Table 1. Summary of reviewed studies (*N* = 138).

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| Studies | Trauma type | Sample | Sample characteristics | Measures | Attachment-related findings | StudyQuality |  |
| Alexander (1993) | Childhood incest | 112 community females | 100% female; mean age = 37 | IES; RQ | Insecure attachment associated with PTSS intrusion symptoms (avoidance of childhood abuse memories). | Fair |  |
| Alexander et al. (1998) | Childhood incest | 92 community females | 100% female; mean age = 37 | BDI; IES; FAS; SCL-10 | Att style was not significantly associated with PTSS or depression. | Fair |  |
| An et al. (2018) | Natural disaster | 443 Chinese adolescents | 53% female; mean age = 14 | CPSS; IPPA-R | Parental att and PTSS were negatively correlated. Mindfulness mediated the relationship between parental att and PTSS. | Fair |  |
| Andersen et al. (2011) | NIPT | 1618 individuals with whiplash | 1276 female; mean age = 43 | HTQ; RAAS | Att anx and close-dependency were positively correlated with PTSS. Att anx accounted for 13% of PTSS variance.  | Fair |  |
| Andersen et al. (2015) | War captivity | 60 ex-POWs and 44 controls | 100% male; mean age = 58 and 59 | ECR; PTSD-I | Att anx and avoid were positively associated with PTSS. PTSS moderated the association between att avoid and clinical pain.  | Fair |  |
| Arikan et al. (2016) | NIPT and IPT | 393 British university staff and students | 85% female; mean age = 20 | ECR-R; PDS; PTCI | PTSS was associated with avoid and anx att; avoid att predicted negative posttraumatic world cognitions; anx att predicted negative posttraumatic self-cognitions. | Fair |  |
| Armour et al. (2011) | Motor vehicle accidents | 1567 victims with whiplash | 79% female; mean age = 43 | RAAS; TSC-33 | Participants were classified as fearful (19%), preoccupied (35%), and secure (47%). Fearful participants displayed the greatest symptoms of PTSD, depression, and anxiety.  | Fair |  |
| Ayotte et al. (2017) | Mixed | 130 adolescent residential patients | 100% female; mean age = 15 | TSCC; TSI-2 | Pre-treatment PTSS was positively associated with post-treatment insecure att (assessed with TSI-2). | Good |  |
| Bachem et al. (2018) | NIPT and IPT | 164 ex-POWs and 185 combat veterans | Mean age at T1 = 40 | AASQ; PTSD-I  | Two att anx trajectories (stability, decrease) and three att avoid trajectories (s, d, and inverse u-shaped) were indicated. The inverse u-shaped avoid trajectory was related to high PTSS. | Good |  |
| Benoit et al. (2010) | NIPT and IPT | 36 emergency admissions patients | 44.4% female; mean age = 33 | AAP Interview; IES-R | Secure att was inversely related to PTSD. Substance use and emotion-focused strategies mediated the relationship between att and PTSS. | Fair |  |
| Berant & Pizem (2015) | Terror attacks | 53 Israeli rescue workers | 100% male; mean age = 37 | ECR; IES | Anx att was related to PTSS. | Fair |  |
| Berry et al. (2015) | NIPT and IPT | 50 hospital patients with psychosis | 20% female; mean age = 38 | IES-R; PAM | Anx att predicted psychosis-related PTSS, hospital-related PTSS, and greater past trauma events. | Fair |  |
| Besser & Neria (2010) | Missile fire | 135 Israeli students  | Gender unknown; mean age = 24 | ECR-R; PHQ-9; PTSD-I | Att anx predicted PTSD. Att avoid was not related to PTSD | Good |  |
| Besser & Neria (2012) | Missile fire | 135 Israeli students  | Gender unknown; mean age = 24 | ECR-R; PTSD-I | Att anx predicted decreased perceived social support and PTSS. Att avoid was not related to all three clusters of PTSD. | Fair |  |
| Besser et al. (2009)  | Long-term missile threat | 254 Israeli adults exposed to threat  | 56% female; mean age = 33 | ECR-R; PTSD-I | The association between att anx and PTSS was mediated by perceived stress. Att avoid was not related to PTSD. | Fair |  |
| Bitstricky et al. (2017) | IPT | 132 online respondents and university students | 86% female; mean age = 36 | ECR-S; PCL | Avoid att positively predicted PTSS via the effect of lower interpersonal incompetence. Anx att was not analyzed.  | Fair |  |
| Bogaerts et al. (2008) | Work-related critical incident | 212 Belgian workers: 68 direct exp, 67 indirect exp, 77 nonvictims | 100% male;mean age = 42 | DTS; RQ | Active victims were more insecurely attached and had more PTSD symptoms than their counterparts. Anx-preoccupied, dismissive-avoid, and fearful-avoid att styles did not differentiate between the three groups. | Fair |  |
| Bogaerts et al. (2009) | Work-related critical incident | 79 Belgian security workers | 100% male;mean age = 42 | DTS; RQ | Fearful and preoccupied att correlated positively with PTSD. Dismissive att correlated negatively with PTSD. Participants with dismissive att were 2.5 times less likely to develop PTSD.  | Fair |  |
| Bosqui et al. (2017) | War exposure | 99 Palestinian adolescents in occupied territories | 54% female; mean age = 16 | AAQ (2); CIES-R | War-exposed adolescents reported greater att insecurity and PTSS than control participants. Caregiver availability (secure att) was unrelated to PTSS. | Fair |  |
| Browne & Winkelman (2007) | Child abuse or neglect | 219 Australian undergraduate students | 81.7% female; mean age = 21 | RSQ; TSI | Structural equation modeling analysis revealed att itself had no effect on trauma symptoms. Negative self-view influenced cognitive distortion, which increased trauma symptoms.  | Fair |  |
