

Does Dissociation Play a Role in Revictimization?

Anne Dietrich, PhD

PTSD Clinic at Vancouver General Hospital

amdma@telus.net

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Revictimization

- Adults with childhood maltreatment histories are at increased risk of subsequent sexual, physical, and/or psychological victimization
 - Sexual victimization: 6% to 68.8%
 - Physical victimization: 24.2% to 51.4%
 - Psychological victimization: 62% to 70.8%

Dissociation and Revictimization

- Theoretical Literature: Dissociation places individuals at increased risk of revictimization (e.g., Chu, 1992; Cloitre, 1998; Kluft, 1990; Noll et al., in press; Van der Kolk, 1989)

What is Dissociation?

- A multi-faceted construct
- In general: a lack of connection between cognition, emotion, perception, sensation, behavior, and/or memory

What is Dissociation?

- a normative response to stressful events (see Levine, 1997; Vermetten et al., 1998)
- a normative response at the actual time of a traumatic event (*peritraumatic dissociation*) (Marmar, 1997)
- a posttraumatic coping mechanism (*trauma-specific dissociation*) (Briere, 2001)

What is Dissociation?

- Freudian defense mechanism (keeps distressing information out of awareness) (Chefet, personal communication)
- clinically significant phenomenon as based in extreme trauma (American Psychiatric Association, 1994)
- disconnection of sensorimotor sensations and behaviors (*somatoform dissociation*) (Nijenhuis et al., 1996)

Dissociation and Revictimization

- Empirical Evidence:

- Trauma Symptom Checklist-40 (Elliott & Briere, 1992)

- Sexually revictimized women with PTSD had higher dissociation scores than those with single incident sexual assault and PTSD, and had more Stroop interference for sexual trauma words (Field et al., 2001)

Traditional Stroop Task

Name colors as fast as you can.

blue

red

yellow

pink

green

Modified Stroop Task (Control)

Name colors as fast as you can.

XXX

XXX

XXX

XXX

XXX

XXX

XXX

XXX

XXX

XXX

XXX

XXX

XXX

XXX

XXX

XXX

XXX

XXX

XXX

XXX

Modified Stroop Task (Neutral -- Fruit)

Name colors as fast as you can.

| | | | |
|--------|--------|--------|--------|
| Banana | Cherry | Peach | Mango |
| Pear | Mango | Pear | Peach |
| Prune | Grape | Banana | Apple |
| Peach | Apple | Prune | Banana |
| Raisin | Melon | Apple | Pear |

Modified Stroop Task (General Threat)

Name colors as fast as you can.

Anxiety

Malignant

Coffin

Guilt

Tumor

Cancer

Death

Panic

Stress

Nervous

Funeral

Nervous

Anxiety

Death

Coffin

Modified Stroop Task (Sexual/Victimization)

Name colors as fast as you can.

Victim

Abused

Rape

Molester

Fondle

Oral Sex

Erection

Trapped

Penetrate

Force

Molester

Rape

Fondle

Abused

Erection

Dissociation and Revictimization

- Empirical Evidence:

- Trauma Symptom Inventory (Briere, 1995) Dissociation Scale:

- Not related to sexual revictimization (Kessler & Bieschke, 1999; Schaaf & McCanne, 1998)

Dissociation and Revictimization

- Empirical Evidence:
 - Dissociative Experiences Scale (DES) (Bernstein & Putnam, 1986):
 - Sexually revictimized women with CSA histories had higher dissociation scores than AAO and controls (Cloitre et al., 1997)
 - Dissociation scores neither mediated nor moderated CSA and sexual revictimization (Sandberg, Matorin, & Lynn, 1999)

Dissociation and Revictimization

- Empirical Evidence:
 - DES (con't)
 - Sexually revictimized women had higher dissociation scores than those with single-incident sexual assault. Dissociation was not correlated with latency (time to identify high-risk situation as high risk); however, lower hyperarousal scores were (Wilson et al., 1999)
 - Dissociation (A-DES) predicted physical revictimization (Noll et al., in press)

Dissociation and Revictimization

- Empirical Evidence:
 - Peritraumatic Dissociative Experiences Scale (Marmar et al., 1997)
 - Peritraumatic dissociation scores did not predict revictimization (composite of sexual and physical revictimization) (Irwin, 1999)

Dissociation and Revictimization

- Why the discrepancies?
 - Different concepts of dissociation
 - DES as a measure of “normal dissociation?”
 - Sample differences (ages, etc)
 - Different definitions of abuse and of revictimization

Purpose of the Study

- Aim: to look at different types of dissociation as potential predictors of different types of revictimization (psychological, physical, sexual, partner revictimization)

- Sample ($N = 207$)

