ROLE OF EXPERIENTIAL AVOIDANCE IN THE ADOLESCENT SEXUAL REVICTIMIZATION OF WOMEN SEXUALLY ABUSED IN CHILDHOOD

by

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(Under the Direction of Joan L. Jackson)

ABSTRACT

A large body of research demonstrates that women who have been sexually victimized as children are at increased risk for sexual trauma in adolescence and adulthood. The purpose of the present study was to explore the role of experiential avoidance in the adolescent sexual revictimization of child sexual abuse (CSA) survivors. Participants were 509 female undergraduates (95 CSA survivors and 414 nonvictims). Three models analyzing only the data from the CSA survivors in the sample were examined to test hypotheses regarding mediating effects. Each model employed path analysis and explored a particular disengagement coping strategy: unrestricted sexual behavior, alcohol misuse, or interpersonal difficulties. The models had overall good fit with the observed data. In each model, emotional avoidance was a strong direct predictor of disengagement coping strategies and indirect predictor of ASA. Passive response to risk accounted for much of this mediated effect. In addition, both unrestricted sexual behavior and passive response to risk were direct predictors of ASA. These models were then compared to identical models based upon the data collected from the 414 participants who did not report a CSA history. Implications of the present findings include the importance of addressing the emotion regulation competencies of CSA survivors and assisting in the

development of adaptive engagement coping strategies in order to prevent sexual revictimization in adolescence and adulthood.

INDEX WORDS: Child Sexual Abuse, Adolescent Sexual Assault, Coping, Emotion Regulation, Sexual Risk

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CHAPTER 1

INTRODUCTION

Overview of the Present Study

Child sexual abuse (CSA) has been associated with increased risk for adolescent sexual assault experiences. Researchers have examined a diverse array of psychological sequelae of CSA as possible explanations for this heightened risk. However, this line of research has lead to a disjointed picture of revictimization due to the many psychological sequelae of CSA that have been presented as viable explanations for the connection between CSA and ASA. In addition, there is currently no way to reliably distinguish between CSA survivors who are and are not at increased risk for subsequent sexual trauma (Marx, Heidt, & Gold, 2005). More conceptually-driven research is needed in this area that focuses on the outcome and function of the CSA sequelae to ultimately strive to understand the underlying mechanisms perpetuating this cycle of victimization (Polusny & Follette, 1995). In addition, more research is needed that examines comprehensive models of risk factors linking CSA with adolescent and adult revictimization; it is not feasible to fully understand revictimization by only examining single factor models (Marx et al., 2005; Messman-Moore & Long, 2003). The factors selected for inclusion in these models need to be chosen in a theory driven manner.

Experiential avoidance is a style of responding to internal events (e.g., bodily sensations, thoughts, emotions, memories, behavioral predispositions, and images) marked by an unwillingness to experience aversive internal experiences and subsequent engagement in behaviors to lessen or terminate those events (Hayes, Strosahl, & Wilson, 1999). The first

objective of the current study was to apply an experiential avoidance framework to examining the function of the psychological correlates of CSA in adolescent survivors of CSA. Within this framework, the diverse array of outcomes associated with a CSA history can be understood as behaviors employed to minimize, alter, or eliminate contact with painful internal events (Hayes et al., 2004; Hayes, Wilson, Gifford, Follette, & Strosahl, 1996; Polusny & Follette, 1995). This approach can have much utility for developing a better understanding of revictimization, moving the focus from a lengthy list of CSA sequelae to the common function these behaviors may be providing.

The second objective of the current study was to investigate how disengagement coping behaviors motivated by emotional avoidance associated with a CSA history may increase adolescent and adult CSA survivors' risk of encountering dangerous situations. The specific disengagement behavioral strategies that were investigated include unrestricted sexual behavior, alcohol misuse, interpersonal difficulties, difficulties identifying threat cues in risky situations, as well as ineffective behavioral responses to risky situations. Particularly these latter two behaviors have not been previously considered as types of disengagement coping impacted by experiential avoidance. The final objective of this study was to examine whether experiential avoidance, both its psychological and behavioral processes (emotional avoidance and subsequent disengagement behaviors), account for the relationship between CSA history and adolescent sexual revictimization.

In order to build a foundation for the present study, a brief introduction into the prevalence and impact of CSA will be provided. Secondly, the experiential avoidance construct will be introduced, and the evidence for experiential avoidance as a functional dimension in psychopathology will be briefly reviewed to further illustrate this construct. Next, short

presentations of each of the components of experiential avoidance, emotional avoidance and disengagement coping, will be discussed, followed by a review of the studies that examine the impact of CSA on emotional avoidance and coping throughout the lifespan. A discussion of how these multiple maladaptive behaviors associated with CSA may be best conceptualized as disengagement coping strategies resultant of emotional avoidance tendencies will be provided. Empirical investigations that have examined these maladaptive behaviors will be reviewed in order to provide a framework for the selection for the variables included for this study.

Child Sexual Abuse and Adolescent Sexual Assault

Studies utilizing large, nationally representative samples have found that the lifetime prevalence of sexual trauma among women in the general population is eighteen to 44 percent (Tjaden & Thoennes, 2000). Depending upon the inclusiveness of the definition of CSA used, it is estimated that fifteen to 33 percent of girls experience child sexual abuse experiences (Vogeltanz et al., 1999); however, estimates in clinical populations of women are typically much higher (Briere & Runtz, 1987; Cloitre, Tardiff, Marzuk, & Leon, 1996). Although there is some variation in the age used to separate child abuse from adolescent and/or adult abuse, age fourteen is used most frequently as the dividing point between these developmental periods (Gidycz, Hanson, & Layman, 1995; Koss, Gidycz, & Wisniewski, 1987; Russell, 1986).

Like CSA, adolescent sexual assault experiences are widespread occurrences. In a recent investigation into the prevalence of sexual assault experiences among college-age women, 27% of the women reported unwanted sexual contact ranging from kissing and petting to oral and vaginal intercourse (Gross, Winslett, Roberts, & Gohm, 2006). In the study that has been considered the hallmark investigation into the topic of date rape, the prevalence of completed rape and attempted rape among college women was estimated to be 25%, while 54% of college

women report unwanted sexual contact experiences (Koss et al., 1987). Other researchers have reported similar rates of sexual victimization among populations of college women (Abbey, Ross, McDuffie, & McAuslan, 1996; Himelein, 1995), indicating stability in the sexual assault rate of college women over the past twenty years. In addition, multiple studies have found the perpetrators in the assault incidents involving college women are most likely to be men known to the women. For example in the Gross and colleagues (2006) study, 41% of the women reported their perpetrator was a boyfriend, 29% a friend, and 21% an acquaintance. These findings are consistent with the findings of Aosved and Long (2005) and Abbey and colleagues (1996).

A significant body of research demonstrates that experiencing an early life sexual trauma increases one's risk for sexual trauma throughout the lifespan. This has been called the vicious cycle of revictimization (Mandoki & Burkhart, 1989). In a study examining revictimization of CSA survivors in a community sample, it was found that 65% of intrafamilial CSA survivors and 61% of extrafamilial CSA survivors are sexually revictimized after age fourteen, compared with 35% of women with no CSA history who report adult sexual assault (Russell, 1986). A review of studies investigating revictimization in a variety of populations including clinical, community, and college samples, estimated that 16 to 72% of girls sexually abused during childhood are sexually assaulted as adults (Messman & Long, 1996). CSA survivors are two to three times more likely to experience adult sexual assault than women without a CSA history (Neumann, Houskamp, Pollock, & Briere, 1996). This association between sexual victimization experiences across the lifespan has been demonstrated in both retrospective (Alexander & Lupfer, 1987; Koss & Dinero, 1989; Mayall & Gold, 1995; Russell, 1986; Tjaden & Thoennes, 2000; Wyatt, Guthrie, & Notgrass, 1992) and prospective studies (Gidycz, Coble, Latham, & Layman, 1993; Gidycz et al., 1995).

Meta-analyses of the sexual revictimization literature have revealed effect sizes (Cohen's *d*'s) of .59 and .67, demonstrating a clear relationship between CSA and adult sexual trauma (Neumann et al., 1996; Roodman & Clum, 2001). The studies included in these meta-analyses involved diverse methods, samples (clinical, community, and college), and definitions of abuse, and the magnitude of the effect size was found to vary according to these variables (Neumann et al., 1996; Roodman & Clum, 2001). For example, the weakest relationship between child and adult sexual victimization was found when a broad CSA and narrow adult sexual assault definition was used. Also of note, studies specifying CSA perpetrators must be more than five years older for the event to be considered CSA had a lower effect size (d =.48) than studies that did not use this criterion (d = .68), emphasizing the importance of clarifying the definition being used to classify abuse experiences in a particular study. Effect sizes of these magnitudes are large enough to consider CSA to be a robust risk factor for sexual assault throughout the lifespan (Cohen, 1988).

Multiple definitions of revictimization have been used in the literature. This study will be examining sexual revictimization. For the purpose of this study, sexual revictimization will be conceptualized as the experience of sexual trauma in both childhood and adolescence. A participant will be labeled as sexually revictimized if she endorses at least one CSA occurrence and at least one adolescent sexual assault occurrence. In addition, it is noteworthy that for the current study, both CSA and adolescent sexual assault encompass abusive experiences involving contact behaviors; non-contact experiences were not included. Also, an age difference restriction was not imposed for CSA events, and abuse perpetrated by individuals less than five years older than the victim were included in the CSA events. Age fourteen was used to separate childhood

and adolescent victimization. Abuse incidents occurring when the survivor is younger than age fourteen were classified as CSA events.

Experiential Avoidance

Experiential avoidance is a construct which has theoretical roots in many paradigms including psychodynamic, Gestalt, and behavioral traditions (Chawla & Ostafin, 2007). Experiential avoidance is comprised of two related pieces: a) an unwillingness to remain in contact with perceived unpleasant internal events including bodily sensations, thoughts, emotions, memories, behavioral predispositions, and images, and b) the actions taken to change the unpleasant internal experiences (Hayes et al., 1996). As a style of relating with internal experience, it is often adopted and utilized because in the short-term, experiential avoidance results in a reduction of psychological distress by minimizing or terminating one's contact with unpleasant stimuli. When used as a long-term approach to relating with internal experiences, experiential avoidance functions as a diathesis; it is a maladaptive way of relating with oneself, others, and the world that makes healthy emotional experience disordered (Eifert & Forsyth, 2005; Hayes et al., 1999; Hayes, 1994; Hayes et al., 1996). For the purpose of this study, the aspect of experiential avoidance that broadly refers to unwillingness to experience emotions will be labeled emotional avoidance. This label is to distinguish this aspect of experiential avoidance from its behavioral component which will be referred to as disengagement coping.

Based on the conceptualizations of dysregulated emotional experience presented in the literature, emotional avoidance is thought to encompass an unwillingness to experience emotions which are perceived to be unpleasant, but also, lack of mindfulness regarding emotions, difficulties with emotion identification and description, emotional nonacceptance, and as well as active attempts to suppress emotional experience. Awareness of emotional experience is an

important component of effective emotion regulation (Cloitre, Cohen, & Koenen, 2006; Gratz & Roemer, 2004; Linehan, 1993) that requires the ability to monitor one's emotions in a mindful manner. Mindfulness is a practice that involves "bringing one's complete attention to the present experience on a moment-to-moment basis" (Marlatt, Kristeller, & Miller, 1999). When emotionally avoidant, one is avoiding bringing her attention to day-to-day moments to make deliberate contact with her experience in a nonjudgmental, nondefensive way. Awareness of emotional experience is an integral component of competently identifying and describing one's emotions and other internal experiences. Chronic difficulties with emotion identification and description are called alexythymia. When one is constantly avoiding experiencing her emotions, eventually it is difficult to identify emotions (Cloitre, Scarvalone, & Difede, 1997).

When emotionally avoidant, one is in constant struggle with her emotions, thoughts, life circumstances, and even bodily sensations, resisting the reality of their existence and refusing to accept them. Nonacceptance involves taking an evaluative, judgmental position toward one's emotional experience, and consequently devaluing one's emotions. Nonacceptance of negative emotions often results in the creation of additional negative emotions and attempts to eliminate one's emotional reactions through maladaptive means such as active attempts to suppress one's thoughts and feelings (Gratz & Roemer, 2004; Hayes et al., 1996).

Experiential avoidance is presented as integral to the development and maintenance of maladaptive behavior, emotion dysregulation, and psychopathology (Gratz & Roemer, 2004; Hayes et al., 1999). A growing body of literature has been accumulating that supports these claims (Chawla & Ostafin, 2007). Experiential avoidance has been found to influence the likelihood of substance use relapse as well as to be a contributing factor to the maintenance of the substance use patterns (Baker, Piper, McCarthy, Majeskie, & Fiore, 2004; Chawla & Ostafin,

2007). It predicts components of symptom presentation such as severity of symptoms in certain disorders including GAD, panic disorder, and trichotillomania (Begotka, Woods, & Wetterneck, 2004; Kashdan, Barrios, Forsyth, & Steger, 2006; Roemer, Salters, Raffa, & Orsillo, 2005). Experiential avoidance has been demonstrated to mediate the relationship between disengagement coping and self-modulation strategies, and psychological distress (Plumb, Orsillo, & Luterek, 2004; Tull, Gratz, Salters, & Roemer, 2004). Acceptance and Commitment Therapy (ACT) emphasizes treating experiential avoidance and assisting patients with making behavioral changes consistent with their identified values and has received increased empirical attention and interest by clinicians and researchers in recent years (Chawla & Ostafin, 2007; Hayes et al., 1999). A small, but promising, empirical literature exhibits that focusing psychological treatment on reducing experiential avoidance can lead to clinical improvements in patients, particularly those suffering with anxiety-disorders (Batten, 2001; Robinson, Hayes, Cummings, Cummings, & Johnson, 1997; Strosahl, Hayes, Bergan, & Romano, 1998; Zettle, 2003).

In its definition, the construct of experiential avoidance is presented as comprised of two distinct factors. Researchers who study this construct seem to have implicitly agreed upon a particular operationalization of experiential avoidance which is encompassed by the Acceptance and Action Questionnaire (AAQ) (Hayes et al., 2004). This is the measure that has overwhelmingly been used to measure the experiential avoidance construct. Thus, this operationalization has provided utility in generating an empirical literature in an important area of inquiry, examining the role of experiential avoidance in psychopathology. Examination of the items that comprise the AAQ reveal it is primarily geared at measuring the emotional avoidance component of the two-pronged experiential avoidance construct, and even emotional avoidance could be considered to be comprised of multiple concepts. Item analysis indicates the measure is

assessing avoidance of aversive internal events, the need for emotional and cognitive control, as well as inability to take needed action in the face of private events (Chawla & Ostafin, 2007).

Further evaluation of the experiential avoidance construct and additional operationalization and scale development are needed. Following the recommendation set forth by Chawla and Ostafin (2007), the current study will be conducting a factor analysis on extant measures to operationalize the emotional avoidance component of the experiential avoidance construct. To explore emotional avoidance, the following measures will be used: the AAQ, thought-suppression scales (Wegner & Zanakos, 1994), emotion identification and awareness scales (Taylor, Bagby, Ryan, & Parker, 1988), mindfulness scales (Feldman, Hayes, Kumar, Greeson, & Laurenceau, 2007), and ambivalence over emotional experience scales (King & Emmons, 1990; Taylor et al., 1988). To explore the behaviors engaged in to minimize or terminate contact with the aversive internal experiences, specific disengagement behavioral strategies will be explored. These will be discussed in greater depth in the coping section below.

Child Sexual Abuse, Emotion Regulation, and Experiential Avoidance

CSA experiences can interfere with the developmental tasks of childhood, including self-other relatedness and self-integration (Cole & Putnam, 1992; Harter, Alexander, & Neimeyer, 1988) which can have serious negative consequences for one's emotion regulation capacities throughout life (Cloitre et al., 2006; Cole & Putnam, 1992; Herman, 1992; Linehan, 1993). Exposure to an event such as CSA creates intense, overwhelming emotions. Children who are repeatedly abused are especially vulnerable to the development of emotion regulation difficulties as they are being exposed to traumatic circumstances in an unpredictable, but reoccurring manner. Particularly in home environments where the individuals responsible for caring for the child are perpetrating acts of abuse, children are faced not only with traumatic abuse experiences

but also with the absence of an emotionally validating home environment in which they have opportunities to learn how to describe and accurately label their emotion states as well as to adaptively regulate their emotions (Cloitre et al., 2006; Linehan, 1993). Many damaging emotion messages can be communicated in these environments such as one should not express negative emotion, emotions are not linked to logical prompts, and experiencing emotions means being out of control, just to name a few (Cloitre et al., 2006; Nichols, Gergely, & Fonagy, 2001).

For adolescent and adult CSA survivors, both their sexual trauma history and development in an emotionally invalidating environment contribute to their relationships with their emotions and other internal experiences in adolescence and adulthood. Emotion states, physical sensations, thoughts, and images are often directly connected or activate direct connections with their memories of their CSA histories. Tolerating contact with these abuse reminders as well as with the reality that the abuse occurred can be difficult for many CSA survivors. Because many present-day stimuli may be connected to the traumatic events and evoke trauma reminders, a chronic, strong drive toward experiential avoidance, both the emotional avoidance and subsequent disengagement coping pieces, may be present. Thus, for some CSA survivors, they are not only attempting to lose contact with the thoughts and feelings that serve as reminders of the abuse, but they want to get rid of that part of their history. This unwillingness to make contact with abuse reminders can become a driving force of many life choices.

Adopting experiential avoidance as one's style for dealing with painful emotions is likely reinforced for individuals who have the learning experiences with emotions that most adolescent and adult CSA survivors have had. They often find the down-regulation of the physiological, cognitive, and behavioral components of their emotions to be a desirable alternative to feeling

flooded by emotional experience as they were when they were abused. However, when CSA survivors adopt experiential avoidance as their approach for managing emotional experience, they have closed themselves off to emotional experience often with the mentality that numbing themselves will be protective. They find, despite their best efforts, they cannot completely obliterate their emotional experience. In fact, in the long-run, instead of producing the protective feeling of detachment for which they are striving, attempts to completely down-regulate emotions can lead to more dire consequences and circumstances, including an intense exacerbation of the negative emotion, a sense of complete disconnection from others, and disintegration of the self (Hayes, et al., 1999; Herman, 1992).

