

COPING WITH INCEST IN ADULT FEMALE SURVIVORS

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ABSTRACT

One hundred and one adult female survivors' recollections of coping with severe childhood incest were studied. Interviews were coded for ways of coping and categories of coping were created. These ways of coping were described in detail from the survivors' points of view. These strategies were noticeably different from the ways of coping found on standardized measures of coping. Despite having used a variety of strategies to survive childhood abuse, many of the interviewees felt they had not done "enough" to deal with or attempt to end the abuse. These findings imply that clinicians who are sensitively attuned to the age-appropriate ways of coping described by their clients can use these observations to challenge distorted beliefs about having been completely passive. Additional implications for future research and therapeutic interventions with survivors of incest are discussed.

INTRODUCTION

Survivors of childhood sexual abuse are not equally affected by abuse, even when the level of severity of the abuse is held constant [for reviews, see Beitchman et al. (1992) and Browne & Finkelhor (1993)]. Instead, long-term effects undoubtedly vary as a result of mediating processes, including internal coping strategies (Wyatt & Newcomb, 1990).

Coping is defined as the cognitive and behavioral efforts made to manage specific external and/or internal demands appraised as exceeding the resources of the individual (Lazarus & Folkman, 1984). The most well-known model of coping was developed by Lazarus and Folkman (1984) who postulated that the choice of coping strategies is influenced by both the degree of control one has and the degree of threat posed by the stressor. Coping strategies can be characterized as either emotion-focused, with which individuals attempt to regulate their emotions in dealing with the stressor, or

problem-focused, with which individuals take action to manage the problem situation itself. Lazarus and Folkman (1984) suggested that events viewed as outside one's control would evoke emotion-focused coping. Because sexual abuse is a situation which is out of the child's control (e.g., Courtois, 1988; Sgroi & Bunk, 1988; Summit, 1983), it is likely that emotion-focused strategies would be more prevalent among survivors. Research supports this hypothesis (Brand & Alexander, 1997; DiLillo, Long, & Russell, 1994; Long & Jackson, 1993).

Several studies (Brand & Alexander, 1997; DiLillo et al., 1994; Johnson & Kenkel, 1991; Leitenberg, Greenwald, & Cado, 1992; Long & Jackson, 1993) have found that, whereas women recalled having frequently used the emotion-focused strategies of denial and avoidance to cope with childhood sexual abuse and rate these strategies as helpful, the use of these strategies is actually associated with long-term distress. The correlation between these emotion-focused strategies and distress in adulthood suggests that although the victims were helpless to do anything that substantially influenced whether or when they were abused, as adults these women may still hold themselves responsible by believing they "did nothing" to cope with events beyond their control.

The literature on coping with sexual abuse has demonstrated that numerous emotion-focused strategies such as denial, avoidance, and distancing are associated with poor outcomes (Brand & Alexander, 1997; DiLillo et al., 1994; Johnson & Kenkel, 1991; Leitenberg, Greenwald, & Cado, 1992; Long & Jackson, 1993). Little is known about why some survivors show relative resiliency despite having been traumatized. Most studies have been limited by their reliance on standardized measures of coping which are not specific to sexual abuse nor to strategies used by young children. The only study to date that used both a standardized measure of coping along with open-ended questions about coping found that women who recalled using predominantly active coping had significantly lower levels of depression and social dysfunction than did women who predominantly recollected using passive coping (Brand & Alexander, 1997). The women who reported using dissociation had significantly higher depression and distress compared to women who did not describe having used dissociation.

Because general measures of coping do not describe

strategies that would have been developmentally appropriate for children to use with a stressor as uncontrollable and shame-inducing as incest, it is possible that many ways of coping with incest went undetected in these early studies. However, there are no instruments available that specifically measure coping with childhood sexual abuse. The goal of this study was to document strategies used to cope specifically with incest with the hope that these data could be used to better understand coping with sexual abuse.

This study was part of a larger project investigating incest; analyses of a standardized measure of coping and an abbreviated description of coping strategies from interviews with incest survivors have been reported elsewhere (Brand & Alexander, 1997). This report is the first to give detailed qualitative descriptions of the incest-specific types of coping reported by adult survivors of incest.

