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Abstract

Child sexual abuse can have devastating and long-lasting consequences for its victims, although some survivors manifest resilience or growth in the aftermath of abuse. This study explored resilience and thriving, assessed with life satisfaction ratings, in 47,869 self-identified survivors participating in a large cross-sectional national survey. Life satisfaction in survivors was associated with being younger, female, White, employed, better educated, better paid, and being in intimate relationships. The context of the abuse was not very important for predicting adult psychological status, but lesser severity of abuse and fewer additional traumatic experiences were positively associated with satisfaction. The Big Five personality variables were important predictors of satisfaction: Well-being was associated with greater extraversion, agreeableness, and conscientiousness, as well as lower openness and neuroticism. Studying thriving after trauma may be a fruitful avenue for future research and may assist in the development of treatment and prevention programs.

Keywords

child sexual abuse, adulthood, resilience, thriving, life satisfaction

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Child sexual abuse (CSA) is widely viewed as a psychological and physical trauma (Wise, 2007) associated with more severely negative long-term outcomes for victims than any other type of child maltreatment (Fitzpatrick et al., 2010). In essence, CSA involves pressuring, manipulating, or coercing people under 18 years of age to engage in sexual activities with older people even though the children are psychologically and developmentally unable to consent to or understand the behavior (Smallbone, Marshall, & Wortley, 2008). Such experiences may engender feelings of fear, betrayal, helplessness, horror, and confusion (American Psychiatric Association, 2000; DePrince & Freyd, 2002). Because CSA is defined differently in various scientific, medical, clinical, and legal communities with respect to issues such as the perpetrators' intent, the amount of harm occasioned, the ages of the victims and perpetrators involved, and the definitions of "sexual" behavior (Smallbone et al., 2008), however, estimates of its prevalence vary widely (Fallon et al., 2010). Research suggests that between 7% and 36% of women and 3% and 29% of men internationally have experienced CSA, and these estimates have remained relatively constant for nearly two

decades (Finkelhor, 1994; Pereda, Guilera, Forns, & Gómez-Benito, 2009).

Both short- and long-term effects of CSA have been described by clinical researchers (e.g., see Putnam, 2003; Tyler, 2002). Those who have experienced CSA are at greater risk than nonvictimized peers for a variety of long-term physical health problems (including gastrointestinal problems, chronic pelvic pain, cardiopulmonary symptoms, general pain, and obesity) that lead them to seek medical care more often and to have more negative views of their own health (Golding, Cooper, & George, 1997; Hulme, 2000; Irish, Kobayashi & Delahanty, 2010) as well as for impaired psychological and social functioning (Beitchman et al., 1992; Kendall-Tackett, Williams, & Finkelhor, 1993; Polusny & Follette, 1995; Putnam, 2003; Swanston et al., 2003; Vigil & Geary, 2008) and interpersonal difficulties, including reduced

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sexual satisfaction, confusion about their sexual orientation, and a tendency to engage in sexually risky behaviors (Beitchman et al., 1992; Kendall-Tackett et al., 1993; Polusny & Follette, 1995; Putnam, 2003).

Research shows that more “severe” abuse—characterized by its longer duration, use of force, the identity of the perpetrator as a father figure, and/or experience of penetration—tends to increase the likelihood of negative outcomes for survivors (e.g., Beitchman et al., 1992; Putnam, 2003). Postpubertal rather than prepubertal abuse is also more damaging to CSA victims, perhaps because older age at onset of abuse is correlated with other variables, such as the experience of penetrative abuse (e.g., Beitchman et al., 1992) or because adolescence is already a period of heightened vulnerability and stress (Arrington & Wilson, 2000; Kilpatrick et al., 2003). Many CSA victims experience other kinds of child maltreatment and family disruption as well (Dong, Anda, Dube, Giles, & Felitti, 2003), and those who experience multiple childhood stressors tend to be affected more severely (Lavi & Solomon, 2005; Naar-King, Silvern, Ryan, & Sebring, 2002).

The negative effects of CSA are evident even when researchers control for variables such as age, gender, family income, subsequent victimization, and physical abuse (e.g., Lansford et al., 2002), but enduring long-term adverse consequences may not be inevitable. In response to calls for a focus on health rather than pathology in psychology (Ickovics & Park, 1998; Seligman & Csikszentmihayli, 2000), increasing attention has been paid recently to individuals who manifest nonnegative (“resilient”) and positive (“growth”) long-term responses to traumatic events such as CSA (e.g., Bryant-Davis, 2008; Sanford, 1991).