| Bryant et al. (2017) | Exposure to bushfire | 500 community sample | 55% female; mean age = 37 | ECR; PCL | Separation from parent was related to avoid att, which predicted greater PTSS. Anx att predicted PTSS. | Fair |  |
| Busuito et al. (2014) | Child abuse | 120 pregnant women | 100% female; mean age = 26 | ECR-R; PCL | Att anx and avoid were positively related to PTSS. Child abuse was associated with PTSS under conditions of high att avoid. | Fair |  |
| Clark & Owens (2012) | Combat exposure | 116 U.S. veterans of Iraq and Afghanistan | 19% female; mean age = 35 | ECR-S; PCL-M | An interaction between att anx and conscientiousness was found in predicting PTSS. Att avoidance was positively related to PTSS. | Fair |  |
| Cohen et al. (2002) | Holocaust survivors | 43 treated, 48 untreated, and 43 control participants  | 63% female; 50% female; 49% female; mean age = 60 | AASQ; IES; PTSD-I | Treated Holocaust survivors reported greater att anx and avoid and PTSS than other groups. Avoid participants reported greater PTSS than secure or anx participants. Att avoid accounted for significant variance in PTSS. | Fair |  |
| Cohen et al. (2011) | Combat exposure | 267 veterans with combat-induced stress reaction (CSR) and 210 control participants | 100% male; mean age = 47 | ECR; PTSD-I | The CSR group reported greater levels of att avoid than the non-CSR group. Att avoid moderated the link between PTSS and parental functioning. The relation between PTSS and parental functioning was stronger for veterans with high levels of att avoid than those with low levels of att avoid. | Fair |  |
| Currier et al. (2012) | Combat exposure | 157 treatment-seeking veterans  | 91.4% male; mean age = 36 | ECR-R; PCL-C | Participants grouped into secure, preoccupied-dependent, and fearful-disorganized styles. Fearful disorganized pattern was especially susceptible to PTSS.  | Fair |  |
| Declercq & Palmans (2006) | Work-related critical incident | 544 Belgian Red Cross employees | 84% male; mean age = 41 | DTS; RQ | Fearful avoid and preoccupied conferred the highest risk for PTSD. Dismissive-avoid, along with secure att, conferred the lowest risk for PTSD. | Poor |  |
| Declercq & Willemsen (2006) | Work-related critical incident | 544 Belgian Red Cross employees | 84% male; mean age = 41 | DTS; RQ | Att anx is stronger predictors of PTSD than att avoid. Fearful-avoid or preoccupied att more strongly associated with stress and PTSS, compared to secure or dismissive att. | Poor |  |
| Dekel et al. (2011) | War captivity | 103 Israeli ex-POWs  | 100% male; mean age = 23 | AASQ; PTSD-I | Only att avoid significantly accounted for variance in PTSS. | Fair |  |
| Dekel et al. (2004) | Combat exposure | 399 ex-POWs: 112 CSR casualties, 98 decorated veterans, and 189 controls | 100% male; mean age = 22 | AASQ; PTSD-I; SCL-90 | CSR group reported the most distress and lowest levels of secure att. Both att anx and avoid predicted current PTSS. Decorated veterans with avoid att were less vulnerable to emotional adjustment than avd veterans in other groups. | Fair |  |
| Dieperink et al. (2001) | War captivity | 107 ex-POWs | 100% male;mean age = 75 | PCL-M; RQ | Insecure att predicted PTSD (odds ratio = 5.8). Veterans who met criteria for PTSD scored high on preoccupied, fearful, dismissive scales. | Fair |  |
| Dutton & Painter (1993) | IPV | 75 women who left abusive relationships | 100% female; mean age = 31 | Kitson scale; NiCarthy scale; TSC | Insecure att was related to heightened PTSS immediately after leaving relationship and 6 months later.  | Fair |  |
| Ein-Dor et al. (2010) | War captivity | 157 Israeli couples consisting of 85 ex-POWs and 72 control participants | 50% female; mean age = 53  | AASQ; PTSD-I | In both groups, att anx was related to the severity of ex-POW’s PTSD and spouses’ secondary traumatic stress, and greater att avoid was associated with greater hyperarousal sxs. Avoid att was associated with PTSD only among ex-POW couples.  | Fair |  |
| Elklit (2009) | Child sexual abuse | 69 treatment-seeking survivors | 100% female; mean age = 27 | HTQ; RAAS | Post-treatment, att closeness and dependency negatively correlated with PTSS and att anx correlated positively with PTSS. | Good |  |
| Elklit (2015) | Child sexual abuse | 480 treatment-seeking survivors | 85% female; mean age = 36 | HTQ; RAAS; TSC | Half of the PTSS variation at 12 months was predicted by education, avoid att, emotional coping, and social support.  | Good |  |
| Elklit et al. (2014) | Child sexual abuse | 480 treatment-seeking survivors | 85% female; mean age = 36 | HTQ; RAAS; TSC | Anx att and lack of close/dependent att, which mark fearful att, predicted PTSS.  | Fair |  |
| Elklit et al. (2016) | NIPT and IPT | 3735 community sample | 64% female; mean age = 38 | AAS; HTQ | Anx and avoid att predicted PTSS. The contribution of att anx in predicting symptom levels is stronger than att avoid for overall PTSS and symptoms clusters. | Fair |  |
| Elwood & Williams (2007) | IPT | 287 undergraduate students: IPT group and control group | 76% female; mean age = 20 | ECR; PPTS-R; BDI-II; BAI | IPT group was more anxiously attached, but not more avoidantly attached than control group. Only anxious att was found to confer risk for the development of anx and depression.  | Fair |  |