METHODOLOGY

Subjects

The 101 participants were part of a larger study on the effects of incest on adult survivors (cf., Alexander et al., 1993; Brand & Alexander, 1997). Most (78.8%) of the participants were between the ages of 29 and 48, Caucasian (81.2%), and well-educated (only 16.9% had a high school degree or less). Over 40% were single, 46.5% were married, and 30.7% were divorced, separated, or widowed (the percentages for marital status sum to more than one hundred because some participants selected more than one category).

The participants had generally experienced moderate to severe incest. The incest was perpetrated by a father-figure (i.e., biological and step-fathers) for most women (73.3%), although brothers (11.9%), grandfathers (3%), mothers (3%), and others (8.9%) were also reported as perpetrators. The incest began, on average, at 6.8 (SD=3.6) years old. Many of the women were subjected to vaginal and/or anal intercourse (46.5%). Of those who were not, 20.8% experienced oral intercourse, 7.9% digital penetration, and 22.8% fondling. The types of coercion experienced were: psychological coercion (39.6%), verbal prohibitions not to tell (12.9%), verbal threats of harm (9.9%), and actual physical coercion (35.6%).

Participants were recruited via newspaper advertisements in an urban mid-Atlantic city, requesting women to participate in a study of child sexual abuse. Brief telephone screenings determined which women were eligible for participation based on having been sexually abused in childhood or adolescence by a family member or by someone older than the victim who lived in the home. The women received fifty dollars in compensation for their time.

Procedure

Each woman was interviewed by a clinical psychologist or one of two clinical doctoral students, each of whom had

had experience with adult survivors of child sexual abuse. The interview was adapted from Courtois' (1988) Incest History Questionnaire. The videotaped interview asked about: the characteristics of the abuse (e.g., how it began and ended, what type of abuse took place, the age of the victim); the relationship of the perpetrator to the victim; whether the disclosure of the abuse occurred in childhood or adulthood; and strategies the child used to cope with the abuse. The severity of abuse variables consisted of: type of abuse (fondling vs. digital penetration vs. oral intercourse vs. intercourse); type of coercion used (psychological vs. verbal prohibitions vs. verbal threats to harm vs. physical coercion or harm to self or others); relationship to perpetrator (non father-figure vs. father-figure); and age of onset of the abuse (earlier vs. later). Research has shown that the more severe abuse (i.e., vaginal and/or anal intercourse, physical coercion, abuse by a father figure, and earlier age of onset of abuse) is generally related to negative outcomes (Browne & Finkelhor, 1986; Edwards & Alexander, 1992; Friedrich, 1988; Wyatt & Mickey, 1988; Wyatt & Newcomb, 1990). The interviews were transcribed to document ways of coping and severity of abuse. Although many ways of coping were mentioned in direct response to the question about coping, many survivors described types of coping in the course of their interviews which they did not list in response to the specific question about coping. In an attempt to be comprehensive, all examples of coping which were mentioned at any time in the interviews were included.

The videotapes of the interviews were reviewed for the coping strategies used to deal with the incest as described by the participants. After all of the tapes had been reviewed and the coping strategies were transcribed, they were grouped into clusters of similar strategies based on conceptual similarity. This process yielded 19 clusters of strategies used to cope with the incest. It was often difficult to code these strategies. For example, the strategy "stayed over at a family's house in the neighborhood" could be classified as Seeking Social Support or Active Avoidance of the Perpetrator. These data are limited in that failure to mention a strategy does not necessarily indicate that the strategy was not used nor do they quantify how frequently a strategy was recalled as having been used.

RESULTS

The means, standard deviations, and ranges of the severity of abuse variables are depicted in Table 1. The average number of coping strategies described in the interviews was 8 with a range from 0 to 22 specific types of coping from the 19 categories of coping. Some women listed more than one specific type of coping from one or more of the categories so the sum of their strategies exceeded nineteen. Only one woman failed to describe any ways of coping with the incest. The most common strategy was Behavioral Sublimation (all

strategies described below), followed by Active Avoidance of the Abuser and Emotional Expression. The two least common strategies were Spiritual and Initiation of the Abuse. Strategies which involved intrapsychic processes and cognitions are discussed first, followed by increasingly behaviorally active coping strategies. See Table 2 for the number of women who reported using each strategy.

Cognitive Avoidance

Strategies in this group most frequently involved pretending the abuse was not happening or refusing to think about the abuse. For example, one woman spoke of forgetting about the abuse between incidents and never wondering about signs of it, such as blood in her underwear. Another woman said she, "started every day with a blank slate." Another participant recalled, "My coping mechanism was to put it out of my mind."