Operational definitions of *resilience* vary considerably and are hotly debated (Haskett, Nears, Sabourin Ward, & McPherson, 2006; Mandleco & Peery, 2000; Williams & Nelson-Gardell, 2012), though in general the term refers to individuals who return to normal levels of functioning rather than deterioration following traumatic events (Carver, 1998) or who show competency in appropriate developmental tasks (Masten & Powell, 2003) despite maladaptive circumstances and who do not show the symptomology typically associated with maladaptation (DuMont, Widom, & Czaja, 2007). Years of research provide compelling evidence that resilience is a common and fundamental feature of normal coping skills (Masten, 2001). Resilience may also be evident in CSA survivors: DuMont and colleagues (2007) found that 30% of the victims of abuse and neglect were resilient in young adulthood (defined by competence in multiple domains, such as education and employment), whereas Hyman and Williams (2001) found that 29% of CSA survivors were competent in some domains of adult functioning, with 18% competent in a majority of domains.

For some survivors, addressing trauma may also provide opportunities for subjective positive change, and this has

become the focus of recent research on “benefit finding” (Affleck & Tennen, 1996), “adversarial growth” (Linley & Joseph, 2004), “thriving” (O’Leary & Ickovics, 1995; Bryant-Davis, 2008), and “posttraumatic growth” (PTG; Calhoun & Tedeschi, 1998), the most common term. PTG tends to occur in three general domains: changes in perceptions of self, changes in relationships with others, and changes in the philosophy of, appreciation of, and approach to life (Calhoun & Tedeschi, 1998).

Unfortunately, however, few researchers have studied resilient and growth responses to CSA. For example, Lev-Wiesel, Amir and Besser (2004) identified female CSA survivors in Israel who had experienced PTG, whereas McMillen, Zuravin, and Rideout (1995) reported that 47% of the American female CSA survivors whom they interviewed identified some benefits. Other researchers have identified CSA survivors who are “asymptomatic” (e.g., McGloin & Widom, 2001), suggesting resilience, although such functioning is often attributed to unusual coping styles or to the fact that the abuse was not severe (Bonanno & Mancini, 2008; Putnam, 2003; Williams & Nelson-Gardell, 2012). Similarly, there are few studies exploring the demographic and psychological characteristics of thriving CSA survivors.

To investigate more thoroughly the factors associated with resilient and thriving outcomes in adult survivors of CSA, we focused in the present study on individuals who completed a survey in which they were questioned about childhood experiences (including experiences of CSA), personality, their current circumstances, and life satisfaction or well-being. Well-being is increasingly viewed as a desirable goal producing beneficial outcomes for individuals and for society (e.g., Camfield, Streuli, & Woodhead, 2009; Diener, 2006; Lyubomirsky, King, & Diener, 2005; Lee & McCormick, 2004). It indicates that individuals have the material standards of living necessary for welfare, are satisfied with life, feel at ease with their place in the world, and are healthy (White, 2008). Life satisfaction is a global measure of subjective well-being that reflects the respondents’ evaluation of their current circumstances (Diener, 2006) and thus may better represent the concept of posttraumatic “growth” or “thriving” after trauma than the measures of PTG that have been used previously.

Which factors might be associated with well-being in CSA survivors? As mentioned, previous research has emphasized factors such as the severity of the abuse, the victims’ ages at the time of onset, and the experience of additional traumatic events. In the wider resilience and PTG literature, factors such as greater social support (e.g., being in intimate relationships), education, and income have been found to buffer the adverse effects of trauma (Grossman, Cook, Kepkep, & Koenen, 1999; Masten & Powell, 2003), and these factors are also moderately associated with greater well-being in the general population (Diener, Sandvick, Seidlitz, & Diener, 1993; Dolan, Peasgood, & White, 2008). These factors were thus explored in the present study, in which we also considered personality.

Surprisingly little attention has been paid to the association between resilience and dimensions of personality. However, the five-factor model is widely recognized as a way of organizing and understanding personality traits (McCrae & John, 1992; Talbot, Duberstein, King, Cox, & Giles, 2000) that seem to be universal (McCrae & John, 1992; McCrae & Terracciano, 2005) and are associated with life outcomes and behaviors via their influence on how individuals construe, modify, attend to, and interact with their environments and experiences (John, Naumann, & Soto, 2008).

