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

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ABSTRACT

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 &

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