Emotional Suppression

This type of coping involved keeping the abuse hidden from people, pretending to be normal, and numbing feelings about the abuse. One woman remembered how she would try to "look like everything was ok" as she emerged from the basement where the abuse had just occurred. Another woman recalled never crying. Another reported, "I was always up, happy, smiling. I put on a fake happiness all of my life... unrealistically happy." "I never told my friends anything, though I had friends." "I stuffed my feelings." One participant recalled, "A rigidity set in to my mind to keep a rage bottled in. It was like a steel shell."

Dissociation

Dissociative strategies included experiences of derealization, self-mutilation (because people are thought to dissociate when they engage in self-mutilating behaviors), and efforts to separate one's mind from one's body such that physical sensations were not experienced. Although it could be argued that Cognitive Avoidance and Emotional Suppression strategies are somewhat dissociative in nature, they were separated into their own categories because they involved less of a disconnection from the present reality of sensations, thoughts, and emotions. Most commonly women described "zoning out" or "tuning out" during the abuse and many used the word "dissociating." One person said, "I'd sometimes

TABLE 1
Ranges, Means, and Standard Deviations for Severity of Abuse Characteristics

	Range	Mean	sd
Type of Abuse	1.00 - 4.00	2.96	1.20
Coercion	1.00 - 4.00	2.42	1.31
Age of Onset	1 - 16	6.80	3.65
Perpetrator (% father-figure)	-	74%	-

TABLE 2
Frequency of Women Reporting
Incest-Specific Strategy Use

Strategy	N
Cognitive Avoidance	13
Emotional Suppression	12
Dissociation	13
Fantasy	9
Cognitive Rumination	12
Cognitive Reappraisal	9
Spiritual	3
Passive Avoidance of the Abuser	13
Vigilance	8
Submission	7
Withdrawal	10
Addictive Behaviors	10
Acting Out	8
Initiation of the Abuser	6
Verbal Confrontation	12
Active Avoidance of the Abuser	22
Seeking Social Support	10
Emotional Expression	18
Behavioral Sublimation	26

watch myself, like I took my eyes out of my head and put them up in the ceiling." Another woman said she would dissociate and "go sit under the lilac tree outside my bedroom window." She felt safe "under the tree," smelling its sweet scent rather than being present for what was actually occurring. Similarly, someone recalled, "I'd focus on the tree outside my window thinking to myself, 'Where's my leaf...my sky?'" during the abuse. Several women described the development of alternate personalities. For example, one participant stated that when her father began making sexual gestures, "I went through the door into a black void. I saw an inner part of myself break away from the outer part, who was still talking, and then go through the door." She reported that this led to a new personality who was protected from knowledge about her father's sexual abuse.

Fantasy

These strategies involved fantasies of escape, revenge, or protection. One woman reported that when her abusive stepfather was in intensive care after a motorcycle accident, she wished he would die. She thought about "accidentally tripping" and pulling out the wires to his life-support machines so that he would die. During the abuse, she also thought about a friend who would "take care of her." Another said, "I wanted to bite his penis, but I was afraid." Another recalled, "I hoped my dead father would be there sometimes to protect me (i.e., from her abuser)." Others thought about suicide, homicide, or running away.

Cognitive Rumination

Cognitive rumination involved use of repetitive thoughts such as wondering why the abuse was occurring, thinking of possible negative consequences of the abuse, and continually questioning how to end the abuse. One woman recalled trying to think of excuses for her father's abusive behavior. Someone else thought to herself, "He is crazy." This helped her separate herself from her abuser. During the abuse, one woman repeatedly thought to herself, "When will it be over? When will he let me go?" One woman frequently thought about hurting herself as well as other people and another spoke of thinking to herself how much she hated her abusive step-father.

Cognitive Reappraisal

Cognitive reappraisal strategies involved cognitive efforts to gain a sense of control by reversing the blame for the abuse from the perpetrator to the victim or as something the victim enjoyed or in which she chose to engage. A woman with Dissociative Identity Disorder (DID) said, "I blamed myself for it one time when I was older because I didn't lock the door (to the bathroom). I thought he was going to kill me." The abuser choked her and held her head under water dur-

ing that episode. Another woman recalled giving her 16-year-old brother "the finger" when she was ten. Shortly thereafter, he began to sexually abuse her. She felt that her behavior had "directed" him to have sex with her; hence, she blamed herself for causing the abuse. "If I were just a 'better daughter, a better girl' then it wouldn't happen," another participant recalled thinking. A woman who was abused by her stepfather for seven years said, "I coped by acting like I was protecting my mother and sister from death."