Scores on these dimensions are also consistently linked to measures of subjective well-being. Extraversion (activity, assertiveness, outgoingness), in particular, but also agreeableness (generosity, kindness, sympathy) and conscientiousness (efficiency, organization, reliability) are associated with higher subjective well-being, whereas neuroticism (anxiety, instability, guilt proneness) is associated with lower subjective well-being (DeNeve & Cooper, 1998; Gutierrez, Jimenez, Hernandez, & Puente, 2005; Parker, Martin, & Marsh, 2008). McCrae and Costa (1991) have suggested that high agreeableness and conscientiousness should increase the probability that individuals would have more positive social experiences and greater achievements, leading to a greater sense of subjective well-being. In addition, extraversion may improve the quantity and quality of relationships with others (DeNeve & Cooper, 1998) while directly predisposing positive affect, whereas neuroticism is associated with negative affect, thereby directly influencing happiness (Larsen & Eid, 2008; McCrae & Costa, 1991). Openness (curiosity, imaginativeness, originality) is thought to have a negligible effect on well-being because it predisposes individuals to experience both positive and negative events (DeNeve & Cooper, 1998). However, in a unique study of posttraumatic adjustment, McCrae and Costa (1986) found that those low in neuroticism, high in extraversion, and high in openness tended to rely to a greater extent on "drawing strength from adversity" as a coping style.

In sum, we sought to explore the correlates of negative, resilient, and positive responses to CSA, hypothesizing that being in an intimate relationship and having higher incomes and educational attainments would be associated with greater satisfaction. More satisfied individuals were also expected to have experienced less severe abuse, at a younger age, and less additional trauma than less satisfied survivors. We also hypothesized that satisfied survivors would be more open, extraverted, conscientious, and agreeable and less neurotic than those who were less satisfied.

Method

Design

A subsample of cases was drawn from data collected as part of an online survey advertized and hosted by the

British Broadcasting Corporation (BBC) on its "Lab UK" Web site (<https://ssl.bbc.co.uk/labuk/experiments/personality/>). The survey, called "The Big Personality Test," contained items pertaining to demographic and life histories (childhood, health, education, employment), personality, and well-being, among other topics (see Appendix for the sections of the survey relevant to the present study). All items were answered using multiple-choice format, producing numeric data. The data used in the present analysis were collected between November 17, 2009, and April 14, 2011.

Procedure

Before electing to participate, individuals were provided with information about the survey's goals and nature and were informed of their right to withdraw at any time and to ignore any questions. Participants were again reminded of the option to skip sensitive questions when they accessed the Your Childhood section of the survey. The survey could be completed at leisure but took approximately 30 minutes to complete. After completion, participants were given information about their personalities and the contact details of organizations with which they might discuss any negative responses triggered by the survey.

Participants and sampling

A total of 588,014 participants responded by April 14, 2011. This sample was reduced for the present study to include only those who answered *yes* to the question "Did you have a traumatic sexual experience (raped, molested, etc.)?" in the Your Childhood section of the survey (see Appendix): 49,442 individuals stated that they had experienced CSA as a child (8.4% of the total sample, 11.1% of those who answered the question). This subsample was further reduced to 47,869 individuals by excluding respondents who had missing data for the Satisfaction With Life Scale score or whose self-reported age was less than 18 years or greater than 80 years.

Measures

Satisfaction With Life Scale. Life satisfaction was measured with the Satisfaction With Life Scale (Diener, Emmons, Larsen, & Griffin, 1985): a five-item, single-factor measure. Participants selected responses from a 7-point scale from *strongly agree* to *strongly disagree* in response to statements pertaining to their feelings about various aspects of their lives (see Appendix). The scale has been shown to have good convergent validity with other measures of subjective well-being and some objective measures of "doing well," good discriminant validity, and moderate temporal reliability (Pavot & Diener, 1993). The internal consistency of the scale was also high in our subsample (Cronbach's $\alpha = .91$).

Childhood Traumatic Events Scale. The Childhood Traumatic Events Scale (Pennebaker & Susman, 1988) contains items asking whether respondents had experienced any of six potentially traumatic events in childhood (*yes, no, rather not say*) and, if so, at what age (0–2, 3–5, 6–8, 9–11, 12–14, or 15–17 years) and how traumatic these events were (1 = *not at all traumatic*, 7 = *extremely traumatic*). Four of these items were adapted for the BBC survey, addressing (a) the experience of the death of a parent or other close family member, (b) major upheaval between parents such as separation or divorce, (c) traumatic sexual experiences, and (d) violence other than sexual abuse (see Appendix). We used the “experience of sexual abuse” item to select respondents for the study. The items pertaining to it—“How old were you?” and “How traumatic was this?”—were used in later analyses as independent variables. The responses to the remaining three trauma experience items were recoded into a new variable, *additional trauma*, a cumulative measure of the number of *yes* responses to these three items.

Big Five Inventory. The Big Five Inventory (John, Donahue, & Kentle, 1991) was used to measure five personality dimensions based on 44 items consisting of short phrases describing personality characteristics (e.g., “is talkative,” “tends to find fault with others”). Respondents were asked to specify the extent to which each statement applied to them on 5-point Likert scales (*strongly disagree* to *strongly agree*; see Appendix). Aggregate scores on each of the five personality factors were produced from these item scores and were subsequently used in analyses. The internal consistency of each subscale in our sample was high, with Cronbach’s alphas of .85 for extraversion, .76 for agreeableness, .83 for conscientiousness, .83 for neuroticism, and .80 for openness to experience.

