



# The mediating role of self-compassion in the relationship between victimization and psychological maladjustment in a sample of adolescents<sup>☆</sup>



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## ABSTRACT

The objectives of the present study were to analyze the relationship between victimization and psychological maladjustment in adolescents and the role of self-compassion as a mediator in this relationship. The sample was composed of 109 adolescents aged from 15 to 18 years old with poor school performance. The participants filled out a battery of questionnaires made up of: a socio-demographic data questionnaire; the Juvenile Victimization Questionnaire (JVQ); the Youth Self-Report (YSR); and the Self-Compassion Scale (SCS). Results indicated that victimization was positively associated with psychological maladjustment. Moreover, adolescents reporting poly-victimization showed significantly higher level of psychological maladjustment and different types of victimization show different effects on adolescents' psychological maladjustment. Self-compassion partially mediated the relationship between victimization and psychological maladjustment and reduced negative consequences in adolescents who reported having been victimized. Adolescence is a time of development and search for identity in which strengthening personal protective factors could help overcome any traumas experienced. Therefore, developing self-compassion in adolescence could be a good way to help young people recover from bad experiences and protect themselves against future negative experiences. As self-compassion can be improved with practice it could be included in adolescent intervention and prevention programs.

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## Introduction

Exposure to violence has been defined broadly and includes both direct exposure and indirect exposure (i.e., witnessing a violent situation; [Buka, Stichick, Birdthistle, & Earls, 2001](#)). Research has clearly shown that violence exerted on a person disrupts the victim's individual, family, and social functioning in several ways ([Buka et al., 2001](#)). Thus, victimization is associated with psychopathological symptomatology, and although there are many forms of victimization, they all have the potential to disrupt the developmental process ([Boney-McCoy & Finkelhor, 1995](#)).

The consequences of victimization can become apparent in the short, medium, or long term and affect all areas of children's development, which places them at a high risk of developing adjustment problems and psychopathologies ([Alvarez-Lister, Pereda, Abad & Guilera, 2013](#); [Manly, Kim, Rogosch, & Cicchetti, 2001](#); [Stouthamer-Loeber, Loeber, Homisch, & Wei, 2001](#);

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Teisl & Cicchetti, 2008). Moreover, many studies have associated different types of child victimization (i.e., physical, psychological, sexual abuse, neglect, peer victimization) with psychological maladjustment including depression, anxiety, posttraumatic stress disorder, behavior problems, social relationship problems, substance abuse, suicide attempts, adult criminality, and delinquency and serious psychiatric disorders in childhood and adulthood (i.e., Cerezo & Frías, 1994; Cerezo & Vera, 2004; Cicchetti, Rogosch, Gunnar, & Toth, 2010; Ford, Elhay, Connor, & Frueh, 2010; Hanish & Guerra, 2002; Herrenkohl & Herrenkohl, 2007; Hinduja & Patchin, 2010; Teisl & Cicchetti, 2008). In short, victimization can cause imbalances in mental health and negatively affect different aspects of an individual's life.

One of the consequences of victimization is poor school performance. Several studies have indicated that maltreated children and adolescents under-achieve intellectually and academically (Shonk & Cicchetti, 2001). Victimization affects or impairs the cognitive development of those who have suffered it; the effects of exposure to violence have been demonstrated in the areas of intelligence and reading ability (Delaney-Black et al., 2002), academic achievement, motivation, and commitment to learning (Hoglund, 2007).

Children exposed to child physical and sexual abuse are consistently found to be higher on both internalizing and externalizing symptoms (Trickett & McBride-Chang, 1995). Linkages between distress and disorder in children and exposure to neighborhood violence have also been established (Osofsky, Wewers, Hann, & Fick, 1993). Peer victimization has been related to internalizing and externalizing symptoms (Storch, Milsom, DeBraganza, Lewin, Geffken, Silverstein, 2006).

Most children experienced several types of victimization rather than just one. The concept of polyvictimization was introduced by Finkelhor, Ormrod, and Turner (2007a) who argued that most of the literature on child victimization focused on separate categories of experiences (e.g., sexual abuse, physical abuse, bullying, community violence), whereas the norm was exposure to different types of victimization, with an average of 2.63 categories per child (Finkelhor, Hamby, Ormrod, & Turner, 2005). Investigating isolated categories of victimization can create a risk of overestimating the impact of one single category or underestimating the full impact of victimization experienced by children (Turner, Finkelhor, & Ormrod, 2006). Finkelhor and collaborators evaluated 34 specific types of victimization and found that children who had experienced polyvictimization tended to have more serious traumatic symptoms and behavior problems than those who had experienced fewer types or had not been victimized (Finkelhor, Ormrod, & Turner, 2007b; Turner, Finkelhor, & Ormrod, 2010). Also, many of those who had been victimized on one single occasion reported that they had been polyvictimized (Finkelhor et al., 2007b). In fact, research has shown that being victimized in childhood seems to be a risk factor for suffering multiple victimization (Cuevas, Finkelhor, Clifford, Ormrod, & Turner, 2010; Finkelhor, Ormrod, & Turner, 2007c) and increases the probability of revictimization in adulthood (Desai, Arias, Thomson, & Basile, 2002; Doll, Koenig, & Purcell, 2004; Widom, Czaja, & Dutton, 2008).