Spiritual

Spiritual coping involved engaging in prayer or religious experiences. One participant started praying the Hail Mary out of desperation when her father abused her when she was sixteen. Hearing her prayer turned her father off sexually and he left her alone. This ended her abuse, which had occurred for nine years. A similar experience occurred when another woman began praying that her brother, who was next to her, would stop abusing her. Another woman said, "I had spiritual visions all my life. They were confusing at the time but helpful because I felt removed from the family."

Passive Avoidance of the Abuser

Strategies in this category involved behavioral attempts which, while designed to repel the abuser, were not as behaviorally active as the strategies called active avoidance of the abuser. This subjective distinction was often difficult to make.

The most common example was feigning sleep in order to discourage the perpetrator. Unfortunately, none of the perpetrators seemed to be bothered by the victims' appearance of being asleep, and most seemed to prefer to abuse a supposedly sleeping child. One woman said she put heavy stones on her chest in an effort to prevent her breasts from growing so that her step-father would not be attracted to her. One example included passing out, 'accidentally' wetting the bed in which the abuse occurred, and having to be frequently hospitalized. One woman recalled never playing with the toys her abusive father gave her and "freezing" during the abuse. The one incident where passive avoidance coping actually deterred the abuser involved a woman who said her father woke her up and she purposefully made a good deal of noise to repel him. Although he left her alone that night, she reported that he went into her brothers' bedroom and sexually abused them.

Vigilance

Strategies such as sleeping less or lightly and attending to the perpetrator's emotional state were categorized as vigilance. One woman said she "lived on the edge constantly" in a state of heightened awareness. Another stated, "I would lay awake at night listening for the bed to creak so I'd know when he was coming to abuse me." However, most perpe-

trators did not seem to care if the victims were awake or not. One woman found this strategy useful, "Beginning when I was 14, I'd wake up every time my father tried to abuse me so he never did it again."

Submission

Usually these strategies involved consciously giving in to the perpetrator's sexual demands out of a sense of helplessness or so that the abuse ended more quickly. One woman recalled, "I did not move or fight because he would hurt me; I had to be very quiet and still. It was better to be still and wait until it was over." Another said of her three sexually abusive brothers, "I was at their mercy so I did what they told me." One woman who was verbally and physically abused by her father said she participated in her grandfather's sexual abuse because she was afraid of losing the one man (i.e., her grandfather) whom she felt loved her.

Withdrawal

Withdrawal coping strategies generally referred to withdrawing from people and activities. Most commonly, the participants recalled withdrawing from their families. One woman said she tried to be invisible while another said she was so removed from her family that she felt she "lived on another planet." Another recalled, "I didn't function well when the abuse was going on. I didn't encourage my teacher to ask about home problems. I learned my lesson well: 'You don't talk about those things. Everything is fine.'" Another said, "I kept to myself so no one would find out how awful I was." "I stayed quiet, invisible, low key, stayed away as much as possible."

Addictive Behaviors

The addictive coping strategies which may have served to anesthetize the participants included use of drugs, alcohol, and excessive eating and sleeping. A participant said she started drinking alcohol and smoking marijuana at age seven. Another person said she would sometimes purposefully come home drunk to numb herself to the abuse she knew would occur. A woman who was sexually abused by her three brothers said she ate compulsively to escape and that she began drinking at age fifteen. One woman recalled, "I gained weight to make myself unattractive so that it couldn't happen again."

Acting Out

Strategies which were classified as acting out most often involved anger directed outward compared to addictive strategies, which involved attempts to numb one's feelings. Most commonly, acting out involved suicide attempts and running away. However, it should be noted that many of the so-called acting out strategies are difficult to label as such because running away from some of this study's most disturbed families seemed to involve more wisdom than uncontrolled anger or poor judgment. One woman ran away to another family's

house after being beaten awake by her father, who also had sexually abused her. Another woman ran away after her father "slapped me around, leaving bruises on my face" after she refused to cooperate with his demands for sex when she was sixteen. She told her mother, who did not believe her, and told her to go to her room. Instead, she ran away. A third woman said she purposefully got in trouble to try to indicate to her mother what was going on with her father. She ripped a pillow to shreds, put her hand through a window, and would stand outside the family home and scream, "My father molests me."

