The Differential Effects of Abuse Characteristics and Attachment in the Prediction of Long-Term Effects of Sexual Abuse
PAMELA C. ALEXANDER
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It was hypothesized that sexual abuse severity and adult attachment (reflective of the more pervasive experience of growing up in a family) would each have significant but distinct effects on the long-term functioning of incest survivors. A sample of 112 incest survivors completed the Beck Depression Inventory, the Symptom Checklist-10, the Impact of Event Scale, the MCMI-II, and the Relationship Questionnaire (a measure of adult attachment). Hierarchical regression analyses indicated that sexual abuse characteristics (particularly early age of onset) predicted depression, intrusive thoughts, and, to a lesser degree, avoidance of memories of the abuse (symptoms consistent with a traditional PTSD conceptualization). Adult attachment (in particular, a lack of secure attachment) predicted avoidance of memories of the abuse. In addition, adult attachment predicted avoidant, dependent, self-defeating, and borderline personality disorders. Implications for the focus of therapy with the sexual abuse survivor are discussed.

The Differential Effects of Abuse Characteristics and Attachment in the Prediction of Long-Term Effects of Sexual Abuse

PAMELA C. ALEXANDER
University of Maryland—College Park

Long-term effects attributable to the experience of childhood sexual abuse are significant and varied. Symptoms such as depression, anxiety, nightmares, and intrusive thoughts are so common among abuse survivors that many researchers and clinicians advocate a posttraumatic stress disorder (PTSD) conceptualization (Briere & Runtz, 1987; Roth & Lebowitz, 1988). The fact that characteristics of the abuse (e.g., age of onset, type of abuse, duration, frequency, use of physical force, relationship to the perpetrator) explain much of the variability of functioning helps to justify a focus on the sexual abuse itself (Browne & Finkelhor, 1986).

However, many abuse survivors do not exhibit PTSD symptoms (Murphy et al., 1988). Instead, many of the long-term effects of sexual abuse are interpersonal in nature (Conte & Schuerman, 1987) or reflect a more pervasive disturbance of sense of self, such as borderline personality disorder, avoidant personality disorder, and other Axis-II diagnoses (Herman & van der Kolk, 1987; Wheeler & Walton, 1987). In fact, according to Finkelhor...
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(1990), one of the limitations of a PTSD conceptualization of sexual abuse is that it doesn’t sufficiently take into account the interpersonal and relational context of the abuse.

Empirical evidence for the importance of this relational context comes from findings that family variables explain many long-term effects above and beyond abuse variables. For example, the family variables of conflict, decreased cohesion, and reduced family support to the abused child were stronger predictors of behavior problems within a sample of sexually abused children than were characteristics of the abuse (severity, duration, and time elapsed since abuse) (Friedrich, Beilke, & Urquiza, 1987). In a community sample, maternal warmth explained more of the variance of adulthood adjustment than did duration and the number of incidents of abuse (Peters, 1988). Results of a path analysis with a sample of incestuously abused subjects and a group of nonabused controls suggested that family characteristics and abuse severity made significant and independent contributions to measures of social isolation and social adjustment, whereas the occurrence of abuse per se did not (Harter, Alexander, & Neimeyer, 1988). Finally, parental conflict and paternal dominance have been found to be associated with less satisfying relationships with female friends and male friends, respectively, above and beyond the effects of abuse and abuse severity (Edwards & Alexander, 1992). Therefore, a conceptualization of the impact of sexual abuse needs to include a consideration of the family context.

Researchers and clinicians have debated as to whether sexual abuse follows from or itself leads to family dysfunction (Trepper & Barrett, 1986). However, just as different types of abuse invariably coexist but have their own unique outcomes (Briere & Runtig, 1990), it is likely that sexual abuse and family dysfunction also coexist but similarly have unique outcomes. Therefore, it would be beneficial to attempt to determine which symptoms observed in the abuse survivor are more likely to be associated with the abuse and the characteristics of the abuse and which effects are more related to the familial context surrounding the abuse.

