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MEDIATORS OF THE LONG-TERM IMPACT OF CHILD SEXUAL ABUSE: PERCEIVED STIGMA, BETRAYAL, POWERLESSNESS, AND SELF-BLAME

PATRICIA COFFEY, HAROLD LEITENBERG, KRIS HENNING, TONIA TURNER,
AND ROBERT T. BENNETT

Department of Psychology, University of Vermont, Burlington, VT, USA

Abstract—Using a community sample of 192 adult women who had been sexually abused during childhood, the present study tested the hypothesis that perceived stigma, betrayal, powerlessness, and self-blame mediate the long-term effects of child sexual abuse. A path analysis indicated that the level of psychological distress currently experienced by adult women who had been sexually abused in childhood was mediated by feelings of stigma and self-blame. This result provides partial support for Finkelhor and Browne's (1985) traumagenic dynamics model of child sexual abuse. The limitations of the study are discussed.

Key Words—Sexual abuse, Child sexual abuse, Self-blame, Stigma.

INTRODUCTION

A HISTORY OF childhood sexual abuse has been consistently associated with a number of interpersonal and psychological difficulties in adulthood (for reviews, see Beitchman, 1992; Briere & Runtz, 1993; Browne & Finkelhor, 1986; Wyatt & Powell, 1988). However, childhood sexual abuse does not inevitably lead to adult disorders. While there is an association between abuse and adult adjustment, the degree of negative impact varies considerably. Research suggests that some of these individual differences in responding to the sexual abuse can be accounted for by characteristics of the abuse experience itself. For example, greater force, higher levels of sexual activity, and paternal incest appear to be associated with poorer long-term adjustment in female survivors of childhood sexual abuse (Browne & Finkelhor, 1986). In addition, it has been shown that the degree of support a person receives from parents and others following disclosure of sexual abuse can moderate the negative long-term effects (Bagley & Ramsey, 1986; Testa, Miller, Downs, & Panek, 1992; Wyatt & Mickey, 1987) and perhaps even mediate them (Roesler, 1994). Several recent studies have also found that strategies of coping with the sexual abuse may be related to long-term psychological adjustment (Johnson & Kenkel, 1991; Leitenberg, Greenwald, & Cado, 1992).

In comparison to these moderating factors, much less research has addressed the psychological processes that may underlie or mediate the long-term effects of childhood sexual abuse. It has been suggested that in particular the manner in which survivors cognitively process

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Reprint requests should be addressed to Harold Leitenberg, Ph.D., Department of Psychology, University of Vermont, Burlington, VT 05405.

various abuse and assault experiences (Draucker, 1989; Koss, 1990) may mediate the long-term effects.

Finkelhor and Browne (1985) propose a model called the Traumagenic Dynamics Model of Child Sexual Abuse. As they define it, a traumagenic dynamic "alters children's cognitive and emotional orientation to the world, and create trauma by distorting children's self-concept, world view, and affective capacities." (Finkelhor & Browne, 1985, p. 531). They hypothesize that the impact of abuse can be accounted for by four traumagenic dynamics: (a) Stigmatization; (b) Betrayal; (c) Powerlessness; and (d) Traumatic sexualization. Stigmatization "refers to the negative connotations—for example, badness, shame, and guilt that are communicated to the child around the experiences and that then become incorporated into the child's self-image" (p. 532). Betrayal "refers to the dynamic by which children discover that someone on who they were vitally dependent had caused them harm" (p. 531). Powerlessness "refers to the process in which the child's will, desires, and sense of efficacy are continually contravened" (p. 532). Traumatic sexualization "refers to a process in which a child's sexuality . . . is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse" (p. 531).

Finkelhor and Browne's (1985) model suggests that these dynamics shape the way the survivor interacts with the world, possibly accounting for the psychological and interpersonal problems that are characteristic of childhood sexual abuse survivors. The relationship between these variables and either child or adult adjustment, however, has not been empirically established.

Although Finkelhor and Browne (1985) referred to these traumagenic dynamics at the time of the abuse during childhood, internalized thoughts and feelings regarding the abuse may still play a role in adjustment long afterwards. These perceptions may be internalized during childhood and retained into adulthood or they may change during development. In either case, the extent to which they are felt during adulthood may also account for differing levels of psychological adjustment in adults who experienced childhood sexual abuse.

