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ORIGINAL ARTICLE

Roles of Emotional Reactions and Potency in Coping with Abusive Experiences of Indian Adolescent

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Abstract

Victimized children's perceptions of the severity of abusive incidents have been found to be associated with their willingness to disclose. However, the relationship between perceptions, disclosure, and coping processes of abused Indian adolescents, has rarely been studied. To explore the roles of emotional reactions associated with disclosure, and potency on individuals' perception of the severity of abusive incidents, reluctance to disclose, and posttraumatic stress symptoms. A randomly selected sample, consisting of 324 adolescents (aged 12 to 16) in Kolkata, India was included. Of these, 170 adolescents disclosed incidents of abuse last year. Data were analyzed by conditional process modeling. A moderated mediation analysis ($n = 170$) revealed that the overall perception of the severity of abusive incidents predicted greater reluctance to disclose ($B = .63$, $p < .0001$) through heightened emotional reactions, especially with a higher potency level ($B = .07$, $p < .05$; $B = .1$, $p < .05$). Potency moderated ($B = -.02$, $p = .01$) the effect of reluctance on posttraumatic stress symptoms. When tested on the entire sample (324) the results replicated the sub-sample (170). Adolescents revealed similar results irrespective of their exposure. The reluctance to disclose abuse is discussed from an Indian cultural and societal perspective.

Keywords Abuse · Perception · Disclosure · Coping · Posttraumatic stress symptoms · Indian adolescents

There is a general consensus among researchers that a worldwide problem of child abuse is influenced and fueled by cultural-societal practices and perceptions (Lev-Wiesel, First, Gottfried, & Eisikovits, 2016). India, according to the World Population Prospects report (2017), has become the second most populous country (1.34 billion people). The Census of India (2011) reported that children underage of 18 (37% of India's population) are susceptible to adverse childhood experiences and that child protection remains largely unaddressed (Carson et al., 2014). Issues such as overpopulation, poverty, illiteracy, child abandonment, and underreporting of incidents are some of the significant challenges for addressing childhood abuse and neglect (Carson et al., 2013). In a study conducted by the Indian Ministry of Women and Child Development (MWCD), 69% of the total sample reported having experienced physical abuse; 53% had been abused sexually and every second child had experienced emotional abuse (Kacker et al., 2007). A recent epidemiological study exploring the prevalence of child abuse in school environment in the state of Kerala, India, reported a lifetime prevalence of 78.5% physical, 85.7% emotional and 23.8% sexual abuse (Kumar et al., 2017). According to Indian socio-cultural beliefs and practices, the family is a closely-knit patriarchal structure (Choudhry et al., 2018). There is a greater tolerance of abusive practices in parenting styles where children are not acknowledged as independent individuals since requirements and demands in the relationships are exclusively controlled by parents (Singh et al., 2014; Carson et al., 2013; Deb, 2009). Recently, Bhattacharyya et al., (2018) reported that adolescents, in Kolkata, often find themselves in a double bind where they regard their parents as the ultimate providers of support yet are not sure they will receive support if they disclose their abusive experiences. Although any violence against children is a violation of the right to life and live with dignity under Article 21 of the Indian Constitution (Deswal, 2019), there is ample evidence of physical punishment practiced in schools across India (Morrow, & Singh, 2014; Ogando Portela, & Pells, 2015; Deb et al., 2016). The

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Government of India passed a special law, "Protection of Children from Sexual Offences" (POCSO, 2012), which incorporates sexual assault, sexual harassment and pornography involving children, as criminal offense (Sarkar et al., 2005). Although this legislation ensures guidelines for police officials and legal authorities to address the needs of the victims, there remains a lack of conscientious about the protective measures that the Indian Penal Code ensures (Kulkarni et al., 2016). Reporting of such cases becomes difficult when the victim is threatened by the perpetrator, when the perpetrator is a trusted person in the family, or due to the thought that the revelation would lead to a family rift or social scandal (Sharma, & Gupta, 2004; Kaur et al., 2019). It is thus, imperative to better understand adolescents' perceptions of abuse and the conditions of disclosure from an Indian socio-cultural perspective.

Perception of Childhood Abuse

Behaviors are considered abusive when the available evidence conforms to the criterion of harm stipulated by official regulations of the country (Drake et al., 2003). Perceptions of maltreatment remain subjective, and thus differ across racial, cultural, and ethnic backgrounds, and developmental stages (Fakunmoju et al., 2013; Ashton, 2010). People working in child protection sector follow the professional definitions of child maltreatment (Tomison, 2007), whereas, laypersons who are often not aware of these definitions may act according to their perceptions shaped by their society (Lev-Wiesel et al., 2019). Awareness and acceptance of the stimuli is critical in the perception process. For example, abusive parents were found more likely to justify their abusive behavior for reasons such as considerable environmental stresses, the children's defiant attitude, or enforcing discipline on children (Dietrich et al., 2010; Singh et al., 2014; Carson et al., 2013). How adolescents perceive incidents as abusive and which child maltreatment behaviors are required to be disclosed to adults, contribute to the gap between prevalence and disclosure of child maltreatment.