There are many ways to conceptualize the experience of growing up in a particular family. The framework used in this article is attachment theory. Attachment theory, as articulated by Bowlby (1969/1982, 1977, 1980), proposes that proximity to the caregiver is essential for the infant’s survival and, therefore, is a drive as basic as eating or sleeping. Because caregivers obviously differ in their warmth and responsivity, infants develop different coping strategies for regulating their affect and anxiety associated with whether or not their needs are met.

These behavioral coping strategies accompany an internal working model of relationships (Bowlby, 1973)—in essence, a schema in which the securely
attached child comes to see himself or herself as worthy of others' attention and sees others as trustworthy and responsive. In contrast, the insecurely attached child comes to see himself or herself as unworthy of others' attention and sees others as untrustworthy, nonresponsive, and perhaps even abusive. Therefore, the development of self is intricately related to the first and most important interpersonal experience—the parent-child relationship (Cole & Putnam, 1992). The idea of the internal working model is particularly applicable to the study of sexual abuse in that it could help to explain both the long-term interpersonal problems and the disturbances of sense of self so frequently observed in abuse survivors.

Researchers have used the Strange Situation, a paradigm characterized by separations and reunions with the primary caretaker, to reliably identify four distinct patterns of behavior among toddlers associated with specific patterns of parent and child interactions (Ainsworth, Blehar, Waters, & Wall, 1978; Main & Cassidy, 1988). Secure children (whose mothers are responsive and attentive) protest the mother's leaving but greet her upon return; insecure-resistant children (whose mothers are inconsistent and role-reversing) show a combination of clinging and anger toward their caregiver and have difficulty being comforted upon reunion; insecure-avoidant children (whose mothers tend to be cold and rejecting) avoid their caregiver both upon separation and reunion; and disorganized children (whose mothers have presumably experienced a significant loss or trauma themselves) exhibit contradictory behaviors such as approach and freezing or apprehension upon reunion. Secure attachment in toddlerhood has been associated with increased competence, empathy, and popularity among preschoolers; resistant attachment with attention-seeking, neediness, impulsivity, frustration, and helplessness; avoidant attachment with emotional insulation, hostility, and antisocial behavior; and disorganized attachment with controlling behavior (Main & Cassidy, 1988; Sroufe, 1988). Attachment researchers make the assumption that the internal working model established during childhood provides the basis for continuity of these attachment patterns from childhood into adulthood in the form of a self-fulfilling prophecy.

A number of researchers have attempted to demonstrate this continuity of attachment (i.e., the internal working model) into adulthood, using a variety of methodologies ranging from structured interviews to self-report questionnaires (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987; Main & Goldwyn, 1984). Out of this research, they have derived adult categories of attachment comparable to those found among children. Secure attachment in adults (comparable to secure attachment in children) is associated with self-confidence, trust, comfort with both positive and negative feelings,
comfort with closeness, and a history of warmth and support in parents
(Collins & Read, 1990; Feeney & Noller, 1990; Haft & Slade, 1988; Hazan &
Shaver, 1987). Preoccupied attachment (comparable to resistant attachment
in children) is associated with confusion, anxiety, dependency, jealousy, and
worries of being abandoned or unloved (Collins & Read, 1990; Feeney &
attachment (comparable to avoidant attachment in children) is associated
with discomfort with intimacy, a lack of self-confidence, hostility, loneliness,
and a history of rejection by mothers (Bartholomew & Horowitz, 1991;
Collins & Read, 1990; Feeney & Noller, 1990; Hazan & Shaver, 1987;
Kobak & Scerby, 1988). Fearful attachment (comparable to disorganized
attachment in children) is associated with social inhibition, a lack of asser-
tiveness, and a combination of avoidant and preoccupied traits (Bartholomew &

