthood survivors of childhood sexual abuse
2. To assess social support, resilience and revictimization among male and female Indian adult survivors of childhood sexual abuse
3. To assess the impact of social support on resilience
4. To assess the impact of social support on revictimization

### **Hypotheses**

1. There is no significant difference among single and married survivors of Childhood Sexual Abuse in perceiving resilience.
2. There is no significant difference in perceived social support and re-victimization, among Indian Adult survivors of childhood sexual abuse.

### **Procedure and Participants**

This study employed a quantitative research design to examine the relationships between resilience, social support, and childhood sexual abuse in Indian adult survivors. The study used a cross-sectional survey approach to collect data from a sample of 140 adults. The survey was a combination of three validated questionnaires used with consent from the authors of the same. The data was collected online using a password protected Google form and analysed using SPSS. The sample of this study consisted of 140 (36 males and 104 females) Indian adults between the age group of 20-60. They were a random selection.

### **Tools and Scoring**

1. The CD-RISC is intended to be used as a self-evaluation questionnaire, although, if necessary, someone can read each statement aloud to the participant and record their response. The participant is instructed to respond to each statement based on the previous month, and if a particular situation did not occur during that time, they should base their response on how they think they would have reacted or evaluated themselves in relation to the statement. To score the questionnaire, the total of all items, each scored from 0-4, is added together. The CD-RISC-25 has a range of 0 to 100, with higher scores indicating greater resilience.
2. The CSA questionnaire used in this study is a modification of one originally developed by David Finkelhor mentioned in his book 'Sexually Victimized Children' which involves a list of activities that had occurred to the respondent and had been perceived as being of a sexual nature. The list included a wide range of activities such as exhibitionism, sexual invitations, as well as various forms of physical contact.

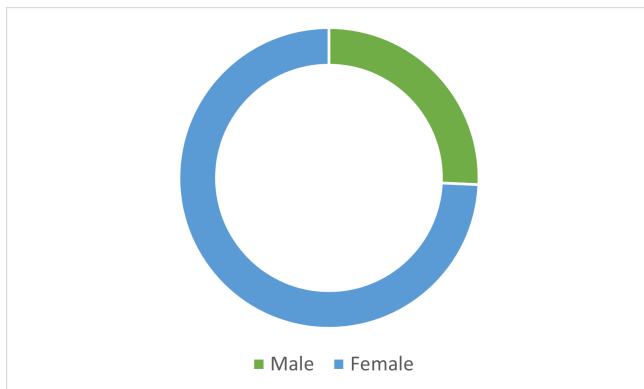
3. The MSPSS (Multidimensional Scale of Perceived Social Support) is a questionnaire that assesses perceived social support from family, friends, and significant others. The MSPSS consists of 12 items, and each item is scored on a 7-point Likert scale ranging from "very strongly disagree" to "very strongly agree." Participants are directed to respond to each statement based on how they generally feel. The MSPSS yields three subscale scores: Family, Friends, and Significant Others. The total score is obtained by summing the three subscale scores. Higher scores indicate greater perceived social support.

## Results

### Socio Demographic Analysis

Figure 4.1

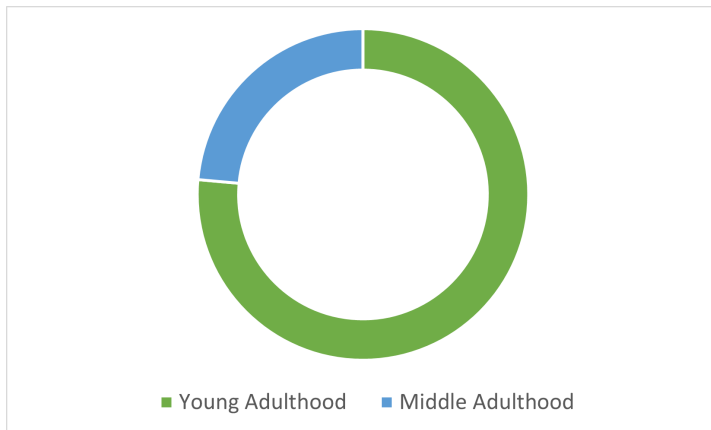
*Gender distribution of the sample.*



The sample consisted of 36 male and 104 female respondents.

