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The Impact of Protective Factors on Posttraumatic Growth for College Student Survivors of Childhood Maltreatment

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ABSTRACT

Many college students experience traumatic life events in childhood, yet demonstrate personal growth following these experiences. Deriving benefit in the face of adversity has been termed “posttraumatic growth.” The relationship between posttraumatic growth and childhood experiences of abuse and neglect was investigated in a sample of 501 college students. The primary focus was on what protective factors moderated the relationship between childhood experiences of abuse and neglect and later posttraumatic growth. It was found that although the protective factors of acceptance, positive reframing, and emotional support all significantly predicted scores on the Posttraumatic Growth Inventory, only the factor of prosocial adults and the overall number of social and emotional resources experienced moderated the relationship between childhood maltreatment and posttraumatic growth. These findings have implications for designing effective interventions that foster growth in college students who report a history of childhood maltreatment.

Historically, research in the area of trauma has focused primarily on the negative impact that early trauma has, for example, struggles with depression, sadness, guilt, development of clinical disorders such as posttraumatic stress disorder (PTSD), impaired functioning in social and/or occupational domains (Brewin, Andrews, & Valentine, 2000; Tedeschi & Calhoun, 2004). A recent trend, however, has been to investigate how some individuals recover, or return to their previous level of functioning, and how some thrive, or go beyond their original level of functioning. These two areas, referred to as resiliency and posttraumatic growth, have increased our understanding about responses to trauma (Bonanno & Diminich, 2013). The purpose of this study was to investigate how factors that bolster resiliency, termed protective factors, are implicated in experiences of posttraumatic growth, particularly for college students who report early abuse and neglect.
**Childhood maltreatment**

Child maltreatment is a major social problem in the United States (Pardeck, 1988). According to the U.S. Department of Health and Human Services (2010), child maltreatment can be defined as “any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm” (p. 19). Child maltreatment typically encompasses four major subcategories: physical abuse, sexual abuse, psychological abuse, and neglect (Damashek & Chaffin, 2012). In 2012, 679,810 children were victims of child abuse (USDHHS, 2012). This is likely an underestimation, given that child abuse and neglect are often underreported to the authorities (Sedlack et al., 2010) or lack sufficient information to be investigated or substantiated (USDHHS, 2012). Research on the effects of maltreatment indicates that children may experience severe and pervasive impairments in physical, emotional, and social domains as a result of the maltreatment (MacMillan, Tanaka, Duku, Vaillancourt, & Boyle, 2013).

**Resiliency and protective factors**

While there is an abundance of literature detailing the consequences of traumatic events, most children experience mild to moderate risk factors in their lives and do fine (Bonanno & Diminich, 2013; Lamb-Parker, LeBuffe, Powell, & Halpern, 2008). Fifty years ago, researchers began looking at the fact that many individuals, despite adversity, are able to adapt successfully. Out of this literature came the term “resiliency” and an empirical investigation of the characteristics or qualities that foster resiliency. Resilience is defined as “the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances” (Masten, Best, & Garmezy, 1990, p. 426). It is also important to note that resilience is typically defined as a process, not a trait. It is dynamic and individuals may show successful adaptation in some domains, but not others. Lastly, resilience functions through social support and other protective factors, such that individuals who have access to these factors will be more likely to overcome early adverse experiences (Masten, 2001).

