IS IT THE ABUSE OR THE AFTERMATH?:
A STRESS AND COPING APPROACH TO
UNDERSTANDING RESPONSES TO INCEST

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Large numbers of adult women who have experienced incest during childhood report persistent psychological distress, low self-esteem, depression, and interpersonal difficulties. The processes underlying the development of these problems, however, remain unknown. Instead, research has provided equivocal evidence regarding the relationship between various "objective" abuse characteristics (e.g., duration, frequency, invasiveness, and accompanying violence) and long-term adjustment problems. The present study applies a stress and coping approach to understanding adjustment to father-daughter incest by addressing specific cognitive and social factors that may underlie variability in long-term responses. Results indicate that the long-term psychological effects of childhood incest are more closely related to its cognitive and social aftermath, rather than to most abuse characteristics per se. These results are interpreted in the context of theory and research regarding coping with negative life events.

Approximately 15-25% of all American women experience some form of sexual abuse before age 18 (Finkelhor, 1979; Russell, 1986), and nearly one-half of the 375,000 child sexual abuse cases reported each year in the U.S. involve abuse by a family member (American Humane Association, 1988; Daro & McKurdy, 1992). The impact of intrafamilial sexual abuse (e.g., incest) on a child's long-term psychosocial functioning has been of great concern to many social science and clinical researchers in recent decades (Briere, 1992; Herman, 1981; Russell, 1986). Studies of incestuously abused females report finding high levels of anxiety (Edwards &

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1 For our critique of this research, we have included only those studies of adult survivors of childhood sexual abuse that demonstrate adequate methodological rigor. It should be noted, however, that the studies we review have used a wide range of dependent variables reflecting various domains of psychological and social functioning, which may account for some of the variability in findings reported. In addition, a number of studies have assessed the relationship between sexual abuse characteristics and psychological functioning in children. Many of these studies suggest that abuse characteristics are significantly related to subsequent psychological symptoms (see Kendall-Tackett, Williams, & Finkelhor, 1993), but as in the adult literature, the findings are not consistent and the evidence is equivocal (e.g., see Adams-Tucker, 1982; Friedrich, Urquiza, & Belkie, 1986; Mannarino, Cohen, & Gregor, 1989; Morrow & Sorell, 1989; see Kendall-Tackett et al., 1993, for a review).

Donaldson, 1989; Elliot & Briere, 1992) and depression (Johnson & Kenkel, 1991; Prihod & Dinwiddie, 1992), low self-esteem (Briere & Runtz, 1988; Murphy et al., 1988), somatic complaints (Briere & Runtz, 1988; Bryer, Nelson, Miller, & Krol, 1987; Greenwald, Leitenberg, Cado, & Tarran, 1990; Morrison, 1989), dissociative disorders (Chu & Dill, 1990), interpersonal and social isolation (Harter, Alexander, & Neimeyer, 1988; Russell, 1986), and sexual difficulties (Tsai, Feldman-Summers, & Edgar, 1979) among many survivors. Although research suggests that a large proportion of individuals experience these long-term problems after the abuse (Finkelhor, 1990; Russell, 1986), the processes underlying their development remain unknown. The purpose of this paper is to begin identifying the processes that may be associated with long-term adjustment problems in incest survivors. We start with a discussion of the methods used thus far to explain long-term difficulties, and then turn to stress and coping theory for an alternate approach.

PRIOR APPROACHES TO EXPLAINING LONG-TERM ADJUSTMENT

Much of the research on long-term adjustment to incest assumes that there is a direct, positive, linear relationship between the objective "severity" of the childhood abuse and psychosocial difficulties encountered in adulthood (e.g., Bagley & Ramsey, 1986; Herman, 1981, 1992; Russell, 1986). Measures of severity include characteristics of the abuse, such as the frequency, duration, and invasiveness of the sexual act, and the use of violence or force during the abusive contact. Evidence linking these characteristics to long-term adjustment problems, however, is equivocal.
frequent, persistent, physically intrusive sexual acts necessarily produce more long-term distress in victims than a single, less intrusive incident (see Briere, 1992; Herman, 1992). Until the characteristics of the abuse are tested independently from the child’s relationship with the perpetrator, however, it is difficult to ascertain the exact nature of the relationship between abuse characteristics and adjustment. Moreover, it is likely that factors other than the abuse characteristics may also contribute to the variability in long-term adaptation to sexual abuse (see Finkelhor, 1990; Stein, Golding, Siegel, Burnam, & Sorenson, 1988). We now turn to stress and coping theory and research for an alternative approach to explaining long-term adjustment to incest.