However, child victimization and its consequences are complex phenomena; not all victims manifest the same problems or to the same extent as the impact can be compounded or buffered depending on multiple variables (Cerezo, 1995). It is necessary to identify protective factors which reduce the impact of stressful events in adolescence and help young people to better adjust psychologically (Compas, Hinden, & Gerhardt, 1995). One of the objectives of this study was to take a further step beyond the documented relationship between victimization and psychological maladjustment (Alvarez-Lister et al., 2013) by examining the role of self-compassion as a possible protective factor.

Self-compassion is close to the wider concept of compassion which aims to reduce/ease others' suffering, through patience, kindness, and understanding and recognize that all humans are imperfect and make mistakes. The central aspect of the concept of self-compassion would be to treat oneself well in times of difficulty (Neff, 2003a). Therefore, having compassion for oneself is no different from having compassion for others. Acknowledging that suffering, failure, and inadequacies are part of the human condition allows individuals to relate their own experiences to those of others. Self-compassion reduces self-pity: over-identification and ego-centric feelings, associated with disconnection from others. Thus, individuals can perceive their own difficulties/feelings as something to be shared, thereby increasing feelings of interconnectedness (Neff, 2003a).

Widening the perspective of personal experience allows individuals to see their own emotional suffering more clearly. This compassionate attitude toward oneself implies a balanced mental perspective which is known as 'mindfulness' (Bennett-Goleman, 2001; Brown & Ryan, 2003; Langer, 2005; Wallace & Shapiro, 2006). Mindfulness is a receptive mental state where one observes one's own thoughts, feelings, and sensations without judging or trying to change them, but without avoiding or ignoring them either (Bishop et al., 2004; Segal, Williams, & Teasdale, 2002; Shapiro & Schwartz, 2000). Fully experiencing self-compassion involves experiencing full attention. Consequently, self-compassionate individuals do not repress or avoid painful feelings; they acknowledge and feel compassion for them, without over-identifying with their feelings (Neff, 2003a).

Self-compassion can be an effective emotional regulation strategy as it enables emotional pain to be processed and accepted by paying full attention to thoughts and feelings, treating them with understanding (Neff, 2004). Thus, in times of suffering, self-compassion helps transform negative emotions into a more positive state and facilitates acting toward oneself and/or one's environment more effectively (Folkman & Moskowitz, 2000; Isen, 2000; Roemer et al., 2009). According to Fredrickson (2001), positive emotions cause changes in cognitive activity and subsequent changes in behavior which help build personal resources to cope with problematic situations. Furthermore, this is associated with a lower level of negative thoughts and emotions, and of pessimistic/critical perceptions (Neff, 2003a).

Because self-compassion can transform self-affect from negative to positive, it may provide some of the psychological benefits associated with high self-esteem but fewer of the drawbacks. Indeed, some authors have argued that an over-emphasis on evaluating and liking oneself may lead to narcissism, self-centeredness, lack of concern for others, prejudice,

and violence toward those perceived as a threat to the ego (Aberson, Healy, & Romero, 2000; Baumeister, Bushman, & Capbell, 2000). In some individuals high self-esteem may be associated with an exaggerated or inaccurate self-concept, making self-improvement difficult (Neff & Lamb, 2009). These individuals tend to reject negative feedback as unreliable or biased and either do not think their shortcomings are important or else attribute them to external causes (Crocker & Park, 2004), thus taking less responsibility for their own wrongdoings (Persinger, 2012). With self-compassion, however, one can experience positive emotions toward oneself without having to protect one's self-concept (Neff, 2003a). Indeed, self-compassion is not based on self-evaluation or comparison with others, and it is not based on achieving ideal standards; it circumvents this process, focusing instead on kindness/understanding toward oneself and the recognition of one's common humanity, thus minimizing the distortion of the self-concept (Persinger, 2012).