Conditions of Disclosure

Disclosure is a process unique to each victim (Lovett, 2004), although the likelihood of disclosing has been associated with the socio-motivational impediments of disclosure, including the child's appraisal of the possible consequences of disclosure (Glover et al., 2010; Malloy et al., 2011). Implications of disclosure have interrelated contexts, such as, the legal context where actions can be taken on credible accounts of abusive experiences and therapeutic contexts where disclosure enables mental health professionals to intervene psychological sequel, etc. (McElvaney, 2013; Alaggia et al., 2019). The disclosure of the strategy used by perpetrators to assure secrecy (Schönbucher et al., 2012), the weight of cultural norms (Fontes, & Plummer, 2010; Gilligan, & Akhtar, 2006; Kenny, & McEachern, 2000), fear of involvement of formal social service agencies (Rose et al., 2011), and the possibility of disclosure being misinterpreted (Miller, & Cromer, 2015) have all been documented. Regardless of the severity of the abusive incidents, the act of disclosure usually gives rise to higher levels of emotional reactions. These reactions often induce more of an inclination to behavioral responses like disclosure (Lev-Wiesel, & First, 2018). Likewise, emotional reactions during disclosure often evoke reciprocal reactions from the person to whom the victim is disclosing (Lueger-Schuster et al., 2015). Severe abusive experiences were found to moderate the relationship between emotional reactions and reluctance to disclose (Lev-Wiesel, & First, 2018). Evidence indicates that reluctance to disclose is associated with concerns about negative consequences of disclosure (Murray et al., 2014; Malloy et al., 2011), or negative social reactions to disclosure such as disbelief (Ullman, 2007).

Role of Coping Resources

Coping involves diverse cognitive and behavioral responses. Changing one's perception of a situation and integration of painful material is defined as a cognitive coping strategy, whereas avoiding the trauma-inducing situation is an example of a behavioral coping strategy (Lazarus, & Folkman, 1984; Walsh et al., 2010). Ben-Sira (1991) noted that effective coping results from the cumulative mustering of innate or achieved potentialities; i.e., personal resources, and support from the environment; i.e., social support. Studies have documented the mediating effect of coping processes on abusive experiences and distresses (Calvete et al., 2008; Lamoureux et al., 2012). By contrast there are only a few studies that have found moderation effects of coping resources leading to establishing better physical and psychological functioning (Tajima et al., 2011). Research has evidenced that traumatic impact of abuse often leads to the development of posttraumatic stress symptoms (Glover et al., 2010; Kienle et al., 2017), and disrupts the ability to modulate and regulate affect while facing stressful events in future (Schimmenti, 2017; Musetti, & Magnani, 2018).

In the current study, the role of potency was examined. Potency (Ben-Sira 1993; Lev-Wiesel et al., 2005) is a personal resource and is defined as the enduring confidence in one's own capabilities, an internal locus of control that enables emotional homeostasis, and a commitment to the social environment. High levels of potency were found to promote healthy and resilient psychosocial functioning following childhood

physical abuse (Lev-Wiesel et al., 2005; Lev-Wiesel, & Sternberg, 2012).

The Present Research

Early research was mainly concerned with exploration of the prevalence of child abuse (Kacker et al., 2007; Deb, & Walsh, 2012; Behere et al., 2013; Daral et al., 2016; Deb, & Mukherjee, 2011; Singh et al., 2014; Kumar et al., 2017). Based on the literature indicating that disclosure may be contingent on factors such as the victim's perception of abusive experiences and the expected consequences of the act of disclosure, the current study explored the roles of emotional reactions associated with the act of disclosure, and potency on individuals' perception of the severity of abusive incidents, and their willingness to disclose. Additionally, the study attempts to further understand the relationships between these variables and the level of posttraumatic stress symptoms in Indian adolescents.

Specifically, it examined the following hypotheses: 1) the perception of the overall severity of abusive incidents would predict reluctance to disclose (outcome), through emotional reactions as the potential mediating factor, contingent on the levels of potency as the moderating factor. 2) Potency would act as the moderating factor that may change the direction or magnitude of the relationship between reluctance to disclose and posttraumatic stress symptoms. The conceptual framework is depicted in Fig. 1, where perception of the severity of abusive incidents predicts reluctance to disclose through emotional reactions, contingent on the levels of potency. Potency moderates the relationship between reluctance to disclose and posttraumatic stress symptoms.