Initiation of the Abuse

Initiation of the abuse included having looked forward to the abuse and willingly engaging in the abuse some of the time. Some women were quite guilty about their occasional enjoyment of some aspects of the abuse. One woman said she sometimes looked forward to the abuse because it felt good, but that other times it hurt. One woman felt "torn" because her body responded to the abuse and she liked the attention. As she got older, she initiated the abuse. However, once she found out that her step-father was also abusing her younger siblings, she threatened him with a knife. This confrontation ended the abuse. A woman whose step-father abused her from the time she was seven until she was 14 felt very guilty about initiating some of the abuse. At the time of the interview with this adult woman, her step-father was still trying to be sexual with her when she visited him.

Verbal Confrontation

Verbal confrontation involved having confronted their abuser or verbally resisting. Most often the women recalled having initially refused to submit to the abuse (if only for a few seconds) or having said no some of the time without having successfully prevented the abuse. Generally, they eventually gave up resisting the abusers. A group of women recalled having gradually become more confrontive and resistant to the abuse as they matured. In several instances, the perpetrator agreed to stop the abuse once he was directly asked or threatened by the victim. While ending the abuse was beneficial, many of these women felt doubly guilty about the abuse in adulthood because the perpetrator's sudden compliance with their demands left them feeling responsible for not having ended the abuse earlier.

Many examples of confrontations which did not change the abuse were described by a woman who listed 22 ways she tried to cope with the abuse, but who nonetheless felt very critical of herself for "not having done more" to stop the abuse. She recalled confrontations such as screaming, crying, and asking her father why he "did this to me." She confronted him in front of her mother and sisters. Her father refuted her allegations. This woman assumed that her mother thought that her allegations were a fantasy. She reported that her family continues to disbelieve that she was abused.

Active Avoidance of the Abuser

The second most common strategy was active avoidance of the abuser which included active behaviors to avoid the perpetrator and/or the abuse. Such strategies included hiding, running away, fighting the abuse in some way, being out of the house as much as possible, and avoiding being alone with the perpetrator. Most commonly, young victims gave up their initial attempts to fight the abuse, and a subgroup began to fight the abuse as they matured. Some of these strategies overlapped with verbal confrontation and seek social support. Several women spoke of hiding in their closets, in their attics, and outside their houses in trees and in gardens. One woman remembered trying to hide herself in a little ball under the covers at the bottom of her bed so that her abusive father could not find her. Another woman recalled rolling over in bed at night to get away from her perpetrator and locking the door to her bedroom despite being afraid of getting in trouble for doing so. She also remembered other active avoidance strategies such as leaving the room when her father began to touch her and being away from the house as much as possible with friends and activities. One woman recalled having worn layers of clothing to bed and wrapping a blanket around her much of the time that she was inside the house. Other women recalled having attempted to create some type of barrier to protect them from the abuse, such as the woman who slept with 15 stuffed animals on top of her to fend off her father.

Seeking Social Support

Strategies in the category of seeking social support included disclosure about the abuse and attempts to get attention and support either within or outside of the family. Attempts were not made to categorize the motivation underlying seeking social support or the results of seeking social support due to insufficient information for most women. In very few cases did the women recall success in their efforts to seek social support.

Examples of direct efforts to tell someone about the abuse follow. One woman reported her father's abuse to her mother. Her mother reacted calmly and talked to her father, after which the abuse stopped. Nonetheless, the victim did not feel cared for despite her mother's intervention because the victim "couldn't believe nothing happened (to him)." Another participant recalled screaming and crying as her brother raped her inside his car, which he had parked in a stranger's driveway. Someone heard her, ran out, and began to beat on the car. Her brother backed the car out of the driveway and drove several blocks away to another driveway and continued to rape her. Unfortunately, several women described how their disclosures lead to abuse by new perpetrators. For example, one participant reported that she was sexually abused by a minister after she disclosed to him that her father was sexually abusing her. One woman recalled making up a story about an abusive family to try to convey

to her teacher what was happening to her at home, but the "teacher paid no attention." Vague hints were made by one girl to her grandmother, such as asking explicit sexual questions, in the hope that her grandmother would wonder how she knew about such matters. She said, "No one bothered to ask why I was so bad (i.e., acting out so much)." Another participant reported that she pretended to be having nightmares when she would awaken to find her step-father fondling her. She would sit up in bed and scream so that he would run away and her mother would come into her room to see what was wrong. She believed that this strategy saved her from some episodes of abuse.

