

Experiential Avoidance Mediates the Relationship Between Sexual Victimization and Psychological Symptoms: Replicating Findings with an Ethnically Diverse Sample

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Abstract Studies have found experiential avoidance mediates the relationship between sexual victimization and psychological symptoms; however, this work has been conducted primarily with Caucasian samples. The purpose of this study was to examine whether this model is applicable to a more ethnically diverse sample. Structural equation modeling was used to test a model in which avoidance mediated the relationship between sexual victimization and symptoms of post-traumatic stress disorder and depression. The model was tested simultaneously in a sample of ethnic minority women ($n = 190$) and in a sample of Caucasian woman ($n = 473$), with parameter estimates specifying the relationships among the variables fixed to be equal in both samples. The results indicated that the model was an excellent fit for the data, and support the hypothesis that sexual victimization influences depression and post-traumatic stress disorder via the same mechanisms in both Caucasian and minority samples. Findings add to the growing literature suggesting that chronic experiential avoidance may be a maladaptive process underlying the relationship between sexual victimization and negative psychological outcomes.

Keywords Sexual victimization · Experiential avoidance · PTSD · Minorities · Ethnicity

Introduction

A history of sexual victimization is associated with a wide array of adverse outcomes, including anxiety, depression, substance abuse, suicidal behavior, borderline personality disorder, and post-traumatic stress disorder (see Polusny and Follette 1995 for a review). Previous studies have suggested that experiential avoidance (i.e., the tendency to deliberately avoid or escape from unpleasant internal experiences) may be an important factor in the development of psychological symptoms in response to a traumatic event. This research has employed mediational analyses and found that experiential avoidance mediates the relationship between sexual victimization and psychological outcome (Bal et al. 2003; Marx and Sloan 2002; Polusny et al. 2004). However, this work has been conducted with primarily Caucasian samples. Thus, it is unclear whether the experiential avoidance model is applicable to more ethnically diverse samples.

There is no a priori reason to believe that chronic or pervasive experiential avoidance would be less problematic for ethnic minorities. However, directly testing whether avoidance mediates the relationship between sexual victimization and psychopathology in diverse samples is warranted given that research has found racial and cultural differences in processes relevant to adjustment following traumatic events, such as emotional experience and expression (Vrana and Rollock 2002; Zaalberg et al. 2004), cognitive appraisal (Bjorck et al. 2001; Mesquita and Walker 2003), and coping (Tweed et al. 2004; Wasti and Cortina 2002; Jose and Huntsinger 2005).

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The purpose of the current study was to examine whether experiential avoidance equivalently mediates the relationship between sexual victimization and psychological symptoms in Caucasian and minority samples. Given the growing body of literature documenting the detrimental effects of frequent or pervasive experiential avoidance, it was hypothesized that avoidance would mediate the relationship between sexual victimization and symptoms of post-traumatic stress disorder (PTSD) and depression; two of the most common psychological problems associated with sexual victimization (Polusny and Follette 1995).

Method

Participants

The sample for this study included 663 undergraduate women who were recruited as part of a larger study examining the experimentally induced effects of sexual assault-related intrusion suppression in the laboratory and natural environment (Rosenthal and Follette 2007). A sample of female undergraduates was chosen for several reasons, including: (1) sexual victimization is reported at a much higher rate among females (Breslau et al. 1997), (2) being female has been associated with poorer psychological adjustment following sexual victimization (e.g., Rind et al. 1998), and (3) high prevalence estimates for traumatic events among college students (i.e., 67–86%; Marx and Sloan 2003). All participants were recruited through undergraduate psychology courses at a medium-sized western university and community college and were eligible to participate if they were female, at least 18 years old, and were able to read and write English. Participation was voluntary and all participants received extra credit for their psychology courses as an incentive.