Methods

Participants and Procedure

The subject pool was composed of a randomly selected sample of 324 adolescents from randomly selected six public schools located in north, central and south Kolkata, India between the ages of 12 to 16 (Mean = 13.91; SD = 1.16). All the schools are administered by the state government and the medium of instruction was Bengali. The study was approved by the Ethics Committee of the Faculty of Social Welfare and Health Sciences, University of Haifa, Israel (Application no. 100/17), and by the University of Calcutta, India (0013/16–17/1363). Informed consent was obtained from all individual participants included in the study. The inclusion criteria were regular formal school attendance and residence with at least one biological parent. Adolescents were excluded if they had any history of psychiatric illness or intellectual deficits, if they were suffering from or had a history of physical disability, or if they were not living with either parent. After both the participants and their parents signed consent forms, the students completed the Juvenile Victimization Questionnaire (JVQ) by Finkelhor et al. (2005) in a one-to-one session.

A total of 170 adolescents (M = 14; SD = 1.21), disclosed a history of abuse in the last year, of whom 88 were females and 82 were males. These adolescents constituted the study group. The remaining 154 adolescents did not disclose any abusive experience during the last year; though they reported of having abusive treatments in their early childhood and also witnessed others being abused. The entire data collection process was conducted from December 2015 to December 2016.

The entire sample ($N = 324$) was provided with the questionnaire booklet, that included a – the Perception of Child Maltreatment Scale (Fakunmoju, & Bammeke, 2013), the Disclosure Traumatic Questionnaire (Mueller et al., 2008), the Potency scale (Ben-Sira, 1985), and the Child Post Traumatic Stress Disorder Symptom Scale (by Foa et al., 2001). The scales were translated into Bengali according to the appropriate guidelines (Beaton et al., 2000).

Measures

The Juvenile Victimization Questionnaire (JVQ) The Juvenile Victimization Questionnaire (JVQ) by Finkelhor, Humby, Ormord and Turner (2005) consists of 34 questions concerning victimizing acts in the previous year. The questionnaire has five modules: Conventional Crime, Child Maltreatment, Peer and Sibling Victimization, Sexual Assault, and Witnessing and Indirect Victimization. For the present study module B and D were used. Module B measures child maltreatment (e.g., "Not including spanking on your bottom, in the last year, did a grown-up in your life hit, beat, kick, or physically hurt you in any way?"). Module D measures sexual victimization (e.g., "In the last year, did a grown-up YOU KNOW touch your private parts ……force you to have sex?").Along with these modules, participants were asked whether they had witnessed or were aware of abusive treatments happening to others. The JVQ items show good construct validity where items correlated well with measures of traumatic symptoms. The measure shows sufficient test-retest reliability and the overall internal consistency reliability was reported to be.80.

The Perception of Child Maltreatment Scale (PCMS) The Perception of Child Maltreatment Scale (PCMS), by Fakunmoju and Bammeke, (2013) consists of 34 items measuring abusive behaviors related to emotional/psychological abuse (e.g., "Demeaning a child habitually"), sexual abuse (e.g., "Touching the breasts of a child for sexual pleasure"), child neglect (e.g., "Allowing a teenager to marry an adult"), child labor (e.g., "Forcing a 10 year old child to hawk food on

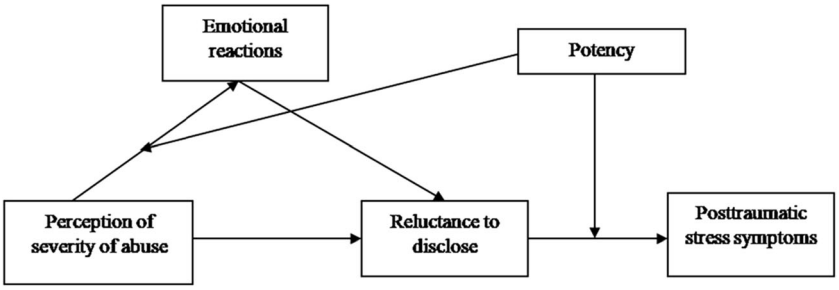

Fig. 1 Conceptual framework: perception predicts reluctance to disclose through emotional reactions, contingent on the levels of potency

the streets"), and physical abuse (e.g., "Beating a child to make him disciplined"). The overall internal consistency was 0.95. Items are rated on a Likert type four-point scale. The items of the original scale were modified during the translation process to make them more understandable to the said age group. Contrary to the original PCMS, respondents in the current study were asked to determine: a) the extent of "severity" of each situation as abusive or neglectful, ranging from "not at all abusive" (1) to "extremely abusive" (4), b) the extent to which a victim would get "help" in the given situations, ranging from "not at all" (1) to "extremely" (4), and c) the level of "suffering" of a victim as a result of each item experience throughout life, ranging from "not at all" (1) to "extremely" (4). The "perception score" was the average of all three subscales (severity, help, & suffering) that represented the overall perception of the severity of the abusive incidents. The "severity" subscale was aimed to measure the severity of each situation deemed abusive or neglectful. The second subscale "help" aimed to explore participants' perception of the possibility of obtaining social support in such abusive situations. The last subscale "suffering" reflected the participants' subjective perception of a victim's suffering or distress, in the given situations. The average of all three subscales; i.e., the "perception score", represented the overall severity of abusive incidents. In the current study, the Cronbach's alpha values for the three subscales were – .97 for severity, .95 for help, .96 for suffering and .96 for the perception score.