A STRESS AND COPING APPROACH

Stress and coping theory maintains that coping with stressful experiences is a dynamic process involving ongoing change in a person’s transactions within his/her environment (Lazarus & Folkman, 1984; see also Spaccarelli, 1994). The individual and his/her social environment both respond to stressful events and influence the ongoing coping process. To understand coping with abuse, one must understand the individual’s cognitive interpretation of the event as well as social-environmental responses to it (c.f., Lazarus & Folkman, 1984; see also Holman & Stokols, 1994).

Cognitive Processes. People function from day-to-day using certain unquestioned assumptions that guide their interpretation and assimilation of stressful experiences (Janoff-Bulman, 1989; 1992). Individuals commonly assume that (a) people (and the world in general) are benevolent, (b) the world is meaningful and people get what they deserve (Lerner, 1980), and (c) the self is worthy (Epstein, 1991; Janoff-Bulman, 1992). Traumatic, negative events often challenge these core assumptions, creating conflict between one’s beliefs and one’s experience. Until this conflict is resolved, the individual struggles mentally to integrate the traumatic experience (Epstein, 1991; Harber & Pennebaker, 1992; Horowitz, 1976).

McCann and Pearlman (1990) have suggested that events will be experienced as traumatic when they do not fit into an individual’s pre-existing schemas about self and others. Because these schemas reflect the historical, social, and cultural experiences of an individual, adaptation to a traumatic event cannot be understood without considering these contextual factors (McCann & Pearlman, 1990). Schemas that have developed over the lifespan are intimately linked with basic psychological needs (e.g., safety, trust, self-esteem, etc.) and the subjective importance of each of these basic needs varies across individuals. Individual differences
in adaptation to traumatic events will vary depending on the degree to which emotionally meaningful schema are challenged by the event.

While some people accommodate to such challenges by developing persistent negative views of themselves, others use cognitive strategies that alter the meaning and impact of the event (Janoff-Bulman, 1992; Lazarus & Folkman, 1984; Rothbaum, Weisz, & Snyder, 1982; Taylor, 1983). For example, to preserve self-esteem and regain a sense of mastery or control, individuals may use downward social comparisons (e.g., Herbert, Silver, & Ellard, 1991; Taylor, Lichtman, & Wood, 1983), selective attention to self-enhancing, optimistically biased interpretations of events (e.g., Gray & Silver, 1990; Taylor & Brown, 1988), or try to draw positive meaning from a negative event (e.g., Schwartzberg & Janoff-Bulman, 1991). In sum, an individual’s cognitive interpretation and subsequent cognitive/emotional integration of a traumatic event, rather than the characteristics of the event per se, appear to guide the process of adaptation (Janoff-Bulman, 1992; Lazarus & Folkman, 1984; McCann & Pearlman, 1990; Tait & Silver, 1989).

One indication that a person is trying to interpret and integrate a negative experience is the degree to which s/he experiences intrusive, involuntary thoughts or ruminations about the event (Horowitz, 1976; Singer, 1978). Ruminations may stem from frustrated attempts to achieve a goal, and often persist until the goal is achieved, abandoned, or replaced by an achievable one (Martin & Tesser, 1989). Hence, rumination may represent ongoing attempts to “work through” or resolve a traumatic experience (Epstein, 1991; Tait & Silver, 1989). With time, ruminations diminish as the individual achieves some resolution concerning the event (Horowitz, 1976; Tait & Silver, 1989). Some individuals, however, experience persistent ruminations that interfere with rational thinking, “overload one’s mental capacity,” and produce great anxiety (Clark, 1993, p. 29). Thus, while ongoing cognitive involvement with a traumatic event may facilitate assimilation of the event, it may also interfere with normal cognitive functioning and produce distress by constantly reminding the individual of the painful event (Silver, Boon, & Stones, 1983).