Prior studies have found CSA survivors report higher levels of experiential avoidance than individuals without a CSA history (Batten, Follette, & Aban, 2001; Marx & Sloan, 2002; Polusny, Rosenthal, Aban, & Follette, 2004; Rosenthal, Hall, Palm, Batten, & Follette, 2005). Each of these studies used a variation of the same measure of generalized experiential avoidance, the Acceptance and Action Questionnaire (Hayes et al., 2004), to assess the construct and evaluate the hypothesis that group differences exist between CSA survivors and nonvictims. Batten and associates (2001) used several other measures in addition to the AAQ including the Trauma Symptom Inventory (Briere, 1995), The Traumatic Stress Institute Belief Scale, Revision L (Pearlman, 1996), The Ways of Coping Questionnaire (Folkman & Lazarus, 1988), and The Impact of the Events Scale (Horowitz, Wilner, & Alvarez, 1979). They factor-analyzed scores from the each of these measures to reveal a two-factor experiential avoidance construct comprised of a) generalized experiential avoidance, and b) trauma specific avoidance. CSA survivors exhibited higher scores on both factors when compared to women without CSA histories. This is the only study that has investigated trauma specific avoidance, so further

research is needed to delineate a generalized versus trauma specific component of experiential avoidance. However, Batten and colleagues' (2001) results suggest this distinction exists and may impact long-term outcomes.

Psychological literature has documented experiential avoidance as a mechanism that explains the relationships among psychological sequelae and CSA experiences (Batten et al., 2001; Marx & Sloan, 2002; Polusny et al., 2004; Rosenthal et al., 2005). Marx and Sloan (2002) found experiential avoidance fully mediated the relationship between CSA history and global psychological distress. Batten and colleagues (2001) reported that while both CSA history and generalized experiential avoidance contributed to psychological distress in adulthood, the generalized experiential avoidance factor accounted for much more of the variance than CSA history. Thus, it appears that how CSA survivors are managing the thoughts, bodily sensations, emotions, and other internal events that they experience in response to being sexually abused may play the most important role in determining long-term outcome (Batten et al., 2001). Polusny and colleagues (2004) also tested a mediational model including adolescent sexual victimization (attempted or completed sexual trauma occurring between ages 14 and 18), experiential avoidance, and psychological distress, and they found experiential avoidance partially mediated the relationship between adolescent sexual victimization and psychological distress (Polusny et al., 2004). Finally, Rosenthal and colleagues (2005) extended these studies by testing experiential avoidance as a mediator between CSA severity and traumatic stress symptoms and found support for partial mediation. Findings from these studies support the chronic tendency of CSA survivors to avoid and escape unpleasant internal experiences as well as the role this experiential avoidance plays in the maintenance of psychological distress in this population.

While no studies to date have investigated the impact of emotional avoidance on risk for revictimization among CSA survivors, Cloitre and colleagues (1997) examined affect regulation and revictimization in a community sample of women with different victimization histories (one group who had both CSA and adult sexual assault experiences, one group who had CSA experiences only, and one group had adult sexual assault experiences only). Results demonstrated that revictimized women were more likely to have difficulties with affect regulation than women with other victimization histories. The revictimized women exhibited higher levels of alexythymia and a greater number of dissociative experiences (Cloitre et al., 1997). This study provides preliminary support for the idea that CSA survivors who are subsequently sexually victimized again in adulthood have different relationships with their emotions than CSA survivors who are not revictimized and establishes an additional empirical basis for examining the roles of the psychological pieces of experiential avoidance in revictimization.

Coping Theory

Emotional avoidance prompts deliberate attempts to lessen, numb, or terminate negatively self-evaluated internal experiences. These behaviors to suppress, escape, control, and avoid emotional experiences are known as disengagement coping. Research on CSA survivor's behavioral management of negative emotion needs to be grounded in a broader conceptual model of the coping process. Contemporary understanding of coping is rooted in the work of Lazarus (1966) who shifted coping's psychodynamic tradition to a focus on the cognitive and behavioral responses employed to manage stressors and stress. Generally speaking, coping is defined as the processes people employ to master, tolerate, reduce, or minimize stressful events (Lazarus &

Folkman, 1984). Historically, coping has referred to responses that are experienced as voluntary, under the individual's control, and involving conscious effort.

The coping mechanisms which are enlisted in response to a given stressor are determined by one's cognitive appraisals of the stressor. When an individual encounters a situation, a primary appraisal is undergone to determine whether this particular situation is irrelevant, positive, or stressful (Folkman & Lazarus, 1985). For situations appraised as stressful, further consideration is given to the characteristics of the stressor to determine if it is threatening, challenging, likely to induce injury, etc. Next, a secondary appraisal is conducted. During the secondary appraisal, the individual assesses her coping resources and options, determining, given the nature of this stressor, what changes she believes can be made.

The use and efficacy of different coping strategies are related to both the objective characteristics of the stressor as well as the individuals' cognitive appraisals of the stressor, with appraisals of the individual's control over the course of the stressor playing a central role in choices regarding coping efforts (Folkman & Lazarus, 1985). Perceptions of a situation will most strongly impact coping efforts, so if a situation is appraised to be severe, stressful, and uncontrollable, the choice of coping efforts will reflect this assessment (Compas, Worsham, Ey, & Howell, 1996). This appraisal process is one avenue through which CSA experiences may impact coping responses throughout survivors' lives, particularly when survivors are emotionally avoidant. Situations that evoke emotions, physical sensations, etc. reminiscent of the abuse event will likely be perceived as uncontrollable, severe, potentially unmanageable, and exceeding the coping resources of the adolescent CSA survivor. Emotional avoidance would certainly promote this type of appraisal as well as the action urge to escape the situation as quickly as possible. Thus, the coping response most likely to be utilized is one that does not

involve dealing directly with the stressor, but rather, minimizing or eliminating contact with the stressor.

Two general types of coping based on the intentions or goals of the individual are problem-focused and emotion-focused coping. According to Lazarus and Folkman (1984) problem-focused coping entails those efforts that are intended to directly regulate some aspect of the stressor to change it for the better. Emotion-focused coping involves thoughts and actions that are intended to regulate the distressing emotions that arise as consequences of the stressful event or potentially stressful event (Lazarus & Folkman, 1984).

The distinction between problem-focused and emotion-focused coping is an important one, but subsequent research has demonstrated this two factor view of coping is too simplistic (Carver, Scheier, & Weintraub, 1989). Broader arrays of coping strategies than can be encompassed in these two categories have been observed in how individuals respond to stress. Additional distinctions such as approach versus avoidance (Holahan & Moos, 1987), engagement versus disengagement, and primary control versus secondary control coping strategies have since been delineated (Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000). These coping distinctions organize coping efforts according to their focus rather than their function (Ebata & Moos, 1994). Other responses to stress that do not strictly fall into the category of coping have also been examined. Researchers have begun to examine involuntary responses to stress, which are conceptualized as conditioned reactions. These involuntary responses which may include intrusive thoughts and rumination, emotional and physiological arousal, and emotional numbing are not necessarily volitional or within the conscious awareness of the individual who is encountering stressful circumstances. Because these responses are not under volitional control, they do not fall under the traditional category of

coping, but may nevertheless, strongly impact one's ability to initiate voluntary coping responses as well as long-term outcomes (Connor-Smith et al., 2000). The current study will be examining the focus of the coping efforts of the participants, using the distinction of engagement versus disengagement coping. In addition, voluntary versus involuntary responses to stress will also be assessed.

Some coping researchers approach coping as an unfolding, shifting process that changes over time. From this perspective, individuals may utilize different coping strategies at different stages in one particular stressful transaction and may call up problem-focused efforts in one situation and emotion-focused in a new stressful situation (Folkman & Lazarus, 1985). Others present the idea that there are stable coping dispositions or "coping styles" that individuals bring to stressful situations they encounter (Carver et al., 1989). According to this latter view, people do not approach each coping context anew, but rather bring a preferred set of coping strategies that remain relatively fixed across time and circumstances. People tend to adopt certain coping tactics as relatively stable preferences. Stable preferences may derive from personality, or they may develop for other reasons (Carver et al., 1989), such as traumatic life experiences.

In sum, coping refers to cognitive and behavioral efforts to manage a disturbed person-environment relationship, a perceived threat or stressor of some sort. Individuals have been found to gravitate toward particular strategies, but strategies utilized in a given situation are dependent upon one's primary and secondary appraisals of the stressor and her resources. Despite the positive connotations of the term, coping can encompass anything that a person does or thinks in relation to a stressor regardless of the effectiveness of the strategy in dealing with the perceived stressor. Finally, no pattern of coping response is assumed to be adaptive or harmful across all situations.

Empirical Literature: CSA and Coping

CSA negatively impacts coping both in fact and in the cognitive appraisals of the survivors. When considering coping and CSA events in childhood, one has to consider the impact of power and the nature of this stressor on the coping process (Banyard & Graham-Bermann, 1993). The child who is a victim of CSA is inherently powerless by virtue of her physical and cognitive developmental stage. The child's external resources are also limited. She does not have control over where she lives, and CSA is an uncontrollable stressor for children. Moreover, when evaluating coping with CSA, one must consider the dynamics of coping with trauma. CSA meets criteria as a traumatic event. *The Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM-IV*; American Psychiatric Association, 1994) defines a traumatic event as involving the threat of death and/or loss, serious injury, or a threat to the physical integrity of self or others that evokes feelings of fear, helplessness, or horror. Children who are sexually abused are helpless as they are forced to endure unavoidable, inescapable transgressions against their bodies. A traumatic and highly negative event such as sexual trauma impacts foundational beliefs and creates significant cognitive, emotional, and behavioral changes in survivors, including processes for managing emotions and stress.

Past research demonstrates that, at the time of abuse, children develop strategies to keep from being overwhelmed by threatening and dangerous feelings and to manage helplessness and powerlessness (Morrow & Smith, 1995). In some cases, abuse persists throughout childhood, and children continue employing these tactics to manage emotions and ultimately to survive. In all cases, children continue growing up and developing in the environment where the abuse occurred or at least where circumstances existed so that it was able to occur. Context is vitally important to consider when evaluating coping in the conditions of CSA experiences. Merrill and

colleagues (2001) found that CSA victims who used constructive coping efforts (such as behavioral changes, cognitive reframing, support seeking, and self-acceptance) in the weeks and months immediately following their abuse experiences produced only weak improvements in psychological adjustment in adulthood. The researchers propose that the efficacy of these coping strategies is dependent upon the availability of social or material resources that would give the child greater actual or perceived control over the environment. For most CSA victims, their environment does not afford them these resources, rendering traditionally adaptive coping strategies ineffective (Merrill, Thomsen, Sinclair, Gold, & Milner, 2001). Steel and colleagues (2004) reinforced this idea that children can not reliably execute confrontive coping or other problem-focused coping to the point their situation is actually changed. In fact, these efforts may result in worsening the situation for the child, for the perpetrator may punish the child for overtly exhibiting resistance (Steel, Sanna, Hammond, Whipple, & Cross, 2004).

Most CSA victims do not attempt to cope with their abuse with problem-focused, engagement responses, but rather use disengagement responses such as dissociative behaviors and passive responses to manage the situation (Morrow & Smith, 1995). For most CSA victims, these are the only strategies they have the resources to use. Although in the larger scheme of things, they are not the most efficacious strategies, these coping efforts assist the child in surviving a horrible, overwhelming situation that they are powerless to escape. Consequently, these disengagement coping responses are negatively reinforced and may be maintained as chronic forms of coping in the behavioral repertoires of CSA survivors.

Empirical literature supports this idea as CSA survivors have been shown to use disengagement coping most frequently throughout their lives (Bal, van Oost, de Bourdeaudhuij, & Crombez, 2003; Futa, Nash, Hansen, & Garbin, 2003; Merrill et al., 1999; Morrow & Smith,

1995; Spaccarelli, 1994). Even when the abuse has ended, its disruption of developmental processes and other lasting imprints create a cascade of resource losses that have significant long-term consequences to survivors' coping repertoires (Cloitre et al., 2006). Although they have access to additional material resources, social support network, and safer environments, they are less likely to utilize engagement forms of coping such as seeking out instrumental or emotional support, problem-solving, emotion expression, or cognitive restructuring. A primary barrier to utilizing engagement coping strategies may be an unwillingness to making contact with unpleasant internal experiences, including nonacceptance of the abuse history as well as other related barriers such as fear of being overwhelmed by aversive emotional experiences and difficulties identifying and describing emotions. This study will be examining the coping repertoires of CSA survivors in adolescence, examining emotional avoidance as the explanatory mechanism for why disengagement coping behaviors persist.

The literature has demonstrated that disengagement coping is associated with greater psychological distress (Bal et al., 2003; Coffey, Leitenberg, Henning, & Turner, 1996; Futa et al., 2003; Merrill et al., 2001; Steel et al., 2004). Therefore, if CSA survivors develop emotional or behavioral difficulties after experiencing CSA, use of disengagement coping will negatively impact or exacerbate symptoms, perpetuating this pattern of emotional distress (Krause, Kaltman, Goodman, & Dutton, 2008).

The current study will be testing the hypothesis that certain maladaptive behaviors specifically unrestricted sexual behavior, alcohol misuse, and interpersonal difficulties are all disengagement coping behaviors utilized by adolescent survivors of CSA. In addition, the premise that these behaviors are motivated by emotional avoidance will also be investigated; that is, the adolescent CSA survivors engage in these behaviors due to their dysregulated relationship

with their emotions associated with the early sexual trauma. Such a conceptualization is useful as it moves to eliminate the lengthy list of problematic behaviors and instead shifts the focus to their common function, emotional avoidance. These particular behavioral responses to emotional avoidance are especially pertinent when attempting to gain a better understanding of the revictimization of CSA survivors, as they each may increase risk for adolescent and adult sexual assault.

Potential Contributors to Adolescent Sexual Assault of CSA Survivors

Child Sexual Abuse and Unrestricted Sexual Behavior

Different patterns of sexual behavior have been found in CSA survivors versus individuals who do not have a CSA history (see, Leonard & Follette, 2002 , for review). CSA, in comparison to physical and psychological abuse, has been uniquely associated with maladaptive sexual behavior and dysfunctional sexual concerns (Briere & Elliott, 2003; Briere & Runtz, 1990). CSA survivors may have a heightened interest in sexual activity (Mayall & Gold, 1995). Even as children, CSA victims often exhibit sexual behavior disturbances such as open masturbation, excessive sexual curiosity, and frequent exposure of the genitals (Browne & Finkelhor, 1986). Two differences in the sexual behavior of adult women with and without a CSA history that have received much empirical support are age at first consensual intercourse and number of sexual partners. Women who had experienced attempted or completed intercourse as children were younger at first consensual intercourse (Miller, Monson, & Norton, 1995; Noll, Trickett, & Putnam, 2003; Siegel & Williams, 2003) and had engaged in intercourse with a greater number of partners (Batten et al., 2001; Fergusson, Horwood, & Lynskey, 1997; Himelein, Vogel, & Wachowiak, 1994; Koss & Dinero, 1989; Mayall & Gold, 1995; Meston, Heiman, & Trapnell, 1999; Siegel & Williams, 2003; Tsai, Feldman-Summers, & Edgar, 1979).

This heightened engagement in sexual behavior extends into other areas as well. In a college sample, more women with a CSA history reported having had sex outside of their abuse experiences a well as a greater frequency of engaging in sexual behavior than nonvictims (Alexander & Lupfer, 1987). CSA survivors have also been found to engage in higher rates of sexual behaviors considered unacceptable by societal standards (Walser & Kern, 1996), including sexual behaviors that may place CSA survivors at heightened risk for HIV (Elze, Auslander, McMillen, Edmond, & Thompson, 2001).

The higher number of consensual sexual partners of some women with a CSA history may contribute to sexual revictimization in adolescence. This relationship makes sense from a simple probabilistic standpoint. Having more sexual partners increases a woman's risk of contact with a sexually aggressive male (Koss & Dinero, 1989). Some support for this idea has been gathered as revictimized women reported more dating and sexual partners than women with only a CSA history (Mandoki & Burkhart, 1989), having multiple sexual partners during the same time period (Wyatt et al., 1992), as well as more brief sexual relationships (Breitenbecher, 2001; Wyatt et al., 1992). In Fergusson, Horwood, and Lynskey's (1997) longitudinal study of CSA victims, CSA history was related to having multiple sexual partners, unprotected intercourse, and having experienced a rape or attempted rape by age 18. Having a rape or attempted rape in the past year was associated with reporting more sex partners (Buddie & Testa, 2005). This increased adult consensual sexual experience was found to mediate the relationship between CSA and adult revictimization (Mayall & Gold, 1995), indicating the importance of this variable in explaining the relationship between CSA and revictimization.

However, even as repeated empirical investigations have demonstrated the sexual behavior patterns of CSA survivors, the motivations of the risky sexual behaviors of this

population are not well understood. Orcutt and colleagues (2005) investigated CSA survivors' use of consensual sex for nonsexual goals, namely the reduction of negative affect, and the impact of sex as an affect regulation strategy on adult sexual assault risk. They found CSA survivors reported engaging in sexual behavior to self-soothe, and using sex for this goal increased risk of prospective adult sexual assault (Orcutt, Cooper, & Garcia, 2005). CSA survivor's heightened engagement in sexual activity, particularly to reduce negative affect, presents an interesting dichotomy and highlights the dialectic of trauma (Herman, 1992). Even while they are avoiding intimacy and often report decreased sexual desire, many CSA survivors are also seeking out sexual situations or partners.