Single-item measures. The remainder of the variables of interest in the present study were assessed with single-item measures. Demographic information was collected, with respondents indicating their age, gender, ethnic group, highest level of formal schooling, occupational status, income, and intimate relationship status (see Appendix).

Results

The adults composing the subsample of CSA survivors represented a somewhat diverse group. Table 1 presents the descriptive statistics for all variables. Participants were largely female (83%), White (86%), employed (93%), and in intimate relationships (71%). However, participants ranged in age from 18 to 80 years ($M = 37.38$, $SD = 13.22$ years), and their personality profiles and ages at the time of the abusive experience also varied, although most reported that the abuse had been severe ($M = 5.05$, $SD = 1.72$, on a scale from 1 to 7). Participants were fairly evenly spread among category levels of *education* and *income*. To assess the effect of the

demographic, personality, and personal history (including abuse-related) variables on well-being following CSA, a series of multiple regression analyses were performed.

Model 1

Demographic variables (age, gender, ethnicity, employment status, educational attainment, income, and relationship status) were entered into the model first. We hypothesized that greater educational attainment, income, and being in intimate relationships would be associated with greater life satisfaction in CSA survivors. Indeed, scores on these variables explained a significant proportion of the variance in life satisfaction among survivors, but the effect size was not very large: Only 16% of the variance could be accounted for by demographic variables, $R^2 = .16$, $F(7, 29,964) = 788.53$, $p < .001$. Being older, female, White, employed, and in intimate relationships was positively associated with increased life satisfaction for survivors, with the last making the largest contribution to life satisfaction (see Table 2, Model 1). As expected, higher income and educational levels were also positively associated with higher life satisfaction in survivors.

Model 2

Next, we added abuse-related variables to the model: “age at time of abuse,” “severity of abuse,” and “additional trauma.” Given previous research, we hypothesized that less severe abuse, with fewer additional traumatic experiences, at younger ages would be associated with greater life satisfaction in adulthood. However, this was not the case. The addition of these variables produced a significant model, $R^2 = .16$, $F(10, 29,961) = 589.46$, $p < .001$, representing a significant, though very small, improvement in fit over the previous model, R^2 change = .009, F change (3, 29,961) = 105.68, $p < .001$. However, as shown in Table 2, Model 2, “severity of abuse” was the only CSA-related variable to significantly predict survivor life satisfaction; age at the time of the abusive experience did not seem to affect adult life satisfaction. However, additional traumatic experiences during childhood were predictive of life satisfaction, with additional trauma related negatively to later satisfaction.

Final model (Model 3)

Finally, personality variables were added into the model. We hypothesized that personality traits would be associated with life satisfaction in survivors, with more satisfied survivors being more open, conscientious, extraverted, agreeable, and less neurotic. We found that personality had a highly significant and robust effect, improving the amount of variance explained in survivors’ life satisfaction to 32%, $R^2 = .32$, $F(15, 29,956) = 917.50$, $p < .001$. Holding the previously

Table 1. Descriptive Statistics for the Sample

Characteristic	<i>n</i>	%	<i>M</i>	<i>SD</i>
Gender				
Male	8,076	16.9		
Female	39,793	83.1		
Current age	47,869		37.38	13.22
Ethnicity				
White	39,541	84.1		
Asian/Asian British—Indian, Pakistani, Bangladeshi	1,852	3.9		
Black/Black British	1,057	2.2		
East/South-East Asian	521	1.1		
Middle Eastern	326	0.7		
Mixed race—White and Asian/Asian British	356	0.8		
Mixed race—White and Black/Black British	401	0.9		
Mixed race—other	1,187	2.5		
Other	1,018	2.2		
Education				
Did not complete GCSE/CSE/O-levels	2,846	7.1		
Completed GCSE/CSE/O-levels	8,202	20.5		
Post-16 vocational course or A-levels	9,164	22.9		
Undergraduate course	11,835	29.5		
Postgraduate course	8,017	16.7		
Unemployed?				
Yes	3,149	6.6		
No	44,720	93.4		
Income, per annum				
Up to £9,999	5,855	15.6		
£10,000–£19,999	8,419	22.5		
£20,000–£29,999	7,789	20.8		
£30,000–£39,999	5,473	14.6		
£40,000–£49,999	3,411	9.1		
£50,000–£74,999	3,822	10.2		
£75,000 or more	2,720	7.3		
Intimate relationship?				
No	13,519	28.6		
Yes	33,769	71.4		
Age at time of abuse				
0–2	391	0.8		
3–5	4,634	9.9		
6–8	10,286	21.9		
9–11	10,946	23.3		
12–14	10,968	23.4		
15–17	9,698	20.7		
Severity of abuse ^a	47,270		5.05	1.72
Additional trauma ^b	45,578		1.08	0.90
Openness ^c	47,869		3.80	0.64
Conscientiousness ^c	47,869		3.60	0.71
Extraversion ^c	47,869		3.27	0.82
Agreeableness ^c	47,869		3.73	0.64
Neuroticism ^c	47,869		3.15	0.82
Satisfaction with life ^a	47,869		4.38	1.49

