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Impact des styles d'attachement dans le développement des symptômes traumatiques chez des femmes françaises victimes de violences sexuelles.

Impact of attachment styles in the development of traumatic symptoms in French women victims of sexual violence.

Online title : Styles d'attachement et psychotraumatisme chez des femmes victimes de violences sexuelles

Attachment style and psychotraumatism by women victim of sexual violences

Julien Bruno^a, Juliette Machado^a, Yoan Ferreira^a, Laura Munsch^a, Jérémie Silès^a, Tess Steinmetz^a, Christine Rotonda^a, Laura Vismara^b, Cyril Tarquinio^a

^a : Université de Lorraine, EA 4360 EPSAM – APEMAC, Metz, France

^b : Facoltà di Stidu Umanistici, Dipartimento di Pedagogia, Psicologia, Filosofia, 09123 Cagliari, Italia

Julien Bruno : 0648197402 – Laboratoire EPSAM-APEMAC – UFR SHS – Ile du Saulcy – 57001 Metz Cedex 1
julien.bruno@univ-lorraine.fr

Version Française

L'attachement insécure est caractérisée à la fois par des comportements anxieux et d'évitement. La littérature nous montre que ces deux variables jouent un rôle significatif dans le développement d'épisodes de stress post-traumatique (ESPT). L'objectif de cette étude est d'examiner le lien entre la présence de symptômes traumatiques après avoir vécu une violence sexuelle et le style d'attachement. Notre échantillon est composé de 189 femme ayant vécue au moins une fois une coercition sexuelle. La récolte des données a été conduite à travers un questionnaire en ligne via Survey Monkey. Les styles d'attachement adultes et les symptômes de l'ESPT ont été mesurés respectivement par « the Experiences in Close Relationships » (ECR) et « the Post-Traumatic Checklist Scale » (PCLS). Une analyse de régression linéaire multivariée a été conduite pour analyser l'association entre la qualité de l'attachement et le score total à la PCLS. Nos résultats ont confirmé une association significative entre l'attachement anxieux ou évitant et le développement de symptômes traumatiques. Ces résultats confirment le facteur aggravant que peut devenir l'attachement dans le développement de symptômes traumatiques lorsque des femmes subissent une ou des violences sexuelles. Pour ces raisons, il est important d'amener ces femmes à développer un attachement sécure en fournissant une base sûre en cas d'insécurité évaluée.

Mots clés : styles d'attachement, femmes victimes de coercitions sexuelles, ESPT, ECR, PCLS

Version Anglaise

The insecure attachment style is characterized by either anxiety or avoiding behaviors. Literature showed that these two variables play a significant role on the development of Post-Traumatic Stress disorder (PTSD). The aim of the present study was to examine the association between the presence of traumatic symptoms after a sexual violence and attachment style. The study sample consisted of 189 women who encountered at least one sexual coercion. An Internet-based data collection procedure on Survey-Monkey was used to measure the considered variables. Adult attachment styles and PTSD symptoms were measured by the Experiences in Close relationships (ECR) and the Post-Traumatic Checklist Scale (PCLS) questionnaire respectively. Multivariate linear regression was carried out to analyze the association between attachment quality and PCLS total score. Results confirmed the aggravating factor that attachment can become in the development of traumatic symptoms when women lived one or more sexual coercions. For such reasons, it is important to bring these women to develop a secure attachment by providing a secure basis in case of assessed insecurity.

Key words: attachment style, women victim of sexual coercions, ESPT, ECR, PCLS

Introduction

In Freud theory (Freud, 1926), the child bond to his mother is due to his physiological needs and the satisfaction of his libido. Bowlby (1969) questions this theory by asserting that the child's need for proximity with his mother is primary, that it is a distinct need for any libido and that this need is absolutely not secondary to the nourishing relationship. Thanks to Ainsworth's (Ainsworth, Blehar, Waters, & Wall, 1979) work on the paradigm of the Strange Situation, attachment is also conceptualized in terms of attachment styles, based on child's behavior at separations from the caregiver. A secure attachment style allows the child to feel supported and loved by his parental figures; the insecure attachment style emerges when the child does not feel sufficiently supported to cross the crises. Such experiences are internalized in working models (Bowlby, 1979) and influence the individual's perceptions, thoughts, feeling and behaviors. Over the last 30 years, it has been recognized that an adult's attachment style is closely related to his intimate and loving experiences with his partner (Hazan & Shaver, 1987). Brennan, Clark and Shaver (1998) have developed a tool to identify two insecure attachment styles from a questionnaire: anxious attachment, that is defined as a fear of partner abandonment, and attachment avoidance being defined by the avoidance of intimate proximity with the partner. In their theory, the authors explain that anxiety attachment is, as the name implies, associated to a high level of anxiety, whereas attachment avoidance to a strong tendency to use avoiding behaviors in the intimate relationship with the partner. Bartholomew and Horowitz (1991) completed such model by saying that the high level of avoidance is correlated to a negative model of the Other, and the high level of anxiety to a negative self model.

