Chronic Avoidance Helps Explain the Relationship Between Severity of Childhood Sexual Abuse and Psychological Distress in Adulthood

M. Zachary Rosenthal
Mandra L. Rasmussen Hall
Kathleen M. Palm
Sonja V. Batten
Victoria M. Follette

M. Zachary Rosenthal is Assistant Clinical Professor, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, and is Associate Director, Duke Cognitive Behavioral Research and Treatment Program. His research focuses on the role of emotion regulation in psychopathology. Mandra L. Rasmussen Hall is Doctoral Candidate, Clinical Psychology, University of Nevada, Reno. Her recent interests are in the area of interpersonal violence and emotion regulation. Kathleen M. Palm, PhD, is Postdoctoral Research Fellow, Brown Medical School and Butler Hospital. Dr. Palm’s research interests include treatment development and psychotherapy outcome research in the areas of Post-Traumatic Stress Disorder and substance use disorders. Sonja V. Batten is Coordinator, Trauma Recovery Programs, VA Maryland Health Care System and Assistant Professor of Psychiatry, University of Maryland School of Medicine. She completed specialized training in traumatic stress at the National Center for Post-Traumatic Stress Disorder and the National Crime Victims Research and Treatment Center. Her research interests include emotional functioning and avoidance in individuals with Post-Traumatic Stress Disorder, as well as treatment development for comorbid PTSD and substance use. Victoria M. Follette is Chair, Department of Psychology, UNR. Her research focuses on trauma, substance abuse, and couples issues. She is interested in the link of experiential avoidance to a number of adverse outcomes. She uses a contextual behavioral approach to the treatment of trauma and is interested in psychotherapy outcome.

Address correspondence to: M. Zachary Rosenthal, PhD, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, 2213 Elba Street, Box 3026 Durham, NC 27710.

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ABSTRACT. Recent studies have found that chronic avoidance of unpleasant internal experiences (e.g., thoughts, emotions, memories) is a maladaptive means of affect regulation often adopted by women with a history of sexual victimization in childhood. The primary aim of this study was to replicate and extend previous findings suggesting that higher levels of experiential avoidance may account for the relationship between childhood sexual abuse (CSA) and psychological distress in adulthood. It was hypothesized that, in a sample of undergraduate females \( (n = 151) \), the relationship between severity of CSA (e.g., frequency, nature of victimization) and trauma-related psychological distress would be mediated by avoidance. Results supported this hypothesis. Findings are consistent with previous studies, and further suggest that the general tendency to avoid or escape from unpleasant internal experiences may be a specific factor that exacerbates psychological distress among women with a history of sexual victimization in childhood. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> ©2005 by The Haworth Press, Inc. All rights reserved.]

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Sexual victimization during childhood is associated with a wide range of adverse outcomes, including psychological distress, depression, anxiety, substance abuse, suicidal behavior, and borderline personality disorder (for reviews, see Browne & Finkelhor, 1986; Polusny & Follette, 1995). However, the relationship between childhood sexual abuse (CSA) and negative outcomes in adulthood is correlational and complex. Recently, researchers have begun to examine mediational models hypothesized to help account for this relationship, in order to understand how psychopathology develops following CSA.

The tendency to deliberately avoid or escape from unpleasant internal experiences (e.g., thoughts, feelings, sensations), or experiential avoidance, has been reported in preliminary studies with undergraduate females to mediate the relationship between sexual victimization before the age of 18 and psychological functioning in adulthood (Marx & Sloan, 2002; Polusny, Rosenthal, Aban, & Follette, 2004). Similarly, avoidant coping has been shown to mediate the relationship between a history of sexual abuse and symptoms of traumatic stress in a large sam-
example of Belgian adolescents (Bal, Van Oost, De Bourdeaudhuij, & Crombez, 2003). Despite these studies, the inter-relationships among severity of CSA (e.g., frequency, nature of victimization), avoidance, and psychological distress have yet to be examined. The two main purposes of this study are to: (a) replicate findings from previous studies indicating that chronic avoidance is associated with a self-reported history of CSA, and (b) extend previous studies by examining a mediational model that specifically tests the extent to which avoidance accounts for the relationship between severity of CSA and trauma-related psychological distress.