### *Self-Compassion as a Protective Factor in the Face of Adversity*

Self-compassion has been linked to other indicators of healthy psychological functioning. Neff, Hsieh, and Dejjitthirat (2005) reported that it was positively associated with adaptive coping strategies. It could, therefore, be described as a protective factor in the face of adversity. Protective factors are those resources pertaining to individuals, their environment, or the interaction between both, which buffer the impact of stressful events, altering or reverting the prediction of negative results (Masten, Cutuli, Herbers, & Reed, 2009). These factors do not necessarily eliminate the stressful event but allow the problem to be interpreted in a new context. According to Neff (2003a, 2003b), self-compassion may be an adaptive process that increases psychological resilience and well-being. It is negatively associated with self-criticism, fear of failure, anxiety, and depression (Neff & Vonk, 2009; Raes, 2010, 2011; Shapira & Mongrain, 2010; Terry, Leary, & Mehta, 2012; Ying, 2009), and positively associated with life satisfaction, optimism, happiness, and positive affect (Neff, Kirkpatrick, & Rude, 2007; Shapira & Mongrain, 2010), social connectedness (Neff & McGehee, 2010), emotional intelligence, and self-acceptance (Neff, 2003b). Gilbert (2005) suggests that self-compassion improves well-being because it helps individuals feel cared for, connected, and calm.

Victimization, in particular childhood maltreatment, has been associated with overall emotion dysregulation (Gratz, Tull, Baruch, Bornovalova, & Lejuez, 2008). The development of self-compassion, as an effective emotion regulation strategy, can be impaired in those victims. In fact, Vettese, Dyer, Ly, and Wekerle (2011) observed that self-compassion mediated the relationship between childhood maltreatment severity and later emotion dysregulation and many of the psychological disorders involve maladaptive emotion regulation (Werner & Gross, 2010). Although higher levels of childhood emotional abuse and neglect and physical abuse have been found to be associated with lower self-compassion (Tanaka, Wekerle, Schmuck, & Paglia-Boak, 2011), self-compassion, nonetheless, can be beneficial as a protective factor in reducing the impact of many adverse situations, such as victimization.

### *Objectives*

The present study had two objectives. First, it sought to analyze the relationship between self-reported victimization and psychological maladjustment in adolescents. Based on previous research, it was predicted that victimization would be associated with psychological maladjustment. As one of the consequences of victimization in adolescence is poor school performance, a higher rate of victimization was expected in a group with this characteristic. Consequently, we selected a population with poor school performance from communities with social problems to maximize the probability of assessing individuals with victimization experiences.

Second, this study sought to explore the role of self-compassion as a potential mediator between victimization and its related psychological consequences to determine if it was a protective factor in the psychological maladjustment of victimized adolescents. Our specific hypotheses were that higher levels of victimization would be negatively associated with self-compassion and that self-compassion would be negatively associated with psychological maladjustment; therefore, those victimized youth with higher self-compassion scores would report lower levels of psychological maladjustment.

## **Method**

### *Participants*

The study sample was composed of adolescents with poor school performance completing an Initial Professional Qualification Program (PCPI) in public high schools in the province of Valencia, Spain. These programs offer an alternative to students at risk of dropping out of school without obtaining the Compulsory Secondary Education Diploma. Adolescents from day care centers for minors in the same area also participated; their school performance was poorer than expected for their age and the majority also lived in communities with social problems.

A battery of questionnaires was used to assess 152 adolescents aged 15–18. Forty-three sets of questionnaires were excluded: 20 adolescents were interrupted shortly after starting the completion of the questionnaires because of an unexpected event in the school; the other 23 were excluded after applying the criteria of 25% of items unanswered in the Self-Compassion Scale (SCS) and/or the Juvenile Victimization Questionnaire (JVQ) and/or 8% of items unanswered in the Youth Self-Report (YSR). These criteria are provided by the authors of questionnaires in their scoring manuals (Neff, 2003a;

Hamby, Finkelhor, Ormrod, & Turner, 2004; Achenbach, 1991). There socio-demographic characteristics of these individuals were not different from the participants in the final study sample that was composed of 109 adolescents aged 15–18 ( $M = 16.74$ ;  $SD = 0.94$ ), of which 71.6% were male. Most adolescents were born in Spain (71.6%), and 28.4% were immigrants.

### Procedure

The principals of public high schools within a 15 km radius of Valencia City and with at least one PCPI program were invited to participate. Nine out of 28 schools contacted agreed and then received the information on the study and an informed consent letter for the students' parents. The informed consent of parents/guardians of all the youth who completed the questionnaire was obtained. In the case of the day care center for minors, in addition to the parental consent permission, permission was obtained from the body responsible for the center.

Information was collected over a two-month period and managed by a single assessor during school hours in the classroom in groups of three to 15 students. Questionnaires were completed in approximately one hour. All participants were given the same instructions before commencing the test, and participation was completely voluntary (six young people did not wish to take part).

