



Adult coping with childhood sexual abuse: A theoretical and empirical review

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ARTICLE INFO

Article history:

Received 3 March 2009

Received in revised form 22 June 2009

Accepted 26 June 2009

Available online 5 July 2009

Keywords:

Childhood sexual abuse

Coping strategies

Childhood trauma

Adult female victims

Methods of coping

ABSTRACT

Coping has been suggested as an important element in understanding the long-term functioning of individuals with a history of child sexual abuse (CSA). The present review synthesizes the literature on coping with CSA, first by examining theories of coping with trauma, and, second by examining how these theories have been applied to studies of coping in samples of CSA victims. Thirty-nine studies were reviewed, including eleven descriptive studies of the coping strategies employed by individuals with a history of CSA, eighteen correlational studies of the relationship between coping strategies and long-term functioning of CSA victims, and ten investigations in which coping was examined as a mediational factor in relation to long-term outcomes. These studies provide initial information regarding early sexual abuse and subsequent coping processes. However, this literature is limited by several theoretical and methodological issues, including a failure to specify the process of coping as it occurs, a disparity between theory and research, and limited applicability to clinical practice. Future directions of research are discussed and include the need to understand coping as a process, identification of coping in relation to adaptive outcomes, and considerations of more complex mediational and moderational processes in the study of coping with CSA.

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1. Introduction

Estimates suggest that between one-fifth and one-third of females in the U.S. experience some form of sexual abuse during childhood (Elliott & Briere, 1995; Finkelhor, 1994; Finkelhor, Hotaling, Lewis, & Smith, 1990), although rates within clinical populations of women tend to be much higher (Goodman, Rosenberg, Mueser, & Drake, 1997;

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Jacobsen & Herald, 1990; Mitchell, Grindel, & Laurenzno, 1996; Read, 1997). As part of the broader increased awareness of CSA, researchers have focused considerable attention on mental health and behavioral outcomes associated with early abuse. This work suggests that CSA is a risk factor for the development of an array of long-term difficulties, including depression, posttraumatic stress, dissociation, and substance abuse (Fergusson, Boden, & Horwood, 2008; Neumann, Houskamp, Pollock, & Briere, 1996; Polusny & Follette, 1995).

Although the detrimental correlates of CSA are common, both the short- and long-term outcomes are variable and inconsistent. For example, it has been proposed that 10% to 25% of CSA victims report no psychological difficulties in childhood (Conte & Berliner, 1988; Kendall-Tackett, Williams, & Finkelhor, 1993). Similarly, studies of long-term outcomes consistently show a significant proportion of victims (20% to 40%) report little to no symptomatology as adults (Finkelhor, 1990). This finding fits with recent literature showing that resilience is the most common response to trauma (Bonanno, 2005). Furthermore, among adults, CSA has been linked to such a wide array of psychopathology that some consider it to be a “non-specific risk factor” for the range of detrimental outcomes seen in CSA victims (Putnam, 2003; Romans, Martin, & Mullen, 1997).

This variation in the degree and range of long-term correlates highlights the need to understand the various intervening processes that may contribute to the diverse outcomes associated with CSA. One obvious source of variation is the nature and severity of the abuse experience itself. Indeed, factors such as the types of acts committed, use of physical force, and the relationship of the victim to the perpetrator each may play important roles determining victims' long-term functioning (Beitchman et al., 1992; Bennett, Hughes, & Luke, 2000; Elliott & Briere, 1992; Trickett, Reiffman, Horowitz, & Putnam, 1997). In addition to abuse-specific characteristics, a number of other factors also may predict post-abuse adjustment as adults including family characteristics such as cohesion and conflict (McClure, Chavez, Agars, Peacock, & Matosian, 2008) and responses of others upon disclosure of abuse (Wyatt & Mickey, 1987).

The coping strategies employed by victims represent another potential determinant of the variation in long-term functioning reported by victims. Specifically, individuals who have more adaptive means of managing their abuse-related negative emotions may experience less long-term distress than those who have greater difficulty processing such emotions. In this vein, coping methods often are categorized as effective (e.g., directly addressing a problem) or ineffective (e.g., avoidance), although the effectiveness of certain methods also may be dependent upon the nature of the stressor and time employed (Coyle & Racioppo, 2000). In light of research showing that coping strategies have been found to impact later adjustment and functioning (Folkman & Lazarus, 1980), it is reasonable to hypothesize that variability in coping strategies would help to account for the wide range of emotional and behavioral outcomes associated with a history of CSA.