**Figure 4.2**

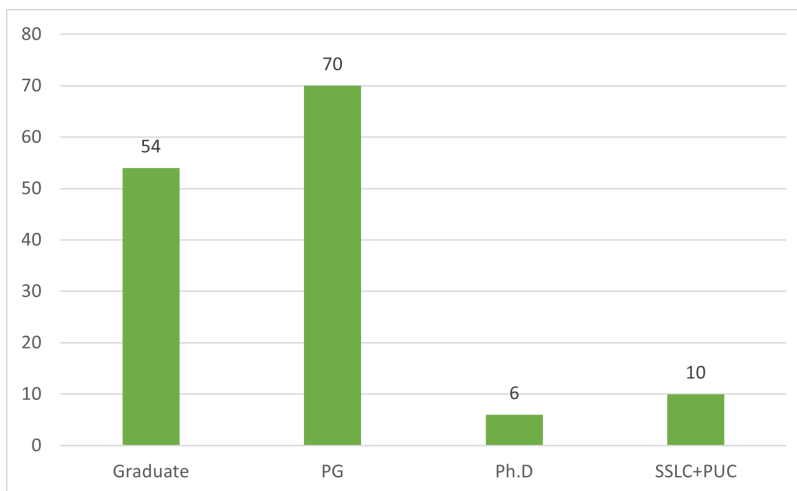
*Age distribution of the sample.*



The sample had 107 respondents under young adulthood (20-40) and 33 respondents under middle adulthood (40-60)

**Figure 4.3**

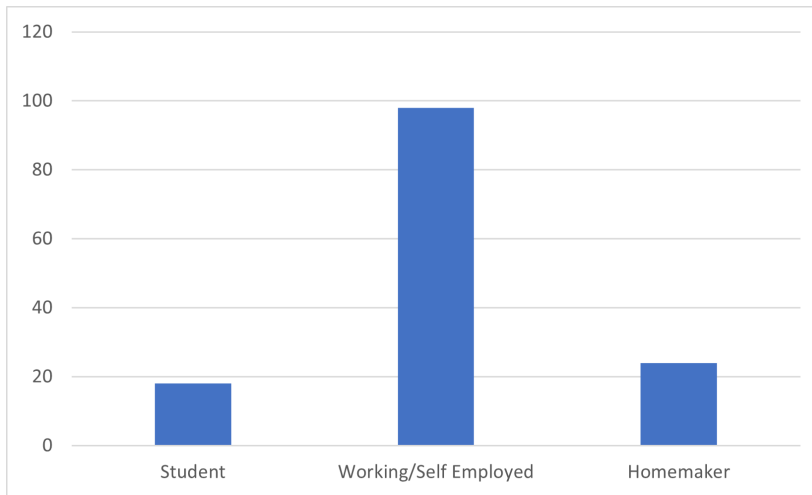
*Education distribution among the sample.*



The sample consisted of 10 respondents who completed SSLC+PUC, 54 respondents who are graduates, 70 postgraduates and 6 PhD holders.

**Figure 4.4**

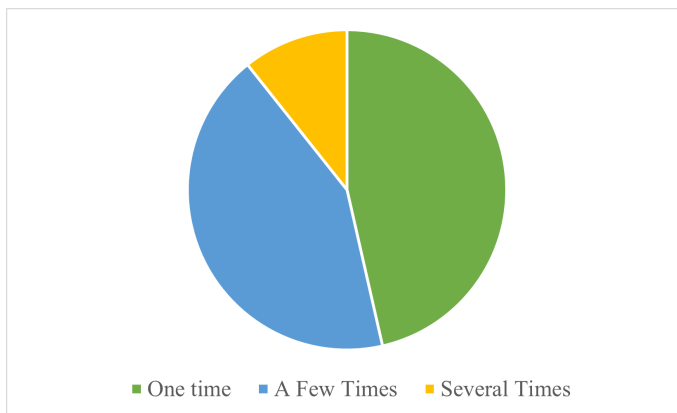
*Occupation distribution among the sample.*



The sample had most respondents who were working or self-employed when compared to those who were students or homemakers.

**Figure 4.5**

*Frequency of abuse.*



While there were almost equal number of respondents who had experienced abuse one time and few times, there were 15 respondents who experienced abuse several times.



**H1: There is no significant difference among single and married survivors of Childhood Sexual Abuse in perceiving resilience.**

This hypothesis aimed to investigate whether there was a significant difference between single and married survivors of Childhood Sexual Abuse in perceiving resilience. The study involved seven sub-factors calculated under resilience, namely hardiness, coping, flexibility, purpose, optimism, emotional regulation, and self-efficacy. To test the hypothesis, the independent t-test was used.