Research on the sexuality of CSA survivors has found the sexuality of this population may have indiscriminant quality and is used to accomplish nonsexual goals such as tension reduction, obtaining positive attention, and feeling powerful (Briere & Runtz, 1993; Briere, 1992), overall creating an experience that provides excitement, an emotion that is incompatible with fear. Consistent with these findings, Batten and colleagues (2001) found that CSA history was associated with higher levels of experiential avoidance, a combination that predicted increased engagement in high-risk sexual behavior with individuals other than ones' primary partner. The impact of this behavior on risk for revictimization was not examined in the Batten et al. (2001) study. Although CSA survivors may experience emotions incompatible with fear and anxiety through this indiscriminant sexual activity, they may also expose themselves to scenarios or individuals that may increase their risk for repeated sexual assault. They may then be vulnerable to partners who will exploit them rather than attempt to build long-term relationships. Moreover, patterns of unrestricted sexual behavior and fear of intimacy may motivate individuals to move from one unhealthy relationship to another, increasing exposure to

potential perpetrators. In sum, the limited research thus far on the function of the sexual behavior of CSA survivors indicates emotional avoidance is a viable explanation (Batten et al., 2001; Briere & Runtz, 1993; Orcutt et al., 2005), but further investigation is needed to elucidate the role emotional avoidance may play in the development of risky sexual behavior patterns.

Child Sexual Abuse and Alcohol Misuse

Multiple reviews of the literature have suggested a link between CSA history and alcohol misuse (Neumann et al., 1996; Polusny & Follette, 1995; Tyler, 2002). Studies using clinical and community samples have consistently reported higher rates of alcohol abuse and dependence for CSA survivors as compared to women who do not have abuse histories. Lifetime prevalence rates for alcohol-related problems in clinical samples estimated to range between 27 and 37% for CSA survivors compared to 4 to 20% for nonabused females (Briere & Zaidi, 1989). In a large, nationally representative community sample, 18.8 % of CSA survivors endorsed symptoms of alcohol dependence within the previous twelve months as compared to 5.8% of nonabused women, while 23.1% of CSA survivors reported they had experienced problems as a result of alcohol use within the past twelve months compared to 8.3% of women without a CSA history (Wilsnack, Vogeltanz, Klassen, & Harris, 1997).

The increased alcohol-related problems among women with a CSA history may contribute to revictimization in adulthood. Alcohol consumption by the victim, the perpetrator, or both has been consistently linked to the occurrence of adult sexual assault (Abbey et al., 1996; Koss, 1988). In a general sample of victims and perpetrators of date rape, 73% of assailants and 55% of victims were under the influence of alcohol at the time of attack (Koss, 1988). In addition, in a study comparing qualities of dates during which sexual assaults occurred with

nonassaultive dates, the sexually assaultive dates were more likely to involve heavy alcohol consumption by both the victim and perpetrator (Muehlenhard & Linton, 1987).

Through its physiological impact, alcohol inhibits a woman's ability to resist unwanted sexual aggression (Abbey, Clinton, McAuslan, Zawacki, & Buck, 2002). Due to it effects on the central nervous system, a woman's ability to execute complex behaviors such as resisting attack are disrupted when she is under the influence of alcohol. Her judgment and problem-solving abilities are also impaired, her alertness is dulled, and she may experience behavioral disinhibition. Due to this behavioral disinhibition, behavioral output, including sexual activity, may be elevated (Hindmarch, Kerr, & Sherwood, 1991).

In addition to its physiological effects, alcohol has also been shown to have psychological expectancy effects that offer insight into the connection between alcohol misuse and date rape. The psychological impact of alcohol can magnify its physiological effects, making disinhibited behavior more probable if that is an outcome a victim or perpetrator expects to experience upon consuming alcohol. Other psychological expectancy effects that have received empirical support are that women who were classified as heavy drinkers were more likely than lighter drinkers to believe that alcohol consumption makes them vulnerable to sexual assault. These beliefs may play out as a self-fulfilling prophecy, hindering these women from engaging in self-protective behaviors when they have been drinking heavily (Testa & Parks, 1996). Abbey and colleagues (1996), in their model of alcohol-sexual assault, highlighted how alcohol increases misperception of sexual interest during interaction involving drinking. Alcohol has been shown to have a disinhibitory cue value in social situations. When a man and a woman are drinking together, alcohol seems to contribute to an atmosphere of carefree disinhibition (Abbey et al., 1996). Men perceive women consuming alcohol as more sexually responsive (George, Cue, Lopez, & Crowe,

1995) and are less likely to view forced or coerced sex with an intoxicated woman as rape (Norris & Cubbins, 1992).

Researchers have theorized that trauma survivors consume alcohol to numb their physical sensations, cope with lowered self-value as a result of victimization, distract themselves from trauma-oriented thoughts and memories, and to generally distance themselves from emotions they associate with the trauma (Briere & Runtz, 1993; Miller, Downs, & Testa, 1993; Polusny & Follette, 1995). However, this conceptualization that CSA survivors are motivated to misuse alcohol by emotional avoidance has only been subjected to limited, indirect empirical test. For example, PTSD symptomatology, of which avoidance symptoms are one symptom cluster, has been found to partially mediate the relationship between childhood rape and alcohol misuse in adulthood. The researchers who tested this model suggest that emotional distress may play an integral role in the development of the substance misuse, which is then used as a way to self-medicate the painful and anxiety-provoking feelings (Epstein, Saunders, Kilpatrick, & Resnick, 1998). In addition, in their study of sex to reduce negative affect, Orcutt et al. (2005) found that CSA survivors who were using sex to reduce negative affect also reported using higher levels of alcohol during sexual encounters, possibly as an additional coping strategy (Orcutt et al., 2005). No studies have directly tested emotional avoidance as an explanatory factor for substance misuse and revictimization among CSA survivors.

CSA and Adult Interpersonal Difficulties

CSA experiences as well as the larger context in which they occur (invalidating home environment, abusive and/or neglectful caretakers) distort basic beliefs about trust, safety, nurturance, and control in significant relationships (Cole & Putnam, 1992; Trickett & Putnam, 1993). When observed during childhood, child abuse survivors (both CSA and child physical

abuse) exhibit maladaptive models of attachment (Cicchetti, 1987; Main & Goldwyn, 1984). Interpersonal schema theory posits that interpersonal schemas are formed in the context of attachment relationships with one's caretakers. These interpersonal schemas are then applied to interpersonal situations throughout the lifespan and play an integral role in shaping cognitions, emotions, and behaviors in the interpersonal domain (Cloitre, Cohen, & Scarvalone, 2002).

The vast majority of adult CSA survivors report significant interpersonal difficulties. Ninety-one percent of child abuse survivors surveyed described significant relationship problems such as difficulty standing up for themselves, inability to hear others' viewpoints, sensitivity to criticism, and a tendency to quit relationships and jobs without notice and/or negotiation (van der Kolk, Pelcovitz, Roth, & Mandel, 1996). CSA was associated with poorer social adjustment among college women (Harter et al., 1988); and in another study, CSA survivors' maladaptive learning histories regarding interpersonal relationships seem to have taught them to place the needs of others before their own and create difficulties for them saying "no" in intimate relationships (Gelinas, 1983). CSA history was associated with less satisfaction, trust, and poorer communication in couple relationships (DiLillo & Long, 1999). Not surprisingly, these interpersonal difficulties appear to impact the quality of relationship as well. CSA survivors displayed less satisfaction in their intimate relationships and more symptoms of sexual dysfunction when compared with individuals without an abuse history (Hunter, 1991). Moreover, women who were abused and/or neglected as children were less likely to have positive perceptions of their current romantic partners and to be sexually faithful than women who were not abused or neglected in childhood (Colman & Widom, 2004).

Revictimized CSA survivors appear to experience greater interpersonal difficulties than CSA survivors who had not been sexually revictimized in adulthood (Classen, Field, Koopman,

Nevill-Manning, & Spiegel, 2001; Cloitre et al., 1997). CSA survivors who met criteria for current PTSD and who had been revictimized within the previous six months described themselves as overly responsible in interpersonal relationships, experiencing difficulties with assertiveness, and as socially avoidant (Classen et al., 2001). Among revictimized treatment-seeking CSA survivors, commonly reported interpersonal problems included being inappropriately assertive, being too controlling, difficulties with intimacy, acting too submissive, and being insufficiently social (Cloitre et al., 1997). An examination of the interpersonal schemas of revictimized CSA survivors, CSA survivors, and women with no abuse history revealed that both revictimized CSA survivors and women with no trauma history exhibited strong tendencies to generalize their interpersonal schemas from childhood to adulthood. This finding makes sense considering for both of these groups of women, their childhood and adulthood experiences had been consistent in many ways. For the revictimized women, the content of these schemas was predominantly negative, reflecting views of others as both controlling and hostile just as their life experiences had taught them (Cloitre et al., 2002). Finally, revictimized CSA survivors endorsed feeling as if they are valued only for their sexuality as well as uncertainty regarding how to relate to others in non-sexual ways. This assumption that others expect them to behave hypersexually may have powerful implications for both who CSA survivors are interacting with as well as the nature of their interactions (Bartoi & Kinder, 1998).

CSA may alter women's cognitive and emotional view of their social environment so that they perceive their environment as uncontrollable, unpredictable, and potentially hostile and dangerous. Yet, despite this understandably negative view of the social world and interpersonal relationships, CSA survivors will continue to strive for interpersonal connections and affiliation

(Cloitre et al., 2002). The silencing the self idea may provide a useful framework to examine and develop a better understanding of the impact of CSA on interpersonal patterns and sense of self in an interpersonal context. The silencing the self concept addresses how cultural norms and gender socialization influence the ways women create and sustain interpersonal relationships (Jack, 1991). After repeatedly receiving the message that one's needs and wants are not valued such as occurs when one experiences CSA, one may begin to present an inauthentic façade of compliance, particularly with intimate partners, all in the service of the maintenance of the relationship. CSA survivors learn to self-silence and disconnect from their authentic thoughts and feelings for the purpose of keeping intimate relationships intact and meeting the expectations of significant others. However, as speaking one's feelings and thoughts is part of creating, maintaining, and recreating one's authentic self, loss of self and voice can lead to significant self-doubt about the legitimacy of one's privately held experience (Jack, 1991).

The interpersonal patterns exhibited by CSA survivors may increase their sexual revictimization risk in multiple ways. CSA survivors often silence themselves in relationships rather than risk open conflict, disagreement, or isolation. Although this interpersonal pattern is reinforced by maintaining relationships and minimizing conflict, it can have deleterious impact on one's connection with one's own desires and needs as well as one's ability to communicate them to other people. The interpersonal patterns described by CSA survivors indicate they have difficulty asserting themselves in intimate relationships. However, CSA survivors also reported difficulties with being too controlling and too responsible for others' feelings and behaviors in relationships. Combined with feeling uncomfortable being assertive, these conflicting ideas about appropriate power dynamics in relationships likely make establishing healthy boundaries and safe, trusting environments very difficult. Finally, the difficulties with sociability endorsed

by revictimized women may also be contributing to their revictimization risk, as they may be experiencing difficulty determining with whom to initiate intimacy (such as with whom to go off alone from a social gathering).

These patterns of interpersonal relatedness may be utilized to modulate negative affect because they permit CSA survivors to remain out of touch with their needs and emotions, perpetuating emotional avoidance. No studies to date have directly examined this idea. The impact of emotional avoidance on the interpersonal presence of CSA survivors may further increase risk of revictimization in a number of possible ways. For example, in a potentially assaultive situation, if a woman is communicating an emotional experience that is inconsistent with resistant efforts, a sexually aggressive male may be more likely to disregard her resistance (Cloitre et al., 1997). In addition, although shifting the focus of the relationship to the other person may feel desirable and permit the CSA survivor to lose connection with noxious internal experiences, this alternative may attract controlling and insensitive partners who are not concerned by constantly being the center of the relationship's attention. CSA survivors may also be motivated to engage in these interpersonal patterns because they are unfamiliar with alternative ways to manage relationships, yet they still want to pursue closeness with another person (Cahill, Zoellner, Feeny, & Riggs, 2004; Cloitre et al., 2006).

Coping and Revictimization

Disengagement coping behaviors such as unrestricted sexual behavior, alcohol misuse, and interpersonal difficulties are negatively reinforced by the short-term reduction, suppression, or termination of the intense affective responses associated with CSA experiences. However, they interfere with optimal levels of functioning and have many detrimental long-term consequences, one of which may be perpetuating a cycle of sexual revictimization.

Disengagement coping responses maintain long-term heightened psychological distress in a number of significant ways. First, such strategies block or interfere with emotional and cognitive processing of traumatic experiences. In the short-term, these responses seem to provide a protective barrier that allows CSA survivors to avoid actively facing their reactions to the trauma or working through what the trauma meant in their lives. However, underlying problems fueling the distress are not addressed, and consequently, more negative emotions are perpetuated. Second, disengagement coping responses beget more disengagement coping responses. By their cumulative production of greater distress, the suffering individual is driven to resort to additional disengagement methods of coping simply out of an understandable desire to escape from severe emotional pain as quickly as possible. Disengagement responses are applied not only to trauma-related stressors, but also new stressful life events and risky situations because these are the strategies they have learned to use. As these efforts at reducing unwanted internal experiences have ultimately been unsuccessful, yet are continued, disengagement responses to stress may pose difficulties for CSA survivors in terms of avoiding subsequent sexual revictimization.

Coping is broader than dealing with negative internal experiences secondary to CSA, although the concept of coping has generally been only limitedly applied to the sexual revictimization literature in this way. Using disengagement techniques to escape and avoid contact with abuse memories and negative emotions associated with one's abuse history is just one avenue through which risk for ASA may be increased. This stance towards coping and addressing distressing situations and feelings will impact how CSA survivors appraise and react in potentially dangerous situations where revictimization may occur. Three prior studies have put forth theoretical models connecting sexual victimization experiences and various aspects of coping (Macy, 2007; Marx et al., 2005; Polusny & Follette, 1995).

Polusny and Follette (1995) proposed a model of sexual revictimization in which they posited that many CSA survivors engage in emotionally avoidant coping behaviors in response to the negative affect and cognitions associated with their abuse history. These behaviors are negatively reinforced by the reduction or suppression of the intense affective responses associated with their abuse histories. These emotionally avoidant behaviors may include self-harm behaviors, compulsive sexuality, substance misuse, somatization, among others. Polusny and Follette (1995) suggested engagement in these emotionally avoidant coping strategies may increase risk for adult sexual assault and domestic violence, but they do not present a detailed rationale for how the emotional avoidance may lead to sexual revictimization. In addition, they do not subject their hypotheses to empirical test (Polusny & Follette, 1995).

In their explanation of sexual revictimization, Marx and colleagues (2005) suggested that CSA survivors attempt to control their fear and arousal responses associated with a history of uncontrollable and unpredictable child sexual abuse through the use of avoidant emotion regulation strategies. These strategies are behaviorally manifested in ways that may contribute to sexual revictimization including increasing the likelihood of being targeted by a perpetrator, impairing ability to properly process danger cues, and impede successful defensive behaviors (Marx et al., 2005).

Finally, Macy (2007) presents a three part coping theory to profile the role of coping in the sexual revictimization cycle. She presents three different categories of coping: adaptive coping, proactive coping, and resistance-defensive coping, each of which she posits must be addressed in prevention efforts to comprehensively reduce adult sexual assault risk. Macy's (2007) theoretical framework emphasizes the idea that these coping efforts must be organized and sequenced. CSA survivors who have internalized a sense they have no control over their

environments and ability to change situations are unlikely to benefit from proactive coping-based interventions (a concept similar to risk awareness) prior to their adaptive coping (a concept similar to emotion regulation) efforts being addressed. Their basic beliefs about their ability to cope with stressful situations and emotions must be targeted prior to addressing how they handle potential assault situations (Macy, 2007).

Multiple pathways through which disengagement coping strategies may increase risk for ASA among CSA survivors were presented above. A common theme of each of these pathways was their focus on difficulties managing negative emotions connected with one's trauma and attempting to escape painful thoughts, feelings, and memories associated with the CSA by engaging in maladaptive behavioral patterns. However, fear and anxiety in moderation are adaptive emotions that provide cues to alert individuals to a potentially dangerous situation. If CSA survivors have taught themselves to escape and avoid negative emotions that for most people serve the function of alarming the presence of danger, CSA survivors' ability to avoid and defend against future threats will be severely compromised. Therefore, emotional avoidance can also heighten ASA risk through the disconnection with danger cues and feelings of discomfort, compromising risk recognition. Finally, the drive to minimize conflict and negative emotion would likely be a deterrent to CSA survivors engaging in active defensive behavior when faced with risk.

Risk Recognition

Researchers have investigated potential risk recognition deficits of CSA survivors as a possible contributing factor to increased vulnerability to sexual revictimization (Gidycz, McNamara, & Edwards, 2006; Messman-Moore & Long, 2003). It has been hypothesized that CSA survivors may have impairments in their ability to recognize cues that indicate a situation is

dangerous, but little empirical work has directly addressed this question. Effective risk recognition requires screening and appraising the environment for threatening cues. One needs to be mindfully aware of her circumstances and surroundings that may contain situational risk factors for sexual assault (Macy, 2007). Therefore, to successfully engage in risk recognition, women have to be aware of factors that are associated with risk for sexual assault. Nurius (2000) emphasizes that risk perception includes the application of such knowledge to the self. This would involve handling material that will likely evoke trauma memories and emotions and learning new information. CSA survivors have to be able to actively process this information and its associated emotions rather than avoid them in order to have the benefit of awareness of signals of risky situations. In multiple ways, just equipping oneself with the tools needed to engage in effectual risk recognition involves overriding the habitual emotional avoidance and disengagement coping tendencies.

Meadows and colleagues (1995) set out to examine the risk recognition abilities of treatment-seeking women diagnosed with PTSD who reported a childhood abuse history (either sexual or physical). From the results, it is not clear if there were risk recognition skills differences between the two groups. The women with single adult assault experiences reported they would leave the risky situations earlier than the revictimized women, but this finding speaks more to lower internal barriers to respond to risk in the single assault group. The level of discomfort participants reported did not differ between groups, a finding that provides limited indication risk recognition did not differ according to number of victimization experiences. In addition, no differences were found in the risk recognition abilities of the women with sexual abuse versus physical abuse histories (Meadows, Jaycox, Stafford, Hembree, & Foa, 1995).