Insecure attachment has been observed to a much greater degree in
documented cases of physical abuse and neglect (Carlson, Cicchetti, Barnett, &
Braunwald, 1989; Egeland & Sroufe, 1981), although there have been no
empirical studies of attachment in sexually abused children. However,
Alexander (1992) has argued that sexual abuse is often preceded by insecure
attachment and that family dynamics frequently observed in abusive families
(role-reversal, rejection, and unresolved trauma) are consistent with the
patterns of interactions observed in families with insecure attachment
(Zeanah & Zeanah, 1989). Furthermore, the variety of long-term effects
observed in sexual abuse survivors can be systematically related to symptoms
and behaviors observed in different types of insecurely attached adults
(Alexander, 1992). Therefore, attachment theory promises to be a useful
conceptualization for understanding how the variety of family contexts
associated with sexual abuse can lead to the particular long-term effects
manifested by a woman who was sexually abused as a child.

The following study explored the differential effects of sexual abuse
characteristics and adult attachment on a number of long-term outcomes. The
sample was a group of adult women who were incestuously abused in
childhood. It was hypothesized that outcome measures reflecting symptoms
more consistent with posttrauma (depression, distress, intrusive thoughts
of the trauma, and avoidance of the trauma through denial and psychic num-
bning) would be best predicted by characteristics of the abuse whereas measures
reflecting basic personality structure (avoidant personality disorders, depen-
dent personality disorder, self-defeating personality disorder, and borderline
personality disorder) would be best predicted by adult attachment (reflective
of the internal working model established in childhood).
METHOD

Subjects

Subjects were 112 women recruited from the community to participate in an interview study of the family environment and long-term effects associated with incestuous abuse. Their average age was 37 years (with a range from 19 years to 64 years) and average education was 15 years (with a range from 10 years to 24 years). Of the subjects, 85% were Caucasian, 9% were African-American, and 6% were of other ethnic groups.

For 50% of them, their primary perpetrator was their natural father; for 24%, their stepfather; for 11%, their brother; for 4%, their grandfather (living in the home); for 3%, their mother; and for 9%, other primary perpetrators (living in the home). The average age of onset of the abuse was 6.6 years, the average duration was a little less than 7 years, and the average number of perpetrators overall was two (with a range from one to five). Thirty-three percent of the women reported experiencing fondling only; 18% oral-genital contact, and 49% intercourse. With respect to coercion, 40% of the women experienced psychological coercion only, 12% experienced verbal prohibition, 11% experienced verbal threats, and 37% experienced actual physical coercion.

Measures

Sexual abuse characteristics. The sexual abuse characteristics included in this study were chosen for their relevance in the literature to outcome and also because they exhibited minimal multicollinearity with each other. They included the age of onset of the abuse, the type of abuse (fondling only, oral-genital contact, or intercourse), the degree of coercion or force used by the perpetrator (psychological coercion, verbal prohibition, verbal threats, or physical coercion), and relationship to the perpetrator (father figure or not).

Relationship questionnaire (RQ). Developed by Bartholomew and Horowitz (1991), the Relationship Questionnaire (RQ) briefly describes four adult attachment styles (Secure, Preoccupied, Dismissing, and Fearful) and requires respondents to rate themselves on a 7-point scale on each of the four styles. Results of a factor analysis indicated that subjects’ self-ratings converged with ratings of the subjects by interviewers and friends (Bartholomew & Horowitz, 1991).
Beck Depression Inventory (BDI). The Beck Depression Inventory (BDI) is a 21-item self-report inventory measuring the affective, cognitive, and physiological dimensions of depression (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). Internal consistency estimates have been found to average .81 for nonpsychiatric subjects (Beck, Steer, & Garbin, 1988). Similarly, for nonpsychiatric subjects, the BDI correlates at .60 with clinical ratings and at .74 with the Hamilton Psychiatric Rating Scale for Depression (Beck et al., 1988).

Symptom Checklist-10 (SCL-10). Developed from the Symptom Checklist-90 (Derogatis, Lipman, & Covi, 1973), the Symptom Checklist-10 (SCL-10) was derived from Hoffmann and Overall’s (1978) factor analysis of the SCL-90 to be used as a brief, global symptom checklist. The SCL-10’s internal consistency is .88, its item-total correlations range from .48 to .70 with a median of .62, and it has been found to differentiate individuals seeking outpatient care from controls (Nguyen, Attkisson, & Stegner, 1983).