**Table 4.5**

*Group Statistics*

	Marital_Status	N	Mean	Std. Deviation	Std. Error Mean
hardiness	Single	45	17.24	4.725	.704
	Married	85	18.99	4.581	.497
Coping	Single	45	12.29	3.527	.526
	Married	85	13.52	3.002	.326
flexibility	Single	45	8.09	2.009	.300
	Married	85	7.80	2.203	.239
purpose	Single	45	10.18	3.186	.475
	Married	85	12.11	2.420	.263
optimism	Single	45	4.18	1.736	.259
	Married	85	4.14	1.794	.195

Emotion regulation	Single	45	4.38	1.542	.230
	Married	85	4.64	1.831	.199
Self-efficacy	Single	45	5.00	1.942	.290
	Married	85	5.20	1.818	.197
Total_Resilience	Single	45	61.36	14.525	2.165
	Married	85	66.39	13.129	1.424

The results showed that the mean score of married survivors (66.39) was higher than the mean score of single survivors (61.36) for total resilience.

**Table 4.6**

*Independent Samples Test for Resilience in single and married respondents.*

		t-test for Equality of Means				
		t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
hardiness	Equal variances assumed	-2.042	128	.043	-1.744	.854
Coping	Equal variances assumed	-2.088	128	.039	-1.229	.589
flexibility	Equal variances assumed	.733	128	.465	.289	.394

purpose	Equal variance s assumed	-3.86 2	128	.000	-1.928	.499
optimism	Equal variance s assumed	.112	128	.911	.037	.327
Emotio_ regulation	Equal variance s assumed	-.804	128	.423	-.258	.320
Self-efficacy	Equal variance s assumed	-.583	128	.561	-.200	.343
Total_Resilience	Equal variance s assumed	-2.00 4	128	.047	-5.033	2.512

Among the sub-factors, hardiness, coping, and purpose showed significant differences between the two groups. The mean scores of married survivors were significantly higher than the single survivors for hardiness ( $p = .043$ ), coping ( $p = .039$ ), and purpose ( $p = .000$ ). Valentine and Feianaur were able to find out that marriage was an important resilience factor in their study among 57 women survivors of childhood sexual abuse. They found that the 22 of these women who were in high-risk category identified themselves as functioning well, with strong interpersonal relationships and were able to get into a good marriage. One of the respondents in this study even mentioned that her marriage was the most important decision of her life, to work on it was the most important thing she had done and that having someone who believes in her made all the difference (Valentine & Feinauer, 1993). Another study done on 79 mothers with a history of CSA revealed that Spousal/partner support was a strong protective factor and buffered the relationship between depressive symptoms and parenting competence. (Wright et al., 2005)

Although the overall results of the independent t-test suggested that there was no significant difference between single and married survivors of Childhood Sexual Abuse in perceiving resilience, sub-factor levels of hardiness, coping and purpose were shown to be higher in married respondents. Future studies can explore marriage as a coping strategy for higher resilience in married survivors of CSA. Therefore, the hypothesis is accepted.

**H2: There is no significant difference in perceived social support and re-victimization, among Indian Adult survivors of childhood sexual abuse.**

This hypothesis investigates if there is a significant difference in perceived social support and re-victimization among Indian adult survivors of childhood sexual abuse. To test this hypothesis, a one-way ANOVA was conducted. The results indicated a significant difference in perceived social support between the groups, as evidenced by the F value of 23.128 and a p-value of .000.

**Table 4.15**

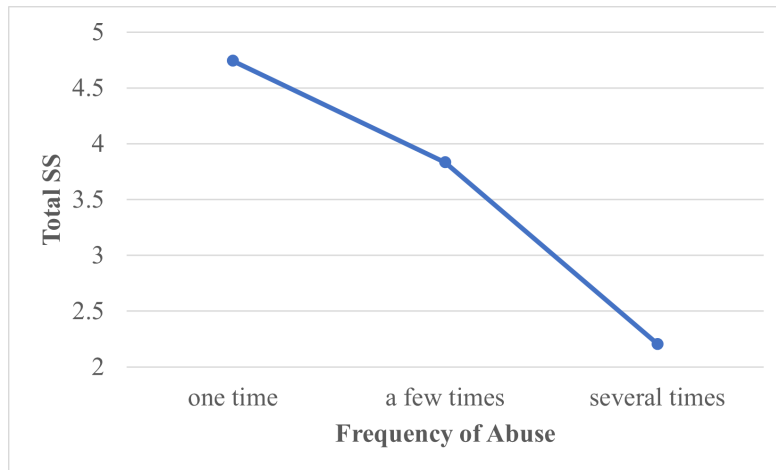
*Anova for Social Support and Frequency of Abuse*