Wilson and colleagues (1999) conducted an analogue study utilizing an audiotaped date rape vignette with a sample of college women. Participants were instructed to listen to the vignette until "if and when they believed the man had gone too far" (p.707) at which point they were to stop the tape. Longer response latencies were posited to indicate poorer risk recognition. The study was not limited to women with a CSA history, but it did include both women with child to adult sexual revictimization as well as women with repeated adult sexual revictimization. In general, revictimized women had longer response latencies than women who had single assault experiences. Wilson and colleagues (1999) also investigated the impact of PTSD symptomatology on risk recognition. They found that while overall levels of PTSD symptoms had no effect on the relationship between victimization history and revictimization, higher levels of hyperarousal PTSD symptoms were associated with earlier detection of risk (Wilson, Calhoun, & Bernat, 1999).

In their retrospective study of college women with abuse histories, Yeater and O'Donohue (2002) explored the length of time required to train women with multiple (CSA and adult sexual assault experiences), single and no sexual assault histories to recognize risk in a written vignette. They found that the single-incident assault victims took significantly longer than nonvictims and revictimized women to train. They interpreted this result to mean that multiple assault victims may be better at differentiating risk in date rape situations. It is unclear how these skills would generalize to real-life situations, and how these women would then respond to their detection of danger in the situation (Yeater & O'Donohue, 2002). Dating situations are likely especially challenging for CSA survivors, as these situations may contain many ambiguous cues regarding signals of safety versus risk. To accurately assess risk in dating

situations, one not only has to interpret social cues but have a high enough level of confidence in those interpretations to risk the social consequences acting upon them may cost.

The studies reviewed above each examine the risk detection and recognition abilities of CSA survivors. There is a larger body of research which suggests women with repeated adult sexual assault experiences may possess deficits in risk recognition in potentially threatening situations. Many of these studies either do not include or do not assess for CSA histories (Marx & Soler-Baillo, 2005). It is not within the scope of this project to review each of these studies here. However, one study will be highlighted due to inclusion of objective measures (physiological reactivity) of risk recognition on an analogue task. Soler-Baillo, Marx, and Sloan (2005) compared adult sexual assault victims' and nonvictims' response latencies and heart rate activity when exposed to audiotaped date rape vignettes. Consistent with prior studies, the women with prior sexual assault experiences displayed longer response latencies. In regards to the physiological pattern of reactivity, the sexual assault victims exhibited attenuated heart rate activity relative to the nonvictims during the segment of the audiotape most pertinent to the risk recognition, the segment of the interaction where the interaction is still ambiguous and nonviolent. However, the victim group's subjective report of physiological arousal was incongruent with their objective measures, as they reported the entire stimulus to be more arousing as well as unpleasant than non-victims (Soler-Baillo, Marx, & Sloan, 2005).

Overall, the studies addressing the threat detection abilities of CSA survivors (Meadows et al., 1995; Wilson et al., 1999; Yeater & O'Donohue, 2002) do not conclusively indicate this population has risk recognition difficulties, but do point toward a problem somewhere in the process of recognizing risk, processing important threat-relevant information, and acting on that information in a self-protective manner. Behavioral responses to risk will be further reviewed

below. In applying an experiential avoidance framework to understanding revictimization, it would follow that unwillingness to remain in contact with negative internal events might impair one's ability to detect and properly process threat cues. When an individual who is motivated by experiential avoidance encounters a salient threat cue, she may be motivated to lessen awareness of the negative emotion or alternatively be unwilling to accept it, by utilizing alternative disengagement coping efforts to shift the focus of her attention from the threat and aversive emotions to situations or behaviors that may decrease the unpleasant emotions. These disengagement strategies, which may include alcohol misuse, unrestricted sexual behavior, and interpersonal difficulties, may prevent effective encoding and recognition of risk cues.

Researchers have noted a disconnection among the physical experience, thoughts, emotions, and verbal report of CSA survivors who have spent a tremendous amount of time and effort attempting to avoid and control their unpleasant internal experiences (Cloitre et al., 2002). Wilson and colleagues (1999) found that sexual trauma survivors with higher levels of hyperarousal PTSD symptoms identified risk earlier. Questions regarding the efficacy of earlier risk detection are raised by this finding. It is possible these women are detecting risk everywhere, perceiving most all environments as danger-ridden, as essentially they may have faulty "safety buttons" that can not accurately distinguish danger cues from safety cues. If they are constantly being alerted to the presence of danger, these women may learn to ignore or minimize feelings of discomfort instead of responding to these feelings with an investigation into their safety. If experientially avoidant coping strategies are as entrenched for CSA survivors as hypothesized, risk recognition may only serve to activate disengagement responses to stress when a perceived threat is identified.

Behavioral Response to Threat

Ability to recognize risk will do little to prevent sexual revictimization if the risk recognition does not activate an effective behavioral response. Some research suggests that it is not risk recognition deficits, bur rather nondefensive behavioral responses to identified risk that places CSA survivors at higher risk for sexual revictimization. In line with the current formulation, it is hypothesized that emotional avoidance as well as ongoing use of disengagement coping strategies might impair CSA survivors' ability to defensively respond to risk and engage in self-protective behaviors against sexually violent perpetrators. These women will be less likely to fight or scream to physically resist the assault, behaviors which prior research has shown most effectively mitigate the actions of sexual assault perpetrators (Ullman, 1998). Macy (2007) conceptualizes resistance and defensive coping as the "coping cognitions, emotions, and behaviors women use to thwart or survive a sexual assault" and "occur when women are threatened with an assaultive male they cannot avoid" (Macy, 2007, p.185). A disengagement response to this stressor would be a passive response such as dissociation or consuming alcohol to perceived risk and/or overt threat.

VanZile-Tamsen and colleagues (2005) investigated whether women have difficult recognizing or responding to threat, or both. They exposed women with both CSA histories and adolescent or adult sexual assault histories to written vignettes depicting sexual assault scenarios. Each vignette was the same except the perpetrator identity varied in each one (a male friend, a date, or a boyfriend). Participants were asked to rate their degree of discomfort in the hypothetical situations and indicate their anticipated responses. The study's results revealed that victimization status had no effect on risk recognition in any of the scenarios. However, women

with CSA histories were lower in sexual refusal assertiveness and reported they would be less likely to use active forms of resistance (VanZile-Tamsen, Testa, & Livingston, 2005).

In a prospective study with a sample of university women, Messman-Moore and Brown (2006) investigated how women's ability to recognize and respond to sexual assault risk would impact the likelihood that they would be victimized during the follow-up period. At the beginning of the study, participants read vignettes depicting sexual assault scenarios. They indicated when they would experience feelings of discomfort and when they would leave the situation. Eight months after this initial assessment, participants were reassessed for victimization experiences during the interim period. CSA history was not associated with risk recognition ability. Decision to leave a hypothetical situation predicted victimization over the interim, but risk recognition did not. This study reiterates the central finding of the Van-Zile et al. (2005) study: regardless of victimization history, women appear to have similar risk recognition abilities; however, their behavioral responses to identified risks seem to be different (Messman-Moore & Brown, 2006).

Also using a prospective design, Turchik and colleagues (2007) investigated how psychological and situational factors, including CSA history, impacted college women's actual use of resistance tactics in response to sexual assault situations throughout a two-month follow-up period. Interestingly, the results of this study found that CSA survivors were less likely to use nonforceful tactics than women without a CSA history. However, no differences were found in use of forceful tactics based on victimization status. This finding may be explained by the way nonforceful tactics were conceptualized. In contrast to other studies, Turchik et al. (2007) conceptualized nonforceful tactics as polite resistance behaviors (such as "tell him you like him, but you are not ready for this" (p. 613)) while most prior studies have included more passive,

immobile behaviors (such as “freezing”) in the nonforceful category (Turchik, Probst, Chau, Nigoff, & Gidycz, 2007).

Like risk recognition, research conducted thus far on behavioral responses to risk has focused on repeated adult sexual victimization, rather than child to adult sexual revictimization. Several studies examined women with adult sexual victimization histories and found they are more likely to use less effective, more diplomatic forms of resistance such as negotiating with the assailant in response to acts of sexual aggression (Nurius, Norris, Dimeff, & Graham, 1996). Others studies have also found higher use of diplomatic responding strategies in addition to more immobilization among women with prior assault experiences (Macy, Nurius, & Norris, 2006). A tendency among survivors to respond indirectly and diplomatically rather than in active defensive ways is a risk factor that impedes self-protection (Macy, 2007). Additional study is needed to determine if CSA survivors are at risk for revictimization partially due to internal barriers to their escape from the situation, especially given the inconsistent finding of the Turchick et al. (2007) study.

It is hypothesized that for CSA survivors to engage in active resistance-defensive coping efforts to self-protect against sexual assault, they would have to override the pattern of experiential avoidance at several junctures. Most basically, when they encounter risk, CSA survivors would have to act upon their threat identification in an active as opposed to disengaged manner. Also, when faced with a potentially dangerous situation, women with sexual victimization histories would have to actively engage the numerous psychological barriers to using active defensive strategies that they may encounter.

For example, CSA survivors may have difficulty believing they can actually impact the situation, so conceiving that risking the potential social and relationship may be worthwhile may

be difficult. If they believe another victimization experience is inevitable, CSA survivors may respond to perceived risk by using alcohol, dissociating, or another avoidance behavior that will further prevent them from being able to effectively resist their perpetrators (Briere & Runtz, 1987). When one of the ways an individual copes with distress is by putting others' need before her own, using assertive, self-protective, defensive coping may feel uncomfortable if not completely unfeasible. A woman may not engage in self-protective behavior if she has concerns about how she might be viewed or perceived by her partner and/or peer group if she rejects the sexual advances. When compared to women without a CSA history, CSA survivors might be more concerned about being rejected by a person they care about, or conversely, from potential embarrassment that could occur in reaction to public resistance, or be more likely to have a general fear of being stigmatized or judged by others (Messman-Moore & Long, 2003). Empirical support for these barriers in adult sexual assault victims was gathered by Norris and colleagues (1996). Sorority members reported their hesitancy to use active resistance tactics was due to concerns regarding fear of rejection by men, concerns about being stigmatized by peers, and embarrassment at being negatively judged by others. The use of nonforceful tactics was predicted by women's heightened self-consciousness and self-blame (Norris, Nurius, & Dimeff, 1996). More research on the barriers to utilizing active defensive coping specifically in CSA survivors is needed.

Summary

For CSA survivors, both their sexual trauma history and development in an emotionally invalidating environment contribute to their relationships with their emotions, memories, bodily sensations, and thoughts in adolescence and adulthood. Prior research has demonstrated the use of emotional avoidance by CSA survivors; that is, an unwillingness to be in contact with

unpleasant internal experiences triggered by their traumatic memories as well as the thoughts and emotions associated with the trauma. Therefore, according to an experiential avoidance framework, when these unwanted internal experiences occur, the behaviors CSA survivors would engage in would be actions that would permit them to avoid and escape the noxious internal experience. CSA survivors may adopt a wide variety of disengagement behavioral strategies including unrestricted sexual behavior, alcohol misuse, socially avoidant, and unassertive interpersonal patterns. In potentially assaultive situations, CSA survivors may have poor risk recognition and indirect, passive response to risk. This maladaptive relationship with emotional experience and the resultant disengagement coping behaviors may directly and indirectly increase risk for adolescent and adult sexual revictimization, and this study investigated a comprehensive model that explored these pathways from childhood sexual victimization to sexual revictimization in college women.

CHAPTER 2

RATIONALE AND HYPOTHESES

The purpose of this study was to investigate the relationships among emotional avoidance, disengagement coping, and adolescent sexual assault among CSA survivors. The overarching research question for the present study was: What roles do emotional avoidance and disengagement coping behaviors play in the adolescent sexual revictimization of CSA survivors? Specific questions that addressed this inquiry included: a) Is emotional avoidance the function of the maladaptive behavioral and interpersonal patterns associated with CSA? and b) Do emotional avoidance and disengagement coping behaviors account for the relationship between CSA and adolescent sexual assault?

Significance

These questions are significant for several reasons. The heightened risk of adolescent and adult sexual assault among CSA survivors and the number of women affected by interpersonal violence certainly call for continued efforts to better understand the phenomena of revictimization (Neumann et al., 1996; Roodman & Clum, 2001). The short and long-term negative consequences of CSA on psychological health have been well-documented (Briere & Elliott, 2003; Browne & Finkelhor, 1986; Kendall-Tackett, Williams, & Finkelhor, 1993; Polusny & Follette, 1995; Trickett & Putnam, 1993) and include an increased risk for post-traumatic stress disorder (PTSD), depression, anxiety and tension, cluster B personality traits, and dissociation. Sexual victimization has been associated with poor general health and more miscarriages (Thompson, Arias, Basile, & Desai, 2002), greater functional impairment (Walker

et al., 1999), increased reactivity to everyday stressors (Thakkar & McCanne, 2000), and higher levels of family conflict (Meyerson, Long, Miranda, & Marx, 2002).

Examining experiential avoidance and its association with revictimization is of value for three primary reasons. First, it shifts the emphasis of inquiry to the function of behavior. If unwillingness to experience unpleasant internal events is driving the disengagement coping behaviors, then this area of research is provided with a much needed organizing, overarching theoretical framework that eliminates some of its current fragmentation. Studies investigating single variables will be insufficient to fully explain CSA survivors' elevated risk for sexual revictimization; more complex models that integrate variables in a theoretically driven manner are needed. Second, as not all CSA survivors will go on to be sexually revictimized in adolescence and adulthood, experiential avoidance may be a useful way to determine which CSA survivors are at risk. Finally, both the cognitive components of experiential avoidance as well as the subsequent behaviors they motivate may serve as modifiable targets for intervention. Understanding the role of experiential avoidance may help improve the effectiveness of interventions designed to treat sequelae of CSA such as PTSD as well as prevention efforts designed to reduce adolescent and adult sexual assault risk.

The proposed study expands on previous research by (1) empirically testing emotional avoidance as the underlying mechanism driving multiple psychological sequelae of CSA, (2) empirically exploring the role experiential avoidance may play in the sexual revictimization of CSA survivors, and (3) comprehensively evaluating important psychological and behavioral processes contributing to the adolescent sexual revictimization of CSA survivors.

Polusny and Follette (1995) and Briere (1992) hypothesized that emotional avoidance was the underlying mechanism driving many of the psychological sequelae of CSA, and Batten

and colleagues (2001) found that CSA survivors' higher engagement in experiential avoidance predicted engagement in risky sexual behavior. In line with these theoretical predictions and previous findings, the current study more broadly investigates the extent to which psychological sequelae of CSA are associated with higher experiential avoidance. Despite the body of empirical research linking CSA and maladaptive coping to adverse psychological outcomes, only comprehensive theoretical models connecting CSA, maladaptive coping, and sexual revictimization have been presented. None of these models have been subject to empirical test (Macy, 2007; Marx et al., 2005; Polusny & Follette, 1995). In addition, despite the prior examination of the relationship between maladaptive coping and revictimization, the relationship between experiential avoidance and sexual revictimization has not been directly tested. This study tests a comprehensive path model, exploring the idea that disengagement coping behaviors motivated by experiential avoidance will increase risk for adolescent sexual assault among CSA survivors.

The psychological and behavioral processes included in the proposed model of revictimization were chosen based on their suggested relevance for CSA survivors in the literature. For example, sexual risk taking, alcohol misuse, and maladaptive interpersonal behaviors were chosen from a wide array of psychological sequelae of CSA due to prior research that indicates they may be especially relevant behavioral links when examining risk for revictimization. This study uses path analysis modeling to examine important psychological (i.e., emotional avoidance) and behavioral (i.e., alcohol misuse, unrestricted sexual behavior, maladaptive interpersonal relatedness, risk recognition deficits, and passive behavioral responses to risk) pathways to adolescent sexual revictimization among CSA survivors. This investigation

answers a call in the revictimization literature (Messman-Moore & Long, 2003; Polusny & Follette, 1995) for research designs and models that include as many relevant factors as possible.

Hypotheses

Hypothesis 1: Revictimized CSA survivors were expected to endorse greater levels of emotional avoidance than women who reported CSA but no adolescent sexual assault experiences (non-revictimized CSA survivors).

Hypothesis 2: It was expected that disengagement coping strategies (including unrestricted sexual behaviors, alcohol misuse, and interpersonal difficulties), risk recognition, and behavioral response to risk would be positively correlated. This hypothesis was based on the idea that each of these behaviors is a form of disengagement coping, despite not typically being recognized as such in the literature (Macy, 2007). It was also predicted that, for CSA survivors, these behaviors would positively correlate with traditional measures of disengagement coping as measured by the RSQ (Connor-Smith et al., 2000) which assesses both voluntary and involuntary responses to stress. These correlations were investigated to develop a more comprehensive understanding of the coping strategies of CSA survivors both in general and in regards to their CSA experiences. In addition, the coping strategy patterns of the participants were examined based on victimization history, and it was expected that revictimized CSA survivors would endorse greater use of disengagement coping strategies when compared with women with CSA only.

Hypothesis 3: A path model exploring the psychological and behavioral risk factors for sexual revictimization of CSA survivors was tested (see Figure 1). Specifically, it was hypothesized that CSA survivors with increased emotional avoidance would be more likely to utilize disengagement coping behaviors, will exhibit poorer risk recognition, and would evidence

decreased use of self-protective behavioral responses to risk. Three separate path models were tested to determine the unique role of three disengagement coping behaviors of interest, unrestricted sexual behavior, alcohol misuse, and interpersonal difficulties. Finally, it was hypothesized that adolescent sexual revictimization would be predicted by use of disengagement coping behaviors, and behavioral response to risk. Figure 1 shows the theory-driven hypothesized pathways. The hypothesized path models were also analyzed utilized the data from the nonvictims in the sample.

In the models utilizing data collected from CSA survivors, emotional avoidance was hypothesized to have a direct effect on unrestricted sexual behavior, alcohol misuse, interpersonal difficulties, risk recognition, and response to risk. The effect of emotional avoidance on adolescent sexual assault were hypothesized to be indirect through these variables, while all the behavioral strategies with the exception of risk recognition were hypothesized to have direct effects on adolescent sexual assault.