Note: GCSE = General Certificate of Secondary Education; CSE = Certificate of Secondary Education.

^aScale, 1–7.

^bScale, 0–3.

^cScale, 1–5.

entered demographic and abuse-related variance in the population constant, personality variables accounted for an increase of 15% in the ability of the model to predict life satisfaction in survivors, R^2 change = .15, F change (5, 29,956) = 1,315.04, $p < .001$. The personality and demographic variables thus contributed roughly equally to the model overall.

In the final model including all variables, being employed ($\beta = .11$, $t = 23.05$, $p < .001$), having a higher current income ($\beta = .10$, $t = 19.61$, $p < .001$), and being in an intimate relationship ($\beta = .21$, $t = 42.23$, $p < .001$) remained most strongly associated with high life satisfaction. However, current age became negatively associated with life satisfaction, suggesting that personality variables moderated the effect of age on well-being (see Table 2, Model 3). CSA-specific variables were much less important than other variables in predicting survivor outcomes. Age at time of abuse was not significant, whereas the severity of the CSA experience was negatively related to later satisfaction. Additional traumatic experiences contributed to decreased later satisfaction also, with larger effect size ($\beta = -.06$, $t = -12.15$, $p < .001$). The effects of personality on the prediction of life satisfaction were particularly notable. The most robust predictor of life satisfaction in the final model was neuroticism: Those who were more neurotic were also much less satisfied ($\beta = -.29$, $t = -50.85$, $p < .001$). However, greater conscientiousness ($\beta = .08$, $t = 14.97$, $p < .001$), extraversion ($\beta = .13$, $t = 23.42$, $p < .001$), and, to a lesser extent, agreeableness ($\beta = .06$, $t = 11.05$, $p < .001$) contributed to increasing well-being for survivors. Finally, and contrary to our hypothesis, openness to experience was moderately but negatively related to life satisfaction.

Discussion

In this study, we aimed to explore the factors associated with life satisfaction among adult survivors of CSA. We used a quantitative measure of well-being after abuse—self-reported life satisfaction—and our results added to the evidence that some CSA survivors function well, or very well, in adulthood (DuMont et al., 2007; Hyman & Williams, 2001; Sanford, 1991). Which characteristics were associated with positive outcomes? Using a hierarchical multiple regression analysis in which variables were entered in three stages, we found that abuse-specific and, especially, personality variables were important predictors of life satisfaction for CSA survivors, after taking into account the effects of those demographic variables that are often associated with subjective well-being (current age, gender, ethnicity, employment status, income, and relationship status; Dolan et al., 2008). Positive outcomes were more likely for female, young, White, and employed individuals, who earned more money, were highly educated, were in intimate relationships, and who had suffered fewer additional traumatic experiences in childhood. Satisfied survivors were also more extraverted, agreeable, conscientious, as well as less open and neurotic, than peers with lower life satisfaction.

Researchers have measured various abuse-related variables in their attempts to explain variance in CSA outcomes (e.g., Beitchman et al., 1992), but we found that these variables were much less predictive of postabuse outcome than previously supposed. Age at the time of abuse was not significantly related to later life satisfaction, and greater severity of

Table 2. Hierarchical Multiple Regression Models for Predicting Life Satisfaction