Social Responses. Because family relations may influence children’s working models of self-other relationships (see Sarason et al., 1991), stressful experiences that take place within the family during childhood may be particularly damaging to the development of children’s social competence and subsequent social adjustment (Alexander, 1992; Cole & Putnam, 1992; also see Heller, 1979). Under these circumstances, the development and maintenance of social relationships may be impaired, or even prevented. When the stressful event is stigmatizing, negative responses from others may be internalized, leading to negative self-evaluation and social isolation (see Goffman, 1963).

When people experience stressful life events, they often turn to individuals in their social environment for assistance or support. Having social ties available to help meet coping needs may encourage successful adaptation (see, e.g., Thoits, 1986). The health benefits of having good social relationships is well evidenced by two bodies of literature: epidemiological research suggesting that socially-integrated people have better mental and physical health than socially-isolated individuals (see Baumeister & Leary, 1995, and House, Umberson, & Landis, 1988 for reviews), and developmental research suggesting that maintenance of social ties plays an integral role in children’s successful adaptation to stressful experiences (see Garmezy, 1991; Rutter, 1989). Together this research suggests that long-term adaptation to stressful life events should be enhanced when individuals are integrated within a network of interpersonal relationships.

THE PRESENT STUDY

As noted above, variation in the characteristics of sexual abuse does not adequately explain variation in adjustment to incest. We have also noted the importance of addressing cognitive and social responses when examining long-term adaptation to stressful experiences. Together, these findings suggest that variation in long-term adjustment to incest may be explained in part by variation in the cognitive and social aftermath of the event.

In the present study, we sought to assess the relations between abuse characteristics, cognitive processing (e.g., rumination), social integration, and long-term adjustment of adult women who were incestuously abused during childhood. One goal was to disentangle abuse severity from the child-perpetrator relationship when examining whether characteristics of the abuse are related to long-term outcomes. Thus, we limited our sample to women who experienced intrafamilial incest with a father or other male guardian. As suggested by prior research, we expected ongoing cognitive involvement (e.g., rumination) to be associated with adjustment difficulties and social integration to be associated with better long-term adjustment.

METHOD

SUBJECT RECRUITMENT

Participants were recruited for the study through widespread multimedia publicity requesting adult females who had experienced incest (self-defined) with a father or other male guardian to volunteer to complete an anonymous mail-in questionnaire. Public service an-
nouncements appeared in newspapers, and on radio and television stations throughout Southern Ontario, Canada. Additionally, recruitment posters were mailed to YMCA’s and YWCA’s, women’s employment centers, women’s information and referral centers, student centers, and women’s action and research centers. In response to the recruitment effort, 96 eligible women requested the questionnaire, and 77 completed and returned them, representing an 80% return rate (for additional information, see Silver et al., 1983).

PROCEDURE

Participants were mailed, and anonymously returned, a 29-page questionnaire that included standardized measures of psychological adjustment, fixed-response items designed specifically for this study, and a series of open-ended questions about the incest experience. Specifically, subjects were asked to describe the characteristics of their incest experiences (e.g., duration, frequency, invasiveness of the abuse, abuse-related violence) and discuss their personal responses to it. Because the process of answering our questions may have activated painful, unrecognized feelings about the experience, all volunteers were provided with a list of professional psychologists and mental health service agencies who were available for mental health counseling, should they desire it.

VARIABLES

Psychological Adjustment. Long-term adjustment was measured using standardized scales of (a) psychological distress and (b) self-esteem. Psychological distress was assessed using the SCL-90-R (Derogatis, 1983), a 90-item self-report measure of psychopathological symptomatology. The SCL-90 includes nine subscales: somatization, obsessive-compulsiveness, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. It provides a global index of psychological distress, and has been shown to have good reliability and validity in community-based samples (Derogatis, 1983). Self-esteem was measured using the Rosenberg (1965) 10-item self-esteem scale. This measure is known to have adequate reliability and validity as an index of global self-esteem (Herbert & Milsum, 1990). The self-esteem scale is scored such that low scores represent higher self-esteem (Rosenberg, 1965).