Finkelhor and Browne (1985) combined characteristics of the abuse, cognitions, feelings, and behavioral outcome within the dynamics of stigma, betrayal, powerlessness, and traumatic sexualization. For the purposes of this study, however, only beliefs and feelings of stigma, betrayal, and powerlessness were assessed. Although Finkelhor and Browne (1985) predict that different traumagenic dynamics may have specific behavioral effects, there is also overlap in their hypothesized effects and based on their theory one would also predict that each should contribute to a general measure of psychological distress. The traumatic sexualization dynamic was not assessed in the present study because there is less emphasis on cognitive mediation and more emphasis on conditioning in Finkelhor and Browne's model. In addition, the symptoms predicted by traumatic sexualization are primarily in the sexual realm which is not assessed well by a measure of general psychological distress. Instead, the dynamic of self-blame was added. Self-blame involves the survivor feeling responsible for the abuse happening and/or not ending sooner because of a flaw in their character or behavior. Although self-blame has previously been shown to be associated with poorer long-term adjustment (Gold, 1986; Seidner, Calhoun, & Kilpatrick, 1985; Wyatt & Newcomb, 1990), it has not been examined while taking into account perceived stigma, betrayal, and powerlessness. Accordingly the present study examined the relationship between general adult psychological adjustment and current perceptions of stigma, betrayal, powerlessness, and self-blame in response to childhood sexual abuse experiences. Based upon Finkelhor and Browne's (1985) model of traumagenic dynamics it was hypothesized that each of these variables should contribute to general psychological distress.

A mediational model was tested via path analysis. Path analysis allows for the testing of hypothesized mediational relationships by determining via regression analyses the indirect and direct relationships between the variables of interest. In formulating the model, adult

adjustment was considered the outcome variable. Characteristics of the abuse experience were considered exogenous variables since it was assumed that variability in these factors is due to causes outside of the causal model. Perceived stigma, betrayal, powerlessness, and self-blame were considered endogenous variables intervening between the exogenous variables and outcome. It was hypothesized that the relationships between characteristics of the abuse experience and adult adjustment would be mediated by perceived stigma, betrayal, powerlessness, and self-blame.

METHOD

Subjects and Procedures

A total of 666 women participated in this study. One hundred and ninety two (29%) of the women in this sample had been sexually abused during childhood. This percentage is consistent with results of a recent national phone survey on child sexual abuse which found that 27% of women had been sexually abused during childhood (Finkelhor, Hotelling, Lewis, & Smith, 1990). These participants were located by sending a questionnaire to 6,000 randomly selected women from the voter registration list of a small New England city. Potential participants received the full questionnaire in the mail, along with a cover letter and lay summary. A pre-stamped return envelope was enclosed and the survey was entirely confidential and anonymous. Potential subjects were invited to return a separate card if they wished to enter a lottery form of compensation for their participation in the study (one winner of \$500 and five winners of \$100).

The mean age of the sexually abused sample was 40.39 ($SD = 13.6$), with a range of 19--80. This was comparable to 1990 census data in our community, which indicated that the mean age of all women over 18 in this community was 38.44. Also, consistent with the population of this community, 97% of the abused sample were White. Fifty-eight percent were married or living with a partner, and 62.5% had at least one child. Average family income was approximately \$30,000, which is comparable to the census median family income of \$35,943. The sample tended to be well-educated, with the mean level of education being some college experience (census data for education level of adult women in our community was unavailable for comparison.) The only significant demographic differences between the abused and nonabused respondents were in age and income, with the abused sample being younger (40.39 vs. 43.70), $t(1,627) = < .008$, and having a lower income (3.28 vs. 3.69 with 3 = \$20-\$30,000 and 4 = \$30-\$40,000), $t(1,627) = 2.74 < .006$.

While the demographic data of our sample are fairly consistent with our community, the sample is clearly not representative of the U.S. population as a whole. The low response rate (10%) also raises questions concerning the presence of a systematic bias in who chose to participate (e.g., perhaps less distressed individuals). If we had recruited 192 abused women through media advertisements, the same problems inherent in recruiting "opportunistic" rather than truly random and representative samples would be present. This is clearly a methodological limitation of the present study as well as most others in this area.