Variable	Model 1		Model 2		Model 3	
	B (SE)	β	B (SE)	β	B (SE)	β
Intercept	1.91 (.05)		2.41 (.07)		3.03 (.10)	
Current age	.01 (.00)	.05*	.00 (.00)	.04*	-.00 (.00)	-.03*
Gender (0 = female, 1 = male)	-.27 (.02)	-.07*	-.29 (.02)	-.08*	-.26 (.02)	-.07*
Ethnicity (0 = White, 1 = other)	-.12 (.03)	-.03*	-.10 (.03)	-.02*	-.17 (.02)	-.04*
Education	.11 (.01)	.09*	.09 (.01)	.07*	.08 (.01)	.06*
Employment (0 = unemployed, 1 = employed)	1.02 (.04)	.15*	.99 (.04)	.15*	.78 (.03)	.11*
Income	.13 (.01)	.16*	.13 (.01)	.15*	.09 (.00)	.10*
Intimate relationship (0 = no, 1 = yes)	.77 (.02)	.22*	.77 (.02)	.22*	.72 (.02)	.21*
Age at time of abuse			.01 (.01)	.01	.01 (.01)	.01
Severity of abuse			-.04 (.01)	-.05*	-.03 (.00)	-.04*
Additional trauma			-.12 (.01)	-.07*	-.10 (.01)	-.06*
Openness					-.05 (.01)	-.02*
Conscientiousness					.17 (.01)	.08*
Extraversion					.23 (.01)	.13*
Agreeableness					.11 (.07)	.06*
Neuroticism					-.52 (.01)	-.29*

Note: For Model 1, R^2 is .156 and the F for the change in R^2 is 788.53 ($p < .001$). For Model 2, R^2 is .164 and the F for the change in R^2 is 105.68 ($p < .001$). For Model 3, R^2 is .314 and the F for the change in R^2 is 1315.04 ($p < .001$).

* $p < .001$.

the abuse experience only moderately related to reduced life satisfaction. Participants who perceived abuse to be less severe also managed to recover from it more fully. Additional trauma was, however, significantly and moderately predictive of later well-being. Thirty-seven percent of our sample experienced at least one additional traumatic event, confirming the notion that CSA does not typically occur in isolation and that family or other traumatic contexts also affect outcomes (Beitchman et al., 1992; Dong et al., 2003). In our study, each additional reported trauma (parental divorce or separation, family member death, and/or physical abuse) resulted in lower self-reported life satisfaction in adulthood. Each additional trauma is likely to have negative sequelae that add to and may exacerbate the effects of CSA (Lavi & Solomon, 2005). Families that are characterized by numerous negative events in addition to CSA are also likely to deny victims the kind of supportive home environments often associated with better coping in the face of trauma (Lambie, Seymour, Lee, & Adams, 2002).

Education, employment status, income, and relationship status improved the effectiveness of our model's ability to predict life satisfaction substantially more than the previously discussed variables. Greater education, being employed, having a higher income, and being in relationships were positively related to self-reported well-being in CSA survivors. Social support in the form of intimate relationships may promote well-being by generating positive affect, a sense of stability, and recognition of self-worth (Cohen & Wills, 1985), which may be valuable coping resources for CSA survivors (Dolan et al., 2008; Grossman et al., 1999), just as parents, teachers, and peers often are for young victims (e.g., Helgeson & Cohen, 1996). Education may also be an important resource upon which individuals can draw in the aftermath of trauma (Lambie et al., 2002; Masten & Coatsworth, 1998; Masten & Powell, 2003), and resilient survivors have also identified education as a distraction from abuse (Grossman et al., 1999). Survivors with higher incomes may be better able to access counseling and invest in other means of recovery (Grossman et al., 1999) and are also less likely to experience the additional stresses related to low income that could compound the effects of CSA. There are also significant, though modest, associations between greater income and greater life satisfaction (Diener et al., 1993; Dolan et al., 2008).

Few researchers have explored the relationship between coping with trauma and personality, although personality has been linked to subjective well-being and other life outcomes, such as job preferences, health, and success in relationships (John et al., 2008). Our results replicated positive associations among extraversion, agreeableness, conscientiousness, and subjective well-being, as well as the negative associations between satisfaction and neuroticism (e.g., DeNeve & Cooper, 1998). However, we failed to confirm McCrae and Costa's (1986) suggestion that more open individuals were

more likely to "draw strength from adversity," with higher openness moderately related to decreased satisfaction in our results. McCrae and Costa (1991) suggest that being more open may predispose individuals to experience more positive and negative events, which may therefore "balance out" any effect on subjective well-being. In our sample, negative events may have affected survivors' happiness more than they would nonabused populations because negative events were perceived or experienced as additional stressors that exacerbated the CSA trauma.

Extraversion is thought to predispose individuals to positive affect and, with agreeableness, predicts a greater quantity and quality of social relationships (DeNeve & Cooper, 1998). Conscientiousness is associated with greater achievement (DeNeve & Cooper, 1998). However, these traits may also confer additional benefits on those who thrive after CSA. In a unique study, Diener and Seligman (2002) compared the upper 10% of consistently happy people from a college sample of 222 against average and very unhappy people. They found, as we did, that very satisfied people were more extraverted and agreeable and less neurotic than less satisfied people. However, Diener and Seligman did not find very happy students to be more conscientious or less open to experience. Because conscientiousness was strongly related to satisfaction in our sample of survivors, it seems that this trait has special significance for successful coping with trauma. Conscientious people set higher goals for themselves, are more highly motivated, and achieve more than less conscientious individuals (Barrick & Mount, 1991; Boyce, Wood, & Brown, 2010). Achieving one's goals enhances happiness (DeNeve & Cooper, 1998). Therefore, survivors of CSA who are highly conscientious may set higher recovery goals: aiming to overcome their trauma fully. Striving for and achieving this goal may enhance life satisfaction.