Abuse Characteristics. Several characteristics of the incest experience were assessed using closed-ended questions. Specifically, frequency of the abuse was measured on a 5-point scale ranging from (1) “single occasion only,” (2) “less than once a year,” (3) “less than once a month,”

(4) “less than once a week,” to (5) “once a week or more.” Duration of the incest was measured on a 7-point scale ranging from (1) “single incident,” (2) “6 months or less,” (3) “6 months to 1 year,” (4) “1 year to 3 years,” (5) “3 years to 5 years,” (6) “5 years or more,” to (7) “still continuing.” Since frequency and duration of the abuse were highly correlated ($r = .67$, $p < .001$), they were summed to form an index to increase the statistical power in testing their relationship to the outcomes. The combined frequency and duration index had an alpha of .88. Invasiveness of the abuse was measured using a 6-point Guttman-type scale in which the respondents checked off all the items that applied to their incest experience on a scale with increasing levels of invasiveness of the abuse. The scale intervals included (1) “fondled breasts,” (2) “touched genitals with hands,” (3) “oral sex,” (4) “attempted intercourse,” (5) “vaginal intercourse,” and (6) “other.” Respondents who marked “other” described experiences of anal intercourse and penetration with a foreign object. Respondents’ scores on this scale were determined by identifying the most invasive experience reported, with anal intercourse or penetration with a foreign object being coded as the most invasive. Abuse-related violence was measured on a 5-point scale in response to the question “Did physical violence ever occur with the sexual contact?” Responses ranged in frequency from (1) “never,” to (5) “always.”

Rumination. Three items assessed the frequency of intrusive thoughts or ruminations. Using a 5-point scale ranging from (1) “never” to (5) “always,” respondents were asked how often they found that: “memories, thoughts, or mental pictures of your incest experience pop into your mind”; “you have difficulty doing other things because thoughts or memories of your incest experience keep coming to mind”; and “you can’t get thoughts or memories about your experience out of your mind even when you want to.” The internal consistency of these items was high (alpha = .87), and they were averaged to form an index of rumination.

Social Integration. Social integration was defined as the development, maintenance, and use of interpersonal relationships that might provide social support. It was not intended to be a measure of social support per se, but rather an indicator of companionship and involvement in social relationships.

Trained coders read through transcripts of participants’ responses to 11 open-ended questions that included descriptions of the incest experience, descriptions of the family environment at the time of the abuse, the effect of the incest on personal beliefs, the nature of current interpersonal relationships, the effect of incest on participants’ present lives, and factors that have helped participants achieve a sense of resolution. Two
coders rated the subjects’ open-ended responses for social integration using a five-point scale with endpoints of (1) “none” and (5) “a great deal.” For example, statements such as “I enjoy intimacy with my friends,” “I learned to talk about my feelings honestly with my friends,” and “I married a good man,” were taken as indicators of high social integration. Inter-rater reliability for coding social integration from open-ended responses was alpha = .86.

A social integration score was created by summing scores from the open-ended ratings of social integration with a closed-ended item, scored on a five-point scale with endpoints from (1) “not at all” to (5) “a great deal,” assessing the degree to which the woman reported that she felt socially isolated as a result of her incest. The closed-ended item was reverse coded to agree in direction with the ratings from the trained coders, so that higher scores represented greater social integration. The reliability coefficient of the two-item social integration scale was alpha = .88.

RESULTS

SAMPLE CHARACTERISTICS

Subjects ranged in age from 18 to 72 years old (M = 33 years) when they participated in the study, and the length of time since the abuse had ended ranged from 3 to 65 years (M = 20 years). Outward indicators suggest that the respondents in our sample were functioning reasonably well in the community. Fifty-three percent were married, 69% had children, 85% had completed high school, 12% had graduated from a university, and 97% were employed as unskilled workers (waitresses, factory workers, salespersons), clerical workers, or professionals (nurses, social workers, teachers, and managers). Eighty-two percent of the women reported having sought professional assistance for emotional problems at some point in their lifetimes, with 49% of these women reporting that they sought therapy to deal with their incest experiences specifically.

The majority of incest offenders were the biological fathers of these women (62.3%), followed by other male guardians (e.g., grandfather, foster father) (20.8%), and step-fathers (16.9%). The average age of onset of the abuse was eight years, and the incest terminated on average at age 13. The most common form of incestuous contact was genital fondling, which occurred in 95.9% of the cases. Other forms of contact included breast fondling (78.9%), oral-genital contact (61.5%), attempted intercourse (67.2%), intercourse (38.5%), and anal intercourse or penetration with a foreign object (6.5%). Twenty-five percent of the sample reported physical violence accompanied the incest at least sometimes, and 57.4% reported being physically forced to participate. Both the frequency and duration of the abuse were quite varied in the sample. For example, the duration of the abuse reported by the women in this sample included a single incident (9%), six months or less (3%), six months to one year (12%), one to three years (11%), three to five years (19%), and five or more years (46%). Similarly, the frequency of the abuse ranged from a single incident (9%) to once a week or more (47%).