Participants' age ranged from 18 to 50 ($M = 22.88$; $SD = 6.83$) and included 473 Caucasian participants and 190 minority participants. Ethnic minority status was as follows: Asian/Pacific Islander ($n = 98$), Hispanic/Latino ($n = 47$), African American ($n = 20$), Native American ($n = 8$), and other Non-Caucasian ($n = 17$). The majority of participants were unmarried (88.7%). In addition, 11.9% of the sample ($n = 79$) reported having been in psychotherapy in the past, 9% ($n = 60$) reported currently being in psychotherapy, 5.3% ($n = 35$) reported at least one psychiatric hospitalization, and 11.4% ($n = 76$) reported attempting suicide at least once in their lifetime.

Measures

Sexual Victimization

A summary score including experiences in childhood, adolescence, and adulthood was used as a single measure

of lifetime sexual victimization. Childhood sexual abuse (CSA) was defined using nine behaviorally specific items from the Wyatt Sexual History Questionnaire (Wyatt 1988) assessing sexual contact experiences with an adult (or someone 5 or more years older) before age 14. Thirty percent of the sample reported experiencing contact CSA. The mean age of reported onset of CSA was 8.13 years (range = 2–14; $SD = 3.32$), and the modal age of onset was age 5. The average duration of CSA was 24.84 months ($SD = 35.77$). Relatives identified as perpetrators included father/stepfather ($n = 35$), sibling/steppibling ($n = 32$), uncle ($n = 21$), cousin ($n = 17$), grandparent ($n = 6$), mother/stepmother ($n = 4$), and aunt ($n = 1$). Other non-relatives included neighbor/friend of the family ($n = 69$), stranger ($n = 38$), teacher/club leader/camp counselor ($n = 3$), and mother's boyfriend ($n = 2$).

Adolescent and adult sexual victimization experiences were assessed using the Sexual Experiences Survey (SES; Koss and Oros 1982). The SES is a ten-item self-report questionnaire designed to assess various degrees of sexual victimization. The SES was modified by adding three items that assessed oral-genital contact, anal penetration, and penetration by an object. The SES has demonstrated good internal consistency and test-retest reliability (Koss and Gidycz 1985). Koss and Gidycz reported a significant correlation between women's self-reported level of victimization using the SES and their level of victimization based on interview data gathered several months later ($r = .73$, $P < .001$). In order to assess adolescent and adult sexual assault separately, participants in the current study were asked to complete this measure once with regard to the ages of 14 and 18 (adolescent) and once with regard to experiences that occurred after the age of 18 (adult).

Thirty-seven percent of the sample indicated sexual victimization occurring during adolescence. The mean age for adolescent victimization was 15.58 years ($SD = 1.72$). The mean duration for the abuse was 15.89 months (range = 0–230 months; $SD = 23.41$). The reported perpetrators were as follows: boyfriend/ex-boyfriend/date ($n = 175$), friend/acquaintance ($n = 82$), stranger ($n = 19$), friends/other non-relative ($n = 8$), father ($n = 7$), neighbor ($n = 6$), co-worker ($n = 5$), brother ($n = 4$), cousin ($n = 2$), uncle ($n = 1$), grandfather ($n = 1$), and teacher ($n = 1$). In addition, 26.2% reported that sexual victimization occurred as an adult, after the age of 18. The mean age of victimization was 20.51 ($SD = 4.63$). The most commonly reported perpetrator was a boyfriend/ex-boyfriend/date ($n = 59$).

Avoidance

Two measures of avoidance were used. The White Bear Suppression Inventory (WBSI; Wegner and Zanakos 1994) was used to assess the general tendency to deliberately

attempt not to think about unpleasant thoughts. This measure has 15 items presented in Likert-type format. Respondents indicate the extent to which they agree with each item using a 5-point scale (1 = strongly disagree, 5 = strongly agree). Scores range from 15 to 75, with higher scores reflecting a greater tendency to deliberately attempt to suppress unpleasant thoughts. The authors indicated that the scale has both adequate internal reliability and stability ($\alpha = .89$; 12-week test–retest $r = .80$). In the present study, internal reliability on the WBSI was high ($\alpha = .89$).