Impact of Event Scale (IES). The Impact of Event Scale (IES) was developed by Horowitz, Wilner, and Alvarez (1979) to evaluate stress responses following traumatic events. It consists of two subscales: Intrusion, which refers to thoughts, images, feelings, and dreams and repetitive behaviors that intrude upon the individual’s awareness and are distressing; and Avoidance, which refers to psychic numbing, conscious denial of the impact of the stressful event, behavioral inhibitions, and counterphobic activities. Internal consistency of the Intrusion subscale is .78 and of the Avoidance subscale .82 (Horowitz et al., 1979). Each of the subscales significantly differentiated a group of stress clinic patients from a control group of medical students (Horowitz et al., 1979).

The questionnaire describes 15 emotional reactions to the designated traumatic event, in this case specified as “the abuse.” The respondent indicates on a 4-point scale, ranging from not at all to often, the degree to which she experienced each reaction during the previous week.

Millon Clinical Multiaxial Inventory - II (MCMI-II). This is a 175 item true/false questionnaire developed for use with clinical populations. Its 22 clinical scales are based on Millon’s biosocial theories of personality and psychopathology (Millon, 1969, 1981, 1986a, 1986b) and rely largely on the criteria of the DSM-III for their external validation. Internal consistency estimates range from .81 to .95, and the overall diagnostic power of the scales to predict Axis II diagnoses made by clinicians ranges from .88 to .97 (Millon, 1987).
Scores on four scales suggestive of basic personality structure (Avoidant, Dependent, Self-Defeating) and increased pathology of that structure (Borderline) were selected for use in this study to reflect personality tendencies and diagnoses commonly exhibited by survivors of sexual abuse. Scores were subsequently transformed into base rate scores that allowed a comparison to a normative group of patients who completed the test and actually exhibited the disorder measured by a given scale (Millon, 1987). The MCMI-II uses base rate scores rather than standardized scores in order to reflect the nonnormal distribution and the actual prevalence of the disorder among patient populations. A base rate score of 75 signifies the presence of a disorder (Millon, 1987).

Procedure

Subjects responded by telephone to notices of the study that were placed in one major newspaper and a number of neighborhood newspapers. They were told that the purpose of the study was to better understand the familial context of incestuous abuse and the effects of the abuse on long-term functioning, that they would be asked to participate in a videotaped interview that was approximately 3 hours long, and that they would be asked to complete a number of paper-and-pencil measures. They were assured of their confidentiality and inquiries were made to assure that the sexual abuse they had experienced had been perpetrated by someone living in the household. In cases of sibling incest, a 5-year age differential was required.

Several less intrusive measures were mailed to the subjects before the interview, and they completed several other measures after the interview. All interviews were conducted by the author and two advanced clinical psychology graduate students, all of whom have had rather extensive experience working with sexual abuse survivors.

Data Analysis

A series of hierarchical multiple regression analyses was conducted to assess the relative effects of sexual abuse characteristics and adult attachment on a number of dependent variables. The four abuse characteristics (age of onset, type of abuse, degree of coercion, and relationship to the perpetrator) were entered simultaneously as a block into the regression equation. The four scales of the RQ (reflecting the four types of adult attachment) were then entered as a block. The initial $R^2$ and its associated $F$ as well as the change in $R^2$ and its associated $F$ were indicative of the significance of the respective
block of variables on the outcome measure. It should be noted that the abuse characteristics were entered first as a block in order to ensure a more conservative test of the effects of attachment relative to abuse.

Dependent variables were scores on the BDI, the SCL-10, the IES Intrusion subscale, the IES Avoidance subscale, the MCMI-II Avoidant scale, the MCMI-II Dependent scale, the MCMI-II Self-Defeating scale, and the MCMI-II Borderline scale. Bonferroni’s adjustment was used to control for the number of analyses conducted. In order to ensure a family-wide alpha level of .05 or less, a $p$ value equal to or less than .006 was required before a finding was judged to be statistically significant.

