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## Research article

## Dissociation mediates the relationship between sexual abuse and child psychological difficulties

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## ABSTRACT

The aim of the present study was to evaluate, using structural equation modeling, a theoretical model in which dissociation is a core process mediating the relationship between childhood sexual abuse (CSA) and internalizing, externalizing, and sexualized behaviour difficulties in children. A total of 290 children aged 2–12 participated in this study in Québec, Canada from 1998 to 2004, including 138 children with histories of CSA and 152 non-abused children. To assess child dissociative symptoms, internalizing and externalizing difficulties, as well as sexualized behaviour difficulties, the Child Dissociative Checklist, the Child Behaviour Checklist and the Child Sexualized Behaviour Inventory were completed by parents. Dissociation mediated the relationship between CSA and internalizing, externalizing, and sexualized behaviour difficulties, with the model explaining respectively 42.5%, 49.9% and 33.9% of the variance of these difficulties. Findings are consistent with a model where dissociation is a common pathway linking CSA and child psycho-sexual difficulties.

## 1. Introduction

Child sexual abuse (CSA) is an important public health concern affecting 20% of girls and 10% of boys; even higher rates have been reported in contexts of child displacement during civil instability and war enhancing children vulnerability (Collin-Vézina, Daigneault, & Hébert, 2013; Freyd et al., 2005). CSA is associated with child internalizing and externalizing behaviour difficulties (Hébert, Langevin, & Bernier, 2013; Hébert, Parent, Daigneault, & Tourigny, 2006), sexualized behaviour problems (Friedrich, Davies, Feher, & Wright, 2003) and significantly increases risk of mental health problems across the lifespan (Hébert, 2011; Rathus et al., 2008). However, there are significant knowledge gaps in term of risk and protective processes that explain why some individuals exposed to CSA develop psychological difficulties, while others do not (Wekerle & Kerig, 2017). With regard to putative risk processes, there is converging evidence that dissociation is an important mental process in the context of trauma (Putnam, 1997) and dissociation is likely a key process in the causal mechanisms and multidirectional pathways between trauma and health impacts (Kendall-Tackett & Klest, 2009). CSA is considered strongly predictive of dissociation (Bernier, Hébert, & Collin-Vézina, 2013; Plattner et al., 2003; Trickett et al., 2011; van IJzendoorn & Schuengel, 1996), especially in children, and different types and severity of CSA have been found to be associated with dissociation (Collin-Vézina & Hébert, 2005; Friedrich et al., 1997). Moreover, dissociation has been linked with child internalizing and externalizing difficulties (Friedrich, Grambsch, Broughton, Kuiper, & Beilke, 1991; Hornstein & Putnam, 1992; Macfie et al., 2001; Putnam, 1991), as well as sexualized behaviours (Friedrich et al., 1997), but

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little is known regarding the potential mediating role of dissociation in the relationship between CSA and other psychosocial difficulties that children manifest consequent to CSA. It is thus a matter of priority to address gaps in our current understanding of psychological processes, such as dissociation, that may be central for understanding risk and resilience and improving interventions for children affected by CSA.

## 2. Dissociation

Dissociation is a complex psychological and neurophysiologically based process characterised by disruptions in and fragmentation of the usually integrated functions of consciousness, memory, identity, body awareness and perception of the self and of the environment (American Psychiatric Association, 2013). Key features of dissociation include a detachment and disconnection from self and environment, as well as a segregation of psychological structures and dis-association of neurobiological systems that are normally integrated such as cognition, memory and affect (Brown, 2006; Cardena & Carlson, 2011; Frewen & Lanius, 2006; Nijenhuis, van der Hart, & Steele, 2002). Linked to animal defensive freezing and analgesic responses, dissociation is considered a psychological defense against trauma related affects and permits a form of mental escape and detachment when overwhelming physical or psychological pain is unavoidable (Foa & Hearst-Ikeda, 1996; Haugaard, 2004; Putnam, 1997). While it has an adaptive function in the immediate context of trauma, dissociation subsequently interferes with processing of traumatic experience (Alley, Chae, Cordon, Kalomiris, & Goodman, 2015; Elzinga & Bremner, 2002; Palm & Follette, 2008).