- 76 Men; 130 Women; 1 not specified

- Canadian prisons

- Community clinic

- Internet

Study Participants

- Childhood Maltreatment Interview Schedule (CMIS) (Briere, 1992)
 - Sexual Abuse
 - Physical Abuse
 - Psychological Abuse
 - Witnessing Parental Violence
 - Parental Substance Abuse
 - Emotional Neglect
 - Loss

Demographics

- Mean age = 37.9 ($SD = 10.2$)
- Race
 - Caucasian (85.5%)
 - Aboriginal (Native Canadian Indian) (9.7%)
 - Hispanic (1.4%)
 - African (1%)
 - Asian (1%)
 - Other (1%)

Dissociation Measures

- Detailed Assessment of Posttraumatic Stress (DAPS)
(Briere, 1998, 2001)
 - Peritraumatic Dissociation
 - Trauma-specific Dissociation
- Multiscale Dissociation Inventory Total Score (MDI)
(Briere, 2002)
- Somatoform Dissociation Questionnaire (SDQ-20)
(Nijenhuis et al., 1996)
- Self-Inventory of Disorders of Extreme Stress (SIDES-SR) Scale II
(van der Kolk et al., 2001)

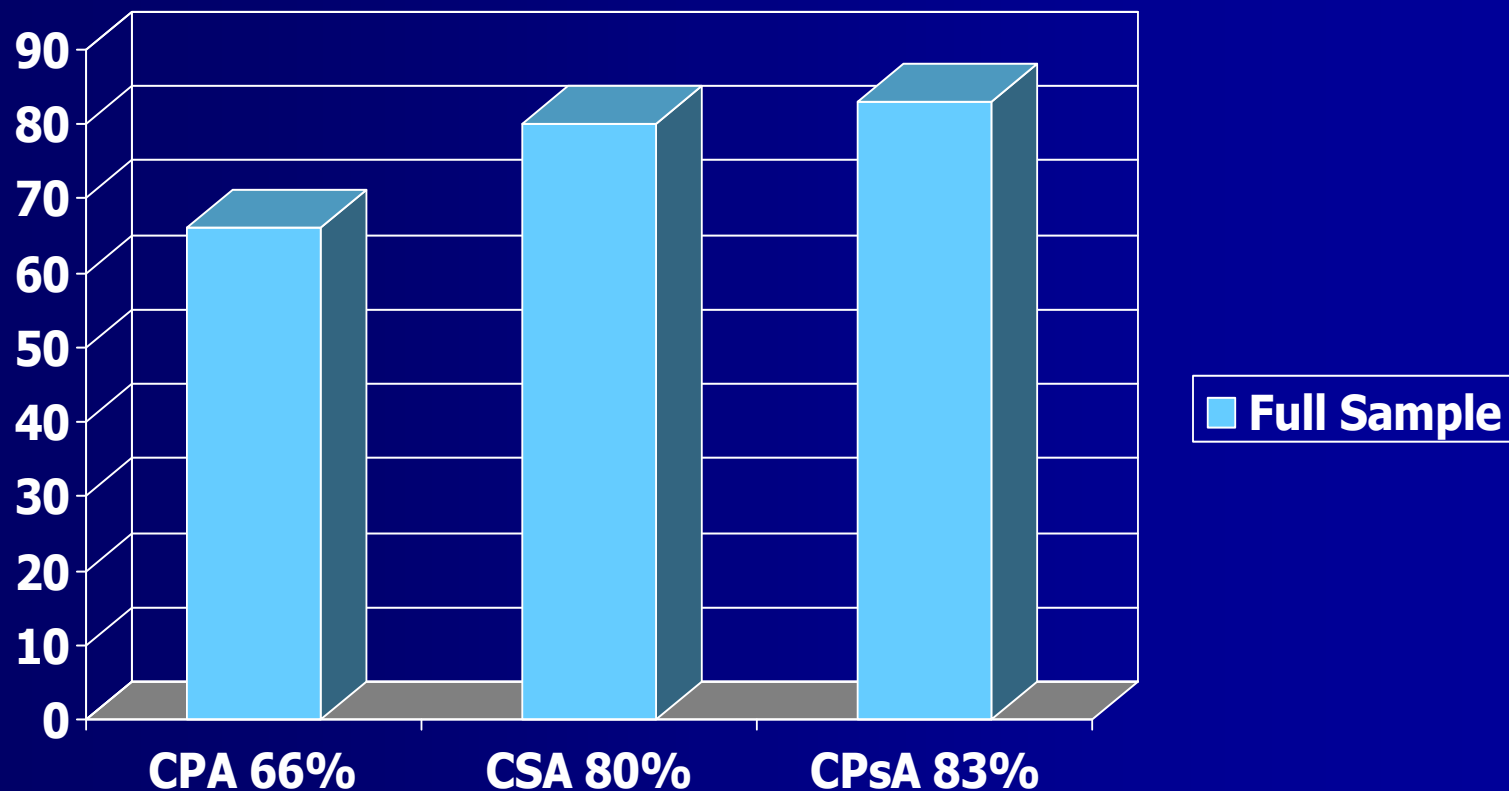
Adult Victimization Survey

- Unwanted sexual contact, including rape, after age 17
- Psychological abuse after age 17
- Physical victimization after age 17