Finally, the women in our sample reported global distress scores on the SCL-90 ranging from .11 to 3.50 with a mean of 1.19, which is significantly higher than the community norm reported for this measure (M = .31, t = -2.14, p < .001) (Derogatis, 1983). In fact, the levels of distress reported in this sample are comparable to the distress reported by a normative sample of psychiatric outpatients (Derogatis, 1983).

Overview of Analyses. Before conducting the analyses, we sought to identify whether we had sufficient power to detect significant effects in this sample. Upon reviewing the effect sizes reported in the literature, we calculated power estimates for finding a significant “F” statistic for the set of abuse characteristics including frequency, duration, invasiveness of the abuse, abuse-related violence, and the length of time since the abuse had ended. Prior research that has demonstrated a relationship between these abuse characteristics and psychological outcomes suggests that these variables would have a medium to large effect size (see Cohen, 1988, for discussion of effect sizes). Power was calculated for both the medium and large effects and the resulting estimates ranged from .82 to .96, suggesting that we had adequate power to detect significant effects for the set of abuse characteristics we tested (see Cohen, 1988).

All analyses were initially conducted using frequency and duration as two separate independent variables. However, because these items were highly correlated (r = .67, p < .001), we decided to combine these two items into an index (alpha = .88). By creating an index from these single item indicators, we increased the reliability of the items as predictors in the model, made the model more parsimonious, and increased the power of the analyses without losing any information provided by the respondents in our study (see Tabachnik & Fidell, 1989). The analyses conducted with the index produced results similar to those conducted with each item used separately.

Hierarchical multiple regression was then used to examine the relative associations of abuse characteristics, rumination, and social integration with current psychological adjustment. Due to the wide age range in our sample, each of the analyses controlled for the length of time since the
abuse had terminated. Two separate analyses were conducted using
distress and self-esteem as the dependent variables. Since these mea-
ures were significantly correlated ($r = .55, p < .01$), distress was regressed
on self-esteem scores and the residualized self-esteem score was used as
the dependent measure in the second regression. In both regressions, the
frequency/duration index, degree of invasiveness, and presence of
abuse-related violence were entered as the first block of independent
variables, followed by indices of rumination and social integration in the
second block.³

INCEST CHARACTERISTICS AND LONG-TERM ADJUSTMENT

Table 1 includes the zero-order correlations among the variables used in
the following analyses. In the first regression, participants’ global dis-
tress scores served as the dependent variable. As a group, the first block
of variables was significantly associated with distress scores ($F(4,72) =
2.84, p < .03$), accounting for 9% of the variance (See Table 2). Abuse
related violence was the only abuse characteristic significantly associ-
ated with distress ($B = .14, t = 2.17, p < .05$), with higher levels of distress
associated with more frequent abuse-related violence. When the second
block was added, the complete set of independent variables accounted
for 35% of the variance in distress scores ($F(6,70) = 7.79, R^2$ change = .26,
$p < .001$).

In the full regression model, three variables were significantly associ-
ated with global distress: abuse-related violence, rumination, and social
integration. Rumination was most strongly associated with distress ($B =
.26, t = 3.15, p < .01$), followed by social integration ($B = -.15, t = 2.09, p
< .05$), and abuse-related violence ($B = .14, t = 2.17, p < .05$). These findings
suggest that the presence of violence during the abuse and higher fre-
quency of rumination were associated with higher levels of current
psychological distress, while greater social integration was associated
with lower current psychological distress.

In the second hierarchical regression, an identical analysis was con-
ducted using the residualized self-esteem score as the dependent vari-
able. In this analysis, the first block of abuse characteristics was not
associated with residualized self-esteem scores ($F(4,72) = .39, n.s.$). How-
ever, when the second block of variables was added, the overall model

³ In the initial set of analyses, we became aware that there were 12 missing cases (15% of
sample) due to random missing data on the different variables included in the analyses. In
order to ensure sufficient power for the analyses being conducted, we estimated the
missing values on the different variables for the cases that had been deleted. As recom-
mended by Tabachnick and Fidell (1989), we chose to estimate the values conservatively
by inserting the appropriate central tendency values for those variables with data missing.