Emotion Expression

Coping strategies categorized as emotional expression included any activity that allowed the victims to release their feelings directly or to soothe themselves. Ten women recalled crying, particularly at night. Several women said they wrote poetry and stories. A woman who was being sexually abused by her brother wrote a note at home that said, "I hate my brother." Her parents found the note and forced her to sit for hours until she wrote, "I love my brother." She also recalled taking many showers and changing her clothes four to five times per day. One woman recalled rocking herself and telling herself "It will be ok after it's over." Another participant reported sucking her thumb until she was thirteen.

Behavioral Sublimation

Behavioral sublimation coping strategies involved efforts to be good, to appear normal, and to do things which were regarded as socially appropriate and which would obtain positive attention, usually in an effort to not let the abuse "take over" their lives in negative ways. Behavioral sublimation was the most commonly recalled strategy. Some of these strategies were similar to emotional expression strategies, although behavioral sublimation strategies were symbolic means of expression compared to the more directly expressive emotional expression strategies. Many women recalled reading, often as a means to escape or calm down when emotionally upset. Some reported having taking care of others. One woman who acted out in school decided in junior high to "stop being so bad." She made many friends and ended up graduating with honors. She said, "I adored my baby brother and lavished love on him," despite having ambivalent feelings about this because to her it symbolized that she was "joining the club of my family." She felt she gave to her brother the love she did not receive in her family. A woman with DID said she tried to be "cuter, funnier, better" to keep her abusive father in an emotional state in which he would not abuse her. Several women mentioned engaging in compulsive cleaning activities after abusive experiences.

DISCUSSION

One of the most striking findings from this study is the impressive array of strategies used by young girls to cope with incest. Almost all of the participants reported having used multiple ways of coping, albeit in childlike ways. The diversity of strategies attests to the creativity and tenacious will to survive amongst children subjected to even the most overwhelming of experiences. Despite having not been protected by their families, these women recalled how they attempted as children to protect themselves from sexual abuse. The most common strategies included hiding from or avoiding being alone with the abuser, attempting to be good so as to not provoke the abuser, expressing through tears, writing or artwork the feelings created by the abuse, dissociation, and refusing to think about or acknowledge the abuse.

Because many of the participants did not consider their actions to be means of coping, it is unlikely that they would have reported these strategies on standardized measures of coping. For example, the item "I made a plan of action and followed it" from the Ways of Coping questionnaire (Folkman & Lazarus, 1988) could be endorsed by the woman who reported having put stones on her chest in the hope that if she could make her breasts stop growing that her father would no longer molest her. Perhaps survivors would not realize that such abstract, generalized items could apply to their active, although childlike, ways of coping. Given that these developmentally appropriate and incest-specific ways of coping have been shown to be related to both adaptive and maladaptive outcomes (Brand & Alexander, 1997), future research should focus on developing a measure of coping which is specific to coping with childhood sexual abuse. With such a measure it would be possible to further explore which coping strategies help buffer children from the impact of abuse and what contextual factors may influence the choice of coping strategies and outcome (e.g., severity of abuse, family environment factors, quality of perceived social support).

Instead of acknowledging the effort underlying their attempts to cope with the incest, the participants tended to disparage these childlike behaviors. As the interviewers listened to the women's stories, they were occasionally moved by both the horrors the women had endured and the desperate ingenuity they had shown as they tried to survive as best they could. The majority of the women clearly did not share the interviewers' respect for their own endurance and ingenuity. In fact, few seemed to recognize the myriad coping strategies they had used. They did not seem to be aware that they had done their best to endure what were overwhelming experiences. It appeared that most of the participants saw themselves as having "done nothing" in regard to their abuse. Given that eight was the average number of coping strategies reported, there is clear evidence that these women had engaged in coping strategies, even if the strategies were not overtly active behaviors or successful. Perhaps

this sense of having "done nothing" arose from blaming themselves for not having been able to stop the abuse or blaming themselves for the helplessness or fear they experienced. Survivors may have been equating their terror and helplessness with passivity or acquiescence.

Women who have a sense of having actively coped with sexual abuse tend to function better in adulthood than women who primarily recall having used passive ways of coping (Brand & Alexander, 1997). Similarly, adult survivors' current functioning is related to their internal attributions for bad events, including blaming themselves for their abuse (Gold, 1986). Cognitive therapy has proven efficacious in changing survivors' distorted beliefs which resulted in lower levels of depression (Jehu, Klassen, & Gazan, 1985).