Reliabilities: Cronbach's Alpha

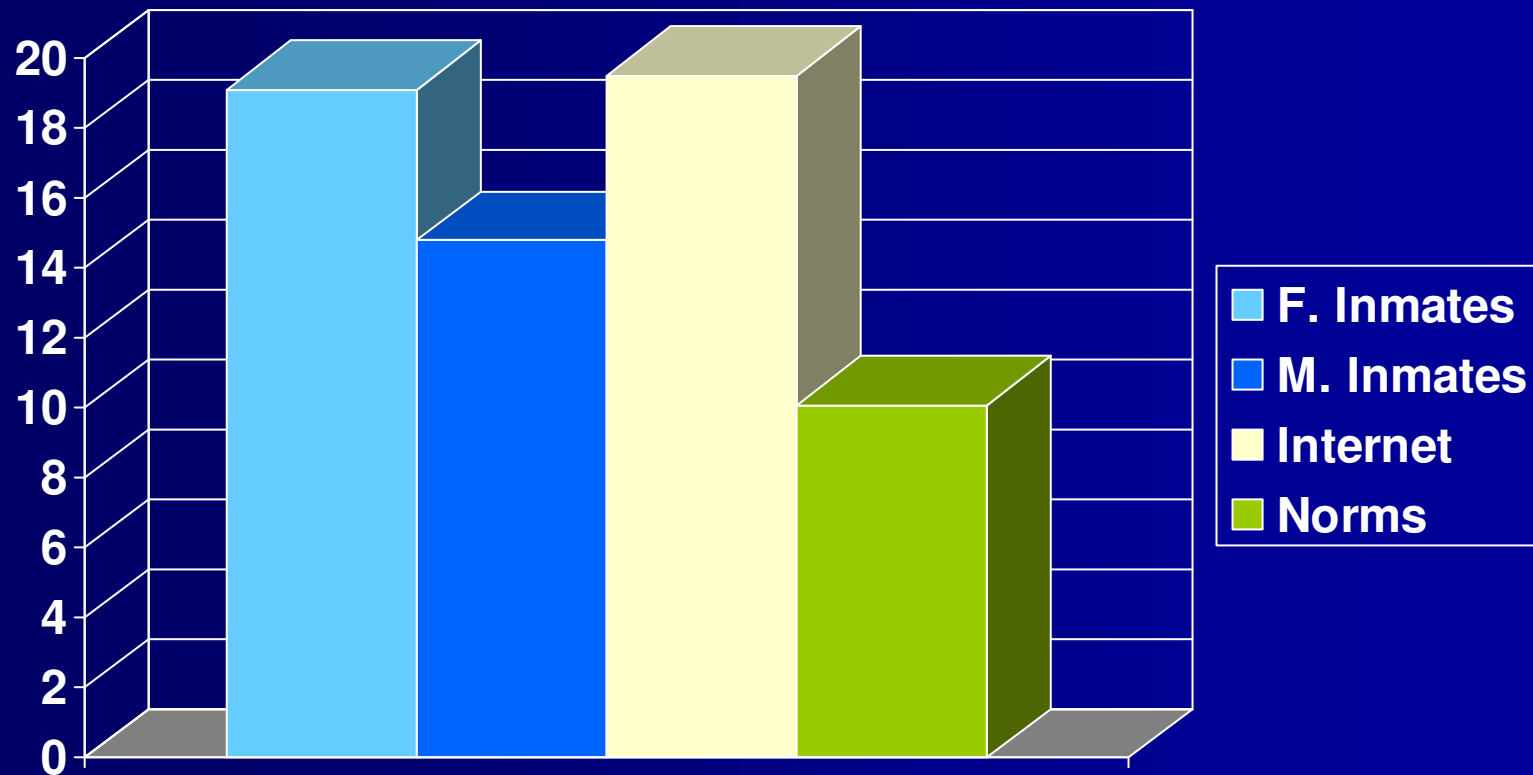
| <u>Scale</u> | <u>Alpha</u> |
|-------------------|--------------|
| DAPS Peri-D | .88 |
| DAPS TDIS | .89 |
| MDI Scales | .87-.96 |
| SIDES-SR Scale II | .82 |
| SDQ-20 | .95 |