Finally, although personality distinguished between highly satisfied and other survivors much more successfully than other demographic and abuse-specific variables, aside from current income¹ and relationship status, these factors together accounted for around only 31% of the variance in survivors' life satisfaction. It thus seems that other factors (not included in our analysis) must be considered to differentiate properly among poor post-CSA outcomes, resilience, and thriving in well-being. For example, trauma researchers have suggested that optimism, the attribution of blame for the trauma, counseling or psychotherapy, spirituality, altruism, and self-esteem all affect survivor outcomes (Feinauer & Stuart, 1996; Grossman et al., 1999; Masten & Powell, 2003). Investigation of these additional variables could therefore be a fruitful avenue for further research.

Clearly, nonnegative outcomes after CSA are not only possible but may actually be common. Some survivors of CSA are able to overcome the experience and do well, achieving average and above-average levels of life satisfaction. Further

research into the concept of “thriving survivors” is thus warranted. The present study is only a first attempt to characterize those who are resilient or thrive following experiences of CSA, and a great deal more research is required to replicate the present findings and identify other important factors. It would be valuable to replicate our findings with a measure of well-being comprising scores aggregated from multiple measures, taken over time and standardized (cf., Diener & Seligman, 2002). Our conclusions are also limited by the cross-sectional and self-report nature of the study, which precluded any conclusions about causal relations.

Factors that characterize those whose psychological health is good or poor postabuse could be used to identify individuals who are least likely to thrive or be resilient and who might need more intense intervention or treatment following traumatic experiences (Carver, 1998). Noting the diversity of CSA experiences, Smallbone and colleagues (2008) proposed that treating professionals should focus initially on understanding variations in those experiences. However, CSA-specific variables accounted for very little of the variance in our study. A better approach to treatment might therefore involve acknowledging that survivors not only vary with respect to their levels of pathology but also have the potential for profound recovery. In response to research on resilience, the focus of prevention, intervention, and policy efforts for at-risk children has changed (Masten & Powell, 2003). Similarly, a focus on strengths and individual potential for positive development (Lerner, 2006) may also change our ways of thinking about interventions for those who have suffered trauma.

Studying growth or positive outcomes after CSA (and the conditions that foster them) may have benefits beyond risk and resilience research. A focus on resilience and thriving is likely to have implications for policy, intervention, and prevention programs that emphasize (a) well-being instead of (or together with) symptoms and disorder and (b) growth instead of just recovery (Ickovics & Park, 1998; J. Lerner et al., 2012). It can also broaden clinical understanding and give a new focus to therapy (Zoellner & Maercker, 2006), one that acknowledges that individuals may be changed by CSA but that some of those changes could be positive (Bryant-Davis, 2008). Furthermore, research on positive outcomes might be used to challenge or expand on existing conceptualizations of trauma and its sequelae while focusing attention on the negative connotations of the “sexually abused” label that may impede recovery by CSA survivors (see Holguin & Hansen, 2003; Lew, 1993; Malon, 2010; Sanford, 1991; Schwartz et al., 2010; Travers, 1999).

More generally, findings such as these, like those obtained by studying children who have been adopted after severe early deprivation and/or maltreatment (e.g., Rutter et al., 2010) and those documenting the appearance and frequent disappearance of positive effects following early intervention without supplementation (for a review, see Lamb & Ahnert, 2006, pp. 989–995), underscore the enormous plasticity that

characterizes human development across the life span (Lerner, 1984, 2006). Such findings serve as an important and salutary riposte to popular contrasting beliefs in the immutable effects of early experiences, whether positive or negative (Lerner, 1984, 2006). Clearly, humans are affected by their experiences, but the magnitude of those effects varies depending not only on the nature of the experiences but also on prior histories and on individual differences, such as those that may be reflected in aspects of temperament and personality (Lamb, 2012). Furthermore, the effects themselves are seldom fixed but open to the impact of later experiences (Brim & Kagan, 1980; Lamb, Thompson, Gardner & Charnov, 1985). Indeed, the very success of our species is surely attributable in large part to our extraordinary ability to continue adapting to changing circumstances (Gottlieb, 1997). This conclusion is both optimistic (because it underscores the possibility of successful intervention and amelioration) and humbling (because the effects of any intervention can always be overridden and because individual differences make it irresponsible to speak glibly of universal responses to any experience or intervention; J. Lerner et al., 2012).