**SEXUAL VICTIMIZATION IN CHILDHOOD**

Epidemiological studies suggest that approximately 15% to 32% of women in the United States report a history of CSA (e.g., Vogeltanz, Wilsnack, Harris, Wilsnack, Wonderlich, & Kristjanson, 1999). Over the past 20 years, researchers have documented the link between CSA and psychological maladjustment. However, a handful of studies, including an influential meta-analysis, have found that the relationship between CSA and adverse outcomes may be modest (Rind, Tromovitch, & Bauserman, 1998), and may be explained, in part, by other variables such as one’s family environment (Nash, Hulsey, Sexton, Harralson, & Lambert, 1993) or use of maladaptive coping strategies (e.g., Merrill, Guimond, Thomsen, & Milner, 2003; Runtz & Schallow, 1997).

Many studies examining the impact of CSA on psychopathology have compared those with to those without a history of CSA. Fewer studies have examined the relationship between the severity of CSA and negative outcomes. This is noteworthy, as definitions of CSA vary across studies, with different criteria for the nature of the abusive experiences (e.g., non-contact experiences or sexual contact) used. Although there currently is no standard measure of CSA severity, some researchers have created indices of severity based on reported characteristics of one’s CSA history. For example, Zanarini and colleagues (2002) developed a system for calculating the estimated severity of CSA. Abuse specific information was collected (e.g., relationship to the perpetrator, whether force was used, the nature of the abuse, the frequency of the abusive incidents, etc.) and rated, such that more severe abuse received a higher score (e.g., force = 1, no force = 0). Severity of abuse was calculated by summing the total score of all severity domains. For the pur-
pose of the present study, the Zanarini et al. (2002) severity index was adopted as a useful way of integrating abuse-specific severity factors into a composite variable.

Avoidance

Defined as “the phenomenon that occurs when a person is unwilling to remain in contact with particular private experiences (e.g., bodily sensations, emotions, thoughts, memories, behavioral predispositions) and takes steps to alter the form or frequency of these events and the contexts that occasion them” (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996, p. 1154), chronic experiential avoidance is one way to conceptualize the range of maladaptive behaviors observed in some survivors of sexual trauma (Polusny & Follette, 1995). Greater use of avoidance has been associated with psychopathology, including anxiety (Craske & Hazlett-Stevens, 2002), depressive symptoms (Polusny et al., 2004), severity of posttraumatic stress disorder (PTSD) symptomatology (Boeschen, Koss, Figueredo, & Coan, 2001), substance abuse (Stasiewicz & Maisto, 1993), greater psychological distress (Marx & Sloan, 2002), and poorer clinical outcomes (e.g., Hayes et al., 1996; Roemer, Litz, Orsillo, & Wagner, 2001).

In Polusny and Follette’s (1995) model of the long-term correlates of CSA, experiential avoidance is hypothesized to mediate the influence of sexual abuse experiences on later psychological adjustment. Sexual abuse survivors may engage in behavioral strategies (e.g., worrying, dissociating, consuming alcohol, binge-purge eating, or self-harming behaviors) that function to reduce or avoid unpleasant emotions or thoughts associated with sexual abuse experiences. Although such avoidance behaviors may provide some initial reduction in distress, attempts to avoid or eliminate aversive experiences can become excessive and result in social isolation, depression, psychological distress, substance abuse problems, or other forms of psychopathology (Hayes et al., 1996; Polusny & Follette, 1995).

Recent evidence also suggests the possibility that constructs similar to experiential avoidance may be causally related to psychological distress. In a series of recent studies, Lynch, Cheavens, Rosenthal, and Morse (in press), have reported that greater inhibition of emotional experience via thought suppression mediates the relationship between (a) negative affect and psychological distress in both undergraduate and clinical samples (Lynch, Robins, Mendelson, & Krause, 2001), (b) childhood maltreatment and adult psychological distress in a non-clinical sample
(Krause, Mendelson, & Lynch, 2003; Rosenthal, Polusny, & Follette, in press), (c) negative affectivity/reactivity and features of borderline personality disorder in an undergraduate sample (Cheavens et al., in press), and (d) negative affect intensity/reactivity and higher levels of suicidal ideation and hopelessness in a sample of depressed older adults (Lynch et al., in press).