The study was approved by the Ethics Committee of the Faculty of Psychology of the University of Valencia

### Instruments and Variables

Three instruments were used in this study: the Juvenile Victimization Questionnaire (JVQ), the Youth Self-Report (YSR), to assess the psychological maladjustment and the Self-Compassion Scale (SCS). The JVQ (Finkelhor et al., 2005; Hamby et al., 2004) covers 34 types of youth offenses organized into five modules. In this study an enhanced version of the JVQ was used which included an Internet Victimization module (Pereda, Abad, & Guilera, 2012). Therefore the questionnaire was composed of 36 items organized into six modules as follows: (a) Conventional Offenses, e.g. robbery, assault with or without weapons, threats and kidnapping; (b) Child Maltreatment, e.g., caused by adults in a caring role; (c) Peer and Sibling Victimization, including harmful acts such as hitting, chasing, and insults; (d) Sexual Victimization perpetrated by both known and unknown persons; (e) Indirect Victimization, i.e. violent acts witnessed by the subject excluding violence seen on television, in video games, in movies, or that the participant has just heard about; and (f) Internet Victimization, via cellular phone or any other electronic medium through which they suffered harassment, defamation, etc. Respondents indicate if they had suffered a violent situation of this type or not and, if so, the amount of times it had happened in the past year, in their life, and what age they were when it first happened.

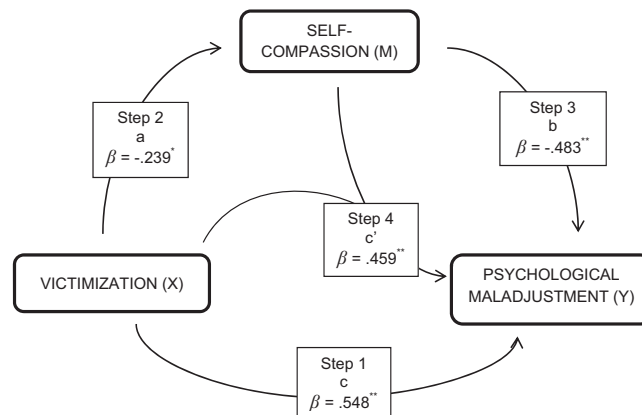
Each of the 36 items was used to gather additional information, including characteristics of the perpetrator, use of weapons, resulting physical harm, and some details of the last time the incident had occurred. A table was included at the end of the inventory summarizing all of the situations envisaged. Subjects were asked to choose the situation which had caused the most discomfort and were also asked how much discomfort it continued to cause them. The original questionnaire showed acceptable psychometric properties; Cronbach's  $\alpha$  was .80 (Finkelhor et al., 2005).

Two variables were operationalized from the JVQ: number of types of victimization and type of victimization. Number of types of victimization was defined on five levels: none; one type; two types; three types; and polyvictimization (four or more types reported). As previous research has suggested that different types of victimization rather than repeated incidents of the same type are stronger predictors of psychological stress (Finkelhor et al., 2007a; Holt, Finkelhor, & Kaufman, 2006), we defined polyvictimization by counting the number of types reported by participants and not by the number of times each one had occurred. For example, if a participant reported being assaulted with weapons twice and being hit by a peer or sibling five times in the past year, it would count as  $n = 2$ ; polyvictimization being defined as four or more types of victimization in the past year (Finkelhor et al., 2005). Type of victimization included six categories: the five modules categorized by Finkelhor et al. (2005) and the additional Internet Victimization module in the enhanced version of the JVQ used.

The YSR for ages 11–18 (Achenbach & Rescorla, 2001), from Achenbach System of Empirically Based Assessment (ASEBA), has two parts. The first part assesses sporting, social, and academic abilities while the second is composed of 112 items, of which 16 assess pro-social behavior, and 96 assess problem behavior. The YSR has been adapted for Spanish study samples (Lemos, Fidalgo, Calvo, & Menéndez, 1992; Lemos, Vallejo, & Sandoval, 2002) and its factorial structure is slightly different to that of the original U.S. questionnaire (Achenbach, 1991). We used the second part of the questionnaire as adapted by Lemos et al. (2002). The frequency of each type of behavior at the present time or in the past six months was reported in a rating scale (from 0 to 2). Items were organized under nine first-order factors: depression; verbal aggression; rule-breaking behavior; thought problems; relationship problems; somatic complaints; attention-seeking behavior; phobic-anxious behavior; and behavioral disorders (the first eight of these factors being common to both sexes). There were also two second-order factors: internalizing and externalizing. Internal consistency for the original questionnaire as measured by Cronbach's  $\alpha$  is .95 (Achenbach & Rescorla, 2001). In our study it was .92.

Three variables were operationalized from the YSR: (a) *Psychological maladjustment*, the sum of the raw scores for each of the problem behavior items (scores for pro-social behavior items were not counted); (b) *Internalizing factor*, the sum of the raw scores for first-order factor items related to internalizing behavior; and (c) *Externalizing factor*, the sum of the raw scores for first-order factor items related to externalizing behavior.