Research and theoretical writings addressing associations between CSA, coping, and long-term functioning have increased dramatically in recent years. One reason for this upsurge may be recognition that coping strategies are amenable to change and thus represent viable targets for intervention among individuals dealing with the negative sequelae of abuse. Despite increased interest in coping and CSA, few attempts have been made to synthesize empirical findings at the intersection of these important areas of research. The primary purpose of this review is to provide a clearer picture of current knowledge about the types of coping used by CSA victims as well as associations between coping and long-term psychological functioning. Through critical examination of this literature, we also offer suggestions for advancing research in the area. As a theoretical backdrop for this review, we first present a brief overview of general coping theory. Because the preponderance of studies has focused on adult victims

who are asked either to report about current coping strategies or to provide retrospective accounts of childhood coping, the present review is limited to this area of the literature.

2. Coping theory

2.1. Conceptual overview of coping

Coping refers to a range of diverse cognitions and behaviors used to manage the internal and external demands of a stressful or threatening situation (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984). Although coping strategies have been identified and categorized along a variety of dimensions (Cohen, 1987; Holohan & Moos, 1987; Roth & Cohen 1986), one common approach classifies coping as consisting of either cognitive or behavioral responses to a specific stressor or situation (Holohan & Moos, 1987). Cognitive coping strategies include attempts to change one's perception or conception of a situation, whereas behavioral coping includes actions taken to reduce the effects of stress. For example, focusing on positive aspects of a situation would be considered a form of cognitive coping, while engaging in substance abuse or physically distancing oneself from the source of stress would be conceptualized as behavioral coping. Another common approach involves distinguishing between approach and avoidance coping (Holohan & Moos, 1987; Roth & Cohen 1986). This model suggests that coping involves alternating between approach, which involves attempts to integrate painful material, and avoidance, which involves attempts to protect oneself from a threatening event. Thus, approach allows for direct action in attempts to regulate stress, whereas avoidance serves to prevent negative emotions from becoming overwhelming, by allowing distance from the trauma and thereby reducing stress (Roth & Cohen, 1986). Of importance to note, Moos (1995) suggests that cognitive/behavioral and approach/avoidance coping dimensions can be considered in combination when assessing and analyzing coping strategies. Specifically, to integrate these facets of coping, Moos proposes that the cognitive/behavioral construct reflects the “method” of coping, while the approach/avoidance distinction refers to the “focus” of coping.

Coping can refer both to strategies typically used in response to a variety of common stressors (i.e., individuals display particular coping styles) as well as to strategies anchored to aspects of a particular stressful event (i.e., individuals modulate the strategies used based on the particular stressor or trauma encountered). The experience of CSA might prompt the use of particular coping strategies across more general domains of functioning as well as in specific stressful situations. Consistent with this notion, Finkelhor and Browne (1985) proposed a model termed the Traumagenic Dynamics Model of CSA that accounts, in part, for the manner in which CSA might influence the development of coping strategies. This model posits that four dynamics explain the symptoms observed in sexual abuse victims: traumatic sexualization, betrayal, stigmatization, and powerlessness. A “traumagenic dynamic is an experience that alters a child's cognitive or emotional orientation to the world and causes trauma by distorting the child's self-concept, worldview, or affective capacities” (Finkelhor, 1987; p. 354). Finkelhor suggests that victims may develop abuse-related schemas and coping strategies that are adaptive and reflect integration, but may be “dysfunctional in coping with a world where abuse is not the norm” (p. 355).

Coping effectively with sexual abuse is likely to occur in phases over time and involve the use of different strategies (Burgess & Holmstrom, 1976; Horowitz, 1986). Thus, it is reasonable to conclude that the adaptive outcomes associated with the coping process also will change over time. For example, if avoidance is adaptive in the short-term, victims who are able to employ this strategy effectively might evidence decreased levels of emotional distress. However, if long-term coping requires the integration of the abuse into existing

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