Protective factors “moderate the effects of individual vulnerabilities or environmental hazards so that the adaptational trajectory is more positive than would be the case if the protective factor were not operational” (Masten et al., 1990, p. 426). Protective factors are typically divided into three different contexts: individual, familial, and community (Blum, McNeely, & Nonnemaker, 2002). Individual protective factors include qualities like problem solving and emotion regulation (Masten et al., 1990), intelligence (Luthar, 1991; Masten & Coatsworth, 1998), greater education and flexibility (Benzies & Mychasiuk, 2009), an internal locus of control (Bolger &
Patterson, 2001; Garmezy, 1981; Luthar, 1991), self-esteem and self-efficacy
(Howard, Dryden, & Johnson, 1999; Moran & Eckenrode, 1992; Werner,
2005), having talents (Masten & Coatsworth, 1998; Shapiro & Friedman,
1996), having faith (Masten & Coatsworth, 1998; Valentine & Feinauer,
1993), and having a sense of meaning in life and a positive outlook on life
(Masten, Cutuli, Herbers, & Reed, 2009). Aspects of the family and family
functioning have also been found to be protective for individuals who
experience trauma (Jackson, Sifers, & Warren, 2003). Familial protective
factors include an optimistic family environment, sense of humor, spiritual-
ity, flexibility, and open emotional expression (Black & Lobo, 2008). Lastly,
community protective factors, like access to good schools (Masten &
Coatsworth, 1998), access to good health care and safe neighborhoods
(Benzies & Mychasiuk, 2009; Masten & Powell, 2003), connections to pro-
social individuals in the community (Luthar & Zigler, 1991; Masten &
Coatsworth, 1998; Powell, 2003), and connections with prosocial organiza-
tions (Howard et al., 1999; Masten & Coatsworth, 1998) are also found to be
protective.

Posttraumatic growth

Investigations of resilience, or how some people are able to recover from early
experiences of trauma and be successful, were an important step for expanding
conceptualizations of responses to trauma. Recently, researchers began investigat-
ing how some individuals were able to go above and beyond a state of recovery and
actually thrive. Tedeschi and Calhoun (1996) coined the term “posttraumatic
growth” to describe this phenomenon. Posttraumatic growth refers to positive
psychological change that goes beyond simple resilience or recovery from the
challenge; it is as a transformational process in which an individual actively
struggled with a trauma and found meaning and benefit (Tedeschi & Calhoun,
2004). Positive changes typically occur in five domains: personal strength, new
possibilities, relating to others, appreciation of life, and spiritual change (Calhoun
& Tedeschi, 2006). Posttraumatic growth is associated with positive affectivity,
optimism, hardiness (Dekel, Mandl, & Solomon, 2011; Tedeschi & Calhoun,
2004), intelligence, flexibility, determination, and willingness to take personal
risks (Aldwin, 1994). These individual characteristics associated with posttrau-
matic growth are similar to the individual protective factors cited in the resiliency
literature, but there have been no empirical investigations of the relationship
between the two.

Childhood abuse and neglect and posttraumatic growth

There have been few previous investigations of child maltreatment and post-
traumatic growth. In fact, of the research in the area of child maltreatment and
posttraumatic growth most pertains to childhood sexual abuse specifically. For example, in a sample of adult females who had experienced childhood sexual abuse, Wright and colleagues (2007) found that 87% of the women experienced at least one positive effect from their efforts to survive and overcome the trauma. Positive effects reported included personal growth and development, spiritual growth, and improved relationships with others. Woodward and Joseph (2003) is one of the only investigations of posttraumatic growth and childhood maltreatment that included all subcategories of maltreatment. In this qualitative investigation of posttraumatic growth and early experiences of abuse in a sample of adults, a number of participants reported growth experiences as outcomes from their work to survive, overcome, and move forward in their lives following the trauma. Growth experiences reported in this sample included an enhanced sense of faith and belief in the self, a greater will to live and more passion for living, a sense of validation and being genuinely accepted by others, greater self-valuing, a sense of mastery and control, a sense of belonging and connection, increased insight and understanding, increased self-awareness, improved relationships, and gaining new perspectives on life. It is important to note, however, that while individuals may report growth as a result of processing a trauma, that does not preclude them from experiencing suffering. In many ways, the relationship between posttraumatic growth and posttraumatic stress is still largely unclear, with some studies showing that posttraumatic growth can co-occur with posttraumatic stress (Tedeschi & Calhoun, 2004), can have an inverse relationship with posttraumatic stress (more posttraumatic stress means less posttraumatic growth (Joseph, 2012), or the two can have no relationship (Dekel et al., 2011).