A core hypothesis in understanding the link between trauma and dissociative symptoms involves the failure of the central nervous system to effectively integrate traumatic experiences resulting in abnormal memory processing and also an inability to integrate and synthesize emotions and sensations related to the traumatic experiences into a whole (Diseth, 2005). Brand, Lanius, Vermetten, Loewenstein and Spiegel (2012) suggest that due to this lack of integration, the individual remains vulnerable and distinct trauma related and evolutionary based emotional systems (outlined by Panksepp & Biven, 2012) can be triggered, ranging from re-experiencing of trauma and the evolutionary based fight or flight reactions, to detachment, dissociation and numbing. Furthermore, in some cases, distinct parts of the personality associated with trauma may be triggered, so that there is a dissociation at the level of personality (Brand et al., 2012). In the long term, dissociation is linked to affect avoidance or emotional over-modulation, where emotion expression becomes constricted and any affect may trigger dissociation (Brand et al., 2012; Ford, 2013). Furthermore, dissociation has been shown to have intergenerational implications and is a key predictor of negative parental practices such as the use of corporal punishment (Collin-Vezina, Cyr, Pauze, & McDuff, 2005; Hulette, Kaehler, & Freyd, 2011).

### 2.1. Dissociation in children: a developmental perspective

Dissociation in children remains under recognized (Diseth, 2005), but available evidence suggests that 19–73% of maltreated children and 23–45% of adolescent inpatients manifest clinically significant levels of dissociation (Silberg & Dallam, 2009). Dissociation is considered to be closely linked to the neurobiological impacts of trauma on the developing limbic and neocortical systems (Bremner, 2003; Teicher et al., 2003) and the failure to integrate and synthesize traumatic experience into semantic memory (Diseth, 2005). A developmentally sensitive approach is required to assess and identify dissociative phenomena in children (Brunet, Holowka, & Laurence, 2001; Putnam, 1997) given that dissociative-like phenomena such as freezing and detachment are evident in infants and in children, but do not manifest at the same level of complexity as in adults. Developmentally, dissociation is theorized (Diseth, 2005; Nijenhuis et al., 2002) to disrupt the integration of different neurobiologically based emotional operating systems underlying behaviour, motivation, cognition, as well as the personality and sense of self (Carlson, Yates, & Sroufe, 2009). Dissociation in early development is considered to be particularly damaging as the integration and organization of psychological and neurobiological processes linked to affect regulation and self regulation are developing rather than established, so that self organization may develop along dissociative lines (Diseth, 2005). In addition, trauma related dissociation appears to escalate rather than to normalize over time in children. For example, in sexually abused children, dissociative symptoms have been shown to increase when assessed over a one year period (Daignault & Hébert, 2008). Furthermore, the trauma of betrayal by caregivers is considered an important contributor to dissociation in children (Freyd, 2008); when the parent is the source of fear but also the only possible source of protection, keeping the knowledge of the parent as abuser out of consciousness may enable the child to maintain the relationship with the parent on whom he depends for its physical and emotional needs. In line with this, disorganized attachment, considered to result from similar double bind situations where attachment needs, fearful arousal and defense are alternatively activated but neglected, has been shown to be an early risk factor and predictor of later dissociation (Liotti, 2004; Lyons-Ruth, 2003; Ogawa, Sroufe, Weinfield, Carlson, & Egeland, 1997). In sum, based on the existing evidence, dissociation is a likely process through which child sexual abuse could be linked to child psychopathology.

### 2.2. Dissociation as a possible mediator between CSA and psychological difficulties

There is accumulating evidence that dissociation mediates the relationship between CSA and internalizing and externalizing difficulties, as well as suicide risk (Kisiel & Lyons, 2001), non-suicidal self-injury (Chaplo, Kerig, Bennett, & Modrowski, 2015) and sexually aggressive behaviours (Kisiel & Lyons, 2001) in adolescents (ages 12–17). Dissociation has also been shown to mediate the relationship between CSA and high risk sexual behaviours (Zurbriggen & Freyd, 2004), non-suicidal self-injury (Swannell et al., 2012) as well as depression and borderline personality disorder (Ross-Gower, Waller, Tyson, & Elliott, 1998) in adults. In contrast, there is an important gap in existing knowledge regarding the possible role of dissociation as a mediator of the relationship between CSA and

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