Overt Childhood Abuse



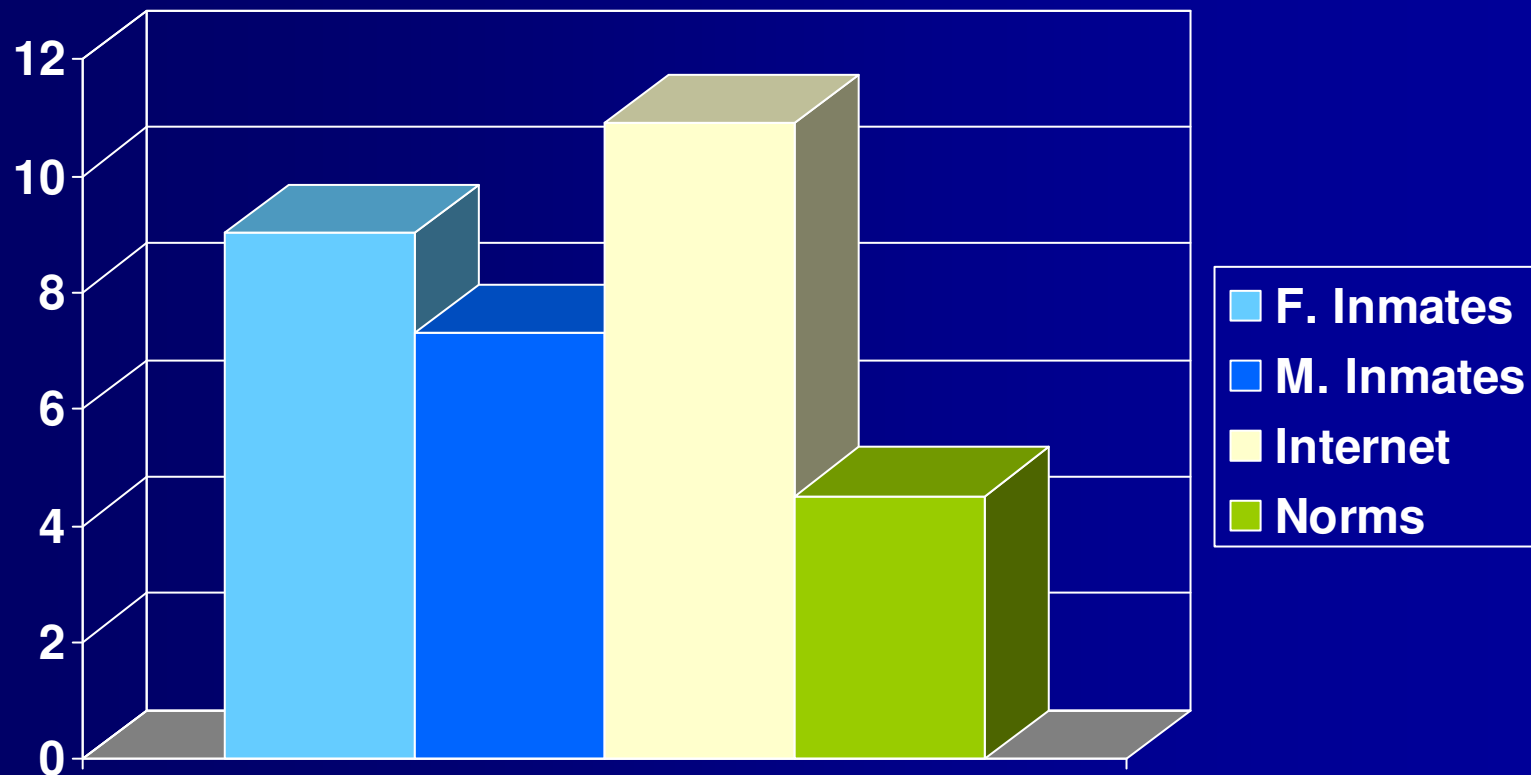
CPA = Childhood Physical Abuse; CSA = Childhood Sexual Abuse;
CPsA = Childhood Psychological Abuse