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<p>| TABLE 1: Zero-Order Correlations for Variables Used in Regression Analyses |
|-------------------|-------------------|-------------------|-------------------|</p>
<table>
<thead>
<tr>
<th>1. Frequency / Duration Index</th>
<th>2. Violence</th>
<th>3. Invasiveness</th>
<th>4. Number of times incest ended</th>
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<tr>
<td>.27</td>
<td>.34***</td>
<td>-.17</td>
<td>-.14</td>
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<td>.08</td>
<td>.08</td>
<td>.08</td>
<td>.08</td>
</tr>
<tr>
<td>.06**</td>
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</tr>
<tr>
<td>N = 77, N = 65, N = 75, N = 71</td>
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</tbody>
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TABLE 2. Hierarchical Regression Model for Factors Associated with Distress (N=77)

<table>
<thead>
<tr>
<th>Block</th>
<th>Variables</th>
<th>R Square Change</th>
<th>Beta (SE)</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of years since incest ended</td>
<td>.05</td>
<td>-.01 (.01)</td>
<td>-1.45</td>
</tr>
<tr>
<td></td>
<td>Frequency/Duration Index</td>
<td>.00</td>
<td>-.01 (.03)</td>
<td>-0.25</td>
</tr>
<tr>
<td></td>
<td>Invasiveness</td>
<td>.00</td>
<td>-.05 (.05)</td>
<td>-.90</td>
</tr>
<tr>
<td></td>
<td>Abuse-related violence</td>
<td>.05</td>
<td>.14 (.06)</td>
<td>2.17*</td>
</tr>
<tr>
<td></td>
<td>Adjusted R²</td>
<td>.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F(4,72)</td>
<td>2.84*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Rumination</td>
<td>.08</td>
<td>.26 (.08)</td>
<td>3.15**</td>
</tr>
<tr>
<td></td>
<td>Social Integration</td>
<td>.04</td>
<td>-.15 (.07)</td>
<td>-2.09*</td>
</tr>
<tr>
<td></td>
<td>Adjusted R²</td>
<td>.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>F(6,70)</td>
<td>7.79***</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

accounted for 20% of the variance in residualized self-esteem scores ($F(6,70) = 4.21, R^2$ change = .24, $p < .01$). Both social integration ($B = -1.10, t = -1.99, p < .05$) and rumination ($B = 1.61, t = 2.57, p < .05$) were associated with residualized self-esteem scores. Women who were more socially integrated tended to have higher levels of self-esteem than women who were socially isolated, and more frequent ruminations were associated with lower levels of self-esteem.

DISCUSSION

The present findings suggest that in order to understand the long-term psychological adjustment of adult women who experienced childhood incest, researchers may need to focus more attention on the cognitive and social aftermath of the experience. Our data suggest that characteristics of the abuse such as the frequency, duration, and invasiveness of the abuse may play a limited role in explaining long-term adaptation. Instead, three contextual factors were associated with psychological distress: abuse-related violence, cognitive ruminations, and social integration.

It is important to consider why abuse-related violence was the only abuse characteristic associated with long-term adjustment. One possible explanation for this finding stems from the potentially confusing nature of sexual abuse. Sexually abusive contact may initiate positive bodily sensations that disguise the implicit violation involved in incest. Physical violence, on the other hand, is an "obvious" transgression of interpersonal boundaries that involves bodily harm or pain. When physical force or violence accompanies incest, the difference in the "obvious" intent of the abuse may pose a greater threat to a child's assumptions about the safety and benevolence of her parent. This interpretation is supported by research suggesting that the combination of physical and sexual abuse is significantly more disturbing than either form of abuse alone (see Bryer et al., 1987; Chu & Dill, 1990; Cole, 1987).