The purpose of the current study was to investigate the relationship between maltreatment and posttraumatic growth in a college student sample and understand what, if any, protective factors moderate the relationship between early maltreatment and later posttraumatic growth. It was expected that optimism, prosocial adults, and self-esteem would moderate the relationship between maltreatment and posttraumatic growth (e.g., Dekel et al., 2011; McElheran et al., 2012; O’Leary & Ickovics, 1995). In addition, coping styles, including the ability to engage in positive reframing and acceptance and the ability to utilize emotional support were also examined in the moderation models.

**Method**

**Participants**

Initially, 531 students participated in data collection during the spring of 2014. Thirty cases were removed from the data analysis due to missing trauma information or missing more than 75% of their data. It is likely that these participants left the website before completing the survey, and
thus the final number of participants included in the study was 501. The data collection occurred at a large university in the western United States and students were recruited from Introduction to Psychology classes as well as upper division psychology classes. In return for participating in the study, participants received credit toward their Introduction to Psychology class or extra credit in their upper division classes.

Descriptive information about the sample was gathered using a Demographic Information Questionnaire. This questionnaire included information on participant’s age, gender, ethnicity, year in school, and sexual orientation. For the entire sample, 361 participants (72%) identified as female and 140 (28%) male. With regard to ethnicity, 395 participants (78.8%) identified as Caucasian/White, 37 (7.4%) identified as Latino/Hispanic, 21 (4.2%) identified as Asian American, 16 (3.2%) identified as African American, 5 (1%) identified as Hawaiian/Pacific Islander, 2 (0.4%) identified as American Indian/Native American, 1 (0.2%) identified as Alaska Native, 1 (0.2%) identified as Middle Eastern American, 20 (4%) identified as Other, and three responses were missing. The majority of participants (94%; n = 471) identified as heterosexual, while 11 participants (2.2%) identified as homosexual, 13 participants (2.6%) identified as bisexual, and six responses were missing. The average age of participants was 19.68 years. Participants were primarily Freshman (48.1%, n = 241) and Sophomores (25.9%, n = 130), while 68 participants (13.6%) identified as Juniors, 50 participants (10%) identified as Seniors, 7 participants (1.4%) identified as fifth year or above, and five responses were missing.

**Measures**

**Child abuse and neglect**

Childhood maltreatment was assessed through the Maltreatment History Survey (MHS). The MHS was developed for this study and provided respondents with definitions of the four major forms of maltreatment (physical abuse, sexual abuse, emotional abuse, and neglect) taken from the Child Welfare Information Gateway (2008). Respondents were asked to rate the number of times each form of maltreatment occurred (0, 1, 2–5, 6–10, or more than 10), over what period of time the maltreatment occurred (less than 1 month, 1–6 months, 6–12 months, 1–2 years, or more than 2 years) and how distressing these experiences were.

**Posttraumatic growth**

Posttraumatic growth was assessed using the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996). The PTGI has 21 items pertaining to positive outcomes following traumatic experiences. The PTGI
is divided into five subscales: Relating to Others, New Possibilities, Personal Strength, Spiritual Change, and Appreciation of Life. In a sample of college students, Cronbach’s alpha internal consistency reliability was 0.90 and test-retest reliability was estimated to be 0.71 (Tedeschi & Calhoun, 1996). In this sample, Cronbach’s alpha for the full scale was 0.95.

**Protective factors**

The number of protective factors and the degree to which they are present was examined using the Social and Emotional Resources Inventory (SERI; Mohr & Rosén, 2012). The SERI is a 50-item scale designed to measure the presence of individual, familial, and community protective factors. The SERI is comprised of 12 subscales and a total score: intelligence, parenting practices, parent connections, self-esteem, money, resources, faith, talent, good schools, prosocial adults, kin connections, and prosocial organizations. In a previous sample of college students, internal consistency reliability for the 12 subscales ranged from a Cronbach’s alpha of 0.84 to 0.97 and the coefficient alpha for the full scale was 0.95 (Mohr & Rosén, 2012). In this sample, internal consistency for the subscales used ranged from a Cronbach’s alpha of 0.88 (prosocial adults) to 0.93 (self-esteem). Cronbach’s alpha for the total SERI score was 0.97.