Mean Peri-traumatic Dissociation Scores



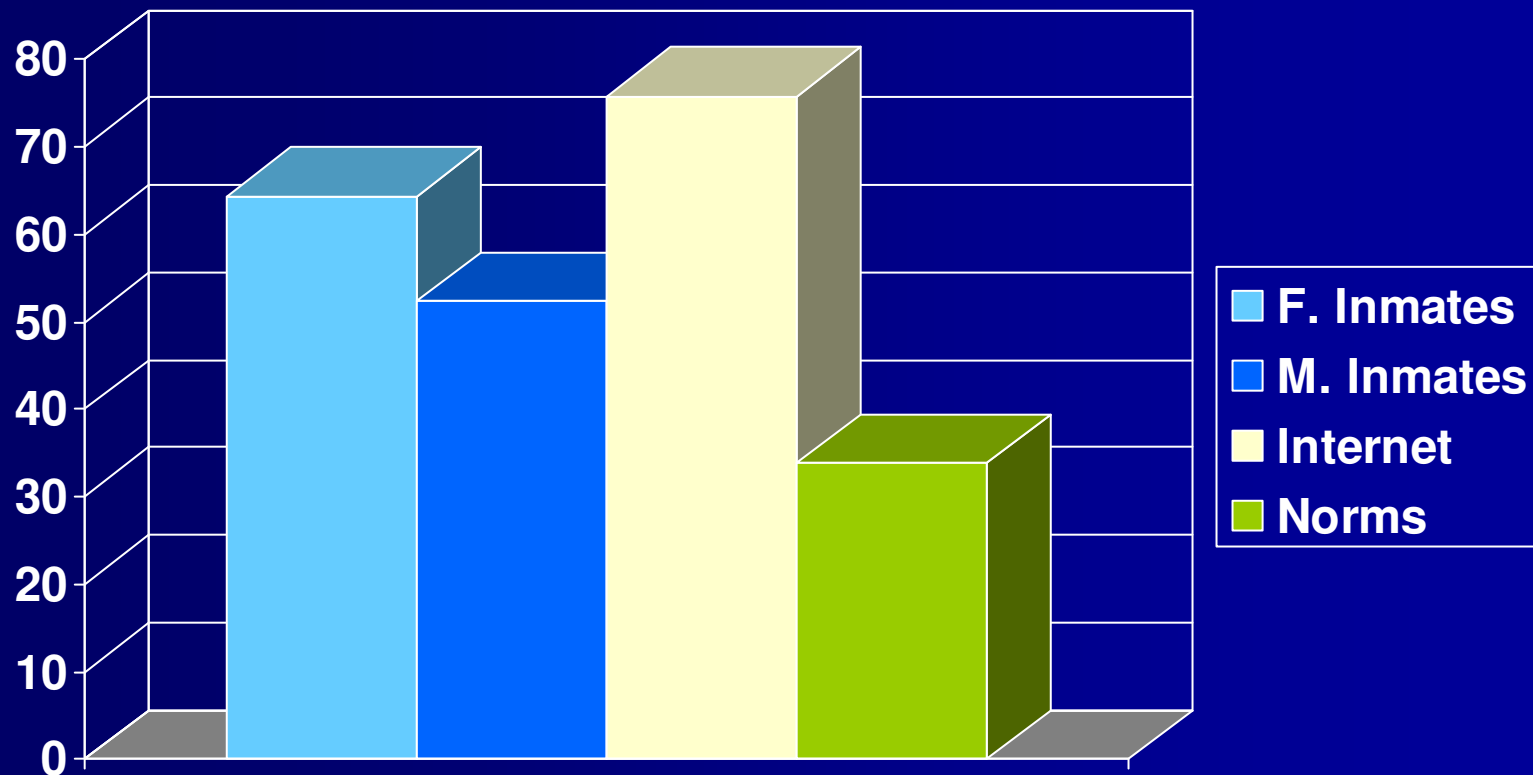
All groups have moderate to large effect sizes (Cohen's d statistic ranges from -0.58 to 1.61) except Female Inmates and Internet group ($d = 0.07$)