The Disclosure Traumatic Questionnaire (DTQ) The Disclosure Traumatic Questionnaire (DTQ) (Mueller et al., 2008), measures aspects of an individual's intention to disclose traumatic events. The 34 items are rated on a Likert scale, from 0 (not at all) to 5 (completely) and the scale consists of 3 subscales: "Reluctance to talk" (13 items) measuring resistance to talking with others about their trauma (e.g., "I find it difficult to talk to people about the incident"); "Urge to talk" (11 items) that assesses the victim's urge to disclose the traumatic experiences, and "Emotional reactions" during disclosure (10 items) which measures emotional states and experiences. The Cronbach's alphas for the DTQ instrument were reported to be .82 for reluctance to talk, .88 for urge to talk and .87 for emotional reactions. The reliability score of the subscales of the translated version were .75 for "Reluctance to talk", .80 for "Urge to talk" and .84 for "Emotional reaction".

The Potency Scale The Potency scale was developed by Ben-Sira (1985) and measures confidence in one's own capacities as well as confidence in an ordered, meaningful and just society. The Potency Scale is comprised of 19 statements assessing 4 personal qualities. These qualities are self-confidence (e.g., "I am able to do things as well as most other people"), control, social commitment, and social significance and order. For the present study a modified version of the original potency scale was used where items were modified to make them more understandable to the target age range. The items appear in statement form and respondents are requested to sort them according to six categories ("totally agree" - 1 to "totally disagree" -6) that correspond to different degrees of agreement with the statement. The internal consistency coefficient for this scale was reported to be.82. The Bengali version of the questionnaire showed a higher reliability score of .93.

The Child PTSD Symptom Scale (CPSS) The Child PTSD Symptom Scale (Foa et al., 2001) is a self-report questionnaire reflecting DSM-IV criteria,that yields a total score as well as scores on three subscales; i.e., "Re-experiencing" (Re-exp), "Avoidance" (Avoidnc) and "Hyper-arousal" (H-arousal). This is a 24-item scale where the first 17 items (e.g., "Having upsetting thoughts or images about the event that come into your head when you didn't want them to") measure PTSD symptoms in the past month. Responses of these 17 items are made on 4-point Likert-type scale ranging from 0 (not at all) to 3 (5 or more times a week). The items provide a PTSD symptom severity score. The last 7 items examine functional impairment as a result of PTSD and were not included in the present study. Internal consistency ranged from 0.70 to 0.89 for the total and subscale symptom scores. The CPSS has good test-retest reliability (.84 for the total score, .85 for re-experiencing, .63 for avoidance and .76 for hyper-arousal), with good convergent and discriminant validity. The Cronbach's alphas for the Bengali version of the questionnaire were –0.90 for the total score, 0.76 for the subscale re-experiencing, 0.75 for subscale avoidance and 0.75 for hyper-arousal.

Data Analysis

Statistical analysis was performed by SAS for Windows version 9.4. Continuous variables were reported by means and standard deviations. Normality was determined with the Shapiro-Wilk test and Kolmogorov-Smirnov test. Comparison of Occurrence of exposure to each child maltreatment type according to gender was performed using the Pearson chi-square test. Pearson correlations were calculated between all continuous parameters. To explore the relationship between perception score and reluctance, conditional process modeling was used to test for moderated mediation as outlined by Hayes (2013) using the PROCESS macro for model no. 7. Conditional process modeling, as outlined by Hayes (2013) using the PROCESS macro for model no. 1, was implemented to examine whether potency could moderate the relationship between reluctance and CPTSS. In all analysis a p value of 0.05 was considered significant.

Results

Exposure to Child Maltreatment Types

Table 1 reported frequencies of experiences of each type of abuse. Table 1 showed that 75 (44%) of the 170 abused participants reported experiencing one type of victimization. 49 (29%) adolescents experienced two types of maltreatment and 46 (27%) reported experiencing three or more types of child maltreatment. For the group that reported experiencing one type of maltreatment, psychological abuse was found to be most prevalent (53%), followed by custodial interference/family abduction (25%), physical abuse (9%), sexual abuse (8%), and neglect (4%). To compare difference between groups according to gender, chi square tests were performed. Within the group of participants who reported one type of maltreatment, results revealed that male participants reported significantly higher exposure of Custodial interference/Family abduction (36% vs. 15%, $p < 0.05$) than females.

Descriptive Statistics and Correlations

Descriptive data for all the measures were calculated. Table 2 presented the means, SD and correlation matrix of all the measured variables in the study group consisting of adolescents who revealed history of abuse in the past year.

Table 3 presented the means, SD and correlation matrix for all the measured variables in the entire sample of 324 adolescents.

