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# The role of dissociation in revictimization across the lifespan: A 32-year prospective study

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## ABSTRACT

Exposure to childhood abuse puts women at risk for revictimization in adult intimate relationships, but knowledge about the mechanism by which it occurs is limited. The present study investigated whether dissociation mediates the effect of exposure to physical or sexual child abuse on intimate partner violence in adulthood. We tested this using prospective data collected from birth to age 32 from 80 female participants in the Minnesota Longitudinal Study of Risk and Adaptation. We found that women who experienced sexual or physical abuse during the first 17.5 years of life ( $n = 37$ ) were more likely ( $r = 0.30$ ,  $p < .01$ ) to experience intimate partner violence in adulthood (ages 20–32). Furthermore, we found that dissociation partially mediated this effect. Specifically, exposure to childhood abuse predicted greater dissociation in late adolescence (age 19), which in turn predicted more intimate partner violence during early to mid-adulthood. The results of this study highlight the mediating role played by dissociation in the revictimization of women abused during childhood, and speak to the need to develop interventions designed to prevent intimate partner violence among abused girls or adult women with a history of abuse.

## 1. Introduction

Child abuse is a significant public health problem with very detrimental long-term consequences. A nationally representative survey conducted in 2011 indicated that nearly 1 in 10 children in the United States experience physical abuse (9.6%) or sexual victimization (9.5%) by the age of 18 (Finkelhor, Turner, Shattuck, Hamby, & Kracke, 2015). One of the long-term adverse implications of childhood abuse is the tendency to experience later victimization in intimate relationships, a phenomenon termed revictimization (Cascardi, 2016; Desai, Arias, Thompson, & Basile, 2002; Lohman, Neppel, Senia, & Schofield, 2013). Cross-sectional research indicates that women who report a history of physical or sexual child abuse are 2 to 3 times more likely to experience intimate partner violence than women without such a history (Coid et al., 2001; Desai et al., 2002; Whitfield, Anda, Dube, & Felitti, 2003). Moreover, a longitudinal prospective study found that abused girls ages 6–16 (referred by child protective services) reported 1.6 times as many physical affronts, including domestic violence, than a non-abused comparison group during 6 to 7 years from baseline. In this study, of the 70 abused girls, 51.4% reported domestic violence in adulthood (Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003).

Physical intimate partner violence can lead to adverse physical and psychological consequences, such as injury, depression,

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anxiety, low self-esteem, and suicide attempts (Black et al., 2011; Coker et al., 2002; Coker, Smith, & Fadden, 2005; Simmel, Postmus, & Lee, 2016). Given the high prevalence of child abuse and the negative impact of exposure to intimate partner violence on women's well-being (Black et al., 2011), it is important to explore the mechanisms through which physical and sexual abuse during childhood are replicated as physical intimate partner violence in adulthood. The scientific literature highlights the role of dissociation in explaining the link between child abuse and intimate partner violence (e.g., Alexander, 1992; Chu, 1992; Polusny & Follette, 1995; van der Kolk, 1989), but prospective longitudinal studies exploring this process from birth to adulthood are lacking. The current study examines whether dissociation mediates the effect of child abuse on physical intimate partner violence in women, using prospective data collected over 32 years.

### 1.1. Revictimization

Empirical research systematically examining revictimization began in the mid-1980s with a few pioneering studies showing that young women who retrospectively report being sexually abused as children are more prone to experiencing repeated sexual victimization in adulthood (Alexander & Lupfer, 1987; Koss & Dinero, 1989; Russell, 1986). Over the past three decades, revictimization has been primarily studied in the context of sexual violence, especially among college students (Arata, 2002; Filipas & Ullman, 2006; Messman-Moore, Ward, & Zerubavel, 2013; Miron & Orcutt, 2014; Walsh, Blaustein, Knight, Spinazzola, & van der Kolk, 2007). However, research has since indicated that both sexual and physical abuse are associated with physical intimate partner violence (Afifi, Mota, Sareen, & MacMillan, 2017; Cherlin, Hurt, Burton, & Purvin, 2004; Cherlin et al., 2004; DiLillo, Giuffre, Tremblay, & Peterson, 2001; DiLillo et al., 2001; Kim, Talbot, & Cicchetti, 2009; Lang, Stein, Kennedy, & Foy, 2004; Lang et al., 2004; Wendy, Sarah Myers, Jennifer, Tonya, & Jerry, 2015; Zamir & Lavee, 2014b). Although sexual revictimization is more likely to occur in non-intimate relationships, female child abuse victims are more likely to be the target of physical violence by an intimate partner than by other individuals (Desai et al., 2002).