Mean Trauma-Specific Dissociation Scores



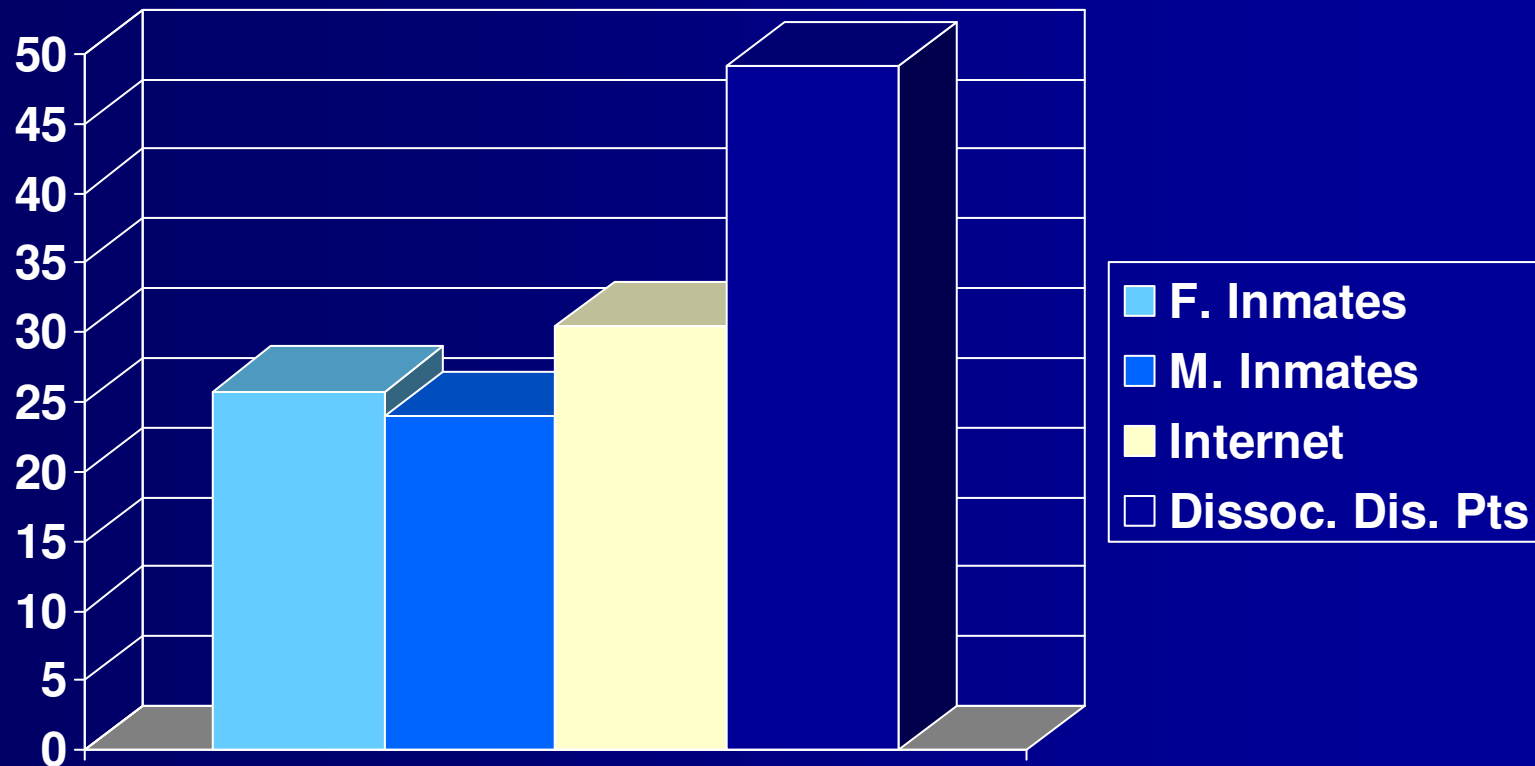
Cohen's d ranges from -0.37 (small) to 1.66 (large) for all comparisons

Mean Multi-scale Dissociation Inventory Scores



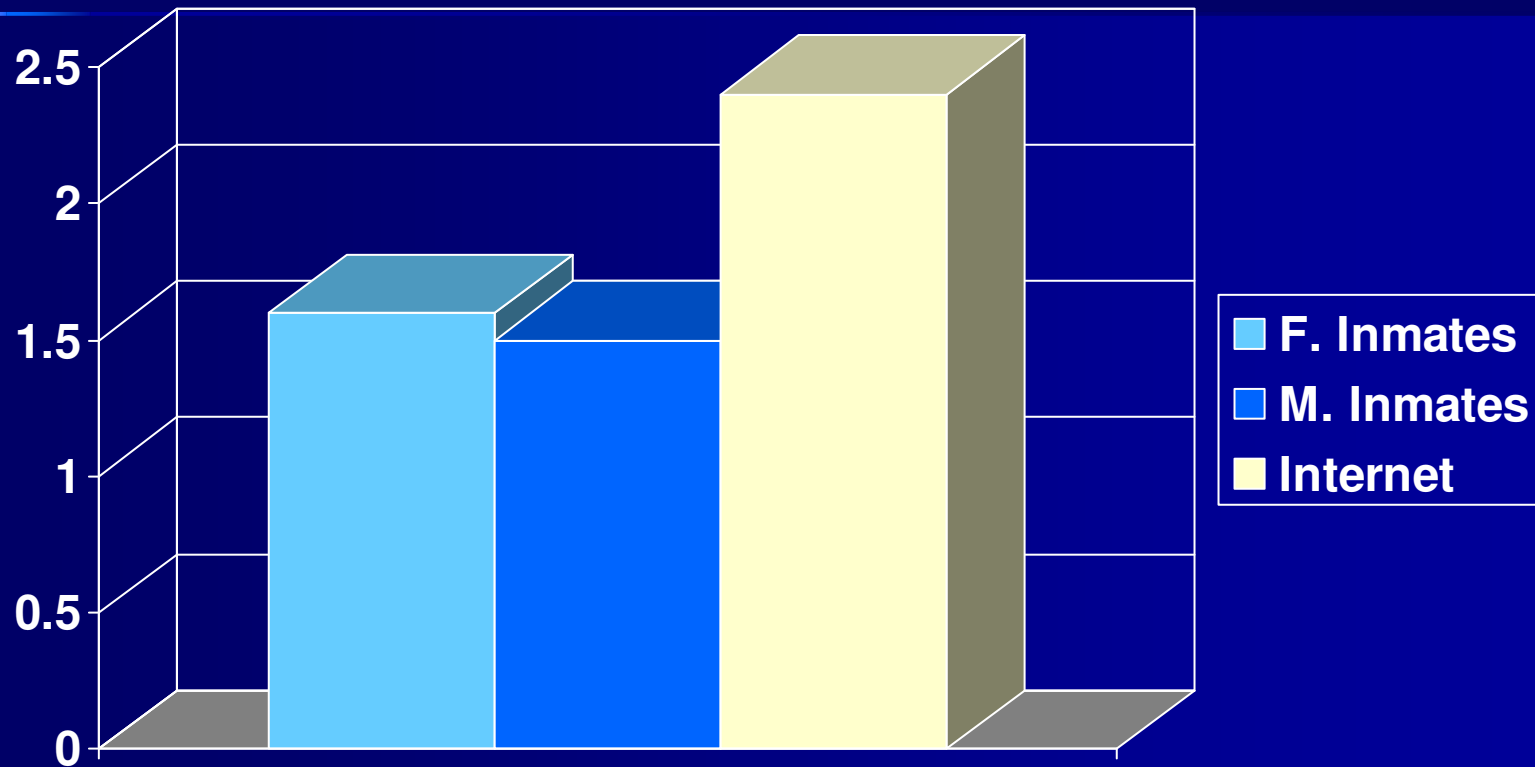
Cohen's d ranges from -0.40 (small) to 1.8 (very large)