Our findings also suggest that ongoing cognitive involvement, specifically intrusive ruminative thought about the experience, is associated with both heightened feelings of distress and lower self-esteem. Although the correlational nature of these data preclude our positing a clear causal path, it is likely that a dynamic, reciprocal relationship exists between rumination and distress as the women cope with their incest experiences (Horowitz, 1976; Rachman, 1980, 1981; Tait & Silver, 1989). Moreover, it has been suggested that incestuous experiences undermine a child's developing sense of self, and give rise to feelings of worthlessness, self-blame, and personal deviance (see Finkelhor & Brown, 1985; Morrow & Sorell, 1989). As long as an individual continues to process the event cognitively, s/he may experience chronic reminders of the event that may threaten his/her self-esteem. Such ruminative thoughts are likely to persist until the conflict between core beliefs about the father's role (e.g., as protector, nurturer, etc.) and the incestuous violation of these beliefs is resolved (Epstein, 1991;
Horowitz, 1976). A woman may resolve this conflict by justifying the father’s abusive behavior, revising her expectations of her father, finding positive meaning in the abuse, or deciding to accept the unexplainable experience and focus on her present life circumstances (see Silver et al., 1983). We note, however, that very little research has focused on the underlying cognitive or emotional processes that promote positive resolution of incest experiences.

Finally, our results suggest that maintaining involvement in social relationships is related to better adjustment after incest, as higher levels of social integration were associated with lower levels of distress and higher self-esteem. There are many ways social ties might encourage successful adjustment. For example, by helping individuals identify cognitive and behavioral means for managing threatening experiences, others may enhance self-esteem and reduce distress (Thoits, 1986). By providing opportunities for ventilating feelings and discussing the event, others may facilitate “working through” the conflict between the expected and the experienced reality of the father-daughter relationship (Clark, 1993; Harber & Pennebaker, 1992; Rachman, 1980; Silver & Wortman, 1980). Moreover, by choosing to spend time together, individuals convey mutual respect and positive regard to one another that can strengthen feelings of self-worth (Rook, 1990). Finally, the mere presence of caring others offers tangible evidence of a safe and secure interpersonal world (Janoff-Bulman, 1992), and may provide individuals with a sense of belonging (Baumeister & Leary, 1995). For example, it may be especially beneficial when a non-abusing parent demonstrates caring and support for a child after disclosure of the incest (Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989). Such relationships may promote the rebuilding of assumptions about interpersonal safety and trust (see Alexander, 1992; Janoff-Bulman, 1992), while simultaneously providing an important source of coping support (Thoits, 1986).

Of course, because these findings are correlational, it is also likely that social integration is dynamically related to both self-esteem and distress. For example, the women with the highest levels of self-esteem and least distress may have been able to form and maintain interpersonal relationships that could then also serve as ongoing coping support systems. Similarly, it may be that women with low self-esteem and/or high distress have difficulty maintaining social relationships. Identifying the specific positive and negative responses offered by the social environment, and the incest survivor’s interpretation of these responses, is an important area for future research on long-term adaptation to incest.

The fact that our findings regarding the importance of abuse characteristics differ from those of other studies may be the result of our carefully controlling the participant’s relationship with her perpetrator. By limiting our sample to only those individuals who experienced incest with a father figure, we were able to tease apart the unique effects of the abuse characteristics from the perpetrator’s role in the child’s life. Hence, we were able to provide an assessment of the relative influence of abuse characteristics on long-term adjustment that was independent of the child-perpetrator relationship. Additionally, because this study employed a nonclinical sample, the range of responses on our outcome measures may have been less restricted than that of many previous studies. For example, many studies documenting the impact of sexual abuse have employed clinical samples of abused women (e.g., Briere, 1988; Bryer et al., 1987; Chu & Dill, 1990; Herman, 1981; Johnson & Kenkel, 1991). Not surprisingly, clinically-based sampling may predispose professionals to assume that incest necessarily results in long-term adjustment difficulties. However, abused individuals who seek counseling are likely to represent only the most distressed group of incest survivors. Thus, the range of possible outcomes reported by these samples may be restricted to the most severe negative outcomes. This limitation makes it impossible to assess whether less severely distressed women who did not seek treatment were also severely abused. Our community-based sample may have allowed for a less biased test of the relationship between abuse characteristics and long-term adjustment than is possible in clinically-based samples. We acknowledge, nonetheless, that our sample did report elevated levels of distress on the SCL-90.