Clinicians can utilize reconstructions of coping in therapy with incest survivors. According to Courtois (1988), reframing childhood reactions such as denial and dissociation as attempts to cope facilitates the recovery process. These efforts at coping, even though naive and often futile in ending the abuse, represent victims' attempts to protect themselves. It is important that therapists be sensitive to the range of efforts used by children to protect themselves from overwhelming circumstances and that they validate their clients' recollections of having attempted to be efficacious and self-protective. This reframing may lead to an increased sense of efficacy and ultimately, improved functioning. Future research can clarify whether restructuring survivors' views of their efforts to cope with abuse improves their functioning. ■

REFERENCES

- Alexander, P.C., Anderson, C., Brand, B.L., Schaefer, C., Grelling, B., & Kretz, L. (1998). Adult attachment and long-term effects in survivors of incest. *Child Abuse and Neglect*, 22 (1), 45-61.
- Beitchman, A.G., & Zucker, K.J., Hood, J.E., DaCosta, G.A., Akman, D., & Cassavia, E., (1992). A review of the long-term effects of child sexual abuse. *Child Abuse and Neglect*, 16, 101-118.
- Brand, B.L., & Alexander, P.L. (1997). *Coping with incest: The relationship between recollections of childhood coping and adult functioning in female survivors of incest*. Manuscript submitted for publication.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66-77.
- Courtois, C.A. (1988). *Healing the incest wound: Adult survivors in therapy*. New York: W.W. Norton & Co.
- DiLillo, D.K., Long, P.J., & Russell, L.M. (1994). Childhood coping strategies of intrafamilial and extrafamilial female sexual abuse victims. *Journal of Child Sexual Abuse*, 3 (2), 45-65.
- Folkman, S., & Lazarus, R.S. (1988). *The ways of coping questionnaire*. Palo Alto: Consulting Psychologists Press.

- Friedrich, W. M. (1998). Behavior problems in sexually abused children: An adaptational perspective. In G.E. Wyatt & G.J. Powell (Eds.), *Lasting effects of child sexual abuse* (pp. 171-191). Newbury Park, CA: Sage Publications.
- Edwards, J. J., & Alexander, P.C. (1992). The contribution of family background to the long-term adjustment of women sexually abused as children. *Journal of Interpersonal Violence*, 7, 306-320.
- Gold, E.R. (1986). Long-term effects of sexual victimization in childhood: An attributional approach. *Journal of Consulting and Clinical Psychology*, 54(4), 471-475.
- Jehu, D., Klassen, C., & Gazan, M. (1985). Cognitive restructuring of distorted beliefs associated with childhood sexual abuse. *Journal of Social Work and Human Sexuality*, 4, 49-69.
- Johnson, B.K., & Kenkel, M.B. (1991). Stress, coping and adjustment in adolescent incest victims. *Child Abuse and Neglect*, 15, 293-305.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer Publishing Corporation.
- Leitenberg, H., Greenwald, E., & Cado, S. (1992). A retrospective study of long-term methods of coping with having been sexually abused during childhood. *Child Abuse and Neglect*, 16, 399-407.
- Long, P.J., & Jackson, J.L. (1993). Childhood coping strategies and the adult adjustment of female sexual abuse victims. *Journal of Child Sexual Abuse*, 2 (2), 23-39.
- Sgroi, S.M., & Bunk, B.S. (1988). A clinical approach to adult survivors of child sexual abuse. In S. Sgroi (Ed.), *Vulnerable populations: Evaluation and treatment of sexually abused children and adult survivors* (Vol. I). Lexington, MA: Lexington Books.
- Summit, R.C. (1983). The child abuse accommodation syndrome. *Child Abuse and Neglect*, 7, 177-193.
- Wyatt, G. E., & Newcomb, M. (1990). Internal and external mediators of women's sexual abuse in childhood. *Journal of Consulting and Clinical Psychology*, 58(6), 758-767.
- Wyatt, G.E., & Mickey M.R. (1988). The support by parents and others as it mediates the effects of child sexual abuse: An exploratory study. In G.E. Wyatt & G.J. Powell (Eds.), *Lasting effects of child sexual abuse* (pp. 211-226). Newbury Park, CA: Sage Publications.