Mean Somatoform Dissociation Scores



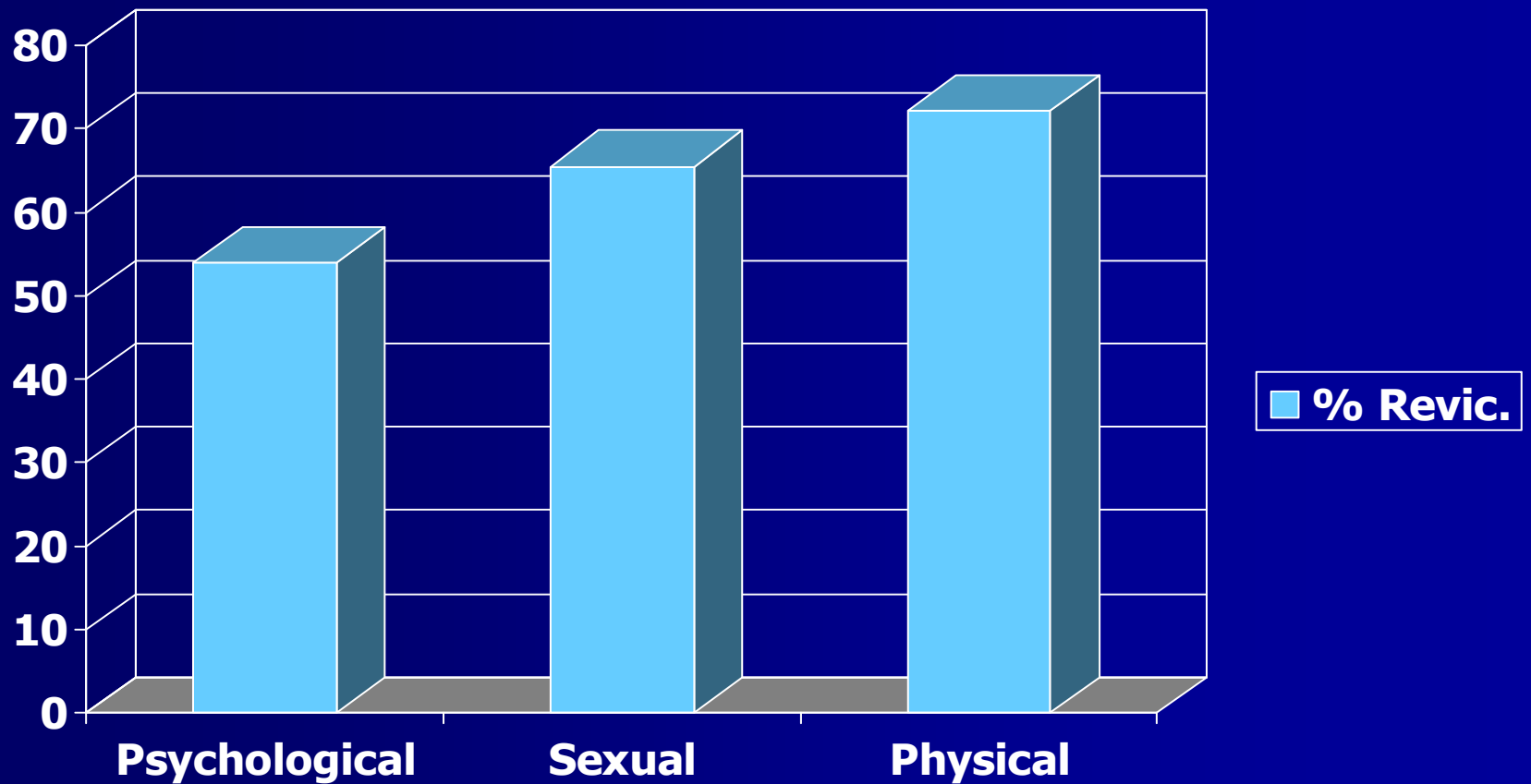
Cohen's d ranges from moderate (-0.48) to very large (-2.5) with the Exception of Male vs Female inmates ($d = .26$)