Research examining the coping strategies of survivors of sexual abuse provides further support for the impact of avoidance on long-term functioning. Findings indicate that avoidant coping, such as emotional suppression, denial, detachment, self-blame, and self-isolation, may result in more impaired functioning than coping involving disclosure and support-seeking behavior (for a review, see Spaccarelli, 1994). More specifically, recent studies offer support for avoidance as an important factor in the relationship between interpersonal trauma and psychological distress. Batten, Follette, and Aban (2001), found that college women who reported a history of CSA scored significantly higher on measures of experiential avoidance and reported greater high-risk sexual behavior than women without a history of CSA. A study examining experiential avoidance in adult rape survivors found that cognitive avoidance or “blocking” of rape-related thoughts had small but detrimental effects on post-traumatic stress disorder symptoms (Boeschen, Koss, Figueredo, & Coan, 2001). Another study found that undergraduate women who reported CSA only or both CSA and adult sexual assault showed significantly greater use of “escapism” as a coping strategy than women who reported no trauma (Proulx, Koverola, Fedorowicz, & Kral, 1995).

Two studies testing mediational models of sexual victimization, experiential avoidance, and psychological distress in undergraduate women have recently been reported. In one study, experiential avoidance fully mediated the relationship between a history of CSA and a measure of global psychological distress (Marx & Sloan, 2002). In the other study, Polusny et al. (2004), reported that experiential avoidance partially mediated the relationship between adolescent sexual assault (attempted or completed sexual assault between the ages of 14 and 18) and both psychological distress and depressive symptoms. Overall, there appears to be emerging evidence that the chronic use of avoidance as a means of regulating unpleasant cognitions and emotion may play an important role in the maintenance of psychological distress. However, to date, no studies have examined whether avoidance accounts for the relationship between greater severity of CSA and greater trauma-related psychological distress.
Current Study

In line with theoretical predictions (Polusny & Follette, 1995) and previous findings (Marx & Sloan, 2002; Polusny et al., 2004), the current study utilized a sample of undergraduate women \( (n = 151) \) to investigate the extent to which the self-reported severity of sexually abusive experiences during childhood is associated with higher avoidance and trauma-related psychological distress. Specifically, we hypothesized that greater self-reported use of avoidance would be a regulation strategy associated with greater psychological distress, and that avoidance would mediate the relationship between psychological distress and the severity of CSA.

METHOD

Participants

Participants were 153 female undergraduate students enrolled in psychology courses at a medium-sized western university. All participants were recruited through undergraduate psychology courses and were eligible to participate if they were female, at least 18 years old, and primarily English speaking. Females were specifically recruited in order to replicate previous studies examining the role of avoidance among women with a history of CSA. Two participants were identified as outliers \( (z > 3.29) \) on the dependent measure, and were excluded from data analyses. Thus, the final sample included 151 undergraduate females. Participation was voluntary and all participants received extra credit as compensation. The mean age of participants was 21.0 years \( (SD = 6.1; \text{range} = 18-57) \), and the majority of participants were Caucasian \((81.5\%)\) and unmarried \((93.3\%)\).

Measures

Demographics. Standard demographic variables were assessed, including age, ethnicity, and marital status.

Sexual Victimization. Sexually abusive experiences during childhood were assessed using behaviorally specific, self-report items derived from the Wyatt Sexual History Questionnaire (WSHQ; Wyatt, 1988; Wyatt, Lawrence, Vodounon, & Mickey, 1992). Items ranged from fondling to completed vaginal, oral, or anal intercourse, and par-
participants responded to the items dichotomously (yes = 1 or no = 0). CSA was defined as endorsement of at least one form of sexual contact, ranging from fondling to completed vaginal, oral, or anal intercourse, that occurred prior to age 14 by someone at least five years older than the participant, or of any age if the contact was not desired or involved coercion (Wyatt et al., 1992). Other items assessed abuse-specific factors associated with severity of abuse. The specific severity domains are presented in Table 1, along with the severity of CSA index outlined by Zanarini et al. (2002). The combination of these factors was used in order to comprehensively include a range of CSA characteristics as an index of severity.