Appendix

Big Personality Test

(<http://ssl.bbc.co.uk/labuk/experiments/personality>)

Section 1: About you.

- Gender
 - Male
 - Female
- Ethnic group²
 - Asian/Asian British—Indian; Pakistani; Bangladeshi
 - Black/black British
 - East/south-east Asian
 - Middle Eastern
 - Mixed race—white and Asian/Asian British
 - Mixed race—white and black/black British
 - Mixed race—other
 - White
 - Other
 - Rather not say

Section 2: Your education and work.

- Highest level of formal schooling:³
 - Did not complete GCSE/CSE/O-Levels
 - Completed GCSE/CSE/O-Levels
 - Completed post-16 vocational course
 - A-Levels
 - Undergraduate degree
 - Postgraduate degree
 - I am still in education
- What is your total gross annual or weekly household income?
 - Up to £9,999 per annum 199 per week
 - £10,000 to £19,999 per annum (£200 to £389 per week)

- £20,000 to £29,999 per annum (£390 to 579 per week)
- £30,000 to £39,999 per annum (£580 to £769 per week)
- £40,000 to £49,999 per annum (£770 to £969 per week)
- £50,000 to £74,999 per annum (£970 to £1,449 per week)
- £75,000 or more per annum (£1,450 or more per week)
- Don't know
- Rather not say

Section 3: Your personality.

I see myself as someone who:

- Is talkative
- Tends to find fault with others
- Does a thorough job
- Is depressed, blue
- Is original, comes up with new ideas
- Is reserved
- Is helpful and unselfish with others
- Can be somewhat careless
- Is relaxed, handles stress well
- Is curious about many different things
- Is full of energy
- Starts quarrels with others
- Is a reliable worker
- Can be tense
- Is ingenious, a deep thinker
- Generates a lot of enthusiasm
- Has a forgiving nature
- Tends to be disorganized
- Worries a lot
- Has an active imagination
- Tends to be quiet
- Is generally trusting
- Tends to be lazy
- Is emotionally stable, not easily upset
- Is inventive
- Has an assertive personality
- Can be cold and aloof
- Perseveres until the task is finished
- Can be moody
- Values artistic, aesthetic experiences
- Is sometimes shy, inhibited
- Is considerate and kind to almost everyone
- Does things efficiently
- Remains calm in tense situations
- Prefers work that is routine
- Is outgoing, sociable
- Is sometimes rude to others
- Makes plans and follows through with them
- Gets nervous easily
- Likes to reflect, play with ideas
- Has few artistic interests
- Likes to cooperate with others
- Is easily distracted
- Is sophisticated in art, music, or literature

Section 4: Your relationships.

- Are you currently in an intimate relationship?
 - Yes
 - No
 - Rather not say

Section 6: Your childhood. [Skippable]

- Did you experience a death of a parent or other close family member?
 - Yes
 - No
 - Rather not say
- Was there a major upheaval between your parents (such as divorce, separation)?
 - Yes
 - No
 - Rather not say
- Did you have a traumatic sexual experience (raped, molested, etc.)?
 - Yes
 - No
 - Rather not say
- How old were you?
 - 0–2
 - 3–5
 - 6–8
 - 9–11
 - 12–14
 - 15–17
 - Not applicable
- How traumatic was this?
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - Not applicable
- Were you the victim of violence (child abuse, mugged or assaulted -other than sexual)?
 - Yes
 - No
 - Rather not say

Section 8: Your aspirations and happiness.

Life Satisfaction.

Below are five statements with which you may agree or disagree.

- 1 Strongly agree
- 2 Agree
- 3 Slightly agree
- 4 Neither agree nor disagree
- 5 Slightly disagree
- 6 Disagree
- 7 Strongly disagree

- In most ways, my life is close to my ideal.
- The conditions of my life are excellent.
- I am satisfied with my life.
- So far, I have got the important things I want in life.
- If I could live my life over, I would change almost nothing.

Authors' Notes

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The authors declared that they had no conflicts of interest with respect to their authorship or the publication of this article.

Notes

1. Income and current age were also associated with high satisfaction much more than they were with average satisfaction but we suspect that this was due to their interactions with personality (e.g., Boyce & Wood, 2011).
2. Ethnicity was recoded into a dichotomous variable of "White" and "other ethnicity" for the analysis. "Rather not say" responses were treated as missing values.
3. The "I am still in education" response was treated as a missing value for the purpose of analysis. "A-levels" and "Post-16 vocational course" were combined so that the variable could be treated as ordinal.

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