Mean SIDES-SR Dissociation Scores



Cohen's d is moderate for Female inmates vs Internet ($d = -0.59$) and for Male inmates vs Internet ($d = -0.62$). No differences between female and Male inmates ($d = 0.12$)

Re-Victimization



Logistic Regression Analyses

- Identifies predictors (correlates) of revictimization (yes or no)
- Hierarchical
 - Variables entered in blocks
 - Controls for the effects of each block
- Stepwise
 - Only allows significant predictors to enter the model

Hierarchical Order of Entry

- Block 1: Demographic Variables
- Block 2: Childhood Maltreatment Types
- Block 3: Types of Dissociation

Psychological Victimization

| <u>Predictor</u> | <u>Odds</u> |
|-------------------------|-------------|
| Female | 2.5 |
| Childhood Psych. Abuse | 3.8 |
| Childhood Sexual Abuse | 0.4 |
| Somatoform Dissociation | 1.1 |

Model $\chi^2 = 30.9, p = .00$ Nagelkerke $R^2 = .19$

Physical Victimization

| <u>Predictor</u> | <u>Odds</u> |
|-------------------------------------|-------------|
| Female Inmates | 5.6 |
| Childhood Psych. Abuse | 5.0 |
| Childhood Physical Abuse | 2.5 |
| Peritraumatic Dissociation | 0.95 |
| Trauma-specific Dissociation | 0.87 |
| Somatoform Dissociation | 1.1 |

Model $\chi^2 = 50.1, p = .00$

Nagelkerke $R^2 = .31$

Sexual Revictimization

| <u>Predictor</u> | <u>Odds</u> |
|-------------------------|-------------|
| Age | 1.0 |
| Female | 5.5 |
| Unloved by Mother | 2.0 |
| CSA | 6.7 |
| Somatoform Dissociation | 1.1 |

Model $\chi^2 = 82.3, p = .00$

Nagelkerke $R^2 = .46$

Sexual Revictimization by Partner

| <u>Predictor</u> | <u>Odds</u> |
|-------------------------|-------------|
| Female | 15.6 |
| Unloved by Mother | 2.2 |
| Somatoform Dissociation | 1.1 |

Model $\chi^2 = 50.3, p = .00$ Nagelkerke $R^2 = .33$

Discussion

- Consistent with most other research:
 - Various forms of childhood maltreatment are related to revictimization
 - High rates of dissociation w/ childhood abuse
 - Peritraumatic, trauma-specific, and clinical dissociation did not increase the odds of psychological, physical or sexual revictimization

Discussion

- New findings:

- Male inmates report less dissociation than female inmates and non-inmates
- Somatoform Dissociation is related to psychological, physical, and sexual revictimization

Limitations

- Retrospective, self-report method
- Convenience sampling and heterogeneity of samples
- Limited generalizability

Questions

- What is the relationship between somatoform dissociation and revictimization? Does somatoform dissociation increase the risk of becoming revictimized? Or does revictimization increase the number or severity of symptoms of somatoform dissociation? Or both?

Questions

- What about the role of hypo-arousal (i.e., Wilson et al. study)? Is hypo-arousal another form of dissociation?
- What effect might hypo-arousal have on cognitive processing and coping behaviors in high-risk situations?

Questions

- If hypo-arousal places individuals at increased risk of becoming revictimized, would treatment of hypo-arousal prevent revictimization?
- Is there a connection between hypo-arousal and somatoform dissociation (negative somatoform dissociation?)

Questions

- What types of treatment modalities are best suited for somatoform dissociation and/or hypoarousal?

Future Research

- Prospective studies that look at somatoform dissociation at baseline and following any revictimization (to replicate and identify causal status)
- Experimental studies that examine hypo-arousal, somatoform dissociation, and cognitive interference in revictimization scenarios
- Treatment studies that target hypo-arousal and somatoform dissociation. Is improvement related to a decrease in risk of revictimization?