The SCS (Neff, 2003a) is composed of 26 items to assess the three main components of self-compassion in six subscales as follows: (a) being kind and understanding toward oneself in instances of pain or failure, *Self-Kindness*, rather than being



**Fig. 1.** Baron and Kenny's (1986) approach for the empirical corroboration of the direct effect of victimization on psychological maladjustment and the mediating effect of self-compassion. The  $\beta$  values are included.

harshly self-critical or judgmental, *Self-judgment* (e.g., “I try to be loving toward myself when I'm feeling emotional pain” vs. “I'm disapproving and judgmental about my own flaws and inadequacies”); (b) perceiving one's own experiences and personal failures as part of the larger human experience, *Common Humanity*, rather than seeing them as separating and isolating, *Isolation* (e.g., “When things are going badly for me, I see the difficulties as part of life that everyone goes through” vs. “When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world”); and (c) holding one's painful thoughts and feelings in mindful awareness, *Mindfulness*, rather than over-identifying with or exaggerating them, *Over-identification* (e.g. “When something upsets me I try to keep my emotions in balance” vs. “When I'm feeling down I tend to obsess and fixate on everything that's wrong”). Respondents indicated on a rating scale from 1 (*never*) to 5 (*always*). Internal consistency for the original scale as measured by Cronbach's alpha is .92, and in our study it was .83.

For the present study, the SCS was translated into Spanish using the back-translation method. The original questionnaire was translated into Spanish by a Spanish-speaker and then the Spanish version was translated back by an English-speaker. This back translation was then compared with the original SCS. Conceptual equivalence between both versions was evaluated and any necessary corrections/modifications were made to the Spanish version. One variable from the SCS, Self-compassion, was operationalized by computing the total mean score of all scale items after inverting the direct scores for self-judgment, isolation, and over-identification scales.

### Overview of the Analyses

Analysis was based on Baron and Kenny's (1986) approach which has four steps. However, to attain our research objectives, we did this in two phases: in the first phase we analyzed the relationship between victimization and psychological maladjustment through step 1; and in the second phase we analyzed the self-compassion mediating role through the remaining three steps (see Fig. 1).

To estimate the effect size of self-compassion as a mediator, we calculated the product of two regression coefficients in accordance with Sobel's (1982) approach. Cohen's (1988) standards to interpret the result was used by according to which .10 would be a small effect size, .30 a medium effect size, and .50 a large effect size.

## Results

Results are presented in terms of our research hypotheses. First, we expected to find a positive relationship between victimization and psychological maladjustment, i.e. the more types of victimization reported, the more psychological maladjustment score the participants would have. Secondly, it was expected that a higher level of victimization would be negatively associated with self-compassion and that self-compassion would be negatively associated with psychological maladjustment. Finally, we predicted that self-compassion would mediate between victimization and psychological maladjustment, reducing the impact of the first variable on the second.

### Preliminary Analyses

Most subjects reported that they had been poly-victimized (57.8%), and a minority reported experiencing one type of victimization (9.2%) or none (9.2%). Gender ( $F = .023$ ,  $gl = 1$ ,  $p = .879$ ), nationality ( $F = 3.79$ ,  $gl = 4$ ,  $p = .435$ ), and age ( $F = 1.52$ ,  $gl = 3$ ,  $p = .212$ ) did not have any significant statistical effect on the victimization variable.



**Table 1**

Results of Tukey test conducted on number of types of victimization and psychological maladjustment.

No. of types of victimization	0 MD	1 MD	2 MD	3 MD	4+ MD
1	−4.0				
2	−4.5	−0.5			
3	−17.4	−13.4	−12.9		
4+	−23.1**	−19.1*	−18.6*	−5.7	
<i>M</i>	32.3	36.3	36.8	49.7	55.4
<i>SD</i>	16.3	8.2	17.9	16.1	20.5

Note: MD = mean difference.

\*  $p < .05$  (two-tailed).\*\*  $p < .01$  (two-tailed).**Table 2**

Matrix of correlations between type of victimization, psychological maladjustment, and the internalizing and the externalizing factor.

	Conventional offenses	Peer and sibling victimization	Child maltreatment	Indirect victimization	Internet victimization	Sexual victimization
Psychological maladjustment	.528**	.444**	.389**	.338**	.256**	.163
Internalizing factor	.392**	.428**	.392**	.144	.241*	.279**
Externalizing factor	.297**	.205	.241*	.257**	.112	−.120

\*  $p < .05$  (two-tailed).\*\*  $p < .01$  (two-tailed).

Results of preliminary analysis also show the percentages for the specific types suffered by participants. The highest percentages are for indirect victimization and conventional offenses (72.5% each). In other words, the types of victimization most frequently reported by the adolescents in our study were having witnessed harm caused to others and having been a victim of robbery, assault, threats, etc. A high percentage of participants reported having suffered peer and sibling victimization (56%) and child maltreatment (47.7%), while Internet victimization and sexual victimization scored the lowest percentages (27.5% and 12.8%, respectively).