Next, additional meditational models that included CSA severity as a predictor variable were analyzed to examine the potential mediational role of emotional avoidance in the relationship between disengagement coping behaviors and CSA severity. Specifically, it was predicted that the increased disengagement coping behaviors exhibited by CSA survivors would be explained by emotional avoidance. This hypothesis was based on the idea that emotional avoidance would drive behaviors that promote disconnection with internal experiences.

Hypothesis 4: It was predicted that each of the psychological and behavioral risk factors for sexual revictimization would explain unique variance in adolescent sexual assault experiences, above and beyond characteristics of CSA history.

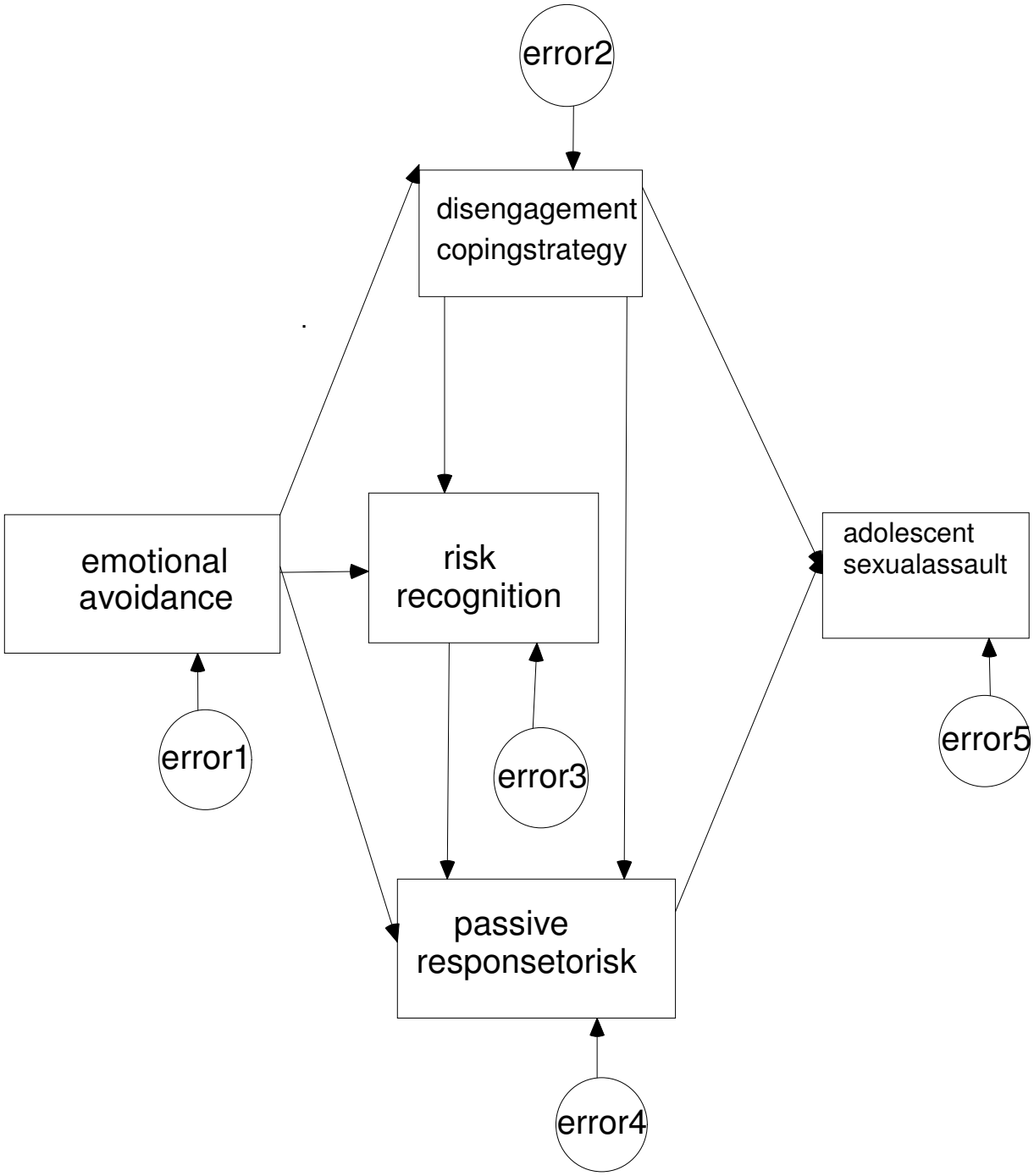

Figure 1: Hypothesized path diagram depicting psychological and behavioral risk factors for adult sexual revictimization of CSA survivors.

CHAPTER 3

METHOD

Participants

Female students were recruited from introductory psychology classes through the research pool. Participants with and without a CSA history participated in the study, but only the data from women who endorsed a CSA history were included in the proposed path model analyses. Participation earned the students 1.5 research credits. These students also have the option of doing library research to fulfill this credit.

Students were guaranteed anonymity to maximize their comfort levels in sharing such sensitive information. To ensure anonymity, the completed surveys did not contain student names. Research credits were given from the names signed on the informed consent forms, as outlined in the informed consent forms.

Measures by Construct

Child Sexual Abuse Experiences. Life Experiences Questionnaire (LEQ). The LEQ is a self-report instrument containing questions derived from the interview assessments by Jackson et al. (1990) and were previously included in the Past Experiences Questionnaire (Messner et al., 1988, March). The questions solicit information regarding demographics, family relationships, and abuse history. Detailed information about childhood sexual abuse characteristics including the frequency, duration, and nature of the abuse activities, age of the victim at the time of abuse,

relationship between victim and perpetrator, and the victim's emotional reactions to the abuse experience are obtained (Jackson, Calhoun, Amick, & Maddever, 1990).

Test-retest reliability for a two-week period was reported by Ray (1993). In her sample of college women, 23 of the 91 participants reported a CSA experience. Pearson product moment correlations were calculated for the items measuring continuous variables and were statistically significant ranging from r= .83 to .93. For items assessing categorical abuse characteristics, Kappa coefficients were also significant, ranging from .60 to .96 (Ray, 1993).

In the present study, childhood sexual abuse was defined as endorsement of one or more of the sexual activities described in the LEQ, which assessed unwanted sexual experiences occurring until age 14. The nature of these activities ranged from exposure of genitals to completed intercourse; however, only contact behaviors were included in the current study's definition of CSA. Although the age difference between the victim and perpetrator was assessed, an age difference restriction was not imposed. Thus, peer abuse was included so long as the CSA victim reported the sexual activity was unwanted. The severity rating which was utilized for the CSA severity variable in the analyses was based on the nature of the abuse activities participants endorsed, with higher numbers indicating more intrusive contact abuse activities. The rating a given participant was assigned reflected the severity of the most intrusive experience she endorsed on the LEQ.

Adolescent Sexual Assault Experiences. Sexual Experiences Survey (SES) (Koss, 1985). This self-report instrument contains 10 items which assess sexual victimization from age 14. Adolescent sexual victimization will be defined as endorsement of one or more of the SES items describing sex play involving physical force, attempted rape, or completed rape. Participants answer each item reporting the occurrence of the incident from age 14 and during the last year.

The SES has shown 1 week test-retest reliability of .93 and internal consistency of .74. Follow-up questions were asked regarding use of force, relationship to perpetrator, use of alcohol, resistance strategies, and attributions of responsibility for each unwanted sexual experience participants endorsed.

Emotional Avoidance. The Acceptance and Action Questionnaire (AAQ) (Eifert & Forsyth, 2005) is a sixteen item self-report measure purported to measure experiential avoidance (Hayes et al., 2004). This sixteen item version of the measure which will be used in this study is an earlier version of the final form of the measure which has nine items; the two forms have been found to be highly correlated (r=.84) (Hayes et al., 2003). Higher scores on the AAQ correspond to high experiential avoidance, and low scores correspond to acceptance and commitment to action. Sample items include, "I am not afraid of my feelings" and "Anxiety is bad" (Hayes et al., 2003). Respondents are asked to answer each item on a 7-point Likert scale ranging from 1 "never true" to 7 "always true."

According to Hayes et al. (2004), the AAQ has adequate internal consistency (Cronbach's alpha=70). The AAQ has been found to be correlated with a tendency to engage in the suppression of thoughts in both clinical and nonclinical populations (*r* 's range from .44 to .50) as well as a number of measures of general psychopathology, including measures of depression (average *r* = 57), anxiety (average *r* =47), specific fears (average *r* =47), and symptoms (*r* =55) (Hayes et al., 2004). Providing evidence for its discriminant validity, the AAQ is negatively correlated with avoidant coping (*r* = 38), suggesting that the AAQ measures a general tendency to avoid internal experience rather than avoidance behaviors (Hayes et al., 2004).

White Bear Suppression Inventory (WBSI) (Wegner & Zanakos, 1994). The WBSI consists of 15 items assessing people's tendency to suppress and struggle with unwanted thoughts and feelings. Example items include "I always try to put problems out of my mind," and "There are many thoughts that I have that I don't tell anyone." Item responses are on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). The Cronbach alpha's for several different participant groups ranged from .87 to .89. Test-retest reliability from time 1 to time 2 was .69, from time 2 to time 3 was .92, and from time 1 to time 3 was .69, indicating tendency to suppress unpleasant internal events is stable over time. Cronbach's alpha for the current sample was .94.

The Toronto Alexithymia Scale (TAS) (Taylor et al., 1988). The TAS is a self-report questionnaire that consists of twenty-six items assessing difficulties in recognizing and verbalizing feelings. The scale was developed using a construct-oriented, factor analytic approach. Respondents indicate on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree) how much they agree or disagree with each statement. Scale items include, "when I cry, I always know why," and "it is difficult for me to find the right word for my feelings." Scores can range from 26 to 130, and scores higher than 74 are indicative of alexithymia. Factor analysis has demonstrated the scale is comprised of four subscales: Describe Feelings, Identify Feelings, Daydream, and Externally-Oriented Thinking (Taylor et al., 1988).

Ambivalence Over Emotional Expressiveness Questionnaire (King & Emmons, 1990). This is a 28-item self-report measure that assesses rumination regarding unwanted emotional expression. It also inquires about active attempts to inhibit emotional experience. Respondents are asked to rate how often they have experienced each item using a 5-point scale ranging from 1

("Never") to 5 ("Frequently"). Sample items include, "I worry that if I express negative emotions such as fear and anger, other people will not approve of me," and "I often cannot bring myself to express what I am really feeling." The inventory has demonstrated strong psychometric properties including good internal consistency (alpha=.89), test-retest reliability, and discriminant and convergent validity (King & Emmons, 1990). Factor analysis has revealed the scale items load onto two factors, one assessing positive emotions and the other negative emotions. The Cronbach's alpha for the whole scale for the current sample was .95.

Cognitive and Affective Mindfulness Scale-Revised (CAMS-R). (Feldman et al., 2007). The CAMS-R is a 12-item self-report inventory designed to measure attention, awareness, present-focus, and acceptance with respect to thoughts and feelings in general daily experience. Although it attempts to capture several elements of mindfulness, it does not measure them separately but yields a single total score. Respondents are asked to rate the items are on a 4-point Likert-type scale (*rarely/not at all* to *almost always*) in response to the prompt: "People have a variety of ways of relating to their thoughts and feelings. For each of the items below, rate how much each of these ways applies to you." Items include, "I try to notice my thoughts without judging them," "I can accept the things I cannot change," and "I am able to accept the thoughts and feelings I have." The authors reported internal consistencies of.74 to .77; negative correlations with thought suppression (r= -.47), rumination (r= -.3), worry (r= -.46), depression (r= -.44, and anxiety (r= -23); and positive correlations with clarity of feelings (r= .53), mood repair (r= .34), cognitive flexibility (.46), and well-being (r=.47) (Feldman et al., 2007).

Disengagement Coping. Response to Stress Questionnaire (RSQ) (Connor-Smith et al., 2000). The 57-item RSQ is a self-report instrument that assesses both involuntary stress-reactivity and volitional coping responses in reaction to a specific stressor. For the current study,

the stressor of interest is child sexual abuse experiences, so for participants who endorsed experiences on the LEQ, they will be asked to reflect on those experiences when they complete this measure. Participants who do not endorse any CSA experiences will be asked to reflect on how their experience with another traumatic or stressful life event when they complete this measure. Participants will be asked to rate the extent to which they had used each coping strategy on a scale ranging from 1 (not at all) to 4 (a lot). The three RSQ coping factors include Primary Control Coping, consisting of problem solving, emotional regulation, and emotional expression subscales; Secondary Control Coping, consisting of distraction, positive thinking, cognitive restructuring, and acceptance; and Disengagement Coping consisting of avoidance, denial, and wishful thinking. Each subscale consists of three items. Confirmatory factor analysis has validated this model of responses to stress in multiple samples of adolescents and adults, and the measure has strong internal consistency, test-retest reliability, construct validity, and criterion validity (Connor-Smith et al., 2000). Alphacoefficients were 0.71, 0.74, and 0.81, respectively, for primary control, secondary control, and disengagement.

Unrestricted Sexual Behavior. Scale AIDS Risk and Sexual Risk-Taking (Metzler, Noell, & Biglan, 1992). The SSRT is a 13-item scale that assesses the occurrence and frequency of various sexual activities (e.g., number of sex partners in last year, nonuse of condoms). The scale was developed by taking items from previously validated measures. Reliability and validity data were gathered from three large adolescent samples. The measure has been shown to have good internal consistency, ranging from .75 to .90. The item assessing number of consensual sexual partners in the previous year was used as the indicator of participants' unrestricted sexual behavior in the current study.

Substance use. Drinking Habits Questionnaire (DHQ) (Cahalan, Cisin, & Crossley, 1969). The DHQ is a 13-item self-report instrument which assesses participants' consumption of alcoholic beverages (beer, wine, and liquor) over various specified periods of time. The instrument assesses two major areas of drinking behavior: quantity of alcohol consumed and drinking frequency. Participants can subsequently be classified as light, moderate, or heavy drinkers based on the volume-variability (VV) index (Cahalan & Cisin, 1968). This index addresses the drinking patterns rather total alcohol consumed. Binge drinking frequency (frequency of consuming five or more alcoholic beverages in a row for women) can also be assessed using this instrument and is the drinking index that was utilized in the analyses in the current study.

Maladaptive Interpersonal Patterns. Inventory of Interpersonal Problems (IIP). (Horowitz, Rosenberg, Baer, Ureño, & Villaseñor, 1988). The IIP measures difficulties in six dimensions of interpersonal functioning: responsibility, assertiveness, control, sociability, submissiveness, and intimacy. This self-report measure consists of 127 items. The items for all six dimensions are presented in two ways. Some items are introduced with the phrase, "It is hard for me to…" followed by a problem, such as "say no to other people." The second type of item phrasing concerns things the study participant does too much, such "I blame myself too much for causing other people's problems." Respondents indicate how distressing they find the problem on a scale from 0 (not at all) to 4 (extremely). The six subscales have been shown to have excellent internal consistencies, ranging from .82 to .93 as well as high test-retest reliability coefficients over a 10-week period, ranging from .80 to .87 (Horowitz et al., 1988).

Risk Recognition. Risk Perception Survey (Messman-Moore & Brown, 2006). The Risk Perception Survey is comprised of two vignettes depicting sexual assault scenarios. These

scenarios were developed based upon the vignettes of Meadows et al. (1995) with the significant difference that the Risk Perception Survey vignettes both clearly end with forced sexual intercourse rather than ambiguous endings. One scenario involves a male stranger in a nonsocial setting, and the other scenario involves a male acquaintance at a party. Results from the vignette depicting the male acquaintance at a party were used for the analyses in this study as it is considering more ecologically valid for this study's hypotheses and population.

Each of the vignettes was broken down into 25 chronological statements, and as the vignette progressed, the risk for sexual victimization intensified. Expert raters had assessed the progression of risk throughout the scenarios and agreed that risk for rape increased the longer the participant remained in the situation. As in the Messman-Moore and Brown (2006) study, in the current study, participants were asked to imagine themselves interacting with the man in the scenario. Risk recognition was assessed by asking participants to indicate at what point they would feel uncomfortable. Participants were also asked to indicate when they would leave the situation to assess risk response. The higher the number of the chronological statement in the scenario at which the participant indicated she would feel uncomfortable, the poorer the participant's risk recognition ability.

Behavioral Response to Risk. Behavioral Response to Risk Questionnaire (based on Behavioral Response Questionnaire created by Nurius et al., 2000). The Behavioral Response to Risk Questionnaire is a 20-item self-report questionnaire designed to measure four types of responses to a sexual assault: Verbal Assertiveness, Physical Assertiveness, Nonforceful Tactics, and Passive Responses. For participants who have not been sexually assaulted in adulthood, they will indicate their likelihood of using each of the responses if they were assaulted on a 5-point scale, ranging from 1 (not at all like what I would do) to 5 (very like what I would to). For those

participants who have been sexually assaulted in adulthood, they will respond based upon their actual use of the behavioral tactics. The Passive Response subscale will be used in the current study, and higher scores indicate more indirect, passive response to risk in a potentially assaultive situation.

Procedure

The participants were recruited through the research pool and met with the investigator in a computer lab containing approximately twenty-five stations. The investigator began each research session with a discussion of the informed consent forms. After obtaining informed consent, guaranteeing anonymity, and emphasizing the voluntary nature of the research participation, the Web-based questionnaires were administered to assess the areas listed above.

When each participant completed the Web-based questionnaire session, she received a debriefing form. Participants were encouraged to contact the researcher with any questions they might have.