The Trauma Symptom Inventory (TSI; Briere et al. 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. In this study, the TSI Defensive Avoidance (TSI-DA) subscale was used. The internal consistency alpha for the TSI-DA in the present study was .90. The total TSI-DA score was used as a measure of chronic avoidance in this study.

Psychological Symptoms

The Post-Traumatic Stress Diagnostic Scale (PDS; Foa et al. 1997) is a self-report instrument designed to measure the severity of PTSD symptoms using DSM-IV diagnostic criteria. The PDS has shown good test–retest reliability for PTSD diagnoses ($\kappa = .74$) and Symptom Severity Score (SEV) ($r = .83$), and the SEV was found to be internally consistent ($\alpha = .92$). To obtain a measure of PTSD symptom severity in the current study, items assessing the severity of each diagnostic symptom (re-experiencing, avoidance, and arousal) were summed. The internal validity for items indexing PTSD symptoms was high ($\alpha = .94$).

The Beck Depression Inventory (BDI; Beck et al. 1961) is designed to assess the severity of depressive symptoms. The BDI was originally designed to be administered by a trained clinician or interviewer; however, it is often self-administered. The measure consists of 21 items that assess symptoms and attitudes commonly seen in depressed psychiatric patients and infrequently in patients who are not depressed. Items are rated from 0 to 3 in terms of severity and/or intensity. Higher total scores are indicative of more intense depressive symptoms. Test–retest reliability correlation coefficients have ranged from .54 (5-week interval) to .78 (3-week interval) (Oliver and Simmons 1984). The internal consistency alpha for the BDI in the current study was $\alpha = .91$.

Procedure

Upon arrival, 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. Participants then completed the measures described in ~20–40 min and were debriefed following participation.

Results

The means, standard deviations, and correlations among the variables for the minority and Caucasian samples are presented in Table 1. Due to the theoretical link and high correlation between TSI-DA and WBSI ($r = .60$), these variables were combined using Z-score transformations, and the variable Avoidance (AVD-Z) was used for all subsequent analyses. One participant from the Caucasian sample produced a score on the Avoidance variable that was 6 standard deviations above the mean and 3.5 standard deviations greater than the next largest score. This participant's scores on other variables were in the average range. This participant was considered an outlier and excluded from further analyses. All other participants were included in the final sample.

The proposed model was tested using LISREL 8.51 (Jöreskog and Sörbom 2001) and Full Information Maximum Likelihood (FIML) estimation. This estimation procedure assumes that all indicators are normally distributed, thus the data were then examined for normality. Sexual victimization, PTSD symptom severity, and BDI scores were positively skewed. These variables were transformed by taking their square root. This produced the following distributions: sexual victimization (skew = 0.54, kurtosis = -0.74), PTSD symptom severity (skew = 0.36, kurtosis = -0.65), and BDI (skew = 0.16, kurtosis = 0.32). The means and standard deviations for sexual victimization, PTSD symptom severity, and depression are presented without transformation in Table 1 to facilitate interpretation.

Consistent with past research, we tested a model in which sexual victimization predicted experiential avoidance, which in turn predicted both depression and PTSD symptom severity. The model also included exploratory direct effects from sexual victimization to depression and PTSD symptom severity, to allow for the possibility of partial mediation. The error variances for depression and PTSD symptom severity were allowed to correlate, in recognition that these variables may be related through

Table 1 Means, standard deviations, and Pearson product moment coefficients among all variables for minority (Min) and Caucasian (Cau) samples

Measure	1	2	3	4	5	6	<i>M</i>	<i>SD</i>
1. Victimization—Min	.33*	.22*	.40*	.23*	.35*	2.23	3.44	.33*
Victimization—Cau	.32*	.22*	.26*	.18*	.25*	2.87	3.78	.32*
2. PTSD SEV—Min			.54*	.58*	.40*	.55*	8.18	10.27
PTSD SEV—Cau			.52*	.57*	.44*	.56*	8.33	9.40
3. BDI—Min				.53*	.48*	.57*	8.94	8.45
BDI—Cau				.49*	.50*	.56*	8.42	8.03
4. TSI-DA—Min					.60*	n/a	8.67	7.26
TSI-DA—Cau					.57*	n/a	9.05	7.40
5. WBSI—Min						n/a	47.33	11.66
WBSI—Cau						n/a	47.47	13.19
6. AVD-Z								

