AN INVESTIGATION OF THE ROLE OF EXPERIENTIAL AVOIDANCE IN POSTTRAUMATIC STRESS DISORDER

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ACKNOWLEDGEMENTS

Special thanks to my committee members!

- Chair: Dr. Amy Naugle
- Member: Tara Adams, M.A.
- Member: Abby Blankenship, M.A.
SEXUAL VICTIMIZATION

Sexual victimization of women—

- Social problem that has increased in prevalence
- Prevalence rate in the research literature is approximately 14-25%, depending on the sample (Koss, Gidycz, & Wisniewski, 1987; Fisher et al., 2000)
- Women within age group of 16-24 report rape four times more than women in any other age group (Humphrey & Kahn, 2000).

Costs to victim and society—

- Negative impact on educational attainment (Macmillan, 2000), later job performance (Anda et al., 2004), and earnings (Macmillan, 2000).
- Harmful sequelae including: higher anxiety, lifetime and current depression and posttraumatic stress disorder (PTSD), dissociation, binge drinking, and drug use within past month (Casey & Nurius, 2005)
PTSD and sexual victimization—
  • Women with history of sexual victimization may have increased vulnerability toward developing PTSD
  • Anders et al. (2001) found 58% of the women they surveyed, who identified sexual assault as their worst traumatic event, to meet criteria for PTSD at some point in their life

Problem drinking—
  • Clinical research has indicated that PTSD symptoms are a potential mediating variable for women with childhood rape experiences, influencing their alcohol usage in adulthood (Ebstein, Saunders, Kilpatrick, & Resnick, 1998).
COPING MECHANISMS

- Experiential avoidance—
  - An unwillingness to remain in contact with distressing private events and subsequent attempts to try to change or alleviate these experiences
  - Follette et al. (1996) found experiential avoidance to mediate psychological sequelae experienced by survivors of childhood sexual victimization
  - Experiential avoidance is hypothesized to maintain verbal rules, limiting exposure to real world consequences (Blackledge et al., 2004)
HYPOTHESES

- Proposed four hypotheses—

1). Individuals who endorsed a prior history of sexual victimization (defined as any unwanted sexual contact or touching) would report high levels of experiential avoidance.

2). Individuals who endorsed a prior history of sexual victimization would, in addition to reporting high levels of experiential avoidance, also report significant PTSD symptoms.
HYPOTHESES

3). Individuals who endorsed a prior history of sexual victimization, would be more likely to report high levels of experiential avoidance, significant PTSD symptoms, and would also be more likely to report engaging in significant problem drinking.

4). Women who endorsed a prior history of sexual victimization as well as problem drinking would demonstrate higher levels of experiential avoidance.
GOAL OF PRESENT STUDY

- Extend the research literature through associating experiential avoidance with sexual victimization, PTSD symptoms, and problem drinking
METHOD

- Cross-sectional design—
  - 110 female undergraduate students over the age of 18 from Western Michigan University recruited to participate
  - Screener for a more involved study
  - Extra credit provided if offered by instructor, but no other compensation for participation

- Materials—
  - All assessment measures administered via Survey Monkey website
  - All information was kept confidential and stored in a password protected computer

- Measures—
  - Life Events Checklist
  - Acceptance and Action Questionnaire
  - Modified PTSD Symptom Scale-Self Report
  - Michigan Alcoholism Screening Test
  - Sexual Experiences Survey
PROCEDURE

- Potential participants recruited via classroom recruitment as well as recruitment fliers
- Interested individuals contacted doctoral student investigator and received confidential identification number and link to Survey Monkey
- If interested in extra credit, participants met with undergraduate student investigator
METHOD OF ANALYSIS

- Pearson product moment correlations
- Stepwise regression
- Independent samples $t$-test
- One-way analysis of variance
  - Data analyses were ultimately conducted for 108 participants (2 excluded due to age outliers)
PEARSON CORRELATIONS

- Statistically significant correlations between—
- Sexual victimization and problem drinking, \( r = 0.216, p < 0.05 \),
- experiential avoidance and PTSD symptoms \( r = 0.638, p < 0.01 \),
- PTSD symptoms and sexual victimization \( r = 0.193, p < 0.05 \),
- PTSD symptoms and endorsing another potentially traumatic event \( r = 0.510, p < 0.01 \).
STEPWISE REGRESSION

- Sexual victimization entered at step one
- PTSD symptoms entered at step two
- Experiential avoidance entered at step three
  - Total variance explained by the model was 9.6% $F(96, 99)= 3.49$, $p<.019$. Experiential avoidance explained an additional .2% of the variance and increased the value of $p$.
  - Experiential avoidance did not contribute significantly to the model as hypothesized
  - Contrary to hypotheses, in the final model, only PTSD symptoms were statistically significant and recorded higher beta values than sexual victimization
**Stepwise Regression Analysis**

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<th>SE B</th>
<th>β</th>
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INDEPENDENT SAMPLES T-TEST

- Calculated to compare mean scores on measures of experiential avoidance (AAQ-II), PTSD symptoms (MPSS-SR), and problem drinking (MAST) between participants reporting a sexual victimization history (SES) and those who did not
- Not a significant difference in experiential avoidance between sexually victimized and non-victimized ($t=.992$), not a significant difference in PTSD symptoms across the two groups ($t=1.99$)
- Significant differences between victimized and non-victimized in regards to problem drinking ($t=2.23$, $*p=.036$)
INDEPENDENT SAMPLES T-TEST

Sexual victimization

Nonvictimization

Experiential

PTSD

Problem drinking

* t=.992

* t=1.99

* t=2.23

Problem drinking

* Sexual victimization

* Nonvictimization
ONE-WAY ANALYSIS OF VARIANCE

- Between participants classified with a possible or probable likelihood of engaging in problem drinking (MAST), PSTD symptoms (MPSS-SR), and experiential avoidance scores (AAQ-II)
- Not a statistically significant difference in experiential avoidance scores at the $p < .05$ level: $F (.984, p = .324)$
- Differences were significant concerning PTSD symptoms: $F (3.966, p = .049)$ and problem drinking: $F (4.984, p = .028)$. 
DISCUSSION

- Contrary to hypotheses, sexual victimization and experiential avoidance not significantly correlated
- Experiential avoidance did not predict problem drinking above and beyond PTSD symptoms and sexual victimization
- PTSD symptoms were the best predictor of problem drinking
- Did sample characteristics influence results?
IMPLICATIONS

- Could this relationship be one that becomes more problematic over time?
- Is a maladaptive avoidance repertoire gradually shaped?
- Findings may have differed from hypotheses for several reasons:
  - Sample could be more higher functioning than that of a clinical sample
  - May engage in more adaptive coping skills
- Future research
  - Could investigate this relationship in a community or clinical sample or individuals 21 or older
LIMITATIONS

- Cross-sectional design
- Self-report (retrospective, difficult to measure constructs)
- Construct validity of MAST
- More data to be analyzed!
THANKS FOR LISTENING!

- Questions?
- Comments?
- Feedback?
REFERENCES