RESULTS

Adult attachment. The intercorrelations among independent variables are tabulated in Table 1. Multicollinearity within this data set was minimal. The mean score on each of the RQ scales was 2.9 ($SD = 1.84$) for Secure attachment, 3.3 ($SD = 1.94$) for Preoccupied attachment, 3.7 ($SD = 2.06$) for Dissing attachment, and 5.5 ($SD = 1.56$) for Fearful attachment. When subjects designated only one category in addition to rating themselves on all four scales, 14% of the subjects described themselves as Secure, 13% as Preoccupied, 16% as Dissing, and 58% as Fearful. This is significantly different from how subjects in the normative sample (Bartholomew & Horowitz, 1991) were rated on these same categories (49% Secure, 12% Preoccupied, 18% Dissing, and 21% Fearful), reflecting that the experience of incest is indeed associated with a higher rate of insecure attachment and especially with a higher rate of fearful/disorganized attachment.

Posttrauma symptoms. Four dependent variables were used to assess the effects of sexual abuse characteristics and attachment on PTSD symptoms: Depression (as measured by the BDI), General distress (as measured by the SCL-10), Intrusive thoughts (as measured by the IES Intrusion subscale), and Avoidance (as measured by the IES Avoidance subscale). The mean score on the BDI in this sample was 18.6 ($SD = 11.3$), which falls almost exactly at the mean for mild depression in the normative group (Beck et al., 1988). The mean score on the SCL-10 was 13.0 ($SD = 8.3$), which is comparable to the mean of 14.5 ($SD = 9.2$) in the normative sample of mental health clients (Nguyen et al., 1983). The mean score on the IES Intrusion subscale was 10.5 ($SD = 5.8$), which is substantially less than published norms for female stress clinic patients ($M = 21.4, SD = 8.6$) (Horowitz et al., 1979). Finally, the mean
### TABLE 1: Correlations of Abuse Characteristics and Adult Attachment

<table>
<thead>
<tr>
<th></th>
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<th>PERPPAR</th>
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<th>COERC</th>
<th>RQ1</th>
<th>RQ2</th>
<th>RQ3</th>
<th>RQ4</th>
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**NOTE:** ONAGE = age of onset of the abuse; PERPPAR = whether or not the perpetrator was a father figure (0 = not a father figure; 1 = father figure); ABTYPE = type of abuse; COERC = degree of coercion used by perpetrator; RQ1 = Secure Attachment; RQ2 = Fearful Attachment; RQ3 = Preoccupied Attachment; RQ4 = Dismissing Attachment.
score on the IES Avoidance subscale was 11.0 ($SD = 6.2$), which is similarly substantially less than published norms for female stress clinic patients ($M = 20.6, SD = 11.3$) (Horowitz et al., 1979).

Results of regression analyses are shown in Table 2.

Regression analyses indicated that current depression was significantly predicted by abuse characteristics ($R^2 = .1709, F[4,107] = 5.52, p = .0004$) and, in particular, by age of onset ($b = -.3196, t = -3.433, p = .0008$). On the other hand, attachment did not account for a significant additional amount of variance. General distress was not significantly associated with abuse variables, and attachment only marginally added to the variance ($R^2 = .1091, F[8,103] = 3.51, p = .0099$). The Intrusion scale of the IES was significantly associated with abuse characteristics ($R^2 = .2419, F[4,107] = 8.54, p < .0001$), particularly age of onset ($b = -.4277, t = -4.805, p < .0001$). Adult attachment, however, did not explain a significant amount of additional variance. Finally, the Avoidance scale of the IES was only marginally associated with abuse characteristics ($R^2 = .1049, F[4,107] = 3.13, p = .0176$). Adult attachment accounted for a significant additional amount of variance (change in $R^2 = .1453, F[8,103] = 4.99, p = .0010$), with Secure attachment accounting for most of the additional variance ($b = -.3229, t = -3.367, p = .0011$).