Definition of Childhood Sexual Abuse

Childhood sexual abuse was defined as any sexual activity involving physical contact that occurred before the age of 16 (i.e., 15 or under) with either a perpetrator who was at least 5 years older than the respondent at the time or with a perpetrator who was not 5 years older but physically forced the respondent to engage in the sexual activity. This definition was designed to rule out consensual sex-play between children, but consider as child sexual abuse

any contact with someone 5 or more years older due to the power differential present in this age gap. We chose these age limits and age discrepancy because they are customary in studies of child sexual abuse (Finkelhor, 1984). Moreover in most states, sexual activity between an adult and a minor is considered criminal if the minor is under age 16. In addition, while some research includes in the definition of child sexual abuse the showing or viewing of genitals, we restricted our sample to those who had physical contact with the perpetrator, such as being fondled or penetrated. If the respondent had multiple sexual abuse experiences during childhood she was asked to answer a series of questions on the incident which she believed had the greatest impact (direction of impact was not specified). Information was obtained regarding the age when the abuse first occurred, how often it occurred, the length of time over which the abuse occurred, the degree of physical force or threat of physical force employed, the level of sexual activity that occurred, and the relationship of the perpetrator to the respondent.

Table 1 summarizes the abuse characteristics for our sample. The mean age at which the abuse occurred was 9.5 years. Fifty-four percent reported some form of genital penetration or attempted penetration and the remainder consisted of oral sex (3.6%) and fondling (42.7%). The perpetrator was most frequently an acquaintance, (47.4%) followed by some relative other than a parent, (28.4%). A father or stepfather (14.2%) and strangers accounted for the fewest incidents (10%).

Measure of Current Psychological Functioning

For the purposes of this study we wanted to use a general measure of psychological adjustment that has been found before to differentiate abused and nonabused samples. Accordingly,

Table 1. Characteristics of the Sexual Abuse

| | |
|---|------|
| Mean Age When Abuse Occurred | 9.47 |
| Frequency | % |
| Once | 45.5 |
| 2-9 times | 33.1 |
| 10+ times | 21.3 |
| Duration | |
| One day | 41.7 |
| < 1 month to 1 year | 27.4 |
| > 1 year to 5 years | 20.6 |
| 5-10 years | 5.7 |
| 10+ years | 4.6 |
| Level of Force | |
| 1 = Not at all | 45.5 |
| 2 = | 10.2 |
| 3 = | 11.2 |
| 4 = | 10.2 |
| 5 = | 5.3 |
| 6 = | 7.5 |
| 7 = Very much so | 10.2 |
| "Highest" Level of Sexual Activity | |
| 1 = Touching of nongenitals in a sexual way | 7.8 |
| 1 = Touching of genitals | 34.9 |
| 3 = Oral sex | 3.6 |
| 4 = Penetration w/object or finger | 18.2 |
| 5 = Attempted intercourse | 19.3 |
| 6 = Completed intercourse | 16.1 |
| Relationship to Perpetrator | |
| Stranger | 10.0 |
| Acquaintance | 47.4 |
| Other relative | 28.4 |
| Father or stepfather | 14.2 |

the Brief Symptom Inventory (BSI, Derogatis & Spencer, 1982) was used to measure current levels of psychological distress. Each of the 53 items of the BSI is rated on a 5-point Likert type scale ranging from 0 "not at all," to 4 "extremely." Subjects are asked to rate the degree of distress for the past week. This measure has been used with both nonclinical and clinical populations and it is reported to have good convergent and predictive validity (Derogatis & Spencer, 1982). The general measure of psychological functioning obtained from the BSI is the Global Severity index (GSI). Of the three global indexes available from the BSI, the GSI was chosen because it provides the most sensitive single indicator of the subjects' distress level combining information on both the total number of symptoms reported and the intensity of distress experienced. Test-retest reliability for the GSI has been reported to be .90 by Derogatis and Spencer (1982). Because the subscales of the BSI are not as reliable and are of questionable validity, they were not analyzed.

Measures of Stigma, Betrayal, Powerlessness, and Self-Blame

There are no established measures to assess these internalized beliefs so scales were developed for the purpose of this study. The participants were asked to complete each of these scales in terms of how they feel about the childhood sexual abuse experience now, from their adult perspective.