Preliminary analyses were also conducted to explore any possible differences in the psychological maladjustment scores because of gender or age. Gender ( $F = .044$ ,  $df = 1$ ,  $p = .834$ ), age ( $F = .467$ ,  $df = 3$ ,  $p = .706$ ), and nationality ( $F = 2.72$ ,  $df = 1$ ,  $p = .102$ ) had no significant statistical effect on the psychological maladjustment variable.

### Victimization and Psychological Maladjustment

First, the effect of the victimization variable, with four levels, on the total score for psychological maladjustment was analyzed by ANOVA. The analyses showed significant differences in psychological maladjustment depending on the level of victimization,  $F(4, 104) = 6.42$ ;  $p = .000$ ;  $\eta^2 = 0.20$ . Tukey's post hoc tests indicated that there were no statistically significant differences between none ( $M = 32.3$ ,  $SD = 16.3$ ), one type ( $M = 36.3$ ,  $SD = 8.2$ ), and two types of victimization ( $M = 36.8$ ,  $SD = 17.9$ ). Therefore, these three categories showed similar effects on individuals' psychological maladjustment. However, the differences between these levels of victimization and polyvictimization ( $M = 55.4$ ,  $SD = 20.5$ ) were statistically significant ( $p < .05$  in all instances). Adolescents who reported having suffered polyvictimization presented a significantly higher level of psychological maladjustment than their counterparts (see Table 1).

Secondly, we examined whether victimization had a direct effect on subjects' psychological maladjustment using the first step of Baron and Kenny's (1986) approach. The simple regression analysis conducted on the independent variable ("Number of types of victimization") and the dependent variable ("Psychological maladjustment") confirmed a significant positive relationship between them ( $\beta = .548$ ;  $p < .001$ ). In addition, significant positive relationships were found between victimization and the internalizing ( $\beta = .440$ ;  $p < .001$ ) and the externalizing ( $\beta = .293$ ;  $p < .001$ ) factor. These results indicate that the more types of victimization reported, the higher the level of psychological maladjustment, manifested by both internalizing and externalizing problems.

### Type of Victimization and Psychological Maladjustment

To determine which types of victimization had the greatest impact on participants' psychological maladjustment, a correlation analysis was conducted between the different types of victimization and the total level of psychological maladjustment and with the internalizing and the externalizing factor. The results showed that conventional offenses, peer and sibling victimization, and child maltreatment all had a significant positive relationship with psychological maladjustment, and with the internalizing and the externalizing factors (see Table 2).

Indirect victimization showed a significant positive correlation with psychological maladjustment and the externalizing factor. According to these results, witnessing violent situations appears to be more strongly associated with reactions which involve expressing emotions through problematic and aggressive behavior. Internet victimization showed a significant

**Table 3**  
Coefficients obtained using Baron and Kenny's (1986) model.

	Analysis
Step 4	$Y = 86.447 + 1.948X + (-15.578)M + 15.5$
Step 2	$M = 3.317 + (-.024)X + .47$

Note: Y = psychological maladjustment; X = victimization; M = self-compassion.

$B_{\text{indirect}} = (-15.578)(-.024) = 0.38$ .

positive correlation with psychological maladjustment and the internalizing factor. Sexual victimization appears to be associated with thought problems, relationship problems, depression, and anxiety, as it showed a significant positive correlation with the internalizing factor but with neither the externalizing factor nor psychological maladjustment.

### Victimization, Self-Compassion and Psychological Maladjustment

*Victimization and Self-compassion.* Following the second step of Baron and Kenny's (1986) approach, the relationship between number of types of victimization and self-compassion was determined by way of a simple regression analysis of both variables. The analysis showed a significant negative relationship between them ( $\beta = -.239$ ;  $p < .005$ ). In Fig. 1, these results correspond to "a" path: the relationship between victimization and self-compassion is statistically significant. In other words, subjects who reported more types of victimization had lower levels of self-compassion.

*Self-compassion and Psychological Maladjustment.* The simple regression analysis, following the third step of Baron and Kenny's (1986) approach, found a significant negative relationship between self-compassion and subjects' psychological maladjustment (labeled "b" in Fig. 1: ( $\beta = -.483$ ;  $p < .01$ )), and with the internalizing ( $\beta = -.521$ ;  $p < .01$ ) and the externalizing ( $\beta = -.243$ ;  $p < .05$ ) factors.

These analyses revealed that, as expected, the participants with low levels of self-compassion obtained higher mean values in psychological maladjustment ( $M_s = 60.5$  and  $42.7$ ;  $SD_s = 21.5$  and  $17$ , respectively) and in the internalizing ( $M_s = 14.6$  y  $8.7$ ;  $SD_s = 6.7$  and  $5$ , respectively) and the externalizing ( $M_s = 9.7$  and  $7.8$ ;  $SD_s = 5.4$  and  $3.4$ , respectively) factors than their peers. These differences were statistically significant for the total level of psychological maladjustment,  $t(107) = 4.7$ ,  $p < .001$ , and for the internalizing factor,  $t(107) = 5.2$ ,  $p < .001$ .