**Personality disorders.** The personality disorders of interest in this study were avoidant personality disorder, dependent personality disorder, self-defeating personality disorder, and borderline personality disorder, as measured by the MCMI-II. The mean score on the Avoidance scale was 27.5 ($SD = 15.5$), which is comparable to a base rate score of 78 in the normative group of female psychiatric patients (Millon, 1987). The mean score on the Dependent scale was 27.8 ($SD = 9.9$), which is comparable to a base rate score of 69 in the normative group (Millon, 1987). The mean score on the Self-defeating scale was 26.1 ($SD = 13.9$), which is comparable to a base rate score of 76 in the normative group (Millon, 1987). Finally, the mean score on the Borderline scale was 32.3 ($SD = 15.2$), which is comparable to a base rate score of 62 in the normative group (Millon, 1987).

Results of regression analyses appear in Table 3. Regression analyses suggested that scores on the avoidant personality scale were not significantly associated with abuse characteristics, but were predicted by adult attachment (change in $R^2 = .2279, F[8,103] = 7.90, p = .0001$). In particular, Fearful attachment accounted for most of the variance ($b = .2877, t = 3.129, p = .0023$). Dependent personality, as measured by the MCMI-II, was similarly not associated with abuse characteristics, but was significantly explained by adult attachment (change in $R^2 = .1717, F[8,103] = 5.56, p = .0004$), and particularly by Preoccupied attachment ($b = .2686, t = 2.950, p = .0039$) and
<table>
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<th>Attachment</th>
<th>Change in</th>
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NOTE: ONAGE = age of onset of the abuse; PERPPAR = whether or not the perpetrator was a father figure (0 = not a father figure; 1 = father figure); ABTYPE = type of abuse; COERCCE = degree of coercion used by perpetrator; RQ1 = Secure Attachment; RQ2 = Fearful Attachment; RQ3 = Preoccupied Attachment; RQ4 = Dismissing Attachment.

*p < .01; **p < .001; ***p < .0001.
TABLE 3: Results of Regression Analyses for the Effects of Abuse Characteristics and Adult Attachment on Personality Disorders

<table>
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<th>Dependent Variable</th>
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<th>Attachment</th>
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NOTE: ONAGE = age of onset of the abuse; PERPPAR = whether or not the perpetrator was a father figure (0 = not a father figure; 1 = father figure); ABTYPE = type of abuse; COERCÉ = degree of coercion used by perpetrator; RQ1 = Secure Attachment; RQ2 = Fearful Attachment; RQ3 = Preoccupied Attachment; RQ4 = Dismissing Attachment.

* p < .0005; ** p < .001.
by Dismissing attachment ($b = -2.552$, $t = -2.785$, $p = .0064$). Self-defeating personality was not significantly predicted by abuse characteristics, but was predicted by adult attachment (change in $R^2 = .1846$, $F[8,103] = 6.09, p = .0002$) with Fearful attachment ($b = .2438$, $t = 2.587$, $p = .0111$) and Preoccupied attachment accounting for most of the variance ($b = .2312$, $t = 2.563$, $p = .0118$). Finally, borderline personality disorder did not vary as a function of abuse characteristics, but was significantly associated with adult attachment (change in $R^2 = .1701$, $F[8,103] = 5.49, p = .0005$) and particularly, with Preoccupied attachment ($b = .2568$, $t = 2.816$, $p = .0058$).

**DISCUSSION**

A comparison of subjects' scores on the dependent measures with the norms for each instrument suggests that this sample of abuse survivors was, in many ways, comparable to a clinic population, even though they were recruited from the community. Overall, they were experiencing a clinically elevated level of depression and distress and gave responses indicative of avoidant and self-defeating personality disorders.