Data Reduction Analyses

Factor Analysis 1: A factor analysis was performed to examine the relationships among the measures administered to assess the emotional avoidance construct in order to fully capture the multidimensional nature of this construct. A factor analysis procedure was chosen to reduce the number of variables to be used in subsequent analyses to represent the emotional avoidance construct. A principal component factor analysis was performed on the subscales from the following questionnaires: the AAQ (Hayes et al., 2004), WBSI (Wegner & Zanakos, 1994), TAS (Taylor et al., 1988), Ambivalence over Emotional Expressiveness (King & Emmons, 1990), and CAMS-R (Feldman et al., 2007) to obtain the emotional avoidance factor(s) using the guidelines

suggested by Bryant and Yarnold (1995). Kaiser's stopping rule was used, so initially, only eigenvectors with eigenvalues of at least 1.0 were retained. The results of this analysis suggested a two-factor solution. An oblique rotation was performed on the factors, for it is assumed the factors would be correlated. Factor membership was determined by factor loadings over .60. The resulting factor loadings are depicted in Table 1. Because ten of thirteen of the subscales loaded onto one of the factors and because the factors were correlated at r=-.536, only Factor 1 was used in the subsequent analyses. This factor was titled emotional avoidance in the analyses below.

The emotional avoidance factor appears to encompass emotional nonacceptance and difficulties identifying and describing one's own emotions and internal experiences as well as external-oriented thinking. Components of lack of mindfulness also load onto this factor, particularly lack of attention, awareness, and acceptance of one's thoughts and emotions in the moment. Finally, the factor also captures active attempts to inhibit emotional experience, both for negatively and positively valenced emotions.

Data Analysis

Path analysis was employed to examine the proposed models. The path analysis was conducted using AMOS 7.0 software (Arbuckle, 2006). The advantages of using AMOS or other similar software programs to conduct a path analysis are that the observed variables are able to be evaluated without measurement error, which was taken into account by constraining each of the error term's regression weights to 1.0. Next, fit indices are provided as a measure of how accurately the hypothesized model fits the observed data. For the models in the current study, the fit indices of CMIN, CFI, and IFI are reported. CMIN is also referred to as $\chi 2$, and the probability value associated with this statistic represents the likelihood of obtaining a $\chi 2$ value

that exceeds the current $\chi 2$ value when H_0 is true. Thus, it is most easily thought of as a badness of fit statistic, for a nonsignificant p-value is indicative of good fit (Bollen, 1989). Because CMIN has been found to be heavily influenced by sample size, additional fit indices have been developed to augment the CMIN fit index. CFI is the comparative fit index, and values can range from zero to 1.00. For this fit index, a value of >.90 is considered representative of a well-fitting model. CFI is less sensitive to sample size than most other fit indices (Bentler, 1990). The IFI fit index is the incremental index of fit, which was developed to take parsimony and sample size into account. Like CFI, it is on a zero to 1.00 scale, with higher values indicating better fit (Bollen, 1989). The path models conducted by Amos 7.0 used the maximum likelihood (ML) missing estimation approach to account for missing data. When compared to other methods for missing data treatment such as listwise and pairwise deletion, ML has been found to exhibit the least bias and to be the most consistent and efficient (Arbuckle, 1996).

Table 1. Promax-rotated Principal Components Factor Analysis of Emotional Avoidance Measures

	Factor Loading	
Scale or Subscale Name	Factor 1	Factor II
TAS Describe Feelings Subscale	**0.818**	-0.490
TAS Identify Feelings Subscale	**0.764**	-0.501
TAS Externally Oriented Thinking Subscale	**0.639**	0.049
AAQ Willingness Subscale	**-0.761**	0.428
AAQ Action Subscale	**-0.781**	0.559
CAMS Attention Subscale	**-0.615**	0.521
CAMS Awareness Subscale	**-0.772**	0.372
CAMS Acceptance Subscale	**-0.717**	0.530
AEE Negative Emotion Subscale	**0.680**	-0.645
AEE Positive Emotion Subscale	**0.772**	-0.690
White Bear Suppression Inventory	0.691	**-0.735**
TAS Daydream Subscale	-0.161	**0.758**
CAMS Present Focus Subscale	-0.592	**0.757**

CHAPTER 4

RESULTS

Descriptive Statistics

Five-hundred and nine college women participated in the study. Mean age of the participants was years 18.77 (SD=1.18). The participants were predominantly Caucasian (81.4%), while 7.8% were African American, 6.1% were Asian, 3.1% were Hispanic or Latino, and 1.2% were from other cultural heritages . The students were predominantly (66.6%) from families of origin with incomes above $70,000/per year, and they reported their mean college GPA was 3.27 (SD=.642). In regards to relationship status, 50.4% of the women reported they were currently involved in a dating relationship.

The means and standard deviations for each of the major variables of interest in the study are given in Table 2. In regards to CSA, 95 participants (18.7%) endorsed CSA experiences. The most commonly reported CSA event was unwanted touching or fondling, which was reported by 58 women. Eleven participants reported childhood rape experiences. Of the CSA survivors in the sample, 39 women reported ASA experiences as well and were classified as revictimized. Overall, 84 participants (16.5%) reported ASA experiences. Forty-six women endorsed the item “have you given in to sexual intercourse when you didn’t want to because you were overwhelmed by a man’s continual arguments and pressure?” This item represented the most frequently endorsed ASA event. In addition, 27 participants reported unwanted sexual intercourse due to being giving alcohol or drugs that prevented them from resisting.

Test of Hypotheses

Hypothesis 1: According to Hypothesis 1, revictimized CSA survivors would report higher levels of emotional avoidance than non-revictimized CSA survivors. An independent sample t-test was utilized to examine the difference in emotional avoidance between the two groups. The results indicated that revictimized CSA survivors endorsed more emotional avoidance than CSA survivors who did not report ASA (revictimized: M=1.31, CSA only: M=.31) *t* (93), = 4.38, *p*= .000. In addition, the Pearson correlation between emotional avoidance and adolescent sexual assault was explored for both CSA survivors and nonvictims. For CSA survivors, emotional avoidance and adolescent sexual assault were correlated at .52, *p*= .000. For nonvictims, emotional avoidance and adolescent sexual assault were correlated at .117, p= .022.

Hypothesis 2: According to Hypothesis 2, disengagement coping strategies (e.g., unrestricted sexual behavior, alcohol misuse, and interpersonal difficulties) would be positively correlated with risk recognition as measured by the Risk Perception Survey and behavioral responses to risk as measured by the Behavioral Response to Risk Questionnaire. Pearson correlational analyses were utilized to examine the relationship between disengagement coping strategies, risk recognition, and behavioral response to risk. Consistent with predictions, these behaviors were positively correlated for the whole sample. As shown in Table 3, these correlations indicate risk recognition difficulties intensify and passive responses to risk increase as participation in each of the disengagement coping strategies increases among women with and without a CSA history.

For CSA survivors only, Pearson correlational analyses were calculated between disengagement coping strategies, risk recognition, and behavioral response to risk, as well as the

CSA-focused disengagement coping constructs (i.e., disengagement coping, involuntary engagement coping, and involuntary disengagement coping) as assessed by the RSQ subscales. Consistent with predictions, these behaviors were significantly positively correlated (see Table 4 for correlation matrix). The variety of distress coping strategies examined in these analyses and their positive relationships with each other highlight the diversity of strategies utilized by CSA survivors as well as lend support to the idea that using ineffective distress modulation strategies will result in the use of additional strategies.

To determine if revictimized CSA survivors report higher levels of disengagement coping behavior than non-revictimized CSA survivors, the two groups were compared on the disengagement coping strategies in addition to the RSQ subscales. Independent sample t-tests were utilized to examine differences in disengagement coping indices between the two groups. In order to reduce the probability of committing a Type I error, a Bonferroni correction procedure was performed, but significant differences persisted. Results of *t*-tests indicated that revictimized CSA survivors reported significantly more unrestricted sexual behavior than did the CSA only group (revictimized: M=4.41, CSA only: M=1.41), $t(93) = 5.25$, $p = .000$. In addition, revictimized CSA survivors endorsed significantly more alcohol misuse than the CSA only group (revictimized: M=71.84, CSA only: M=41.79), $t(93) = 4.71$, $p = .000$. Revictimized CSA survivors also reported more interpersonal difficulties (revictimized: M=136.13, CSA only: M=83.16), $t(93) = 5.43$, $p = .000$, more risk recognition difficulties (revictimized: M=17.10, CSA only: M=9.93), $t(93) = 4.56$, $p = .000$, and more ineffective responses to risk as compared to the CSA only group (revictimized: M=16.15, CSA only: M=8.71), $t(93) = 6.87$, $p = .000$. These differences extended to responses to stress which are purported to be involuntary as the revictimized group scored higher on the involuntary engagement response to

Table 2

Sample Means, Standard Deviations, and Observed Range of Variables

Variable	M	SD	Observed Range
Unrestricted Sexual Behavior	1.72	2.24	0-15
Alcohol Misuse	43.96	50.62	0-264.75
Interpersonal Difficulties	74.87	38.94	1-227
Risk Recognition	11.59	7.64	1-26
Response to Risk	8.53	4.09	5-25
Emotional Avoidance	0.81	1.42	-1.59-3.69

Table 3

Intercorrelations of Disengagement Coping Behaviors, Risk Recognition, and Response to Risk

Variable	1	2	3	4	5
1. Unrestricted sexual behavior	-				
2. Alcohol Misuse	0.286*** (420)	-			
3. Interpersonal Difficulties	0.307*** (420)	0.160*** (506)	-		
4. Risk Recognition	0.252*** (420)	0.112** (506)	0.166*** (509)	-	
5. Response to Risk	0.335*** (420)	0.250*** (506)	0.547*** (507)	0.199*** (507)	-

*p<.05. **p<.01. ***p<.001

Table 4

Intercorrelations of Disengagement Coping Behaviors, Risk Recognition, Response to Risk, and Responses to CSA Events Among CSA Survivors

Variable	1	2	3	4	5	6	7	8
1. Unrestricted sexual behavior	-							
2. Alcohol Misuse	0.370*** (95)	-						
3. Interpersonal Difficulties	0.482*** (95)	0.337*** (94)	-					
4. Risk Recognition	0.424*** (95)	0.396*** (95)	0.532*** (95)	-				
5. Response to Risk	0.550*** (95)	0.554*** (95)	0.764*** (95)	0.508*** (95)	-			
6. Disengagement coping response to CSA	0.312*** (91)	0.166 (91)	0.489*** (91)	0.412*** (91)	0.381*** (91)	-		
7.Involuntary engagement response to CSA	0.391*** (91)	0.442*** (91)	0.579*** (91)	0.533*** (91)	0.558*** (91)	0.261* (91)	-	
8. Involuntary disengagement response to CSA	0.413*** (92)	0.445*** (92)	0.605*** (92)	0.573*** (92)	0.601*** (92)	0.396*** (91)	0.765*** (91)	-

*p<.05. **p<.01. ***p<.001

stress (revictimized: M=.25, CSA only: M=.20), $t(89) = 5.37$, $p = .000$ and involuntary disengagement response to stress RSQ factors (revictimized: M=.21, CSA only: M=.17), $t(89) = 5.23$, $p = .000$.

Hypothesis 3: Path model: Three path models, each profiling a specific disengagement coping behavior, were examined for CSA survivors. Results for the model exploring the role of unrestricted sexual behavior will be described first. Tests of overall fit for the first model (see Figure 2) indicated excellent fit to the data, χ^2 (2, N=95) =1.991, p=.370; CFI=.999; IFI=.999. Emotional avoidance predicted unrestricted sexual behavior, risk recognition, and response to risk. Unrestricted sexual behavior predicted response to risk as well as ASA. Finally, risk recognition did not predict response to risk, but response to risk did predict ASA. The paths in this model explained 62% of the variance in ASA, and the effect size of this relationship in terms of f^2 was 1.64. In addition to the direct paths presented in Figure 2, emotional avoidance had significant indirect effects on ASA (indirect effect=.581, $p<.01$). Within this model, response to risk was primarily responsible for this mediated effect between emotional avoidance and ASA. Emotional avoidance also had an indirect effect on response to risk (indirect effect=.151, $p<.01$), and unrestricted sexual behavior appeared to account for this relationship. The final significant indirect effect in this model was the path from unrestricted sexual behavior to ASA (indirect effect=.116, $p<.05$), and this path was mediated by response to risk.

The same path model was tested utilizing the women in the sample who did not report a history of CSA (see Figure 3). Fit indices indicated an overall good fit with the data χ^2 (2, N=414) =5.507, p=.064; CFI=.917; IFI=.937. For nonvictims, emotional avoidance did not predict unrestricted sexual behavior or risk recognition, but only continued to predict response to risk. However, response to risk was no longer a significant predictor of ASA. Unrestricted

sexual behavior was the strongest predictor of ASA in the nonvictim model, and this coping strategy also significantly predicted risk recognition for nonvictims despite not predicting this variable for CSA survivors. Finally, no significant indirect paths emerged in the nonvictim model. Overall, this model only explained 2% of the variance in ASA.

The second model, which included alcohol misuse (see Figure 4), exhibited good fit to the data χ^2 (2, N=95) =5.007, p=.082; CFI=.986; IFI=.986. Emotional avoidance continued to emerge as the strongest predictor in the model, predicting alcohol misuse, risk recognition, and response to risk. Alcohol misuse only significantly predicted response to risk, however there were trends towards significance for the prediction of both risk recognition and ASA. Response to risk significantly predicted ASA. Overall, 52% of the variance in ASA was explained by the model. The effect size of this model was f^2=1.09. In addition to the direct paths presented in Figure 4, emotional avoidance and alcohol misuse had significant indirect effects on ASA, (indirect effect=.542, p<.01 and indirect effect=.156, p<.01, respectively). It appears each of these indirect effects are mediated by response to risk as the magnitude of this variable's relationship with each of the predictor variables as well as with ASA is much stronger than risk recognition's relationships. In addition, there is an indirect effect of emotional avoidance on response to risk (indirect effect=.159, p<.01). This mediated effect seems to be explained by alcohol misuse. This path model was compared with an alcohol misuse path model utilizing the women in the sample who did not report a history of CSA (see Figure 5). The χ^2 statistic was significant for this model, indicating a bad fit with the data. As the CFI statistic also indicated poor fit, additional interpretation of model paths was not conducted.

The final path model, which included interpersonal difficulties as the disengagement coping strategy of interest, (see Figure 6), indicated good fit to the data, χ^2 (2, N=95) =4.655,

p=.098; CFI=.991; IFI=.991. Emotional avoidance continued to emerge as the strongest predictor in the model, predicting interpersonal difficulties, risk recognition, and response to risk. In regards to their direct effects, interpersonal difficulties only significantly predicted response to risk, while response to risk significantly predicted ASA. This model explained 52% of the variance in ASA, which indicated an effect size of f^2=1.07. In addition to the direct paths presented in Figure 6, emotional avoidance and interpersonal difficulties had significant indirect effects on ASA (indirect effect=.569, p<.01 and indirect effect=.283, p<.01, respectively). As with previous models, it appears each of these indirect effects are mediated by response to risk. In addition, there is indirect effect of emotional avoidance on response to risk (indirect effect=.431, p<.01). Interpersonal difficulties are responsible for this mediated effect.

This path model was compared with an interpersonal difficulties path model utilizing the women in the sample who did not report a history of CSA. This model is depicted in Figure 7. Fit indices indicated an overall good fit with the data χ^2 (2, N=414) =3.585, p=.167; CFI=.990; IFI=.991. Three direct paths emerged as significant in this nonvictim model, which are as follows: the paths from emotional avoidance to interpersonal difficulties and emotional avoidance to response to risk as well as the path from interpersonal difficulties to ASA. However, overall the model only explained 2% of the variance in ASA.

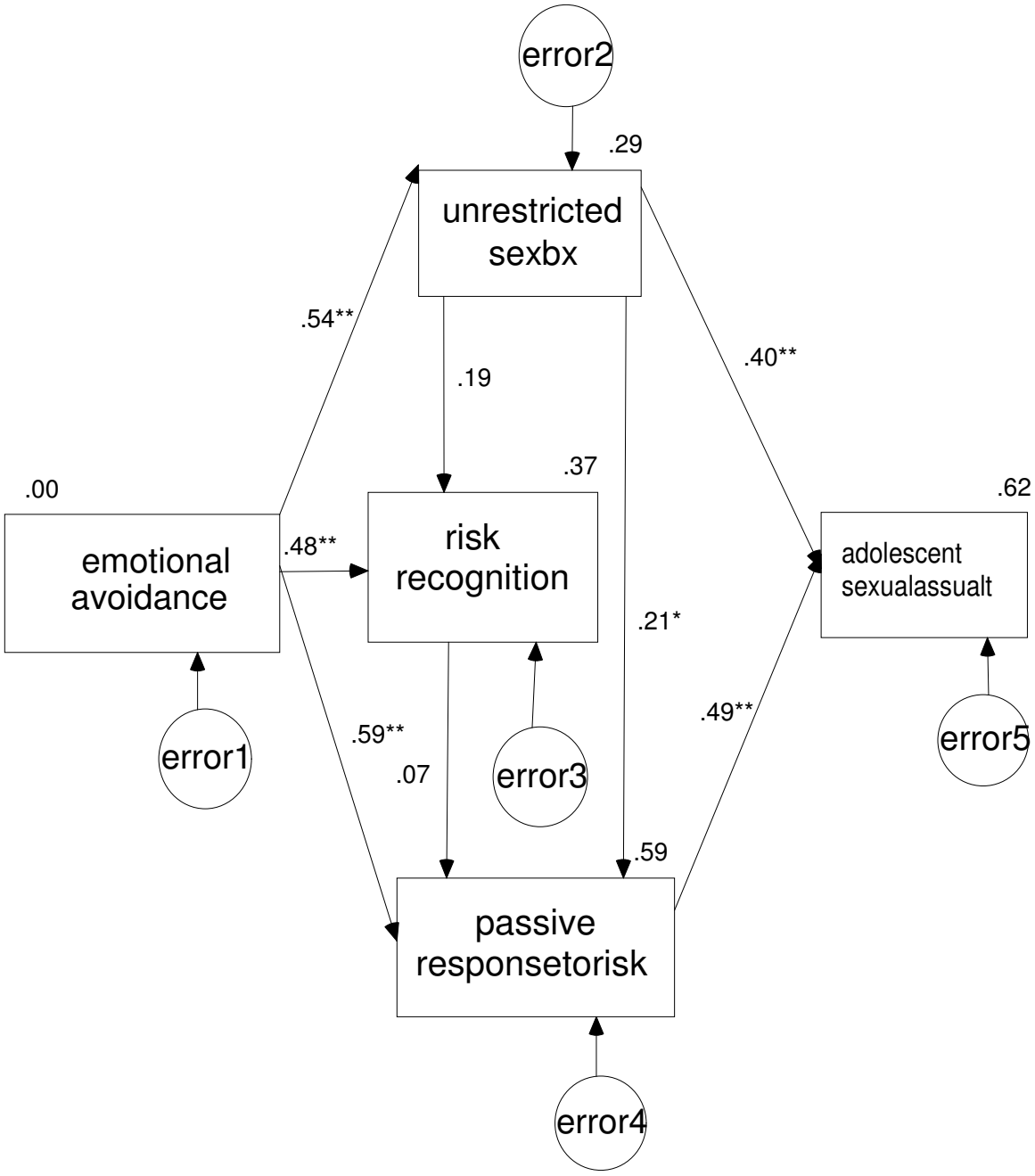

Figure 2: Path diagram testing role of unrestricted sexual behavior in ASA of CSA survivors. Parameter estimates are standardized. *p < .05,**p < .01.