In order to investigate coping the Brief COPE was used (Carver, 1997). The Brief COPE is a 28-item instrument that measures 14 coping strategies: self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame. Cronbach’s alpha internal consistency reliability for the subscales ranges from 0.50 (venting) to 0.90 (substance use). The Brief COPE is most effectively utilized by analyzing individual subscales. Cronbach’s alpha internal consistency reliability for subscales used in this study ranged from 0.52 (acceptance) to 0.82 (emotional support).

For optimism, the Life Orientation Test Revised (LOT-R; Scheier, Carver, & Bridges, 1994) was used. The LOT-R is a brief instrument that measures a generalized orientation towards optimism (vs. pessimism). Internal consistency reliability was measured in the scale development study and yielded a Cronbach’s alpha of 0.78 (Scheier et al., 1994). In this sample, Cronbach’s alpha for the full scale was found to be 0.82. Test-retest reliability for 4 months, 12 months, 24 months, and 28 months in this same sample was 0.68, 0.60, 0.56, and 0.79, respectively (Scheier et al., 1994).

**Procedure**

Participants filled out the measures online. When they logged on to participate in the study, they were shown an informed consent document
providing a description of the study, any potential risks associated with the study, and an assurance of their anonymity and confidentiality. Participants were then directed to the measures, and all participants filled out the Maltreatment History Survey, the PTGI, the SERI, the LOT-R, and the Brief COPE. If participants reported any history of maltreatment, they were directed to the PTGI asking them to fill out the PTGI in response to their experience of maltreatment. Participants’ names were not linked to their responses on these measures in any way. All participants received a debriefing form at the end of the study thanking them for participating in the study and directing them to the Health Network-Counseling Services if any thoughts and feeling surrounding their past trauma resurfaced. All procedures were approved by the Institutional Review Board.

Results

Missing data

To manage missing data, multiple imputation was used. Multiple imputation is a Monte Carlo simulation technique in which complete datasets are created from the incomplete dataset using linear regression techniques (Schafer, 1999). Multiple imputation avoids the shortcomings of case deletion methods, including the loss of power that often occurs with these methods. Rubin (1987) suggests that unless the rates of missing data are unusually high, no more than 5–10 imputations are necessary to produce an accurate estimate of the data. Missing Values Analysis indicated that missing values did not exceed more than 5% for any of the imputed variables and that data was missing at random. Multiple imputation for missing values using the Fully Conditional Specification (MCMC) algorithm with maximum iterations set to 10 were completed. Minimum constraints were set to 0 for all variables included in the imputation model to exclude negative values for the variables. This imputation resulted in five imputed datasets in addition to the original dataset. Demographic variables and the categorical maltreatment variable were not included in the multiple imputation. This multiple imputation resulted in 3,006 data points.

Prevalence of maltreatment

A total of 260 participants out of the 501 (51.8%) reported experiencing maltreatment. Of those participants who reported experiencing maltreatment, 125 reported physical abuse, 69 reported sexual abuse, 194 reported emotional abuse, and 63 reported neglect. This yields a prevalence rate for
this sample of 24.9% for physical abuse, 13.7% for sexual abuse, 38.7% for emotional abuse, and 12.6% for neglect. Out of the 125 participants that reported physical abuse, 32 (25.6%) were male and 93 (74.4%) were female. Out of the 69 participants that reported sexual abuse, 6 (8.7%) were male and 63 (91.3%) were female. Out of the 194 participants that reported emotional abuse, 40 (20.6%) were male and 154 (79.4%) were female. Out of the 63 participants who reported neglect, 12 (19%) were male and 51 (81%) were female. Moderate, positive correlations between the frequencies of the four types of maltreatment were observed. Out of the 260 (48%) participants who reported maltreatment, 124 (48%) endorsed the occurrence of more than one type of maltreatment.