Conditional Process Modeling

The treatment effect of the overall perception score on the outcome variable reluctance to disclose via emotional reactions as a mediator variable as a function of levels of the moderator variable potency, was tested first. Conditional process modeling was used (first with 170 adolescents, and then with the entire sample of 324 adolescents) to test for moderated mediation as outlined by Hayes (2013) using the PROCESS macro, model number 7.

Conditional process modeling Using 170 adolescents who indicated experiences of abuse in the past year, results (Fig. 2) showed that the overall perception of severity of abusive incidents was not associated with reluctance ($B = -.03$, $SE = .03$, CI {−.10, .03}) or with emotional reactions ($B = -.19$,$SE = .24$, CI {−.68, .30}). Emotional reactions had a significant effect on reluctance (path b), $B = .62$, $SE = .06$, $t = 10.64$, $p < .0001$, CI [.50, .74]. Analysis of the conditional indirect moderation effect of perception (independent) on reluctance (dependent) at values of potency (moderator) indicated that the indirect relationship between perception and reluctance through emotional reactions was only significant for participants with average values of potency $B = .06$, $SE = .03$, 95% CI [.01, .12] and with higher values of potency $B = .1$, $SE = .04$, 95% CI [.03, .20].

In the entire sample of 324 adolescents, emotional reactions had a significant effect on reluctance (path b), $B = .6$, $SE = .04$, $t = 16.85$, $p < .0001$, CI [.62, .78]. Moderated mediation analysis (Fig. 3) indicated that the relationship between perception score and reluctance through emotional reactions was not significant for participants whose potency score was minus 1 SD below the average. The relationship was significant for participants whose potency score was around the average ($B = .08$, $SE = .02$, 95% CI [.04, .13]) or plus 1SD above the average ($B = .1$, $SE = .03$, 95% CI [.04, .17]). Thus, a higher perception score was found to increase reluctance when adolescents showed average to higher potency score.

In order to explore whether potency moderated the relationship between reluctance and CPTSS, conditional process modeling was used, as outlined in Hayes (2013), using the PROCESS macro for model no. 1 (again, first with 170 adolescents with direct experiences of abuse in the past year, and then with the entire sample of 324 adolescents). For the subsample of 170 adolescents with a history of abuse in the past year, the interaction term (Fig. 4) between reluctance and potency accounted for a significant proportion of the variance in CPTSS, $\Delta R^2 = .03$, $F = 6.01$, $p = .01$. Potency was found to moderate the significant relationship between reluctance and CPTSS ($B = 1.18$, $SE = .33$, $t = 3.52$, 95% CI [.52, 1.85]), $B_{int} = -.02$, $SE = .01$, $t = -2.45$, $p = .01$, 95% CI [−.034, −.004].The moderation analysis revealed that the effect of reluctance on CPTSS decreased as potency values increased.

Table 1 Occurrence of exposure to each child maltreatment type according to gender

Experiences of abuse and neglect in last 2 years							
Victimization group	Total		Female		Male		
	N	%	N	%	N	%	*p* value
One type of victimization	75	44%	39	44%	36	44%	0.96
Physical abuse	7	9%	3	8%	4	11%	0.61
Psychological abuse	40	53%	24	62%	16	44%	0.14
Sexual abuse	6	8%	5	13%	1	3%	0.11
Neglect	3	4%	1	3%	2	6%	0.51
Custodial interference/Family abduction	19	25%	6	15%	13	36%	0.04*
Two types of victimization	49	29%	27	31%	22	27%	0.58
Multiple type of victimization (≥3 types)	46	27%	22	25%	24	29%	0.52

*$p < 0.05$

For the entire sample of 324 adolescents potency moderated the relationship between reluctance and CPTSS $\Delta R^2 = .015$, F (1,320) = 6.0, $p = .01$. Potency moderated the significant relationship between reluctance and CPTSS ($B = .78$, $SE = .19$, $t = 4.1$, 95% CI [.41, 1.16]), $B_{int} = -.01$, $SE = .003$, $t = -2.45$, $p = .01$, 95% CI [−.015, −.001]. Analysis of the moderation effect (Fig. 5) indicated that the higher the potency value the smaller the effect of reluctance on CPTSS. When the potency values were 1 SD below the average $B = .46$, SE = .07, 95% CI [.32, .60]. When the potency values were around average $B = .34$, SE = .05, 95% CI [.24, .43]. When the potency values were 1 SD above the average $B = .22$, SE = .07, 95% CI [.08, .35].