Since several years, clinicians and researchers have focused on the impact of attachment in the development of mental issues (Sroufe, Carlson, Levy, & Egeland, 1999). Insecure

attachment is not the direct origin of mental problems, but early childhood attachment, family context, and other social experiences may facilitate specific developmental trajectories. Within such perspective, it is relevant to study the link between attachment style and post-traumatic stress disorder (PTSD). PTSD concerns about 0.5% of the population (Rouillon, 2008) and is defined based on DSM-V criteria (APA, 2015). Co-morbidity is commonly associated with psychotraumatic disorders: depressive mood disorders, anxiety disorders, personality disorders, eating disorders and sexuality disorders, addictive behaviors and behavior at risk, somatic disorders (Louville & Salmona, 2013). In comorbid disorders, we can add attachment disorders. Indeed, several studies analyze the links between attachment styles and PTSD (Carr et al., 2009, Gore-Felton et al., 2013). The two previous studies show positive correlations between the two dimensions of insecure attachment and the development of traumatic symptoms.

In the general population, a European epidemiological study estimated the total prevalence of PTSD in Europe at 1 to 3% (Alonso et al., 2004). Moreover, in France, men are more likely to experience a traumatic event, but women are twice as likely to develop PTSD (Vaiva et al., 2008). On the other hand, women are more likely to experience sexual violence than men. When we talk about sexual violence, we talk about sexual coercion. "Sexual coercion describes the use of any tactic or strategy to engage another person in sexual behavior despite the absence of free and informed consent, or the overt expression of a refusal" (Benbouriche & Parent, 2018). A survey conducted by the National Institute of Demographic Studies (INED, 2015) shows us that 14.5% of women report having experienced at least one form of sexual assault (excluding harassment and exhibition) during their lifetime (against 3.9% among men) and 3.7% of women report having experienced at least one rape or attempted rape in their lifetime (compared to 0.6% of men). This finding underscores the importance of studying the impact of these events experienced by women on

the psychotraumatological level. Specifically, the purpose of this study is to show how attachment of adult women can play a role in the development of traumatic symptoms after experiencing sexual violence. In particular, we hypothesized that the development of posttraumatic symptomatology is associated with insecure attachment style dimensions, namely abandonment anxiety and avoidance of intimacy.

Patients and method

This study included 189 women with an average age of 35.7 years (SD = 13.14). Table 1 shows the socio-demographic data of the participants. The eligibility criteria were to be a woman aged at least 18 years old and to have experienced at least one sexual violence (sexual harassment, rape, sexual assault) and to be of French nationality. Women who received psychological support related to this or these sexual violence(s) were excluded from the study. The sample was recruited through the Thionvillose Association of Victims Assistance and Criminal Offenses and through an online victim assistance forum between January 2015 and January 2017. The data was collected using the online software SurveyMonkey.

Table 1 : sociodemographic datas

We used the following self-questionnaires:

Experiences in Close Relationships Inventory (ECR, (Brennan, Clark, & Shaver, 1998).

The ECR 1 is a 36-item self-report inventory designed to measure two underlying dimensions of adult attachment: attachment-related avoidance (discomfort with closeness and depending on others) and attachment-related anxiety (fear of rejection and abandonment). Participants respond on a 7-point scale ranging from 1 (disagree strongly) to 7 (agree strongly), the extent to which each item generally describes their feelings in close relationships. Eighteen items

assess attachment avoidance, and 18 items assess attachment anxiety. The ECR dimensions have good internal consistency (across various studies range from .89 to .95; (Wei, Russell, Mallinckrodt, & Vogel, 2007). In the current sample, the Cronbach's alpha internal consistency coefficients were .89 for attachment anxiety and .85 for attachment avoidance.