**Maltreatment and posttraumatic growth**

Out of the 250 participants who reported childhood maltreatment, 236 (91%) reported some experience of posttraumatic growth as evidenced by a score of 1 or more on the PTGI ($M = 39.57$, $SD = 29.35$). Participants reported growth related to improving relationships, feeling greater empathy, exploring new areas of interest, greater independence, a greater sense of power and control, and feeling grateful for life. As one participant explained on the free response section of the PTGI: “It has changed the way I look at my parents for the better and for the worse, but definitely made me appreciate more of the pleasures in life” (anonymous participant response).

**Maltreatment, posttraumatic growth, and protective factors**

Linear regression with bootstrapping was used to assess how social and emotional resources moderate the relationship between childhood maltreatment and posttraumatic growth. It should be noted that use of this procedure requires the presence of one complete dataset, and thus missing data was handled using a single imputation method to comply with this requirement. Interactions were examined using procedures described in Hayes (2013) and ‘process syntax’. The HC3 correction was employed to provide heteroscedasticity-consistent standard error estimates for the linear regression models. Separate analyses were run for six different social and emotional resources based on previous research: (1) self-esteem, (2) acceptance, (3) prosocial adults, (4) emotional support, (5) optimism, and (6) positive reframing. A seventh exploratory moderation model was run for total number of social and emotional resources (SERI Total). Before a moderation analysis could be effectively run, all continuous predictor variables were centered at their mean (Aiken & West, 1991). This helps to reduce potential issues with multicollinearity and increases interpretability of the results (Baron & Kenney, 1986). Additionally, all moderation models were run with both transformed
and non-transformed variables. For all models the same results were significant, and thus, the non-transformed results are provided to enhance interpretability.

Regression analyses indicated that self-esteem, acceptance, emotional support, optimism, and positive reframing did not moderate the relationship between childhood maltreatment and posttraumatic growth. However, acceptance significantly predicted posttraumatic growth, \( b = 4.88, 95\% \text{ CI } [2.33, 7.43], t = 3.76, p < 0.01 \), as did emotional support \( b = 4.49, 95\% \text{ CI } [2.53, 6.44], t = 4.52 \, p < 0.01 \), and positive reframing \( b = 3.83, 95\% \text{ CI } [1.57, 6.10], t = 3.32, p < 0.01 \).

The presence of prosocial adults moderated the relationship between childhood maltreatment and posttraumatic growth, \( b = -1.75, 95\% \text{ CI } [-2.96, -0.54], t = -4.09, p < 0.01 \), 95\% bootstrapped CI \([-2.90, -0.48]\). Figure 1 plots the interaction and shows the simple slopes for the effect of prosocial adults on posttraumatic growth for individuals who report a history of maltreatment. Probing the interaction suggested that maltreated individuals who reported higher levels of prosocial adult involvement also reported more posttraumatic growth, whereas individuals who were maltreated and who reported less prosocial adult involvement reported less posttraumatic growth. Overall, the predictors in this model accounted for 7.3\% of the variance in posttraumatic growth, \( R^2 = 0.073, p < 0.01 \).

The total score on the SERI (total number of social and emotional resources) also moderated the relationship between childhood maltreatment and posttraumatic growth, \( b = -0.22, 95\% \text{ CI } [-0.37, -0.07], t = -2.92, p < 0.01 \), 95\% bootstrapped CI \([-0.36, -0.09]\). Figure 2 plots the interaction and shows the simple slopes for the effect of social and emotional resources on posttraumatic growth for individuals who report a history of maltreatment. Probing the interaction suggested that maltreated individuals who reported more social and emotional resources also reported more posttraumatic growth.
growth, whereas individuals who were maltreated and who reported less social and emotional resources reported less posttraumatic growth. Overall, the predictors in this model accounted for 7.9% of the variance in posttraumatic growth, $R^2 = 0.079$, $p < 0.01$.