Discussion

This study explored the roles of emotional reactions and potency on perception of severity of abusive incidents, reluctance to disclose, and posttraumatic stress symptoms. The moderated mediation analysis indicated that in adolescents with average to higher levels of potency, higher perceptions of the overall severity of abusive incidents were associated with greater reluctance to disclose through heightened emotional reactions, as a mediating factor. Research has indicated that early disclosure followed by a higher perception of receiving social support was found to ensure sound mental health (Yoshioka et al., 2003; Lueger-Schuster et al., 2015; Kahn, &

Table 2 Means, SD, and correlations matrix for all variables of the study group ($n = 170$)

	1	2	3	4	5	6	7	8	9	10	11	12
1.	–											
2.	.30***	–										
3.	.65***	.20**	–									
4.	.86***	.63***	.81***	–								
5.	.08	−.04	.08	.05	–							
6.	−.01	−.01	.04	.01	.29***	–						
7.	.16*	.06	.19*	.18*	.63***	.43***	–					
8.	−.01	−.03	−.02	−.02	−.16*	−.09	−.14	–				
9.	.09	.02	.14	.11	.41***	.17*	.44***	−.22**	–			
10.	.13	.04	.16*	.15	.39***	.16*	.43***	−.22**	.86***	–		.
11.	.09	.06	.11	.12	.40***	.14	.41***	−.17*	.89***	.64***	–	
12.	.02	−.05	.08	.02	.28***	.13	.30***	−.20**	.85***	.62***	.65***	–
M	103.5	94.4	98.2	98.7	30.2	24.6	26.7	43.2	20.6	6.4	7.9	6.2
SD	26.2	23.4	24.5	19.1	10.8	10.5	11.2	7.5	10.5	3.9	4.4	3.7

1. – severity, 2. – help, 3. – suffering, 4. – perception score, 5. – reluctance, 6. – urge, 7. – emotional reactions, 8. – potency, 9. – CPTSS (child posttraumatic stress symptom), 10. – re-experiencing, 11. – avoidance, 12. – hyper-arousal

*$p < .05$, **$p < .01$, ***$p < .001$

Table 3 Means, standard deviations, and correlations matrix for all variables in the entire sample ($n = 324$)

	1	2	3	4	5	6	7	8	9	10	11	12
1.	–											
2.	.29***	–										
3.	.53***	.33***	–									
4.	.81***	.68***	.8***	–								
5.	.09	.03	.16**	..05	–							
6.	.02	.07	.10*	.00	.46***	–						
7.	.12	.1*	.2***	.18*	.69***	.54***	–					
8.	−.02	.08	−.02	−.01	−.2***	−.12*	−.21**	–				
9.	.08	.04	.14**	.11	.4***	.24***	.42***	−.3***	–			
10.	.13	.04	.16*	.14	.4***	.17*	.41***	.22**	.79***	–		.
11.	.04	.02	.11	.11	.38***	.18	.27***	−.21*	.89***	.55***	–	
12.	.04	.01	.11	.07	.31***	.23***	.34***	−.12*	.86***	.68***	.59***	–
M	103.5	96.9	98.2	100	28.3	24.06	25.5	55.4	18.3	5.9	6.2	6.2
SD	26.9	23.3	23.8	19	11.8	11.4	11.7	14.9	11.3	4.2	4.5	4.2

1. – severity, 2. – help, 3. – suffering, 4. – perception score, 5. – reluctance, 6. – urge, 7. – emotional reactions, 8. – potency, 9. – CPTSS (child posttraumatic stress symptom), 10. – re-experiencing, 11. – avoidance, 12. – hyper-arousal

*$p < .05$, **$p < .01$, ***$p < .001$

Cantwell, 2017). Whiffen, and Macintosh (2005) considered nondisclosure to be a form of avoidant coping which is more emotion-focused in nature. Though disclosure is considered a prerequisite for seeking help and accessing resources (Easton et al., 2014), the fear of stigmatization often hinders disclosure (Meinck et al., 2017). In individuals experiencing high stigmatization, greater posttraumatic stress symptoms were found to be associated with higher perception of obstacles to treatment (Simon et al., 2017). Expecting negative and physically harmful consequences was found to be closely associated with delay in disclosure (London et al., 2005; Malloy et al., 2011).

On the other hand, severity of abuse was found to be linked to negative social reactions (Jonzon, & Lindblad, 2004) and the expectation of negative and physically harmful consequences after disclosure, resulting in delayed disclosure (Hershkowitz et al., 2007). Empirical research has also suggested that the use of personal resources is related to increased severity and duration of abuse (Barrett, & St. Pierre, 2011; Sylaska, & Edwards, 2014). Individuals with higher levels of personal resources often perceive stressful situations as less threatening, enjoy emotional autonomy and believe that the resources can help effectively cope with the consequences (Lazarus & Folkman, 1984; Bandura, 1977; Finkenauer et al., 2002; Mayerl et al. 2017). According to Hobfoll's theory of conservation of resources (COR), resource loss is more crucial than resource gain in coping with trauma (Hobfoll 2002, 2011), and to achieve growth one must endow in acquiring resources. This theory also suggests that people with greater resources are less vulnerable to resource loss in the face of trauma (Chen et al., 2015).