| Escolas et al. (2012) | Combat exposure | 561 post-deployment service members  | 28% female;mean age not reported | RQ; ECR-R; PCL-M | Secure att was related to low PTSS. Fearful att was most represented in the high PTSD severity category, followed by preoccupied, dismissing, and secure att. | Fair |  |
| Feldman & Vengrober (2011) | War exposure | 232 mother-child dyads near the Gaza border | Mother: mean age = 31; Child: mean age = 4; 48% boys | CIB; DC:0-3R | Children with PTSD showed the most avoid behavior. Avoid behavior was predicted by child age and PTSD, and maternal psychopathology. | Fair |  |
| Ferrajão & Oliveira (2015) | Combat exposure | 30 Portuguese veterans with chronic PTSD and 30 in remission | 100% male;mean age = 64 | ECR; IES-R | Chronic group reported greater att anx than remission group. Att anx partially mediated the link between combat exposure and PTSS. Att avoid was not related to, or predictive of, PTSS. | Fair |  |
| Ferrajão et al. (2017) | Combat exposure | 30 Portuguese veterans with chronic PTSD and 30 in remission | 100% male; mean age = 65 | ECR; IES-R | Chronic PTSD was predictive of att anx compared to PTSD remission group  | Fair |  |
| Finzi-Dottan et al. (2006) | Terror attacks | 56 adolescents with learning disabilities and 48 controls  | 100% male;mean age = 14; mean age = 13 | ECR; CPTS-RI | Att anx predicted PTSS. Att anx and greater previous trauma exp enhanced risk to PTSD following attacks. Att avoid predicted PTSS. | Fair |  |
| Forbes et al. (2010) | Combat exposure | 103 treatment-seeking Vietnam male veterans | 100% male;mean age = 53 | PCL-M; RSQ | Preoccupied att was found to impede recovery following treatment. No other insecure att style was related to pre- and post-treatment PTSD severity. | Fair |  |
| Fraley et al. (2006) | Sept 11th terrorist attack | 45 civilians nearby World Trade Center during attack  | Mean age = 39 | CES-D; PSS-SR; RSQ; friend/relative ratings on adjustment | Att anx and att interacted to predict initial and subsequent levels of PTSS and depression. Preoccupied participants were judged to be poorly adjusted following attacks. Dismissing participants self-reported greater PTSS/depression, but it was not corroborated by their friends/family. | Fair |  |
| Franz et al. (2014) | Combat exposure | 975 community-dwelling veterans | 100% male; assessed at age 37, 55, 61 | ECRI; DSM-III-R; PCL | Anx and avoid att at age 55 predicted PTSS at age 61. Anx and avoid att mediated PTSS over time. | Good |  |
| Frey et al. (2011) | Combat exposure | 20 male veterans and female spouses  | 50% female; mean age = 29 | ECR; PCL-M | Att anx not related to PTSS. Service members’ att avoid correlated positively with their PTSS and spouse’s PTSS.  | Fair |  |
| Gallagher et al. (2016) | Exposure to bushfire | 914 Australian adults  | 60% female; mean age = 53 | ECR; PHQ-9; PCL | Separation from family during/after the disaster and att anx predicted greater PTSS. Att avoid and separation interacted to predict PTSS and MDD. | Fair |  |
| Gallagher et al. (2017) | Exposure to bushfire | 127 Australian heterosexual couples  | 50% female;mean age = 55 | ECR-S; PHQ-8; PCL-C | Att anx and avoid predicted self PTSD symptoms; Female att anx linked with PTSD in both partners; Male att avoid linked with depression and PTSD in both partners | Fair |  |
| Gao et al. (2015) | Myocardial infarction incident | 97 Chinese hospital patients | 78% male; mean age = 56 | ECR; PCL-C | Greater att anx was associated with more severe PTSS after the onset of the myocardial infarction | Poor |  |
| Ghafoori et al. (2008) | Combat exposure | 102 veterans  | Gender unknown;Mean age = 56 | CAPS; ECR-R; RSQ | Veterans with PTSD reported lower level of secure att and greater level of insecure att relative to veterans without PTSD. Insecure att accounted for 17% variance of PTSD severity. | Fair |  |
| Gore-Felton et al. (2013) | Varied exposure | 94 HIV-positive adults | 63% female; mean age = 40 | ARAM; PCL-C | Anx att was not related to PTSS. Avoid att predicted PTSS, and moderated the relation between traumatic emotion-focused coping and PTSS. | Fair |  |
| Goodman et al. (2011) | Child abuse | 93 adolescents and adults with and without abuse | 81 female; mean age = 15 and 21 | CPSS; ECR; PDS; TSCC | Both att anx and att avoid were positively associated with PTSS. | Fair |  |
| Halpern et al. (2011) | Work-related critical incident | 189 front-line and supervisory ambulance workers | 62% male; mean age = 37 | BSI; CES-D-10; IES-R; RSQ | Fearful avoid att was related to more severe burnout, PTSD, somatic and depressive symptoms | Fair |  |
| Harari et al. (2009) | Combat exposure | 60 Dutch veterans with and without PTSD  | Mean age = 35 | AAI; CAPS | Secure att not related to risk for PTSD, but unresolved state of mind in relation to war trauma correlated strongly with PTSD | Poor |  |
| Haviland et al. (1995) | Child abuse | 37 adolescents at residential program for conduct issues | 21 female; mean age = 15 | BORRTI; CDI; CPTSD-RI; RCMAS | Object relations score (insecure attachment and egocentricity) were positively correlated with PTSS, depressive symptoms, and anxiety symptoms.  | Fair |  |