Avoidance. The Acceptance and Action Questionnaire (AAQ; Bond & Bunce, 2003; Hayes et al., in press) is a 16-item self-report instrument designed to measure psychological acceptance, emotional willingness, and the tendency to engage in emotional avoidance. Each

| TABLE 1. Domains of Self-reported Sexual Victimization Experiences During Childhood |
|----------------------------------|------|------|
| Age of Abuse                      | Points | N   | %   |
| Early Childhood (0-9)             | 1 pt   | 29  | 19.2|
| Late Childhood (10-13)            | 2 pts  | 14  | 9.3 |
| Both                             | 3 pts  | 7   | 4.6 |
| Frequency                        | 1 pt   | 19  | 12.6|
| Once                             | 2 pts  | 23  | 15.2|
| Several times yearly or less     | 3 pts  | 8   | 5.3 |
| Duration                         | 1 pt   | 22  | 14.6|
| 1 Month or less                  | 2 pts  | 9   | 6.0 |
| 1 Year or more                   | 3 pts  | 18  | 11.9|
| Relationship to perpetrator      | 1 pt   | 8   | 5.3 |
| Stranger                         | 2 pts  | 38  | 25.2|
| Know abuser                      | 3 pts  | 4   | 2.6 |
| Nature of victimization          | 1 pt   | 14  | 9.3 |
| Observation without contact      | 2 pts  | 27  | 17.9|
| Fondling                         | 3 pts  | 8   | 5.3 |
| Force used                       | 1 pt   | 13  | 8.6 |
| Yes                              | 1 pt   | 2   | 1.3 |
| Life threatened                  | Yes    | Yes | Yes |
| Yes                              | 1 pt   |     | 1.3 |
item is rated on a seven-point Likert scale (1 = never true to 7 = always true), and higher scores indicate greater acceptance (as opposed to avoidance). Sample items include “I try hard to avoid feeling depressed or anxious” (reverse scored) and “I rarely worry about getting my anxieties, worries, and feelings under control.” Preliminary data support the reliability and validity of the 16-item AAQ, and higher scores on the AAQ have been associated with greater psychopathology and distress (Hayes et al., in press). Recent analysis of the 16-item AAQ indicates an internal consistency reliability coefficient of .71 (Bond & Bunce, 2003) and a two-factor structure: (a) willingness to experience internal events and (b) ability to take action, even in the face of unwanted internal events.

The Impact of Event Scale (IES; Horowitz, Wilner, & Alvarez, 1979) is a 15-item self-report measure of traumatic stress symptoms. Each item is rated on a four-point Likert scale (1 = not at all to 4 = often). The IES has two stable factors (Intrusion and Avoidance) that form separate subscales (Sundin & Horowitz, 2002). The IES Avoidance Subscale (IES-A) was used in this study as a measure of avoidant reactions and behaviors (e.g., thought suppression and behavioral inhibition). Sample items include, “I tried not to think about it” and “I stayed away from reminders of it.” The IES has good internal consistency and test-retest reliability, as well as discriminant and convergent validity (Horowitz et al., 1979; Sundin & Horowitz, 2002).

Psychological distress. The Trauma Symptom Inventory (TSI; Briere, Elliot, Harris, & Cotman, 1995) is a 104-item self-report instrument designed to assess symptoms related to traumatic stress. Participants responded to each item of the TSI without having to make reference to a specific traumatic event. The TSI has nine subscales measuring various aspects of trauma-related symptoms, and higher scores on each subscale indicate higher levels of symptomatology. The mean internal consistency alpha for the TSI has been reported as .87 (Briere et al., 1995). The total TSI score was used as the global measure of psychological distress in this study.

Procedure

Upon arriving at the laboratory, each participant was greeted by a research assistant and given time to read and sign a consent form. The research assistant answered questions, and then described the study in a scripted manner. Each participant was told that the study was designed to identify ways in which women cope with stressful life experiences.
RESULTS

The first step in the data analytic plan was to examine the distribution of the data to evaluate the influence of potential outliers, skewness, and kurtosis. All variables were normally distributed. Because the avoidance measures (AAQ and IES-A) are scaled differently, a z-score composite variable was computed for the avoidance variable used in all analyses. Next, bivariate correlations and independent samples t-tests were conducted in order to examine the inter-relationships among variables and determine whether participants with a history of CSA reported higher levels of avoidance and psychological distress than participants who denied a history of CSA.

The multiple regression strategy outlined by Baron and Kenny (1986) and Holmbeck (1997) was used to test avoidance as a mediator in the relationship between severity of CSA and psychological distress. According to Baron and Kenny, four statistical criteria must be met to establish a variable as a mediator, and these four conditions can be tested using a series of regression analyses (Holmbeck, 1997). First, there must be a significant relationship between the predictor variable (severity of CSA) and the mediator (avoidance). Second, a significant relationship must be established between the predictor and the dependent variable (psychological distress). Third, the mediator must be significantly related to the dependent variable. Fourth, the relationship between the predictor and the dependent variable must be significantly reduced when the mediator is added to the regression equation. Sobel’s (1982) formula was used to test whether the association between severity of CSA and psychological distress was significantly reduced after adding avoidance to the regression equation. In order to reduce the probability of committing a Type I error, a Bonferroni-correction procedure was used whereby .05 was divided by the number of tests. Thus, the alpha level was set at .008.