Post-Traumatic Checklist Scale (PCLS) (Weathers, Litz, Herman, Huska, & Keane, 1993; Yao et al., 2003).

The PCLS is a 17-item self-report checklist that assesses posttraumatic symptomatology. Items correspond to the three Diagnostic and Statistical Manual of Mental disorders (fourth edition, DSM-IV): re-experiencing (items from 1 to 5), avoidance (items from 6 to 12) and hyperarousal (items from 13 to 17). Participants indicated, using a 5-point scale ranging from 1 (not at all) to 5 (extremely), the extent to which they have been bothered in the past month by "problems and complaints that people sometimes have in response to stressful life experiences". If the total score is more than 44, PTSD can be diagnosed, between 34 and 44, partial-PTSD can be diagnosed, less than 34, no PTSD can be diagnosed. In the current sample, the Cronbach's alpha internal consistency coefficients were .87 for re-experiencing's dimension, .82 for avoidance's dimension and .86 for hyperarousal's dimension.

Statistical analysis

Descriptive analyzes were conducted. Pearson correlations were tested to study the links between the scores of our questionnaires. A step-by-step regression was used to examine associations between the scores of our questions and our sociodemographic data. The analyzes were conducted using IBM SPSS 21 software. A significance of at least $p < .05$ was used to consider statistical significance.

Results

In regards to attachment scores, the mean attachment score was 4.38 (SD = 1.10) for attachment anxiety and 3.62 (SD = .91) for intimacy avoidance. All dimensions of PCLS were positively and significantly correlated with attachment scores (see Table 2). The strongest correlation was found between the PCLS avoidance score and the intimacy avoidance score ($r = .42, p < .01$).

Table 2: Correlational matrix between variables of interest

The multivariate step-by-step regression results (Table 3) showed that attachment anxiety (beta = .30, $p < .001$), avoidance of intimacy (beta = .28), and education level (beta = -.21, $p = .009$) predict the development of traumatic symptoms ($R^2_{\text{adjust}} = .23$).

Table 3 : Factors associated with PCLS total score ($n=189$)

Discussion

The purpose of the study was to investigate the relationship between attachment anxiety and avoidance of intimacy with the appearance of traumatic symptoms in a sample of women who were victims of sexual violence. Specifically, in agreement with previous studies (Baranyi et al., 2010, Carr et al 2009, Gore-Felton et al., 2013, Woodhouse, Ayers and Field, 2015), we found a positive correlation between the two dimensions. insecure attachment and avoidance and severity of symptoms of PTSD. Even though, it is well known that insecure attachment does not directly cause psychopathological symptoms, early childhood attachment and other significant relationships can influence the way of dealing with and coping with important life events, including traumatic experiences (Woodhouse, Ayers, & Field, 2015; Wright, Firsick, Kacmarski, & Jenkins-Guarnieri, 2017).

It has been shown that attachment anxiety is associated with mental rumination on negative thoughts, affects, and memories in face of stressful events (Besser, Neria, & Haynes, 2009);

that is, individuals with a high score of attachment anxiety tend to be hypersensitive to experienced problems. Thus, they tend to cope with behaviors which are in line with some dimensions of traumatic symptoms, in particular, hyperarousal and re-experiencing. Such response may be explained by the fact that internal working models of attachment anxious subjects represent themselves as useless and the others as unpredictable and untrustworthy. Mikulincer, Florian, & Weller (1993) found that anxious-ambivalent attachment, as assessed by Hazan and Shaver's (1987) original romantic attachment measure, was associated with more posttraumatic distress, depression, hostility, and anxiety. Browne and Winkelman (2007), instead, did not reveal any direct relationship between the adult attachment dimensions of anxiety or avoidance and general trauma symptoms, although trauma-related cognitive distortions (i.e. self-criticism, self blame, helplessness, hopelessness, and preoccupation with danger) mediated the relationship between attachment-related trauma (childhood abuse) and trauma symptoms. In addition, attachment anxiety has proved to mediate the relationship between adolescent (before age 18) or adult sexual victimization and PTSD symptomatology (Sandberg, Suess, and Heaton, 2010).