| Hébert, Daspe, & Cyr (2018) | Child sexual abuse | 505 service-seeking children | 339 girls; mean age = 9 | KSS; PSS | Approach coping and avoidant coping mediated the relation between att security and PTSS. | Fair |  |
| Horesh et al. (2014) | Combat exposure | 664 Israeli war veterans  | 100% male | ECR; PTSD-I | Veterans with acute PTSS had greater avoid att than control participants. Veterans with PTSD had greater att avoid and attt anx than those without PTSD.  | Good |  |
| Huang et al. (2016) | IPT and NIPT | 209 Taiwanese community sample | 69% female; mean age = 23 | AAS; BAI; BDI-II; PDS | Att anx predicted PTSS for IPT group but not for NIPT group. Att avoid did not predict PTSS in either group. | Fair |  |
| Hughes et al. (2006) | Stillbirth | 31 community participants | 100% female; age not reported  | AAI; PTSD-I | Mothers with unresolved trauma (who have nondisorganized infants) displayed especially high levels of depression and PTSS intrusive thoughts. | Fair |  |
| Itzhaky et al. (2017) | Combat exposure | 504 Israeli veterans | 100% male; mean age = 48 | ECR; PTSD-I | Att anx and avoid were positively associated with PTSS, and they moderated the link between PTSS and marital adjustment.  | Fair |  |
| Joubert et al. (2012) | IPT | 60 adolescents referred for service | 63% female; mean age = 14 | AAPQ; APS | Unresolved att confers risk on PTSS through working memory. | Fair |  |
| Kanninen et al. (2003) | War captivity | 176 Palestinian ex-political prisoners | 100% female;mean age = 30 | AAI; HTQ | Exp to physical torture was positively related to somatic and PTSS among dismissing and preoccupied individuals.  | Fair |  |
| Karatzias et al. (2018) | Mixed | 171 British clinical samples | 52% male; mean age = 50 | ECR-S; ITQ | Complex PTSD was predicted by trauma-related cognitions about the self, att anx, and expressive suppression.  | Fair |  |
| Kelly & Garland (2016) | IPV | 45 survivors of IPV | 100% female;mean age = 42 | BDI; PCL-C; RSQ | Mindfulness-based treatment was associated with reductions in PTSS, depressive symptoms, and anxious attachment compared to a waitlist control group. | Good |  |
| Kindermann et al. (2017) | Vicarious trauma exp | 54 interpreters for refugees | 56% female; mean age = 37 | ETI; FST; RQ | Secure and preoccupied att were related to less trauma symptoms. Dismissing att was linked to higher symptoms. | Fair |  |
| La Flair (2015) | IPV | 215 healthcare workers | 100% female; mean age = 40 | CESD; ECR-R; PC-PTSD | Att anx/avoid associated with PTSS and MDD. Anx att interacts with IPV exposure in predicting depression.  | Fair |  |
| Lahav et al. (2016) | Secondary trauma exp | 143 wives of ex-POWs | 100% female; mean age = 58 | AASQ; PTSD-I | Insecure att was positively associated with PTSS at Time 1 and 2. T1 att anx predicted intrusion and avoidance symptoms at T2. | Good |  |
| Lam (2015) | Child sexual abuse | 74 students who disclosed abuse | 51% female; mean age = 15 | IPPA-R; CITES-R; CRIES | Caregiver att was related to fewer PTSS and behavioral issues and higher self-esteem. Peer att was unrelated to PTSS. | Fair |  |
| Lassri et al. (2016) | Child emotional abuse | 99 undergraduate students | 85 female; mean age = 23 | ECR-R; PSS-SR | Att anx was negatively related to PTSS. Att avoid fully accounted for the mediating effect of self-criticism between trauma and relationship satisfaction, above and beyond PTSS. | Fair |  |
| Levendosky et al. (2002) | Family violence | 111 mother-adolescent dyads | 55 girls; mean age = 15 | AAS; CDI; TSC  | Ambivalent and secure att positively predicted PTSS above and beyond abuse. Avoidant att predicted greater depression above and beyond abuse.  | Fair |  |
| Lilly & Lim (2013) | IPV and other IPT | 114 community IPV survivors; 290 undergraduate IPT survivors | 100% female; mean age = 30; mean age = 20, respectively  | ECR-R; PDS; SCL-90-R | Greater anx att predicted greater PTSS in IPV survivors. Anx att was related to all outcome variables in both samples. Avoid att related to all outcome variables in students, but was not related to depression, PTSS, and somatization in the IPV sample. | Fair |  |
| Lim et al. (2012) | NIPT and IPT | 228 undergraduate students | 66.7% female; mean age = 20 | ECR-R; PDS | IPT group reported greater att difficulties and PTSS. Greater att difficulties were correlated with greater PTSS. Self-worth mediated the relationship between att anx and PTSS (and att avoid and PTSS) in the IPT group.  | Fair |  |
| London, Lilly, & Pittman (2015) | Child abuse, community violence | 75 abused adolescents and 78 matched controls | 60% male; mean age = 16 | IPPA; DICA-IV | Att was negatively correlated with PTSS among abused youth but not matched controls. Insecure att to caregivers heightens PTSS following community violence only among abused youth.  | Fair |  |
| Macdonald et al. (2008) | Unspecified | 39 children with history of intrauterine cocaine exp, 39 controls | Mean age = 9 | Ainsworth’s strange situation task; DICA | Disorganized att status in infancy predicted greater PTSD-related avoid and reexperiencing symptoms at 8.5 years. | Good |  |