Our findings are grounded on the cultural patterns and socio-cultural practices of Kolkata, India. There are cultural elements of blame and shame in India (Sharma, & Gupta, 2004; Baradha, 2006; Choudhury, 2006). When children are considered inferior to adults and the property of parents, children become more vulnerable to all forms of abuse (Deb, &

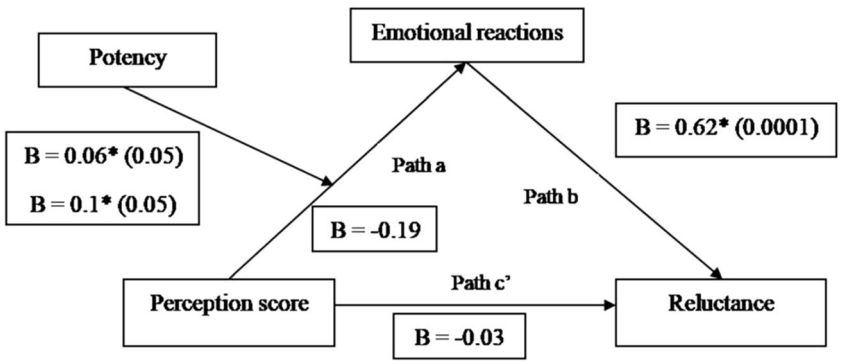

Fig. 2 Structural representation of model 1 ($n = 170$)

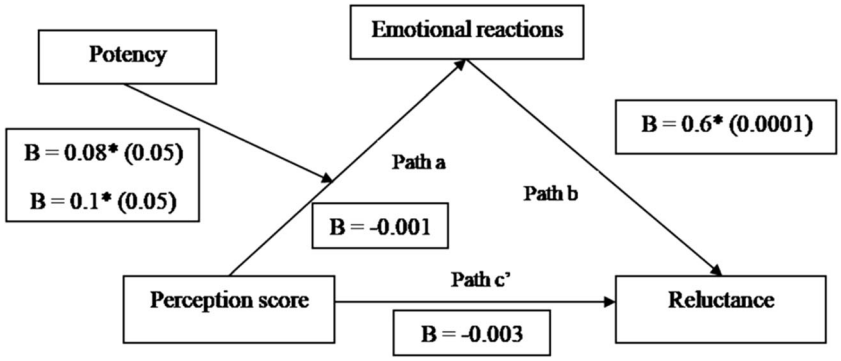

Fig. 3 Structural representation of model 1 ($N = 324$)

Mukherjee, 2009). Studies conducted on an Indian sample reported that for every reported case of child abuse, there are hundreds, which are not reported; sometimes the reason is that the child suspects that their allegation against the perpetrator will never be trusted (Bhattacharyya et al., 2018). Child victim's account often gets discredited when adults' testimonies override them (Joshi, 2018). Families often pressure abused children to forfeit the need to receive counseling and other medical help (Sahay, 2010; Carson et al., 2013). If reluctance to disclose is viewed as a resource loss because it decreases the likelihood of receiving external support (Easton et al., 2014), and people with higher resources showed reluctance to disclose severe traumatic situations, perhaps they considered themselves less affected by resource loss, and wanted to avoid the usual consequences of disclosure by dealing with the situation on their own. Our study discovered a new perspective behind their reluctance to disclose abusive incidents and the coping mechanisms.

The current findings revealed a relationship between reluctance to disclose and CPTSS. The results showed that increasing levels of potency appeared to have had a buffering effect on the relationship between reluctance to disclose and CPTSS. There are several potential explanations for this finding. Herman (1992) suggested that traumatic exposure can change and distort self-perception which can manifest in posttraumatic stress symptoms (Van der Kolk et al., 2005). Not only traumatic exposure, but also the reluctance to disclose, often results in the emergence of post-trauma symptoms (Ullman, 2007). On the other hand, effective disclosure was found to moderate the relationship between the four trauma-related factors (powerlessness, betrayal, stigmatization, and traumatic sexualization) and functioning (Cantón-Cortés et al., 2011). Hébert, Lavoie, and Blais (2014) found that resilience, maternal and peer support contributed to predict posttraumatic stress symptoms in adolescent victims of sexual abuse. Loss of personal resources may hinder post-trauma adjustments, which may result in further development of posttraumatic stress symptoms (Hobfoll, 2014; Hall et al., 2008).Loss of a resource was found to moderate the relationship between child abuse and post-trauma symptoms (Costa et al., 2016). Ben-Zur (2008) reported that personal resources predicted low severity of total posttraumatic stress symptoms. Personal resources were also found to be linked to willingness to disclose (Bonanno et al., 2003; Oaksford, & Frude, 2003; Wright et al., 2007).