The stigma scale consisted of four items and had an internal consistency alpha of .78. The betrayal scale consisted of four items and had an internal consistency alpha of .91. The powerlessness scale consisted of three items and had an internal consistency alpha of .94. The self-blame scale consisted of seven items and had an internal consistency alpha of .82. Table 2 presents the specific questions asked within each subscale. These questions were answered along a 7-point Likert type scale from 1 "not at all to 7 "very much so." As with any self-report measure we cannot be certain that respondents are accurately reporting their feelings.

Table 2. Scales Measuring Stigma, Betrayal, Powerlessness, and Self-Blame

| | |
|----------------------|---|
| Stigma | |
| 1. | How ashamed do you feel about this experience? |
| 2. | How much do you think others would blame you for what happened? |
| 3. | How much do you think you were different from other kids because of this experience? |
| 4. | How much do you feel tainted ("dirtied") by this experience? |
| Betrayal | |
| 1. | How much do you feel your trust was violated by this experience? |
| 2. | How much do you feel betrayed by this? |
| 3. | How much do you feel people who you trusted let you down by what happened? |
| 4. | How much do you feel that your faith in another person was broken by this experience? |
| Powerlessness | |
| 1. | How powerless do you feel about this experience? |
| 2. | How helpless do you feel about this experience? |
| 3. | How defenseless do you feel about this experience? |
| Self-Blame | |
| 1. | How much do you feel you were personally to blame for what happened? |
| 2. | How much do you feel that the type of person you are, rather than your behavior at the time, is to blame for this sexual experience? |
| 3. | How much do you feel that your behavior at the time, rather than the type of person you are, is to blame for this sexual experience? |
| 4. | How much do you feel to blame for this sexual experience happening at all such that it might not have happened if you weren't involved? |
| 5. | How much do you feel to blame for this sexual experience occurring because you were not able to modify or change it more than you did? |
| 6. | How much do you feel to blame for this sexual experience occurring because you acted in a way to allow it to happen? |
| 7. | How much do you feel any guilt related to this sexual experience? |

but obviously there are no behavioral or observational measures that can be employed and a self-report measure allows anonymity which may increase accuracy.

RESULTS

Comparison of Abused and Nonabused Groups

While the primary purpose of the present study was to determine via path analysis the relationship between characteristics of the abuse experience, perceived stigma, betrayal, powerlessness, and self-blame and current psychological adjustment, it is worth first noting that our sample of sexually abused women did exhibit more psychological symptoms than a nonabused comparison group. An ANCOVA controlling for age and income found that the mean GSI score for the sexually abused group ($M = .90$, $SD = .75$) was significantly greater than for the comparison group ($M = .49$, $SD = .49$), $F(1,627) = 56.87$, $p < .000$. These are not adjusted means and it should be observed that an ANOVA yielded a similar significant difference between the groups. In addition, a significantly greater percent of the women in the sexual abuse group had GSI scores in the clinical range (T score greater than 63) compared to the comparison group, (44% vs. 21%), $\chi^2(1, N = 627) = 35.93$, $p < .000$.

Path Model

Path analysis was used to test the mediational model. Regression analyses were conducted on the GSI score in order to explore mediational and direct relationships that may be present. In each regression all independent variables hypothesized to predict a given variable were entered simultaneously. The hypothesized mediational relationships between perceived stigma, betrayal, powerlessness, and self-blame and characteristics of the abuse and adult adjustment were partially supported by the results of this analysis. When characteristics of the abuse (e.g., relationship to the perpetrator, highest level of sexual activity involved, duration, frequency, level of force used in the abuse, and age abuse first occurred) were entered into the model to predict the mediators, the level of sexual activity was the only characteristic of the abuse that accounted for unique variance in the mediator variables. Therefore for the remainder of these analyses the only characteristic of the abuse that will be tested in the mediational model is the level of sexual activity involved in the abuse. The standardized regression coefficients for each path in the hypothesized model predicting the Global Severity Index are presented in Figure 1. The dotted lines indicate paths that were tested but were not significant.