| Marmaras et al. (2003) | Vicarious trauma exp | 375 therapists at outpatient trauma center | 100% female; mean age not reported | IES-R; RQ | Fearful avoid att style emerged as the best predictor of vicarious traumatization. Negative view of self and others associated with greater sxs of hyperarousal, avoidance, and intrusions. | Poor |  |
| Mikulincer et al. (2011) | War captivity | 158 ex-POWs and 163 control veterans  | 100% male;mean age = 58 | AASQ; PTSD-I | PTSD was positively related to att insecurity. Ex-POWs had greater insecure att than control group at baseline. Ex-POWs showed an increase in att insecurities over time, in contrast to a decline in control group. Ex-POWs had greater att anx than control group at initial level, but they did not differ in initial level of att avoid. | Good |  |
| Mikulincer et al. (1993) | Missile fire | 140 Israeli students | 69% female; mean age not reported  | AASQ; IES; SCL-90 | Emotion-focused coping strategies were common among students with att ambivalence, while distancing strategies were correlated with avoid att. Both strategies were related to greater levels of somatization, depression, anx, hostility, and PTSS.  | Fair |  |
| Mikulincer et al. (1999) | Chronic threat of terrorist attacks | 80 Israeli Jewish settlers in Pakistani territory (high threat group) and control group  | 60% female; median age = 30 | AASQ; PTSD-I; SCL-90 | Both anx and avoid att styles positively related to sxs. Anx-ambivalent att related to psychopathology in both samples. Avoid att was related to PTSS in only high-threat group. The link between threat condition and symptomatology was moderated by avoid att.  | Fair |  |
| Muller & Lemieux (2000) | Child physical or sexual abuse | 66 community participants | 64% female; mean age = 33 | BAI; BDI; PTSS; RSQ | Negative view of self was strongest predictor of all outcomes. Negative view of others did not correlate with outcome variables.  | Fair |  |
| Muller & Rosenkranz (2009) | Mixed | 101 psychiatric inpatients with PTSD | 64% women; mean age = 43 | RSQ; RQ; TSC-40; SCL-90 | PTSS recovery was predicted by change in att anx. In a subset of participants who completed follow-up measures, att anx and avoid accounted for 19% of variance in PTSS change score. | Fair |  |
| Muller et al. (2000) | Child physical or sexual abuse | 66 community participants | 64% female; mean age = 33 | PCL; RSQ | Fearful participants reported highest PTSS, followed by preoccupied participants. Negative view of self was related to both att styles. Negative view of other not correlated with PTSS. | Fair |  |
| Murphy et al. (2016) | Child sexual abuse | 405 Danish survivors | 100% female;mean age = 36 | AAS; HTQ | Insecure att were related to PTSS; att avoid was more predictive of PTSS across the 3 time points in the study than anx att. | Fair |  |
| Nye et al. (2008) | Combat exposure | 48 Vietnam veterans with PTSD | 100% male; mean age = 58  | AAI; CAPS; SCID | PTSS severity was similar across att groups. U-loss classification was related to increased PTSD avoidance and numbing symptoms. | Fair |  |
| O’Connor & Elklit (2008) | Mixed | 328 Danish college students | 65% female; mean age = 29 | HTQ; RAAS; TSC-R | Preoccupied att not related to PTSS. Fearful-avoid and dismissive-avoid att styles linked positively with somatization, negative affectivity, as well as current and lifetime PTSS. | Fair |  |
| Ogle et al. (2015) | Mixed | 1061 former university students and spouses | 39% female; mean age = 63 | ECR-S; PCL-S | Att anx related to all PTSD clusters and sx severity. Att avoid associated with PTSD-related avoid, hyperarousal, and sx severity. Association between att anx and PTSS stronger in early life trauma subsample than in adult trauma subsample. | Fair |  |
| Ogle et al. (2016) | Mixed | 1,146 older adult community sample | 39% female; mean age = 63 | ECR-S; PCL-S | Att anx and avoid predicted greater PTSS. Att anx predicted more PTSD-related intrusions and re-experiencing sxs.  | Fair |  |
| Ogle, Rubin, & Siegler (2016) | Mixed | 1,146 older adult community sample | 39% female; mean age = 63 | ECR-S; PCL-S | Att anx and avoid were associated with greater PTSS. The relation between att anx and PTSS is mediated through appraisals of event centrality and event severity.  | Fair |  |
| Okello et al. (2014) | War exposure | 551 students in Northern Uganda | Mean age = 17 | IPPA; IES-R | Peer attachment, but not parental attachment, was protective against PTSS. | Fair |  |
| Ortigo et al. (2013) | Mixed | 263 medical sample | Gender, mean age not reported | AAPQ; PDS | Preoccupied and disorganized att were inversely related to PTSS. Dismissing att was unrelated to PTSS. | Fair |  |
| Overbeek et al. (2014) | Witnessing IPV | 166 child-parent dyads | 56% boys; mean age = 9 | CBCL; DAI; TSCC; TSCYC | Inhibited att was associated with increased PTSS, as well as internalizing and externalizing problems. | Good |  |
| Owens (2016) | Mixed | 229 undergraduate psychology majors | 64% female; mean age =19 | ECR-S; PCL-S | Att anx and avoid were positively associated with PTSS. Neuroticism, meaning made, att anx, and the interaction between meaning made and att anx uniquely predicted PTSS. | Fair |  |
| Owens et al. (2014) | Combat exposure | 142 veterans with PTSD, HSU, or both  | 94% male; mean age = 51 | AUDIT; CESD; ECR-S; PCL-M | The groups did not differ in level of anxious att. HSU group reported lower level of avoid att than the other two groups. | Fair |  |