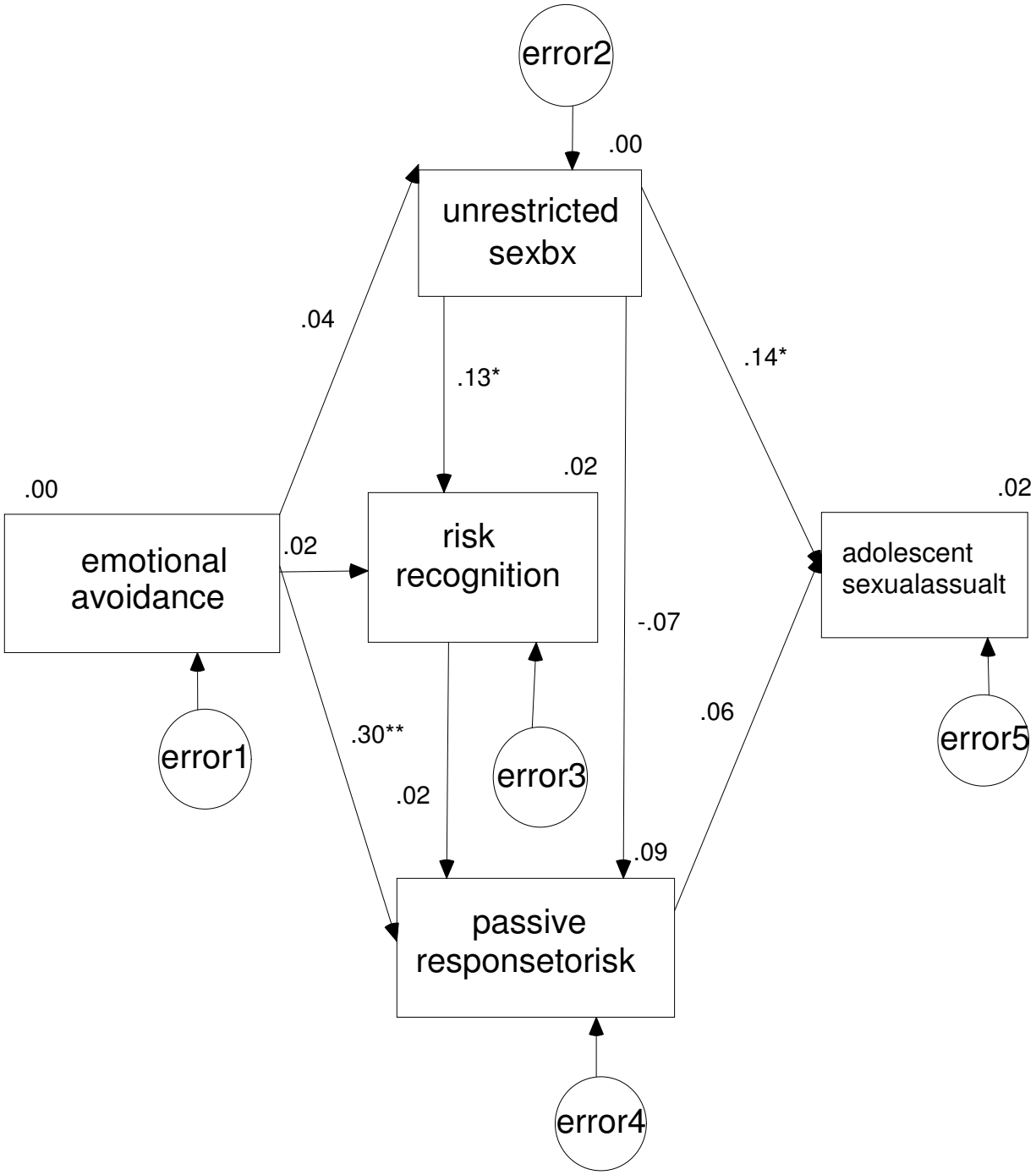

Figure 3: Path diagram testing role of unrestricted sexual behavior in ASA of nonvictims. Parameter estimates are standardized. *p < .05,**p < .01.

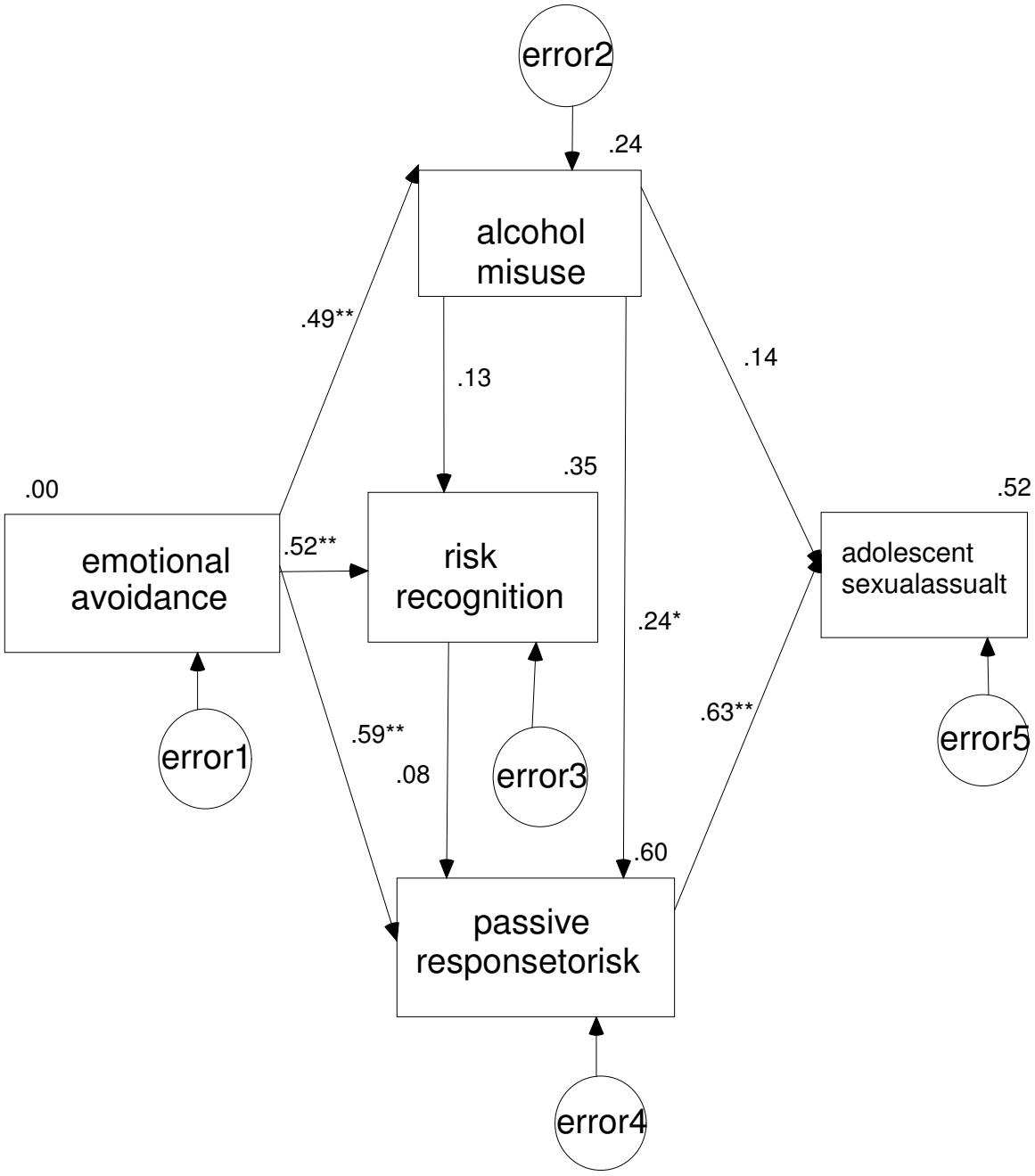

Figure 4: Path diagram testing role of alcohol misuse in ASA of CSA survivors. Parameter estimates are standardized. *p < .05.,**p < .01.

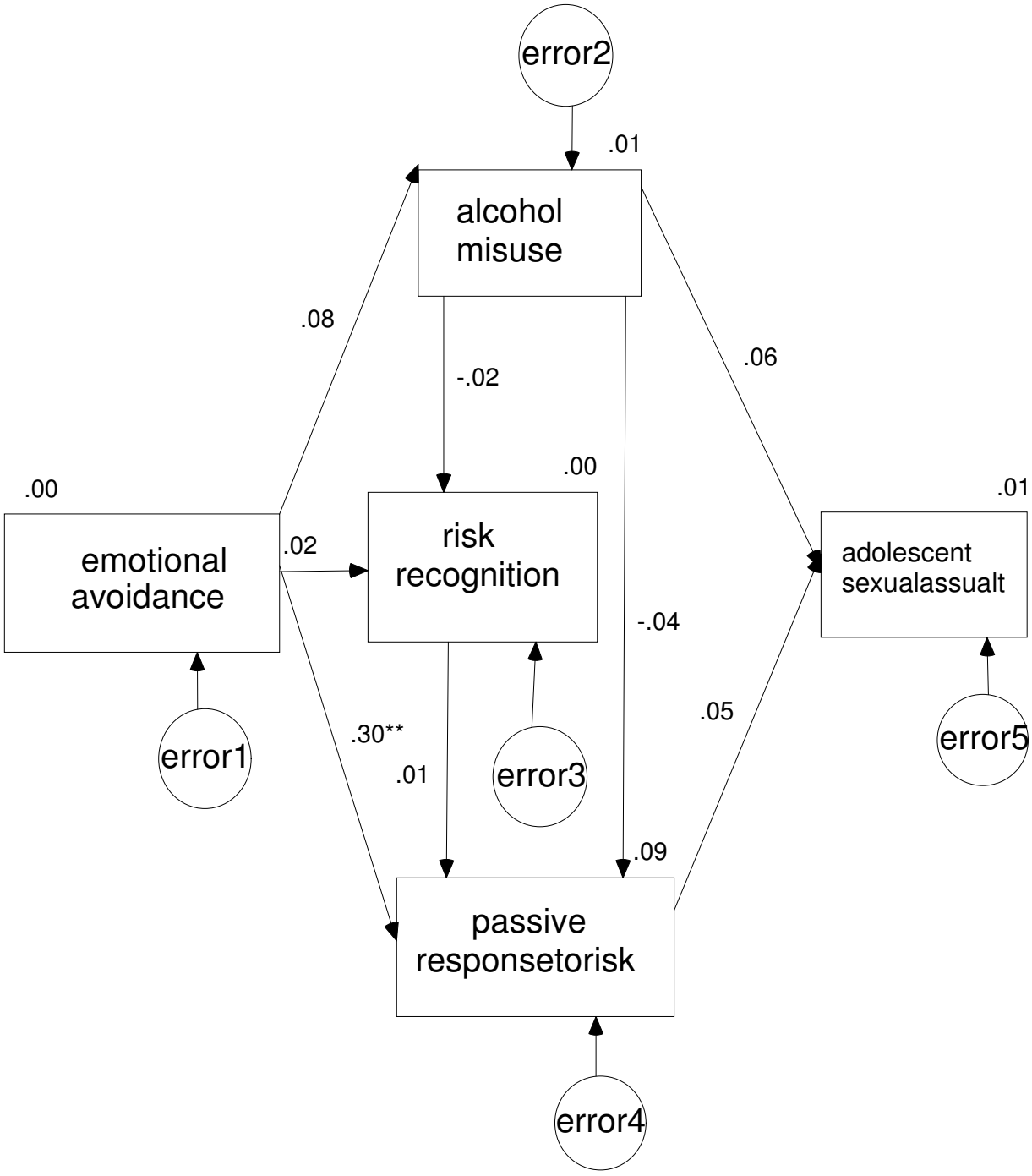

Figure 5: Path diagram testing role of alcohol misuse in ASA of nonvictims. Parameter estimates are standardized. *p < .05.,**p < .01.

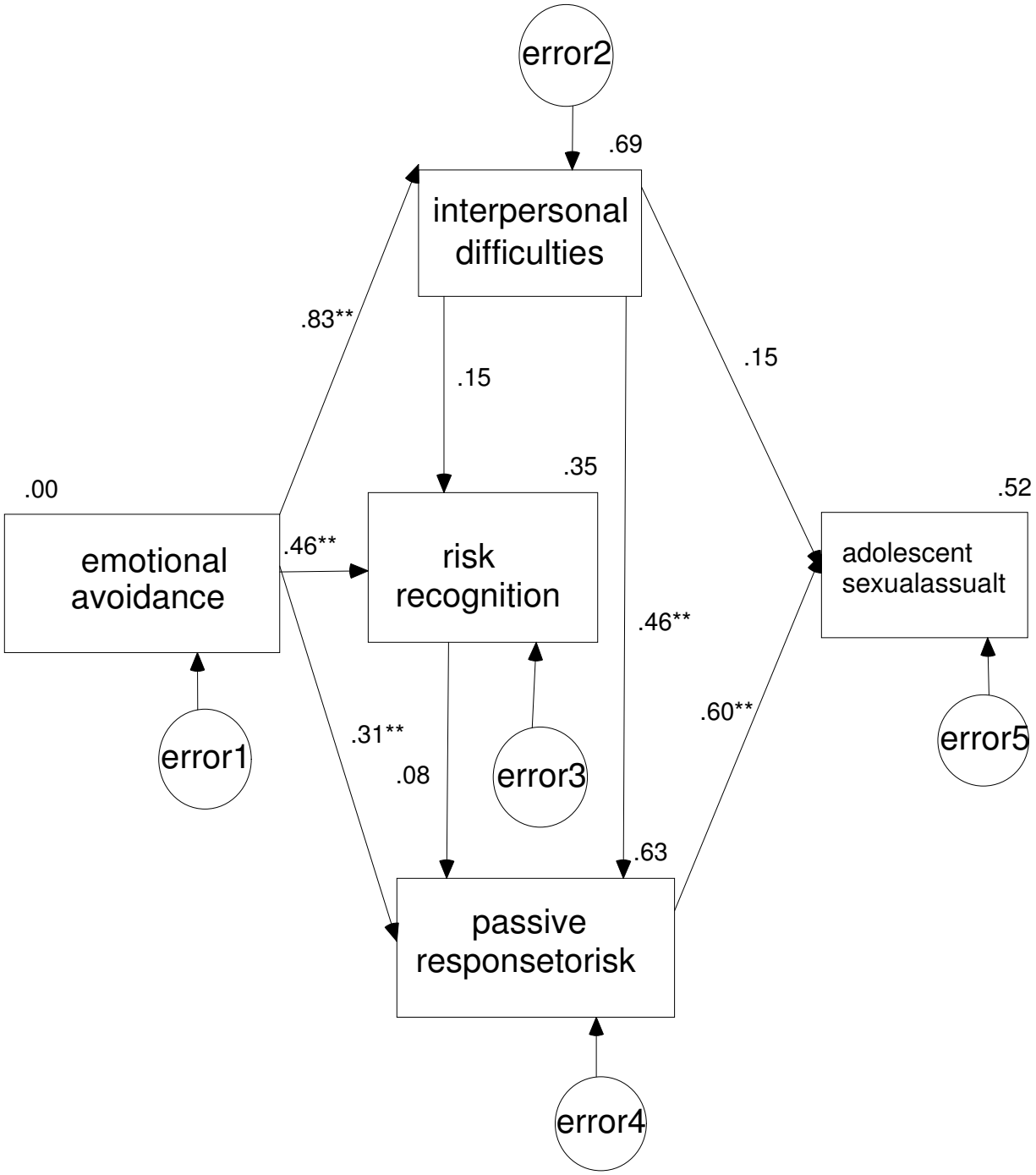

Figure 6: Path diagram testing role of interpersonal difficulties in ASA of CSA survivors. Parameter estimates are standardized. *p < .05,**p < .01.