* $P < .01$

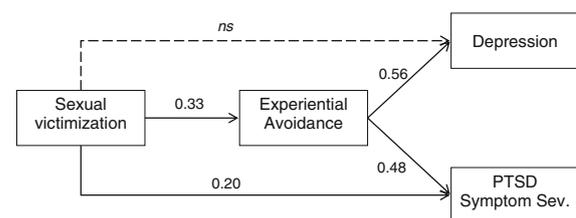
1. *Victimization* Total score for child, adolescent, and adult sexual victimization; 2. *PTSD SEV* PDS Symptom Severity Score; 3. *BDI* Beck Depression Inventory; 4. *TSI-DA* Trauma Symptom Inventory Defensive Avoidance Subscale; 5. *WBSI* White Bear Suppression Inventory; 6. *AVD-Z* composite variable Z-score for avoidance. n/a, not applicable. This notation is used because TSI-DA and WBSI are combined to form AVD-Z

mechanisms other than their shared dependence on sexual victimization and experiential avoidance.

This model was tested simultaneously in the Caucasian and minority samples using a multiple groups structural equation modeling approach. The multiple groups approach allows the user to fix parameter estimates to be equal across two samples (i.e., Caucasian and minority) and test the resulting model fit. This assesses whether it is appropriate to conclude that the structural relationships among the variables and magnitude of their effects are the same in both samples. Good overall model fit statistics indicate that it is. Accordingly, to test for equivalent relationships between the variables in both samples, the paths relating sexual victimization, experiential avoidance, depression, and PTSD symptom severity to each other were restricted to be equal across the Caucasian and minority samples.

The model produced an RMSEA of 0.0 (90% CI = 0.0–0.013; $\chi^2 = 1.21$, $df = 5$, $P = 0.94$), indicating that it was an excellent fit to the data. Of critical relevance for assessing equivalence between the Caucasian and minority samples, this suggests that restricting the relationships among the variables to be equal across samples was an appropriate representation of the data.

The standardized parameter estimates for the model are depicted in Fig. 1. These parameter estimates were fixed to be equal across samples, thus the estimates presented apply to both samples. As hypothesized, higher levels of sexual victimization predicted more experiential avoidance ($z = 8.90$, $P < 0.0001$), which in turn predicted higher levels of depression ($z = 16.35$, $P < 0.0001$) and PTSD

**Fig. 1** Structural equation model tested in Caucasian and minority samples

symptom severity ($z = 13.83$, $P < 0.0001$). Sexual victimization also exerted a significant direct effect on PTSD symptom severity ($z = 5.71$, $P < 0.0001$), indicating that a portion of its influence on PTSD symptom severity is not mediated through experiential avoidance. In contrast, sexual victimization did not exert a significant direct effect on depression ($z = 1.09$, $P = 0.28$), indicating that these variables are related to the extent that sexual victimization influences experiential avoidance, which in turn influences depression. Across samples, the model explained ~11% of the variance in experiential avoidance, 31% of the variance in depression, and 30% of the variance in PTSD symptom severity.

One-way analyses of variance were conducted to examine whether differences existed between the Caucasian and minority participants on any of the variables of interest. Caucasian and minority participants did not differ on measures of avoidance or symptoms of psychopathology (PTSD, depression), either when the minority participants were considered collectively or when they

were divided up into their respective subgroups. There were, however, some differences in sexual victimization history, $F(5, 640) = 3.697, P = .003$. Asian participants reported less sexual victimization than Caucasian participants ($M_{\text{diff}} = -1.53, SE = 4.14, P = .003$) and Hispanic/Latino participants ($M_{\text{diff}} = -2.04, SE = 6.58, P = .025$). Asians also reported less sexual victimization than African Americans, but this difference was not statistically significant ($P = .056$).