| Palosaari, Punamaki, Qouta, & Diab (2013) | War trauma | 240 children and parents in Palestine  | 50% boys; mean age = 11; 12% refugees | CRIES; KSS; DSRS | Att security and PTSS among offspring were unrelated. Intergenerational effect of father’s war trauma on offspring’s’ att and mental health are mediated by psychological maltreatment. | Fair |  |
| Picken et al. (2010) | Mixed | 110 treatment-seeking survivors | 90% male; mean age = 38 | PAM; PDS | Anx att was positively related with extent of trauma exp, IPT, and PTSS. Avoid att negatively related with total trauma exp. | Fair |  |
| Pietrzak & Cook (2013) | Combat exposure | 2024 veterans | Mean age = 71 | AASQ; PCL; PHQ-4 | Cluster analysis revealed three groups: Control, Resilient, and Distressed. Resilient veterans were especially secure in their att.  | Fair |  |
| Pow & Cashwell (2017) | Vicarious trauma exp | 235 disaster mental health counselors | 67% female; mean age = 58 | ASQ; IES-R;  | Att anx and avoid predicted PTSS via emotion regulation difficulties. | Fair |  |
| Powers et al. (2017) | Mixed | 190 African American hospital patients | 100% female; mean age = 40 | AAPQ; CAPS-5; ICD-T1; MPSS | Participants with CPTSD displayed lower rates of secure att relative to PTSD and traumatized control groups. | Fair |  |
| Punamaki et al. (2017) | War trauma | 325 Palestinian parents and child  | 49% girls; mean age = 11 | CRIES: CSQ; DSRS; KSS | Insecure children with negative family relations showed especially high levels of depressive symptoms. Children’s PTSS did not differ among family (att) types.  | Fair |  |
| Renaud (2008) | Combat exposure | 49 veterans with combat-related PTSD | 100% male; mean age = 57 | ECR; M-PTSD  | Att anx and avoid contributed to PTSS severity, yet the strength of att anx contribution was less robust than that of att avoid. Att avoid and ambivalent positively associated with PTSS. | Fair |  |
| Riber (2016) | War trauma | 43 Iraqi and Palestinian refugees | 22 male; age range 18 to 59 | AAI; HTQ  | Att classification includes secure (14%), preoccupied (42%), and dismissive (39%). No group difference was found with respect to PTSS. | Fair |  |
| Riggs et al. (2007) | Child abuse | 80 adults admitted to trauma inpatient treatment program | 93% female; mean age = 37 | AAI; ECR; MCMI-III  | AAI unresolved trauma was highly related to dissociation and PTSS. | Fair |  |
| Riggs et al. (2007) | Child abuse | 80 adults admitted to trauma inpatient treatment program | 93% female; mean age = 37 | Clinical interview; ECR | Att anx and avoid were positively related to PTSD diagnosis. Att avoid positively correlated with somatoform disorder and MDD, and it increased odds of DID by 84%. | Fair |  |
| Rosario et al. (2008) | Community violence | 667 inner city middle schoolers | 335 boys; age range = 11 to 14 | DICA-R; IPPA | Heightened PTSS was associated with decreased peer and guardian support, increased violence exposure, and increased use of defensive and confrontational coping. | Good |  |
| Ruhlmann et al. (2018) | Mixed | 35 married couples (single- and dual-trauma couples) | 50% female; mean age = 35 | BARE; PCL | For dual-trauma couples, personal PTSS predicted lower level of attachment-promoting behaviors for oneself. | Fair |  |
| Sandberg (2010) | Childhood physical/ sexual abuse | 199 college students | 100% female; median age = 19 | PCL-C; RQ | All att styles predicted PTSS. The association between abuse history and PTSS was the highest for participants with high level of dismissing att. | Fair |  |
| Sandberg et al. (2010) | Mixed | 224 college students | 100% female; mean age = 22 | ECR; PCL-C | Att anx partially mediated the association between some IPT (i.e., intimate partner violence and sexual victimization) and PTSS. Att anx was unrelated to NIPT.  | Fair |  |
| Santa-Maria & Cornille (2007) | Mixed | 82 Latin American immigrants | 52% female; mean age = 41 | ECR-R; PDS | Participants separated from family reported greater att avoid than nonseparated group. Separation had a negative effect on att anx. Similar hypotheses were not supported for att avoid. | Poor |  |
| Sautter et al. (2015) | Combat exposure | 69 OEF/OIF veterans and their partners | 50% female; veteran mean age = 33 | CAPS; ECR-R; PCL; SCID | Participation in a couples-based PTSD treatment was associated with reductions in PTSS, and improvements in relationship adjustment, attachment avoidance, and state anxiety | Good |  |
| Schechter et al. (2017) | IPV | 59 mother-child dyads | 53% boys; mean age = 28 months | CAPS: CBCL-PTSD scale; DAI | Children’s att disturbance at T1 was associated with PTSS a year later. Maternal PTSS likely mediated the relation between IPV exposure and child PTSS. | Fair |  |
| Scheidt et al. (2012) | Perinatal loss | 33 hospital patients | 100% female; mean age = 35 | AAI; PDS | Secure att was inversely related to symptoms of anx, depression, and PTSD. Preoccupied att correlated positively with anx, depression, somatization, and PTSD. Preoccupied strongly predicted PTSS. Dismissing att was only related to PTSD. | Fair |  |
| Schierholz et al. (2016) | Child maltreatment | 340 online survey respondents with depression | 82% female; mean age = 36 | ECR; PDS | Att avoid and PTSS were negatively correlated. Att anx was not reported in relation to PTSS. | Fair |  |