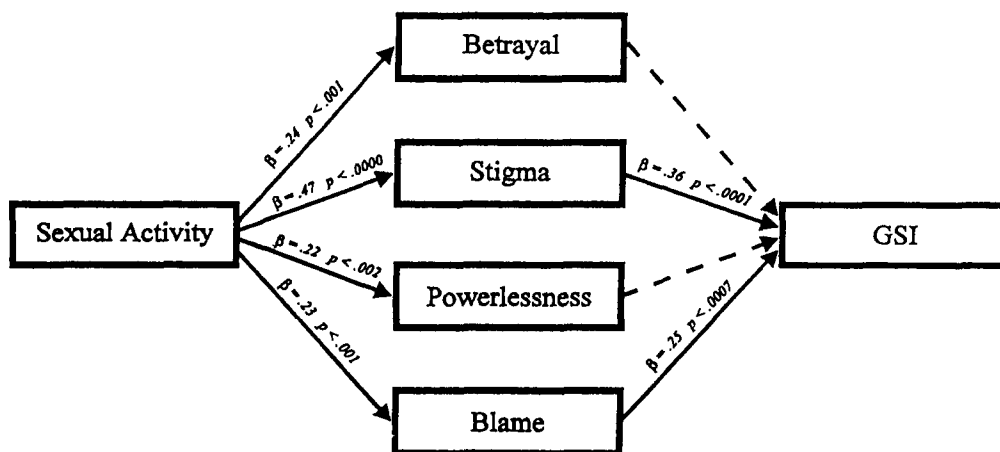


Figure 1. Path Analysis

Regression analyses entering only the level of sexual activity to predict the mediator variables found that level of sexual activity was related to stigma ($B = .47$), $F(1,181) = 51.22$, $p < .0000$, powerlessness ($B = .22$), $F(1,182) = 9.68$, $p < .002$, self-blame ($B = .23$), $F(1,185) = 10.64$, $p < .001$, and betrayal ($B = .24$), $F(1,182) = 11.26$, $p < .001$. The level of sexual activity was also a direct predictor of the GSI when entered into a regression as the sole predictor ($B = .29$), $F(1,180) = 16.90$, $p < .0001$. However, when level of sexual activity and the mediator variables were used in combination to predict GSI, this analysis yielded an χ^2 of .33, $F(5,168) = 16.71$, $p < .0000$ and the only predictors that accounted for unique variance in the GSI were two of the mediators. They were stigma ($B = .36$), $F = 17.04$, $p < .001$ and self-blame ($B = .25$), $F = 11.99$, $p < .0007$. The level of sexual activity was no longer a significant predictor of the GSI score when the mediators were entered into the equation. The results of this path analysis therefore indicate that the only mediational paths in predicting adjustment on the GSI were for level of sexual activity via stigma and self-blame.

DISCUSSION

The path analysis indicated that current perceptions of stigma and self-blame mediated the relationship between a childhood sexual abuse experience and adult adjustment as measured by the Brief Symptom Inventory (BSI). More specifically the levels of sexual activity involved in the abuse accounted for unique variance in both stigma and self-blame which in turn accounted for unique variance in the Global Severity Index (GSI) of the BSI.

Baron and Kenny (1986) argue that a mediational model is supported if the following results are obtained in a series of regression analyses: (a) the independent variable (level of sexual activity) is related to the mediator(s); (b) the independent variable is related to the dependent variable (GSI); (c) the mediators are related to the dependent variable even after the independent variable is included in the equation; (d) the relation between the independent variable and the dependent variable decreases once the mediator is included in the equation. The results of this analysis are consistent with all four points providing further support for the mediational model tested.

These results suggest that the survivor's current perceptions of stigma and self-blame associated with the experience of childhood sexual abuse mediate the relationship between the experience of being sexually abused and the long-term adjustment problems often present for survivors of child sexual abuse. Because the path analysis tests a particular mediation model it is also fair to say that these results support the hypothesis that stigma and self-blame may underlie the long-term negative impact of a child sexual abuse experience. Thus, partial support is provided for Finkelhor and Browne's (1985) traumagenic model of child sexual abuse.