		Sum of Squares	df	Mean Square	F	Sig.
Family	Between Groups	952.487	2	476.244	17.416	.000
	Within Groups	3746.263	137	27.345		
	Total	4698.750	139			
Friends	Between Groups	907.908	2	453.954	19.534	.000
	Within Groups	3183.790	137	23.239		
	Total	4091.698	139			
Other	Between Groups	928.979	2	464.490	16.436	.000
	Within Groups	3871.764	137	28.261		
	Total	4800.743	139			
SS_Total	Between Groups	85.087	2	42.543	23.128	.000

Within Groups	252.010	137	1.839
Total	337.097	139	

**Figure 4.1**

*Graphical representation of social support and frequency of abuse.*



Based on these findings, it can be concluded that there is a significant difference in perceived social support and re-victimization among Indian adult survivors of childhood sexual abuse.

One study done on adolescent survivors of childhood sexual abuse in Turkey showed that both social support from community and the perceived support from family for the group of survivors of sexual revictimization was much lower than the group of survivors of single sexual abuse.

This study further revealed that the emergence of lower levels of familial and social support of victims in the sexual revictimization group supports the view that victims are not supported by society and by their families in maintaining their physical and mental health; they are often blamed mercilessly, and their families are often repulsed by and rejecting toward them. (Koçtürk & Bilge, 2018)

A subgroup of children in another study, did not feel supported by their families and reported a lack of perceived protection, a factor resulting in the fear of revictimization, they also stated missing a trustworthy person they feel comfortable talking with about their sexual victimization, and the researchers suggest that these are the children in need of a stronger social support. (Münzer et al., 2016) .

Kellogg & Hoffman conducted a study that found victims of multiple perpetrators of unwanted sexual experiences (USE) were more likely to delay disclosure and blame themselves due to shame when compared to victims of single perpetrators. Victims of multiple perpetrators were more likely to disclose their USE to protect themselves or others, or due to becoming weary or intolerant of the abuse. Family violence and substance abuse were common in both groups, and these factors increased the likelihood of repeated victimization in childhood. Both groups showed similar prevalence of health risky behaviors. The study concluded that revictimization by multiple perpetrators is not uncommon, and children and teenagers with USE(s) involving more than one perpetrator may have a harder time with psychological recovery due to increased shame and self-blame. As a result, it is important to question abused children about the possibility of multiple perpetrators. (Kellogg & Hoffman, 1997)

Another study suggests that the revictimization of children is an indicator of persistent family dysfunction. To prevent further abuse, they suggest interventions in child sexual abuse to consider various risk factors associated with re-abuse and concentrate on improving family functioning. (Swanston et al., 2002)

### **Recommendations to Mental Health Professionals and Family Therapists:**

Compassion-focused therapy (CFT) is a therapeutic approach that aims to help those struggling with shame and self-criticism resulting from early experiences of abuse or neglect. It is adaptable and can be integrated into various psychotherapeutic approaches for different mental health problems. (*Compassion-Focused Therapy | Psychology Today*, n.d.)

One study showed the theoretical alignment between the principles of CFT and the common issues associated with experiences of sexual abuse, such as the role of early attachment experiences and the activation of the soothing and affiliative emotion regulation system. They have proposed that CFT can help reduce shame and self-blame, activate the compassionate self to respond to distress, and provide new relational templates to facilitate positive affiliation experiences with oneself and others. They have also proposed that it can provide an alternative approach to regulating emotions and reducing self-criticism and avoidance in response to trauma symptoms. (McLean et al., 2018)

### **Future Scope**

Future research could be done on:

- the long-term impacts of revictimization in adult survivors of childhood sexual abuse.
- The same study can be conducted on adolescent survivors as well as adult survivors in rural India.
- Additionally assessing the coping strategies and interventions used to support resilience can also be studied in adult survivors of childhood sexual abuse.

### **Conclusion**

While assessing the immediate resilience at the time of abuse is impractical, incorporating coping strategies can enhance the understanding of resilience for each CSA survivor. To combat sexual revictimization and its repercussions, a paradigm shift is vital, perceiving it as a cyclic violence spanning developmental stages. Urie Bronfenbrenner's ecological model offers a framework encompassing individual contexts, reducing victim-blaming, and informing prevention programs. (Grauerholz, 2000; Pittenger et al., 2016)



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