*Victimization, Self-compassion and Psychological Maladjustment.* In the fourth step of Baron and Kenny's (1986) model, a multiple regression analysis was used to determine the effect of the variables Number of types of victimization and Self-compassion on psychological maladjustment.

The two-variable model was significantly associated with participants' psychological maladjustment ( $R = .657$ ;  $p < .01$ ). This model, with its positive value for victimization ( $\beta = .459$ ) and negative value for self-compassion ( $\beta = -.373$ ), accounted for 43.2% of the variance in psychological maladjustment

The value of the relationship between victimization, independent variable, and psychological maladjustment, dependent variable, is lower when self-compassion is introduced in the model (step 4) than when it is not (step 1):  $\beta = .459$  vs.  $\beta = .548$  (see Fig. 1). This is considered by Baron and Kenny (1986) as an indispensable requirement to determine the presence of mediation. If the mediation of self-compassion between the variables would be perfect, the relation between the independent variable and the dependent variable would be reduced to zero when the mediator variable is controlled. Given that, in this study, there is a reduction, the existing mediation is not perfect and, therefore, there could be other factors mediating this relationship. According to Baron and Kenny, the models showing partial mediation are acceptable and more realistic in social science studies because it is not likely that just one factor alone will explain the entire relation between the independent and dependent variables.

The mediating effect of self-compassion on the relationship between victimization and psychological maladjustment was quantified by calculating the product of two non-standardized coefficients, as recommended by Sobel (1982). These coefficients were obtained from the regression analyses carried out in Steps 4 and 2 of Baron and Kenny's (1986) model (see Table 3).

The effect size of the mediating role of self-compassion was significant (*indirect effect* = 0.38;  $z = 2.22$ ;  $p = .02$ ). Thus, the results show a mediating effect of self-compassion on the relationship between victimization and psychological maladjustment which could be termed moderate in accordance with Cohen's (1988) standards, which Shrout and Bolger (2002) suggest applying in such cases.

The bootstrapped effect confirms that the indirect effect found is significant because zero (no mediation) does not lie within the interval range (LL = .038 and UL = .84) at 95% of confidence (Preacher & Hayes, 2004).

In summary, the results according to Baron and Kenny's (1986) model provide support to the mediating role of self-compassion because: (a) there is a significant correlation between the independent variable (victimization) and the mediator, which is a critical difference with moderator variables; (b) there is a significant correlation between the mediator and the dependent variable (psychological maladjustment); and (c) the correlation between the independent variable and the dependent variable weakens when the mediator is considered. This latter correlation weakens the relationship but did not reduce it to zero. Therefore, the mediation is partial and points to multiple factors in this mediation (Baron & Kenny, 1986).

## Discussion

The objectives of our study were to examine the relationship between victimization and psychological maladjustment and the possible mediation of self-compassion in this relationship. The results for the first research objective support our hypothesis. Furthermore, the more types of victimization experienced, the stronger this relationship, which indicates that cumulative victimization experiences are a risk factor for psychological maladjustment. Indeed, although the psychological maladjustment of participants who had experienced one or more types of victimization was no different from that of participants who reported none, the average level of psychological maladjustment for adolescents reporting polyvictimization (four or more types) was significantly higher than that of their peers. This further supports our hypothesis. These results are consistent with those of previous studies which found polyvictimization was a stronger predictor of psychological maladjustment than experiencing just one type (Alvarez-Lister et al., 2013; Finkelhor et al., 2007b; Turner et al., 2010).

This study showed that the level of psychological maladjustment associated with victimization is related to the type of victimization reported. The results indicated that so-called *conventional* offenses (e.g., robbery, threats) were one of the most reported types of victimization and also the type most associated with psychological maladjustment. Furthermore, this type of victimization was associated with internalizing and externalizing problems. Victimization by those known to the participant – parents and other adults in their environment and peers and siblings – was reported by a high percentage of adolescents. These two types of victimization were also associated with psychological maladjustment and internalizing and externalizing problems, in line with data obtained in other studies (Cerezo & Vera, 2004; Hanish & Guerra, 2002; Herrenkohl & Herrenkohl, 2007).

Suffering victimization seems to directly affect individuals more than witnessing it. Indeed, although indirect victimization was associated with psychological maladjustment, it was to a lesser degree and mainly with externalizing problems. Internet victimization was associated with psychological maladjustment, primarily with internalizing problems. Finally, sexual victimization did show a significant relationship with the internalizing factor. These results are consistent with findings of previous research (Cicchetti et al., 2010). In conclusion, different types of victimization show different effects on adolescents' psychological maladjustment.