Both the moderated mediation analysis and the moderation analysis were separately conducted on the sub sample of 170 adolescents who reported abuse in the past year, and again on the entire sample of 324 adolescents. The resulting findings were similar. Although 170 adolescents out of the 324 adolescents reported abusive experiences, the remaining 154 adolescents reported that they were certainly aware and acquainted with such abusive treatment and the post-abuse outcomes that adolescent victims around them had experienced. Most of them revealed that they had been exposed to early childhood

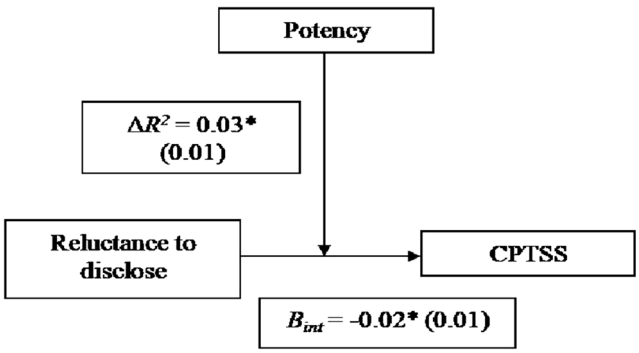

Fig. 4 Structural representation of model 2 ($n = 170$)

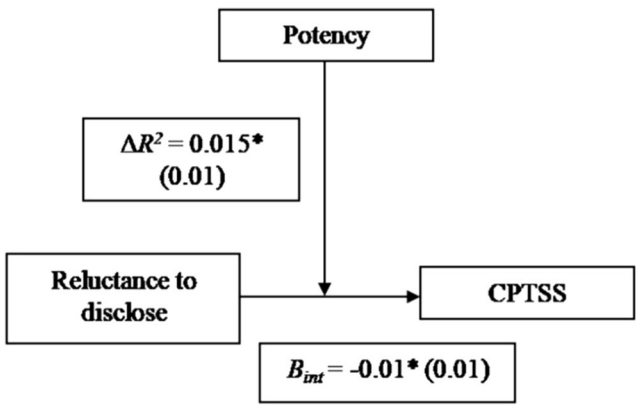

Fig. 5 Structural representation of model 2 ($N = 324$)

experiences of abuse as well. It is also possible that adolescents in the comparison group might have experienced abusive treatment in the last year but were not forthcoming of it. Given the higher prevalence of childhood abuse and neglect in India and parental practices of exerting physical and emotional oppression on children to establish control and discipline (Kacker, & Kumar, 2008) the distinction of the two subsamples (the study and the comparison group) could be biased, as the sample distribution was based on participants' willingness to disclose. Adolescents also reported that they are not at all naïve to abusive treatment and post-trauma complications. Thus, irrespective of being directly abused in recent years or being a witness of abusive treatment to others, the entire sample reacted in the same fashion to the measured variables.

The present study had a number of limitations. India is a densely populated country with people from multiple ethnic backgrounds. Though the participants were made up of a randomly selected sample, it is difficult to generalize the findings onto the broader communities. It can be said that our results could be atypical of Kolkata. Secondly, our sample distribution could be biased, as it was dependent of participants' willingness to disclose last year incidents of abuse. Lastly, the study did not involve quantitative measures of other potential resources, such as assessments of social support, self-esteem, institutional, community resources and geographical support which might have influenced the results.

Conclusion

Given the fact that perceptions of potentially abusive incidents, disclosure, coping strategies, and maladaptive consequences fluctuate across cultures and societies, this study provides data on adolescents' perspectives from the Indian sociocultural viewpoint. The very nature of childhood abuse disrupts resource acquisition process, leaving individuals in a disadvantageous situation when facing future traumatic encounters (Walter et al., 2010). Research outlined here, stresses on acquisition of personal resources, such as, potency, which may help reduce the association between reluctance to disclose and posttraumatic stress symptoms. In India, there is an obvious attitude of acute discomfort and resistance on the subject of seeking psychiatric intervention from the first contact itself (Subramaniyan et al., 2017). Understanding the reasons behind reluctance to disclose, or strategies to cope with instances of abuse would help a clinician understand the function of a client's behavior, within their socio-cultural context and would enhance the treatment planning process. It is required to explain that their decision of keeping abusive incidents "a secret", even if adolescents have high personal resource, could evoke maladaptive manifestations in the long run.

Services, by professionals and criminal justice officials, must be safe, confidential and must reach out to marginalized and excluded sections and to minority ethnic groups (Chandran et al., 2018). Examination and identification of the effects of potential resource loss and resource gains may be helpful for practitioners in planning interventions with survivors as would involving the parent-child dyad. Exploration of family dynamics and social expectations may help practitioners to identify barriers of disclosure (Lev-Wiesel, & First, 2018). Greater focus is needed on support services to provide practical strategies and allow for cognitive reframing to assist children to see their strengths and positive growth from survival.

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Compliance with Ethical Standards

Disclosure of Interest The authors declare that they have no conflict of interest.

Ethical Standards and Informed Consent Ethical approval was granted by the Ethics Committee of the University of Haifa (100/17).

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