Bivariate Correlations and t-Tests

The bivariate correlations among the variables are presented in Table 2. Of the eight Pearson correlations, all but one were significant at the \( p < .008 \) level. The relationship between severity of CSA and one measure of avoidance (IES-A) approached significance \( (p = .009) \). Two independent samples t-tests were conducted using CSA status (0 = no; 1 = yes) as a between groups variable. As hypothesized, compared to participants with no reported history of CSA, those who reported a his-
Mediational Model

The first step of the mediational test involved examining the relationship between avoidance (the mediating variable) and severity of CSA (the predictor variable). This model was significant, $R^2 = .11$, $F(1, 144) = 17.52$, $p < .008$. Specifically, severity of CSA significantly predicted avoidance ($\beta = .33$). Thus, the first criterion for mediation as defined by Baron and Kenny (1986) was met.

The second step of the mediational test involved examining the relationship between avoidance (the mediating variable) and psychological distress (the dependent variable). This model was significant, $R^2 = .41$, $F(1, 144) = 101.34$, $p < .008$. Specifically, avoidance significantly predicted psychological distress ($\beta = .64$). Thus, the second criterion for mediation was met.

The third step of the mediational test involved examining the relationship between severity of CSA (the predictor variable) and psychological distress (the dependent variable). This model was significant, $R^2 = .12$, $F(1, 149) = 19.41$, $p < .008$. Specifically, severity of CSA significantly predicted psychological distress ($\beta = .34$). Thus, the third criterion for mediation was met.
The final step, as described by Baron and Kenny (1986), is a test of the relationship between the predictor variable and the dependent variable when the mediating variable is included in the model. The prediction in this case was that the magnitude of the relationship between the severity of CSA and psychological distress would be reduced or no longer be significant when avoidance was included in the model.

To test this, psychological distress (the dependent variable) was regressed onto avoidance (the mediating variable) in the second step, after entering severity of CSA (the predictor) in step one of the equation. The results of this model were significant in step two, \( R^2 = .44, F(2, 143) = 55.19, p < .008 \). As hypothesized, avoidance (\( \beta = .59, p < .008 \)) remained significant over and above the effects of severity of CSA. Additionally, consistent with the prediction of mediation, severity of CSA was no longer a significant predictor in step two (\( \beta = .16, ns \)).

To test the mediational effect of avoidance on the relationship between severity of CSA and psychological distress, a direct significance test was conducted with a formula used to test the joint significance of the pathways in this mediation (MacKinnon & Dwyer, 1993). This test, which results in a z-score, was significant (\( z = 3.81, p < .008 \)), indicating that avoidance fully mediated the relationship between severity of CSA and psychological distress.

Results of the regression analyses are shown in the path diagram in Figure 1. The direct effect of CSA severity on psychological distress is represented by the standardized coefficient for path C (\( \beta = .34 \)). The indirect effect of CSA severity on psychological distress is computed by

FIGURE 1. Path Diagram of Regression Analyses (Standardized Beta Weights) Showing Avoidance as a Mediator of the Relationship between CSA Severity and Psychological Distress.
multiplying the standardized coefficients of paths A and B that link CSA severity to psychological distress through avoidance, $\beta = .33, \hat{\beta} = .64$ ($\beta \times \hat{\beta} = .21$). In sum, this study suggests that avoidance accounted for 21% of the total effect of CSA severity on psychological distress.

**DISCUSSION**

There is growing interest in avoidance as a problematic means of regulating affect among individuals who present with a variety of psychiatric problems (e.g., Bach & Hayes, 2002; Cheavens et al., in press; Roemer & Orsillo, 2002; Rosenthal, Cheavens, Lejuez, & Lynch, in press; Rosenthal, Cheavens, Compton, Thorp, & Lynch, in press). More specifically, some researchers describe avoidance as an important construct that helps explain how exposure to traumatic events can lead to subsequent problems (e.g., Batten et al., 2001; Polusny & Follette, 1995; Polusny et al., 2004). In order to treat avoidance as a maladaptive emotion regulation style in trauma survivors, a clearer understanding of its role in the development and maintenance of problems associated with sexual trauma is essential. To date, empirical investigation of avoidance and its relationship to traumatic stress is limited. However, the current study represents one of a growing number of recent studies examining the role of avoidance in the lives of women with a history of sexual trauma.