The aim of the second phase of this study was to determine the influence of self-compassion on the relationship between psychological maladjustment and victimization. Therefore, the relationships between all three variables were studied. Firstly, a negative relationship was found between the number of types of victimization reported and self-compassion. These results are similar to those of Tanaka et al. (2011), which indicated that adolescents who experienced more types of victimization had lower levels of self-compassion. The finding of the present study is consistent with the one reported by Vettese et al. (2011) for child maltreatment: they reported a significant negative relationship between child maltreatment and self-compassion ( $\beta = .34, p < .01$ ).

The significant negative correlation found between self-compassion and psychological maladjustment confirms that adolescents with higher levels of self-compassion have lower levels of psychological maladjustment. We also found significant negative relationships between self-compassion and internalizing/externalizing problems. These results are consistent with those of previous studies which found negative relationships between self-compassion and the internalizing factor (Neff et al., 2005, 2007; Neff & Vonk, 2009; Ying, 2009; Raes, 2010, 2011). The results, therefore, indicate that the lower the level of self-compassion, the greater the probability that participants will have higher levels of psychological maladjustment and greater internalizing and externalizing problems.

The results of the multiple regression analysis indicated that both victimization (positively) and self-compassion (negatively) were associated with psychological maladjustment. These two variables accounted for 43.2% of the variance. The results showed that, despite other factors involved, the factors studied affected subjects' psychological maladjustment in such a way that those who had experienced more types of victimization had lower levels of self-compassion and showed higher levels of psychological maladjustment. Conversely, subjects who had experienced fewer types of victimization had higher levels of self-compassion and showed lower levels of psychological maladjustment. If, as it has been argued, emotion dysregulation is found to be related to different psychological disorders (Werner & Gross, 2010), the findings reported in our study show congruence with those found by Vettese et al. (2011) in which self-compassion mediated the relationship between child maltreatment and emotional dysregulation.

Although the relationship between victimization and psychological maladjustment remained and, therefore, the latter increased with more types of victimization being reported, this relationship weakened with the introduction of the self-compassion factor. In other words, victimization had less negative consequences for individuals with high levels of self-compassion. These results support the idea that self-compassion can act as a protective factor against psychological maladjustment for victimized adolescents. The strength of self-compassion as a mediating factor was moderate.

Victimization has been associated with overall emotion dysregulation that underlies different forms of psychological problems. It is very relevant that self-compassion has been reported to mediate victimization and emotion dysregulation (Vettese et al., 2011). How self-compassion, as an effective emotion regulation strategy, is affected by victimization requires further research on the process and development of self-compassion in childhood and adolescence. There is an increasingly important role of mediators in clinical research because mediators can help to progress the nature and development of clinical disorders. This study is just a preliminary contribution in this area.



## Limitations

The present study has several limitations. First, the study sample, may not be large enough to assume that the same patterns found in the adolescents assessed would be found in a more diverse sample. The sample could be extended in future research to ensure generalization of results. It may also be interesting to include adolescents with good school performance in the sample, as this may indicate greater resilience and self-compassion and could influence the results for psychological maladjustment. Furthermore, as self-compassion has been associated with a greater intrinsic motivation to learn and develop oneself, perhaps there would be more variance in self-compassion levels.

A second limitation of this study can be attributed to the self-reported nature of the battery of questionnaires used. The process was anonymous and the internal consistency of the questionnaires was acceptable. However, adolescents' replies in this type of instrument may be susceptible to social desirability bias (García & Gracia, 2009). Future studies will benefit from a multi-agent (i.e., teachers and or parents), multi-method strategy in the assessment and measurement of psychological maladjustment.

Thirdly, the correlational nature of the analyses conducted must be stressed; the results do not show conclusive evidence of causal relationships between variables and these relationships could be two-way. In other words, the data obtained only show that part of the variance shared between victimization and psychological maladjustment is also shared by self-compassion.

The results associate victimization with individuals' psychological maladjustment. However this did not occur on all occasions or with all individuals. In the same way that individuals who have not been victimized may manifest maladjustment, there may also be poly-victimized individuals who do not manifest it. This finding indicates that other factors influence these relationships (i.e., personal and contextual factors may influence the negative consequences of stressful situations). Given the plural nature of maltreatment, its effect and its consequences, solutions should also be plural (Cerezo, 1995). Some protective factors could be learned and developed through intervention programs; therefore, it may be useful to find out which protective factors could be developed in individuals to provide them with the resources they need to prevent or reduce the negative consequences of adverse events.

## Practical Implications

Adolescence is a time of development and search for identity in which strengthening personal protective factors could help overcome any traumas experienced. Therefore, developing self-compassion in adolescence could be a good way to help young people recover from bad experiences and protect themselves against future negative experiences. As self-compassion can be improved with practice (Gilbert & Procter, 2006), it could be included in adolescent intervention and prevention programs

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