The importance of sexual abuse characteristics in accounting for variance in effects was particularly notable for the BDI scale (depression), the IES Intrusion scale, and marginally for the IES Avoidance scale, confirming the hypothesis that symptoms most frequently associated with PTSD are indeed best predicted by characteristics of abuse severity. The characteristic of the abuse explaining most of the variance was an early age of onset of the abuse. Waterman (1986) has made the case that abuse of a younger child occurs at the hands of a more disturbed perpetrator, that is, an individual to whom a young child is more likely to be a primary sexual object than an adolescent who is more similar to an adult. However, it is not clear why its effects would be manifested as trauma-related rather than as related to disturbances of personality.

Basic personality structure, including more dysfunctional manifestations, was not associated with abuse characteristics but was instead predicted by adult attachment. As is consistent with recent investigations of adult attachment (Bartholomew & Horowitz, 1991; Collins & Read, 1990; Kobak & Sceery, 1988), Preoccupied attachment was associated with dependent, self-defeating, and borderline personality disorders, Fearful attachment was associated with avoidant and self-defeating personality disorders, and individuals who scored higher on Dismissing attachment denied any feelings of dependency.

The construct of avoidance deserves more mention. Individuals characterized by Fearful attachment acknowledged a lifestyle of interpersonal
avoidance, consistent with findings by Bartholomew and Horowitz (1991), but did not endorse specific avoidance of memories of the abuse, as measured by the IES Avoidance scale. This suggests that methods of coping developed specifically to deal with the experience of sexual abuse do not necessarily translate into a style of relating and personality structure. On the other hand, Secure attachment did reflect a willingness to not avoid the abuse and to confront the memories of the trauma. This finding is consistent with Main and Goldwyn's (1984) observation that adults assessed as securely attached had easier access to both positive and negative memories of childhood.

Therefore, although many clinicians maintain that effective treatment of sexual abuse requires a focus on the abuse, this in and of itself is not necessarily the magic key to resolving current interpersonal problems and dysfunction. Instead, a feeling of interpersonal security—established through the support of adults in childhood, a current supportive relationship, or the development of trust in a therapist—appears to be a prerequisite for even being willing to talk about the abuse. Moreover, instead of just being a prerequisite to the important work of remembering the abuse, the interpersonal trust and security established in a healthy therapeutic relationship may even legitimately be regarded as the goal of therapy itself for certain clients at certain points in the course of their recovery, especially to the degree that it generalizes to other interpersonal relationships and increases a client's sense of security in herself and others.

The implications of this study must be considered within the context of its limitations. First, the validity of adult attachment is based on concurrent measures of functioning consistent with theorized predictions and on retrospective reports of childhood history. Another interpretation of results in this study is that adult attachment is not as indicative of family dysfunction in childhood as it is an alternative measure of underlying personality structure. Longitudinal studies need to be conducted to prove that attachment in adults is continuous with—and not just analogous to—attachment in childhood. Furthermore, the use of an assessment instrument, such as the Adult Attachment Inventory (Main & Goldwyn, 1984), which allows inference of adult attachment by analyzing the process through which subjects respond to questions about attachment rather than simply accepting current self-report, may prove to be a more veridical measure of attachment in early childhood.

Second, although a strength of this study is that it consisted of a sample of women comparable to clinical samples in the degree of symptoms exhibited, a limitation is that it was restricted to the experience of incest and therefore may not generalize as readily to the experience of extrafamilial abuse. Research suggests that families in which children have been abused by outsiders are certainly not exempt from the dysfunction observed in
families with incest (Alexander & Lupfer, 1987; Edwards & Alexander, 1992). However, the differential effects of abuse severity and attachment in a sample that may include less severe abuse and less severe family dysfunction should also be investigated.

In conclusion, I have attempted in this study to suggest that both the characteristics of abuse and the experience of interpersonal relationships within a family (as reflected by current measures of attachment) are important for understanding the long-term functioning of the abuse survivor. Moreover, given that their effects are distinct, both the abuse and the family context deserve attention in the resolution of growing up in an abusive family.

REFERENCES


Pamela C. Alexander, Ph.D., received her degree from Emory University and is currently an assistant professor of psychology at the University of Maryland. Her research is focused on long-term effects of family violence (particularly sexual abuse) and understanding the family context of violence.