In this study, the tendency to chronically avoid or escape unpleasant internal experiences (i.e., avoidance) mediated the relationship between severity of CSA and trauma-related psychological distress in adulthood. Previous studies have reported the association between higher avoidance and psychological maladjustment among individuals with a history of sexual victimization (Batten et al., 2001). In addition, two studies found that avoidance mediated the relationship between sexual victimization and psychological distress (Marx & Sloan, 2002; Polusny et al., 2004). These studies have important limitations. First, the interrelationships among severity of CSA, avoidance, and distress have not been investigated. This may be due, in part, to the lack of a standard measure of CSA severity. However, researchers recently have begun to utilize CSA severity indices in order to more comprehensively investigate the relationship between CSA and negative outcomes (e.g., Merrill et al., 2003; Zanarini et al., 2002). Second, previous studies testing
mediational models did not examine traumatic stress symptoms, and instead used measures of global psychological maladjustment. Although general psychological distress is one of the correlates of CSA, it is also important to test those symptoms and behaviors that may be more specific to the effects of sexual trauma exposure. The current study extends upon previous research by examining avoidance as a mediator between CSA severity and traumatic stress symptoms.

Findings from this study suggest that individuals who report a history of sexual victimization before the age of 14 may report more trauma-related symptoms of distress when avoidance is used as a primary method of regulating aversive cognitions and emotions. Frequent attempts to avoid or escape unpleasant internal experiences may be a particularly common emotion regulation strategy among individuals with a history of CSA (Batten et al., 2001). Because of shame and guilt associated with CSA, as well as the social stigma of such experiences, it is likely that individuals with histories of sexual trauma would attempt to escape from or avoid memories or associated thoughts and feelings through various means. Further, as the severity of the CSA increases, an individual may be even more motivated to block out or not experience intense thoughts and feelings related to the trauma. Although avoidance strategies may temporarily prevent unpleasant experiences, findings from this study suggest that when used chronically, avoidance may be a regulation style that underlies trauma-related psychological distress.

Appropriate caution should be used in interpreting these findings. First, the results of this study cannot be generalized well beyond a non-clinical, mostly Caucasian, university sample of women. Additional research is needed to replicate findings from this study using ethnically diverse and clinical samples of women with a history of sexual victimization. Furthermore, research on the mediational role of avoidance in men with a history of CSA is warranted in order to explore the relationship between gender, distress, and avoidance. Second, the cross-sectional design of this study does not allow conclusions to be drawn about causality. In order to draw more robust inferences regarding the mediational role of avoidance, prospective studies are needed. Third, sexual victimization was reported retrospectively in this study, and it is important to note that this type of report could be influenced by current affective states or other unknown variables not assessed in this study. Fourth, in addition to avoidance, there are likely other variables that play an important mediating role in the relationship between victimization and distress. Other types of emotion regulation strategies, for example, may also contribute to the development and maintenance of both traumatic stress symptoms
and psychopathology. Future studies should more comprehensively examine regulation processes among individuals with a history of sexual victimization.

In addition to providing empirical support for avoidance as an important link between CSA severity and symptoms of traumatic stress in adulthood, these findings have potential implications for treatments of traumatic stress that target the reduction of avoidance. Recently, some trauma researchers have identified a need for augmenting exposure therapies with acceptance-based treatment components from Dialectical Behavior Therapy (DBT; Linehan, 1993) and Acceptance and Commitment Therapy (ACT; Hayes et al., 1999) in order to address the complicated clinical presentations of some survivors of sexual victimization (e.g., Becker & Zayfert, 2001; Cloitre, Koenen, Cohen, & Han, 2002; Orsillo & Batten, in press; Palm & Follette, 2000). Other researchers also are recognizing the value of incorporating acceptance into the treatment of psychopathology more generally (e.g., Koerner, Jacobson, & Christensen, 1994; Linehan, 1993; Hayes et al., 1999). Findings from this study are consistent with previous studies and lend further support to the clinical hypothesis that chronic avoidance of thoughts and emotions may be an important treatment target for some trauma survivors. Empirical support for such clinical and theoretical observations is essential in order to support the development of efficacious and effective treatments for those with a history of CSA.

REFERENCES