**Discussion**

The goal of this study was to investigate the relationship between childhood maltreatment and posttraumatic growth in college students. Specific focus was paid to how protective factors moderated this relationship and contributed to the student’s ability to thrive after this type of trauma. Results indicated that maltreatment significantly predicted posttraumatic growth and that a large number of individuals who have experienced maltreatment report a variety of growth experiences resulting from surviving the trauma, including: stronger relationships with others, feelings of independence and empowerment, and confidence in their ability to handle negative life events. Results also suggest that acceptance, emotional support, and positive reframing all significantly predicted posttraumatic growth while the presence of prosocial adults and greater access to social and emotional resources, in general, moderated the relationship between childhood maltreatment and posttraumatic growth.

**Maltreatment, protective factors, and posttraumatic growth**

Of the individuals who reported surviving maltreatment, 91% reported some form of posttraumatic growth. Participants who endorsed a history of maltreatment reported the most growth in the area of improved relationships, and specifically, relying on friends more, valuing relationships more, feeling a greater empathy for others, and building stronger and more stable relationships. Participants also reported growth experiences related to feeling more

![Figure 2. Social and emotional resources moderate the relationship between childhood maltreatment and posttraumatic growth.](image_url)
independent and empowered, feeling better able to cope with negative life experiences, gaining a greater appreciation for the value of life, pursuing careers in the helping profession, and building a stronger sense of faith. These areas of growth are related to previous investigations of growth experiences following maltreatment (e.g., Woodward & Joseph, 2003). It should be noted here that while participants tended to report positive growth from their experiences, a measure of PTSD was not included in this study, and thus, it is unclear the amount that suffering may potentially co-exist with growth in this population.

Additionally, this study found that the protective factors of acceptance, emotional support, and positive reframing significantly predicted posttraumatic growth. This finding fits well with previous research on posttraumatic growth, and highlights the importance of accessing support after a trauma (O’Leary & Ickovics, 1995). This finding also fits well with research supporting the importance of cognitive processes in posttraumatic growth. Tedeschi and Calhoun (2004) describe how a precursor to posttraumatic growth involves a traumatic event that is cognitively perceived as a threat to how individuals see the world and the people in it. In this way, coping mechanisms such as acceptance and positive reframing may help individuals address and modify maladaptive beliefs and cognitive distortions that develop after a trauma (e.g., ‘why did this happen to me’, ‘the world is not safe’). The way that posttraumatic growth is identified is based on the ability to positively reframe the trauma as a growth experience.

However, none of these variables moderated the relationship between childhood maltreatment and posttraumatic growth. One potential explanation for this may be that the moderation model did not consider where students are in their healing process. For example, for some of the students in this study the maltreatment was recent, and they may not have had time to process and reframe their experiences. Furthermore, research indicates that acceptance may be an outcome more so than a moderator (Park, 2010). Park (2010) suggests that acceptance may be indicative of meanings made (similar to posttraumatic growth), rather than a factor that enhances the growth process.

Importantly, the presence of prosocial adults and the total number of social and emotional resources experienced did moderate the relationship between childhood maltreatment and posttraumatic growth. Students who reported maltreatment and endorsed feeling supported by adults outside of family members reported greater experiences of posttraumatic growth. This finding highlights the importance of mentorship, and particularly for individuals who report a history of abuse and neglect. The moderating effect of prosocial adults on posttraumatic growth also highlights the importance of social support and the social context for individuals who report a history of maltreatment. Results suggest that individuals who have an identified person
outside of the family who cares about and looks out for them may help these individuals grow from adversity. Helping individuals who have experienced maltreatment connect with mentors outside of the family may be an important intervention.

Students who endorsed a history of maltreatment and reported a greater number of social and emotional resources in their lives in general, also reported greater posttraumatic growth. This finding lends itself well to the idea that multiple protective factors, and their relationships with each other, are implicated in the experience of posttraumatic growth for students who report a history of abuse and neglect. This finding also draws attention to the connection between posttraumatic growth and resiliency.