While self-blame has previously been found to be associated with poorer long-term adjustment for sexual abuse survivors (Gold, 1986; Seidner, Calhoun, & Kilpatrick, 1985; Wyatt & Newcomb, 1990) the relationship between stigma and adjustment has not been demonstrated previously. Clearly feelings of self-blame and stigma regarding child sexual abuse can linger long into adulthood. This sense of feeling ashamed, tainted, and blameworthy regarding the abuse may impact adjustment by affecting the survivor's core beliefs about their worth as a person. Struggling with these feelings may result in heightened levels of psychological distress. These findings further suggest that feelings of both stigma and self-blame in adulthood are particularly affected by the level of sexual activity involved in the abusive experience. It may be that higher levels of sexual activity result in an increased sense of being "damaged goods" and tainted due to a greater sense of personal and societal violation. Certainly society considers intercourse to be the most taboo form of sexual contact with children. In addition, with more

extensive sexual contact the survivor may feel they had more opportunity to stop the occurrence of the abuse, and consequently experience greater levels of self-blame.

However, caution needs to be exercised in interpreting these results. These analyses were conducted with adults and not children. Powerlessness and betrayal may play a more salient role in mediating adjustment during childhood than they do in adulthood. Retrospective studies such as the present one also suffer from the methodological question of representativeness. The people who chose to participate in this study were self-selected and only a small subset of the larger pool from which they were drawn. They may be more distressed or they may be less distressed than other child sexual abuse survivors and as a result they may or may not have similar cognitions surrounding the abuse.

In addition, although a path analysis tests a causal model it cannot really prove a cause and effect relationship. In the absence of a prospective design beginning in childhood when the abuse first occurred, it is not possible to determine whether feelings of stigma and self-blame developmentally influence adjustment more than adjustment influences feelings of stigma and self-blame. While there is a clear need for prospective research on this topic, it would also be problematic since only a minority of people who have been sexually abused report this abuse during childhood.

Despite these sample limitations, what adds some confidence to these findings is that the number of subjects in the abuse sample was relatively large (192), the sample was not recruited from just clinical or college student populations, and the characteristics of the abuse and the percent of abused subjects are similar to that of other general population surveys.

In conjunction with prevention efforts to stop the occurrence of child sexual abuse, strategies need to be implemented that can address factors that mediate the impact of abuse. Research needs to explore what those target factors might be. The present study takes a step in this direction by examining the mediational relationship between one's cognitive processing during adulthood of the childhood sexual experience and adult adjustment. Further research is needed to determine whether therapeutic interventions designed to address perceived stigma and self-blame can result in improved adjustment for adult survivors of child sexual abuse. It is important to note that while perceptions of stigma and self-blame are measured on an individual level, broader societal factors may contribute to an individual's development of thoughts and feelings about the abuse. Research does suggest that adult survivors of incest are in fact stigmatized by others (Tomlin, 1991). While research needs to explore whether individual interventions may result in relief for survivors suffering from the impact of child sexual abuse, clearly broader societal factors such as the blaming and stigmatizing of victims also need to be addressed.

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Résumé—À partir d'un échantillon de 192 femmes qui avaient été victimes d'abus sexuels durant leur enfance, l'étude a voulu vérifier l'hypothèse que la honte, la trahison, l'absence de pouvoir et le blâme de soi sont des facteurs qui influent sur les effets à long terme des agressions sexuelles. Une analyse indique que le niveau de détresse psychologique que connaissent ces victimes était affecté par les sentiments de honte et de blâme de soi. Ce résultat corrobore en partie les modèles de Finkelhor et de Browne (1985) sur la dynamique reliée aux traumatismes. L'article discute des limites de l'étude.

Resumen—En esta investigación se analizó la hipótesis de que los sentimientos de estigmatización, de traición, de impotencia y de autoinculpación son mediadores de los efectos a largo plazo del abuso sexual infantil. Para ello, se utilizó una muestra comunitaria de 192 mujeres adultas que habían sido víctimas de abuso sexual durante la infancia. El "análisis de vías" indicó que el nivel de malestar psicológico experimentado actualmente por una mujer adulta que había sido abusada sexualmente en la infancia, está mediatizado por los sentimientos de estigmatización y de autoinculpación. Este resultado proporciona apoyo parcial al modelo de la génesis dinámica del trauma de Finkelhor y Browne (1985). Se discuten las limitaciones de la investigación.