Discussion

The current study found that experiential avoidance mediated the relationship between sexual victimization and symptoms of depression and PTSD among both Caucasian and ethnic minority women. The parameter estimates linking these variables were equivalent between the Caucasian and minority samples, supporting the hypothesis that experiential avoidance functions similarly in these groups. These findings are consistent with past research that has focused primarily on Caucasian samples, and it joins a growing body of literature suggesting that chronic experiential avoidance may underlie a diverse spectrum of psychopathology, including psychological sequelae following sexual victimization. This study extends previous research by suggesting that the negative impact of experiential avoidance is applicable to various socio-cultural groups in the United States, despite findings from other studies that ethnic groups differ with regards to psychological adjustment and coping following traumatic stress (Jose and Huntsinger 2005; Ullman and Filipas 2001).

Avoiding aversive internal experiences may be adaptive for some individuals in some contexts (Beevers and Meyer 2004). For trauma survivors, avoidance of sexual assault-related reminders may function to temporarily prevent or reduce psychological distress, allowing the individual to go about day-to-day activities effectively. However, research on the paradoxical effects of deliberate avoidance (e.g., Abramowitz et al. 2001) suggests that the more a victimized person attempts to suppress or otherwise avoid distressing thoughts, feelings, or bodily sensations associated with the trauma, the more intense and frequent these experiences may become. Thus, he/she may be more likely to re-experience the trauma, have intrusive memories, and feel hopeless regarding whether the trauma will ever be less psychologically present.

Avoidance may initially develop as a means of preventing or reducing acute psychological distress elicited in contexts containing stimuli that were present during a traumatic event. However, over time, less direct conditioning processes may result in stimuli that were not present during the event eliciting the same or similar

avoidance and escape behaviors. These include environmental cues that share formal properties to originally conditioned stimuli, such as men who physically resemble a perpetrator. However, it might also include stimuli that are not formally similar to the trauma cues, but are associated with them as a result of relational conditioning processes (see Hayes et al. 2001 for extended discussion of derived relational responding; Pistorello et al. 2000). As a consequence of these indirect learning processes, what initially begins as avoidance of a specific set of environmental cues may eventually develop into a maladaptive style of responding to a wide variety of aversive stimuli (i.e., experiential avoidance), not solely to trauma-specific stimuli.

There are a number of issues worthy of consideration when interpreting the results of the current study. First, there was an unequal representation of participants across minority groups and the size of some of these groups was small (e.g., African Americans $n = 20$). As a result, the minority participant groups had to be collapsed and examined collectively. This approach assumes similar experiences as a function of minority status and obscures potentially important differences related to the unique socio-cultural contexts of these women. Larger studies are needed to examine the relationships among victimization, experiential avoidance, and psychological symptoms among specific ethnic minority groups. Such studies might aim to replicate and extend upon the lower frequency of victimization observed among Asian Americans in the present study. Second, this study utilized a sample of university students, and it is unknown whether findings would generalize across community and/or clinical populations. Indeed, given the expected increase in ethnic minority groups in the United States, it is very important for future studies to replicate and extend findings from the present study in community and treatment seeking samples. Third, the current study consisted of an all female sample. Although this sampling method is common in studies examining sexual victimization and psychopathology, studies are needed to examine with specificity the relationships among gender, ethnicity, and avoidance. Fourth, the cross-sectional nature of the study does not allow for conclusions regarding causality. Given that results from the present study replicate previous findings and more importantly, extend the experiential avoidance model to ethnically diverse samples, prospective studies now are warranted to rigorously investigate the role of avoidance in the development of psychopathology among a diversity of participants.

Despite these limitations, the results of the current study suggest the generality of experiential avoidance as a process potentially underlying the long-term adverse outcomes associated with sexual victimization. In addition, the

findings provide indirect support for the use of treatments designed to reduce experiential avoidance among ethnic minority women with a history of sexual victimization. It should be noted that although the relationships among victimization, avoidance, and psychological symptoms may be similar across Caucasian and ethnic minority groups, treatment protocols targeting the reduction of avoidance would need to appropriately consider the role of socio-cultural variables.

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