The strongest association observed in our study was between avoidance of intimacy and PCLS avoidance score. Avoidance of intimacy is characterized by mistrust in relationships, emotional and behavioral distancing. As evidenced by the empirical results, avoidants adopt a mechanism of deactivation of affect regulation, characterized by negation of the effects of negative emotions and events, and difficulty in seeking help from others (Shaver & Mikulincer, 2002). Such traits can lead to several psychopathological risks associated with altered emotion regulation processes, distancing strategies, compulsive self-sufficiency, and lower levels of social support and receptive perception of others. (Ein-Dor, Viglin, & Doron, 2016). These vulnerabilities are particularly relevant in the context of sexual violence and can be considered in continuity with the symptoms of PTSD avoidance, since they contribute to

the failure in the development of traumatic memories, to the habituation of emotions. Negative factors associated with the trauma and extinction of fear responses related to traumatic reviviscences (Pineles et al., 2011). Our results, in short, confirm the importance of the role of insecure attachment on the beginning and maintenance of life. PTSD. These data highlight the need to recognize the attachment styles and representations of victims to prevent the chronicity and severity of PTSD symptoms.

Nevertheless, our study has some limitations. First, the participants are not representative of the population; indeed, the study was aimed at women whose participation was voluntary, which prevented the generalization of our results. Second, the data was collected through self-reports. Such measures may be biased by social desirability and may not provide accurate reports. Future research should fill these gaps. In addition, a longitudinal approach would provide important information on the role of early attachment experiences in terms of preventing undesirable psychological effects after a traumatic event such as sexual violence.

We must remember that attachment is not the only risk factor that contributes to the development of PTSD symptoms. A multifactorial model must be considered. Among these variables, our study confirms that a lower level of education represents a significant vulnerability. Indeed, a lower level of education is often associated with poor economic resources, low social status, poor social networks and non-adaptive health behavior. (Aue, Roosen, & Jensen, 2016; Azevedo Barros, Lima, Medina, Szwarcwald, & Malta, 2016).

Conclusion

Although our study has a number of biases, this study makes a valuable contribution to confirming the role of attachment in the context of the development of traumatic symptoms in women who are victims of sexual violence.

In particular, our findings have highlighted a specific type of trauma victim: women who have experienced sexual violence and who have been able to talk about it. In our sample, avoidance of intimacy played an important role in the development of symptoms. For this reason, we believe that attachment styles should be recognized to identify possible trajectories of symptomatology and, therefore, to plan targeted and more effective intervention programs for these women who are victims of sexual violence.

Declaration of interest

The authors declare that they have no links of interest.

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Figure Anglais

Table 1 : sociodemographic datas

Variables	%	
Age (Mean= 35.70; SD= 13.14);		
Country	France	78.8
	Belgium	9.0
	Canada	2.1
	Italy	0.5
	Missing data	9.5
Profession	<i>Artisans, entrepreneurs</i>	7.4
	High intellectuals	27.0
	Intermediates	10.1
	Employees	18.0
	retirees	1.6
	Without activity	36.0
Education level	Primary school	13.8
	Secondary school	18.0
	Bachelor degree	21.7
	Master degree	31.7
	PhD	5.8
Marital status	married	20.1
	Divorcee	8.5
	Separated	9.0
	widow	1.1
	single	36.5
	Civil union	24.9

Table 2: Correlational matrix between variables of interest

Variables	Mean	SD	1	2	3	4	5	6
1. Attachment anxiety	4.38	1.10	1					
2. Avoidance of intimacy	3.62	.91	.08	1				
3. PCLS total score	49.04	16.13	.37**	.36**	1			
4. PCLS avoidance score	19.10	7.11	.33**	.42**	.91**	1		
5. PCLS hyperarousal score	15.19	5.85	.38**	.24**	.87**	.69**	1	
6. PCLS reexposition score	14.70	5.31	.26**	.30**	.86**	.65**	.67**	1

PCLS: Posttraumatic checklist scale ; ** : p<.001

Table 3 : Factors associated with PCLS total score (n=189)

Variables	Bêta	P
Attachment anxiety	.30	< .001
Avoidance of intimacy	.28	< .001
Education level	-.21	.009
R²	0.23	

The linear regression model was adjusted for country, occupation, education level, type of sexual violence, marital status