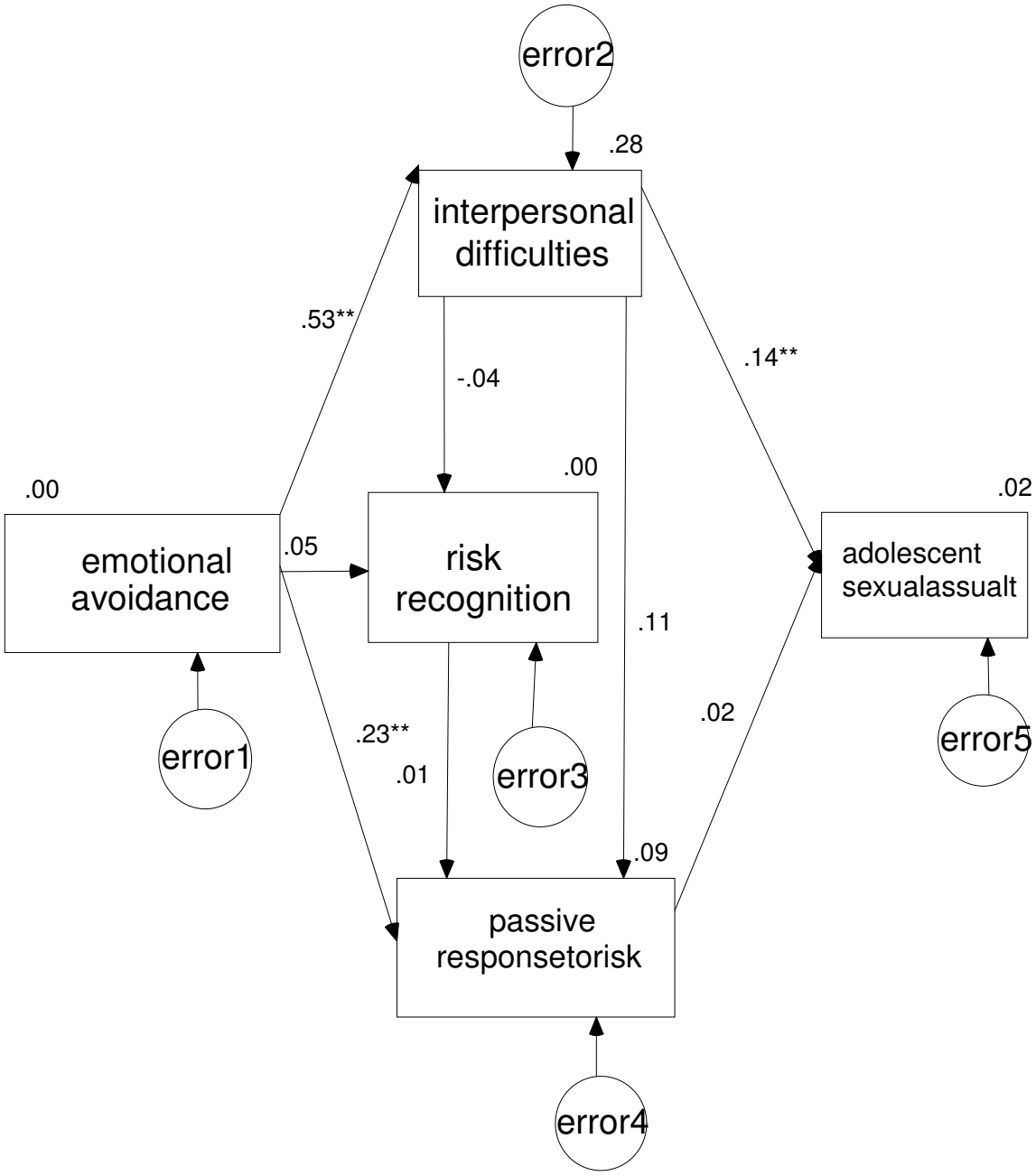

Figure 7: Path diagram testing role of interpersonal difficulties in ASA of nonvictims. Parameter estimates are standardized. *p < .05,**p < .01.

To test emotional avoidance as a mediator in the relationship between CSA severity and disengagement coping behaviors, additional steps were added to the above analyses to test for mediation according to the steps outlined by Baron and Kenny (1986) and Holmbeck (1997). The results indicated that CSA severity predicted unrestricted sexual behaviors, β= .304, p= .003, supporting step 1 of the proposed mediation model. Next, CSA severity predicted emotional avoidance, β= .672, p= .000. Finally, both CSA severity and emotional avoidance were entered into the regression equation to predict unrestricted sexual behavior. These analyses supported full mediation as CSA severity was no longer a significant predictor of unrestricted sexual behavior, β= -.092, p= .471, while emotional avoidance significantly predicted unrestricted sexual behavior, β= .594, p= .000. The Sobel test of the mediated effect was significant for emotional avoidance (z=5.256, p<.001).

For alcohol misuse, the results indicated that CSA severity predicted alcohol misuse, β= .430, p= .000, supporting step 1 of the proposed mediation model. Next, CSA severity predicted emotional avoidance, β= .672, p= .000. Finally, both CSA severity and emotional avoidance were entered into the regression equation to predict alcohol misuse. These analyses supported full mediation as the relationship between CSA severity and alcohol misuse was reduced to nonsignificance, β= .220, p= .080, while emotional avoidance significantly predicted alcohol misuse β= .342, p= .007. The Sobel test of the mediated effect was significant for emotional avoidance (z=4.456, p<.001).

Finally, the hypothesis that emotional avoidance would mediate the relationship between CSA severity and interpersonal difficulties was tested. The results indicated that CSA severity predicted interpersonal difficulties, β= .610, p= .000, supporting step 1 of the proposed mediation model. Next, CSA severity predicted emotional avoidance, β= .672, p= .000. Finally,

both CSA severity and emotional avoidance were entered into the regression equation to predict interpersonal difficulties. These analyses supported full mediation as CSA severity was no longer a significant predictor of interpersonal difficulties, β= .072, p= .368, while emotional avoidance significantly predicted interpersonal difficulties, β= .788, p= .000. The Sobel test of the mediated effect was significant for emotional avoidance (z=7.274, p<.001).

Hypothesis 4: An additive model to examine the predictive and collective utility of CSA and all the psychological and behavioral risk factors variables in relation to adolescent sexual assault experiences was analyzed using hierarchical regression analyses. This analysis provides a more conservative test of the risk factors' contributions' to adolescent sexual assault occurrence as CSA severity indices were entered into the first block of this regression. In addition to the nature and frequency of the abuse activity, which was used to calculate the CSA severity variable for the above analyses, abuse duration and victim-perpetrator relationship were included in this regression analysis. The abuse characteristics were entered first as control variables in step 1. The psychological and behavioral risk factors were entered in the subsequent steps in the following order: emotional avoidance, unrestricted sexual behavior, alcohol misuse, interpersonal difficulties, risk recognition, and response to risk. Overall, the model accounted for 60.4% of the variance in adolescent sexual assault experiences. Both unrestricted sexual behavior and response to risk accounted for a significant proportion of variance above and beyond the variance accounted for by abuse characteristics and the other risk factors (see Table 5).

Table 5

Hierarchical Regression Analysis for Child Sexual Abuse Characteristics, Emotional Avoidance, Disengagement Coping Strategies, Risk Recognition, and Response to Risk Predicting Adolescent Sexual Assault Experiences (N=81)

Predictor Variables	β	ΔR^2	R^2_{adj}
Step 1			
CSA Severity	0.109		
CSA Duration	0.255		
CSA Relationship to Perpetrator	0.332***		0.345
Step 2			
CSA Severity	-0.009		
CSA Duration	0.171		
CSA Relationship to Perpetrator	0.168		
Emotional Avoidance	0.429***	0.081	0.422
Step 3			
CSA Severity	0.081		
CSA Duration	0.111		
CSA Relationship to Perpetrator	0.166		
Emotional Avoidance	0.199		
Unrestricted Sexual Behavior	0.400***	0.113	0.535
Step 4			
CSA Severity	0.057		
CSA Duration	0.102		
CSA Relationship to Perpetrator	0.148		
Emotional Avoidance	0.181		
Unrestricted Sexual Behavior	0.377***		
Alcohol Misuse	0.146	0.016	0.547

Step 5			
CSA Severity	0.069		
CSA Duration	0.056		
CSA Relationship to Perpetrator	0.099		
Emotional Avoidance	0.008		
Unrestricted Sexual Behavior	0.361***		
Alcohol Misuse	0.172*		
Interpersonal Difficulties	0.271	0.020	0.562
Step 6			
CSA Severity	0.059		
CSA Duration	0.063		
CSA Relationship to Perpetrator	0.083		
Emotional Avoidance	−0.012		
Unrestricted Sexual Behavior	0.346***		
Alcohol Misuse	0.157		
Interpersonal Difficulties	0.249		
Risk Recognition	0.112	0.008	0.565
Step 7			
CSA Severity	0.046		
CSA Duration	0.05		
CSA Relationship to Perpetrator	0.079		
Emotional Avoidance	−0.046		
Unrestricted Sexual Behavior	0.295***		
Alcohol Misuse	0.056		
Interpersonal Difficulties	0.062		
Risk Recognition	0.095		
Response to Risk	0.385***	0.040	0.604

CHAPTER 5

DISCUSSION

The overarching purpose of this study was to examine the role of experiential avoidance in the increased risk of ASA experienced by CSA survivors. The present study is the first to apply an experiential avoidance framework to the examination of multiple psychological and behavioral predictors of the sexual revictimization of CSA survivors in an effort to gain a more comprehensive understanding of the factors that may contribute to the cycle of revictimization. To investigate study hypotheses, three path models examining psychological (i.e., emotional avoidance) and behavioral (unrestricted sexual behavior, alcohol misuse, interpersonal difficulties, risk recognition, and response to risk) pathways to ASA among CSA survivors were explored. Importantly, in all three models, a significant indirect effect was found for emotional avoidance on ASA, indicating that even in a nonclinical sample, difficulties with emotional avoidance can have serious consequences.

The results of this study indicate that a history of CSA is linked to greater reliance on disengagement coping strategies which is consistent with prior literature (Bal et al., 2003; Futa et al., 2003; Merrill et al., 1999; Morrow & Smith, 1995; Spaccarelli, 1994). It seems that even when additional resources and support systems are at the disposal of adolescent and adult CSA survivors, they continue to rely upon the disengagement coping strategy repertoires which they likely developed during the time they were abused and had access to fewer resources. The CSA survivors in this study endorsed utilizing disengagement coping techniques to cope with the impact of their CSA experiences in the present day as well as with other day to day stressors.

This study investigated emotional avoidance as the potential mechanism underlying some of the disengagement coping behaviors CSA survivors may have adopted in adolescence to modulate intense emotions. Also, consistent with study hypotheses, emotional avoidance mediated the relationship between CSA severity and each of the three specific disengagement coping behaviors of interest, unrestricted sexual behavior, alcohol misuse, and interpersonal difficulties. These results suggest that the underlying mechanisms driving the disengagement coping strategies pertain to CSA survivors' difficulties with emotional awareness, acceptance, identification, and description.

As expected, within the path models, emotional avoidance also had direct effects on risk recognition and response to risk. Although often perceived as negative, emotions such as fear and anxiety are adaptive when they are alerting individuals to the presence of danger. If CSA survivors' style for managing negative emotions is to escape and avoid them, these emotions will not be able to serve the adaptive functions they have been designed to serve such as signaling the presence of danger. The models also indicate this emotional avoidance compromises CSA survivors' ability to avoid and defend against threats. It seems that the drive to minimize conflict and negative emotion is likely a deterrent to CSA survivors engaging in active defensive behavior when faced with cues indicative of risk.

Consistent with study hypotheses and past research findings, unrestricted sexual behavior directly explained variance in ASA. This finding makes sense from a simple probabilistic perspective, for if an individual is engaging in sexual behavior with more partners, she is more likely to come into contact with a sexually aggressive male. In addition, passive response to risk was a direct predictor of ASA in each of the models, indicating that failure to respond to a threat, whenever it is identified, in a self-protective manner, is a robust predictor of ASA. Contrary to

expectations, alcohol misuse and interpersonal difficulties did not exhibit significant direct paths to ASA. This is inconsistent with previous research (Abbey et al., 1996; Koss, 1988), and could be explained by how the constructs were operationalized. As the study utilized participants who were college women, among whom rather high levels of alcohol consumption were the norm, it may have been necessary to also investigate the consequences of alcohol use patterns rather than just drinking quantities in order to identify problem drinkers. In regards to interpersonal difficulties, it may be best to examine a specific domain of interpersonal problems such as problems asserting oneself or being too self-sacrificing, rather than investigating interpersonal problems in a more general way.

Ability to detect risk was not significantly related to response to risk in any of the models. There are several potential explanations for this finding. For a population with difficulties with emotional awareness and acceptance, they may have faulty "safety buttons" that can not accurately distinguish danger cues from safety cues. If they are constantly being alerted to the presence of danger, these women may learn to ignore or minimize feelings of discomfort, consequently no longer reliably responding to potential risk cues. Alternatively, risk recognition was measured in the current study using a risk recognition task whereas response to risk was measured using a self-report inventory. The failure to find a relationship between these variables may have resulted from measuring the variables using different methods.

Each of the disengagement coping strategies predicted response to risk. These relationships suggest these behavioral patterns are important predictors of one's response to danger cues in a potentially assaultive situation. Utilization of disengagement coping behaviors such as alcohol misuse and unrestricted sexual behavior could impede a self-protective response

to risk when one becomes aware a situation is unsafe in a number of ways such as impairing one's level of alertness and decision-making capabilities.

Much of the indirect effect of emotional avoidance on ASA was mediated by passive response to risk. If faced with an emotion such as fear or anxiety, CSA survivors will respond to these negative emotions with avoidance and indirect responses, heightening their risk of experiencing ASA. Alcohol misuse and interpersonal difficulties also exhibited significant indirect effects on ASA through passive response to risk. Thus, according to these models, if CSA survivors are drinking excessively or engaging in maladaptive interpersonal patterns, their risk of ASA is increased via their tendency to respond to risky situations in passive manners. Response to threat cues and the factors impacting response are some of the least studied variables in the sexual assault literature (Marx et al., 2005), but the consistent and strong emergence of this response to risk factor in the current models provides support for continued study in this area, particularly among women with childhood sexual trauma histories.

The relationships discussed above were not observed in the data collected from nonvictims. Although the nonvictim models exhibited a few significant direct pathways, such as the path from interpersonal difficulties to ASA and from unrestricted sexual behavior to ASA, these models explained an insignificant amount of variance in ASA. The most notable difference between the CSA survivor and nonvictim models was that emotional avoidance did not have indirect effects on ASA for nonvictims. This difference suggests that for women who do not have a history of CSA, difficulties with emotion competencies do not drive the behavioral risk factors for ASA explored in the current study.

Finally, an additive model was tested using hierarchical regression to determine the contribution of the psychological and behavioral risk factors for ASA, above and beyond abuse

characteristics (nature of the abuse activity, relationship to perpetrator, duration of the abuse, and frequency of the abuse). Emotional avoidance, unrestricted sexual behavior, and passive response to risk accounted for unique variance, even after controlling for abuse characteristics, and unrestricted sexual behavior and response to risk continued to account for ASA variance beyond emotional avoidance. As the response to risk factor was the final variable to be entered into the regression equation after stringent control variables, it appears the impact of this factor is quite robust. This finding underscores the importance of attending to this behavioral risk factor for ASA among CSA survivors in clinical settings, assisting patients with tolerating negative emotions for their adaptive purposes such as the fight or flight response in potentially dangerous situations.

Despite its strengths, this study has several limitations that should be acknowledged. A significant limitation is its retrospective, cross-sectional nature which raises concerns regarding memory and other response biases as well as limits the strength of conclusions regarding causality. A convenience sample which was relatively homogenous in its composition was used in this study, and consequently limits the generalizability of the findings. The study needs to be replicated using more diverse as well as community and clinical samples in order to explore how the study's relationships of interest might behave differently in an alternative sample. In addition, all the constructs were measured using self-report inventories completed only by the participant. Therefore, common method variance and its potential contribution to significant relationships should be acknowledged. It would be more methodologically sound to obtain information from multiple sources through multiple modalities.

At the same time, there are a number of positive methodological features of the study. The construct of experiential avoidance was operationalized and measured in a more well-

defined manner than it has been in previous studies. The study examined several complex models, which simultaneously examined multiple psychological and behavioral pathways to ASA. Comprehensive models such as these will assist the sexual trauma literature in creating a more coherent picture of sexual revictimization. An additional methodological strength of this study was its large sample size which permitted the use of the path analytic statistical techniques.

As the first known empirical investigation of experiential avoidance in the revictimization of CSA survivors, this study contributes several important empirical and conceptual findings to the literature. Results confirmed that both the emotional avoidance and the disengagement coping components of experiential avoidance contribute to heightened risk of ASA in this population. Furthermore, findings highlighted the integral role emotional avoidance plays in CSA survivors' participation in maladaptive disengagement coping behaviors. In addition, the results suggest that the effects of alcohol misuse and interpersonal difficulties on ASA are mediated by response to risk, while the effects of unrestricted sexual behavior on ASA are both direct and mediated. Finally, the results support the importance of exploring response to risk and the factors impacting response, as this variable was a consistent direct predictor of ASA in each model.

Future efforts geared at incorporating these findings into therapy programs for survivors of CSA are needed. First, assessment of the emotion competency skills of CSA survivors could assist in identifying those most at risk for adolescent and adult sexual assault. These skills would include awareness of emotions as well as the ability to accept one's emotional experience and to identify and describe emotions. Next, examining the current coping skills repertoire of CSA survivors and assisting in the developing of adaptive, engagement coping strategies may be

effective in eliminating some degree of risk. Both emotion competencies and coping strategies are modifiable targets for intervention and prevention efforts.

Additional research should include treatment outcome studies examining the effectiveness of training in emotion regulation skills. The participants in the current study were college students who were likely generally psychologically healthy as indicated by the fact they have been able to function in college with a group mean GPA of 3.27. Future studies should also examine the current model in clinical samples, who are likely to have more pronounced emotion avoidance problems. Furthermore, as a growing awareness of the CSA among male children develops, it is important to investigate these phenomena in male trauma survivors as well. The prominent role of response to risk in the models in the current study highlight the need for future work exploring responses to risk and factors that may impact response to risk, including emotion regulation skills as well as additional factors such as self-efficacy and PTSD symptomatology. Finally, studies that take a broader approach to examining both child and adolescent interpersonal trauma are needed, so that the differential impacts and effects of various types of traumatic events (i.e., childhood physical and emotional abuse, relationship violence) can also be understood. Such studies could help to determine if emotion regulation difficulties are uniquely associated with CSA or are also consequences of other types of child maltreatment as well as if these difficulties heighten risk for other types of interpersonal trauma in adolescence.

In summary, the primary purpose of this study was to investigate the roles of psychological and behavioral pathways representing the components of experiential avoidance in the ASA of CSA survivors. The findings highlight the importance of emotional avoidance in driving disengagement coping behaviors and indirectly impacting ASA. Mental health providers who treat CSA survivors should work to address the emotion regulation abilities and coping

strategies of this population to help protect against sexual revictimization. Continued research in this area is extremely important due to significant consequences of ASA.

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