| Scott & Babcock (2009) | IPV | 174 community participants  | 100% female; mean age = 31 | AAS; PDS | Att closeness was negatively correlated with PTSS. Att anx was positively correlated with PTSS, and strengthened the relation between IPV and PTSS. Att dependency moderated the relationship between IPV and PTSS. | Fair |  |
| Shallcross et al. (2014) | Mixed | 1084 undergraduate students | 75% female; mean age not reported | AAQ; BSI; PCL-S | Level of att avoid and anx were predictive of PTSD and psychological distress due to fewer social resources.  | Fair |  |
| Shura et al. (2017) | Combat exposure | 22 combat veterans | 100% male;mean age = 50 | ACIQ; PCL-M | PTSS were related to avoid att to partner. Negative correlations found between PTSS and avoid and ambivalent att to mothers. | Fair |  |
| Sippel et al. (2017) | Combat exposure | 2163 veterans | 100% European American; mean age not reported | ASQ; Genotyping; PCL | Gene x att style interaction effect was found in predicting lifetime probable PTSD. | Fair |  |
| Smith & Stover (2016) | IPV | 93 community participants | 100% female; mean age = 30  | ECR-R | PTSD and depression were significantly associated with att anx. | Fair |  |
| Solomon et al. (2008) | War captivity | 103 ex-POWs and 106 control veterans | 100% male; mean age = 22 | AASQ; PTSD-I | Ex-POWs had greater PTSS than the control group, and showed an increase in att anx and avoid over time. Increases in insecure att positively related with an increase in PTSS in both groups. | Good |  |
| Solomon et al. (1998) | War captivity | 164 ex-POWs and 184 control veterans  | 100% male; mean age = 40 | AASQ; IES; PTSD-I; SCL-90 | Among ex-POWs, both ambivalent and avoid att were associated with greater level of PTSD symptoms. Avoid ex-POWs reported long-term maladjustment. | Fair |  |
| Stalker et al. (2005) | Child abuse | 134 survivors at inpatient trauma center | 100% female; mean age = 41 | AAQ (3); MPSS-SR; RAQ; SCL-90 | Feared loss of att figure predicted less PTSS improvement after controlling for demographics, symptomatic severity, and trauma exposure. | Good |  |
| Stovall-McClough & Cloitre (2003) | Child abuse | 52 adult survivors with and without PTSD | 100% female; mean age = 30 | AAI; CAPS | 55% of the sample was preoccupied, and 75% was unresolved with regard to trauma. Unresolved trauma was strongly associated with PTSS. | Fair |  |
| Stovall-McClough & Cloitre (2006) | Child abuse | 60 adult survivors with and without PTSD | 100% female; mean age = 36 | AAI; CAPS | 57% of the sample had unresolved att, 8% preoccupied, and 13% dismissing. Unresolved att carried a 7.5-fold increase in PTSD risk, was most associated with PTSD avoid symptoms. | Fair |  |
| Tamman et al. (2017) | Child abuse | 1585 veterans | 93% male; mean age = 63 | ASQ; Genotyping; PCL | Insecure att, child abuse, and two FKBP5 minor alleles were related to PTSS. Gene x environment (i.e., abuse) interaction effects in predicting PTSS were counteracted by secure att. | Fair |  |
| Tavakoli et al. (2015) | Combat exposure | 64 veterans | 78% male; mean age = 33 | M-PTSD; RQ | PTSD associated with fearful and preoccupied att; PTSD not associated with dismissive att. | Fair |  |
| Tosone et al. (2011) | Vicarious trauma exp | 481 clinicians from Manhattan  | 80% female; mean age = 60 | AAQ; PCL; PQLS-R | Ambivalent and avoid att had direct and indirect effects (via resilience) on shared traumatic stress. | Fair |  |
| Tosone et al. (2015) | Vicarious trauma exp | 244 clinicians from New Orleans | 82% female; mean age = 48 | AAQ; PCL; PQLS-R | Ambivalent att, avoid att, and Katrina-related distress had direct and indirect effects (via resilience) on shared traumatic stress. | Fair |  |
| Turunen et al. (2014) | School shooting | 236 students at baseline | 95% female; mean age = 25 | A-DES; ASQ; IES | At T1 and T2, preoccupied survivors had greater PTSS and dissociative sxs than secure participants, and avoid att survivors had lower PTSS and dissociation than preoccupied survivors. At T3, avoid att survivors had greater intrusive and hyperarousal PTSD sxs than secure att survivors.  | Good |  |
| Van der Hal-van Raalte et al. (2007) | Child Holocaust survivors | 203 nonconvenience sample | 63% female; mean age = 65 | BDI; ECR-R; PDS | Survivors with PTSS were more depressed and had greater att anx and avoid, compared to survivors without PTSS. | Fair |  |
| Van Dijke et al. (2017) | Child trauma | 449 adult psychiatric patients  | 58 male; mean age = 34 | DES; RSQ; SIDES-rev | Fear of abandonment and of closeness, affect dysregulation, and dissociation partially mediated the link between childhood trauma and complex PTSS. | Fair |  |
| Venta et al. (2017) | Mixed | 142 adolescent psychiatric patients | 67% female; mean age = 16 | CAI; TSCC | Att insecurity was not directly associated with clinically significant symptoms of PTSD.  | Fair |  |
| Volgin & Bates (2016) | Mixed | 100 community participants | 72% female; mean age = 35 | ECR; IES-R | Att anx and social support interacted to predict distress and PTSS. Avoid anx and social support interacted to predict PTSS. | Fair |  |