Research has found that social and emotional resources (and specifically the SERI) predict resiliency in college students who report a history of maltreatment (Maples, Park, Nolen, & Rosén, 2014). This study found that social and emotional resources both predicted and moderated the relationship between childhood maltreatment and posttraumatic growth. In both cases, protective factors appear to play a key role in helping individuals manage after a trauma. The difference appears to be in how the outcomes (resiliency and posttraumatic growth) are measured. For resiliency, the focus is on adaptation and measures of current functioning. For posttraumatic growth, the focus is on a self-identified process involving insight and reflection. However, the two constructs appear to be tapping into and appear highly related to the underlying construct of access to social and emotional resources.

Limitations and directions for future research

This study relied on self-report of maltreatment. College students read the legal definitions of physical abuse, sexual abuse, emotional abuse, and neglect and were asked to report if they had experienced this. Although the use of legal definitions allowed for consistency, it also introduced a certain amount of subjectivity in the ratings and assumes that participants are accurate in their ability to report on previous life experiences. In addition, causal interpretations cannot be made from this study. We cannot say that certain social and emotional resources cause individuals to experience posttraumatic growth, but we can say that protective factors appear to be highly important and related to the posttraumatic growth process and to an individual’s ability to reflect on a trauma as a growth experience. Conclusions are also limited by this study’s focus on a college student sample that identified overwhelmingly as Caucasian/white. As a result of their identity these students’ undoubtedly have access to greater resources and supports, which confounds the results and clearly limits the generalizability. In addition, college matriculation involves a fair amount of prior success indicating that these students have
adjusted, at least in part, to their earlier abuse history. This, no doubt, restricted the range of scores on our measures and increased the likelihood that these participants would score well on our measures of PTG and protective factors. This may have attenuated our results and led to the lack of other protective variables functioning as moderators in our study and may have contributed to the limited amount of variance (7.9%) in posttraumatic growth accounted for by these variables.

**Implications and conclusion**

This study sought to investigate the relationship between maltreatment and posttraumatic growth in college students. Focus was paid to which protective factors enhance a student’s ability to experience posttraumatic growth. Results revealed that about 52% of the sample identified as having experienced maltreatment growing up. An overwhelming majority (91%) of participants who reported maltreatment growing up also reported growth from the experience, including strengthened relationships, new interest areas, and increased personal strength. Positive reframing, acceptance, and emotional support all significantly predicted posttraumatic growth. The presence of prosocial adults and having more social and emotional resources in general moderated the relationship between childhood maltreatment and posttraumatic growth, such that having experienced a greater number of these protective factors was associated with greater posttraumatic growth. Results also help inform treatment and interventions for individuals who report a history of maltreatment, which starts with the potentially powerful role of a supportive adult (e.g., mental health professional). Many students experience abuse at the hands of family members and close relatives. College may provide the “escape” these students need to actively and successfully cope with their experience. The involvement of college mental healthcare providers allows the student to experience a safe haven, and receive skilled counseling and emotional support. Forming a safe, trusting therapeutic relationship with the student is key, and a necessary precursor to facilitating self-awareness and emotion-regulation skills, critical experiences that may not have been afforded to the student previously.

Within the therapeutic relationship, providers are also encouraged to explore how acceptance and positive reframing may impact the trauma recovery process. While our assessment of acceptance did not particularly conform to any theoretical orientation (e.g., Dialectical Behavior Therapy (DBT) or Acceptance and Commitment Therapy (ACT)), the notion of “radical acceptance” in DBT is often utilized with individuals who have experienced trauma. Here, it may be particularly important to emphasize that acceptance does not mean approval, but more acknowledgement of, and less avoidance of, the event. Finally, positive reframing may include utilizing
DBT and ACT interventions to help uncover maladaptive beliefs and the role of language in perpetuating experiences of guilt, shame, and suffering. Overall, we encourage providers to gather information related to their student’s access to protective factors, to target interventions based on increasing a student’s social and emotional resources, and to pay attention to the importance of their role as trusted mentor and model.

References


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