The literature on revictimization has focused almost exclusively on women (e.g., DiLillo et al., 2001; Kim et al., 2009; Lang et al., 2004; Zamir & Lavee, 2014a). Whereas both girls and boys are targets of child abuse, women are more prone to domestic physical violence than men, especially to revictimization in the form of physical intimate partner violence (Black et al., 2011; Desai et al., 2002). Women also exhibit more complications related to intimate partner violence, including fear, concern for safety, injury, need for medical care, or for housing services compared to men (Breiding, Chen, & Black, 2014).

For women with a child abuse history, which is oftentimes committed by a close, trusted person in their lives (USDHHS, 2017), the repeated experience of violence by an intimate partner in adulthood can lead to multiple and often serious marital and inter-spousal disruptions. Indeed, being the target of intimate partner violence is associated with lower marital satisfaction, increased aggressive behavior, and a higher divorce rate (Lawrence & Bradbury, 2001; Schumacher & Leonard, 2005). These major consequences of revictimization by an intimate partner underscore the need to explore how some women with a history of childhood abuse go on to experience intimate partner violence.

### 1.2. Dissociation and revictimization

The search for the underlying process of revictimization dates back almost a hundred years. In the early 20th century, in his essay *Beyond the Pleasure Principle*, Freud (1920) identified the phenomenon of “repetition compulsion” by which individuals repeat the same unpleasant experiences over and over again throughout life. He explained it as a reenactment of repressed painful experiences instead of remembering them. With the growth of empirical work on revictimization during the 1980s and 1990s, new theoretical models have been developed to explain the process by which revictimization occurs. Relying on the latest literature in the fields of trauma, human development, and cognitive-behavioral science, several theorists pointed to dissociation as a possible risk factor for revictimization (e.g., Alexander, 1992; Chu, 1992; van der Kolk, 1989).

Dissociation is defined as “the lack of normal integration of thoughts, feelings, and experiences into the stream of consciousness and memory” (Bernstein & Putnam, 1986 p. 727). Dissociation can range from normal dissociative states such as daydreaming or highway hypnosis to maladaptive dissociation, such as detachment, numbing, or ‘out-of-body’ experiences, to the extreme state of multiple personality disorder. Dissociation is considered a normal defense mechanism allowing individuals to tolerate traumatic experiences such as childhood abuse by keeping trauma-related memories, circumstances, or feelings outside of conscious awareness (Putnam, 1997). A recent review of the connection between trauma and dissociation indicates that although dissociation levels rise immediately after trauma exposure and gradually decline over time for many people, they can persist for many years following a trauma exposure for some people (Carlson, Dalenberg, & McDade-Montez, 2012; Carlson et al., 2012). Indeed, associations between retrospective reports of child physical or sexual abuse and dissociation in adulthood have been documented in clinical and non-clinical samples of women (Carlson et al., 2012; Chu & Dill, 1990; Cloitre, Scarvalone, & Difede, 1997; DiTomasso & Routh, 1993; Merckelbach & Muris, 2001). For example, women in-patients who are victims of childhood sexual and physical abuse report higher levels of dissociative symptoms compared to women in-patients without such a history (Chu & Dill, 1990).

Polusny and Follette (1995) have proposed a model explaining how dissociation accounts for revictimization. They posited that children coping with abuse might use dissociation to alleviate overwhelming abuse-related thoughts, feelings, and memories. Although dissociation can provide immediate emotional relief in childhood, a rigid reliance on dissociation as a coping strategy that continues into adulthood may place women at risk for revictimization. Specifically, dissociation may result in minimizing or ignoring social cues in potentially violent situations, resulting in disrupted capacity to recognize and respond adaptively (e.g., withdraw) when violent situations arise in intimate relationships (Polusny & Follette, 1995).

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