| Waldman-Levi et al. (2015) | Childhood trauma and IPV | 54 Israeli survivors | 100% female; mean age = 28 | ECR; PDS | Participants with PTSD were more anxiously attached than participants without PTSD. | Fair |  |
| Waugh et al. (2007) | War exposure | 245 WWII evacuees and 96 matched controls | 34% male vs. 48% male, mean age = 68 | AASQ; IES | Controlling for demographics, insecure att positively predicted PTSS. | Fair |  |
| Woodward et al. (2013) | IPV | 108 treatment-seeking survivors | 100% female; mean age = 37 | BDI-II; CAPS; IES-R; RAAS;  | Att anx predicted self-reported PTSS and depression, but not in clinical interviews. Att dependency did not predict PTSS or depression in either measurement modality. | Fair |  |
| Zakin et al. (2003) | War captivity | 164 ex-POWs and 189 control veterans | 100% male; mean age = 22 | AASQ; PTSD-I; SCL-90 | Secure att was inversely related to and predictive of PTSD, depression, anx, and somatization. Insecure att was not further assessed due to small sample in anxious and avoid. | Fair |  |
| Zerach & Solomon (2016) | War captivity | 80 ex-POW dyads; 44 veteran dyads | 55% female, mean age = 58; 46% female, mean age = 57 | ECR; PTSD-I | Children of Ex-POWs with PTSD reported greater PTSS and att insecurity than offspring of ex-POWs without PTSD and veteran controls. Child insecure att positively related to PTSS. | Fair |  |
| Zerach & Tam (2016) | War exposure | 182 evicted residents, evicted nonresidents, and matched controls | 67% female; 74% female; 83% female; mean age = 22  | ECR; PTSD-I | Att anx and avoid were correlated with PTSS. Group membership moderated the link between att anx and PTSS. | Fair |  |
| Zerach et al. (2015) | Secondary trauma exp | 115 wives of ex-POWs, 56 wives of control participants  | 100% female; mean age = 58 | AASQ; PTSD-I | Ex-POWs’ wives had greater levels of secondary traumatization than the control group. The groups did not differ in levels of att insecurity.  | Fair |  |

*Note.* Attachment = att; anx = anxiety/anxious; avoid = avoidance/avoidant; exposure = exp; combat stress reactions = CSR; hazardous substance use = HSU; intimate partner violence = IPV; symptoms = sxs; PTSS = posttraumatic stress symptoms; PTSD = posttraumatic stress disorder

*Measures.* AAI = Adult Attachment Interview; AAP = Adult Attachment Projective; AAPQ = Adult Attachment Prototype Questionnaire; AAQ = Adult Attachment Questionnaire; AAQ (2) = Adolescent Attachment Questionnaire; AAQ (3) = Avoidant Attachment Questionnaire; AAS = Adult Attachment Scale; AASQ = Adult Attachment Style Questionnaire; ACIQ = Attachment and Clinical Issues Questionnaire; A-DES = Adolescent Dissociative Experiences Scale; APS = Adolescent Psychopathology Scale; ARAM = Adult Romantic Attachment measure; ASQ = Adult Attachment Questionnaire; AUDIT = Alcohol Use Disorders Identification Test; BAI = Beck Anxiety Inventory; BARE = The Brief Accessibility, Responsiveness, and Engagement Scale; BDI = Beck Depression Inventory; BSI = Brief Symptom Inventory; BORRTI = Bell Object Relations and Reality Testing Inventory; CAI = Child Attachment Interview; CAPS = Clinician Administered PTSD Scale; CBCL = Child Behavior Checklist for Children 6-18; CDI = Children’s Depression Inventory; CES-D = Center for Epidemiologic Studies Depression Scale; CIB = Coding Interactive Behavior; CIES-R = The Child Impact of Events Scale—Revised; CITES-R = Children’s Impact of Traumatic Events Scale—Revised; CSQ = Coping Strategies Questionnaire; CRIES = Children’s Impact Event Scale; CPSS = Child Posttraumatic Stress Disorder Symptom Scale; CPTS-RI = Child Posttraumatic Stress Reaction Index; DAI = Disturbances of Attachment Interview; DC:0-3R = Diagnostic Classification: Zero-to-Three Revised; DES = Dissociative Experiences Scale; DICA = Diagnostic Interview for Children and Adolescents; DSM-III-R = Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition Revised; DSRS = Depression Self-Rating Scale; ECR-R = Experience in Close Relationship Scale – Revised; ECRI = Experiences in Close Relationships Inventory; ECR-S = Experience in Close Relationship Scale-Short Form; ESI = Essen Trauma Inventory; FSA = Family Attachment Interview; FST = Questionnaire for Secondary Traumatization; ICD-T1 = ICT-11 Trauma Interview; IES = Impact of Events Scale; IES-R = Impact of Events Scale-Revised; ITQ = International Trauma Questionnaire; IPPA = Inventory of Parent and Peer Attachment; KSS = Kerns Security Scale; MPSS-SR = Modified PTSD Symptom Scale-Self-Report; M-PTSD = Mississippi Scale of Combat-Related PTSD; PAM = Psychosis Attachment Measure; PCL = PTSD Checklist; PC-PTSD = Primary Care PTSD Screen; PDS = Posttraumatic Diagnostic Scale; PHQ-9 = Patient Health Questionnaire; PPTS-R = Purdue PTSD Scale–Revised; PQLS-R = Professional Quality of Life Scale-Revised; PSS-SR = PTSD Symptom Scale-Self-Report; PTCI = Posttraumatic Cognitions Inventory; PTSD-I = PTSD Inventory; RAAS = Revised Adult Attachment Scale; RAQ = Reciprocal Attachment Questionnaire; RQ = Relationship Questionnaire; RCMAS = Revised Children’s Manifest Anxiety Scale; RSQ = Relationship Structures Questionnaire; SCID = Structured Clinical Interview for DSM; SCL = Symptom Checklist; TSCC = Trauma Symptom Checklist for Children; TSC-R = Trauma Symptom Checklist – Revised; TSCYC = Trauma Symptom Checklist for Young Children; TSI = Trauma Symptom Inventory.