In addition, because intrafamilial sexual abuse tends to be more severe than other forms of abuse (see Kendall-Tackett et al., 1993), limiting our sample to women who experienced abuse by fathers (or other male guardians) might have increased the likelihood that the sample would report experiences restricted to the most severe forms of abuse. If this were true, it could, in turn, decrease the statistical power of the abuse characteristics in predicting distress. We do not believe, however, that restricted range is a plausible alternative explanation for our findings because the women in this sample reported incestuous experiences representing the full range on each of the abuse characteristics employed in the analyses.4

In addition to their theoretical implications, these findings may be useful to clinicians working with traumatized individuals. Since individuals tend to respond to stressful experiences by trying to interpret

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4 Given the slightly skewed distribution of our frequency and duration variables, we conducted analyses to compare low frequency/duration experiences against high frequency/duration experiences in a more powerful way. Specifically, we trichotomized our frequency/duration index, dummy coded it, and ran our analyses using the dummy coded variables. These analyses resulted in findings substantively identical to those reported in the present manuscript.
and integrate the experience with previously held beliefs about self and the world (Janoff-Bulman, 1992; Lazarus & Folkman, 1984). Any violation of interpersonal norms by a parental figure may threaten a dependent child. Hence, an individual who is fondled by a father may experience just as much distress as someone who was raped by a father, depending on his or her interpretation of the experience (cf. Lazarus & Folkman, 1984). Techniques that help the individual restructure the event cognitively (Courtois, 1988), find meaning in the experience (Silver et al., 1983), integrate the emotional and cognitive components of the trauma (Meiselman, 1990; Rachman, 1980), and form and maintain effective social relationships (Garmezy, 1991; Thoits, 1986) are likely to promote successful adaptation.

LIMITATIONS OF THE STUDY

It should be noted that despite our best efforts to recruit respondents using a variety of unbiased sources, the representativeness of this sample in relation to the population of adult female incest survivors remains unknown. Women who experienced the most positive outcomes may not have been inclined to volunteer for a study focusing on their incest experiences. Similarly, those women having the greatest difficulty adjusting might have been unwilling, or unable, to participate. Despite this potential limitation, our sample is one of the few studies addressing the aftermath of father-daughter incest in a non-clinical, non-student population (cf. Elliot & Briere, 1992; Greenwald et al., 1990). Moreover, we have not found any other studies that address the relationship between the cognitive and social aftermath of incest while controlling for the survivor’s relationship with the perpetrator, length of time since the incest terminated, the frequency, duration, and invasiveness of the abuse, and the degree of abuse-related violence.

We chose to focus on father-daughter incest because it is the most commonly reported form of parent-child incest (American Humane Association, 1988). This is not to say that other forms of parent-child incest are not important, but rather to suggest that the dynamics of father-son and mother-daughter incest may involve another set of issues involving a challenge to children’s sexual identification. Because mothers are often cast in a more care-taking, less powerful role in the family than fathers, mother-son and father-daughter incest are likely to have different cognitive and social consequences. In addition, gender role stereotypes may result in males and females having very different perceptions of sexual experiences that alter their meaning and impact (Bolton, Morris, & MacEachron, 1989). These issues need to be addressed independently so that the dynamics unique to each type of parent-child incest can be adequately understood.

CONCLUSIONS

The present findings suggest that in order to understand the long-term psychological adjustment of adult survivors of childhood incest, it may be useful to go beyond thinking about the event itself and focus more of our attention on the cognitive and social context surrounding the experience. Toward this end, our data provide preliminary evidence that the frequency, duration, and invasiveness of the abuse may not be as important in understanding long-term adjustment as the presence of abuse-related violence, the degree to which an individual is integrated in a social network, and the ongoing cognitive processing of the experience. We believe that in order to help individuals cope with their experiences, we must focus efforts on understanding each individual’s unique interpretation of the event, the ongoing implications of the experience, and the social responses to this form of victimization (cf. Tait & Silver, 1989). There are many cognitive, emotional, and social factors involved in adaptation to severe childhood stress (Garmezy, 1991; Rutter, 1989), and traumatic experiences cannot fully be understood outside of the intrapsychic, interpersonal, and sociocultural contexts in which they occur. We feel there is a clear need for further research that frames questions about coping with incest within this broader framework so that we can begin to understand, and perhaps explain, the individual variability in response to such traumas.

REFERENCES


COPING WITH INCEST


